



[Sir Berkeley Moynihan in Dr. John B. Murphy  
Memorial Oration].

AS we look backward upon the history of the Science and Art of medicine we seem to see a great procession of famous and heroic figures, each one standing not only as a witness of his own authentic achievements, but also as a symbol of the traditions, ideals, and aims of the age which he adorns. The procession is sometimes thinly stretched out, or even rudely broken here and there, but in happier ages it is thronged by an eager and exultant crowd. In medicine the whole pageant is as noble and splendid as in any of the Sciences or Arts, and it reveals the collective and continuous genius of a band of men inspired by the loftiest purpose, and lavish in labor and sacrifice for the welfare of mankind. They have come through the ages from every land. They now belong not to one country but to every country, for they are the common possession and pride of all the world. They have lost their nationality in death. They are men whose deeds will not be forgotten and whose names will live to all generations.



Do you want a transient supply while you take a holiday or post-graduate study?

Do you want a supply for one or two years?

Do you want to sell your *property*? (You can seldom sell your practice).

Do you want to exchange your practice from city or town to the country?

Are you looking for a place to start in practice?

If you want anything along these lines write the Secretary—

DR. S. L. WALKER,  
Hollis St., Halifax.

# A Presidential Address

By Dr. A. S. Burns, Kentville

ONE of the characteristics of the age in which we live, is the facility with which groups are formed. No doubt the participation of women in public affairs in the last decade has largely increased the number. To-day the number of groups is legion. Some satisfy very important needs, and perform important functions, while others do little more than meet, elect officers, pass resolutions, and decide where and at what time the next meetings will be held. For the student of the working of the mind and its various manifestations of activity, the analysis of the group idea has been an interesting one. Recently one writer mentioned three factors that are common to all groups and materially determine the need of their formation:—

- (1) A reason for going,
- (2) A point of view,
- (3) A place to sit.

The influence of these factors is clearly evident in the determination of a meeting in a Country grocery store, where those present, seated on nail-kegs or counters, “swap fairy tales of land and sea” and consider the various aspects of local and national affairs.

Their effect is also felt in bridge parties and afternoon teas. Similarly, but with more beneficial results, is the influence of these factors felt in the luncheons of a Rotary Club, Fraternal Society gatherings, Political meetings, meetings of Municipal and Town Councils, Boards of Trade, etc.—As for medical societies, we may say with Captain Cuttle of *Dombey and Son*, “that the bearing of the observation lies in the application on it.” Therefore, let us consider the benefits to be derived from attendance at the meetings of a society, such as the Valley Medical Society, under three heads;

- (a) A reason for going,
- (b) A point of view,
- (c) A place to sit.

## *Reasons for Going.*

In Article 2 of the Constitution and By-Laws of this Society, you will read that the Society was organized with the following objects in view;

- (a) The advancement of medical science and practice.
- (b) The prevention of disease and vigorous support to all Health Officers, Health Boards and others engaged in the work.
- (c) The maintenance of a high scientific and social status among its members.
- (d) The protection of the public against those unqualified to treat the sick and injured.

- (e) The co-operation of members in the protection of their rights.
- (f) The preparation of a minimum scale of fees.
- (e) The dealing with all matters for the good and welfare of the Branch.

You will note on careful perusal of these clauses, how closely interlinked are the interests of the medical profession and the public at large. From the small and insignificant matter of the minimum scale of fees to the large, broad and magnanimous one of the prevention (not the cure, mark you) of disease, their interests are the most mutual. Consider the freedom from the ravages of epidemics, which in the past slew more human beings than did high explosives and battalions of infantry. Improved methods in sanitation, better water supplies, more hygienic measures for the disposal of sewage, the enforcement of quarantine to prevent the spread of disease, the establishment of research bureaus in connection with medical schools, which in one instance has resulted in the discovery of the Insulin cure for Diabetes, the untold benefits of the X-ray, are only a few of the many factors that have aided in the lengthening of the span of life. For their realization and the benefits they have accomplished, credit is alike due the medical profession and the public. The one is a complement of the other.

The clause reading "the maintenance of a high scientific and social status among its members" is very comprehensive and if analyzed carefully, will be seen to include all the other clauses. Because this society aims to attain this object, let us place it first among the "reasons for going".

You will note that we aim at a "high social" as well as a "high scientific status". This applies to our individual, community and national relations. The position of the medical profession is an unique one. Perhaps no organization, with the possible exception of the Church, comes into such intimate relations with the public. An old saying has it, that ministers see people at their best, a lawyer sees the worst part of humanity, while a doctor sees them as they are. It matters not what be the creed, sect or opinion, what be the condition in life, high or low, rich or poor. Not only in bringing aid and advice in our daily common relations of individual to individual so far as is in our power, but also in the community life of municipality, town and city, we have definite obligations. It is a cause for pride that two members of this Society occupy the chairs of chief magistrates in the towns in which they live, being Mayors of the Towns of Middleton and Digby respectively. One member represents his Constituency in the Federal House at Ottawa. We but recently lost at the hands of the fell reaper Death, two sterling, noble and magnanimous characters, Dr. A. M. Covert and Dr. N. P. Balcom. The former for many years, was a member of the House of Assembly and later of the Legislative Council of the Province of Nova Scotia. The latter always took a great interest in community and municipal problems. A high social

status demands that the various problems arising from time to time in Municipality, Town and City, should be worthy of our attention, worthy of our best. "The Common weal should be the common aim of all". In maintaining a high social status, we should, also, be interested in national and international affairs. The improvement in the rapid means of communication by aeroplane and radio, cannot but make us realize from day to day, that we are becoming more and more members of one common Brotherhood. A still higher social status may be attained, if the Medical Profession seriously assumes the responsibility which Dr. Stewart Paton of Princeton University says should be theirs, "in fact, they are the only class to whom we can look with hope". He states that "on all sides of us to-day, we see evidence of the increase of difficulties and dangers created by man's inability to find rational solutions for great problems. The cause of these failures in the majority of cases, is undoubtedly fear. The Capitalist fears the organization of Labor that he does not understand; the Labor Leader fears the mysterious system of Capital that is incomprehensible to him. The Christian fears the Jew, the believer the unbeliever, and all are driven by the same impulse that narrows character and seriously distorts the mental vision. Like the savage, we are haunted by, and made slaves to the impulses generally by the fear of the unknown. For this reason, France fears Germany, Germany fears France, both have a mysterious dread of England. Fear is responsible for a great many of the bad mental habits that exert such a pernicious influence in our lives. American nervousness, to a large extent, is due to the fact that primitive fears within us keep us in a constant state of anxiety. We are nervous over the possibility of being misunderstood, of being left along with our unknown selves. Events of the past decade have been productive of fears of what the future may offer. The public sense of security has been violently shaken. People are greatly disturbed by the unknown factors in human nature that seem to be constantly adding to the complication of modern life. There is no sense of real values based upon a knowledge of what people are prepared to feel, think, and do in emergencies. The unhealthy feeling of unrest prevalent in all classes of society, represents an immense waste of human energy that might be devoted to constructive purposes." Dr. Paton says "The medical profession, if it desires to do so, is best qualified to indicate and draw up a program for off-setting these dangers. Let Physicians supplement their knowledge of the body with precise information about the activities of the mind, and they can lead in the great forward movement to re-organize society on a sane basis."

A high scientific status is the great aim and end we have in view. The organization and proper working of a medical society seems rationally and first and foremost requisite to the attainment of such an object. Here we meet and discuss papers on scientific subjects, the material for which papers is largely obtained from observations and experience. Fortunately, I think, our conclusions from experience

with diseased conditions or rather the ailing individual, are based on clinical history, symptoms, and physical signs. We are situated away from College and Hospital centers and therefore in most instances are unable to avail ourselves of the numerous laboratory methods employed in the diagnosis of disease. These are, no doubt, valuable aids, but at the same time it seems that too often too much reliance is placed on laboratory findings. Dr. Rudolph of Toronto, in his most practical, philosophical and interesting book, "Medical Treatment of Disease", a book that reveals strong evidence of close observation and a rich experience, states that too much attention to laboratory findings is very apt to lead to "water tight compartment" diagnoses, and make us forget that we are dealing with the patient as a whole. Sydenham in the 17th Century, had no stethoscope, no blood pressure machine, no thermometer, no microscope, indeed, the only modern method he had, was the counting of the pulse, so he was obliged to revert to the Hippocratic teachings of observation and experience. With this, as it were, handicap, he wrote a learned treatise on gout, distinguished for the first time between measles and scarlet fever, gave an excellent clinical description of malaria, broncho-pneumonia, and chorea, the common type of which bears the name "Sydenham's Chorea" to-day. More recently James McKenzie, as a County Practitioner, collected his data on the functioning of the heart in health and disease, and has given us a valuable treatise on the same. So it seems, that as Country Practitioners, we are fortunate rather than unfortunate, in being obliged to correlate our signs and symptoms and form our judgments in diseased conditions on physical findings without any great assistance from laboratories. It is generally conceded that clinical observation is far more important in guiding us to a clear understanding of the ailing individual. "Many people have been subjected to mental and financial distress," says Dr. Rudolph, "from too much reliance being placed in the Von Pirquet test in the diagnosis of tuberculosis." Also, not every patient whose blood shows the Widal test has typhoid. Two patients may show similar electrocardiograms in the examination of the heart, but we know that one may be fairly well able to perform his daily duties while the other may be totally incapacitated. There is, also, a marked tendency to send poorly studied stomach and intestinal tract cases to the Roentgenologist and accept his word as final often with disastrous results. Fully realizing the value of the X-ray, and not for one moment discountenancing its frequent use, we all must confess that at times the skiagram, in black and white, adds to our perplexities and worries, especially in the case of displacements or fractures. Nature "*vis medicatrix naturae*" often overcomes difficulties that the X-ray may pronounce insurmountable and leaves the patient in the end with the injured part functioning well. X-ray evidence, should be only an aid to clinical evidence. Therefore, isolated as we are, we are fortunate in being obliged to study our patients in the light of history, clinical signs, and symptoms. This is the side to which

most attention is directed at our meetings. Therefore it is an important "reason for going".

Another reason for going, is that membership in any group is an education in itself, be that group a family, a literary club, a musical club, a debating organization, a committee, or a medical society. A man who attempts to accomplish anything with his own unaided efforts, does so at a great handicap. It is true he may develop great resourcefulness, if he possesses the innate genius and adaptability of a Robinson Crusoe, and the benefits may extend beyond his blackman Friday and his goats. How much greater would be his capability if he has benefited by the experience of others. The value of co-operation in these days is an important "reason for going". The world is so made, that we cannot go on and on, free from the danger of colliding with others, unless we co-operate with them and share with them the best that we have. Co-operation is the keynote of success to-day, no matter in what spheres or under what conditions we consider it. It is a natural law guiding the lowest as well as the highest forms of animal and vegetable life. One can see its working among the minute organisms, the bacteria that accomplish so much for good and for evil in our bodies. We learn more and more from day to day about this co-operation under the suggestive term "symbiosis" (a word of Greek derivation meaning "living together"). We also see, an example of co-operation in the work of the various endocrine glands (thyroid, suprarenal, pituitary, etc.). Co-operation is their motto whether it be for the well being or the undoing of the individual. One gland is continually sending messages to other glands to facilitate this co-operation, hence for these internal secretions we have the name "hormones" (from the Greek word *ormaw* "I send messenger"). In the working of these endocrine glands, we further note an altruistic element in that when one gland fails through illness to carry on the daily duties, very often another gland tries to assume the task eg, enlargement of the pituitary in the absence of the thyroid. Every effort is made in the human machine to achieve harmony and not chaos. We must confess that the human body is the most wonderful machine in existence. It burns its fuel with a much greater economy than any other machine, getting about 75% more energy than the most scientifically constructed steam engine to-day. The detailed adaptations of structure and function are remarkably well seen in the harmonious working of the eyes, the delicate movements of the hands, the harmonious working of the paired organs as the lungs, kidneys, etc. It is in the working of the machine as a whole that it appears most remarkable—the way in which its different structures co-operate and their functions interlock. Co-operation of individuals, towns, cities and even nations is necessary to achieve the best results. We are daily realizing that it is no longer "the survival of the fittest" so impressed on the mind by Darwin that enables individuals and even races to reach the heights. It is on mutual help and not on competition that they must rely. The whole organic world

from minute bacteria to man is apparently primarily and normally based on mutual relations. "It is a fact of biological history that never at any time have organisms been permitted to go their own ways unchecked and uncontrolled by other than selfish considerations, except at their own risk and to their own injury". So it seems that co-operation constitutes an important "reason for going", because on this, success in the medical fraternity must depend. The good effect will react not only on the fraternity, but the blessings will be untold to the public at large. The day is past when more than a small percentage of the population admires the bravado of the doctor who empties the other doctor's medicine saying that it is so much poison. Apart from the reasonableness of it, pulling together with other people is satisfactory. A small society, such as we constitute, is eminently fitted to promote harmony among its members, and we are happy in saying that all the physicians in these three Counties are members of the Valley Medical Society. We do not see how such a desirable state can be achieved in any other way. How can we unite in matters of public health to produce the most beneficent results if we do not pull together, consider together and resolve together on some common aim?

Another "reason for going" is that we get checked up, and we should not fear this like the woman, who when invited to spend the day some ten miles away, got up and dressed at two o'clock in the morning, set out on foot along the starlit roads, and arrived at her destination in good time for breakfast. She chose that hour because as she stated, "She did not wish to be "reined up" and asked "where she was going". This reining up has a beneficial effect. It is the tendency of humanity to sooner or later and all the time walk in grooves or ruts.

A small society also develops the Greek Spirit as manifested in the small state of Ancient Greece. Under Solon's administration and when the States, as that of Athens, were small, all citizens were obliged to assume responsibility in the administration of the State affairs. They could not stay at home and say "I am too busy to-day" or "It is raining and I better stay indoors" or "I have bought a piece of land and I must go and see it" or "I have bought five yoke of oxen and I go to prove them". Each citizen performed his share of work cheerfully. But, when the smaller States became confederated into a nation this Greek spirit died. So, in these small medical societies, we naturally have the Greek spirit and should foster the same. Every one knows every body else. In the larger societies, such as the Nova Scotia Medical and still more in the larger society the Canadian Medical, we notice less and less of this spirit.

*Secondly*—Point of view.

This is really an important "reason for going". Point of view is an important factor in human life. It, with heredity, determines whether we shall be Liberals or Conservatives, Modernists or Fundamentalists, Conformists or Non-Conformists. It is a strong factor in bringing groups together and should especially be a reason for attending society



meetings devoted to study of the art and science of medicine. There are always two sides to a question, even if we grant that sometimes one is the right side and the other the wrong side.

The point of view in medicine, as in other spheres, is continually changing. For many years, the atomic theory of elements, satisfied the demands of the Chemist and the Physicist. It was considered that the atom was the ultimate division of matter. Under certain conditions, it failed to measure up, therefore it was superseded by the ion theory. Would it be any surprise if in the near future in this age of electricity, in which we live to-day, if negative and positive ions and their faulty interactions in the human body should be considered the cause of disease? Fifty to seventy years ago there was a brisk controversy in France between the celebrated Pasteur, who introduced the theory of the microbic origin of disease, and a non-imposing retiring character Dr. Bechaump, as to the relation of bacteria to disease. The latter Dr. Bechaump antedated the former in many of his observations and conclusions on spontaneous generation, fermentation, silk worm disease, anthrax, etc. In fact, there are writers to-day, who consider that Pasteur, not a Doctor but a Chemist, in high favor with the Court of Napoleon IV, was a noted plagiarist and that his victim was Dr. Bechaump. Bechaump considered that bacteria were a result rather than a cause of disease. There are doctors in this Province to-day, who rationally argue that diphtheria, for instance, arises under certain unsanitary and climatic conditions. They, hesitatingly, think that the development of bacteria is a late stage in the causation of it, if they play a part in the causation at all. Far be it from me to argue against the microbic origin of disease, but this much is certain that it is not entirely satisfactory.

Many disease processes are not at the present time, and probably never will be, satisfied with a bacterial origin. It has been decided pretty conclusively that cancer is not of microbic origin, and that no organism will ever be found that will satisfy the demands of "Koch's Postulates". Also, granting that disease is caused by bacteria, and their toxins, endo—or exo-toxins, it is the experience of all of us, that the specific treatment of disease by sera and vaccines prepared from their respective bacteria, whether autogenous or not, has been far from satisfactory. Rationally, we should expect much more favorable results.

Why is it unreasonable to assume that there is a conflict of negative and positive ions in the human organism, when from day to day we see evidence of negative and positive magnetism between individual and individual in our community life? As Frank Crane states "Every soul seems to be a magnet or electrified with attractive or repelling forces." From it go out certain invisible currents that attract certain things and repel certain other things. It is charged with life force, that is like electricity, positive and negative. We are all aware that certain men whom we meet at home, on the street, or in a hotel, antagonize

us at once, repel us as we talk with them, or as they converse with some one else. There is 'something about them that we do not like.' " Like the lines made by some Oxford Wit on Dr. John Fell, Bishop of Oxford, who died in 1686.

"I do not love thee Dr. Fell,  
The reason why I cannot tell,  
But this I'm sure I know full well,  
I do not love thee Dr. Fell."

"There are certain women who in the neighborhood or church are sure to 'set everybody by the ears'. As there are typhoid carriers, like typhoid, who can spread the fever while they do not have it themselves, so there are trouble breeders who seem serene enough, but have a born talent for 'stirring up a mess'. These are negative ions in our social life and breed the ill-health of society.

"There is the girl who makes our hearts laugh when we see her, the woman who without effort spreads peace, the boy whose very presence gladdens. These are examples of the positive ions in society, that make for health."

Reasoning from analogy, and I grant that such reasoning is not always fair and logical, (and I do not wish this to be taken seriously) is it unfair to infer that positive and negative ions work for health and disease in the human body? In that fundamental system, the circulatory, we are aware how important is the hydrogen-ion concentration. It determines the alkalinity of the blood, which plays a prominent part eq. in the control of the respiratory centre. The alkalinity is so neatly balanced that it cannot vary one way or another as much as the difference between the alkalinity of distilled and tap water without completely unbalancing the whole system and causing death. Time will not permit us to enter fully into a discussion of the importance of various elements and their ions. We know that calcium salts are absolutely essential to the contraction of the heart. The heart will not be satisfied with a bivalent ion magnesium, but demands a trivalent one, calcium. Calcium salts are a necessity in the clothing of the blood and this deficiency we try to make up at times by giving calcium lactate. Calcium in some unexplained way controls or aids the difference in potential that is necessary for a release of energy. If this is disturbed by lack of supply, or by poor correlation, it is reasonable to assume that there is disturbance in function, i. e. disease.

Water,  $H^2O$ , that is so common and so plentiful that we disregard its value, is the most important compound that enters the body. Its cost is so slight, as to be almost negligible, by no means so expensive as Slider charged for the water from the well on Rudolph Nebb's estate at Northville, water that brought back the vigor and springiness of youth and obliged one to jump and click his heels. Water functions largely in the body through its disassociation into positive H and negative O.H.-ions. Jennings states that it is absolutely essential to view the human

organism as well as other living organisms as dynamic—to view them rather as processes than as structures (so much carbon, hydrogen, nitrogen, phosphorus, calcium, etc., etc.). There is a great tendency at the present time to view all forms of energy as electrical. Radiant energy is practically a branch of electrical science. Faraday long ago considered chemical and electrical energy to be identical. —

Electricity, the reaction of positive and negative ions, plays a most important part in the body functions, especially in assimilation, which is an important factor in the nutrition of the body. Colloidal phenomena and the absorption processes give numerous instances of the play of electrical force. Sufficient has been said to lead us to consider the importance of electrical phenomena in the preservation of health.

In medicine, it behooves us constantly to assume the attitude of “perhaps” which Lord Morley stated is one of the greatest words in the English Language. At the same time, we should not be too non-committal like the colored gentleman in Kentville who when asked as to how he was going to vote, replied, “some people ask me if I am going to vote Liberal, others ask me if I am going to vote Conservative, and I just says, “I am null and void”.

We must bear in mind that there is modernism in medicine as opposed to fundamntations. Views of medicine are constantly changing. Non-specific therapy may or may not be reconciled with the microbic causation of disease. The effects in treatment are evidently produced by the introduction of foreign protein, apart from consideration of the specific cause.

We cannot arrive at an understanding of disease, the unhealthy state of the body, until we understand the healthy, normal body. Hence, how important is the study of Physiology and Biology, two subjects which are usually dismissed by the medical student at the end of his second year. Steadily more and more we are beginning to understand that the human body is not a chemical compound simply, but in addition to this and correlating all the elements that go to make up the living organism, there is that elusive, mysterious and unexplainable thing called Life. Many things that are common-place and form parts of every day life are mysterious and unexplainable. Astronomers with precision locate heavenly bodies, discover new ones with a magnitude that escapes comprehension, calculate to a second the time at which eclipses will take place, and foretell when Halley's comet will come out of the depths of space, but why an acorn develops into an oak, or a kernel of corn into the full ear out of the same soil, is not in the least understood. We study the processes of digestion and assimilation, but we do not know why the gastric juice is acid, and the pancreatic juice is alkaline, both drawing their ingredients from the same blood. We know little about the process of building up of food into tissue though we have numerous chemical formulae to show how the higher

44  
44  
—  
484

44  
lines

11  
11  
10

complex protein molecule is broken up eventually into the simplest protein molecule, the amino-acid and then the reversal of the action.

We are apparently no nearer an intimate knowledge of the common mysteries of life than they were centuries ago. We know more about the uses of electricity, but no more about what it is. As to life itself, we know no more than Adam knew. Peter Cook writes "All the new light which the scientific laboratories have brought us has simply shown how insufficient and untenable our theories concerning life are. We know it is not a force in the ordinary sense of the term. It cannot be measured in foot pounds. It is not an energy, it is not a force, has no dimensions and no mass. It is not a chemical affinity. It adds no new quality to any atom or molecule. It cannot change or oppose any chemical or physical law. Yet it guides both chemical and physical forces, exhibits sensation and consciousness, purpose and will. It is a point blank contradiction and very nearly a philosophical impossibility, as are space and time and the coexistence of omniscience and free will. It seems that until we thoroughly understand life, we cannot hope to thoroughly understand disease. How different are the results of experiments *in vivo* and *in vitro*, the element of life appearing in the former to make the difference.

As the "point of view" of doctors differ in disease and disease processes, so the diagnosis and treatment differ. No two men look at the same thing from exactly the same angle. The combined vision of many gives a clearer picture of the object viewed. Hence how important is the obtaining of the different points of view of the members of our society.

In "Scenes from Clerical Life" by George Eliot, you will find beautifully and clearly contrasted the point of view of two doctors, Mr. Pilgrim and Mr. Pratt. Pratt elegantly referred all disease to debility, and with a proper contempt of symptomatic treatment went to the root of the matter with port wine and bark (reminding us of Dr. Prim, concerning whom an article was written in McLean's magazine, whose standbys were laudanum and whisky). Pilgrim was persuaded that the evil principle in the human system was plethora and he made war against it with bleeding, blistering, and cathartics. By their respective patients these two distinguished men were pitted against each other with great virulence. Mrs. L. could not conceal her amazement that Mrs. Phipps should trust her life in the hands of Mr. Pratt, who let her feed herself up to that degree it was really shocking to hear how short her breath was; and Mrs. Phipps had no patience with Mrs. L. living, as she did, on tea and broth and looking as yellow as any crow flower and yet letting Pilgrim bleed and blister her and give her lowering medicine, till her clothes hung on her like a scare-crow's. Mr. Pilgrim reminds us of the story that at one time there was in the City of London a doctor, by name, I. Lettsom, whose name is handed down in the famous Lettsomian Lectures. He had

a door plate with the name I. Lettson printed thereon and some wag came along and wrote above his name.

"When patients come to I  
I purges, bleeds and sweats 'em,  
And if they die, what's that to I.  
"I. Lettson."

There are two sides to any question, and this applies in diagnosis, prognosis and treatment. By meeting and discussing the view points of all, we get broader and clearer views.

*Lastly, A Place to Sit:*

A doctor does not need a place to sit down, in the ordinary meaning of the term, because both office hours and driving to and from patients necessitate much sitting.

A place to sit applies more suitably to the frequenter of post offices, country grocery stores, clubs, etc. As for doctors what they need is relaxation and such relaxation from daily toil is of great benefit. It is a mistaken idea that for one to rest, he must sit down and fold his arms. In fact, the greatest recreation is achieved by work physical or mental, but different from the routine in which one is daily engaged. After the long winter and early spring season, the season of the year when illness is most prevalent, it is most advisable that we get away, if it is only to the society meeting. It is also desirable in the fall, that we attend the October meeting and obtain a relief from the memory of "summer complaints" and all other kinds of complaints on the part of patients.

Often it is a recreation to be in the company of others. It has been said that the greatest value of any book is the stimulus that it provides. The same may be said of the medical society. The stimulus to greater effort provided in listening to such men as Sir Robert Jones and Kinnear Wilson at the Canadian Medical Association meeting was of far greater benefit than any knowledge one could accumulate. It is recreation in itself, but I would prefer to pronounce the word Ré-creation.

*Sitting down is an Art.*

Attendance at medical society meetings or any other meeting, aids us in learning something of this art, one by the way that is not easily acquired, and by many people is almost disregarded. The hearing of different points of view persuades one to call a halt and reflect, which is figuratively speaking the art of sitting down. We are too apt to disregard the location of mile posts and rest places along the road, but hasten on with the apparent possession of the idea, that we must get at our destination in the shortest time possible, a feature that characterizes many automobile excursions whose sole source of satisfaction seems to be that their speedometer registers a large number of miles an hour without any regard to the beauty of the country through which they are passing. Corot, the French

Artist, stated "if you wish to realize, to understand, 'to seize' the soul of a landscape, you must *savoir s'asseoir* (know how to sit down)". Life is not written so that he who runs may read. By the waters of Babylon, you remember, the Prophet sat down. The most commonplace things in life become beautiful when you sit down to look at them. How regrettable a fact it is, that in our public schools and universities, so little attention is given to instruction on this important art of sitting down. The lack of this ability or capability must rob life of many of its otherwise possible pleasures.

"The French know how to sit down at their work as well as at their meals. They do not name their streets, for instance, with regard to the length of time it will take to spell the name or to write it on an envelope. The street of the Lady of the Fields, the Street of the Halberd, the Street of the Dancing Goat, the Street of the Jumping Dog, the Street of the Trapped Cats, remind one of the many fanciful names for English Roadside Inns. In the names, are prayer, humour, romance and history. You cannot hurry down those streets; you must stroll along them slowly, swinging your cane, looking at life and savouring it. There is a street in Orléans which could have been named only by people who through generations have looked at life slowly and steadily and seen it whole.

This Street is called *La Rue de Pensées* and means "The Street of Thoughts." It is, perhaps, the perfect symbol of the "Art of Sitting Down."

---

#### Final Proof.

Brown: "Do you think the dead can communicate with us?"

Black: "I know they can't. Once I managed to borrow a dollar from a Scotchman. A week later he died, and I haven't heard a word since."—*Pickup*.

---

"Deacon White," said Parson Jackson, softly, "will you lead us in prayer?"

There was no answer.

"Deacon White," this time in a little louder voice, "will you lead?"

Still no response. Evidently the deacon was slumbering. Parson Jackson made a third appeal and raised his voice to a high pitch that succeeded in arousing the drowsy man.

"Deacon White, will you lead?"

The Deacon, in bewilderment, rubbed his heavy eyes and blurted: "Lead, yourself—I just dealt!"

---

An alternative suggestion for the old proverb "Aut Caesar aut nihil" is suggested by a modern obstetrician: "Either a Cesarean or no baby."

# The Pathology of Bone and Joint Tuberculosis

---

Dr. John W. Flinn, Prescott, Arizona.

---

**T**HE tubercle bacillus belongs to that group of pathogenic bacteria known as facultative saprophytes. It ordinarily lives in and draws its nourishment from other living organisms. Under special conditions, however, it is able to live and multiply outside the body. Although it may be cultivated for years on suitable artificial media, it is doubtful if it grows outside the body under natural conditions.

Having found a suitable habitat inside the living body, it settles down to a comfortable existence, and proceeds to secrete, excrete and multiply, giving rise to the disease we call tuberculosis. As in other infectious diseases, the pathologic changes in tuberculosis are the result of intoxication or poisoning of the animal tissues by bacterial products. True diffusible toxins have not been obtained from the tubercle bacillus. The intoxication caused by this organism and others of its class, was formerly explained by the endotoxin theory of Pfeiffer. In infection with these germs, Pfeiffer claimed, "that symptoms are produced by pre-formed poisons, which are set free only as the germs are destroyed by lysis and other means". Later Vaughan with his co-workers and others advanced the anaphylatoxic hypothesis to account for the symptoms in this class of diseases. They "ascribe the symptoms in the diseases in question to the action of more or less transitory split products produced as the proteins of the microbes are broken up." According to these workers, fever, metabolic disturbance and other symptoms of infectious diseases are not caused by the specific poison of each disease; but are produced by the splitting of foreign proteins in general. In both these theories, it is to be noted, the infectious microbe is not thought to produce intoxication until it has been disintegrated by some proteolytic substances.

If we accept this common conclusion of both these investigators, and agree that the tubercle bacillus produces no intoxication until it has been killed and broken up by proteolytic substances, we are not surprised to find that, in a previously uninfected animal, the first reaction of the tissues to this micro-organism is purely a foreign body reaction. It is in fact, the same reaction which the tissues make to any foreign body and is of a purely proliferative nature. It consists in a proliferation or reproduction or growth of the cells of the connective tissue of the infected organ. It comes on very gradually and proceeds very slowly. In a few days we find a typical tubercle in process of formation, composed almost entirely of young new formed

connective tissue cells. Soon we have no difficulty in recognizing typical epitheloid cells with usually a giant-cell in the centre.

For the first week scarcely any indication of inflammatory reaction is to be found. During this week, however, the stage is being set for the production of inflammation. Proteolytic substances are formed and they destroy in part or in whole, the invading organisms and set free endotoxins or split-proteins, according to which one of the above theories we accept. The poisonous effects of these soluble foreign substances is seen in an entirely different type of tissue reaction, the inflammatory or exudative type. Leucocytes, especially lymphocytes, which up to this time have paid little or no attention to the infecting organisms, begin to develop a liking or positive chemotaxis for the products of the tubercle bacillus. The inflow of lymph is stimulated. By the end of the second week there are distinct signs of inflammatory changes about the periphery of the proliferative tissue which has formed around the tubercle bacilli.

But nature, with her usual generosity, is not content to produce only enough proteolytic substance to disintegrate the invading organisms in that locality. She actually supplies the proteolytic substances in such rich abundance that they are soon found in every tissue of the body. Not only so, but they remain as a fairly permanent content of all body tissues of all animals which are infected with the tubercle bacillus.

What is the consequence of the presence of these new immune bodies in the tissues of infected animals? The consequence is immediately an inflammatory reaction to fresh infection with the tubercle bacillus or its protein products. Inject tubercle bacilli or their protein products into any tissue of a previously infected animal and an almost immediate inflammatory reaction results. Within six to twelve hours after a secondary injection inflammation will begin to appear at the site of inoculation. Its intensity and extent will vary directly with the size of the re-infecting dose and the number of immune bodies, proteolytic substances, present in the infected tissues. If the re-infecting dose of tubercle bacillus is small and the supply of immune bodies sufficient, the effect would be a mild or very moderate degree of inflammation just sufficient to localize the injected dose and prevent its spread through this and adjacent tissues. Not only so, but, as Krause has pointed out, the secondary effect is to "enhance and accelerate the proliferative reaction inherent in the non-infected tissues". In other words, after the immediate inflammatory reaction has subsided, the tissues of a previously infected animal have a greater power of producing connective tissue elements than have the tissues of non-infected animals.

On the other hand, if the re-infecting dose of tubercle bacilli is massive and the supply of immune bodies large, the inflammatory reaction will be extreme and may lead to rapid necrosis and the casting off of a slough. In this way immune tissues are prepared to make ever heroic efforts to successfully prevent the spread of infection.



Repeated references have been made to the fact that the most characteristic reaction to the tubercle bacillus is the proliferative reaction. This reaction tends to result in the formation of fibrous tissue and the encapsulation of the infecting organisms. Due, it is supposed, to the action of the nucleic acid and the fatty acids of the bacillus, tubercles have a strong tendency to undergo necrosis with the formation of caseous material in the more central portion.

Granulation tissue is another and quite common form of reaction to the tubercle bacillus. It usually follows a rather massive infection and is due to the out-pouring of inflammatory exudate from highly immune tissues. It is found most commonly on free surfaces such as those of the pleura, peritoneum and the joints. It is highly vascular and differs from ordinary granulation tissue in that it contains fewer polymorpho-nuclear leucocytes and more large and small mono nuclear wandering cells. It is characterized by the presence of typical tubercles and by scattered epitheloid cells, and giant cells.

Tuberculous granulation tissue, as a rule, undergoes necrosis for caseation. It may, however, escape this fate, in part, in properly immunized tissues. It then contracts to form a dense fibrous layer upon which new granulations form. Sometimes, healing is complete and nothing remains but a scar or dense fibrous adhesions.

Tuberculosis of the bones and joints is never due to a primary infection. In this disease the infection is always secondary, borne to its present location, by way of the blood stream, from a caseating lesion in some other part of the body. Consequently, the infection always follows on immune soil and there is a prompt inflammatory reaction of the infected tissue.

If the size of the infecting dose is not great the spread of the bacilli is prevented by this prompt inflammatory reaction. The immune tissues with their "enhanced and accelerated" proliferative reaction soon encapsulate the infecting bacilli and the lesion may lie quiescent indefinitely, or until it is reactivated by some local injury.

If, on the other hand, the infecting dose of bacilli is large and the soil highly immune, a destructive lesion may be produced at once.

In this disease the bone is first involved in practically all cases. It remains the chief seat of the infection, which, in the majority of cases spreads to adjoining joint structures. The cancellous portion of the bone is usually first involved. The disease is generally situated in the epiphyses, less frequently in the diaphyses.

The first localizations may be either in the marrow, giving rise to an osteomyelitis or on the surface of the bone, setting up periostitis, or in the epiphyseal end of the long bones. Bacilli lodge in the small blood-vessels, causing miliary and conglomerate tubercles with tuberculous granulation tissue to form in the cancellous bone. Caseation occurs more or less rapidly. The bone lamella is destroyed or remains as splinters. Hardly any bone formation occurs around the focus. There is great rarefaction and the marrow is replaced by fat.

In fact, in any given specimen of such a diseased process, almost all the characteristic picture of tuberculosis may be seen. There will be tubercle formation with giant cells, areas of caseation, atrophic changes in the bone trabeculae, infiltration of the area by wandering cells, necrosis of tissue and evidences of repair. If such a lesion as has been described, does not heal, the infection spreads, resulting in either extra-articular perforation or perforation into a joint. If the perforation is extra-articular, the result is a tuberculous periostitis with probable sinus formation. In rare cases the spread of the infection is limited to the periosteal tissue, in which event the process may be associated with proliferation and bone formation due to periosteal reaction to the infection.

If the perforation is into a joint, it results in a secondary synovial tuberculosis, of which there are two types. The granular parenchymatous type has a tendency to infiltration and neo-formation. The joint cavity contains no fluid. The capsular folds are infiltrated and the thickness of the capsule increases up to 1. c. m. The tendency to destruction and caseous formation is very slight; but there is a marked tendency to contraction and cicatrization.

The second type of synovial tuberculosis is the frankly destructive type. In this there is a progressive process with tendency to caseation, and the formation of abscesses and eventually sinuses.

The behaviour of the articular cartilages in tuberculosis of the bones and joints has been investigated and described by Phemister. In the earlier stages of tuberculous arthritis the articular cartilage is usually destroyed most extensively along its free articular surfaces by granulations which over grow it from the surrounding synovial membrane. In the regions of contact and pressure of articular surfaces, surface destruction by granulations does not take place, and the cartilage is preserved longest. As the disease progresses, subchondral granulations develop which absorb the articular cortex and attack the cartilage from beneath.

In severe tuberculous arthritis there may be early necrosis and caseation of the overgrowing synovial granulations, so that there is little or no destruction of articular cartilage along its free surfaces. In this event the destruction of articular cartilage is brought about mainly by subchondral granulations, which do not undergo early necrosis and caseation and do not present the usual histologic picture of tuberculous tissue.

The bony involvement along the articular surface may be either primary or secondary. When primary, the dead bone may break down leaving a cavity, or may persist and form a sequestrum which has articular cortex, and in some instances, cartilage preserved on it; and is denser than the surrounding living bone, which subsequently atrophies.

Secondary involvement of bone along the articular surfaces may lead either to destruction of the entire articular cortex by superficial

caries or to more or less extensive and deep areas of necrosis at the points of greatest pressure in the joint.

As in tuberculosis of other tissues, healing may take place at any stage. Generally speaking, the reconstruction of defects in bone or cartilage takes place solely by means of fibrous tissue. It is also possible for tuberculosis granulations to calcify and even to become osteous. The healing of an early lesion may take place without leaving a trace of the disease. It is possible for sequestra to be absorbed, that is to say, to be replaced by dry infiltrating granulations.

Tuberculosis of joints often leaves a limitation of function when it is arrested. This limitation may be due to replacement of disease tissue by healthy granulation tissue which has become cicatricial; to detachment of characteristic nodules; or to a contraction of peri-articular tissues. New formation of bone is usually minimal.

In a word, a tuberculous lesion in bone or joint is recognized as being a typical tuberculous reaction in the form of either tubercle or tuberculous granulation tissue. About a central area of necrosis will be found epithelioid cells arranging themselves in focal collections with giant cells. Secondary to these are numerous changes in the tissues, caseation, destruction, abscess formation and fibrous tissue healing. Which of these secondary changes will predominate depends on the size of the reinfecting dose of tubercle bacilli which the blood stream brings, and on the degree of specific immunity which the tissues have acquired through previous infection in some other part of the body. If we keep these two factors clearly in mind we shall have little difficulty in recognizing the manifold pathologic pictures seen in bone and joint tuberculosis.

---

**Federalized Medical Treatment versus the Private Practitioner** is the title of a short editorial note in a recent number of the *A. M. A. Journal*. If there is one thing more than another characteristic of the American (United States) people, it is to provide for their War Veterans—we call them ex-soldiers. While it was believed that the pension orgy of the Civil War would never be repeated, there is a strong tendency towards having the nation pay at least for the physical ills of every ex-soldier. From time to time bills have been introduced in Congress for this purpose, which leads the *Journal* to comment as follows:—

“The government cannot be niggardly in the reward it gives for military service, but treatment for hospitalization for disabilities not incurred in the line of duty cannot be regarded as a recompense for such service. As they have no logical relation to the military or quasi-military status of the beneficiary and are not proportioned to the military service rendered, they can be regarded only as gratuities. How long before the same reasoning that has provided these non-military bounties may be expected to provide similar arrangements

for governmental civilian employees? And if, later, the families of beneficiaries already on the rolls are placed among the elect, the step will not have gone much farther.

State medicine in this obnoxious form is with us, and is tending to grow under the patronage of the federal government. Physicians and private hospitals even now must compete with the federal government for the practice of those whose disabilities have not originated in government service and who are abundantly able to pay for treatment. If the bill passed by the House of Representatives becomes a law, the private practitioner and the private hospital will have to compete with the government, not only in providing hospital treatment for veterans, but in providing both hospital and out-patient treatment for veterans, contract surgeons, contract dentists and contract nurses. How long such unfair competition will continue is uncertain. But unless the present movement is checked, the outcome is sure; a greater and greater encroachment on the rights of the individual patient and physician."

---

**Hospitals in Victoria, Australia.** The Montreal Star in a recent issue has the following:—"The many friends of Dr. M. T. MacEachern in Montreal will be interested in learning that this year he made a survey of the hospital system in Victoria, Australia. The state government engaged Doctor MacEachern's services and some of the results of his activities are of interest to Canadians. He was formerly superintendent of the Montreal Maternity Hospital, and of Vancouver General Hospital. He is now associate director of the American College of Surgeons.

In the course of his survey, Doctor MacEachern found that Victoria was suffering from over-hospitalization, and his recommendations to the Minister of Health include one on the need for consolidation in hospital services and the ultimate desirability, in the interests of economy and efficiency, of a considerable reduction in their number."

---

A Texas doctor advertises himself thus:—

"Medical Specialist  
Dr. Chas. Dowdell

To wit Rheumatish, Neuralgia, Stomach, Liver, Kidney and Bladder, Mental, Nerves and Heart Affections, Acute or Chronic obstetrics and Diseases peculiar to Women and Children.

Office Templeton Building  
Corner Knox and Dallas Streets, Phone 1027.

Headquarters Castellaw Drug Co.,  
Ennis, Texas."

Chronic obstetrics would probably mean an attack once a year.

# The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

Confined to, and Covering every Practising Physician in Nova Scotia.  
Published on the 20th of each month. Advertising Forms close on the  
5th of month of issue. Subscription Price:—\$3.00 per year.

---

## EDITORIAL BOARD.

Editor-in-Chief	- - -	GEORGE H. MURPHY, M. D., C. M.
Associate Editors	- - -	S. J. MACLENNAN, B. A., M. D. H. B. ATLEE, M. D., C. M. A. BIRT, M. D.
Secretary to Editorial Board	-	SMITH L. WALKER, B. A., M. D.

---

VOL. V.

JULY 1926

No. 7

---

## Our Annual Meeting

---

THE Annual Meeting has come and gone. It was one of the very best in the long history of our Society. Many factors contributed to this end. We are realizing more and more the importance of getting together and talking matters over. The rubbing together of intellects, as Oliver Wendell Holmes once said, is productive of considerable energy, and the flying sparks may light us along better and safer paths. Moreover, the provincial society is the *summum bonum* of all our organizations; it is the index in the province of that professional fellowship, which lives not to itself alone, but seeks and finds knowledge and inspiration with its kin. Our business standing as an organized profession depends largely on the success of the annual meeting, and this seems to be keenly appreciated by the doctors of this province. Over one hundred and twenty-five were registered on this occasion.

The minutes of the meeting will be published in full later on. The Bulletin wishes to congratulate the president, Dr. E. V. Hogan, and his committees, on the way they did their parts. The presidential address took the form of a review of the year's work. It was comprehensive and businesslike and, delivered at the opening, placed squarely before the meeting the subject matter of the session. There was no escape from a proper consideration of every problem submitted; and as a result the N. S. Medical Society had one of the best business meetings in its history. We commend Dr. Hogan's presidential methods. Their vim and directness are wholesome and productive of results.

An unanimous vote decided to continue the Bulletin, and Dr. Smith L. Walker, who was previously appointed associate secretary, was made secretary to the Editorial Board. This appointment makes the Bulletin a fair proposition for the next year; and, once again, we ask for communications from the Branch Societies. If the Bulletin is to be a link between the Branches and the parent Societies, it can only be brought about by such co-operation. To the young members of the profession we make a special appeal. Write up your cases and let us have what you consider worth while. The value of the experience gained in this way cannot be overestimated in developing a clinical mental poise, and you will be helping the cause of Branch co-ordination at the same time.

---

The biggest piece of new business was the Society's resolution to raise fifty thousand dollars to endow a chair of surgery at Dalhousie University to be known as the John Stewart Chair of Surgery. Dr. Stewart himself to be its first occupant. We hope to have the pleasure of writing more fully on this most laudable project later on when the plans to raise the required amount are matured, and success in sight. Surely, no more fitting monument than a Chair of Surgery, and none more worthy of the purest and best sentiment of our profession than this grand old man, who strove throughout his more active life to make Surgery a sacred name, and who now in the mellow evening of his days holds in a plenary degree, among them that practise the healing art, that benign power which makes for righteousness and efficiency.

G. H. M.

---

## Dalhousie Post Graduate Week

---

**T**HE attention of the medical men is called to the Post Graduate Course during the week beginning Monday, August 23. It will follow the same lines as previous years being designed as a sort of a refresher course for the busy practitioner who has little time and opportunity for more prolonged post graduate work. Programs will be sent out in due time. A number of prominent men from some of the large Canadian and American clinics have consented to take part in the teaching.

Behind it all is the praiseworthy desire of the Medical Faculty of Dalhousie University to maintain an active, useful, educational centre in these Maritime Provinces. Our educational institutions have been always of a high order. A little encouragement from the medical men of our province is no small factor in making medical education take no second place.

G. H. M.

# Western Counties Medical Association

(Continued from the June Bulletin).

*Case Report—Foetus by Rectum*—Dr. W. C. Harris of Yarmouth presented the following:—

**A**N unusual and indeed very interesting case came to my notice in the year 1923, and as far as I can ascertain, nothing bearing on the case is to be found in any book on Obstetrics.

Mrs. M. Aged 33 years. Residence Yarmouth, N. S.

History:—Mother, aged 67 years died 7 years ago of cancer of the breast.

Father, aged 70 years, living and well.

Brothers, (3) all in good health.

Sisters, none.

The patient has had all the ordinary diseases of childhood, but aside from that, has always enjoyed good health. She was married 14 years ago, has given birth to five children, all of them living, and well. She has no trouble during pregnancy, always being able to do her work as usual. The patient is well-developed; heart, lungs, stomach, and, previous to *this* pregnancy, kidneys were in normal condition, the urine showing no albumen or sugar.

In May 1923, I was called in to see her. The history she gave me was that she had not menstruated during the months of February and March, but in April she had a slight flow. She felt miserable and altogether different than she did during her preceding pregnancies, and was also losing weight.

On examination of the patient, I found that she was very much emaciated, and her hands, limbs and face were badly swollen. The abdomen slightly enlarged, and some slight enlargement of the uterus. Temperature at this time was not quite normal—98 degrees. Pulse 78, Resp. 21, bowels constipated. On examination of urine, I found it loaded with albumen, but no sugar, and the quantity eliminated was not sufficient Sp. G. 1021.

Albumin 30 per cent. Sugar, Nil. Phosphates, Chlorides. Urates, slight.

Treatment:—

I gave her diuretic mixtures, citrate of magnesia, keeping the patient in bed until the system was clear of albumin—then allowing the patient a more liberal diet, but no meat.

In June and July she noticed a slight discharge which was slightly colored. This appeared near the time that she should be menstruating. She continued to lose flesh, her color did not improve, and the spots

on her face remained the same. In August she had a cold and along with this a cough—the cold got better yet the cough remained, and during this month there was no discharge from the uterus.

In September I was called in to see her again, found the cough no better, together with a new complication,—diarrhoea having a very foul odor, and she was very weak. Pulse increased, temperature normal, respiration normal. She was also obliged to lie down on the cot nearly all the time. I ordered the patient to bed, examined urine, found albumin, otherwise normal. Gave treatment as before. The next day bowels moved freely, with some pain. Gave her chlorodyne with castor oil. This relieved her trouble and she was able to be up and around the house. The kidneys also improved.

Oct. 8th, 7.30 a. m. was called, arrived at the house to find that the patient had been having pain since 1.30 and that she had passed something hard like *bone* from the back *passage*. Upon examination, found the patient suffering severe pain and also a mass protruding from the rectum. The district nurse was also present at the time. I ordered the ambulance and had the patient removed to the Yarmouth Hospital where she was at once taken to the operating room, the nurse accompanying her. After the usual technique in preparing the patient for delivery. Upon examination I found the bones of the foot and leg, tibia and fibula separate from the body; also protruding from the rectum, the femur and foot, tibia and fibula and femur of the other leg. Examination of the vagina showed no opening into the rectum.

The patient was then placed under chloroform and applied forceps to the limb, and with my hand in the vagina, making slight traction, removed from the rectum a *foetus* between eight and nine inches in length. The body was badly macerated, the flesh along the spinal column all decayed leaving the spinous processes exposed. The muscles of the face were all decayed leaving the bones separated especially the occipital which I had to remove. This bone was  $2\frac{1}{2}$  inches in extreme length. No haemorrhage followed. Patient came out of the anaesthetic very quickly and was removed to the ward. I gave her liquid diet and 3 sulpho carbolates.

T. 96 P. 150 R. 20 on admission. T. never went higher than 99 P. 80 R. 20.

The urine was examined on Oct. 7th.

Spg. 1012 albumin none, Sugar none.

Oct. 8th " 1015 " " " " "

On the 13th she was allowed to go to her home, and improved gradually, the brownish spots disappearing from her face, and eventually the patient's health returned to normal.

Feb. 4th, 1924.

Was called to see patient—found her in much pain. Made an examination, found indication of more trouble at rectum. Removed her again to Yarmouth Hospital, placed her under chloroform, removed



from rectum a bone concave—convex  $2\frac{1}{4}$  inches by  $1\frac{3}{4}$  with a serrated edge resembling the bone of the head. Discharged patient the same day.

Since that date, patient has not had an ill day, neither has she been pregnant.

The specimen is in the pathological room of the Yarmouth Hospital, also report of the case.

Gentlemen, what is your diagnosis?

*Discussion* opened by Dr. L. M. Morton, who said that the case reported was indeed most unusual and interesting. The diagnosis was undoubtedly a ruptured Tubal Pregnancy. There were many cases recorded in obstetrical literature. Dr. Morton then described in detail the pathology of Ruptured Tubal Pregnancy showing clearly the various processes by which Nature eventually disposes of the foetus, and how the different stages are clinically recognized.

The remarkable features of this case were, firstly, the short period of the complete cycle, whereas in practically all cases reported the history extended over a period of years, one case in particular in which the foetus was retained for sixty years. Secondly, that the Mother had withstood the shock, haemorrhage with resultant absorption, and the prolonged suppuration with its accompanying amyloid changes with wasting, jaundice, toxic albuminuria, etc., and had finally recovered.

Dr. Morton congratulated Dr. Harris on having had such a case in his practice and said the thanks of the Society were due to the Doctor for his report.

Dr. Thomas A. Lebbetter followed Dr. Morton in the discussion. He congratulated Dr. Harris on his very interesting case report. He considered the case one of a Ruptured Tubal Pregnancy. The history showed haemorrhage, on the third month after the cessation of the menses; a very interesting feature was the absence of any appreciable temperature, despite the toxic absorption going on; neither did the pulse rate become materially affected. Dr. Lebbetter related two interesting cases of this kind that had occurred in the practice of the late Dr. McKay in Cape Breton.

The President (Dr. C. A. Webster) said he had seen Dr. Harris' case in consultation. It was a most interesting case. The symptomatology preceding delivery was decidedly unusual; he congratulated Dr. Harris on his paper and hoped that further papers of interest would follow from time to time during the year.

Dr. G. W. T. Farish continuing the discussion related a very interesting case he recently had in his private practice. The same mother giving birth on two occasions to Acephalic children. In both these births there was very profuse Liquor Amnii. The second birth was followed with serious liver complications and maternal death.

### CUMBERLAND COUNTY MEDICAL SOCIETY.

A meeting of the Cumberland County Medical Society was held at Amherst June 14th, 1926, attended by most of the doctors in Cumberland County, with visitors from New Brunswick border line towns. The scientific programme was furnished by Doctors Murray and Patch of the Canadian Medical Association, and was of great value to the doctors present.

The Society approved of a Resolution calling for changes in the Workmens' Compensation Act. The officers were elected as follows:—

President - - -	Dr. Ross Millar, Amherst.
Vice-President - -	Dr. M. J. Wardrope, Springhill.
Sec-Treas. - - -	Dr. W. T. Purdy, Amherst.

Representatives to Executive of the Nova Scotia Medical Society, Doctors J. A. Munro and W. T. Purdy.

The next meeting will be held in Springhill, the second week in September, the exact date to be announced.

(Signed) W. T. Purdy,  
*Secretary.*

### LUNENBURG-QUEENS MEDICAL SOCIETY.

The meeting of the Lunenburg-Queens Medical Society was held in Bridgewater, June 25th last, at which the following officers were elected:

President - - -	Dr. F. R. Davis, Bridgewater.
Vice-President - -	Dr. G. A. Barss, Rose Bay.
Sect'y-Treas. - -	Dr. C. A. Donkin, Bridgewater.
Executive - - -	above Officers with Dr. Cochran, Mahone Bay and Dr. Forbes, Lunenburg.

Representatives on the Executive of the Medical Society of Nova Scotia—Dr. W. N. Reh fuss, Bridgewater and Dr. W. N. Cochran, Mahone Bay.

C. A. DONKIN,  
Sec't'y-Treas. Lunenburg-Queens Medical Society.

### P. E. I. MEDICAL ASSOCIATION.

At the Annual Meeting held in Summerside July 14th, the following officers were elected:—

President—Dr. J. D. McGuigan, Charlottetown. Vice-President—Dr. Fleming, Queens; Dr. Jardine, Prince; and Dr. McIntosh, Kings. Secretary—Dr. G. F. Dewar. Treasurer—Dr. I. J. Yeo. Executive Committee—Drs. Bovyer, Simpson, Johnston, and R. Murchison. Medical Council—Drs. S. R. Jenkins, W. L. McMillan, James Warburton, E. Tanton, J. F. McNeill, I. J. Yeo, and G. F. Dewar.

## Case Report

### *Case of D. M.*

ON April 22nd, 1920, came this Married Man, Farmer, Age 48, Spare; Height 5 feet 6½ inches; Weight about 145 lbs. Always healthy—Never any illness. All organs normal. Temperature, pulse, respiration and blood pressure normal.

*Complaint:*—Sudden loss of vision in the left eye.

*History of Present Trouble:*—On April 20th, 1920, while working in the fields, felt a vague pain in left eye; noticed that he was not seeing with that eye. Consulted me on April 22nd, 1920, and I found vision in right eye normal, but left eye practically blind—he could only distinguish a bright light at a few feet away.

*Direct Examination—Left Eye:*—Tension normal or slightly elevated. Conjunctiva injected, but only moderately; pupil moderately dilated. Iris more or less unresponsive to both light and accommodation. Aqueous and lens normal; vitreous moderately clouded.

*Fundus:*—Multiple, post-retinal haemorrhages, retinal veins engorged and distended, arteries scarcely visible. Optic disc indefinite, streaked and swollen.

*Diagnosis:*—Thrombosis of Central Vein.

*April 25th, 1920:*—Left eye again examined. Tension up, apparently more haemorrhages, vitreous more cloudy—some haemorrhagic glaucoma. Strong light scarcely discernible.

Every week, once or twice for some months this man's eye was seen, but the clouded vitreous precluded any examination of the Fundus.

By October, 1920, the vitreous began to clear, and by December, 1920, the Optic Nerve, now distinctly visible at the disc, was quite atrophic, and the eye absolutely blind, except a slight appreciation of a strong light. Retinal veins medium size, arteries practically obliterated.

He was now told that no improvement could ever take place in the vision of the affected eye.

The years 1921, 1922, 1923 and 1924 passed without change or improvement.

All treatment had been abandoned after the first few months.

Eventually in April, 1925, just five years after the eye suffered the damage, Mr. M. noticed one day that the vision in the affected eye had very appreciably returned, and within a very short time the vision had returned nearly to normal. Thus, in June, 1925, the vision in the damaged eye was 6/12 and by August, 1925, was quite normal, i. e., easily 6/6.

To-day there is no glaucoma, no trace of subretinal haemorrhages, and the optic disc, though slightly paler on the temporal side than the corresponding disc on the right, appears quite normal; vessels normal. To all intents and purposes, the eye has been restored to full and complete vision.

(Signed). W. J. EGAN.

P. S.—From a scientific viewpoint I cannot offer any explanation regarding the return of vision in this man's eye. Can anyone else? W. J. E.

### THE LAITY ALSO PAYS TRIBUTE.

The following from the Editorial column of The Morning Chronicle indicates most fittingly the esteem in which Dr. John Stewart is held by the people of Nova Scotia.

"With singular felicity the members of the Nova Scotia Medical Society have determined to establish a Chair in Surgery at Dalhousie University in honor of Dr. John Stewart, skilled surgeon, cultured gentleman, distinguished Nova Scotian. Theirs is an estimable project which reflects credit upon the medical profession of Nova Scotia as well as honor upon one who richly merits all honor that his native Province has in her power to bestow.

Dr. Stewart has been not only a pupil and an assistant to Lord Lister, the famous British surgeon, but in very fact his disciple. "There can be no doubt," he wrote of his great Master, "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." And so believing, John Stewart, M.B., LL.D., (Edinburgh), returned to his native Province to serve his fellow men in the light of the knowledge that he had gained as assistant to the greatest surgeon of the English-speaking peoples—"the greatest surgeon since the world began."

For more than half a century Dr. Stewart has been the embodiment of all that a talented and conscientious physician could be. He has served his day and generation full well. He is an exemplar of all that is noble in the healing art, the perfect pattern, too, of the good citizen. His students will think of him as he thought of his teacher and the world will be better because John Stewart has lived in it.

"There is a river not to be found on any map of this terrestrial globe, and yet a river well known to all the sons of men, and never very far from any of us. It is Lethe, the river of Oblivion. What memories of noble persons and heroic deeds, what words of wisdom and what glorious thoughts have been engulfed in that dark remorseless tide!"

And so, the members of the Nova Scotia Medical Society have planned wisely and well to perpetuate the name and the fame of a truly great and good man while yet he lives and serves. It will be the sincere and devout wish of all Nova Scotians that Dr. John Stewart may long be spared to grace the Chair in the University which his confreres propose to establish. All honor to him and to them!"

## PREACHER AND PHYSICIAN.

(The Bellman in the Morning Chronicle).

There are no two callings on earth more intimately allied, or more sacred to the heart of humanity, than those of preacher and physician. Indeed, they were really one in the commission of the Great Physician when He sent forth His disciples to preach the Gospel and to heal the sick. In His own Person Jesus united both callings. Nor can it with truth be said, as it sometimes is claimed, that the Church has cut out one half of its commission, and divorced the two parts of her calling. In the foreign service of the church, for instance, the Master's commission is carried out to the letter. And if, in the home fields, the preaching and healing ministry seems to have been divorced, it is so in seeming rather than in reality. There has always been the closest and most sympathetic spiritual alliance between the healing and evangelical ministry. Christian churches believe in Divine healing, whether it may be by prayer and faith, or through the skill of qualified physicians.

The Bellman accordingly has the utmost pleasure in ringing a chime of welcome to the Nova Scotia Medical Society, which is meeting in its seventy-third annual session in Halifax this week. The membership of this society constitute the very cream of the citizenship of our Province. Generally speaking, in their persons, as well as in their calling, they represent the finest character in the land. Personally, the Bellman has been fortunate in his associations with the medical men of his acquaintance. The same is true of most ministers, Doctors, as a general rule, deserve the best that any Christian community can give them, in respect and in affection.

The Bellman is pleased to see that his old friend and one-time nigh neighbor, Dr. J. J. Roy of Sydney has been elected President of the Society. Congratulations, Dr. Roy; and heartiest good wishes to the Nova Scotia Medical Society.

**Dr. Collip Graduates in Medicine.**—James B. Collip, Ph.D., D.Sc., professor of biochemistry, University of Alberta Faculty of Medicine, Edmonton, received the degree of M.D., C.M., at the recent convocation at that school, and was given a rousing reception when the degree was conferred, according to the *Canadian Medical Association Journal*. Dr. Collip took his first two years in medicine at the University of Toronto, 1910-1912. He spent a number of years there in the department of biochemistry, and in 1921 became associated with Dr. Frederick G. Banting and others in the extraction and standardization of insulin. Since Dr. Collip's appointment as professor of biochemistry at the University of Alberta, he has isolated a hormone from the parathyroid glands which keeps the blood calcium in thyroparathyroidectomized dogs within normal limits, and prevents parathyroid tetany. (*A. M. A. Journal*).

## Non-Medical Insurance Policies

Mr. A. H. Wood of the Sun Life Assurance Company at Montreal has made a statement regarding the present policy of writing insurance risks without medical examination. Several years ago the Medical Society of Nova Scotia endeavored to secure a uniform fee of five dollars for examinations, and some companies paying a lower fee intimated that, if the higher fee were insisted upon, they would issue policies without examination. This is now seen to have been an exceedingly unfair contention, as the present course was being adopted entirely for other reasons. Seventeen out of the twenty-eight Canadian companies have now adopted this plan. Mr. Wood is reported as follows:

Mr. Wood said the adoption of the non-medical policy plan in Canada, and its subsequent extension to the United States, covered a period of the last five years. The medical examiner was dispensed with entirely in issuance of policies, according to Mr. Wood, who said the agent assumed full responsibility in selection of applicants. In Canadian practice, he said, the maximum amount which would be written within one year was \$5,000 on male lives, and \$2,000 on female lives. Single self-supporting women only were accepted, he said. Subsequent applications would be considered on male lives for not more than \$2,000 in any one calendar year, until a maximum of \$10,000 had been reached.

Mr. Wood said it was too soon for the companies to pass a final verdict upon the ultimate character of this new form of policy. Their own confidence in it, he said, was based upon such factors as that 85 or 90 per cent. of all applicants for insurance turned out to be acceptable at normal rates. The 10 to 15 per cent. headed off by medical examination was, accordingly, small, he said, and what liability accrued from leaving detection of this minority to non-medical examination was more than offset by the saving on expensive medical examination of the vast majority who did not need it. Indeed, he quoted, the non-medical questionnaire, under spur of greater responsibility, had been found on the whole more complete than the form of the medical examiner.

### Limitation of Amount.

Limitation of the amount of insurance to a moderate sum was the cornerstone of the non-medical policy plan, according to Mr. Wood, who said this had been adopted as a protection against fraud.

The mortality rate under the new system had been no higher than under the old, he said.

"The non-medical plan has come to stay," Mr. Wood said, "and may now be regarded as a permanent feature in our business. The principal advantage consists in the wider extension of the protection of life insurance which it makes possible."

Mr. Wood thought the effect of universal adoption of the plan upon present medical examiners of an insurance company would be to reduce their number and increase the importance and amount of their work. There would always be medical examiners, he said, because their services were indispensable in the growing extension of insurance of sub-standard applicants for policies."

Mr. Wood was the representative of the Sun Life who interviewed the Executive of the Canadian Medical Association last fall with the offer of \$30,000 for Extra-mural medical education.

## ORTHOPEDIC DEFECTS OF THE GREAT.

The Medical Times is authority for the following statement of disabilities of prominent men of history:—

Tyrtaeus was lame, condition not specified.

Aesop, suffered from Pott's disease.

Alexander the Great,—Torticollis.

Talleyrand—Right Equino Varus.

Walter Scott—Talipes Equinus following Infantile Paralysis.

Lord Byron—Equino Varus.

Hawthorne—Osteomyelitis.

It may be assumed that the celebrity of such cases was largely laboriously and painfully attained by way of compensation for inferiority complexes. Physical defects doubtless serve useful psychologic purposes with greater frequency than we are apt to imagine. A deformity may decide the issue of greatness or mediocrity.

## ETHER ANAESTHESIA.

*Hygeia*, a Health Magazine sponsored by the American Medical Association, has an interesting article in a recent issue on the discovery of the use of Ether for Anaesthesia. On March 30th, 1924, a statue of Crawford Williamson Long, of Jefferson, a rural hamlet in Georgia, was unveiled in Statuary Hall, National Capitol, Washington, D. C. as the first doctor to use ether as an Anaesthetic for surgical operations. It appears that in the winter of 1841-42 "Ether frolics" were held by the young men of Jefferson. Following these the participants often found bruised and painful spots on their bodies which were received without any sensation of pain. On March 30th, 1842, Dr. Long persuaded a patient to inhale ether from a towel and he excised a small tumor from the back of his neck. This would appear to antedate Morton and Jackson by four years. It is strange that, if "Ether frolics" were held by Medical students at Philadelphia previous to 1842, some one did not sooner grasp the possibilities for surgical purposes.

**Small Pox in United States.** Total number of cases in 1923 of States reporting 21,233; for 1924, 43,029 cases, and for 1925, 31,037. The A. M. A. Journal says "The public is at fault; it has become imbued with a feeling of safety against smallpox and has become indifferent to the necessity of never failing preventive measures. The lessons of vaccination are clear and convincing. How long shall the prevailing lethargy in many quarters continue to endanger the health and comfort of millions?"

## OBITUARY

---

**T**HE death occurred at Amherst July 16th, of Mrs. Milner, wife of F. L. Milner, K. C. Mrs. Milner was a daughter of the late Mr. and Mrs. Adam Dechman of Sherbrooke, N. S. She was a sister of Dr. A. A. Dechman of Bridgetown.

---

The death occurred at Florence, N. B. July 14th, 1926, of Dr. J. G. Hagerman, at the advanced age of 87 years. He graduated from Harvard University in 1864.

---

There died at Margaree Forks, Inverness County, June 22nd, 1926, Wm. J. Chisholm in his 97th year. The deceased was of a kindly disposition and an honorable character, and noted for his charity to all. Dr. A. W. Chisholm of Margaree Harbor is a son of the deceased.

---

On May 29th, 1926, at his home in Central Valley, New York, there died at the age of 80, Dr. Carlos F. MacDonald, for many years professor of Mental Diseases in Bellevue Hospital Medical College. There are a number of doctors in Nova Scotia who will recall his lectures in the late eighties and early nineties of the last century.

---

**The Picturesque Doctor.** In the Seventeenth Century the doctor was a picturesque person. If he was a full-fledged doctor of medicine in Paris he had a scarlet cape and a square scarlet bonnet and he rode a mule or a horse. His professional clothes were very important. At least one prominent man left legacies to the physicians who came to his obsequies in their scarlet gowns. If they came in black gowns they received smaller amounts.

Up to the time of Louis XIV a surgeon was held inferior in rank to a doctor of medicine, but when the King had benefited greatly by a minor operation performed on him by his chief surgeon, he raised the surgeon's rank and paid him honors. The most curious part of the whole incident lay in the fact, we are told, that a number of the courtiers, in order to show their respect for the king, had the surgeon perform a similar operation on themselves, even though they stood in no need of it. One or two of them, lacking the courage to go through with the operation, pretended to have had the operation performed and submitted to dressing of the supposed wound in order that the court might infer that they had been equally loyal to the King. (*Montreal Star*).



## PERSONALS

**D**R. J. E. GRANT, Dalhousie 1925, formerly of Eureka, Pictou County, has now located at Lockeport, N. S.

Mrs. Stone, wife of Dr. O. R. Stone of Sherbrooke, was recently a patient in St. Martha's Hospital, Antigonish.

The case report by Dr. S. Marcus of New Germany, appearing in the April 1926 Bulletin, was re-published in the June number of the C. M. A. Journal.

The marriage took place June 12th at 393 Wiseman Avenue, Outremont, Montreal, of Miss Lillias Tarlton, eldest daughter of Mr. Louis C. Tarlton, to Dr. Allister M. McLellan of New York, son of Mr. Edward McLellan of Tatamagouche. Dr. Aubrey Geddes of Truro was best man. The honeymoon was spent at the groom's home in Tatamagouche and in Cape Breton. Dr. and Mrs. Gass of Sackville were among the guests at the wedding. They will reside in New York.

Dr. John W. McKay of New Glasgow has recently spent a pleasant holiday on a motor trip to Upper Canada, accompanied by his daughter Miss Isabel.

Dr. C. E. Drysdale, Dalhousie 1926, after a period of internship at the Victoria General Hospital is now ship's surgeon on the Western Union Cable steamer *Cyrus Field*.

Dr. P. S. Cochrane of Inverness, spent a few days in Halifax in June, attending Masonic Lodge.

Dr. D. A. Morrison of Louisburg was elected Deputy Grand Master and Dr. F. E. Rice, Digby, Senior Grand Warden, at the recent 61st annual communication of the Grand Lodge of Nova Scotia A. F. and A. M.

Dr. A. F. Weir, Freeport, has transferred his practice to Dr. J. A. Milne, Dalhousie 1924. Dr. Weir began practice in 1917 and his departure from Freeport was keenly regretted by many friends. He will take post-graduate work in surgery at Edinburgh.

Mrs. Sullivan, wife of Dr. M. T. Sullivan of Glace Bay, after attending the annual convention of the C. W. L. in Ottawa, spent several weeks visiting friends in Montreal, New York and Quebec.

Hospital Day seems to have been generally observed; but at New Waterford the General Hospital included in its programme a reception to Johnny Miles the Sydney Mines Marathon runner. Dougald McIntyre at the Boston Fiddler's contest was also honored. Dr. Hartigan was one of the speakers on this occasion.

Dr. Chas. E. Simon of Johns Hopkins University and Mrs. Simon have again opened their summer home at Chester.

Dr. J. C. Morrison of New Waterford was in attendance at the Montreal Conference in June.

Mrs. McIntosh, wife of Dr. Geo. A. McIntosh, Medical Superintendent of the Victoria General Hospital, attended the recent closing of Edgehill, Windsor. While in Windsor she was a guest at the Payzant Memorial Hospital Nurses' Home. Mrs. McIntosh was the first nurse to graduate from this hospital.

Dr. S. T. Philips and Mrs. Philips of Maitland have removed to Saskatchewan, where a son and daughter have resided for some time. Dr. Philips was an L. R. C. P. of Edinburgh, graduating in 1878. He came to Nova Scotia nearly twenty years ago, and soon settled in Maitland, where he has practiced ever since. On the eve of their departure they were presented with a purse of gold by the congregation of Holy Trinity Church.

Dr. B. H. Calkin of Stellarton, recently returned from a trip to Bermuda.

Dr. Kenneth Hayes, Dalhousie 1925, of Sydney Mines, is spending a short vacation at his home in Halifax. As assistant to Dr. L. W. Johnstone M. P. he will likely remain at Sydney Mines for some time.

Miss Margaret Rehfuss, daughter of Dr. W. N. and Mrs. Rehfuss of Bridgewater, matriculated from Edgehill to Dalhousie with very high rank. Another Edgehill young lady also matriculated with high rank, Miss Marjorie Morse, daughter of the late Dr. Vernon H. C. Morse of Paradise.

Constant readers of the Bulletin will now recall an article in the Bulletin of June 1924, predicting the recent action taken by the Medical Society re the N. S. T. A.

Dr. S. P. Young of Curling, Nfld., a Dalhousie Graduate of 1925, with his wife and little daughter, has removed from Newfoundland to Nova Scotia. He has located at Petite Riviere, Lunenburg County.

Dr. J. W. Davis of Berwick, Dalhousie 1924, was married June 23rd, 1926 at Middle Musquodoboit to Miss Norma Hanna of Nanaimo, B. C. The wedding took place at the United Church, and the bride was given in marriage by her Uncle, Mr. Robert S. McCurdy. Dr. Davis is a son of the late Rev. Hiram Davis.

Dr. Loren L. Crowe of Bridgetown, was married June 24th, 1926 to Miss F. B. Lloyd, R. N. daughter of Mr. J. E. Lloyd, Town Clerk of Bridgetown. It was a church wedding followed by a luncheon, being a marked social event in the community. The honeymoon was a motor trip throughout the province with a return to Berwick on July 9th.

On July 1st, 1926 at Montreal, to Dr. and Mrs. W. H. Chase, a daughter.

Mr. Cyril March of Saskatoon, accompanied by his wife and two children, is visiting the former home of himself and wife in Berwick. He is a son of Dr. J. B. March now living at Brookfield, Queens County.

Dr. Ross Faulkner and Mrs. Faulkner are now settled in their new bungalow at Chandler's Cove, Chester, for the summer.

On July 16th Dr. and Mrs. A. M. Perrin of Yarmouth, quietly celebrated the fiftieth anniversary of their wedding. They received congratulations from their many friends and were the recipients of many presents. The Bulletin extends congratulations.

Dr. Harvey Cushing of Boston, so well known to the profession in Nova Scotia, was recently elected president of the American Surgical Association. Dr. Alex. Primrose of Toronto was elected vice-president.

Mrs. McLarren, wife of Dr. P. D. McLarren, Halifax, is spending July visiting her mother Mrs. J. W. Clark at her old home in Tatamagouche.

Dr. M. R. Elliott of Wolfville, spent his holiday in July motoring with his family, visiting chiefly in Fredericton, N. B.

Dr. W. N. Cochrane of Mahone Bay, has sent to the Bulletin, a copy of Judge Armstrong's Decision in favor of the Doctor in his recent suit. In a note he states that the amount could easily have been larger; but the principle involved was of importance to the entire profession. It is not always easy in cases of accidents or where a third party promises to pay, to collect fees perhaps months later; the spirit of willingness vanishes with the need and time. If possible the decision will be published in the Bulletin.

Dr. C. A. Hamilton of Mahone, who has been in the Victoria General Hospital for the past seven or eight weeks, has returned to his home. It is regretted to learn that his health is not entirely recovered.

Dr. G. H. Murphy of Halifax recently attended a meeting of the Moncton Medical Society, at which he presented a paper and was one of the speakers at the evening banquet.

Dr. J. W. Read, Jr. has taken over the medical practice of his brother Dr. A. R. Read, Brooklyn.

The engagement is announced of Miss Edith Olding, daughter of Mr. and Mrs. John A. McAllister, of Saint John, N. B. to Mr. Eric E. Woodworth, son of the late Dr. W. S. Woodworth of Kentville.

Dr. and Mrs. MacLellan of Lunenburg spent a portion of July in a motor trip and visited friends in Pictou and Cape Breton.

Dr. A. E. G. Forbes of Lunenburg, was a guest at the Rotary Club Luncheon, Halifax, July 13th.

Dr. E. V. Hogan, in company with Doctors Vaughn and Robertson of New York, spent two weeks in July fishing in Newfoundland.

---

**Apropos of the Short Skirt.** I knew a clergyman at home a monstrous pious man, and so delicate minded, he altered a great many words and passages in the Church Service, he said he couldn't find it in his heart to read them out at meetin', and yet that fellow to my sartain knowledge, was the greatest scamp in private life I ever knew. Gracious knows, I don't approbate coarseness, it shocks me, but narvous sensibility makes me sick. I like to call things by their right names, and I call a leg a leg, and not a larger limb; a shirt a shirt, though it is next the skin, and not a linen vestment; and a stocking a stocking, though it does reach up the leg, and not a silk hose; and a garter a garter, though it is above the calf, and not an elastic band or a hose suspender. A really modest woman was never squeamish. Fastidiousness is the envelope of indelicacy. To see harm in ordinary words betrays a knowledge, and not an ignorance of evil. (*Sam Slick*).

---

**Some Incision.** In an article on Blair's operation for Cancer of the tongue in "Annals of Surgery," Jan. 1926, Page 146, occurs the following paragraph:—

"Beginning at the symphysis pubis, the anterior bellies of the diagastrics, the geniohyoids, the genihyoglossi and the mylohyoids were divided with a knife closely hugging the bone."

Some proof reading!

## THE CANADIAN MEDICAL ASSOCIATION

*President*—J. F. Kidd, Ottawa.

*President-Elect*—David Low, Regina. Annual Meeting, Regina, 1925.

*Vice-Presidents ex-officio*—Presidents of Affiliated Associations.

*Honorary Treasurer*—A. T. Bazin, 836 University Street, Montreal.

*General Secretary*—T. C. Routley, 184 College Street, Toronto.

### THE COUNCIL

A. Primrose, Toronto, <i>Chairman</i> .	A. F. Menzies, Morden.
J. F. Kidd, Ottawa.	H. K. McDonald, Halifax.
David Low, Regina.	J. S. McEachern, Calgary.
A. T. Bazin, Montreal.	F. W. Marlow, Toronto.
A. D. Blackader, Montreal.	C. F. Martin, Montreal.
T. C. Routley, Toronto.	D. P. Miller, Prince Albert.
H. B. Anderson, Toronto.	A. S. Munro, Vancouver.
J. F. Argue, Ottawa.	L. R. Morse, Lawrencetown, N. S.
L. J. Austin, Kingston.	T. A. Morrison, Regina.
J. Bell, New Glasgow, N. S.	S. E. Moore, Regina.
R. J. Blanchard, Winnipeg.	G. H. Murphy, Halifax.
G. S. Cameron, Peterborough.	T. A. Patrick, Yorkton, Sask.
A. M. Campbell, Winnipeg.	J. I. Pratt, Port Arthur.
J. G. D. Campbell, Halifax.	W. D. Rankin, Woodstock, N. B.
G. F. Dewar, Charlottetown.	W. N. Reffuss, Bridgewater, N. S.
W. J. Egan, Sydney.	W. G. Reilly, Montreal.
W. J. Elliott, Brandon.	W. H. Secord, Winnipeg.
F. J. Farley, Trenton.	H. B. Small, Ottawa.
W. A. Gardner, Winnipeg.	F. N. G. Starr, Toronto.
W. Hackney, Calgary.	D. A. Stewart, Ninette, Man.
T. G. Hamilton, Winnipeg.	W. Turnbull, Winnipeg.
V. E. Henderson, Toronto.	J. M. Ulrich, Regina.
A. W. Knox, Weyburn, Sask.	C. H. Vrooman, Vancouver.
T. M. Leask, Moose Jaw.	S. L. Walker, Halifax.
J. H. MacDermot, Vancouver.	T. W. Walker, Saskatoon.
N. J. MacLean, Winnipeg.	N. W. Warner, Winnipeg.
A. A. Macdonald, Souris, P. E. I.	A. MacG. Young, Saskatoon.
M. MacLaren, St. John, N. B.	Geo. S. Young, Toronto.

### EXECUTIVE COMMITTEE

W. G. Reilly, Montreal, <i>Chairman</i> .	T. G. Hamilton, Winnipeg.
J. F. Kidd, Ottawa.	C. F. Martin, Montreal.
David Low, Regina.	S. E. Moore, Regina.
A. Primrose, Toronto.	J. S. McEachern, Calgary.
A. T. Bazin, Montreal.	M. MacLaren, St. John, N. B.
T. C. Routley, Toronto.	F. N. G. Starr, Toronto.
G. S. Cameron, Peterborough.	S. L. Walker, Halifax.

### SPECIAL COMMITTEES

Lister Memorial	- - - - -	R. J. Blanchard, Winnipeg.
Conference on Medical services	- - - - -	A. Primrose, Toronto.

## MEDICAL SOCIETY OF NOVA SCOTIA

### ANNUAL MEETING, JULY, 1926, AT HALIFAX

#### OFFICERS FOR 1925-1926.

President .....	Dr. E. V. Hogan, Halifax.
1st Vice-President .....	Dr. J. J. Roy, Sydney.
2nd Vice-President .....	Dr. L. R. Morse, Lawrencetown.
Secretary-Treasurer .....	Dr. J. G. D. Campbell, Halifax.
Associate-Secretary .....	Dr. S. L. Walker, Halifax.

#### EXECUTIVE

##### Cape Breton.

Dr. E. M. McDonald, Sydney.  
 Dr. D. R. McRae, Sydney Mines.  
 Dr. Dan. McNeil, Glace Bay.

##### Eastern Counties.

Dr. J. J. Cameron, Antigonish.

##### Colchester-Hants.

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

##### Cumberland County.

Dr. J. A. Munro, Amherst.  
 Dr. W. T. Purdy, Amherst.

##### Lunenburg-Queens.

Dr. R. G. McLellan, Lunenburg.

##### Valley Medical.

Dr. M. R. Elliott, Wolfville.  
 Dr. W. F. Read, Digby.  
 Dr. F. S. Messenger, Middleton.

##### Halifax Branch.

Dr. V. L. Miller.  
 Dr. J. L. Churchill.  
 Dr. A. R. Cunningham.  
 Dr. P. Weatherbee.  
 Dr. F. G. Mack.

##### Pictou County.

Dr. H. H. McKay, New Glasgow.  
 Dr. G. A. Dunn, Pictou.

#### COMMITTEES

##### Cogswell Library.

Dr. A. G. Nicholls.  
 Dr. J. R. Corston.  
 Dr. John Stewart.  
 Dr. Philip Weatherbee.  
 Dr. C. S. Morton.

##### Public Health.

Dr. A. C. Jost, Halifax.  
 Dr. E. Kennedy, New Glasgow.  
 Dr. M. E. Armstrong, Bridgetown.  
 Dr. J. K. McLeod, Sydney.  
 Dr. W. N. Rehfuß, Bridgewater.

##### Arrangements.

Halifax Medical Society.

##### Editorial Board—C. M. A. Journal.

Dr. W. H. Hattie.  
 Dr. G. H. Murphy.  
 Dr. J. G. McDougall.  
 Dr. K. A. McKenzie.  
 Dr. E. V. Hogan.

##### Workmen's Compensation Board.

Dr. G. H. Murphy.  
 Dr. E. V. Hogan.  
 Dr. M. G. Burris.

#### Members of C. M. A. Council.

Dr. E. V. Hogan (Ex-Officio)	Halifax.
Dr. J. G. D. Campbell (Ex-Officio)	Halifax.
Dr. S. L. Walker (Ex-Officio)	Halifax.
Dr. W. J. Egan,	Sydney.
Dr. L. R. Morse,	Lawrencetown.
Dr. H. K. McDonald,	Halifax.
Dr. G. H. Murphy,	Halifax.
Dr. Ross Millar,	Amherst.

#### Nominated to Education Committee C. M. A.

Dr. K. A. McKenzie, Halifax, N. S.

#### Nominated to Legislative Committee C. M. A.

Dr. J. G. McDougall, Halifax.

Dr. W. H. Hattie, Halifax

---

**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.