"Teaching and Thinking"

(From an address by Sir William Osler.)

TIS no idle challenge which we physicians throw out to the world when we claim that our mission is of the highest and of the noblest kind, not alone in curing disease but in educating the people in the laws of health, and in preventing the spread of plagues and pestilences; nor can it be gainsaid that of late years our record as a body has been more encouraging in its practical results than those of the other learned professions. Not that we all live up to the highest ideals, far from it—we are only men. But we have ideals, which means much, and they are realizable, which means more. Of course, there are Gehazis among us who serve for shekels, whose ears hear only the lowing of the oxen and the jingling of the guineas, but these are exceptions; the rank and file labour earnestly for your good, and self-sacrificing devotion to your interests animates our best work.

Bygone Beliefs

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MEDICINE must have been nearly contemporaneous with civilization in origin. Lower animals and savages when sick or wounded instinctively lessen or alter their diet, seek seclusion and rest and at times some particular healing herb or substance. Savages through experience and superstition have accrued certain habits and treatments for injury and disease.

Chemistry began in alchemy, astronomy in astrology and medicine was nourished by religion and superstition in its infancy. Faith and superstition originate in a sense of the inadequacy of human science in regard to natural phenomena. Our inability to trace to their origin the fundamental processes of life has given rise to a feeling of impotency of the human mind and the consequent creation of faith as a means of bringing these unknown factors within the reach of human comprehension. The birth of superstition in the Greek world must be placed about the 7th century B. C., during the period which Thales of Miletus came forward with his endeavor to explain natural processes in a natural manner. This attempt of the Milesian is the initiation of a rational scientific conception of natural manifestations, and the ancient theistic consideration of nature became superstition only in opposition to such a view. Superstition may be defined as "belief that the normal as well as the pathological manifestations of organic life may be explained and eventually treated without consideration of their physical nature, by means of super-natural agencies."

Among the earliest records of medicine are perhaps those from the Scriptures. We read that Joseph commanded his servants and physicians to embalm him, this being about 1700 B. C. This shows that Egypt at that time possessed a group of men who practiced the healing art and that they also embalmed the dead. The embalming must have furnished and demanded a crude idea of anatomy.

The Egyptians exposed their sick to the public so that those who passed might advise the sufferers from experience. Later those who were cured were required to go to the temple and inscribe a description of their disease and the means by which it was cured. Thus the priests controlled the records, studied them and later formulated a medical code, the Hiera Biblos or Sacred Book, for the treatment of disease. If in following the rules the patient died, the priest was held blameless, but departure from the code visited death upon the radicalist.

The Indian races with their division of society into castes relegated medicine to the noblest set, the Brahmins. They placed the origin of the pulse in a reservoir located behind the umbilicus. This was four fingers wide by two long and divided into 72,000 canals distributed to all parts of the body. The physician examined not only the pulse of the patient, but the dejecta, consulted the stars, the flight of birds, noted any incidental happening during his visit, and made his prognosis from a multitude of circumstances omitting only the trifling observation of the symptoms indicating the state of the organs. Ancient Hindoo charlatan priests let oil fall from a straw into the patients' urine. If the droplet sank, an unfavorable prognosis resulted; if it remained suspended a favorable result was to be expected. This is the earliest record of specific determinations of the urine.

Greece furnishes the most interesting and most significant remains of medicine at that stage of our civilization. Preceding the Trojan Wars mythology dominated. No less than thrity divinities were found by Leclerc who were supposed to have invented or cultivated some form of medicine. The Babylonians thought the great god Marduk the expeller of all maladies, whereas Urugal, Namtor and Nergal were gods of destruction and pestilence; Egypt had her cat-headed goddess Bubastis who dealt out to mothers the blessings of fertility and Ibis who showed an especial interest in those troubled with gastric disturbances; Greece worshipped Apollo as the god who invented the art of healing and who also lent a helping hand to disperse the difficulties besetting the entrance of a young mortal into this world. Aesculapius was the leading character in medicine and so successful was he and his followers that it is related Pluto, alarmed at the decreasing number of entrants to Hell complained to Jupiter who destroyed the audacious healer. It has been whispered by some that this is the reason that the modern children of Aesculapius do not perform miracles.

If we acquaint ourselves with the theistic doctrines of those days it is easily understood why superstition impregnated medicine. The priests were the mortal representatives of the gods and as such were depended upon to prevent pestilence or produce rain as the occasion demanded. And the priests were equal to all occasions. To attain a strict dependence of physical and medical thought upon their doctrines and dogmas the priests invented various ceremonies, customs and principles. According to the primeval cult of Zoroaster all evil, and consequently all disease, was derived from the principle of darkness, which was embodied in the person of Ahriman and only the sacerdotal caste of the magicians, who sprung from a special Median tribe, was able to heal them. These priests bore the proud title of "Conqueror of Evil" and practiced medicine. The divine word "Ormuzd," the name of the highest god of healing, was reiterated again and again in their sacred hymns. Temples were hygienically located near thermal springs or fountains in groves. A well-regulated dietary, pure air,

temperate habits and faith stimulated to a fanatical degree combined and sufficed for cures which would be remarkable even now-a-days. Venesection, purging, friction, sea-baths and mineral waters were used and oracles consulted regularly.

Theism reigned absolute in this period, but there followed an epoch in which theism was forced to divide its authority with a powerful rival—namely, the physico-mechanical theory of life ushered in by the appearance of Ionian philosophy. The art of healing itself became purged of theistic dogma practically immediately, as can be seen by examination of the "Corpus Hippocraticum" written in about the 5th century B. C. The representatives of religion, on the other hand, sensing a loss of power with the divorce of religion and medicine at once proclaimed for themselves the power of completely controlling nature. Very soon cunning fellows, seeing the profitable livelihood enjoyed by the priests, decided to practice as physicians. Thus the priests by the prostitution of their profession degraded it till it deteriorated into a group of charlatans and swindlers.

These magicians attempted to create the impression, as do our modern quacks, that by administering medicine they were able to direct the treatment of the ailing in a rational manner. Their drug therapy included everything under the sun. The less suitable a substance was the greater efficacy it showed in therapeutics. They made use of gold, silver, precious stones, and pearls because of the esteem they held due to value. Human feces, urine and menstrual blood were introduced into the materia medica. The awe inspired by corpses was utilized by the administration of powdered human bones to the ailing. Talismans and amulets engraved with exorcisms were worn and these continue even in our time in medical and religious superstitions. Numerals possessed great power in therapeutics, due to the so-called language of numbers taught by Pythagoras. This Greek sage, at first an athlete and later a philosopher, was a man of marvelous knowledge. As you know, it was he who invented the theorem of the square of the hypothenuse and he first divided the year into 365 days, 6 hours. The language of numbers developed thusly: The unit one was the essential principle of all things and God was designated by this digit. Matter was represented by the figure two; the universe therefore was expressed by twelve representing the juxtaposition of one and two. As twelve results from multiplying three by four, Pythagoras conceived the universe as composed of three distinct worlds, each of which was developed in four concentric spheres and these spheres correspond to the primitive elements of fire, air, earth and water. The application of the number twelve to express the universe was received from the Chaldeans and Egyptians—it being the origin of the institution of the zodiac. The mystical influence which is exerted by the numerals 3 7, 9, and still more so by the dreadful 13, upon the life and health of man, haunts the minds of the multitude of this century of enlightenment exactly as it did in remote antiquity.

Magic came in for its share of use. Here are a few examples of the medicine of the magicians: Remedy against warts and corn (Pliny, Book 28): "Lie on your back along a boundary line on the twentieth day of the moon, and extend the hands over the head. With whatever thing you grasp when so doing, rub the warts, and they will disappear immediately." "Whoever, when he sees a shooting-star, soon afterwards pours a little vinegar upon the hinge of a door is sure to be rid of his corns."

These illustrations show the great similarity which exists between these ancient magic cures and the sympathetic cure of people of the present day. How ancient medicine tolerated and even endorsed such crass superstition can be understood if we consider the condition of medicine in that period. Ancient medicine obtained its scientific views exclusively by deduction, i. e., they deduced individual results from general presumptions, or rather construed from a general impression the consequences which might follow such a general supposition. The atomic theory of Leucippus and Democritus illustrates their habit of establishing hypotheses by analogy. The motes which appear in the rays of the sun led these ancient investigators to the conception that, like the particles of dust sporting in the air, the primary component parts of everything in the entire universe consisted of similar particles.

It appears that Epicurus arrived at his theory of light (according to which, as is well known, images of things were brought to the senses by delicate but absolutely objective small pictures which detached from the surfaces of things in a continuous current) by the fact that many animals, as snakes, or bugs—for instance the locust—shed their skins. The theory of humoral pathology, one of the most important advances in medical science, was based on a conclusion from analogy and arrived at by deductive reasoning. Congestions could be caused by heat or cold and the body was likened to a sponge or seive.

We might mention briefly some of the therapeutic practices which were followed during the Greek period. Temple sleep was practiced and is one of the purest expressions of the then prevailing conception that human art is to no purpose in a case of disease. The patient hied himself to a temple and slept there till advised in a dream as to a means of cure or till he awoke cured. This practice was known later in the Christian era as church sleep and the benefits of it as related by Gregory of Tours are interesting to note. The most wonderful cure of this type was that of the German Emperor Henry II (1002-1024). Suffering from stone he retired to the Italian cloister, Monte Cassino, where St. Benedict himself removed the stone, pressed it into the hand of the sleeping emperor and retired heavenward. Was it not fitting that the stone was delivered from its imperial bladder by the hands of a saint instead of by those of the mortal, pious, and medically skilled monks of Monte Cassino? While the Greeks were indulging in temple sleep the Romans were following the advice of the censor Cato who recommended the lowly cabbage as a sovereign remedy for many diseases.

Chronologically we now arrive at a period extending from the seventh to the 19th century during which medicine passed through a period of renovation or progression. Medical science was revised throughout, scientific investigations replaced philosophical contentions, schools were established and a gradual reawakening from the lethargic period after the Greek decay followed. The school of Salernum, barber-surgery, the revival of dissection, the iatromechanical,-chemical, and -physical schools fall into this period. But from our point of view the beliefs of the 18th, 19th and 20th centuries are of more interest and we shall not devote time to the intervening years on that account.

A conception of the status of the medicine in the 18th century can be easily gained by considering some extracts from "The Graft and Frauds of Physik Expos'd" written by Robt. Pitt in 1702. Pitt in a sweeping expose of medical mummery at that time gives a clear idea of the popular and medical beliefs. On page 35 he described bezoar stone, a popular remedy for everything from corns to falling arches:

"Bezoar stone will be the most understood and obvious Instance in our English Practice; from whence you may, as well as most of the Physitians abroad have done, inform yourself, with what Skill and Art, and integrity our Profession continues to be practis'd here. Bezoar has held its name and Reputation almost Sacred with us, tho' exploded long since in almost all the Parts of Europe. Dr. Guybert in a Discourse, entituled, Decou Les Tromperies de Bezoar de couvertes, convinc'd the French, that they had been impos'd on, by the Trading Physitians returning from the Indies, to take off the pretty Trifle at a very great Price. They had made it to be admir'd, by asserting, that it was able to encounter all sorts of Poysons, that no Malignant Distemper was able to resist its Sovereign Vertues. He learnedly exposes the ridiculous pretence of subduing all sorts of Poysons, which differ so much in their qualities, some destroying by being corrosive; others by their Heat inflaming, others by their Coldness coagulating the Blood and stupefying the Spirits. Two Criminals, by the King's Command, had Poyson given them, with promise of Life, if Bezoar could procure their Pardon. They lost their Lives, and the Stone, and the Physitians their Reputation."

Bezoar stone was nothing else than the gall or kidney stone from a goat found in the Indies. This was powdered and given as a suspension. Bontius, a contemporary physician, brought forth the point that if stones must be given "we ought to put a greater value upon the Stones, cut out of Bladders of Man, a more noble Creature, fed with higher nourish'd Meat, and his Spirits warm'd with Wine, than that of a Goat starving upon the Mountains."

The book closes with the following admonition: "When you shall be surpris'd, in the absence of your Physitian, trust to your own Constitution, which will endeavor to preserve itself, and will certainly effect it in the most of the common Disorders, but with ill Medicines

the Dangerous will be made more malignant: Take the Council of your most observing and experienc'd Friend, who has no Byas to divert him from the only care of your Health; but avoid the Empirick, who will, instead of procuring the Ease of your Thoughts, and Repose, and Prescribing the Rules of your Dyet, affright you with the greatest Danger, disturb and fill you or the Chamber, with the inflaming and pernicious Cordials, the Boles and Draughts, till he has cur'd his own Distemper, by the Number of the Articles he shall enter into the Bill."

Nearly every substance on earth and in heaven has been used as a vaunted cure; nearly every kind of persuasion, psychological, metaphysical, religious, superstitious, scientific and above all, pseudo-scientific has succeeded in a certain number of cases. These cures come in and effect miraculous results for a time on hundreds and even on thousands till it is discovered that they are not cures; but curiously enough, those who have been healed do not relapse back into their former state. They have either died of the disease or the living are illogical enough not to revert to their former ailment.

The mind has a profound influence over the body and by solicitude produces such a disturbance of bodily function as to simulate even organic disease. A great many of the diseases of mankind are from this source and hence the means by which mental anxiety is relieved and nature allowed to heal herself.

It is surprising to list some of the most efficacious cures of previous times. Stroking people gently and thus presumably putting some of the vitality of the stroker into the ailing has been in vogue repeatedly; curious things given by mouth as moss scraped from the skull of a culprit hanged in chains, powdered mummy from the Egyptian tombs, or mandrake root taken from a graveyard in the dark of the moon produce astonishing results. Magnets, electrical toys and pretended batteries, not necessarily producing any electricity, effect marvelous cures. The same with magnetism of human beings, ground vermin to cure serious internal diseases, cheap whiskey labelled tonic bitters—all do as much or more than legitimate medicine or treatment can do.

Old Europe without education might seem a prolific ground for these cures, but curiously enough it is modern America with her diffused education that nurtures these delusions in excess of old Europe.

In the beginning of the 19th century we find personal healers in vogue. They touched, stroked or blessed ills away and were the centers of admiring throngs wherever they went. It is possible that our modern word "touch" meaning to wheedle money away, extract kopeks in other words, originated in this old cure by touching. For each time it was so much per touch and the pressure of the touch varied directly as the content of the patient's wallet, a sort of metallo-therapy.

One of the most famous personal healers of English speaking countries was one Valentine Greatrakes, an Irishman, who cured in the next generation after Harvey's discovery of the circulation of blood. His specialty was "King's evil," the name for tuberculosis of the glands

of the neck, but success convinced him that he could cure "ague." This he cured by stroking the affected part causing the pain to migrate to the extremities from whence it gradually oozed out—a sort of going, going, gone. These cures which finally included palsy, dropsy,epilepsy, ulcers, the stone, lameness, deafness, and innumerable vaguely described cases appealed not only to the common people, but included such notables as Robert Boyle, "the father of chemistry," who believed his work a great mission. Greatrakes believed that by throwing out the devils possessing the patient the cure was effected.

As soon as the idea: "Evil does not come from God, but from the evil spirit or from ourselves in evil mood," is taken to heart all sorts of symptoms disappear. Ailing humanity falls easily for this idea. This same principle was mentioned as contained in the primeval cult of Zoroaster. Pfarrer Gassner, 18th century, anticipated Mrs. Eddy in the expression of this principle and cured thousands. Another who operated on this same idea was Alexander Dowie of the 20th century.

Dowie styled himself Elijah or Elias and proclaimed he had come to earth to cure people before the return of Christ to judge them. He confined his power to heal to no particular disease—he just cured people—especially those suffering from pains, aches, tremors, muscular disabilities, etc. It was he who founded Zion City on the lake front north of Chicago—possibly a dare to the devil or devils of Chicago.

Another personal healer whose indirect influence is registered today was Phineas Quimbly of New England. He started curing hypnotism, but found that he could look deeply into the patient's mind which proceeded to tell him all the patient's sensations. Then Quimbly tranferred the pain to another part of the body and then by rubbing cured the psychical distress. Quimbly's patients were largely those who had been to doctors without avail and women predominated in number. His method was to place one hand on the bare abdomen and if the affected part was above the mid-line ruffle the hair of the patient; if the disease resided in the lower portion of the body the limbs were stroked.

Mary Baker Eddy, the founder of Christian Science, having had a fall, was suffering from what was said to be "spinal nervousness." What a lovely vague ailment! What a multitude of neurotic tendencies the term might cover! However, Quimbly cured her and the poor misunderstood woman imbibed his wisdom and gradually elaborated her own method of healing which now has thousands of followers. Christian Science is the latest development of the idea embodied in the Australian Koonkie, the Siberian Shaman and the Brahmin of the Indian races. The only cure against the detrimental effects of a philosophy based on theistic conceptions is the dissemination of the present day knowledge of the physical sciences. But we may, in the meantime, give thanks to Phineas Quimbly for the beautiful buildings which adorn our large cities in which he indirectly "cures" thousands.

Uncle Henry writing in "Colliers" described one of these "wizard healers:" "The doctor I remember best was Prof. Hieranymus. He had side-burns longer'n my mother's lace curtains and could cure anything from birth-marks to baldness—no ailment barred. Vital healin' he called it. No knife, no medicine, no nothin', jus' the plain application of the hands over the afflicted part. Why, Barney, magnetism poured out of him like sap out of a sugar maple. For two dollars he'd take plain tissue paper between his palms and vitalize it an' all you had to do to keep well was jes' pin it on your night-shirt at the back over the great nerve center of the human body."

Another type of cures was and is the drug cures. Practically every plant or root, every animal product we know including excretions, and the very vermin that live on animals, have been used as remedies, and cures have been reported from the use of all. Experience shows that 99 out of every 100 of these drugs were absolutely useless or slightly harmful. Dr. Oliver Wendell Holmes once said that "if all the drugs that had ever been used for the cure of human ills were gathered together and thrown into the sea it would be ever so much better for humanity and ever so much worse for the fishes." We might mention the theriac cure-all which was an accumulation of all spoiled and unlabelled medicines in the drug shop; Berkeley's tar water, invented by Bishop Berkeley, one of the greatest thinkers in English philosophy; "smell cures" as asafetida or valerian; cheap whiskey labelled tonics.

There remains a conglomeration of cures, interesting and comical, of which we shall mention a few. We all know of snake oil, which happens to be listed in the pharmacopeia under the name of lachesis. This oil is distilled from the fat of the rattle-snake and is supposed to be a panacea for joint and rheumatic trouble. We can find the dealer in snake oil to-day usually travelling in a decrepit Ford with two or three senile snakes to lend realism to his harangue. Parked outside large industrial plants he makes a distinct appeal, especially to gentlemen of color. The sloughed skin is worn for throat trouble, and muscular pains and aches. It seems to have been very successful in curing hysterical aphonia.

Among the hideously amusing cures are the use of excrements of various sorts. In medieval and ancient times urine of children was used as an eye-wash. Being of about the same specific gravity as the blood it did not set up osmotic disturbances in the conjunctiva as would water.

In Wales the dried excrement of the dog is blown into the throat to cure diptheria, while the Balkan states use a solution of goat's excrement for colds. Crushed vermin, particularly lice, was a favorite cure-all for eruptive and itching diseases operating no doubt on the ancient principle that like cures like. This prescription is a particular favorite in China, but in the Pennsylvania mountains it is practically as bad for dried angle worms are smoked to cure the tooth ache.

Electricity in the form of magnetism has probably cured more "diseases" in pseudo-scientific hands than the X-ray in the hands of our present day rontgenologists. Prof. Hell of the University of Vienna first used magnets to cure pain. Pfarrar Gassner of Germany took home a set of especially shaped magnets, heart-shaped ones for the heart, reniform for the kidneys, and so on, but he required the patients to first make peace with God. He soon found out that some of the cures were effected without the use of the magnets and he elaborated a theory of disease which was not materially different from that held by Christian Scientists to-day namely, that there was no such thing as physical ill, but only spiritual perversion. Such a view, though, was heretical in lieu of the fact that cardinals and members of the congregation at Rome had aches and pains of various kinds. Gassner was consequently ordered by the church to stop such teachings, which he did. We still have "magnetic ointments" which draw the heat from burns, dirt from wounds, etc. Some of us may remember the pictures in magazines of men wearing electric belts with lines radiating from all parts of the body, illustrating the youthful, vibrant energy imparted to the wearer at $25 a belt.

Noted examples of the use of electricity are the cures propounded by Mesmer and Perkins. Mesmer used a large wooden tub containing bottles arranged in a peculiar manner and filled with water to a certain height. Iron rods protruded through the lid of the baquet or battery and these were so bent that patients sitting around the tub could apply one of these rods to any part of their person. The patients held hands or were connected with chains during the treatment. Solemn music was played and Mesmer then entered the darkened room, touching each person with a steel wand. Some fainted, others became hysterical and few remained unaffected. So successful were the cures that Mesmer received $100,000 for a course of lectures on his system to pupils who promised not to use the secret in practice. Eventually the French Government appointed a committee composed of Lavoisier, the great chemist, Bailey, a well-known scientific man and our own Benjamin Franklin, which committee reported the cure to be purely psychic. Mesmer was then prohibited from practicing in France, but not without near riots resulting.

Elisha Perkins, a very conscientious practitioner, thought he observed wonderful effects from the touch of metals to the affected parts. The invention of his tractors, which were two rods of fused metals, resulted from Galvani's discovery that a frog's legs would twitch violently if touched by two pieces of different metals in contact in the presence of an electrical machine. The tractors were free to clergymen, five pounds to professional men and ten pounds to the public. It was extremely important not to draw the tractors upward over the skin or the affectation might be aggravated and nervous people could use them only every third day. A Perkinean Institute was founded in London in 1804 to publish testimonials as to the efficacy of the tractors.

English physicians finally exposed the fraud by using colored wooden tractors. Cures were effected and when the facts became known everyone had a distinct shock. The tractors disappeared so quickly that to-day very few are left out of the thousands sold.

Our own progressive state of New York was the victim of one of the greatest hoaxes of the 19th century, Andrew Jackson Davis, the "Seer of Poughkeepsie." Galen and Swedenborg appeared to Davis in a trance and finally convinced him that he was able to heal disease, which he did very successfully, so successfully that Poughkeepsie was too small for his practice whereupon he moved to New York City. He published later "The Principles of Nature, Her Divine Revelations and a Voice to Mankind, Directed While in a Trance." This remarkable book ran through thirty-four editions in thirty years.

Among the cures which might be classed as appliance cures we have the use of chest protectors, usually made of red flannel, a choice probably due to the ancient method of arguing, "simila similibus curantur," like cures like. People having red and swollen joints therefore were cured by red flannel. What the reason might be for winter "heavies" of the old school being red in color is a matter for conjecture.

In more modern times we have osteopathy, discovered by Dr. Andrew Still of Kansas. Osteopathy and chiropractic were different only in name.

Spiritualism comes in for its share of curing. What chance has a mundane physician against a well-behaved medium who can call Galen, Hippocrates and Cogleostro into consultation if necessary? An attempt was made at one time to pass a bill in the United States Senate which would cause a formal investigation of Spiritualism by the Government. Happily the bill was laughed out of that body of lawmakers, exactly why we do not know since stranger bills than that have received its heartiest support.

As all the instances cited so far may be properly classed as bygone beliefs with the possible exception of Christian Science, we may think that a period has come when the intelligent people of to-day are immune to such flubdubbery. To quash such an illusion we might mention psycho-analysis, Coue and the Abrahams electronic diagnostic method.

Chiropractic needs no introduction, no description and no indictment. It is too well known to require any of these. By the examination of the definition of chiropractic we can discern again an attempt on the part of man to connect pathological conditions with some electrical or mysterious nervous force in the body. Chiropractic consists in the adjustment of the vertebra so that imprisoned impulses may be released, psychic entirely, save in a few cases which would respond to massage as quickly.

It is true that the present mummery is of a more intellectual type, but the following is no less numerous. Psycho-analysis has for its

basis of ills sex repression, while Coue is sure that it is only lack of confidence. The 20th century has seized on to psycho-analysis as the 19th grabbed on to hypnotism, which as we know is induced hysteria. The method of psycho-analysis was introduced by Freud of Vienna and Freudianism is looked upon by ardent advocates as one of the most important discoveries ever made in psychology. All is referred to the sub-conscious mind. Prof. Munsterberg of Harvard once declared that the story of the sub-conscious can be told in three words, "there is none." Freud has taken all the vagueness of psychology, jumbled it together and then by shifting use of terms has made a system that would fit anything. Freudianism is not new except in its application of the confused mass of notions concerning the unconscious to the cure of humanity's ills. To the miscellaneous farregio on the unconscious, Freud had added sex and this field for suggestion is practically limitless.

In comparison with Freud the French druggist, Coue, becomes delightful in the use of the unconscious for curing disease. He calls his system "self-mastery by conscious auto-suggestion." He suggests that the best way to maintain health is to learn to run our unconscious, which of course runs everything about us, and then we can run ourselves —the simplest thing in the world. One might think that this is a joke, but his ardent disciples declare that he has cured 100% of the thousands of patients who come to see him. Within its limitations Coueism should be welcomed—the psycho-neurotic whose name is legion now only has to regain his confidence in himself by the use of the little formula which we all know so well.

Of the Abrams electronic vibration we shall say little. It is another throwback to the old idea of magnetism or electricity. It is claimed that not only can the operator tell by the examination of one drop of blood what the complaint is, but that he can go so far as to ascertain the religion of the individual from whom the blood was taken. Working on this statement an Oklahoma physician sent in a sample of guinea-pig's blood and received the astonishing information that the patient had cancer of the lung and that he was a Baptist. Whether or not all guinea-pigs are Baptists we are not prepared to say.

So as time progresses we may expect to find new cures cropping out, being readily received by the eager sick, curing thousands and eventually becoming discarded because it has been proven a fraud. History repeats itself in medicine also. The sick of to-day are no less credulous in spite of education than were the ignorant and superstitious of ages gone by.—(The Clifton Medical Bulletin.)

Septic Abortion

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(Paper read before The Valley Medical Society at Digby, N. S. in October 1925).

A SEPTIC abortion has the same clinical signs and symptoms as an aseptic one, viz. uterine pain, uterine hemorrhage, softening and dilatation of the cervix, presentation and expulsion of all or parts of the ovum, with the addition of the findings of an infective process.

The evidence of infection may appear at any stage of the abortion or even after its completion, depending upon the time the infecting organisms entered the body and upon the dormant period of such.

In a general view, the septic process arises in two ways:

1. The infection may originate within the body of the patient, the endogenous or auto infection method or (2) from without, the exogenous or Hetero-infection, which latter is, by far, the most common. When the placenta or decidua separate from the uterus, there is a wound at the placental site which is bathed in blood and forms a good culture medium as well as a port of entry for any bacteria which may be borne to this region. It is possible that diseased teeth, tonsils, diseased gall bladders and other areas of focal infections may harbor bacteria which often escape into the blood, stream, and thus endogenously infect the wounded placental site.

Again, latent or active infective processes may be located within the genital tract. The normal vaginal secretion contains a varied bacterial flora which, though harmless there, may set up a serious infection if carried to the abortion process in the uterus.

Chronic Leucorrhoeas from a chronic endocervicitis of mixed infection or Gonorrhoeal type may produce a serious septis in the uterine cavity.

Certain writers claim that the presence of the seminal fluid in the Vagina may cause infection. However, the greatest factor in the causation of septic abortion is infection from without. Dr. De Lee claims it to be proper in all cases of septic abortion to consider that the abortionist has been at work, or that the woman has infected herself by using unclean instruments to terminate pregnancy. Holmes of Chicago, holds that all criminal abortions should be treated as septic until the clinical course proves otherwise. It is to be regretted that, sometimes, the physician or nurse may be responsible for the infection.

Vaginal examinations made without sterile gloves, unclean hands, faultily prepared pads and dressings, a faulty preparation of the vulval toilet, organisms from the anal orifice. All these may rapidly infect a previously uninfected case. As in delivery at term, so in all abortions, should vaginal examinations be under rigid asepsis.

The germs involved are those which produce (1) Sapremia, (absorp tion or Toxinaemia) (the latter being the most scientific term) consisting of bacilli and cocci. The bacillus protein vulgaris is the best known. These saprophytes flourish in wound secretions, placental fragments and decaying remnants of the ovum, and produce soluble chemical bodies which act as toxins when absorbed, and thus produce a general febrile reaction. (2) Bacteria which produce a true infection are few. The streptococcus is the most formidable and commonest, and it may occur in pure strain; but usually there is a mixed infection with other germs as the Staphylococcus albus and aureus. B. coli communis et. al.

When these invade the blood stream, a true Septicaemia or, more preferable, a Bacteriaemia is produced, and a much more serious condition than Toxinaemia.

Symptoms Added to the phenomena of abortion, we find a rise in temperature often preceded by a quickening of the pulse. A rising pulse rate without a corresponding temperature rise is an ominous sign. The temperature may go up to 105 or 107, or may show a daily rise or, in others, may never be above 101* The temperature does not tell us whether we are dealing with a benign Saprophyte or a virulent strepococcus. If the pulse rate remains low, there is not much need for worry.

Chills, and rigors are usual. Repeated chills signify fresh invasions.

Pain is usually slight until the Peritoneum becomes involved and a Perimetritis, Parametritis or Peritonitis develops.

Leucocytosis is the rule yet, in the cases of some writers, a leu-copaenia was present, and this latter is a very unfavorable omen. In the Saprophytic types of septic abortion, the lochia is usually very free and very offensive—the type of infection is suggested as you enter the sick room, while in streptococcic infections, the discharge is scanty and without odor. The normal musty odor has disappeared.

It is important to be certain that the septic abortion is not caused by some acute febrile illness which chief condition the abortion may disguise—Some acute abdominal condition may be the main trouble and require the chief treatment.

It is of value to determine the infecting organism. Under asceptic technique; a small tubular speculum or glass hollow tube can be entered into cervix and a swab taken from the septic uterine contents and culture made therefrom. A blood culture should be made in order to ascertain whether or not a streptococcus growth is produced; but sometimes the blood culture is negative in a very severe infection.

The presence of the Gonococcus in the discharges is an indication to leave the woman alone as far as local treatment is concerned.

PROGNOSIS. Nature attempts and usually succeeds in limiting the infection process by means of an enveloping "reaction zone." In the sapraemic type of septic abortion, this first line of defense, as it may be called, is well developed. The pathological findings in the uterine wall from within outwards are (1) a fibrinous layer, mixed with profuse foul discharges and containing organisms overlying areas of necrotic endometrium (2) a well-developed zone containing abundance of leucocytes and (3) oedematous muscle, free from organisms and without infiltration. To this wide barrier of leucocytes is due the fact that effects of a toxinameia are frequently transient and it is well recognized clinically that after uterine exploration and indiscreet curettage, a toxinaemia of greater intensity follows, resulting in a rigor or heavy chills. Sometimes, the nature of the infection in the uterus becomes more virulent and a true septicaemia is produced—so that, in every case of intrauterine sepsis, the possibility of a blood infection must not be overlooked. In other cases we may have a true blood infection from the start. The septic abortion may be complete. The uterus is soft and flabby. There is no foul clot or placental fregments present, and the changes in the uterine wall contrast strongly with those seen in the toxinaemic type.

The leucocytic zone is badly formed and is too thin to effectually limit the invaders. Consequently, the latter are found not only in the endometrium; but also in the uterine muscle and soon fill up open venous channels and lymphatics and thus travel into the general circulation.

They may remain for a time as a septic phlebitis in the ovarian, uterine and femoral veins or may rapidly invade the blood stream.

When the infection travels by the lymphatics, we get a Pelvic Cellulitis and a Pelvic Peritonitis to deal with.

When the infecting organism is the virulent Streptococcus Haemolyticus, there is apparently no time for nature to complete the protecting wall. In most cases of septic abortion, this "white lining of the uterus is present, and indicates nature's attempt to overthrow the invader at the threshold. The prognosis depends upon the virulence of the organisms, the immunity and general health of the patient and the treatment she receives. A woman who previously had healthy pelvic organs, should do better than one with chronic disease.

TREATMENT. The treatment of septic abortion may be (1) Active or Operative (2) Conservative or Expectant, and there is a great deal of discussion at the present time, in various schools, as to the proper method; but I am inclined to believe that the pendulum is rapidly swinging in favor of the Expectant plan as being the safer.

If we could accurately determine that the infection would always be intrauterine only or a general blood infection only, then we could lay down some definite plan of treatment; but one cannot say before-

hand how quickly a local infection may become general by uterine curettage and other manipulations.

Hillis of the Cook Co. Hospital, Chicago, has recently published statistics on 1,000 cases of abortion.

Women brought to hospital with a T. of over 100* were assigned to the active and conservative list alternately. Those on the active list were immediately curetted with blunt spoon curette or finger.

Figures were as follows:—

	Active	Expectant
No. of cases	100	100
Average days of Fever	8.1	3.5
Average days in Hospital	13.28	8.48
Deaths	3	1
% mortality	3	1

He also observed from these cases that, by waiting until the fever subsided and keeping them 5 *days fever free*, it was fairly safe to then empty the uterine cavity. This should be done in the following manner:—To remove gross particles of ovular or placental tissue with the ovum or placental forceps, twisting them off rather than pulling, and then with the gloved, index finger of the hand to loosen up and remove any particles that are left. The finger always removes fragments in the natural plane of cleavage and is safe. The sharp curette should never be used. It would be criminal to use such an instrument. The large blunt or spoon curette should not be used if possible—the uterus being soft and boggy, it is an easy matter to perforate its wall and we are never certain that the uterus is empty, and we can accomplish as much with the finger and with far greater safety.

One of the greatest objections to the use of the curette, is that, even with the dullest instrument and the softest strokes, new wounds are made and the spread of the infective process is likely to result,—Dr. Dee Lee says "My experience has taught me that the traumatism of curettage, digital or instrumental may be fatal—a superficial and not dangerous infection being converted into one with strong invasive qualities."

If the symptoms are due to infected uterine contents, their retention in the uterus can do no harm and nature can usually be relied upon to empty the uterus in due course. The organisms in the uterine cavity may be leading a Saprophytic existence and to employ an instrument to remove them may give them a chance to invade the blood stream by breaking away the leucocytic barrier.

Fothergill talks about "curetting before the pathogenic bacteria enter the blood stream." If the infection is due to a virulent streptococcus, what is the use to curette as the bacteria are far beyond the reach of the instrument when symptoms appear?

The presence of septic uterine contents per se. is not a sufficient reason to warrant us in always emptying the uterus; but when hemorrhage is so extreme as to endanger life, this loss of blood must cease and we are justified to empty the uterus.

To my mind this should be done as follows,—With the patient prepared for operation, and preferably without an anaesthetic, pass the largest sized tubular cervical speculum that can enter the cervical canal, and loosely pack the uterine cavity with weak iodoform or plain gauze. Also tightly pack sterile absorbent cotton around the cervix and fill up the whole vagina. Then put on a sterile vulvar pad and T binder, and wait 24 hours. As a rule the products of conception then come away when the gauze is removed. If not and the general condition of the patient is poor, Temp. high, pulse rapid, we are justified in repacking for another 24 hours. If then, the products fail to be removed, it is better to clean out the uterus with the finger and ovum forceps.

I can recall cases of Septic Abortion in my own experience where the finger and blunt curette were used to remove the products of conception, and no complications ensuded. In these cases, we were dealing with Saphrophytic organisms and probably no dormant streptococcus or other pus cocci were present, even if the leucocytic barrier were injured or broken down here and there; but I feel in the light of the present pathological knowledge in this condition, the conservative treatment is the safer and better.

The following treatment is suggested. Rest in bed in Fowler position—in a hospital if possible—on a 4 hr. P & T Chart. Give plenty of water and nourishing liquid diet, mild saline laxatives or enemata. If vomiting is present, give glucose or saline solution per rectum as Murphy drip. Ergot dr. ½ T. I. d or Pituitrin ½ cc T. I. d will contract the uterus, block lymphatics and aid in expulsion of uterine contents. Quinine gr III q. 4. h. is often of value. Stimulants such as alcohol are said to be good in these septic cases.

After the patient has been five days fever free, the uterine contents can be removed with a fair degree of safety by the measures suggested beforehand, and a piece of gauze soaked in Tr. Iodine left in uterus for 24 hours. When gauze is removed, any fragments of blood clot come away with it and the uterine cavity is left smooth and clean. In the very toxic cases with Septicaemia, the question of Serum Therapy may be considered. The consensus of opinion to-day is that Anti-streptococcic Serum does not cure a Streptococcic bacteriemia; but its use is recommended and should be given early, at least 100 cc of a polyvalent serum. Dr. Lee advises 200cc and the serum is not repeated.

In some cases of puerperal infection, I have used 60cc and have thought some benefit was due to this treatment. Vaccines are said to be of no value. Recently there has been considerable discussion re the value of specific treatment intended to neutralize or destroy the organisms in the blood stream.

H. H. Young of Baltimore, in a recent article in the Journal of S. G. & Obstetrics, refers to a series of cases where Mercurochrome in 1% solution was used intravenously in cases of Septicaemia that were apparently hopeless and he has reported several recoveries.

Of 13 desperate cases following Abortion and Confinement, he claims 7 were cured by this drug—2 remarkably improved, and 3 failures. The reaction is terrific—high fever, chills, marked prostration which subside within 24 hours, and the blood culture free from organisms. Judd of Mayo Clinic claims it is too early to state definite results and is somewhat skeptical re it. I have had no experience with this treatment. I feel that we cannot lay down a definite rule of treatment for all cases of Septic Abortion. Every case is a law unto itself; but I am convinced that those cases, where infection has extended beyond the uterus and without evidence of retained necrotic placenta or membranes, should be treated expectantly and no intra-uterine treatment (not even a douche) should be given. When such tissue remains in the uterus and the patient is five days fever free, it should be safe to remove it provided this can be accomplished without spreading the infection.

An old negro preacher was making a visit at the revenue warehouse.

Revenue Officer: "What'll it be, Erasmus?"

Erasmus: "Ah wants some sacrilegious wine."

Revenue Officer: "Some sacrilegious wine? You mean sacramental wine, don't you? And what kind to you want?"

Erasmus: "Well, boss, at last Sunday's meetin' the congregation took a vote, and it was unanimous for gin."

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The Annual Meeting

IT is not too early to remind the doctors of the province, of the Annual Meeting to be held in Halifax, July 7th-8th. The Bulletin, desirous of interpreting and supporting the things that are best for our profession, strongly emphasizes the importance of the Annual Meeting. We believe our meetings in the past, while good in some ways, had many defects, and that the time has come, indeed has long since arrived, when these defects should be corrected.

Let it be granted that the scientific part of our meeting has been satisfactory in quality. We have, we think, been overcrowding our program so as to leave insufficient time for business matters; and the result has been to rush through important work and to leave to haphazard things that should demand the calm and deliberate judgments of the whole society. We have built up in this province a pretty elaborate structure in the way of branches, parent and C. M. A. organizations. We have linked these together in a state of interdependence so that the interests of one touch the essential good of the other; and if we don't look out, the whole structure will topple over. The acid test of the value of sound organization in our ranks is not perhaps yet in evidence; but the time may be nearer than we think, when it shall be most desirable that our organization should speak with the authority of every medical man in our province. This, of course, apart from the scientific, fraternal and social advantages which men like Osler, and others who have given us the ideals of our calling, have advocated and commended.

The Annual Meeting is the time for the doctor who is not satisfied with the way things are going, to come forward and say so, and present his plan to better conditions. It is the time, too, for the optimist to let his light shine before his fellow medicoes; the time to change your viewpoint, if it be the wrong one, or help the other fellow to that end, if it be the right. It is the time to look over the machinery of our organization and institute repairs; in a word, it is the time *to do business*, and we hereby notify the program committee to see that ample time is provided.

The meeting in the capital city, in July, should be made an auspicious one. The President-Elect has already appointed committees to look to the entertainment part. A ladies' committee will take care of the lady visitors, and the whole Halifax profession is eager to make every minute of the visitors' time pleasant and profitable. The program will come in due time, and promises to be up to the best standard. There are some matters the Bulletin suggests should be settled definitely, at the forthcoming meeting. One is, should we again engage a paid Associate Secretary? There is more work in this department that we can reasonably expect to be covered by the regular (unpaid) Secretary of the Society. Would an associate secretary, who would make regular visits to the branches and stir up interest, be a warrantable asset? Also, what about the Bulletin itself? The present Board of Editors has taken it up, until such time as the members of the Society have definitely decided just what they want it to be; or whether it should be discontinued altogether. There is a lot of work in getting out even so small a monthly magazine as the Bulletin; and up to the present, the branches have not shown interest even to the extent of sending us a single communication. It seems doubtful indeed, whether, in the circumstances, this publication should go on. The July meeting must deal finally with this matter.

These are some of the things which should have time and attention at our meeting. And there are others. Perhaps the time is at hand when an honorable old profession like ours should resist, with honest indignation, the humiliation of being continued as the booze agents for the province. The thing was never right; and both the late and present governments have laid on the shoulders of our profession a load which should never have been placed there. The right to prescribe is inherent in our calling since the days of Hippocrates. The use of liquor for beverages or social purposes was never our job in a history which goes back to the very dawn of human action; and no matter how ingeniously you may clothe our responsibility in the case, the fact remains that the prohibition "law" virtually places every acquired and hereditary thirst upon the backs of our profession. With the dull patience of the mule, we have been bearing the load, as well as the whips and scourges of abuse that go with the whole mess. If we are to be beasts of burden, it seems time to warn someone or other to beware our hind legs. With proper cohesion at the beginning, we

could have called the government's bluff; perhaps even now it is not too late. Let the coming meeting be one for setting our house in real good order. It can only be done by a large representative gathering. The Halifax Branch is preparing to play the host to its last resource. Let us have science and social intercourse and business; but, gentlemen, *business.*

G. H. M.

ST. MARTHA'S HOSPITAL.

THE visitor at the opening of St. Martha's Hospital, Antigonish, on the 11th, inst., had much to see and reflect on. The function has been well described in the daily press as a matter of news, and we shall not go over this aspect of a really notable event again. Suffice to say that men, women and children came from all over the constituency represented by the new hospital, to witness the formal opening of the institution to which they generously contributed of their means, and, by their faith and enthusiasm, inspired the promoters to carry on to a successful completion one of the very best hospitals in Canada, or indeed anywhere else. Standing on one of a circle of hills which guard the picturesque old town of Antigonish, and looking across a broad expanse of intervale with the West River winding through to the harbor, whose headwaters break into the picture, one is struck with its almost ideal location. Surely Nature has here blazed the way in order to make, in the healing art, the march of modern progress as effective as may be.

The constituency represented by the new hospital includes the Counties of Antigonish, Guysborough, Richmond and South Inverness. Of course, setting geographical bounds to the services of a hospital is, at best, relative, and doubtless St. Martha's will draw from much wider fields.

The building is of brick and stone, four stories in height, and on its opening day had accommodations for one hundred patients. There are two public wards, accommodating twenty patients. The rest are private, and semi-private rooms. Special accommodation is provided for maternity cases. The private and semi-private rooms are unusually large, and one gets the impression that, under pressure, St. Martha's could find ample space for 150 patients. There are two main operating rooms, dentistry room, orthopedic (plaster) room, maternity operating room and eye, ear, nose and throat examining room—all equipped to the last detail. The nurses' lecture rooms, dining and sitting rooms for the visiting staff, parlors and administration rooms, all correctly and beautifully furnished, leave little to be desired, and criticism is quite dumb.

The question that comes to one, is, how did they do it? And after postulating a generous, wide awake and charitable people, the answer is—these busy, untiring little women of St. Martha's, who seek no pleasure but their work, no reward but the consciousness of a worthy service well performed, no glory but that which links the present with the life to come. Without such sacrifice, such an undertaking could not, in the nature of things, succeed. For the initial cost, we are told, runs well beyond the three hundred thousand mark.

The hospital has grown from small beginnings. From a few rooms in a private dwelling house something over eighteen years ago, which were fixed up in order to perform emergency operations, it has grown to its present fine proportions. The recently occupied hospital building will now be used as a nurses' home. There is no pretense in this short article, either to describe fully the hospital and its equipments, or to recount the many interesting facts in the history of its development. It is one more demonstration—and a striking one—of the place hospital care of the sick has found among the people of our province. In whatever other departments progress has lagged, it is surely not here. We have many hospitals; and it seems now to be the function of our profession, particularly the doctors intimately connected with each hospital, to see that the standard of work is very high; indeed, almost as high as the spirit of sacrifice and generosity which made facts of what, a few years back, were little more than dreams.

The Bulletin wishes St. Martha's Hospital the realization of its best hopes, and congratultes the doctors of Antigonish on their rare good fortune in having so excellent an institution in which to do their work.

G. H. M.

Halifax Branch Medical Society of Nova Scotia

A regular meeting of the Halifax Branch was held in the Medical Sciences Building on the evening of April 14th 1926. Twenty eight members were present.

Dr. Bovis Babkin, Professor of Physiology, Dalhousie University, presented a most interesting paper entitled "Recent Advances in the Physiology of Gastric Secretion." The speaker first took up the subject of factors which influence the acidity of the gastric juice. Lessening of acidity is caused by the action of saliva, by the food masses (protein), and by the action of the cells of the gastric mucosa.

The fasting stomach contains little mucus. Bread produces more mucus than milk or meat. Neutralization of acidity in the stomach is chiefly due to regurgitation of pancreatic juices from the duodenum. This is considered to be a regular function, and not an emergency action.

The question of variation of acidity and its different causes was fully discussed. The function of the newly discovered mucoid cells was explained. Variation in water and chloride content of the body influence gastric secretion. Chronic interstitial nephritis produces excessive secretion of hydrochloric acid. Excessive secretion of urine reduces the acidity of the gastric juice.

Discussion of Dr. Babkin's paper was taken part in by Drs. Miller, McLarren, Gibbs, Grant, Burris, Johnston and Rankine.

THE ANNUAL MEETING OF THE HALIFAX BRANCH OF THE MEDICAL SOCIETY OF NOVA SCOTIA was held at the Carleton Hotel on the evening of April 28th 1926. Attendance 38.

After the disposal of a toothsome and well served dinner, and the toast to the King having been honoured, the formal business of the evening was proceeded with.

The Secretary-Treasurer presented his Report which stated that eleven regular meetings had been held during the year, the average attendance being thirty four. There were ninety four names on the membership roll. During the year thirteen new names had been added, and one member had been lost by death. The financial statement showed a substantial balance on hand after all bills had been paid.

Auditors and a Nominating Committee were appointed by the Chair, and during their absence from the room vocal solos were rendered by Dr. V. L. Miller, and Dr. Muir.

The election of officers for the year 1926-27 resulted as follows:

President: Dr. Philip Weatherbe.
1st Vice-Pres.: Dr. G. H. Murphy.
2nd Vice-Pres: Dr. S. R. Johnston.
3rd Vice-Pres: Dr. A. E. Doull.
Secretary-Treasurer: Dr. V. O. Mader.

Members of Executive Committee: Dr. J. V. Graham.
Dr. W. L. Muir.

Votes of thanks to the retiring officers were passed, and the newly elected officers rose gracefully to the occasion when called upon to speak.

The meeting was brought to a close with the singing of "Auld lang Syne".

W. L. M.

Chronic Biliary Infection.

(This abstract was sent to the Secretary of the Halifax Branch and supplements the Report of Dr. Bazin's address reported in the April Bulletin.)

Infection of the biliary tract is not necessarily confined to the gall bladder although it frequently, perhaps usually, first affects that organ.

It may involve the other biliary passages both intra and extra-hepatic, as well as the liver substance; it tends to spread to the pancreas with chronic or acute pancreatitis and possibly the later development of diabetes, and in almost every instance a temporary minor disturbance of carbohydrate metabolism; it may be associated with, probably secondary to, splenic disease.

The paths and sources of infection are varied of which the most important is the blood borne.

Acute infection without pre-existing chronic disease is occasionally met with as in typhoid cholecystitis, but the crises of gall stone colic and acute cholecystitis are as a rule simply accidents in the course of a chronic cholecystitis.

The signs and symptoms of chronic biliary infection and the differential diagnosis are dealt with under the headings of History and complaints; Physical examination including the areas of "referred pain" "segmental hyperaesthesia;" X-ray examination; Blood chemistry.

The proper evaluation of each sign is indicated.

Treatment is surgical, not by routine attention to the gall bladder only, but by determining the extent of the infection in each individual case and fitting the operative procedure to meet *all* the indications.

Valley Medical Society

Workmen's Compensation Board.

Resolution passed by the Valley Medical Society, at Wolfville, May 11, 1926.

Whereas the present method of adjusting claims of Physicians for services rendered injured workmen by the Workmen's Compensation Board is unsatisfactory to the profession, and whereas reasonable medical evidence does not always appear to be accepted by the board, and whereas the question of the physician's responsibility does not appear to be appreciated in fixing fees allowed in serious cases, and whereas the board is provided with a competent medical officer, and whereas the medical officer is the proper official to adjust claims of physicians for services rendered, and whereas the time limit of thirty days, for paid medical attendance is not sufficient in many cases:

Be It Therefore Resolved that the Valley Medical Society, at regular meeting assembled, does hereby request the local Government, to so amend the Workmen's Compensation Act, during the next session of the Legislature, so as to provide for:

First: Reasonable medical evidence be given more consideration by the board.

Second: That the question of physicians' responsibility in serious cases, be taken into consideration in fixing fees.

Third: That the medical officer be made a member of the board with power to adjust claims of physicians for services rendered injured workmen.

Fourth: That the time limit of thirty days be so extended to provide for the payment of medical attendance beyond thirty days when necessary.

Further Resolved that a copy of this resolution be forwarded to Hon. E. N. Rhodes, Premier of Nova Scotia, and to Dr. G. H. Murphy, Chairman of the Workmen's Compensation Board Committee of the Nova Scotia Medical Society.

This Resolution was moved by Dr. A. B. Campbell and seconded by Dr. J. P. McGrath, and passed unanimously.

C. E. A. DeWITT,
Secty.-Treas.

OBITUARY

Horace Vivian Pearman, M. D., C. M., McGill, 1888, Wolfville, N. S.

The death occurred on April 24th at Wolfville, of Horace Vivian Pearman, M. D., C. M., (McGill and Vienna) who was for years engaged in practice in Halifax, and had a wide circle of acquaintances and friends in the city. It is news which will be greeted with sincere regret by one and all of them. By his relatives it was known here that, for two years past his health has been steadily failing; but none the less, was the news of his leavetaking a sorrow and surprise to them. Interment took place in Halifax.

The death occurred recently in Halifax of Mrs. C. J. Gossip, aged 82 years. She was the widow of the late Dr. Gossip, who practiced in Windsor and Halifax a few years ago.

Mr. W. P. Shaffner, well-known Barrister and prominent citizen of Kentville, died May 4th. Dr. A. A. Shaffner of Halifax is a brother of the deceased.

The death occurred recently at Somerville, Mass., of Dr. E. J. Meyer. Dr. Meyer was born in Halifax 56 years ago, graduated from Dalhousie, and practiced in the city for a short time before removing to Cambridge.

PERSONALS

Dr. A. J. Fuller of Yarmouth, was a patient in the Yarmouth Infirmary in April.

Dr. and Mrs. S. W. Williamson of Yarmouth, were recent visitors in Boston and vicinity.

At the Grace Maternity Hospital, Halifax, May 16th to Dr. and Mrs. J. N. Lyons, a son.

Dr. I. M. Lovett of Yarmouth, who has wintered in the South of France, recently returned to his native town.

Dr. John Cameron of Halifax is one of the speakers at the meeting in Ottawa this month, of the Royal Society of Canada.

During a part of the month of April, Dr. Charles A. Hamilton of Mahone Bay, was a patient in the Victoria General Hospital.

Dr. I. R. Sutherland—Dalhousie 1925,—recently on the staff of the General Hospital, Saint John, is now located at Annapolis Royal.

Dr. W. H. Robbins of New Glasgow recently accompanied Mrs. Robbins to Boston, where she will remain some time for medical treatment.

Dr. Stewart Lindsay, of Saskatoon, was a recent welcome visitor in Halifax. Dr. Lindsay is an old Halifax boy, and is a nephew of the late Dr. A. W. H. Lindsay.

Jordan W. Smith, son of Dr. J. W. Smith of Liverpool, after two years treatment at the Nova Scotia Sanatorium, has been recently discharged as a case completely arrested.

Dr. T. C. Lockwood of Lockeport, was ill with Flu in April. This was complicated by the fact that he was the only resident physician in that part of the county and the epedemic was very seerve.

May 12th was "National Hospital Day" and was observed, as such, in several provincial hospitals. At Highland View in Amherst, the programme was marked by a reading "The History of Nursing," a burlesque "How a leg was taken off 100 years ago", the latter being followed by a demonstration of how to conduct a present day operating room. Dr. Ross Millar gave an address on the "Evolution of Surgery."

The splendid new building of St. Martha's Hospital, Antigonish, was officially opened, with appropriate ceremonies on the 11th of May.

On the 30th of April the Waterville Baptist Players put on a play entitled "An Old-fashioned Mother" at Berwick, for the benefit of the Kings Memorial Hospital.

The principal addresses given at the recent opening of the new hospital in Antigonish, were by his Hon. Lieut. Governor J. C. Torey, Dr. H. A. Chisholm, of the Provincial Health Department and Dr. G. H. Murphy of Halifax.

The sessional examinations of Dalhousie University were completed on the 7th of May. Of the thirty-two candidates for the diploma in medicine, thirty-one were successful. These are as follows:

Bates, John Fabian	Sydney, N. S.
Berkowitz, Sanuel	Chicago, Ill.
Chandisingh, Charles Washington	San Fernando, Trinidad, BWI
Cologrossi, Anthony Leonard	Chicago, Ill.
Drysdale, Cyril Ellis	Detroit, Michigan.
Dworkin, Louis	Detroit, Michigan.
Forbes, George Ronald	Halifax, N. S.
Goldenberg, Jacob Joseph	Hartford, Conn.
Haslam, Herbert DeMontfort	Overbrook, Penn.
Homans, Charles Onslow	Port Mouton, Queens Co., N. S.
Karras, George Lycurgus	Chicago, Ill.
Kelley, Hugh Edgar	Yarmouth, N. S.
Kissel, Henry	Bronx, N. Y.
Kluzak, John Frank	Cicero, Ill.
Levin, Harry Maurice	Chicago, Ill.
Little, Perley Rettie	Belmont, Col. Co., N. S.
Maclatchy, Robert Fraser	Halifax, N. S.
McLean, Allan Lockhart	Toronto, Ont.
McOwen, Peter James	Huntington, W. Va.
Maglalang, Gil Lapid	Manila, Phillippine Islands.
Marks, Irving Edward	New York, N. Y.
Melanson, Herbert Joseph	Corberrie, Digby County, N. S.
Mittleman, Edwin John	Chicago, Ill.
Morton, Silvanus Archibald	Halifax, N. S.
Palevich, Matthew Dominic	Chicago, Ill.
Patel, Manilal Shankerbhai	Vaghashi, India.
Paul, Simon Tholath	Kunnamkulam, South India.
Pierce, Harry Hammond	Cornwall, P. E. I.
Reid, James William	Windsor, Hants County, N. S.
Rosenthal, Ralph Jack	Chicago, Ill.
Tropp, Oscar	New York, N. Y.

The Nova Scotia Division of the Canadian Red Cross Society has placed a public health nurse in Queens County for the period of one year. Miss Olive Zinck R. N., has been selected for the work. Her headquarters are at Liverpool.

At the coming Annual Meeting of the Medical Society of Nova Scotia, six representatives are to be elected to the Provincial Medical Board for the term of three years.

Dr. Fultz, who was relieving Dr. E. O. McDonald during his absence in the West Indies, is now at Dominion looking after Dr. Tompikn's practice during the latter's illness. Dr. E. O. McDonald returned to Glace Bay recently.

Dr. S. L. Walker of Halifax, returned from an extended trip to Arizona on May 15th, having spent most of his sick leave with his brother-in-law, Dr. John W. Flynn of Prescott, who practised for a number of years in Wallace, N. S.

The degree LL. D. was conferred upon Dr. J. Clarence Webster, of Shediac, N. B. at the spring convocation of Dalhousie University. Dalhousie is by no means generous with this degree, so the distinction is a notable one. The award was made in recognition of Dr. Webster's researches into the history of the Maritime Provinces and his activity in educational matters. Dr. Webster was further distinguished by being invited to deliver the principal address at Convocation, and in the discharge of this task he added to his already well established reputation for scholarship and clear incisive thinking.

The examinations for the license of the Provincial Medical Board were concluded on the 7th of May. The following candidates were successful:

John Fabian Bates,	Sydney, C. B.
Charles Washington Chandisingh	San Fernando, Trinidad.
Cyril Ellis Drysdale	Halifax, N. S.
George Ronald Forbes	Halifax, N. S.
Herbert DeMontfort Haslam	Overbrook, Penn.
Charles Onslow Homans	Port Mouton, N. S.
Hugh Edgar Kelley	Yarmouth, N. S.
Perley Rettie Little	Belmont, N. S.
Robert Fraser MacLatchy	Halifax, N. S.
Allan Lockhart McLean	Toronto, Ont.
Herbert Joseph Melanson	Corberrie, N. S.
Fraser Dudley Mooney	Stellarton, N. S.
Silvanus Archibald Morton	Halifax, N. S.
Harry Hammond Pierce	Cornwall, P. E. I.
James William Reid, Jr.	Windsor, N. S.

Dr. C. A. McQueen of Amherst, recently returned from a trip to Bermuda. He reports a very pleasant vacation. At the next meeting of the Amherst Medical Society, he will present a paper entitled "The Role of a Medical Practitioner in Bermuda."

At the last session of the Alberta Legislature the "Act Respecting the Medical Profession" was amended to prohibit medical men from terming themselves "Specialists" without having received a certificate as to qualifications and fitness as prescribed by the Senate of the University.

Dr. J. Clarence Webster of Shediac, N. B. read a very interesting paper on the portraits in Government House, at a meeting of the Nova Scotia Historical Society held April 1st. At that meeting Dr. M. A. B. Smith, of Dartmouth, was elected Vice-President of the Society.

The annual meeting of the Provincial Medical Board was held on the 7th of May. All reports presented were of a satisfactory nature. Officers elected for the new term are as follows: President, Dr. J. G. MacDougall; Registrar and Secretary-Treasurer, Dr. W. H. Hattie; Executive Committee, Drs. J. J. Cameron, E. V. Hogan, M. A. MacAulay and J. E. Sponagle; Discipline Committee, Drs. John Bell, G. W. T. Farrish and J. J. Roy.

"Snow-shoeing Lizzie" is the title of the latest medico-poetic (?) effort as published in local papers. The writer is Dr. A. S. Burns and the product is said to have been inspired from his experience in driving a Snowmobile in Kings County last winter. The first two stanzas or spasms are as follows, (the readers of the Bulletin are spared the other six):—

My Lizzie donned her winter wear,
With humble mien, devoid of "side,"
(No running boards nor guards were there)
In gear, she puffed but not with pride.
Manifold were the taunts and gibes
Of those who innovations flout,
Who launch with ease their diatribes
On matters they know naught about.

She, meagre clad, yes, almost bare,
In dress more skimpy than before,
Made her debut upon the square;
And many stared at what she wore.
With puffs and pants, a modern flair,
She ran the streets both night and day.
Runners advanced, a ruddy pair
Turned up and cleared for her the way.

Dr. A. R. Millar of Amherst, spent a few weeks recently in Boston and New York. He witnessed the Boston Marathon, when young Miles of Cape Breton won such a sensational victory. Dr. Millar is anxious for a big sports day in Amherst in the near future, when Miles is expected to compete.

Dr. W. N. Cochrane of Mahone, by decision of Judge Armstrong, wins in a recent suit for medical services subsequent to his first emergency call. While the amount of claim was small, it suggests that when a third party becomes liable for services, there should be a full understanding by physician and patient.

The Aberdeen Hospital, New Glasgow, operated last year at a loss of approximately $11,000.00. It will be generally regretted that this fine institution has suffered so severely through industrial depression. The directors, however, look forward to the future with confidence, and have no intention of curtailing activities.

The winter of 1926 will long be remembered by doctors practising in the country districts. Many of the younger generation of doctors had the experience of bad roads for the first time. Six miles by auto, six miles by horse and waggon, and six miles by sleigh was very common thirty years ago, only there were no autos.

The First Baptist Church, Spring Garden Road, was the scene of the wedding of two of Halifax's best known young people at six o'clock, Wednesday evening, April 21st. The principals were Helen Seymour Blackadar, daughter of the late H. S. Blackadar, barrister, of Halifax, and of Mrs. C. H. Climo, and Dr. Allan Reid Morton, son of Dr. and Mrs. A. McD. Morton who is practicing in Wolfville.

If there are not less than ten applicants, the Medical Council of Canada will arrange a local examination at Halifax, beginning June 7th. The board appointed to carry on this examination is as follows: Surgery, Drs. G. A. R. Addy, Saint John, N. B. and Ross Millar, Amherst; Medicine, Drs. I. M. Barry, Saint John and K. A. MacKenzie, Halifax; Obstetrics and Gynaecology, Drs. D. C. Malcolm, Saint John and H. B. Atlee, Halifax; Hygiene, Drs. H. Abramson, Saint John and A. C. Jost, Halifax; Pathology and Bacteriology, Drs. G. A. Melvin, Saint John and V. N. MacKay, Halifax; Applications must be made to the Registrar, Dr. R. W. Powell, Ottawa, before May 24th. The license of the Medical Council of Canada is accepted in every province of the Dominion. The Register now contains more than 1,500 names.

Preliminary Programme for the Fifty-seventh Annual Meeting of the Canadian Medical Association, June 21, 22, 23, 24, 25, 1926.

Headquarters—Empress Hotel, Victoria, B. C.

Monday, June 21st.

10.00 a. m.—Meeting of Council, which, with adjournment for luncheon and dinner, will continue throughout the day.

Tuesday, June 22nd.

9.30 a. m.—Meeting of Council.

10.30 a. m.—Official opening of commercial exhibit, following which, Council will reconvene, and with adjournment for luncheon and dinner, continue throughout the day

Wednesday, June 23rd.

9.00 a. m.—Registration.

10.00 a. m.—Official opening by the President, President-Elect and representatives of our British Columbia and Victoria hosts.

11.00 a. m.—Symposium, Duodenal Ulcer—Dr. H. C. Moffitt, San Francisco. Dr. W. H. Dickson, Toronto. Dr. F. N. G. Starr, Toronto.

1.30 p. m.—Injuries to the Elbow in Children—Dr. L. J. Austin, Kingston.

High blood pressure from the standpoint of the general practitioner—Dr. C. F. Martin, Montreal.

Chronic mastitis—Dr. A. J. Grant, London.

Progress in our knowledge of kidney and liver function in relation to disease—Dr. L. G. Rowntree, Mayo Clinic.

Surgical aspects of acute abdominal disease—Dr. Edgar Allin, Edmonton.

Encephalitis Lethargica—Dr. Chas. Hunter, Winnipeg.

Empyema—Dr. J. G. MacDougall, Halifax.

Thursday, June 24th.

9.00 a. m.—The etiology, diagnosis, prevention and treatment of scarlet fever—Dr. J. G. Fitzgerald, Toronto.

Acute arthritis—Dr. Alex. Gibson, Winnipeg.

Some general diseases which have origin in infections of the head—Dr. J. F. Barnhill, Indianapolis, U.S.A.

The causes and treatment of convulsions in infants and children—Dr. S. G. Chown, Winnipeg.

Some phases of heart disease with special reference to the needs of the general practitioner—Dr. J. C. Meakins, Montreal.

The cancer problem—Dr. Jas. Miller, Kingston.

The non-relation of malnutrition to the incidence of infectious diseases—Dr. H. W. Hill, Vancouver.

Annual Meeting of **Canadian Medical Protective Association.**

1.30 p. m.—Co-operative diagnosis and treatment between the physician and consultant—Dr. W. S. Lemon, Mayo Clinic.

Maternal mortality—Dr. Helen MacMurchy, Ottawa.

The Sir William Osler Memorial Volume and its classified and annotated bibliographies. (Lantern slide exhibits) —Dr. Maude E. Abbott, Montreal.

Paralytic deformities of Childhood—Dr. J. A. Nutter, Montreal.

Friday, June 25th.

9.00 a. m.—Symposium—Goitre—Dr. W. D. Keith, Vancouver. Dr. A. H. Gordon, Montreal. Dr. G. S. Fahrni, Winnipeg. Dr. W. H. McGuffin, Calgary.

The toxaemias of Pregnancy—Dr. W. B. Hendry, Toronto.

Recent advances in the physiology of the parathyroid glands—Dr. J. B. Collip, Edmonton.

1.30 p. m.—Medical research—Dr. F. G. Banting, Toronto.

The newer drugs, their uses and abuses—Dr. V. E. Henderson, Toronto.

The problem of the acute ear—Dr. Ritchie Rodger, Hull, England.

Tumors—Dr. J. O. Thompson, Canton, China.

Pernicious Anaemia—Dr. Duncan Graham, Toronto.

Prevention, diagnosis and treatment of post-operative Peritonitis—Dr. J. S. McEachern, Calgary.

Placing the Blame.

Caller: So the doctor brought you a little baby sister the other night, eh?

Tommy: Yeh; I guess it was the doctor done it. Anyway, I heard him tellin' pa some time ago, 'et if pa didn't pay his old bill he'd make trouble for him.—*Ex.*

The Doctor's Wife.

The following is the text of a Response to the above Toast made by Mrs. (Dr.) W. W. Horst, of Globe, Arizona, at the 35th Annual Meeting of the Arizona State Medical Society, and obtained for the *Bulletin* by Dr. S. L. Walker, on the occasion of his recent visit to Arizona).

"The Doctor's Wife":—Much could be said of her, much should be said of her. Of her deserted luncheons, her cold dinners, her lonely evenings, her broken engagements, her—but why enumerate all the ghastly details? Surely the good St. Paul must have had her in mind when he wrote,—"Beareth all things, believeth all things, hopeth all things, endureth all things." Is there one of my fellow sufferers present who has not at some time or other endured all the agonies of a hostless dinner? The hour is at hand, the guests have assembled, the dinner is cooked, but there is no host. Nervously, with a set smile, the doctor's wife vibrates between the oven and her guests. Five minutes pass, ten, fifteen, twenty; the telephone shrills. With a quiver of apprehension she answers it; and her worst suspicions are realized as she takes down the receiver and hears "I am awfully sorry, dear, but I won't be able to get home for dinner. I've just been called to Mrs. So and So and I'm afraid that I'll be tied up here for a couple of hours. Awfully sorry; but you'll explain, won't you? And mentally saying things that cause her recording angel to drop his pen and clasp both hands over his ears, the true doctor's wife swallows once or twice and says: "Yes dear, of course", and going back to her guests she—explains.

Nor is that the worst of our lot. Daily we are being deprived of a privilege, nay a prerogative, a moment of bliss and comfort which is the inalienable right of every wife. I mean that moment when she greets her liege lord and master and lifts her arms and lips to his. What other woman—I ask, what other woman is forced, in that moment which should hold naught but unalloyed sweetness, to endure all the olfactory horrors of an operating room, a drug store, and a can of disinfectant rolled into one.

But we are not without hope. We dream of a Utopia; a Utopia where three laws shall be enforced with the greatest strictness; a law whereby all motorists must have their wrecks in the day time; a law whereby all children shall be forbidden to contract earache, swallow pennies, or fall from rocks outside of union hours; and a law whereby all expected, but as yet unseen, members of the coming generation shall be positively prohibited from sending in an emergency call after ten P. M.

The Doctor's Story

(By Will Carleton).

Good folks ever will have their way—
Good folks ever for it must pay.
But we, who are here and everywhere,
The burden of their faults must bear.
We must shoulder others' shame—
Fight their follies, and take their blame;
Purge the body, and humor the mind;
Doctor the eyes when the soul is blind;
Build the column of health erect
On the quicksands of neglect:
Always shouldering others' shame—
Bearing their faults and taking the blame!

Deacon Rogers, he came to me;
"Wife is agoin' to die," said he.
"Doctors great, an' doctors small,
Haven't improved her any at all.
Physic and blister, powder and pills,
And nothing sure but the doctors' bills!
Twenty women, with remedies new,
Bother my wife the whole day through.
Sweet as honey, or bitter as gall—
Poor old woman, she takes 'em all.
Sour or sweet, whatever they choose;
Poor old woman, she daren't refuse.
So she pleases whoe'er may call,
An' Death is suited the best of all.
Physic and blister, powder an' pill—
Bound to conquer, and sure to kill!"

Mrs. Rogers lay in her bed,
Bandaged and blistered from foot to head.
Blistered and bandaged from head to toe,
Mrs. Rogers was very low.
Bottle and saucer, spoon and cup,
On the table stood bravely up:
Physics of high and low degree;
Calomel, catnip, boneset tea;
Everything a body could bear,
Excepting light and water and air.

I opened the blinds; the day was bright,
And God gave Mrs. Rogers some light.
I opened the window; the day was fair,
And God gave Mrs. Rogers some air.
Bottles and blisters, powders and pills,
Catnip, boneset, sirups and squills;
Drugs and medicines, high and low,
I threw them as far as I could throw.
"What are you doing?" my patient cried;
"Frightening Death!" I cooly replied.
"You are crazy!" a visitor said:
I flung a bottle at his head.

Deacon Rogers he came to me;
"Wife is a-gettin' her health," said he.
"I really think she will worry through;
She scolds me just as she used to do.
All the people have poohed an' slurred—
All the neighbors have had their word;
'Twere better to perish, some of 'em say,
Than be cured in such an irregular way."

"Your wife," said I, "had God's good care,
And His remedies, light and water and air.
All of the doctors, beyond a doubt,
Couldn't have cured Mrs. Rogers without."

The deacon smiled and bowed his head;
"Then your bill ain't nothing," he said.
"God's be the glory, as you say!
God bless you, doctor! good-day! good-day!"

If ever I doctor that woman again,
I'll give her medicine made by men.

HALIFAX MEDICAL SOCIETY

1926 Officers 1927

President ..... Dr. P. Weatherbe
Vice-President ..... Dr. G. H. Murphy
Vice-President ..... Dr. S. R. Johnston
Vice-President ..... Dr. A. E. Doull
Secretary-Treasurer ..... Dr. V. O. Mader

Executive

The Officers and Drs. J. V. Graham and W. L. Muir
Date of Annual Meeting—April 28th, 1926.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

CAPE BRETON

President.....Dr. J. K. McLeod, Sydney.
Vice-Presidents.....Dr. D. W. Archibald, Sydney Mines.
Dr. M. G. Tomkins, Dominion.
Secretary-Treasurer.....Dr. J. W. Lynch, Sydney.

EXECUTIVE

Society of Nova Scotia.....Dr. Nat MacDonald, Sydney Mines.
Dr. M. T. Sullivan, Glace Bay.
Dr. J. W. Lynch, Sydney
Date of Annual Meeting 2nd Thursday in May.

COLCHESTER-HANTS

Officers 1924-25

President.....Dr. R. O. Shatford, Londonderry.
Vice-President.....Dr. E. E. Bissett, Windsor.
Secretary-Treasurer.....Dr. H. V. Kent, Truro.

Executive Committee

Dr. J. B. Reid, Truro. Dr. F. R. Shankel, Windsor.

Nominated to Provincial Executive

Dr. C. H. Morris, Windsor, and Dr. E. D. McLean, Truro.

CUMBERLAND COUNTY

Officers

President.....Dr. J. R. Gilroy, Oxford.
Vice-Presidents.....Dr. B. E. Goodwin, Amherst.
Dr. M. D. MacKenzie, Parrsboro.
Dr. W. V. Goodwin, Pugwash.
Secretary-Treasurer.....Dr. W. T. Purdy, Amherst.

Executive Committee

Medical Society of Nova Scotia..Dr. J. A. Munro, Amherst.
Dr. W. T. Purdy, Amherst.
Date of Annual Meeting June 1926—Exact date undecided.

EASTERN COUNTIES

Hon. President.....Dr. G. E. Buckley, Guysboro.
President.....Dr. J. L. McIsaac, Antigonish.
1st Vice-President.....Dr. J. J. McRitchie, Goldboro.
2nd Vice-President.....Dr. R. F. McDonald, Antigonish.
Secretary-Treasurer.....Dr. P. S. Campbell, Port Hood.

Executive Committee

Dr. D. J. McMaster, Dr. M. E. McGarry, Dr. A. N. Chisholm, Dr. C. Aikins, Dr. Porin, Dr. J. A. McDonald.

Representative on Executive of Nova Scotia Medical Society:—
Dr. W. F. McKinnon, Antigonish.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

LUNENBURG-QUEENS

Officers for 1923-24

President.....Dr. J. S. Chisholm, Mahone.
Vice-President.....Dr. F. T. McLeod, Riverport.
Secretary-Treasurer.....Dr. L. T. W. Penny, New Germany.

Executive

The above Officers with:

Dr. A. E. G. Forbes, Lunenburg. Dr. F. A. Davis, Bridgewater.

Annual Meeting is held on the second Tuesday in June of each year, and other Meetings on the second Tuesday of August and January, the time and place of the two latter Meetings to be decided by the Executive.

PICTOU COUNTY

President.....Dr. Clarence Miller, New Glasgow.
Vice-President.....Dr. G. A. Dunn, Pictou.
Secretary-Treasurer.....Dr. John Bell, New Glasgow.

Executive

Medical Society of Nova Scotia..Dr. S. G. McKenzie, Westville.
Dr. G. A. Dunn, Pictou.

Date of Annual Meeting—July 13th, 1926.

VALLEY MEDICAL SOCIETY

President.....Dr. William Grant, Wolfville.
Vice-President.....Dr. W. R. Dickie, Barton.
" " .....Dr. A. A. Deckman, Bridgetown.
" " .....Dr. J. P. McGrath, Kentville.
Secretary-Treasurer.....Dr. C. E. A. DeWitt, Wolfville.

Executive

Medical Society of Nova Scotia..Dr. R. O. Bethune.
Dr. L. L. Crowe.
Dr. A. B. Campbell.

Date of Annual Meeting in May.
Semi Annual in October.

WESTERN NOVA SCOTIA MEDICAL ASSOCIATION

President.....Dr. C. A. Webster, Yarmouth, N. S.
Vice-President.....Dr. L. P. Churchill, Shelburne, N. S.
" " .....Dr. H. G. Pothier, Weymouth, Digby, N. S.
" " .....Dr. C. J. Fox, Pubnico, Yarmouth, N. S.
Secretary-Treasurer.....Dr. Thomas A. Lebbetter, Yarmouth.

Executive

Medical Society of Nova Scotia....Dr. A. R. Campbell, Yarmouth, N. S.
Date of Annual Meeting, Thursday, May 27th, 1926.

Scotch, What.

A gentleman from Edinburgh came to London to consult a specialist. Heart.

The verdict: "I regret to say your condition is such that you might die at any moment."

He returned home by a slow train—all the stops.

At each station he left the train, went out through the barriers, later returning to his seat.

Eventually the guard, unable longer to restrain his curiosity, approached him and said: "I have noticed that at each stop you have left the train, gone out into the station, and then returned to your compartment. Why is this?"

"Well, mon, I've just been told that I may die any minute, so I'm just booking from station to station."

Premeditated.

Headlines in Atlanta (Ga.) Constitution.

Jury clears youth whose auto killed Miss Nettie Jones after 45 minutes deliberation.
