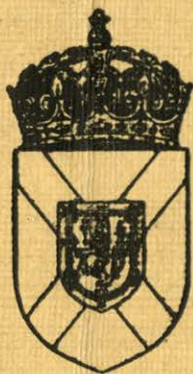


The Nova Scotia Medical Bulletin

JUNE 1928



Leading Features This Issue:

C. M. A. ANNUAL MEETING
CHARLOTTETOWN, P. E. I.,
June 18th to 23rd, 1928

EDITORIAL

OBITUARIES

PERSONALS

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Fifty-Ninth Annual Meeting of the Canadian Medical Association

CHARLOTTETOWN, JUNE 18, 19, 20, 21, 22, 1928.

PRELIMINARY PROGRAMME.

MONDAY, JUNE 18TH.

- 9.00 a. m.—Registration at Prince of Wales College.
10.30 a. m.—Meeting of Council, Prince of Wales College.
12.30 p. m.—Council luncheon at Victoria Hotel, Guests of the President-Elect, Dr. S. R. Jenkins. Installation of the President.
1.30 p. m.—Luncheon at Beach Grove Inn, and drive about the City and Suburbs,—for ladies.
2.30 p. m.—Meeting of Council.
7.00 p. m.—Dinner at Beach Grove Inn, The Council to be guests of the Charlottetown Medical Society.
8.30 p. m.—Reception and Musicales at Prince of Wales College.

TUESDAY, JUNE 19TH.

- 10.00 a. m.—Meeting of Council, Prince of Wales College.
11.00 a. m.—Drive to Cavendish, where luncheon will be served.
1.00 p. m.—Luncheon, Guests of Prince County Medical Society.
2.30 p. m.—Meeting of Council.
4.30 p. m.—Tea at Golf Links, guests of Charlottetown Golf Club.
7.00 p. m.—Dinner, The Council the guests of the Prince Edward Island Medical Association at the Victoria Hotel.
8.30 p. m.—Bridge for the ladies at the Navy League.

WEDNESDAY, JUNE 20TH.

Scientific Meeting, Prince of Wales College.

- 9.00 a. m.—“Coarctation of the aorta with obliteration of the descending arch diagnosed during life in a boy of 14; impending rupture of the aorta; cerebral death; with a statistical study of the causes of death in 200 cases with autopsy in the literature”. (Lantern). Dr. Maude Abbott, Montreal, and Dr. W. F. Hamilton, Montreal.
“The Treatment of Pernicious Anaemia”, Dr. Duncan Graham, Toronto.
“The Post-operative Accident”, Dr. G. H. Murphy, Halifax.
“Heart Disease and Pregnancy”, Dr. W. B. Hendry, Toronto.
“Types of Encephalitis Lethargica in New Brunswick”, Dr. A. F. VanWart, Fredericton.
“Carcinoma and Ulcer of the Stomach with Demonstrations of Wax Models”, Dr. E. M. Eberts, Montreal.
“Pathological Changes in the Breast, and their Clinical Signs”, Sir. G. Lenthal Cheatele, London, Eng.

LUNCHEON.

- 4.00 p. m.—Garden Party at the residence of His Honour the Lieutenant-Governor of the Province of Prince Edward Island.
7.45 p. m.—Annual Dinner Dance at Beach Grove Inn.

THURSDAY, JUNE 21ST.

- 9.00 a. m.—“The Wasted Hand”, Dr. L. J. Austin, Kingston.
“Asthma”, Dr. Daniel Nicholson, Winnipeg.
“Primary Ulcerative Colitis”, Dr. P. H. T. Thorlakson, Winnipeg.
“The Treatment of Chorea”, Dr. Haig Sims, Montreal.
“Focal Infection as Encountered in Common Disabilities”, Dr. W. L. Robinson, Toronto.
“Benign Papilloma of the Bladder”, Dr. R. E. Powell, Montreal.
“Pleural Pains; their Cause”, Dr. H. A. Bray, Supt. N. Y. State Sanitarium Saranac Lake N. Y.
“Maternal Mortality” Dr. Helen MacMurchy Ottawa and Dr. W. B. Hendry Toronto.
- 11.00 a. m.—For ladies drive about city and suburbs and visit to Fox Ranches.

LUNCHEON.

- 3.00 p. m. —Drive to Dalvey the summer residence of the Bishop of Charlottetown where tea will be served at 4 p. m.
- 8.00 p. m.—Public Meeting Prince of Wales College at which the following addresses will be given:—
“Sunlight—its effect on growth and resistance of the child”, Dr Alan Brown, Toronto.
“The value of periodic health examinations”, Dr. A. Grant Fleming, Montreal.
“Immigration”, The Honourable J. H. King, M.D., Minister of Health for Canada.

FRIDAY, JUNE 22ND.

- 9.00 a. m.—“The Use of Sulpho-cyanate of Soda in High Blood Pressure”, Dr. R. D. Rudolf, Toronto.
“Cancer of the Cervix Uteri; the value of hysterectomy versus radiation in early cancer of the cervix”, Dr. John Fraser, Montreal.
“Cancer of the Stomach”, Dr. F. N. G. Starr, Toronto.
“Some Clinical Aspects of Hypothyroidism” Dr. A. H. Gordon, Montreal.
“Consideration and Treatment of Chronic Purulent Otitis Media”, Dr. Geo. Tobey, Boston, Mass.
“Responsibilities and Opportunities of the General Practitioner in Preventive Medicine,” Dr. A. Grant Fleming, Montreal.
“Some Common Mistakes in Diagnosis and Therapy in Diseases of Children”, Dr. Alan Brown, Toronto.

LUNCHEON.

- 4.00 p. m.—Garden Party at the home of Dr. and Mrs. S. R. Jenkins, Charlottetown
7.00 p. m.—Alumni Dinners and Class Reunions.

NOTES REGARDING THE MEETING.

Headquarters: The Prince of Wales College, in which will be housed the scientific sessions, registration, and scientific and commercial exhibits.

Registration: The registration office will be found in the Exhibit Hall, Prince of Wales College. As admission to scientific sessions and entertainments will be by convention badge only, members are advised that they must register, as must, also, the members of their party.

Messages: It is suggested that members in attendance have all letters, telegrams and telephone calls directed to them in care of the Canadian Medical Association, Prince of Wales College, Charlottetown, P. E. I.

Programme: It will be noted that there are to be no Sectional Meetings. All papers will be presented in General Sessions. The Programme Committee announces that the programme will start on time each morning, and will continue until completed before adjournment is made for luncheon. The afternoons are thus left free for entertainment.

Entertainment: The attention of members and their friends is called to the afternoon entertainment which is being provided. Believing that the social side of the meeting is quite as important as the scientific, the Local Committee has introduced an innovation this year in leaving the afternoons free for pleasure. A real good time is in store for all who desire to avail themselves of the hospitality which is offered.

Golf: The second annual golf tournament of the Association will be held on Tuesday June 19th handicap rules to govern. The first prize is the beautiful Ontario Cup donated by the Ontario Medical Association to the Canadian Medical Association. All Golfers are urged to take part. Full particulars may be obtained from Dr. W. Tidmarsh, Charlottetown P. E. I.

Alumni Dinners: Friday evening June 22nd, has been left open for Alumni Dinners and Class Reunions. The Local Committee will gladly co-operate with all groups desiring private accommodation, but, in order to do so, must know the number of dinners to be held. (Dalhousie graduates will meet at the Victoria Hotel at 7.30 P. M.).

The Annual Dinner Dance: The Annual Dinner Dance will be held on Wednesday night at Beach Grove Inn.

Accommodation: The Local Committee is bending every effort to secure adequate hotel accommodation for everyone who attends. You will greatly assist the Committee in their work, and, at the same time, assure yourself of desirable accommodation, if you make tentative reservations by writing Dr. G. F. Dewar, Box 155 Charlottetown, P. E. I., Secretary of the Housing Committee, at the earliest convenient date. All reservations made up to and including June 9th, will be acknowledged early in the week of June 11th, so that, upon arrival in Charlottetown, you may proceed directly to the place reserved for you.

Early Diagnosis and Treatment of Diseases of the Female Breast*

ALFRED JAMES GRANT, M. D., F. A. C. S.

Assistant Professor of Surgery, University of Western Ontario; Chief of Surgical Staff, St. Joseph's Hospital and Attending Surgeon, Victoria Hospital, London, Canada.

AS a result of the various educational campaigns among the laity upon the subject of cancer we are now seeing a great variety of breast conditions which present a very indefinite and unfamiliar picture. Cases of carcinoma in an advanced state are still very much too numerous and there is much to be done in the education of women as to the danger of a lump in the breast. At the same time we must realize that while the cry is being raised concerning the awful mortality of carcinoma of the breast we are going to send a great many women to the doctor who have little or nothing the matter with their breasts. The early recognition and prompt treatment of breast lesions is the same problem that it always was but if we are to avoid unnecessary operations then we must at once recognize the difficulties in the matter of diagnosis as the cases are now being presented to us.

The histological structure of apparently normal breasts shows considerable variation. The breast is a restless organ which has a physiology of its own. Even before the child is born the mammary glands are stimulated by the same hormone which stimulates lactation in the mother. The flow of secretion from the breasts of new born babies is of frequent occurrence. At puberty the mammary glands of the female become stimulated by the gonadal secretion and the loose connective tissue is rapidly replaced by ducts and acini. In the male the glands atrophy but the atrophic gland is of course subject to all of the diseases which beset the gland in the female. At each menstrual period the breasts are stimulated, the activity frequently causing considerable inconvenience to the patient. In the event of pregnancy, still further replacement of connective tissue by ducts and acini takes place. Lactation sees full activity and secretion established with subsequent regression and return to normal. During the life of the woman these periods of activity and regression are constantly in progress until the menopause results in the withdrawal of the stimuli and a state of permanent atrophy is ushered in.

*Presented at the Annual Meeting of the Medical Society of Nova Scotia, Sydney, July 7, 1927.

When we consider the physiology of the breast we can better understand the confusion in pathological findings. We recognize and can understand the typical epithelial hyperplasias but there is much room for argument in the atypical hyperplasias and the interpretation of their significance. We have the same problem to face in diseases of the prostate gland and it would seem to me that if these atypical hyperplasias were to be considered pre-cancerous then cancer of the breast and prostate would be even much more frequent than they really are.

We need scarcely stress the importance of a carefully taken history. It is a most important step in the diagnosis of any condition. I believe that we would be justified in considering the local physical examination in detail. The patient should be examined, lying down, with both breasts exposed, the hands resting upon the top of the head. With a good light we look for any irregularity in size or lack of symmetry. Any deformity or skin lesion about the nipple is noted. Is there any discharge from the nipple? Is there any change in the appearance or texture of the skin covering the breasts? Palpation is our most valuable aid in the detection of lumps in the breast. Using the flat of the hand and fingers, the entire breast should be palpated against the ribs and chest wall working from the periphery toward the nipple. Even a very small definite lump will not escape the fingers by this method. We are all aware of the ease with which indefinite lumps are palpated if we pick up portions of the breast between the thumb and fingers. This is the method which the patient uses when she comes to us with her own diagnosis of a tumor in the breast which we refuse to confirm. The arms are now brought down to the sides in order to relax the axillary fascia and facilitate a careful palpation for enlarged nodes. If we discover a definite lump or lumps in the breast, is the condition benign or malignant?

There are many classifications of tumors of the breast, most of them extremely difficult to remember. The working classification which I use is as follows. 1. Simple cyst, galactocele, papillomatous cyst and fibro-cyst adenoma. These benign tumors are almost invariably seen as local manifestations of chronic mastitis and may be called indigenous tumors of the breast because they cannot occur elsewhere. The papillomatous cyst is especially interesting because of the associated bloody discharge from the nipple and the frequency with which it is confused with carcinoma. 2. Non indigenous connective tissue tumors. Just as we may have fibroma, myxoma, lipoma, etc., in any connective tissue, so we may encounter them in the breast. 3. Aberrant tumors, that is tumors adjacent to the breast or just outside of the periphery. It has been shown that primitive breast tissue is frequently scattered beyond the margin of the gland proper and in this tissue we may have the origin of an indigenous breast tumor. I have had two cases of carcinoma in the past five years which occurred as aberrant tumors originating about two centi-

metres beyond the periphery of the breast. One patient had consulted her doctor nearly one year prior to operation and had been advised that the small lump was of no consequence as it was not in the breast. In spite of a most radical operation she died of generalized metastases two and one half years later. 4. Submammary tumor. This is not a breast tumor but because of the pushing forward of the mammary gland by the growth of the tumor, we have a right to consider it among breast enlargements. They commence from the connective tissue beneath the pectoral fascia or from the fascia itself and fibroma is the most frequent type. 5. Malignant tumors. Sarcoma, as the malignant member of the connective tissue group is not commonly found in the breast and the differential diagnosis from carcinoma is not often possible before operation. There are many types of carcinoma of the breast. We recognize the schirrous type with its abundance of fibrous tissue as contrasted with the richly cellular medullary type but time will not permit of a discussion of the many interesting types of carcinoma as it affects the mammary gland. We shall content ourselves with the consideration of carcinoma of the breast as an epithelial tumor which grows by atypical and destructive proliferation of epithelium, having within itself the ability to metastasize.

The earliest point of distinction between a benign and a malignant tumor is the question of fixity to the surrounding tissues. Definite attachment to the skin, dimpling of the skin or retraction of the nipple are all late indications of fixity unless the tumor is very superficial. We should endeavor to so educate our fingers that we can detect any reasonable degree of fixity to the surrounding tissues in deep seated tumors. Our whole aim is the earliest possible diagnosis of malignancy, because the most important prognostic feature in malignant disease is the length of time that the patient has had the tumor.

There is a hardness about carcinoma which is often characteristic, but this sign should not be depended upon, as we do see cystic types of carcinoma which do not become hard until the later stages, but the early fixity is always there.

We will admit that carcinoma is much more frequent after forty years of age, but the most malignant case of carcinoma of the breast that I ever saw occurred in a woman of twenty-two years of age, during lactation. Tumor of the breast in women under twenty-five years is nearly always benign but the possibility of carcinoma must always be considered.

Enlargement of the axillary nodes is part of the classical textbook picture of the disease but hyperplastic enlargement of the nodes is almost a constant accompaniment of chronic mastitis. To wait for enlargement of the nodes in cases of carcinoma, before making a diagnosis, would mean that we would always be operating upon late cases, and if the enlargement is due to metastatic carcinoma, they will usually be hopeless cases in so far as cure is concerned. We repeat that the attachment of the tumor to the surrounding tissues is the earliest and

most reliable point of distinction between a benign and a malignant tumor.

Paget's disease of the nipple is one of the unusual types of carcinoma which we should mention. Handley¹ believes that this condition is due to carcinoma involving the ducts near the nipple. The presence of the growth disturbs the lymph flow to the mucous membrane and skin about the nipple; hence the skin changes. True it is that a palpable tumor mass is usually absent but the persistence of the chronic skin condition after a reasonable trial of dermatological treatment calls for the radical operation for carcinoma.

Chronic mastitis is an abnormal epithelial hyperplasia involving the ducts and acini. The principal changes are those of dilatation of the ducts and acini, cyst formation, round celled infiltration and fibrosis. There are many theories as to the cause of the condition. The name is unfortunate because it suggests an inflammatory condition. If the disease were of infectious origin we would expect to see some of the cases go on to abscess formation or that an organism would be isolated. Many of the pathologists believe that the disease is neoplastic and many of them believe that it is pre-cancerous. Sir George Lenthal Cheatele² believes that he has been able to trace the various steps from simple epithelial hyperplasia through various degrees of proliferation into definite carcinoma. Ewing³ states that an examination of his specimens of chronic mastitis shows carcinoma in fifty per cent of them but we must remember that all of these breasts were removed because of supposed definite pathology and it would not be reasonable to apply the inference to cases of chronic mastitis in general. Bloodgood⁴ is fully convinced that the disease is not pre-cancerous and his recent papers upon the subject take very positive ground. Deaver,⁵ with McFarland states, that fear of cancer in cases of abnormal involution, which he chooses to call this condition, has accounted for the sacrifice of many breasts.

One of the most interesting theories as to the cause of the condition has been recently brought forward by Geoffrey Keynes⁶ in one of the Hunterian Lectures before the Royal College of Surgeons in London. In a very complete study of a large number of breasts Keynes was able to demonstrate that the ducts of the nipple in the quiescent breast are sealed with keratinized plugs of epithelium. So long as absorption within the breasts is normal then the products of epithelial activity are taken care of, but if absorption does not take place then a state of

1. Handley, W. Sampson, Brit. J. of S. Vol. 7, P. 183, 1919.
2. Cheatele Sir George Lenthal, Brit. J. of S. Vol. 13, No. 51, P. 509.
3. EwingJames, Neoplastic Diseases, W. B. Saunders & Co. 1919, P. 475.
4. Bloodgood, Joseph Colt, Path. Chronic Mastitis; Archives of S. 1921, Vol. 3, P. 445.
5. Deaver & McFarland, P. Blakiston Sons Co., Philadelphia, P. 293.
6. Keynes, Geoffrey, Brit. J. of S. Vol. 11, P. 89.

stagnation occurs within the ducts and acini. Chemical irritation is set up and the pathological changes known as chronic mastitis are the result.

Pain is the earliest symptom of chronic mastitis, hence we see many of these cases very early. Lumps, very often due to indefinite thickening of the breast stroma, are of frequent occurrence. Palpable and frequently tender nodes in the axilla are nearly always present. The condition is frequently bilateral. The patients all come with a very definite fear of carcinoma and the best prescription for the pain is the assurance that they are not suffering from this disease, if such assurance can be given them.

The clinical picture presented by chronic mastitis is variable. The following clinical groups may be recognized:

1. The painful lumpy or thickened breast without definite tumor mass.
2. The breast with one localized, definite tumor mass. It may be clinically benign, doubtful or associated with discharge from the nipple.
3. The breast with several definite tumor masses.

Tuberculosis of the breast may be primary or secondary. The demonstration of tuberculosis elsewhere is of great assistance in the diagnosis. One of the most characteristic tendencies is that of early sinus formation but the fibrosis and thickening throughout the breast often makes the differentiation from carcinoma a very difficult matter.

Syphilis of the breast offers some diagnostic difficulties in the tertiary stage because of gummatous formation. The history of the case, together with physical examination and the serological tests, should lead to the diagnosis of this condition.

Treatment—We cannot get away from the fact that carcinoma is a very common pathological lesion in the female breast. To advise the patient to wait until some of the more classical signs appear, after we have firmly established the presence of a definite lump in the breast, or adjacent to it, is to face a very grave responsibility which often leads to disaster. Many of these lesions are definitely benign, encapsulated tumors which require nothing more than local excision, but the pathology must be established. Any doubt may usually be cleared up after the incision is made down to the mass, by gross study of the tumor and its relation to the surrounding tissues. Frozen section and microscopic examination is very helpful and should always be used in doubtful cases, when such facilities are available. Every surgeon should familiarize himself with the gross appearance of carcinoma in all its various stages and in case of doubt the complete operation for carcinoma should be performed. If we have cut into an area which has the slightest suggestion of carcinoma an alcohol sponge should be pressed into the wound and allowed to remain until we have satisfied ourselves as to the type of operation indicated. Without some such

procedure, we are sure to get a rapid extension, if the condition be carcinoma, either by implantation of cancer cells or by rapid metastasis. A single mass in the breast calls for a very local procedure or a very radical procedure, according to its pathology. The half-way measure of amputation of the breast is not so frequently indicated.

The development of our present radical operation commenced when Halstead published his paper on the radical removal of the breast with the lymphatic glands, in 1888. Willy Meyer, working in New York, published his paper shortly afterwards and ever since then there has been a tendency to remove more tissue. One of the most important contributions has been made by Handley in his studies of the lymphatics. Handley⁷ has shown that the dissemination of carcinoma primarily depends upon centrifugal growth from the original focus along fascial planes, by a process of peri-lymphatic permeation. Therefore the direction of the lymph current, or the convergence of lymphatic trunks at one particular point, does not absolutely determine the location of the secondarily involved lymph nodes. The extension and involvement depends upon the situation of the primary focus and the physical characteristics of its surroundings. The practical application of this fact means that we no longer take the nipple as the central point in our area of excised skin, and the more widely excised under-lying fascia, but we take the tumor itself as the central point in laying out the incision. Handley⁸ has also shown that the lymphatics in the fat and sheath covering the upper section of the rectus muscle drain the region of the breast, and further that they constitute the path of invasion in the metastatic involvement of the peritoneal cavity. We now extend our incision into the epigastric space to permit excision of the structures concerned. In addition to these considerations, a proper radical operation strives for the reflection of thin skin flaps, so that the fascia and subcutaneous tissue is excised with the tumor. The operation should include the removal of both pectoral muscles, the major because it harbors lymphatic nodes within its substance and the minor, because its presence interferes with a careful painstaking removal of the axillary fascia with its attached lymph nodes. The axillary dissection should be commenced at the apex of the axilla by splitting the sheath of the axillary vein and ligating the branch veins from above downwards to facilitate the dissection of the fascia. The nodes are attached to the fascia and the complete removal of the latter is the surest way of getting all of the nodes. The excised area including the axillary fascia and nodes with both pectoral muscles the breast and the sheath of the upper section of the rectus is removed in one mass. Proper exercises with passive motion commenced on the tenth day ensures a useful arm.

The field of X Ray and radium in breast cancer should be limited to the treatment of inoperable cases, and to the prophylactic treatment

7. Handley, W. Sampson, Brit. Med. J. Vol. 21, P. 832.

8. Handley, W. Sampson, Cancer of Breast and its treatment, Second Ed. Paul Hoeer, N. Y. 1922.

of cases immediately following operation. The ray relieves pain and prolongs life in the inoperable cases while the stray cancer cells in the operated cases are very vulnerable to X Ray and radium.

The treatment of chronic mastitis may well be based upon the clinical grouping mentioned above. I have had excellent results in the first group—those with painful lumpy breasts—by the use of daily massage with olive oil and the application of a wet dressing of boric acid solution at bedtime. The success of this method may be readily understood if Geoffrey Keynes theory as to the cause of chronic mastitis be sound.

Local excision of the tumor is the treatment for the second group. My regular practice is to excise the sector of the breast which is involved and restore the contour of the gland with cat gut sutures. This operation gives a very thorough removal of the tumor and the deformity of the breast is practically nil.

Patients in the third group with several definite masses require careful observation. I am not at all satisfied that this condition is pre-cancerous, but the question is a contentious one, with good argument on both sides. While the pathologists are endeavoring to place us upon firm footing, my own rule has been to regard these cases with suspicion. If the masses are getting larger or showing a tendency to matt together, in spite of the single measures of treatment mentioned above, I believe that the breast should be removed. If we confine mastectomy to this group there will be little sacrifice of mammary glands and our patient's interests will be well looked after. We, of course, assume that carcinoma has been excluded by the methods suggested before we pin our faith to simple mastectomy.

The Maritime Medical News

PART VI.

Volume 14, 1902.

IN the April number of the *News* Dr. G. E. DeWitt writes of his impressions of Johns Hopkins Hospital. Dr. J. F. Black began a series of letters telling of his medical experiences in Spain, Austria, Germany, Switzerland and in England in the course of nearly a year's travel. As intimated in previous articles, we believe letters of this nature might well be coming to the BULLETIN to-day from a number of our members who, from time to time, visit medical centers in other countries.

We also mentioned the appearance in 1900 and 1901 of some correspondence from a member of the profession whom we termed "a Stormy Petrel". It remained for an editorial in the April number of the *News* to style him an "Ishmaelite". We may, possibly, have such characters in our profession to-day, but we have the saving grace of not giving them any publicity. In this particular we are indeed fortunate, but, perhaps, we should knock wood!

During the months of April and May of this year, Dr. J. G. McDougall, then in Amherst, was seriously ill with Septicaemia, his life being despaired of for some time. Dr. W. R. Dunbar, then in Shubenacadie, was this year added to the list of Benedicts. He has always actively identified himself with our medical societies, but has cut a larger swath in civic politics, very creditably filling the Mayor's chair in Truro for a number of terms.

Much of the June issue is devoted to announcements regarding the meeting of the Maritime Medical Association in Charlottetown and arrangements for the annual meeting of the Medical Society of Nova Scotia in New Glasgow. A note is also made of the addition to the ranks of benedicts of Doctors W. H. Eagar, G. G. Gandier, H. H. McKay, L. B. Braine and T. M. O'Sullivan. These we still have with us.

At the Annual Meeting of the Medical Society of Nova Scotia, in New Glasgow, July 2nd, 1902, Dr. J. W. MacKay gave the Presidential Address. In that address he outlined a proposal, which had been very actively sponsored by the late Dr. Muir, for the establishment of county or cottage hospitals. Unquestionably the course advocated has accomplished a great deal of good in the province. We would point out, however, that these institutions are not yet being made

as complete centres for the prevention of disease that their establishment would make possible. This has been emphasized, particularly by Doctors McDonald and Keddy and others, in various addresses that they have given at Annual Meetings of these institutions. Possibly the Department of Public Health could utilize these institutions more than is done at present, as centres for clinical work and education in the prevention of disease.

In the August number, 1902, Dr. S. C. Murray's address before the New Brunswick Medical Society in Saint John was published. He referred very kindly to the deaths of Dr. McLearn of Fredericton and Dr. Morrison of Saint John. He quoted very fully from the tribute paid by Dr. W. H. Drummond to Dr. W. S. Muir as we noted in our last article. He dealt very definitely with the matter of Medical Ethics. He pointed out that they had a code of ethics and a scale of fees "printed for the New Brunswick Medical Society in a very nicely bound little book, but I am sorry to say, according to my observation, it is studied and practised about as much as the bible". Then he very keenly, although a little caustically, speaks of unethical habits and customs, even asserting that a small attendance at an annual meeting is largely due to the selfishness or greed of the absent ones. It is a genuine treat after this, what one might almost call a tirade, to read his concluding paragraph, after he has made an earnest plea for the better *teaching* of ethics:—

"And now, gentlemen, in conclusion, let me say that there is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical. We have a glorious heritage, a noble profession, a great responsibility, and a high and noble position to maintain in the hearts of the people, and although we may not be able nor do we desire to perpetuate our memories by the erection of costly edifices of wood and stone, as Carnegie, McDonald and others are doing, yet we can by strict observance of the rules of medical ethics and the practice of the Golden Rule, so conduct ourselves that, like the noble and true Dr. Will Muir, we shall live in the memories of every man, woman and child who ever knew us, and generations yet unborn shall rise up to call us blessed."

Dr. Murray was a graduate of Harvard in 1871 and his address is still Albert, N. B. Would it not be good to meet him at the C. M. A. meeting in Charlottetown in June next!

Doctors Hattie and M. Chisholm are also contributors to this number. We note that if 10 or more delegates attend the C. M. A. meeting in Montreal the next month, (September) from Quebec and all points East, holding standard certificate for one first class fare, they will be issued tickets free for return. The standard certificate is a rare document to-day in any form, and it never gets a free return trip.

The subject of ethics was also keenly debated at the Maritime meeting that year. In this connection the British Medical Journal

of December 17, 1927 has a short article on "Ethical Courses for Medical Students" which would appear to suggest that there is still a need along this line not yet fully met. The article in question rather objects to the course laid down by the A. M. A. which, although designed to hold the new practitioner to the narrow way of orthodoxy, points out possible bye-ways:—

"Thus, under the title 'Acquiring practice properly' we find an item 'Medical salesmanship'. Advertising is dealt with as 'legitimate' and 'illegitimate', and practice may be improperly acquired by undue optimism or 'alarmism'. A sub-heading of the last item concerns 'near-quackish practices of the medical profession itself, such as unwarranted glandular, electric, and intravenous therapy employed for effect'—the words 'for effect' meaning here, no doubt, 'to impress'. We are not sure whether it is wise to introduce the student to all the seven sins of medicine at once. Perhaps he will do better on the milder pabulum of Dr. Glover, which offers him a lofty ideal, and leaves him, fortified with this, to find out some of the more heinous wickednesses for himself".

The leading Communication in the September 1902 issue of the *News* is the Address on Surgery delivered by Dr. George E. Armstrong of McGill at the Nova Scotia Annual Meeting held in New Glasgow in July. His subject was a review of surgery for the past year. He, too, could not refrain from referring to the recent passing of Dr. Muir, concluding with these words—"I venture to say that not only in your local associations but at the meetings of the Canadian Medical Association no face was more welcome, no member more warmly received, from Charlottetown to Banff, than the late Dr. Muir of Truro. Brim-full of strength and good fellowship, he always stood for what was honourable and just. But alas, he is gone, all too soon. May his influence long live after him!"

Dr. J. A. Sponagle also contributed a paper at this same annual meeting on the Relation of the General Practitioner to the Physical Life and Development of our youth. This was a plea for medical supervision of school children which has not even yet reached the ideal of accomplishment as visioned by Dr. Sponagle. Why do we progress so slowly? Because we fail to grasp the truth that the idealist appreciates so fully!

As one reads the editorials and other notes in several issues of the *News* one senses a spirit of pride in the work of the Halifax Medical College, as affiliated with, rather than as absorbed *in*, Dalhousie University. A public press statement that "the lectures of the *Dalhousie Medical Faculty* would begin on September 2nd" was noted as a "rather ridiculous advertisement". The Profession in Nova Scotia had a certain feeling of personal ownership in the Halifax Medical College that does not exist to-day in connection with the Medical Faculty of Dalhousie. This was inevitable, but it may be regretted.

In the records of Medical or Surgical Addresses published in Canadian Medical Journals one stands out in bold relief, the peer of them all. On September 16th, 1902, Dr. John Stewart of Halifax, at the meeting of the Canadian Medical Association at Montreal, delivered this masterly Oration:—"The Contribution of Pathology to Surgery". No address could be more scholarly, more delightfully expressed, broader in its basic conceptions, or more discerning in its analysis of the personal contributions of our early teachers. Recalling that finest of chapters in the history of our race, the exploits of the early navigators of the 15th and 16th centuries, (so vividly portrayed in the BULLETIN of November, 1926 by Dr. M. G. Burris in his article,— "Arma Virumque Cano".) Dr. Stewart drew a striking parallel "between those pioneers of ocean travel and the early masters of our craft", concluding that,— "What Navigation was to Seamanship, Pathology is to Surgery". Yet after the pioneer work of many, including Harvey, Hunter, Virchow and Pasteur, the Surgeon was still *at sea*. He said,—

"But the practical surgeon had gained nothing towards the elucidation of his enigma. Perhaps at no time was their helplessness greater in the treatment of wounds. The advance in methods of diagnosis and in improved methods of operating, introduced by such men as Syme and Nelaton, and other brilliant surgeons of the period, and the great discovery of anaesthesia, had stimulated operators to increased activity. But the surgeon and his patient seemed the sport of a capricious fate. Epidemics of septic fever, pyaemia, hospital gangrene and erysipelas decimated hospital wards, and often attacked fifty per cent. of all operation cases, and hospitals were being closed. Surely Surgery was suffering eclipse.

"Then came Lister, and the dark hemisphere rolled in one grand movement from its age-long penumbra into noon-day. Surgery—Modern Surgery—was born. In the chronology of our craft time is divided into before and after Lister. The shadows of fear, anxiety and uncertainty left the surgeon's face, for now that

'Wise, rare smile was sweet with certainties'.

It is a fascinating thing to trace the history of a great discovery, and when the time comes to write the history of the Listerian Renaissance, it will be found the romance of surgery".

This was the idea formulating in Dr. Stewart's mind to which he gave utterance 22 years later in delivering the first Listerian Oration at Toronto.

"There can be no doubt that in the providence of God it was granted to Joseph Lister to do more to save life, to relieve pain, to obviate deformity, and to prevent mutilation, than any other man in the history of our race. . . He was a great pioneer, he introduced new principles, he made rough and perilous ways smooth and 'sweet with certainties', he opened a new and beautiful door in the House of Health, and gave us, his followers, the passport and the key".

"Nunc vale, care magister et amice, atque in aeternum ave".

Treatment for Veterans

LT. COL. ROSS MILLAR, D. S. C. R.

Director Medical Services.

IN order to correct certain misapprehensions the following facts are published in the interests of all concerned—the Veteran, the Department and the Medical Profession of Canada.

Under the Pensions Act as it now stands, every man who was in uniform is entitled to treatment and hospitalization, if necessary, if—

- (1) He was wounded.
- (2) He had an accident or illness while on service.
- (3) He had a pre-war disability which was aggravated by service.

His eligibility to come under the above classes, and the degree to which he is disabled, is decided by the Pensions Examiners who are detailed for this work in each Province and whose findings are reviewed by the Central Board at Ottawa.

Pensions are only granted for disabilities traceable to war service, and not for post war disease, nor for conditions which arise in consequence of advancing age.

The Department maintains eight hospitals of its own, and has contracts with nearly a hundred civilian institutions for the treatment of the disabled Veteran. It also has some hundreds of Medical Representatives scattered throughout the Dominion for local treatment. As far as possible these Medical Representatives are themselves returned soldiers, and, therefore, are conversant with the needs of the Veteran. These Medical Representatives are paid according to a Schedule of Fees, which is modeled on the Schedule of the Workmen's Compensation Board for the Provinces.

When a Veteran needs treatment the regular procedure is for him to apply to the nearest Medical Representative of the department, who should inquire whether the man has a pension, or has had one in the past, and, whether the present complaint pertains to the pensionable disability. If the eligibility has been established, the Veteran is then given local treatment and whatever medicines he needs. Or, if the trouble is more serious, and is liable to be prolonged, transportation is given to the nearest Department of Soldiers' Civil Re-Establishment hospital.

Appointments of Medical Representatives have always been given wide publicity by advertisement in several issues of the local newspapers at the time of the appointment, and it is assumed that the Veteran knows where the nearest Medical Representative is located. However, to provide for emergency, or for the temporary absence of the Medical Representative, the department recognizes and will pay any doctor for the emergency attendance, if the Veteran is an eligible case and the emergency is proven. It is also assumed that, in the course of ordinary professional courtesy, the emergency doctor will notify the regular Medical Representative at the earliest possible opportunity, and, in this way the department will be informed of the action taken and of the seriousness, or otherwise, of the case in point.

The department cannot, under the law, become responsible for the payment of continued services or for supplies of medicine unknown or unauthorized by the nearest Unit Medical Director, so that this point involves notification within a reasonable length of time of the commencement of the treatment. Many of the troubles in the past were due to independent action on the part of both Veteran and Doctor, and disappointment when the department refused payment of bills incurred under no supervision by the properly constituted authorities.

The department feels that adequate opportunities have been afforded and are readily available for supervised treatment, and that it is not unreasonable to ask both Veteran and Doctors to comply with the regulations. It will be found that most Veterans know quite well what their disability is, and whether they are eligible for treatment, and they can always show a copy of their last pensions board in verification of their claim. In the very much smaller number of cases where, possibly, the eligibility has not been conceded as yet, or whose cases are still before the Appeal Board, the Department feels that the local doctor will not and does not allow any worthy ex-soldier to suffer on account of want of treatment, and, if looked at from a monetary standpoint, the chances of recovering pay for treatment given are, to say the least, better than from the average civilian office practice; because, in the event of subsequent eligibility being proven, retroactive payment is granted, always, of course, providing that notification had been given that the Veteran was under treatment. Emergency cases in which there is a reasonable doubt involved as to eligibility are invariably given the benefit of the doubt and a period of hospitalization is granted for observation.

There are some minor exceptions to the above remarks, but, on the whole, they are intended as a brief summary and a reminder to the Veterans and Doctors that the easiest way and quickest way to get treatment and results is to follow the regulations laid down, and thereby everybody concerned will be better satisfied.

The Caduceus

By W. H. Hattie, M.D., Dalhousie University, Halifax.

EVEN in these latter days there are some who do reverence to the serpent. A custom, very common in the early days of mankind, of employing the serpent in religious rites is, we are told, still adhered to in certain isolated places where native simplicity remains content with non-camouflaged paganism. Seemingly the wiliness of this much be-ribbed reptile caught the fancy of man in very remote times, and the trail of the serpent can be traced through the religious practises, the mythologies and the traditions of many widely separated peoples. And while it has lost such general favor as an object of adoration, the evidence of its early predominance persists in symbolism which is quite familiar to us.

This survival is notable in view of a prejudice which has existed since B. C. 4004 (Usher's chronology—not mine) when a serpent exercised its subtlety in the Garden of Eden, to the discomfiture of all succeeding generations.

In days when priest, medicineman and magician comprised a trinity, and the serpent was invested with the attributes of a god, he who would venture to heal a man of his infirmities without the guiding presence of the serpent would have exemplified the extreme of rashness. We unashamedly admit that medicine has evolved from that trinity, and rather proudly feature the serpent in the emblem which is very generally adopted by the profession. But we are in a quandary as to whether the emblem should have two snakes or only one.

The caduceus which the sculptor has placed in the hand of Mercury is doubtless a modification of the original Greek herald's staff, which we are told, was a plain rod entwined with fillets of wool. Later the fillets were replaced by serpents. Ovid entrances us with a little tale from which we gather that Mercury once attempted to stop a fight between two snakes by throwing his rod at them, whereupon they twined themselves contentedly about the rod—and lo! the emblem. This may be but pleasant fiction. If it be true, it explains why the caduceus symbolizes peace. Fondness for peace is admitted to have ever been a striking characteristic of the medical profession. The wings are seemingly a comparatively modern addition, and may symbolize the union of two primitive cults of healing. But we must be cautious about accepting the caduceus as a true medical emblem. While Mercury's patronage of the sciences may have given him an interest in Medicine, he is remembered particularly as the god of

traffic and commerce, and his winged rod is claimed as a symbol by the devotees of those pursuits.

If the gods of old had been more considerate of the men of later days and had left a record of dates to which we could ascribe their activities, we might be able to clear away some of the haziness which obscures the genesis and evolution of the caduceus. As it is, we must pin faith to the teachings of our archaeological friends for the data and interpretations of data upon which we base our surmisings. By them we are informed that the neolithic age was characterized by the development of a culture which bears the strange name heliolithic. Perhaps fifteen thousand years before the Christian era—in the matter of dates let us be at least as cautious as Mr. H. G. Wells—this culture was in process of distribution from its seat of origin about the Mediterranean and in northern Africa throughout the warmer regions of the earth. Its brown skinned exponents, the most cultured people of the time, established a vogue for sun-worship and favoured huge monoliths for monuments. If they did not originate the highly meritorious custom of putting a man to bed when a child was born to him, they seemingly devoted themselves to its popularization. They gave evidence of a hygienic sense in their adoption of the practice of circumcision. And although the swastika was their favourite emblem it is quite possible (again we exercise Wellsian caution) that, out of their association of sun and serpent in religious symbolism, the caduceus was eventually developed.

It is customary to trace the beginnings of a definite civilization to this heliolithic culture. Conspicuous among the remains of even the earliest communities which excavations reveal are the temples, where the oldest medical records are found. These records and the temple decorations both give evidence of the reverence in which the sun and the serpent were held in pre-historic times. We of today are renewing enthusiasm for the sun; we have some information about its ultra-violet rays. We have less enthusiasm for the serpent, although we cherish its symbolism. The years that have passed since Medicine ceased to be a perquisite of the pagan priesthood have not robbed us of interest in the traditions and practises of the early exponents of the healing art.

A vase which was unearthed at the site of Lagash, and which, according to the interpreters, had been dedicated by the King Gudex to the god Ningishzida about 3500 B.C., bears what is believed to be the oldest existing representation of the caduceus. Since that time it has undergone many modifications, but even the familiar winged wand of Mercury can boast considerable antiquity. It is difficult to say when this latter device came into use as a medical emblem. Early in the sixteenth century a medical publisher, Froben, adopted a title page design which shows two curly tailed, unusually fierce serpents entwined about a stout staff which is held in the grasp of two sturdy hands. Atop the staff and between the heads of the serpents is a

bird (?hawk) whose gaping mouth and uncertain poise suggest extreme alarm. But the wings are not spread. Sir William Butts, a physician of Henry VIII., used a somewhat similar device on his crest. Seemingly, however, the single serpent on a staff, which met the needs of Æsculapius, has been generally regarded as a more fitting emblem for the medical profession. The badge of the Royal Army Medical Corps, and of other medical corps within the British Commonwealth, shows a staff with but one serepnt entwining it. The same is true of the badge of the French medical service. Some twenty-five years ago, however, the United States Army Medical Service adopted a device containing two serpents, and the somewhat common acceptance in America of Mercury's winged wand as a medical emblem may be a consequence. It is very doubtful if this is justifiable.

Among the varied duties of Mercury was the conduct of the dead down the dank ways to the mead of asphodel in the dark realm of Hades. Why should we warm to him? But his half-brother, Apollo, warded off disease and healed the sick. And was he not the sire of Æsculapius? In at least one statue he stands beside the trunk of a small tree around which a serpent is twined. Here we get a much stronger resemblance to the stout serpent-encircled staff of Æsculapius than anything to be seen in the hands of Mercury. Unless Mercury filched the caduceus from Apollo as he is reputed to have appropriated, *inter alia*, the trident of Neptune and the girdle of Venus, we are without refuge of reason for believing that it was ever in line for inheritance by Æsculapius, and therefore by us. Why, then, should we take the chance of involment in a legal squabble by snitching an emblem to which we have doubtful right when no one can dispute our claim to the staff and single serpent which sufficed for Æsculapius?

In a short play of Ben Jonson's (Mercury Vindicated), Mercury is made to say: "You might wrest the caduceus out of my hand to the adultery and spoil of nature." If so tragic a consequence might be attributed to our interference, it is submitted that there is so much the more reason for resigning any scrap of claim we may have to the herald's staff.

Frequently news items from remote country districts read thus,— "The country nurse, Miss X—, paid her annual official visit here Tuesday" or some other day of the week. It is a question as to whether the good accomplished in *annual* visits to country schools is sufficient to warrant the cost. School work of this kind is very essential but, as in other lines, the country school is not getting a square deal.

Overheard in a police court in C. B. An accused man was muttering to himself.—"A Scotchman! Gosh dang it I baint no Scotcher anyway, and no how whatefer? fine, or no fine, I von't stand for being a Scotcher, God knows its bad enough to be a Jew."

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Medical Faculty of Dalhousie University. 60th Anniversary, 1868-1928

THE medical school in Halifax has this year reached its sixtieth birthday. There are still living men who have witnessed its birth, watched its progress and growth and have seen it develop into one of the foremost institutions on the American Continent. It will be of great interest to relate at this time the story of its earlier days. The idea of founding a medical school in the Maritime Provinces was discussed by the medical practitioners of Halifax in the sixties. No doubt many conferences were held but the records of these meetings have not been preserved. The information for these notes has been obtained from the minutes of the Board of Governors of Dalhousie University and the annual announcements of the earlier years.

The first point of interest is the personnel of the Board of Governors. It is doubtful if any subsequent Board contained the names of so many illustrious men. The list is as follows:

Hon. William Young, Chief Justice of Nova Scotia, Chairman; Hon. Charles Tupper, C.B., M.D., M.P.; Hon. J. W. Ritchie, Senator; Hon. S. L. Shannon, Hon. Joseph Howe, Rev. George M. Grant, James F. Avery, M.D., Charles Robson, Esq., James Thomson, Esq., Secretary and Treasurer.

On Nov. 28th, 1864 Dr. Tupper, later Sir Charles Tupper, read to the Board of Governors a memorandum prepared by Professor Lawson, relative to the Medical School at Kingston. Then Mr. Howe, later the distinguished statesman and Dr. Avery, whose name is perpetuated by the Avery prize which is still awarded to students of the University, presented the following Resolution:—Resolved that the Secretary communicate with the Medical Society and enquire if

they would be willing to co-operate with the board in establishing a Faculty of Medicine. This was passed unanimously. Evidently the Medical Society did not concur with this proposal, as intimated in a subsequent meeting of the Board held on April 27th, 1864. The minute reads as follows, "The Secretary also reported that the Medical Society did not think it expedient at present to co-operate with the Board in the formation of a medical faculty in connection with the College". The question was not, however, dropped and, in the minutes of January 14th, 1868, we find that a proposal was submitted to the Board by Dr. A. P. Reid, Esq., M.D. This programme was referred to committee and eventually accepted, bye-laws and regulations framed and adopted, *and so the medical school came into existence.* The first Faculty was as follows:—

DALHOUSIE COLLEGE AND UNIVERSITY, HALIFAX, N. S.
FACULTY OF MEDICINE.

VERY REV. JAMES ROSS, Principal, (ex officio) and Matriculation Examiner.
WILLIAM J. ALMON, M.D., President.
ALEXANDER P. REID, M.D., Dean.
WILLIAM J. ALMON, M.D., and ALEXANDER G. HATTIE, M.D., Lecturers on Obstetrics.
PROF. GEORGE LAWSON, Ph.D., LL.D., Lecturer on Chemistry.
ALEXANDER P. REID, M.D., L.R.C.S. Edin., Lecturer on Institutes of Medicinem.
EDWARD FARRELL, M.D., Lecturer on Anatomy.
ALFRED H. WOODILL, M.D., Lecturer on Materia Medica.
JAS. D. ROSS, M.D., Demonstrator of Anatomy.
THOMAS R. ALMON, M.D., Prosector to Chair of Anatomy.

The First Session.

The first session opened on May 4th, 1868 and continued until the end of July, The inaugural address was delivered by the Dean Dr. A. P. Reid and courses of lectures were given by the various lecturers. The session was a summer session, only the winter being free for apprenticeships which system was in vogue at this period. It was the aim of the faculty to teach in the primary subjects only, after which the students proceeded to other institutions for instruction in the final subjects leading to a degree. Arrangements were made with several existing schools McGill, University of New York and Harvard and, later, others, by which the work done in Halifax would be recognized. In the second announcement it is stated that Fourteen students attended the past session. Their names were as follows:—

G. H. MARSHALL DEWOLF, Dartmouth,	PETER H. MACMILLAN, Pictou,
EWEN CAMERON, New Annand, P. E. I.	THOMAS MACKENZIE, Pictou,
ALFRED MAJOR, Halifax,	EDWARD B. CHANDLER, Dorchester, N. B.
RODERIC SUTHERLAND, River John,	WILLIAM J. CLARKE, Amherst,
DUNCAN CAMPBELL, Dartmouth,	JOHN P. SMITH, Pictou,
A. P. SEETON, Halifax,	ABNER HODGSON, Cumberland,
DANIEL MACINTOSH, Pictou,	JAMES WIER, Douglas, Hants Co.

It is of great interest to note that one member of this class, Dr. Daniel MacIntosh, is still in active practice in Pugwash and is well known to the members of the Nova Scotia Medical Association.

In 1870, the question of extending the school and granting degrees, was taken up and brought to a satisfactory conclusion. In 1872 Dalhousie conferred degrees on its first medical graduates. The list is as follows:—

Name	Address	Thesis
RODERIC SUTHERLAND	River John	The Pus Crassis.
GEO. H. M. DEWOLF	Dartmouth	Surgical Aneurysm.
CHARLES W. HILTZ	Bridgetown	Ammenorrhoea.
WM. MACRAE	Richmond	Ovarian Dropsy.
FINLAY MACMILLAN	Pictou	Alcohol.

It is a matter of great interest that one of these, Dr. Finlay MacMillan, is still living and, until quite recently, was actively engaged in practice in Sheet Harbour. Many will recall with pleasure the banquet which was held in his honor in 1922, at the Halifax Hotel, in celebration of the fiftieth anniversary of the first graduating class.

During the first years lectures were given in the Old University, then situated where the City Hall now stands. The Provincial and City Hospital, City Alms House and the Halifax Dispensary provided clinical material and instruction was given daily at these institutions. It soon became apparent that more space was necessary. On the advice no doubt of members of the medical fraternity, the Legislature in 1875 passed an act to incorporate the Halifax Medical College, giving the teachers complete control over their own affairs, with the right to hold property and the power to grant degrees in Medicine. This arrangement was not acceptable to the Board of Governors and the year 1875 saw a complete break between the two bodies. For a period of nine years the Halifax Medical College granted the degrees in Medicine. The new body was compelled to provide accommodation for its work and in 1875 the old medical building, at the corner of Carleton and College street, was constructed at a cost of \$8,000. This amount was raised in three ways. A grant was received from the Legislature, the professors waived their fees for another portion and the balance remained on mortgage. This independent existence was not wholly successful, and, in 1885, Dalhousie took over the degree conferring powers, while permitting the Medical School to more or less control its own affairs, as far as teaching was concerned. This arrangement obtained until 1911, when the University took over the school *in toto* as a Faculty of Medicine.

Like many other medical schools the Halifax School had a very humble beginning. Its progress was marked by many difficulties. At times it was threatened with extinction, but it always found a way to carry on. It survived the assault of the Carnegie Foundation, when many other American Schools closed their doors. It now occupies a proud position among the medical institutions of our country. The absorption of the school by Dalhousie in 1911 may be considered as a sort of renaissance, and the magnificent contributions of the Rockefeller and Carnegie trusts have made possible an equipment, both in men and material, which would be otherwise impossible.

At the end of sixty years the graduates of the school can look upon its history with pride and interest. Especially do we admire the energy ability and perseverance of those whose vision brought the institution into being, of those who, in the struggling days, gave freely of their time and interest to the work. Most of them have passed off the stage, after having blazed a good trail. It is fitting that those, who are now travelling a path of comparative ease, should do something to keep these memories fresh in the minds of present and future generations.

A feature of this year's refresher course will be an Anniversary Banquet. The Halifax Branch of the Medical Society will erect a bronze tablet in memory of the founders. The Cape Breton Branch are presenting enlarged photographs of Nova Scotian medical men who died in the country's service in the Great War. Enlarged photographs of some of the past professors are already promised, and it is hoped that friends and admirers of former teachers may follow this lead, and present photographs to the University. In this way the walls of the Medical buildings may become a matter of great interest to all who may inspect them.

K. A. McK.

Hotel Accommodation in Charlottetown.

The Annual Meeting of the Charlottetown Hotel Company was held at the Victoria Hotel on April 12th, 1928. Besides declaring the usual six per cent. dividend the Directors reported as follows:

"As usual we are very pleased to report the popularity of the Hotel Victoria with the travelling public, due to the excellent management of Mr. and Mrs. Harry Brown and their well-trained staff. We are also pleased to note that the Queen Hotel, under the management of Miss Lena McQuaid, has had an exceptionally good year; and has this year shown us a substantial return on the investment".

At the same meeting Dr. G. F. Dewar of Charlottetown is reported as speaking as follows:—

"Were it not for the fact that Charlottetown possessed good hotels it would not be possible to have the Canadian Medical Association visit here June 18-25 next. The Victoria and Queen Hotels will be called on to accommodate a large number of these.

Beach Grove Inn will handle one hundred and other hotels lesser numbers. In addition to those who would come by train one hundred and fifty are coming by boat from Montreal and will live on board.

Dr. Dewar said that two doctors from a large western city visited Charlottetown last autumn and while having dinner with them at the Victoria Hotel, one of them made the remark that he had travelled throughout Canada, and lived in the best hotels, but the meals at the Victoria Hotel were the best he had ever enjoyed. The other doctor backed him up in this statement".

It does not need any assurance on our part for the doctors to believe that there will be good hotel accommodation for all who attend the C. M. A. Meeting June 18 to 23, 1928.

Reminiscences

DR. DANIEL MCINTOSH, Pugwash, N. S.

DEAR DR. WALKER:—

After resisting your persistent bombardments for two or three years, I have finally capitulated and am sending you a few notes, not because I think they will be of any interest, benefit, or amusement to the readers of the BULLETIN, but rather to get rid of your importunities.

I began practice in Stellarton in the year 1871, the year of my graduation. After practising there for three years I went to Edinburgh in 1873 where I put in a term at the Royal Infirmary where the great Lister was then developing his "Antiseptic Surgery". I also took extra-mural lectures under Matthews, Duncan, Watson Littlejohn, and others. The next year I returned to Stellarton where I remained for three years. Nothing worth recording occurred during my stay there.

At the earnest solicitation of an old friend, whom I knew at home and met in Edinburgh, but who was at this time located in Kamloops, B. C., the Rev. George Murray, I started out for this far distant frontier field.

The C. P. R. was not then born, and I went by the American Transcontinental.

On arriving at St. Louis I made up my mind to stop off to see an old friend and fellow-student, Dr. W. R. McKenzie, who was then practising in a little town by name Kashaskia, thirty miles down the Mississippi. I went down this mighty river by steamboat and landed at my destination in the evening of the same day. During my first night there I had the unique experience of my life. During the night the doctor had two confinement calls at the same time. He persuaded me to take one of them which I did, and before morning I delivered the woman of *triplets*, the only case of the kind I encountered during my whole professional career of fifty-seven years.

Instead of continuing my journey to the coast, Dr. McKenzie persuaded me to remain in Illinois, and so I located at the small town of Evansville on the Okau River. Evansville was at that time a rough country and, owing to the primitive conditions of the roads, I had to do a good deal of my driving in the saddle. I bought an old nag, blind and hipped and no doubt we (Dobbin and myself) made a grotesque couple to the amusement of the countryside. The town and surrounding country was populated largely by German emigrants who

specialized in raising wheat and drinking Lager Beer. They paid their bills once a year after they had marketed their wheat.

A few days after I started practice I was called to the country to see a case of what was popularly called "Congestive Chill" a pernicious form of Malarial Fever, from which very few recovered. It was with fear and trembling I undertook to pull the patient through, but profiting from what I had learned from Dr. McKenzie I filled him up with heroic doses of Quinine. The patient recovered and in consequence my reputation was established and I got all I could do and more than I could manage. I stayed in Evansville two years and was finally driven out by repeated attacks of Malarial Fever and returned to my native country.

After arriving in my native county of Pictou I made a feeble attempt to locate in New Glasgow, but thereby hangs a tale. And, as you have requested me to tell the story for the delectation of a larger audience than the one at which I at first told it, I will give it in the same words in which I first told it as nearly as I can.

Some of the readers of the BULLETIN may remember the story of why and how I came to Pugwash.

At the Banquet given to our good friend, Dr. John Stewart, two or three years ago at Pictou where I was one of the guests, and as Dr. Evan Kennedy and the late John McKean who were both implicated in the tragedy were both present on the occasion in question, I was tempted to tell the story.

Here it is—I rented two rooms in the MacGregor brick building. One I equipped as a consulting room and the other as a bed room.

I took my meals at a semi-fashionable boarding house near the bridge, kept by a Mrs. Hoyt, widow of the late Jesse Hoyt, at one time General Manager of the Acadia Coal Company at Stellarton. John McKean, who was at that time connected with some bank in New Glasgow, also took his meals at the same house and always had the place of honour at the head of the table and did the carving. One day he was absent and it unfortunately fell to my lot to take his place. This day we had a roast fowl for dinner, when the following tragedy took place.

Thinking that my knowledge of Anatomy might help me out I boldly plunged my bistoury into the *hip* joint of the bird. I found that disarticulation was more difficult than I anticipated, and in my desperate struggles to overcome the difficulty the animal slipped from the plate onto the floor.

I jumped to my feet and, without good-bye or apology, I left the table, went to my office, packed my trunk and took the first train to Stellarton, where I met Dr. Kennedy in the street and asked him if he knew of any desolate God forsaken place in the wide Dominion where I could bury myself in ignoble seclusion for the rest of my natural life. The Doctor promptly answered "Go to Pugwash", and I did, and here I am doing my little *bit* and trying to get a bite to eat.

The gabbling of geese decided the destiny of Rome, and the flight of a hen decided mine. I did not find Pugwash the benighted place it was represented. On the contrary I found it a pleasant place in which to live. A whole generation of the inhabitants of the town and country have passed away since I came here, among whom I could count many dear and faithful friends, but few enemies, God bless them. I shall cherish the pleasantest memories of my sojourn in Pugwash until the "Shadows flee away".

Five doctors have passed to their reward since I came to this town—Dr. Creed, an accomplished scholar, a skilful surgeon and a Christian gentleman. Doctors Clarke, Dakin and the two Clays, father and son. I attended them all, except the elder Clay, in their last illness and have nothing but the kindest recollection of their esteemed friendship.

Two other doctors located in Pugwash later who stayed but a short time, Drs. Harrison and Finnigan. And here I am holding on with both hands at the age of eighty-two. When the thread of life will break I know not nor care.

My present colleague is my kind friend, Dr. Goodwin, with whom, up to the present, I have had no scrap. And now that the "Sere and yellow leaf" is mellowing my declining years, it is hardly worth while entering into any pugilistic encounters.

When I began practice fifty seven years ago I thought it necessary to equip myself with most of the drugs in the Pharmacopoeia. As the years rolled away and my experience became more enlarged I began to eliminate one after another until to-day I can count almost on the fingers of both hands the number of drugs found on my shelf.

One drug in particular I thought was absolutely unnecessary. I refer to alcohol, which I have many years ago discarded from my armamentarium, and I find I can do very well without it. I suppose some of my fellow practitioners may demur to this.

The handicaps of the country doctor are often referred to. I may say that I have never been in so tight a place but I could get out of it. One or two of these emergencies I may be permitted to refer to as an example of many others I could mention.

On one occasion I was called into the country twelve miles to see a woman in distress. I found a case of Sapræmia from a retained bit of placenta. I had nothing to work with. I got a tablespoon from the kitchen cupboard which I extemporized for a curette, with admirable results.

On two other occasions I used at one time a goose quill and, at another, a wheat straw to relieve a distended female bladder.

In the earlier years of my practice in Pugwash I was a frequent attendant at our Medical Society Meetings. In later years I have not availed myself very often of the privilege, nor in more recent years owing mainly to a somewhat impervious condition of my auditory canals.

You have asked me to give some account of any papers I may have read at our Medical Society Meetings. I have no recollection of any but one.

At a meeting of the Maritime Medical Society at Halifax many years ago I read a short paper on the abdominal binder in obstetrics. Dr. T. D. Walker of St. John, with a fervour begotten of conviction, squelched me in a vehement speech. I had but one supporter in the whole fraternity. Dr. Fulton of Truro came to my rescue in support of my views. However I have lived long enough to see that a respectable number of my fellow practitioners have adopted my views as expressed on that occasion.

I reported at one of our meetings a case that occurred at the county asylum. An old man was sitting in the yard one hundred feet from the house. Something went wrong; he got to his feet, walked into the kitchen; through the lower hall; up a long flight of stairs; along the upper hall into his room; sat down on his bed and immediately expired. A post-mortem revealed an extensive rupture of the left ventricle. The interests of this case lay in the long distance he walked after the rupture took place, before he succumbed.

I shall never forget the extreme trepidation that overwhelmed me, like the tumultuous waves of the resounding sea, when, at a meeting of the N. S. M. S. at Truro, Dr. Will Muir, chairman of the nominating committee, announced that I had been nominated president for the next year, some twelve or fifteen years ago*. But after putting in a vigorous demur I was elected to the office.

I have a very vivid recollection how I felt when I presided at the next meeting in Amherst. Nor do I forget the kind words spoken in praise of my address by some of the members present among whom were the late lamented Dr. Edward Farrel, Dr. Murdock Chisholm, still much alive, and others.

I think I have written enough, and more than enough, for one issue of the BULLETIN; and you are at liberty to curtail, amend, eliminate, emasculate or confiscate the whole narrative according to your own mature judgment. But, if you find anything worth printing and there is no revolt from the profession, I may in the near future send you some of my experiences on the road consisting of adventures, accidents, (amusing and otherwise) and hairbreadth escapes from instant annihilation.

*Dr. McIntosh will pardon us for correcting him. He was elected President of the Society on July 5th, 1899, nearly 29 years ago. *Tempus Fugit.* S. L. W.

Branch Societies

THE HALIFAX BRANCH.

MARCH 28, 1928. The regular meeting of this Branch was held this date at the Dalhousie Health Centre. Dr. Murphy, the President, in the chair. Eighteen members were present.

The President announced the resignation of Dr. Clement McLeod as Secretary-Treasurer, owing to his leaving Nova Scotia to join the Federal Immigration service in Great Britain. Dr. H. N. Gosse, who had recently come to the City as a member of the staff of the Victoria General Hospital, was elected a member of the Society and also its Secretary-Treasurer.

Dr. G. A. MacIntosh reported for a Committee appointed to consider a Memorial to the Founders of the Dalhousie Medical College. The following recommendations were made:—

1. The placing by this Society in one of the Dalhousie Medical Buildings of a Bronze Tablet, bearing the names of the founders and a suitable inscription.
2. The subsequent placing from time to time of enlarged photographs of the early important persons connected with the Medical School. This might be considered and carried out by Graduates residing outside the City of Halifax.
3. The unveiling might be made a function held on the occasion of the Annual Refresher Course in the coming fall.

The report was adopted and the same Committee named as the Standing Committee to carry out the project:—Doctors, Murphy, A. McD. Morton, Burris, K. A. McKenzie and MacIntosh.

Dr. Atlee reported a case of a woman with gall stone colic, who said she had passed 65 gall stones as a result of taking Marlatt's Specific for Gall Stones. Some stones were shown and it was suggested that they be turned over to Prof. Smith for examination.

Professor R. P. Smith presented a paper on "Some Recent Observations on the Nature and Treatment of Enteric Carriers". The paper was the result of his own investigations in Scotland.

He pointed out that from 4-5% of all cases of Typhoid or Paratyphoid become chronic carriers, and that these constitute the greatest factor in the spread of the disease. Carriers are classified,—

- (a) Temporary; Chronic; Paradoxical.
- (b) Anatomically,—1. Gall Bladder Carriers. 2. Intestinal Carriers.

He dealt with Biliary Infection, age and sex, and methods of discovery, viz. Widal, Complement fixation and Skin supersensitive reaction. As to treatment drugs were almost useless; surgical treatment was favored. The question had its economic features of much importance.

The discussion was general and practical.

April 11, 1928. This meeting of the Branch was entirely devoted to the consideration of the Tuberculosis Problem in Nova Scotia. Dr. W. D. Forrest of Halifax presented the first paper in which he dealt exhaustively with the history of the disease, as to cause and treatment. He indicated that our efforts toward the control of the disease are wrongly directed. He dealt with the steadily declining death rate from tuberculosis as not definitely related to our present day campaigns, at least in a causative manner. Sanatoria had failed to accomplish the good expected of them in their early employment, even asking "If they were worth while". He placed much stress upon the economic factor which all students of the subject endorse that, "The principal factor in its eradication would be a standard of living sufficiently high to ensure full nourishment, proper housing and other elementary necessities of life".

In conclusion he stressed:—

1. That we must cease to think in terms of curability of the disease.
2. The folly of the hunt for incipient cases.
3. That such educational measures as sermons, health talks, moving pictures and radio efforts were "bunkum".
4. Hospitalization for advanced cases is the most effective method for stamping out the disease, since it is "they alone who throw out the germ in numbers and condition to be feared".

Dr. A. F. Miller of the N. S. Sanatorium presented the brighter side of the picture. He pointed out that control of tuberculosis by bettering economic conditions involved an enormous outlay of money and the solving of questions of unemployment, poverty and nearly every problem that confronts the people of the modern world. What, then, is to be gained by decrying or depreciating organized work against tuberculosis, simply because we know that other improvements are needed?

Dr. Miller pointed out that the decline in the death-rate of tuberculosis was definitely related to organized work,—“On the road to tuberculosis control the sanatorium is by all odds the most important way station, the one most fruitful in results imagined or devised”. The records of the Metropolitan Life completely answered the query, "Are Sanatoria worth while"? He emphasized as of greatest importance early diagnosis and made a strong plea for greater zeal for a programme looking to control of the disease, which by common consent, was the best that could be devised under existing conditions.

Doctors Hayes, Birt, McKenzie and Jost took part in the discussion which followed.

April 19, 1928. The Annual Meeting of the Society was held at the Ashburn Country Club with some forty members of the Society in attendance. At 8.30 P. M. the following Menu began to receive attention;

OLIVES	ALMONDS	CELERY
FRUIT COCKTAIL	FRIED HALIBUT, CLUB SAUCE	VEGETABLE SOUP
ROAST CHICKEN	DRESSING AND CRANBERRY	
SPINACH	PEAS	POTATOES
	LEMON TART AND JELLY	
BISCUITS	CHEESE	COFFEE

When the coffee was served the President, Dr. Murphy, called the meeting to order and a full business programme was carried out. The minutes of the last annual meeting and the last regular meeting were read and approved.

The Executive Committee reported on the proposed amendments to the Constitution. The amendments briefly stated provided that the Name should be "The Halifax Branch of the Medical Society of Nova Scotia": no member to take part in the meetings unless his fees for the current year are paid: the officers to be President, Vice-President and Secretary-Treasurer.

The Special Committee on the Memorial Tablet reported as follows:—"Your Committee, reappointed on March 28th to carry out recommendations of this Society regarding the placing of a memorial tablet to the founders of the School of Medicine of Halifax, begs to further report as follows:—

Inquiry shows that the school was founded in 1867 as the medical Faculty of Dalhousie University. While no doubt many persons shared in its beginnings, it seems wise to accept as the official founders the members of the first Faculty, namely:

W. J. ALMON, M.S., President.	E. D. FARRELL, M.D.
A. P. REID, M.D., Dean.	A. H. WOODILL, M.D.
A. G. HATTIE, M.D.	J. D. ROSS, M.D.
G. LAWSON, Ph.D., LL.D.	T. R. ALMON, M.D.
REV. JAMES ROSS, Principal Ex Officio.	

It is therefore recommended that the tablet be of bronze, made according to the accompanying design. The Committee would appreciate suggestions regarding the most satisfactory way of financing this undertaking, which will cost in the vicinity of \$120.00, not including the cost of placing.

Respectfully submitted,
Signed by the Committee.

The following inscription was proposed for the tablet:—

IN MEMORY OF THE FOUNDERS OF THE
FACULTY OF MEDICINE OF DALHOUSIE UNIVERSITY
1867

(Names as noted above).

"THEY BUILT BETTER THAN THEY KNEW"
PLACED BY THE HALIFAX BRANCH OF THE MEDICAL SOCIETY OF
NOVA SCOTIA, 1928.

This report was adopted and it was ordered that the proposal be carried out, the cost to be defrayed from the funds of the Society.

The Secretary reported a net membership of 92, with \$252.98 cash on hand, and with some \$75.00 of uncollected fees. 13 regular and two special meetings had been held during the season with an average attendance of 29. The record for the season was excellent.

Doctors MacIntosh, C. S. Morton and Hogan were named by the Chair as the Nominating Committee, and Doctors Corston and H. A. Chisholm as Auditors.

The Nova Scotia Tuberculosis Commission submitted its proposed programme for 1928 to the Society for endorsement. Dr. K. A. McKenzie supported the request and presented a Resolution to that effect. After discussion it was resolved that the matter be referred to the Executive Committee for report at the next regular meeting.

Dr. A. R. Cunningham spoke of the long association of Mr. W. W. Kenny, Superintendent of the Victoria General Hospital, with the Society and of his service to medical work both practical and educational. He moved that this be recognized by us by electing him to honorary membership in the Society. This was seconded by Dr. A. McD. Morton and unanimously carried.

The President presented a letter from Dr. L. R. Morse, President of the Medical Society of Nova Scotia, in which he desired to know if the Halifax Society would be agreeable to the holding of the 75th Anniversary meeting of the Provincial Society in Halifax at a suitable date this fall. On motion it was left in the hands of the new Executive for such action as was deemed desirable.

The nominating Committee presented the slate of officers for the ensuing year which was adopted as follows:—

President.....	DR. S. R. JOHNSTON.
Vice-President.....	DR. J. R. CORSTON.
Secretary-Treasurer.....	DR. H. N. GOSSE.

Nominated to the Executive of the Medical Society of Nova Scotia.

Doctors Murphy, Johnston, Cunningham, P. A. McDonald and MacIntosh.
Representative to the V. O. N., Dr. C. S. Morton.

Upon motion of Doctors Forrest and Lyons the Secretary was instructed to write a note of sympathy and an expression of goodwill to Dr. W. H. Hattie in view of his continued illness.

In a short valedictory address, Dr. Murphy stressed the importance of the Society's work, expressed his appreciation of the co-operation of the Executive and thanked the members for their courtesy and support. He then introduced Dr. Johnston and installed him in the President's Chair. After a few fitting remarks Dr. Johnston declared the meeting adjourned, *Sine Die*.

The Provincial Medical Board

The personnel of The Provincial Medical Board at the present time is as follows:—

Members appointed by the Government.

DR. O. B. KEDDY, Windsor;	DR. JOHN RANKINE, Halifax;
DR. WILFRED COCHRANE, Mahone Bay;	DR. BURTON E. GOODWIN, Amherst;
HON. DR. W. H. REHFUSS, Bridgewater;	DR. ALLISTER CALDER, Glace Bay;
DR. FERGUSON R. LITTLE, Halifax;	HON. DR. B. A. LeBLANC, Arichat.

Members appointed by The Medical Society of Nova Scotia. 1926-1929.

DR. J. G. MACDOUGALL, Halifax;	DR. H. K. MACDONALD, Halifax;
DR. G. W. T. FARISH, Yarmouth;	DR. J. W. SMITH, Liverpool;
DR. GEORGE H. MURPHY, Halifax;	DR. JOHN MACDONALD, Sydney.

Recently retired members of the Board are,—

DR. JOHN A. SPONAGLE, Middleton;	DR. JOHN W. MACLEAN, North Sydney;
DR. MURDOCH A. MACAULAY, Halifax;	DR. ERNEST E. BISSETT, Windsor;
DR. J. C. MORRISON, New Waterford;	DR. EDWARD V. HOGAN, Halifax;
DR. M. T. SULLIVAN, Glace Bay;	DR. F. C. LAVERS, New Ross.

Dalhousie Medical Graduates

At the recent closing of Dalhousie for the year 1927-1928 the following were given degrees in the Medical Faculty:—

J. M. Beardsley, Halifax.	A. J. Murchison, Clyde River, P. E. Island.
Norman, B. Coward, Newport, England.	C. M. Oake, Toronto.
F. A. Crichlow, San Fernando, Trinidad.	W. H. Pentz, Halifax.
A. E. Doull, Halifax.	B. Rabinovitch, St. Louis, Mo.
W. M. Greer, Westmount, Que.	R. S. Schlossberg, Halifax.
W. A. Hewat, Halifax.	W. H. Soper, Halifax.
R. W. M. MacKay, West Branch, River John, N. S.	J. C. Thurrott, Newcastle Bridge, N. B.
H. M. McLean, Truro.	J. G. Toombs, Mount Stewart, P. E. I.
C. L. MacMillan, Sydney.	H. B. Whitman, Dartmouth.
Duncan MacMillan, Twin Rocks Valley, Inverness.	The following awards were also recommended:
M. J. MacNeil, Boularderie West.	University Medal in Medicine—J. W. Merritt.
W. M. MacPhee, Commercial Cross, P. E. Island.	The Dr. Clara Olding Prize—H. C. Barnaby.
J. W. Merritt, Springhill.	The Dr. Lindsay Prize—R. A. Moreash.
G. M. Morris, Windsor, N. S.	Professor Cameron's Prize—G. W. Sodero.
T. J. Morrison, Point Tupper.	
Charlotte Munn, Marshfield, P. E. I.	

The Osler Cairn

ERECTED BY THE
HAMILTON MEDICAL SOCIETY

To commemorate the life of
SIR WILLIAM OSLER, BART.
Student, Philosopher and Physician.

Whose early studies of nature in this vicinity
laid the foundation of his career.

He said: "*The Master word is Work.*"
October, 1927.

THIS is the inscription on a tablet set in a rough rounded stone cairn erected near Dundas, Ontario, by the Hamilton Medical Society in memory of Sir William Osler. The concluding remarks of Dr. Norman Gwyn at the unveiling may well be repeated:—

"Few of the old greying towns can say, as can Dundas, this son of my bosom went forth into the world and so lived his life, that in his death he was mourned by Christian, Hebrew, Mahommedan, and Buddhist alike, for wherever the true science of medicine is followed, the name of Osler is respected and revered. As Sir William himself used to say, 'science knows no boundaries' and there is scarcely an altar erected in any country to a victory of medicine over disease, on which there is not some tribute to his memory. As much has already been said and written regarding him, and nearly everyone is familiar with his life as depicted so wonderfully by Dr. Cushing, it will be sufficient perhaps, under to-day's circumstances, to visualize Osler as a youth going out past this very spot, to enter into the activities on the way of life; looking closely, we may perhaps visualize his simple equipment, for he travelled light; but beneath his equipment was concealed a key which was to open many doors, the master key of 'work'. We may also sense that remarkable quality of promoting, where'er he went, unity, peace and concord; and for a third possession, displayed also, everywhere he went, was his great love of his fellow men, and his ability to serve faithfully without hope of reward. There was little about him as he passed by, to indicate that his thought would impress the world. Of pomp or panoply about him there was none, and in his association with men, it was never riches or position that weighed with him, but always a man's wish to follow closely the difficult paths of work. In addition to these qualities that we have touched upon and to many that are familiar to his worshippers the world over, there was in Sir William a remarkable ability to face quietly the many questions of life, and a diligence, that through his career, opened every door and enabled him at the last 'to stand before princes'".

Abstracts and Extracts

Medical Problems in Cancer.

"The treatment of cancer, before the advent of radiation, was generally regarded as an exclusively surgical problem. The inoperable case was condemned to unsatisfactory makeshift medical treatment, or was sent to an institution for incurable disease. Modern radiation methods, however, have not only brought about a great change in the prognosis of many forms of cancer, but also, because of their attractiveness to the patient, have made possible the collection in hospitals of large numbers of cases in all stages of the disease.

"The field has thus become so broad that it includes, in addition to cases suitable for operation, many in which a great deal of additional treatment, medical and radiological, is required; other varieties, such as lympho-sarcoma, in which operation is contra-indicated, but in which prolonged careful medical supervision and judicious radiation can accomplish a great deal; others in which the differential diagnosis from certain medical conditions calls for a high degree of familiarity with those medical conditions; and still others in which, at present, the difficulties of early diagnosis and the inadequacies of our methods of treatment, make it appear that one of the most useful functions the student of cancer can perform is to attempt to learn more of the causes of the disease, in hopes of pointing to some means of prevention.

"In an institution where all varieties of tumors are treated there are many points of contact with internal medicine. Most of the ordinary medical conditions occur and have to be treated, either in preparing the patient to withstand operative or radiation procedures, or as complications accompanying or following such procedures. For example, diabetes, hypertension and cardiorenal diseases are frequently encountered in cancer patients, many of whom are well along in adult life, and also present tumors which in themselves offer difficulties enough in treatment.

"Tuberculosis comes into relation with the cancer problem in many aspects. The existence of pulmonary or some other type of tuberculosis in a cancer patient makes more difficult the treatment and proper after-care. Radiation of a tumor, located in or on the chest of a patient with pulmonary tuberculosis, involves exposure of the lung and consequent danger of aggravating the lung condition. .

"Lung Metastases. The marked variations in the symptoms and signs produced within the chest by tumors, and their frequent simulation of various acute and chronic inflammatory processes, afford a most profitable study. A complete knowledge of all the manifestations of malignant diseases of the lungs would be practically equivalent to a complete knowledge of all lung lesions of whatsoever type. There is

a too general tendency to rely entirely upon the X-ray film for the early detection of metastases to the lungs and pleura. It is undoubtedly true that in many cases the X-ray film will reveal tumors in the chest when no definite physical signs can be elicited. There are, however, unquestionably some cases in which the physical signs may be present before a diagnosis can be made from the X-ray film. This is especially true in those tumors which are disseminated chiefly through the lymphatics, such as cancer of the breast.

"The most constant early physical sign of metastasis to the lung is a localized decrease or absence of breath sounds. This may be the only sign. The possibility should always be kept in mind that any patient with acute pulmonary symptoms may be suffering from a primary or secondary malignant tumor of the lung. There are numerous reports in the literature, but little is said in text books, about the mistaking of malignant lung tumors for bronchitis, pleurisy, pneumonia and even empyema. . .

"Pendular or tic-tac rhythm of the heart has been noted repeatedly, associated with thymomas. In other cases of thymoma or mediastinal tumor, tachycardias of varying degree are seen, some with remarkably constant rates from day to day.

"The diagnosis and treatment, of the whole group of diseases, termed by many the lymphoblastomata, is properly a medical problem. In the treatment of myelogenous leukemia, ambulatory treatment with five to seven daily fractions of low-voltage X-ray limited to the splenic area, seems to have given just as prompt and satisfactory results as the use of the single application of the radium pack to the spleen, or the radiation of the long bones in addition to the spleen. The level of the basal metabolism would not be regarded as a safe guide in the treatment of leukemia. . .

"Experimentation with the various so-called constitutional agents, colloidal metals, etc., is a problem for the internist. In every case treated with lead some degree of toxicity has to be combated, and careful prolonged medical supervision is an essential.

"Considering the enlarged scope of the cancer problem, the medical man should find therein a large field for his activities".—(*Bulletin of The New York Academy of Medicine*).

OBITUARY

CHARLES ALFRED HAMILTON, M.D., C.M., Dalhousie 1891, Mahone, N. S. Honorary Member of the Medical Society of Nova Scotia.

HAVING been in poor health for several years after an acute illness of only a week Dr. Charles A. Hamilton of Mahone passed away May 9, 1928, aged 69 years. After graduating from Dalhousie in 1891 he practiced for a year at New Germany then settled at Mahone where he has lived and worked continuously ever since.

Dr. Hamilton was a son of the late Rev. Henry H. Hamilton for many years rector and rural dean of Manchester, Guysboro County. His wife was Miss Florence Edgecombe of Dartmouth, who, with two daughters and a son, survive him.

Like many doctors, who practice for many years in one community, Dr. Hamilton was highly thought of by the people in his district for his professional ability and his broad general knowledge. He was more than a doctor, as he was a scientist, botanist and archeologist of very high standing. He was a careful and observing student along these several lines and it was a treat to hear him tell of various plants, their habits, growth and usefulness. For many years he collected seaweeds and his collection was ultimately taken over by the Department of Geological Survey, Ottawa.

Dr. Hamilton was always identified with medical societies and was twice President of the Lunenburg-Queens Society. At the last meeting of the Medical Society of Nova Scotia he was elected to Honorary Membership, an act of courtesy which he highly appreciated. In acknowledging this he wrote,—“I will not pretend to be anything but highly gratified by the honour bestowed upon me by the Society, especially upon the ground of having conducted myself in accordance with the best ideals of the profession, for I really think there are none higher”. He looked forward with pleasure to the proposed 75th Anniversary meeting of the Society and planned to be present.

It was at medical society meetings that his knowledge and versatility were best recognized. No matter what paper was under discussion he would always add something original and practical. It was astonishing to hear him quote authorities almost verbatim; he read largely and remembered everything he read.

“To Mrs. Hamilton and family the medical profession in Nova Scotia will extend sincere sympathy in this bereavement.” This was sent by lettergram. Flowers from the Provincial and Branch Societies were among the floral tributes.

ALBERT JAMES FULLER, M.D., Bellevue Hospital Medical College, 1886, Yarmouth, N. S.

The medical profession of Nova Scotia lost a valuable member in the death on May 11th, 1928 of Dr. A. J. Fuller of Yarmouth. Owing to loss of sight he has not engaged in active practice for the past two or three years, although he continued to take a great interest in everything that concerned the profession.

Dr. Fuller was the son of David and Mary Sterritt Fuller of Avonport and was born February 27, 1860. Previous to studying medicine he taught school for several years. He graduated from Bellevue in 1886 and located in Yarmouth in 1888 carrying on a large general practice for 40 years. He was a connecting link between the time of long hard drives and bad roads and the present autos and good roads period.

Despite a strict attention to his professional work he found time to take his share of work in church and state. He was a local councillor for four years and Mayor of Yarmouth for two terms, in which capacity he gave his time and keen business ability devotedly to the cause of civic administration and during his regime the town enjoyed decided prosperity. He was a faithful member and trustee of the United Church of Canada, formerly a trustee of the old Providence Church and a yearly delegate to yearly conferences where he took a prominent part. He was actively interested in various philanthropic organizations and fraternal orders. He was an active politician of the Liberal faith and was a convincing and ready speaker in all campaigns.

Dr. Fuller carried this same energy into his medical work and, while he did a large amount of work, it was done with intelligence. He kept himself thoroughly in touch with the progress of medicine and always took an active part in every meeting of the local medical society. He could not be satisfied to sit and listen only, he had opinions and had to pass them along to his associates, for his opinions were convictions. He was always a member of the Medical Society of Nova Scotia and for several years a member of its Executive.

Doctor Fuller is survived by his widow, who was a daughter of the late Rev. Charles Knowles of Tusket, and by three sons and two daughters. One son is Dr. C. K. Fuller in practice in Yarmouth and Dr. L. O. Fuller of Shelburne is a brother. To the bereaved the medical profession in this province will extend sincere sympathy, his work and worth is known to all.

The funeral took place on the afternoon of the 13th, interment being in Mountain Cemetery, under fraternal auspices.

There passed away at her home, Belle Cote, Margaree Harbor, on March 23rd, 1928, Mary Ross, beloved wife of George T. Munro, aged 71 years. The funeral took place on Sunday following, Rev. Mr. Murray officiating at the church and grave. The cortege was the

largest seen in that community for several years, a silent tribute to one who was loved by all. Her husband, one daughter and three sons survive her, Dr. J. S. Munro of North Sydney being one of the sons. To him the members of the Medical Society of Nova Scotia will extend sincere sympathy.

The members of the Medical profession in Nova Scotia regretted to learn that Alma Enid Smith, wife of Dr. J. W. Smith of Liverpool after a brief illness died on April 30th, 1928. She was a daughter of the late Richard Hunt of South Brookfield, Queens County and was only 49 years of age. She was married in 1903 and has been a devoted church worker and valuable member of Society in Liverpool for the past twenty-five years. Besides her husband, Dr. Smith, she is survived by four sons, one daughter and one sister. The readers of the BULLETIN will extend sincere sympathy to those bereaved.

Supplementing the short obituary note in the April BULLETIN we note the following from the *Manitoba Medical Bulletin*:—

"One of Manitoba's pioneer physicians passed away at his home, Yale Avenue, Winnipeg, on February 26th. Dr. Armstrong was born at Kingston, N. S. in 1860, and was brought up on a farm in Annapolis. Graduating from Acadia College he came West and taught for a year on the Collegiate staff at Brandon. He then entered the recently organized Medical College and graduated with honors in 1893. . . . The aptitude for public work which so often distinguishes the sons of Nova Scotia was shown in Dr. Armstrong. In 1907 he was elected to the provincial legislature in the Liberal interests. When the Norris government was formed in 1915 he was appointed Provincial Secretary, a department which included Public Health and Municipal affairs. As head of the Health Department he inaugurated the system of public health Nurses".

The death occurred in Glace Bay on April 17, 1928 of Mrs. D. M. Burchell, widow of the late Postmaster Burchell, aged 66 years. Two of her daughters surviving are wives of Doctors F. G. McAskill and Allister Calder of Glace Bay.

At Port Elgin, N. B., on April 16th, Mrs. Carter, widow of the late Dr. H. R. Carter, passed away, aged sixty years. She was a sister of Dr. D. C. Allan who formerly practiced in Amherst.

The death occurred in Canning, N. S. on April 20th of Miss Ethel Payzant. She was widely known and very highly esteemed. She resided with her sister, Mrs. Miller, wife of Dr. J. W. Miller of Canning.

Locals and Personals

DR. W. F. McKinnon of Antigonish was a patient in St. Martha's Hospital during the latter part of April. Of course he made a good recovery, but visitors to St. Martha's always envy the patients.

Dr. A. B. Campbell of Digby was called to Boston late in April on account of the serious illness of his father.

We are not sure that we fully appreciate our own Journal until some Library writes us asking for missing numbers. We print but very few numbers more than are needed for our regular circulation. We cannot comply with the requests for numbers previous to 1927 and we have very few spare copies of 1927. Should any of our members of the Medical Society of Nova Scotia desire to complete their volumes we want them to have the first call. Drop us a line if you wish to complete your volumes. Perhaps you would like us to have them bound for you. Say, take two minutes and two cents and drop us a post card!

Born. At Wellsburg, W. Va. on April 25th, 1928, to Dr. and Mrs. W. J. McDonald, a son. Dr. McDonald belongs to Truro, N. S. and is a graduate of Dalhousie of 1925.

The Nova Scotia newspapers have given considerable publicity to the compliment paid recently to our good friend Dr. George D. Stewart of New York. There was unveiled recently in the foyer of the Carnegie Laboratory, East 26th Street, New York, a bust of Dr. Stewart, presented by the classes of '28, '29, '30 and '31 of New York University Medical School and the Bellevue Hospital Medical College. The bust was the work of Jules Leon Butenski, Russian sculptor. The gift was accepted by Dr. E. E. Brown, Chancellor of New York University.

Dr. Stewart was born in Malagash, where his mother still resides. He often visits his old home and has attended many meetings of the Nova Scotia Medical Society, although he has disappointed us sometimes. He graduated from Bellevue Hospital Medical College in 1889 and soon became head surgical interne. He has been connected with the teaching faculty of Bellevue ever since, and also of other institutions. As a matter of fact he taught school in Nova Scotia for several years and was a natural born instructor. Dr. Stewart has our congratulations for the honor which these classes have conferred on him.

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By permission of the Journal of the American Medical Association and with the approval of the author, a copy of Macomber's paper on the "Effect of a Diet Low in Calcium on Fertility, Pregnancy and Lactation in the Rat" will be forwarded to any Canadian physician on request.

The Glace Bay Gazette reports Dr. M. T. Sullivan as saying, the day before the Boston Marathon Race, that, "If it is as cold to-day in Boston as it is in Glace Bay, Clarence Demar won't win the Boston Marathon". Well, it wasn't as cold, as the Canadian contingent found out by their blistered feet. *The Gazette* adds,—“Dr. Sullivan has been attending the annual Boston classic, but since Johnny Miles is out of the race this year the doctor is remaining home”.

Dr. A. D. Blackader of Montreal, Editor of the Canadian Medical Association Journal, accompanied by his wife and two grandchildren, sailed May 25th for England where he will spend several months. Dr. Blackader has not enjoyed the best of health for a year or more and is taking a very much needed rest. All members of the profession will unite in wishing him bon voyage and a very pleasant recuperating holiday. Dr. A. G. Nicholls, formerly of Halifax, for some months Assistant Editor of the Journal, has temporarily taken over the chief editorial duties.

While in England in June Dr. Blackader will observe his Eighty-First birthday, but he bears his years lightly and is not yet ready to take off the harness.

The General Secretary should not have sent a bank draft for 1928 membership fees to Dr. S. H. Thibault of Deep Brook, Digby County, N. S. The BULLETIN has already mentioned him as temporarily a patient in the Nova Scotia Sanatorium. All we can do is to send him the BULLETIN as usual and extend our sincere wishes that he soon returns to his home and his professional duties. We trust he is making satisfactory progress.

Dr. M. H. McKay of West Bay spent several days in Halifax early in May.

Late in April Dr. W. T. Purdy of Amherst went to Montreal to do some special work in X-Ray, but just got settled down when he developed a serious attack of appendicitis. Mrs. Purdy and infant went to Montreal May 7th. Following operation he had a slow convalescence and is not yet able to return home.

Dr. Ross Millar, Director of Medical Services, D.S.C.R., Ottawa, recently visited his former home in Amherst. While there he was tendered a banquet by some forty odd of his friends given at the Amherst Hotel. Dr. C. A. McQueen presided at the function. One feature of the evening's programme was the presentation of a portfolio case of pipes accompanied by an appreciative address. Now when we meet our old friend we will not know whether he carries a portfolio of board papers or of pipes. In any case we trust he will *be in attendance* at our annual meeting this fall in Halifax for the sake of old times.

An Open Letter

To the Members of the Professions of Medicine,
Dentistry and Pharmacy and Boards of Directors
of Hospitals.

Gentlemen:

In the Finance Chronicle of Montreal dated March 9th, 1928 is an interesting article upon the common law liability of individuals to the public in the pursuit of their calling and performance of their duties.

Particular reference is made to your liabilities and the risks attached to your duties. We quote:—

“No physician, surgeon, dentist or druggist, however high his standing, is immune from the danger of a patient charging him with malpractice, error or neglect. Such claim or suits are usually without merit and are often brought at the instigation of some “ambulance chasing” lawyer or by patients who attempt by this method to evade paying bills for professional services.”

Instances of these sorts of claims are increasing alarmingly.

It is not necessary for us to cite cases which have arisen in this Province. You are familiar with those which have reached the Courts and know also of some which have been compromised.

It is part of our business to take care of this risk for you, by—

1. Indemnifying you for damages from liability.
2. Defending or settling without expense to you all claims charging breach of your legal liability.

We are prepared to call upon you, whenever you wish to discuss this matter, and further explain our contract. A phone message or a note is all that is necessary.

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Dr. G. H. Murphy spent the last ten days of April on a trip to New York. On his return he was accompanied by Mrs. Murphy who had been visiting in the metropolis for a month previous. They report some high seas on the return trip.

Dr. M. G. Tompkins and Mrs. Tompkins of Dominion returned the first of May from a very pleasant holiday trip to Boston and New York. Upon his return Dr. Tompkins found a letter awaiting him from Dr. Adamson, speaking in very appreciative terms of the visit of Dr. McKay and himself when they met the members of the Cape Breton Medical Society.

What is Chiropractic? "Chiropractic is defined as the science of adjusting the spinal vertebrae with the hands by means of a specific thrust. There is much difference of opinion about whether or not the spinal vertebrae actually get out of position, but there is no question but what the stimulation given to the spinal nerves through chiropractic treatment is helpful in bringing about increased tone to those parts of the body which received the added stimulation". ("Dr." Frank McCoy). When you analyze it, isn't it wonderful?

Because social and economic features cut such a large figure in controlling tuberculosis we should abandon all efforts at public education through clinics, lectures, etc. some critics say. The conclusion is both foolish and false. Let us do what we can.

The following engagements have been announced:—Miss Alfreda Archard, for the past six years nurse in charge of the operating room of the Vistoria General Hospital, to Dr. Edwin McQuade, Dalhousie 1927, now located in Richmond, Virginia: Miss Irene M. McDonald of Boston to Maurice W. Armstrong, son of Dr. M. E. and Mrs. Armstrong of Bridgetown.

The wedding took place in "The Little Church around the Corner" in New York in April of Dr. G. M. L. Hatfield of Yarmouth to Miss Vivian Webster, daughter of Mr. and Mrs. Geo. C. Webster, Gottingen St., Halifax. On their return from New York they spent a few weeks at the bride's home in Halifax. Dr. Hatfield graduated from Dalhousie in 1927 and has been located in Yarmouth for a year.

Mr. J. H. MacLennan, son of Dr. S. J. MacLennan of Halifax, graduated in Arts at Dalhousie this year and is being congratulated upon winning the Governor General's gold medal. In the February BULLETIN we noted his selection as a Rhodes Scholar. We wish him much success.

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Dr. J. F. McAulay of Sydney was on the sick list for some weeks in April and May. We trust he has fully recovered.

Dr. D. A. McLeod of Sydney is the very energetic President of the local Y. M. C. A. for the year 1927 to 1928.

The Maritime newspapers have recently been carrying advertisements of "McCoy's Cod Liver Oil Tablets". These tablets, as far as we know, are not related to the "Dr." Frank McCoy of the noted Health Talk fame, nor do they contain, according to scientific investigation shown, any cod liver oil vitamin efficiency. Their inefficiency has been fully verified by the A. M. A.

Dr. W. A. Curry of Halifax has been promoted to Lieutenant Colonel and to command Number One Casualty Clearing Station, C. A. M. C. He succeeds Lieutenant-Colonel F. V. Woodbury who has been transferred to and appointed to command Number One (Reserve) Casualty Clearing Station.

Dr. C. E. Drysdale, 374 West Young Street, Halifax, N. S., a graduate of Dalhousie in 1926, now is resident physician in The Jersey City Hospital, Jersey City, N. J. Temporarily his position as ships surgeon on the cable ship "Cyrus Field" has been filled by Dr. C. G. Marsters of Bass River. Dr. Marsters is looking towards locating where the climate is milder and warmer than in Nova Scotia. His recent trip on the cable ship was to the West Indies.

Dalhousie Reunion.

Arrangements are being made for a Dalhousie Dinner at the C. M. A. Meeting in Charlottetown. It will be held at the Victoria Hotel on Thursday evening at 7.30 P. M. Full particulars will be announced at an early meeting of the Association. A good programme of speeches and music will be prepared and it is expected to be a very enjoyable affair. It will be a great opportunity to renew College friendships, which may do you as much good as the scientific part of the meeting.

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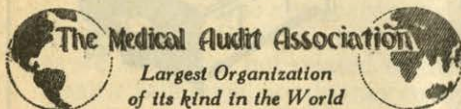
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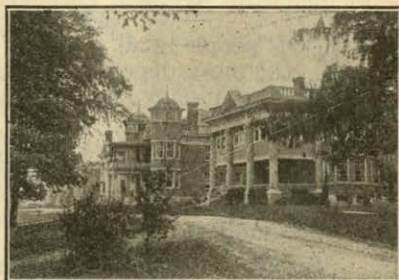


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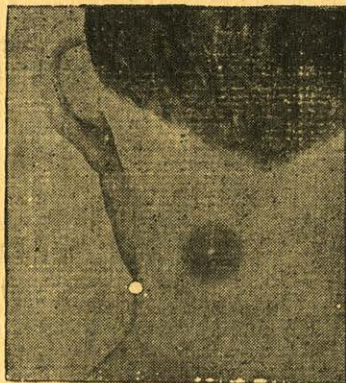
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