



ABOVE all things they must remember that they are called of God to this vocation therefore they should go to it with a high courage free from all fear. . . . Let him be tender with the sick, honorable to the men of his profession, wise in his predictions, chaste, sober, pitiful, merciful. Let him take his wages in moderation

Nature is very powerful and what has been profitable at one time is at another time useless. God and Nature sometimes do what seems to physicians and surgeons impossible.

AMBROISE PARE.



Compliments

The Librarian of the Medical Society of the County of Kings, New York State, writes the BULLETIN as follows:

"Many thanks for your letter of the 4th inst. and the copies of your NOVA SCOTIA MEDICAL BULLETIN for January, February and March of this year.

We appreciate your prompt and courteous response to our request and are glad to know that our name is being placed on your mailing list to receive future numbers of your *Bulletin* as published. . .

We are glad of the exchange relationship which we are entering into and extend to you and your Society, our cordial greetings.

The Librarian of the Academy of Medicine, Toronto, writes,—
"We should like to have on file at the library, the NOVA SCOTIA MEDICAL BULLETIN and it was suggested to me that you might be able to put us on the complimentary mailing list. If you could do this, we would appreciate it greatly."

Dr. William Magner of St. Michael's Hospital, Toronto, and the Editor of the *St. Michael's Hospital Bulletin*, a 150 page book of hospital and medical scientific notes and papers, also writes:—"We would be very glad to receive your BULLETIN regularly. It is a well-written and attractive Journal. In return we will send you the *St. Michael's Hospital Bulletin*, which however, is published only twice yearly. I regret that we are short of back numbers, so cannot offer to complete your file."

Also note the letter of Dr. DuVernet of Vancouver, in the March issue.

Another Medical Tour.—Under the direction of Sir Henry Gray, a party of physicians will leave Montreal on the White Star liner *Calgaric*, July 13, for a tour of clinics in leading British cities, and will return to Canada from Liverpool, August 5, on the *Doric*. A day will be spent visiting hospitals in Liverpool, Leeds, Manchester, Birmingham and about a week in London. The party will make side trips to such points of interest as the Shakespeare country, and will return to Montreal by way of the St. Lawrence.

(A. M. A. Journal).

Notes on Haemophilia Neonatorum

By Dr. M. G. Burris, Dartmouth.

HAEMOPHILIA neonatorum—Haemorrhagic Disease of the New Born, in its fully developed or milder manifestations, is a disease which has been described as being very rare. Allbut and Rolleston's "System of Medicine" states—"Cases of gastro-intestinal haemorrhage which is the commonest form are said to occur once for every 500-1000 births, whilst umbilical haemorrhage is only met with once for every 5000 confinements." The etiology is obscure or unknown. Some investigators strongly favour a general toxæmia of bacterial origin or a bacteraemia as being the underlying cause while others again state that this claim remains improved. All agree that the condition generally appears in the first three or four days of life and that it is a transitory one lasting in the majority of cases approximately one week, and in practically all cases that survive, by the end of the second week the haemorrhagic tendency has completely disappeared. The disease varies greatly in virulency. Trivial bleeding, e.g. from the vagina, may scarcely attract attention or interfere in the slightest degree with the health of the infant, while the grover gastro-intestinal, umbilical, conjunctival or ecchymatic haemorrhages or combinations of these, if untreated, range in severity up to 100% mortality. Treatment itself, until recent years did not make much change in the original prognoses. It consists of "anything which will stop the bleeding" and as Bernheim says "the disease is known to be *cured* once cessation of bleeding has been attained." The rub comes not in disputing the truth of these somewhat cryptic statements but in the attainment of haemostasis. for in spite of the fairly recent introduction of human serum and blood injections or transfusions and the simplification of the methods of using these agents it would appear that the perfect cure has not yet been discovered.

In view of the statement quoted above, as to the rarity of the condition, my own experience seems to be unusual since in a modest obstetrical and general practice, in the past fifteen years, ten cases of haemorrhage of new-born children have presented themselves. Some of these were of the severest type and all of them were quite definite so that there was no mistaking the unusual pictures which were presented. Seven of them were undoubtedly cases of haemophilia neonatorum. Of the remaining three cases, one appeared doubtful; One (circumcision bleeding) was probably true haemophilia; the remaining case (circumcision bleeding) may also have been true haemophilia but since no family history of that condition could be elicited, I have always considered it to be of the neonatorum type.

The cases in the order of their occurrence are:—

- Case 1. Male child. Delivery normal. Circumcised a few hours after birth. Bleeding from wound continued and could not be checked by styptics or cauterizing. Baby died about 48 hours later.
- Case 2. Male child. Delivery normal. Circumcized immediately after birth. Oozing of blood from wound continued in spite of treatment by styptics, etc. Baby died about 48 hours later. Marked history of abnormal bleedings on both sides of family. This was no doubt a case of true haemophilia.
- Case 3. Baby H. First born; female; delivery rapid, unaided. Child apparently normal. On 3rd day vomited blood; sublingual haematoma; frequent bloody bowel movements. Calcium salts given by mouth. Horse serum (diphtheria antitoxin) by subcutaneous injection. No result. Baby died about 24 hours from onset of bleeding.
- Case 4. Baby H. 4th child, male. Delivery normal, 36 hours later began to bleed from cord between ligature and skin level. Cord soft and pulpy (ripe banana consistency). Another ligature applied close to body. Bleeding recurred 2 hours later at skin level. Styptics, cautery failed to control. Catgut ligature passed around navel. (subcutaneous). Bleeding continued from needle wounds. One hour later bleeding from nose, mouth and conjunctival haematoma of scalp appeared; bloody discharge from bowel. Baby waxy white and in extremis. 6 oz. citrated blood, father donor, given through anterior fontanelle. Color restored. Bleeding from visible sites stopped before transfusion was completed. Baby taken to mother and put to breast, nursed in normal way. Suture removed from navel six days later. No bleeding. Tissue about navel at that time showed some slight inflammatory reaction. No pus. Boy now seven years of age. Strong and well. Frequent scratches etc. No abnormal bleeding. Attended quite recently for scalp wound. Blood clotted in usual time.
- Case 5. Baby S. First born, male. Delivery slow—uterine inertia, low forceps. Child apparently normal: 48 hours later bleeding from mouth sublingual haematoma, vomited blood, bloody bowel movement. Transfusion 100 cc citrated blood, through anterior fontanelle done within a few hours of onset of bleeding, father donor. No effect on bleeding. Transfusion 100 cc repeated. Bleeding continued. Baby died within 24 hours of onset of condition.
- Case 6. Baby B. First-born, male. Delivery extremely difficult, funnel pelvis. Difficult forceps operation. Bruising over left cheek. Tongue traction to resuscitate baby. After a few minutes cried lustily and seemed quite normal. On 3rd day began to bleed from tongue and from forceps abrasion on cheek. Vomited blood. Bloody bowel movements. Large haematoma over left parietal bone. Transfusion 100 cc citrated blood, father donor. No effect in bleeding. Baby died in convulsions about 12 hours later.

Case 7. Baby B. 3rd child, sex (?). Delivery normal. Bleeding from navel on 4th day. Cauterized and 20 cc whole blood (untreated) given through ant. fontanelle, father donor. Bleeding continued with frequent bloody bowel movements. Transfused 100 cc citrated blood. No effect in bleeding. Baby died 4 or 5 hours later.

Case 8. Baby P. 2nd child, Female. Delivery rapid. Mother bled profusely—placenta praevia lateralis—pituitrin in full doses. Baby resuscitated, tongue traction. On 2nd day bleeding from tip of tongue, sub lingual haematoma appeared. No visible laceration of tongue. 10 cc whole blood given intramuscularly, buttocks and thigh, father donor. Bleeding stopped within 30 min. Child alive and well 3 years later. No subsequent bleedings.

This is the case referred to as "doubtful". The bleeding was persistent but small in amount and might possibly have resulted wholly from trauma but the fact of its appearance about 36 hours after the injury and its prompt cure by blood injection seem to place it properly in the list.

Case 9. Baby L. First-born, male. Delivery tedious, unaided. Mother had suffered from excessive vomiting throughout whole period of pregnancy. Baby small, wrinkled, aged in appearance. Bleeding from cord on 4th day between ligature and skin. Cord softer than usual. No inflammatory reaction about navel. 10 cc whole blood given by intramuscular injection. Mother donor. Bleeding stopped within 30 min. Child living and well 3 years later. No further bleeding. Bleeding in this case was fairly severe and was not checked by styptics.

Case 10. Baby L. First-born, male. Delivery tedious, completed by forceps. Mother had suffered from mild but persistent pyelitis for six or eight weeks previous to confinement. Baby apparently normal at birth. Cord separated on sixth day in normal manner. 2 days later began to bleed from navel. Styptics applied, cauterized, no effect. 10 cc whole blood given by intramuscular injection, mother donor. Bleeding continued from navel. Later in day vomited blood, bleeding from conjunctivae. 10 cc whole blood given by intramuscular injection, father donor. Bleeding stopped within 30 min. The cauterized area about navel healed normally. Scab separated about a week later, no bleeding. Child living 14 months later. Developed hydrocephalus. First noticed when about 1 month old. No further bleeding.

A few generalizations as to the above cases:—

- 1st. Luetic history was denied by the father in each of these cases, and I feel certain that lues was not a factor in any one of them, with the exception possibly of the two circumcision cases of which I had but casual knowledge.
- 2nd. Blood grouping tests were not done in the cases transfused. However since the blood of one or other parent was used in every

case, I feel no serious error arose from this omission. Bernheim apparently thinks the danger from this source is small. i. e. when blood relatives are used as donors. He says "To a great extent blood relatives fall in similar groups." Some writers claim that in infants, under six months the blood of *any* non-luetic donor may be safely used without preliminary testing.

- 3rd. Citrated blood was used in the cases transfused. The physician who only occasionally does a blood transfusion will, I think, wisely select this method. With citrated blood the needle is much less likely to become blocked and so make the operation a failure. In spite of the fact that sodium citrate in vitro inhibits blood clotting, when used in transfusing it apparently has the opposite effect on the recipient. On this point Bernheim says:—"Instead of raising the coagulation time, according to Lewisohn and Weil, citrated blood lowers it for a time after which coagulation time returns to normal."
- 4th. The transfusion was done through the anterior fontanelle. A gravity apparatus, was used, with an ordinary "salvarsan" needle and about 2 feet of especially flexible rubber tubing. No especial difficulty was met with in entering the sinus. It lies close under the skin. I used a fine hypodermic needle to locate the sinus just at the posterior apex of the fontanelle and, having left it in situ, "followed in the same direction" with the larger needle. On entering the sinus blood flows freely from the needle. After noting this *and not before* the rubber tubing should be attached and the transfusion given. The needle must be held exactly in the position in which it has been placed—a little tilting one way or the other or advancing of the point will obviously introduce the danger or certainty of penetrating beyond the sinus. I devised a holding apparatus which I believe would lessen the danger of this accident but unfortunately (or perhaps fortunately) I have not had an opportunity of putting it to a practical test.
- 5th. There was no family history of haemophilia or abnormal bleeding in any of the cases. (Case 2 excepted).

From such a small number of cases it would be unwise to form any very definite conclusions. However, it does seem fairly certain that quite a percentage of these cases are doomed under any form of treatment, but on the other hand, it is equally certain that extremely serious cases may be promptly cured by the very simple injection of whole blood and that others may be snatched almost miraculously from death by blood transfusion. Probably too, "Cephalin," "Coagulose" or similar preparations may be effective in a certain percentage of cases, but whole blood is always available on a moment's notice and should be given on the first appearance of the bleeding by subcutaneous or intramuscular injection and, if this is not effective within 30 minutes or an hour, it may be repeated a number of times or, if the child is much weakened, a transfusion should be done. More recently, I believe citrated blood has been injected into the peritoneal cavity with

results rivalling those of the intravenous route. An explanation altogether different from that which I adopted may be given of my experience in Case 10—but it suggests that in case the blood of one parent has no effect, that of the other should be used and, if by subcutaneous or intramuscular injection, it would appear quite rational and safe to use the blood of any healthy individual—more so at any rate than the use of any animal serum.

Even though one may wander far from the truth, it is, perhaps, permissible to speculate to some extent about this imperfectly known disease. It seems quite possible that some general infective or toxic state of the mother, transmitted to the infant at birth may be intimately concerned in the etiology as suggested in Cases 9 and 10. The tremendous disturbance at the placental site during labour may furnish the mechanism by which the child receives the contaminating virus. My professor in Obstetrics had a dictum—"The parturient uterus contracts with a force equal to that required to lift a sixty pound weight." Under such conditions and granted that maternal sepsis or toxæmia exists, one can easily imagine how the infant might be overwhelmed by having toxic material literally forced into its own blood from the circulation of the mother. This theory, which is by no means a new one, seems to harmonize with the "incubation" period, the abrupt onset, acute symptoms and definitely limited course of events subsequent to birth.

Again it may be that a birth injury not fatal in itself, may be made so by the onset of this disease. In Case 6 there was probably an intracranial injury at birth, but if so it remained hidden for almost 3 days when the occurrence of repeated convulsions, in the midst of wide spread bleeding, at last suggested a rapid increase of the intracranial effusion as a terminal event in the disease; or the occurrence of a milder cerebral hæmorrhage, due to this condition, may be accountable for such a sequela as hydrocephalus, as in Case 10. (It would seem hard to select a site more likely to bleed, in hæmorrhagic disease, than the choroid plexus); and that the condition may exist in mild form much more frequently than is commonly supposed, and pass off unnoticed provided no injury or operation or other additional cause of hæmorrhage should occur as suggested by Cases 1 and 8.

So far as circumcision is concerned, one recalls that, according to historians, this little operation was a rite which was hoary with age long before Abraham left "Ur of the Chaldees" on his fateful journey into the West. It is quite possible that the priest physicians of that time would have been shocked at the idea of performing the sacred rite before the auspicious eighth day. They knew from experience that their god might take a swift and bloody vengeance for any infraction of this rule and they would therefore approve heartily of the covenant mentioned in Genesis. On account of the possibility of this dangerous form of bleeding, most of us, who do not subscribe to the details of that ancient covenant may, with commendable caution I think, even further postpone the operation of circumcision or any other operative measures, in new-born infants, not urgently required.

Ordinary Ulcers and Non-Penetrating Wounds of the Cornea and their Treatment

R. Evatt Mathers, M.D., F.A.C.S., Halifax, N. S.

Read before the Halifax Branch of the Medical Society of Nova Scotia, Dec. 1st, 1926.

I DO not pretend this paper to be anything but a rambling talk on Non-penetrating Wounds of the Cornea and ordinary Ulcers of the Cornea in general, with their treatment, not specifying any of the rarer forms of the ulceration. I therefore offer no apology for my disjointed way of treating the matter. I have chosen this most important subject not because personally I can bring forth anything new about Corneal Ulcers or in the line of treatment, but because the subject interests me and I think the disease is one much neglected by the laity and by the General Practitioner especially in the country districts.

Ulcers and Non-Penetrating Wounds of the Cornea, by prompt and proper treatment, can, in most cases be brought to a successful termination, whereas if neglected, they may lead very quickly to loss of sight and maybe loss of the eye itself. The Cornea, as you know, is well supplied with nerves and lymph spaces, but in health has no blood vessels, the copious supply of lymph takes the place of these. Being thinner in the center over the pupil than at the outer circumference, there is therefore more danger in perforation from an ulcer situated centrally than if situated near the limbus, also the subsequent scar which follows an ulcer, if over the pupil may seriously affect vision, and a scar so placed may necessitate an optical irridectomy.

Ulcers may arise without obvious cause, yet, in most cases, on careful inquiry, may be traced to infection or some slight injury such as a small foreign body or a scratch of the Cornea caused in many ways: I have seen a misplaced eye lash cause abrasion of cornea followed by ulceration.

Disease of the Lacrymal sac (Daeryoeystitis) is a most serious condition if one gets even a slight abrasion of the cornea. The conjunctival sac even at best is never free from bacteria, but with such condition as disease of the tear passages, the eye is flooded with Streptococci, Pneunococci, etc. A chronic dacryocystitis seeming to be a

favorite residence of the two former. It is surprising to me the resistance the Cornea has in health to those germs, but if even the slightest abrasion takes place, death of the Corneal tissue results, and we have our ulcer, sometimes small but at times spreading in a few days to such an alarming extent, that the whole Cornea may become involved. Iritis with hypopyon develops check up perforation of Cornea followed by panophthalmitis and eventually enucleation. If we are lucky enough to heal such an ulcer we have a dense scar or leucoma covering the whole Cornea causing loss of sight and an ugly deformity. If the whole Cornea is covered with a scar optical iridectomy is useless, yet it is not uncommon by any means to see people walking about with tear sacs diseased and pouring pus into their conjunctival sacs, little dreaming of what danger they are running to loss of sight. Such a patient walking along the street on a dusty day gets a piece of dirt in their eye, an abrasion follows, then ulceration. All patients with a dacryocystitis should be told of the grave danger they are running.

All Corneal wounds, no matter how trivial, should be regarded as serious and treated with the greatest care. It is a surprising thing to me to see how casually many people regard so lightly, wounds of the Cornea, allowing every Tom, Dick or Harry to try and remove a F. B. with a dirty match, toothpick or knife blade, seeming to be perfectly oblivious of the danger of infection. I often think some people are more particular removing a splinter from a finger than a F. B. from their eye. They will immediately run for a bottle of Iodine to apply to a finger scratch, but will neglect a corneal abrasion.

Unless the ulcer is very tiny, it may readily be seen. It will usually have a scooped out appearance, a dirty greyish floor and the edges surrounded by infiltration. There will be circumcorneal congestion, the amount of this depending in great measure upon the extent and situation of the ulcer. The patient will complain of pain more or less severe and a feeling as if a F. B. was in the eye, photophobia, lacrymation and blepharospasm and the pupil slightly contracted. When healing takes place the depression fills up with new tissue leaving a whitish scar or opacity. This opacity may remain or as time goes on become less dense and in some cases disappears.

TREATMENT.

I intend to give the treatment my Colleague and I follow and get the best results from. We see a great many cases of F. B. and ulcers both in private practice and in the V. G. H. and the Children's Hospital and I do not profess to give you anything original in the way of treatment, only from considerable experience we have been able to follow certain lines of treatment and to use certain remedies which to us at least, have been most successful. Every patient coming to our office with a F. B. or Corneal wound no matter how slight is treated as if the condition was serious. We have seen so many seemingly trivial

scratches of the Cornea developing into serious ulcers that we have at least learnt our lesson. If a F. B. case, a sterile 4% solution of Cocaine or 2% Sol. Holocain is used 2 or 3 times for 10 minutes. In passing it must be remembered that in some cases Cocaine causes a drying of the Cornea and a peeling off of the outer membrane. We have seen a few cases where Cocaine solution has caused considerable trouble this way. If the F. B. is small and hard to see we find a Bergers Optical Loup most helpful in locating it. The patient should be placed in a good light and the Cornea illuminated with a strong lens, F. B.'s are best detected in this way.

It is always well, of course, to carefully first examine the lower lid. I have several times seen an eye lash which had floated end on and been carried into the tear passage, the end sticking out of the punctum and scratching the eye ball with every movement of the lids. Next the upper lid should be turned as in many cases as you know the F. B.s may be found adhering to the conjunctive and every movement of the lid may cause intense pain. A F. B. so situated may be washed away by the tears but frequently not before it has scratched the Cornea. In such cases the wound may be difficult to detect. If in such cases and we are unable to see the scratch or F. B. and the patient complains still of feeling something in the eye, put in a tablet of fleurocine put up in convenient tubes by B. & W., this will mark out the abrasion with a greenish stain. If the F.B. is on the Cornea it has to be gently removed with a sterilized eye spud. If the F. B. is imbedded deeply, great care and gentleness have to be exercised and it may take some time to remove it. If Cocaine is used it is well to occasionally moisten the Cornea with a Boracic Acid Solution.

We have had a few cases of metal in the Cornea which have been driven in at an angle quite deeply making removal very difficult. In one such case which my Colleague and myself worked over for some time with no result, we decided to leave it till next day to allow the Corneal tissue surrounding it to soften. It was in so deeply and so solid, we were afraid that working at it longer might cause perforation, into the ant. chamber. Atropine was instilled and the sac filled with 1-5000 Bichlor. Oint. It's removal next day was quite easy. Pieces of iron, if of six hours or longer duration, may come off as if in layers. The stain by rust must be carefully scraped off. If the case is one in which the F. B. has been in 24 hours or longer, there may be sloughing of the edges of the wounds. In such cases after the F. B. has been removed, it is well to gently curette the edges of the wound and apply lightly a 20% solution of Trichlor acetic acid. To do this, a tiny piece of cotton is wound tightly round a fine applicator dipped in the acid and allowed to dry a short time and then lightly touched to the wound. By doing this no excess of acid will run over the Cornea. The eye is then filled with 1-5000 Bichloride ointment and a patch put on and not removed till the patient retires

when he is instructed to wash the eye with Boric sol. and then fill the sac again with Bichlor. oint., and report next A. M. In the majority of cases of F. B. the eye is healed next day. We insist on all our cases (unless there is some contra indication) keeping the eye closed. I know some advocate leaving the eye open but personally I could never see that such a course was wise and might not lead to further trouble. Occasionally after removal of a F. B. the patient may have considerable pain and irritation of the eye. Sometimes it is necessary to prescribe a collyrium for the pain. Do not use Cocaine solution for this but rather a weak solution of Holocain Hydrochlor say $\frac{1}{2}$ gr. of Holocain to 2 drams of aq. Holocain besides relieving the pain is an antiseptic and has no bad effects on the Corneal tissue.

TREATMENT OF CORNEAL ULCERS:

Treatment of ulcers of the Cornea is at times of long duration and again the healing may be rapid. The pupil should always be dilated with Atropine. This gives the patient usually great relief by putting the eye at rest. The pupil should be kept well dilated and the Atropine used as frequently as is necessary to keep it so. The conjunctival sac should be washed out with warm boric acid solution 3 or 4 times a day or oftener. Heat in the form of hot bathing or hot water bag should be applied every 1 to 3 hours depending on the amount of pain and inflammation present. The conjunctival sac should be filled with a 5% Boric Acid Oint. or 5% Neo Silvol ointment and the lid closed with a piece of sterile gauze covered with a patch or strips of adhesive plaster. If the ulcer does not heal readily and seems to be spreading harsher measures are necessary. It may be necessary to cauterize the ulcer with a chemical cautery or the actual cautery. Of many of the chemical cauteries mentioned, Iodine, Carboic acid, Trichlor acetic acid etc., we have found the latter in 20% Solution to be far the best, at least, that is our experience. To use this, the eye is first cocained and the ulcer gently touched with a tiny piece of wool wound on an applicator. It must not be too wet or it will run over the Cornea and cause pain. We rarely now use the actual cautery. If the ulcer still is stubborn we are strong advocates of pasteurization of the eye and we think that, the most valuable form of treatment for Corneal ulcers. We have two methods of applying this form of heat. One electrical and the other with the copper ball heated over an alcohol lamp. The latter we use mostly. The method of using this treatment is very simple and we have had some wonderful results from its use. Cases that looked hopeless have healed quickly. Not only that, but even after the first treatment the patient will remark on the relief and in cases where dilation of the pupil will not take place under use of Atropine it will almost always do so under pasteurization. I recall one case in particular where even with strong solutions of atropine used frequently in

the office with great care the pupil remained contracted. The patient suffering great pain, Pasteurization was applied and in a short time wide dilation of the pupil took place with almost immediate relief to the patient. To apply Pasteurization in the simplest form which any of you can do, the instrument I have here is used. The electrical pasteurizer is a little more complicated and would hardly be necessary for any General Practitioner to have. This little instrument is a copper ball. The eye is first cocained (this is usually only necessary the first once or twice) and the ball is then held over an alcohol flame till red hot. Standing behind the patient his head resting on the back of a chair or head rest, with the fingers of the left hand the upper and lower lids of the eye are held apart. The heated copper ball is then brought close to the ulcer about 1/8 inch away and held there till the ball begins to cool. This is repeated several times for 15 or 20 minutes once or twice a day. Of course it is well to explain to your patient what you are going to do otherwise it is rather terrifying. The results have been with us most gratifying in every way. Relief of pain, quicker healing, healing of ulcers that resisted every other treatment, and we are sure much less Corneal opacity, and the treatment itself is free from any pain or discomfort.

The Minutes of the recent Maritime Medical Conference are to be found in this issue. What was actually done may appear small, but it was a big thing to get the other fellow's viewpoint. Of the Conference Dr. T. C. Routley writes as follows:—

Dr. S. L. Walker,
187 Hollis Street,
Halifax, N. S.

“Dear Doctor Walker:—

The more I reflect upon the Maritime Conference which was held in Moncton, the more convinced do I become that it was a splendid meeting for all concerned.

It was a real pleasure for Doctors Primrose, Starr and myself to sit in with you men, and we would like you to know that we thoroughly enjoyed it.

Hoping that the discussions which took place will be of benefit to the profession in the three provinces and also to Canada as a whole, and with kind personal regards, I am,

Yours faithfully,

T. C. ROUTLEY,
General Secretary.”

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Looking Back

HIPPOCRATES evolved the inductive method; and when it is remembered that our achievements in all the sciences rest on this manner of reasoning, it is a proud boast as Sir Berkeley Moynihan says, that the method first found its application in the science and art of medicine. He collects his clinical evidence, considers carefully each fact observed, arranges them in logical sequence, classifies the whole case unit with others of a similar kind, and then adduces a general conclusion and lays down a principle which shall govern in the treatment and management of the case. His observations and judgement were not always correct because he lacked the basic knowledge of correct physiology and anatomy; but in some departments, such as fractures and wounds, his methods and teaching require but slight additions and touchings to bring them up to the most exacting call of modern surgery.

Anything so appealing to the senses as the effect upon the limbs of certain head and spinal injuries, must surely have been observed before Hippocrates time; but it was he who gave definite shape to them and similar observations, speculated on their cause, and endowed them with the spirit of a great teacher, in order, in the healing art, that thought and practice, brain and hand, should be guided aright, in the supreme service he sought to render to mankind. It has been said of Hippocrates, that great as were his endowments as a searcher

after truth, his influence as a teacher was greater still, and so it came about that one generation after another accepted, without question, the whole Hippocratic dicta as the summum bonum in medicine. For a people that acknowledged a god of medicine, it was an easy process to a hard and fast hero-worship. Medicine stood still. One century followed another, but, what was written was written, and no one seems to have had the hardihood to question the absolute finality of the voice from the Hippocratic Olympus.

In the centuries succeeding, therefore, what original thought there was, concerned itself with trying to extract some new meaning from a Hippocratic formula; and as usually happens, when old texts are turned upside down and inside out, and the lights and shades of changing mentalities affect their interpretations, so there appeared, here and there, physicians who claimed Hippocratic justification for decidedly doubtful methods, in much the same way, as we are told, his satanic majesty can buttress his pretense of impeccability by quotations from Holy Writ.

It should be remembered, however, that the Hippocratic teaching was not entirely a series of dogma. He established principles by a process of observation and reasoning which he took care to explain. Those who followed him in the art of medicine, had his conclusions and principles, but they also had the methods by which they were established, and the call to accept his principles carried with it as well the suggestion for further verification. That further development of the Hippocratic system took place in the succeeding centuries, is beyond question. 'Tis but a short time since Lister established the principle of antiseptic surgery, but even in these few years many changes have been evolved in the perfecting and application of the Listerian system. Centuries must have done similar things for the teachings of Hippocrates, but it stopped there, and no new methods were employed till the time of Galen.

G. H. M.

WHAT OF THE FUTURE

The following is the eloquent and inspiring peroration of the Hunterian Oration on "Hunter's ideals and Lister's Practice," delivered at the Royal College of Surgeons of England by Sir Berkley Moynihan, Bart., M. S., Lond., Eng. It is taken from *The Lancet*.

What of the future? Looking forward, I humor my fancy and indulge my dreams. Imagination, Keats tells us, may be compared to Adam's dream—he awoke to find it truth. The art of the surgeon is the pillar of his science, and it is for science to discover how that almost perfect art may now be used to the fullest advantage. We eagerly await the day when disease shall not require to be checked in high career, but shall be blighted at its origin, or even denied existence, when our weapons of war shall be laid aside.

That day may yet be far away, but already beyond the distant hills we see promise of the dawn. It does not perhaps so much or so deeply concern ourselves as those who soon must take up our task, and lead the hosts whose victory shall attain our high ideal. In due time, and in accord with ancient precedent, this country of ours, the fruitful mother of so many gifted sons, shall raise up in our schools the youths who shall go forth to conquer a crown.

They will be best equipped who keep to the course, recall the methods, and are imbued with the ardent spirit of the two famous men whom we praise to-day, the two greatest surgeons the world has ever known.

Our youths must be prepared for self-sacrifice, for arduous discipline, perhaps for the most heart-breaking rebuffs, for the stern or even bitter criticism of their fellows. But there never was a time so rich in promise, so laden with rewards for those who labor with sincerity and truth. They will not travel alone. The whole army of science is in league with them, moving forward with incredible speed, eager to lay at their feet the triumphs of its astounding conquests.

The responsibilities which rest on them, the intellectual accomplishments, and the dedication of their lives demanded of them, are enough to cause the stoutest heart sometimes to falter. Yet, armed with the sword of the spirit and the breastplate of faith, they will remember that the happiness of life lies in its responsibilities, that true joy is found in the quest for what may after a weary journey prove unattainable.

Ahead lies the noblest of tasks to which they may consecrate themselves; for the lives of men are in their hands, the love, the happiness, the whole welfare of mankind. We need not fear. They will be worthy of their charge. God counts not result but effort.

Branch Societies

Halifax Branch, Medical Society of Nova Scotia.

THE ninth regular meeting was held at the Dalhousie Health Clinic on March 2nd, 1927. 26 members and 7 students were present.

The Secretary read a Resolution from the Executive dealing with the matter of Dr. Lawlor's paper, which was referred to them on December 8th, 1926. The recommendation of the Executive was that Dr. Lawlor deal directly with the Department of the Government under whose jurisdiction the Nova Scotia Hospital was operated and after this, if he saw fit, to return to this Society for assistance.

Dr. Victor McKay then opened the discussion on Cancer. He outlined the history of cancer research beginning at the time of Virchow. Cellular pathology is the basis of present knowledge. The irritation and cell rest theory were reviewed. The questions of heredity, predilection in certain races, cancer districts, etc., were discussed. He ended his splendid review with a very comprehensive resumé of Gye and Barnard.

Dr. John Stewart discussed the surgical side of the Cancer problem. With regard to malignancy of the breast he presented very interesting statistics, showing the results in early and late operation. He considered that the incidence of cancer is on the increase.

Dr. S. R. Johnson discussed the value of X-Ray and Radium in cancer, contrasting the very satisfactory results in some cases with the very disappointing results in others. The factor that makes the difference is unknown.

The papers were also discussed by Doctors Murphy, Birt and Schwartz.

The tenth regular meeting of the society for the season was held at the Dalhousie Health Clinic March 16, 1927. There were twenty members and one guest present.

Dr. H. H. McKay of New Glasgow reported six cases of Diabetes with coma treated with Insulin. After reporting the cases he outlined the regular method of treatment used, referring to laboratory methods, especially blood sugars, as done in New Glasgow. Dr. McKay demonstrated the efficiency and safety of Insulin, even as used in the country home. Of the six cases he had only one death to report in a woman of fifty, thin with known Nephritis. Death was due to Uraemia.

In discussing the paper Dr. K. A. McKenzie paid tribute to the excellent and accurate work of Dr. McKay. He mentioned, in brief,

some of his experiences in 130 cases of Diabetes, 45 of which were treated with Insulin, with 23 deaths. In almost every death there had been neglect to carry out orders and the mortality can be definitely attributed to this cause.

Dr. J. G. McDougall gave a very comprehensive outline of Diabetes in relation to Surgery. In 80% of deaths in surgical cases, due to Diabetes, death took place in coma. He pointed out that many cases, which would have been surgical before Insulin, can now avoid operation. Further a poor surgical risk can be made a good surgical risk with Insulin.

Dr. Muir stated that, in his opinion, N. O. 2 was the best general anaesthetic in diabetics. He also mentioned that the local anaesthetics were apt to produce gangrene. Spinal anaesthesia is considered good.

Dr. Lessel suggested that the amount of Oxygen given with ether tended to alter the dangers.

The eleventh regular meeting of the Society for the season 1926-7 was held at the Dalhousie Health Clinic April 5th, 1927. There were twenty-five members present.

The President stated that the date of the meeting had been changed to celebrate Lister Day. The members of the Society were particularly fortunate in having one of Lister's own house surgeons to speak to them to-night, and a man who has won such high esteem and honor, Dr. John Stewart.

Dr. Stewart reviewed the history of the beginning of antiseptic surgery. Getting the key from Pasteur Dr. Lister experimented with various poisons, finding Carbolic Acid the most generally useful. He used various strengths, the general tendency being to make the solutions weaker and weaker. He explained in detail the types of dressings used and the method of sterilizing instruments, skin and the hands of the operator. The beginning and the end of the carbolic spray was referred to. Lister's trip to Germany and his enthusiastic reception by German surgeons was described as one of the greatest events of his life. The Germans took up his methods rapidly.

In answer to a question, by Dr. Murphy, Dr. Stewart explained the relation of Pasteur to Lister's work. He also mentioned that Lister's father manufactured the first achromatic microscope, and that Lister was one of the best microscopists of the time.

Dr. M. A. B. Smith, in discussing the paper stated that when he left New York to come to practise in Halifax the Listerian principle was not practised in that city, but in Halifax the carbolic was used at all operations.

The twelfth regular meeting of the season was held in the Dalhousie Health Clinic on the evening of April 13th, the President, Doctor Weatherbe, in the chair. As the papers were to be from two distinguished visitors, no other business was transacted.

Dr. Eberts, Consulting Surgeon, Montreal, was the first speaker. His subject was "Malignancy in Goitre." He dealt very fully with the subject, giving the opinions of practically all writers and research workers in this field, as regards frequency, cause, pathology and treatment. He then reviewed his own Goitre cases for the past five years, dealing, in particular, with his 14 cases of malignant goitre. He brought out especially that Adenomatous Goitre may at any time develop into malignancy and the treatment, par excellence, is early operation.

Dr. A. H. Gordon, Consulting Internalist, Montreal, presented the second paper, being on "Rheumatic Fever." He gave notes of three cases, a child of 5½ years, a lady of 20 years and a boy of 13. These were used as illustrations, as he said,—“not because either singly or as a group they show all the features of Rheumatic fever, but because they appeared in succession within a short time of each other, and a short time ago, and they may keep us from wandering too far afield in a region which is clinically boundless.

His biblical text was from Jeremiah, the weeping prophet, when he cried, "Peace, Peace, when there is no Peace," a good title for a paper on the clinical aspects of Rheumatic fever. He indicated very clearly the unity of Mitral Stenosis, of Chorea, of adherent Pericardium, of Auricular Fibrillation, of Subcutaneous Nodules, of forms of continued fever, and of migratory arthritis, not as the results of Rheumatism but as *Rheumatism* itself.

The entire paper was a lucid and pleasing consideration of the etiology, pathology, course and duration, diagnosis and treatment.

The two papers were discussed quite fully by Doctors Hogan, McDougall and K. A. McKenzie. Dr. Weatherbe extended to the speakers the hearty thanks of the Society for the rich treat which Doctors Eberts and Gordon had afforded all present.

Shifting the Wheezes.

He dropped his cane on an "L" station platform and made several vain attempts to stoop over to pick it up. An obliging platform man picked up the cane with the remark:

"What's the matter? A little lumbago?"

"No; I bought these suspenders in Scotland and they won't give."
—Pickup.

Maritime Conference Official Minutes

A Maritime Medical Conference, arranged by the Canadian Medical Association, was held in Moncton, N. B., on March 24th and 25th, 1927. Particular interest attaches to the meeting in as much as it was the first time in the history of the three provinces by the sea, that such a conference had been held. The following delegates were in attendance.

DR. A. F. MILLER	Kentville, N. S.
DR. J. A. MCPHEE	Summerside, P. E. I.
DR. J. R. NUGENT	Saint John, N. B.
DR. R. J. COLLINS	Riverglade, N. B.
DR. P. S. CAMPBELL	Halifax, N. S.
DR. A. C. JOST	Halifax, N. S.
DR. J. J. ROY	Sydney, N. S.
DR. C. J. VENIOT	Bathurst, N. B.
DR. S. L. WALKER	Halifax, N. S.
DR. L. M. CURREN	Saint John, N. B.
DR. G. J. WHERRITT	Moncton, N. B.
DR. J. B. MCKENZIE	Loggieville, N. B.
DR. C. L. GASS	Sackville, N. B.
DR. W. P. KIRBY	Moncton, N. B.
DR. R. L. M. MORSE	Lawrencetown, N. S.
DR. S. R. JENKINS	Charlottetown, P. E. I.
DR. I. J. YEO	Charlottetown, P. E. I.
DR. R. E. WODEHOUSE	Ottawa, Ont.
DR. F. N. G. STARR	Toronto, Ont.
DR. A. PRIMROSE	Toronto, Ont.
DR. T. C. ROUTLEY	Toronto, Ont.

The first session convened on the afternoon of March 24th, was called to order by Dr. T. C. Routley, General Secretary of the Canadian Medical Association, who stated that the purpose of the meeting might be summed up as an opportunity for the profession in the three provinces to discuss plans whereby they might be of mutual assistance, not only to each other, but to the profession in Canada, as a whole. Dr. Routley then asked the meeting to elect a Chairman and a Secretary. On motion duly carried, Dr. L. M. Curren of Saint John was elected Chairman and Dr. I. J. Yeo of Charlottetown was elected Secretary.

Among the subjects included on the agenda, the following were discussed:—

Extra-Mural Post Graduate Plans.

The delegates present spoke most enthusiastically of the post graduate tours which had been made of their respective provinces during the past year, as part of the all-Canadian plan put into effect by the Canadian Medical Association and so generously financed by the Sun Life Assurance Company. The delegates expressed the wish that similar tours be conducted this summer, and some little time was spent in arranging dates and choosing speakers and subjects.

Provincial Inter-change of Speakers.

Particular attention was directed to the advisability of the respective provinces interchanging speakers in connection with the extramural plan. It was agreed that a list of available men from each province should be made known to the other provinces.

Provincial Annual Meeting Dates.

Considerable discussion took place regarding the advisability of the three provinces holding their annual meetings in sequence, in order that visiting speakers might, where desired, be utilized at all three meetings. It was pointed out to the meeting that this plan had been adopted by the Western Provinces and was working out very satisfactorily. It was finally agreed that the annual meeting dates for this year would be arranged in sequence, as follows:—

Nova Scotia, at Sydney, July 6, 7.

New Brunswick, at Chatham, July 12, 13.

Prince Edward Island, at Charlottetown, July 13, 14.

In addition to the splendid provincial programme which is being prepared in each instance, a group of outside speakers has been nominated to visit the three centres on the dates indicated.

Canadian Medical Association Annual Meetings.

In order that there might be evidenced the closest co-operation between the three provinces in regard to the visit to the Maritimes from time to time by the Canadian Medical Association, a good deal of discussion took place on this point. Invitations from Saint John and Charlottetown having been extended to the C. M. A. to meet in the East in 1928, it was suggested that a decision be arrived at by the delegates present as to which invitation should be pressed. It was finally moved, seconded and unanimously carried that the invitation to the C. M. A. to meet in Charlottetown, P. E. I., in 1928, should be heartily supported by the Maritime Provinces. It was further agreed by the delegates that the next C. M. A. meeting to be held in the East should go to Saint John.

Other topics which engaged the attention of the meeting were as follows:—Medical Organization, The best plan to complete both local and provincial medical organizations, Periodic Health examinations, Workmen's Compensation Board Problems, Medical Legislation, the Narcotic Drug Problem, and other matters of general interest to the profession.

The Civic Banquet.

One of the most interesting and outstanding features of the Conference was the Civic Banquet given to the delegates on Thursday evening, sponsored by the Gyro Club of Moncton. There were about

one hundred and fifty present, and addresses, which were broadcast through the courtesy of the Canadian National Railways, were given by the following:—

- MAYOR BUDD A. TAYLOR, Moncton.
DR. F. N. G. STARR, Toronto.
President-Elect of the Canadian Medical Association.
DR. A. PRIMROSE, Toronto.
Chairman of Council of the Canadian Medical Association.
DR. T. C. ROUTLEY, Toronto.
General Secretary, Canadian Medical Association.
DR. R. E. WODEHOUSE, Ottawa.
Secretary, Canadian Tuberculosis Association.
MR. PARKER, Toronto.
Representing the Life Insurance Companies.

Before the meeting adjourned, the delegates, by resolution, unanimously approved of the idea of a similar conference being held from time to time. A vote of thanks was tendered to Dr. F. N. G. Starr, President-Elect of the C. M. A., Dr. A. Primrose, Chairman of Council, and Dr. T. C. Routley, General Secretary for attending the meeting.

I. J. YEO, Secretary.

This is an Editorial note from the April *C. M. A. Journal*. Please note the heading; we are now called a Journal:—

Canadian Journals.

The February number of the *Nova Scotia Medical Bulletin* opens with some well written reminiscences of Yarmouth doctors of the "70's" by Dr. C. A. Webster of Yarmouth. There is a distinct historical value in reminiscences of this nature, for the medical man of the type they recall is passing fast, and records of them by contemporaries are needed. In consonance with this idea is the announcement in the same "Bulletin" of a gift to the Medical Faculty of Dalhousie University of a number of old surgical instruments by the late Dr. Augustus Robinson of Annapolis Royal. It is hoped that these will be a nucleus for the formation of a medical historical museum in the University.

We note also that the authorities in Dalhousie University have arranged to place the electrocardiograph of the Physiological Department at the disposal of those physicians desirous of using it. Cardiograms will be made by Professor Dryer of the University. An arrangement of this nature would seem to be an eminently useful one.

Readers of the *McGill News* will enjoy an article entitled "Louis Hébert—Canada's First Seigneur and Colonist." We would have published a summary of this article, on almost the first man to practice medicine in Nova Scotia, but in the January 1925 BULLETIN will be found an equally good account, from the medical point of view better, from the pen of our Nova Scotia Medical Historian, Dr. W. H. Hattie.

Minutes of Executive Meeting

Medical Society of Nova Scotia, held at the Halifax Hotel,
Thursday, April 21st, at 2 P. M., 1927.

THE meeting was called to order by the President, Dr. J. J. Roy, those present being:—Doctors Roy, L. W. Johnstone, Rehfluss, Murphy, Muir, Campbell and Walker.

The Secretary reported that all letters, notices, and resolutions requiring action had been carried out.

A discussion arose regarding the separation of BULLETIN and general expenses of the Medical Society. The Secretary was instructed to pass to the Treasurer at the close of each month, all bills incurred during the month, and the Secretary was instructed to pay these by cheque immediately upon receipt. Resolved that all accounts be included in one.

The Amendments to the Constitution as proposed at the last annual meeting, found in the August BULLETIN pages 19 to 21, were read and approved and ordered to be presented to the Annual Meeting for adoption.

At 10.30 a. m. this date, the special committee appointed at the last annual meeting, to consider matters relating to the Workmens' Compensation Act, met the Board, and Dr. J. J. Roy, Chairman, presented a verbal report to the Executive. Four general matters were discussed with the Board. One—The Medical referee to be made a full member of the Board. Two—Treatment should be for duration of illness, and not limited to 30 days. Three—Men should not be brought to Halifax for treatment, if the same could be secured at their homes. Four—The Board to pay for operations required to make a man fit.

The entire discussion brought out the fact that to accomplish any of these desirable matters, it would be necessary to have an amended Act. That is not the work of the Board itself; but the Society should take the matter up with the Government in order to secure the necessary Legislation. A fuller report of this meeting will be prepared and submitted to the Society at its next Annual Meeting. The members of the Society present at the interview were:—Doctors Roy, A. McD. Morton and Walker.

The Secretary was instructed on motion to advise the Secretary of each branch Society that the Doctors nominated by them to the Executive Committee of the Medical Society of Nova Scotia are required to attend at least one meeting of the Provincial Executive. This in accordance with the following Resolution adopted at the

last Annual Meeting;—"That members of the Society accepting appointment to the Executive, undertake, in so accepting, to attend one general meeting each year."

The following were named as the sub-committee of the Executive, in accordance with the following Resolutions passed at the last Annual Meeting:—Dr. J. J. Roy, Sydney; Dr. W. F. McKinnon, Antigonish; Dr. W. H. Rehfuss, Bridgewater; Dr. F. R. Shankel, Windsor; and Doctors G. H. Murphy, P. Weatherbe, J. G. D. Campbell and S. L. Walker of Halifax: Resolutions,—“That a small committee of the Executive be appointed by that Body, to act for it, as a quorum, in case of special meetings.” Also, “That the travelling expenses of this quorum to various meetings they may be called upon to attend, be paid out of the funds of the Society:” And, “That those accepting appointment to this quorum undertake to attend all meetings called by the President.”

Upon motion, the executive resolved to make certain nominations to the Annual Meeting for men to be elected as honorary members.

The following Resolution from the Colchester-Hants Medical Society, was on motion referred to the programme committee,—“Resolved and passed unanimously,—That the Colchester-Hants Medical Society in regular session, request the Executive of the Nova Scotia Medical Society, to invite the different members of the Medical Profession throughout the Province, to contribute papers to the Professional Programme of the Annual Meeting.”

The following Resolution from the Western Nova Scotia Association was on motion referred to the Public Health Department for information of the Society,—“That the Western Nova Scotia Medical Society place itself on record as being opposed to the dangerous practice of selling Iodized Salt in Nova Scotia, which is becoming so prevalent among grocers to-day. And further resolved that a copy of this resolution be sent to the Department of Health, Halifax, and to the Nova Scotia Medical Society for their consideration and action.” The Secretary was instructed to refer this matter to the Public Health Department for information.

A letter from Dr. H. McKinnon of Berwick, relative to advertising cards of doctors, was ordered to be filed.

With regard to correspondence in the BULLETIN, on the Tuberculosis situation in Nova Scotia, it was decided to refer the matter of the working of the Tuberculosis Commission to the Annual Meeting for action. It was resolved that the Executive place itself on record as endorsing the action of the Government in appointing a Commission to consider the mentally defective. The Executive trusted that some action would be taken as soon as possible.

The letter from the Legislative Committee of the Canadian Medical Association, published in the March 1927 BULLETIN, pages 18 to 20, was considered. It was agreed that Doctors Murphy and Hattie should be accepted as the legislative committee of the Medical

Society of Nova Scotia. General approval was given to the several topics presented in that letter, and the Secretary was instructed to obtain from this special committee a copy of the report they had already submitted to the chairman of the C. M. A. committee.

A communication from the Pharmacological Committee of the Canadian Medical Association to Professor Gibbs of Dalhousie, the Nova Scotia Representative on that Committee, was considered. It was resolved that the matters therein dealt with be considered at the Annual Meeting.

A communication from the Chairman of the Provincial Undertakers' Association, was regarded as belonging to the Department of Public Health. The Executive instructed the Secretary, in the case of the death of Honorary Members and Officers of the Provincial Society, to see that the Society sends suitable floral offerings. In all instances messages of sympathy are to be forwarded.

The Secretary reported regarding the Medical Conference held at Moncton, March 24th and 25th, 1927, as published in the April BULLETIN, page 19. It was on motion, resolved, that the Executive approve of the action taken in connection with said meeting.

Dr. J. J. Roy gave a verbal report of the actual proceedings of the Conference and the matters dealt with. These minutes are to be published in the BULLETIN. It was further resolved that Doctors Roy, Morse and Walker, present a further report at the Annual Meeting in Sydney.

One matter brought up by the representatives from New Brunswick related to the publishing of an additional number of copies of the BULLETIN, in order that one might be sent to each practising physician of the three Provinces. In view of the fact that some two years ago, the Editorial Board had circularized all members of the profession in New Brunswick and Prince Edward Island, with a view to obtaining this larger circulation, and receiving little or no response, it was felt that primary action should be taken by these two provincial societies. The Secretary, however, was instructed to advise the N. B. and P. E. I. Societies as to the cost, as per figures submitted by the Imperial Publishing Company.

Upon Resolution, it was decided that should a Conference of Medical Services be held again in Ottawa, as in December 1924, and March 1927, that the appointing of suitable representatives be left to the President and Executive.

The Executive, on motion, approved of the Maritime Annual Meetings being held in succession. This was in order that speakers sent by the C. M. A. could address the three gatherings. The dates for 1927 being Sydney July 6th and 7th, Bathurst, July 12th and 13th, and Charlottetown July 13th and 14th. The Executive approved also of the C. M. A. meeting for 1928 being held in Charlottetown, and the next time the Association meets in the East, the meeting should be held in Saint John. On motion, the Secretary was instructed to

inquire of the P. E. I. Association in what manner this provincial Society could aid in making this meeting a success.

The extra-mural lectures of the C. M. A. to be held before the various branch societies, last 10 days in May, was heartily approved. The Secretary being instructed to make all necessary arrangements. It was concluded that in the opinion of the Executive, the months of May and October are the best for holding such meetings. The matter of these lectures being sent from a distance, to address one society alone, was considered, and the opinion was expressed that other branch societies would doubtless be glad to hear the addresses were they advised of the lecturers coming to the Province.

The Secretary reported regarding the collection of membership fees for the year 1927. Total membership for the Medical Society of Nova Scotia paid by March 31st, 240, and the fee netted to the Treasury \$2,349.37. The expenses of collection being \$50.63. The membership collection of the Canadian Medical Association was 99 members; the amount remitted being \$958.98; cost of collection and forwarding being \$31.02. It was pointed out that there was a distinct loss in C. M. A. membership, with a considerable gain in Provincial membership. The paid up membership in the Medical Society of Nova Scotia for 4 years 1924 to 1927, including Honorary Members, was 200, 229, 234 and 251; membership in the C. M. A. for the same years 94, 110, 143 and 115. 384 drafts were sent out for the Medical Society of Nova Scotia, and 231 for the C. M. A. A letter was read from Dr. Routley, intimating that the C. M. A. would prefer to make its own collection. On motion, the Executive approved. The matter of reduced fees for recent graduates which had been adopted by the Canadian Medical Association, was on motion approved for this Society. This means that first year graduates can hold membership for \$3.00, second year graduates \$5.00 and \$10.00 thereafter.

Progress was reported regarding the programme for the Annual Meeting in Sydney July 6th and 7th. A speaker in Obstetrics, in Medicine, and in Surgery, will be furnished by the Canadian Medical Association. Dr. M. D. Morrison, Halifax, will present a paper dealing with the services of the doctors in connection with the Workmen's Compensation Act. Drs. Murphy and Walker were appointed a sub-committee to obtain the required number of additional papers.

On motion, the Treasurer was instructed to pay office rent for the Secretary and obtain for his use a typewriter; this payment to begin as from January 1st, 1927.

Meeting adjourned at 7 p. m.

S. L. WALKER,
Secretary.

OBITUARY

HORACE RINDRESS, M. D., Univ. of New York, 1895, North Sydney.

WHILE eating his supper April 13th, 1927, Dr. Horace Rindress of North Sydney, was stricken by a heart attack and died almost immediately. He was 56 years of age and was apparently in his usual good health. Dr. Rindress was married in February 1926 to Miss Nita Kirk, daughter of the late D. G. Kirk of Antigonish. Besides his wife, and a two-months old son, he is survived by four step-brothers, —Hon. G. H. Murray of Montreal, Dr. R. L. Murray of the Nova Scotia Hospital, Hardy in Boston and Fred in Saint John.

Dr. Rindress was the son of the late J. A. H. Rindress, formerly of Wallace; but for many years Principal of Schools at North Sydney and Sydney Mines, and later a member of the editorial staff of the *Brooklyn Eagle*. The Doctor was born at Sydney Mines and received his early education at schools in North Sydney and the Academies of Truro and Pictou. He attended Dalhousie University; but obtained his medical diploma from the University of New York in 1895. He at once settled in North Sydney, where he built up an extensive practice.

It is to be regretted that Dr. Rindress never fully identified himself with local or provincial medical societies, as his professional abilities and opinions were given respect by his confreres; thus he could have been of distinct service to such societies. Nor was he identified with civic or fraternal societies; but he was a keen politician holding the Liberal faith.

The interment took place in Lakeside Cemetery, from the St. Mathew's-Wesley United Church, following an impressive service conducted by the pastor, Rev. K. M. Munro, assisted by Rev. Dr. Charles R. Freeman, pastor of Caloary Baptist Church and Rev. Wm. Rosborough. The Choir sang "Lead Kindly Light" and "Lord Divine." The church male quartette gave a fine rendering of "Crossing the Bar". The church was filled to overflowing, and so great was the congestion of pedestrians, autos and carriages, that the service of a traffic officer were necessary to avoid mishap. The floral offerings were very numerous and beautiful.

The profession in Nova Scotia extend sincere sympathy to Mrs. Rindress, whose wedded life has been so brief.

S. L. W.

The death occurred in Moncton, April 19th, 1927, of Mrs. Mary Montrose, a former resident of Amherst. She had resided with her daughter Mrs. Boudreau, in recent years. Mrs. Boudreau is the wife of Dr. F. E. Boudreau, who removed from Amherst, after residence there for nearly 20 years, to Moncton, in the fall of 1926.

On April 4th, William Hallett died suddenly of heart disease at his home at Brookside near Truro. He was a highly respected citizen and a successful farmer. He was 72 years of age. Dr. E. O. Hallett of Weymouth is a brother of the deceased. Of this fine family there now remain only Dr. Hallett and his sister, Mrs. Ogle of Halifax.

Mrs. Ada L. Reagh passed away February 22nd at her home in Milton, P. E. I. aged 80 years. Her death came as a great shock as she was only ill a few hours. The profession will extend their sympathy to Dr. S. N. Miller of Middleton who is a brother of the deceased.

Rev. (Dr) A. C. Jost, died at his home in Bridgetown, April 11th, 1927, aged 89 years. He was an active preacher in the Methodist Church for 55 years and was prominent in educational matters as well. He was a native of Guysboro County, and Dr. A. C. Jost, of the Department of Public Health, is a nephew.

There was laid to rest April 17th, 1927, in the Robie St. Cemetary, Truro, beside her husband, the late A. J. Walker, the remains of Mrs. Elizabeth Hanson Walker, who has resided in recent years with her daughter in New Hampshire. H. T. Walker, of Truro, Frank Walker of Napa, California, and Dr. S. L. Walker of Halifax, are step-sons of the deceased.

Mr. James P. Fraser, died at his home in Scotsburn, March 26th, 1927. He was highly respected by all who knew him. Mrs. Young, wife of Dr. M. R. Young of Pictou, is a sister of the deceased.

While the medical profession all over Canada has been dissatisfied with nearly all the provincial Prohibition Acts the New Brunswick medical men are not altogether satisfied with the proposed Government Control liquor legislation recently adopted. The medical profession should be granted some discretion in the matter of prescriptions and should be disassociated from the sale of liquor under the new measure.

In using the words, Anaesthetic, Anaesthesia and Anaesthetist, perhaps we do not recall that Dr. Oliver Wendell Holmes suggested these terms. In a letter dated November 21, 1846 to Dr. W. T. G. Morton he points out the appropriateness of these terms.

PERSONALS

DR. M. A. B. Smith of Dartmouth was elected 2nd Vice-President of the Nova Scotia Historical Society at its last Annual Meeting.

Dr. W. F. Read of Digby is serving the local Golf Club as Secretary for the 11th successive year.

Dr. Alice E. Thorne, Dalhousie 1924, of Karsdale, Annapolis Co., is now in Regina doing Research work.

Early in April Dr. H. H. Corbin of Halifax spent a few days in Montreal. He has been solicited to contest one of the Wards for Alderman.—He was elected by acclamation.

Dr. O. S. Gibbs, Professor of Pharmacology in Dalhousie, with Mrs. Gibbs, will sail for England immediately after Convocation, which this year takes place May 17th. Professor Dreyer will also spend the summer in England. Professor Babkin and Mrs. Babkin will spend the summer at St. Andrews, N. B., where their daughter will join them. Professor Cameron and Mrs. Cameron will leave for Scotland for the summer.

Dr. C. H. Morris is again President of the Windsor Curling Club.

In the February issue of the *C. M. A. Journal* is published the paper on "Empyema" presented by Dr. J. G. McDougall at the 1926 Annual Meeting in Victoria. Dr. Egan's historical paper on "Transfusion," which was in our February **Bulletin**, also appears in the same issue. Dr. V. O. Mader reports quite fully meetings of the Halifax Branch.

Dr. W. H. Chase, Dalhousie 1922, now Lecturer in Pathology at McGill has an able and well-illustrated article in the April issue of the *C. M. A. Journal*. Dr. A. G. Nicholls also writes "The Second Chapter in the History of Pathology."

Dr. J. J. McDonald of New Glasgow, is President for 1927 of the New Glasgow Athletic Club.

Early in April Dr. W. N. and Mrs. Rehfuss of Bridgewater, were called to Toronto owing to the illness of their daughter, Miss Marguerette.

Mrs. Benvie, wife of Dr. R. M. Benvie of Stellarton, not having been in good health recently, has taken a trip to the West Indies.

All the profession regretted to learn that Dr. Freeman O'Neil of Sydney met with a serious accident on April 3rd. He was run down by a motorist on George Street about 7.20 P. M. and the motorist did not stop. He lay unconscious there for some time. If the Sydney to Halifax train left that night on time it was an hour and twenty minutes before he was admitted to hospital. He was severely bruised and cut and unconscious for several days. He was in hospital for three weeks but is now well on the way to full recovery.

Dr. A. S. Kendall of Sydney, gave the address at the Rotary Club luncheon on April 5th., subject, "Famous Scientists".

Dr. E. V. Hogan of Halifax, recently spent two weeks in Boston and other cities. While in Boston he was the guest of Dr. Lahey, who so delighted those present at the last annual meeting.

Mr. W. W. Kenney, Superintendent of the Victoria General Hospital, delivered the principal address at a recent graduation of Nurses at the Kings Memorial Hospital, Berwick. He gave a most interesting address, tracing the evolution of the present nursing system beginning 4000 years ago. Dr. A. S. Burns of Kentville, is Chairman of the Medical Staff and Dr. J. W. Davis of Berwick, Secretary.

Congratulations to Dr. (Dinty) F. L. Moore of Economy, on his recovery from his very severe illness. He was able to attend the April meeting of the Colchester Municipal Council of which he is a member.

The story is told of a man in New Waterford who went to the drug store to get two prescriptions filled one for the "Missus" and one for his Judique cow. He warned the clerk to be careful, "Take lots of time, young feller, and don't get these here mixed up. What's good for the Missus won't be good for the cow. One of these is for she and de oder for the animal. Dat cow is from Judique and for milk it has de Jerseys, Holsteins and all the oders skinned a mile. Don't mix de doses, dat cow cost money and I don't want to lose her."

Dr. C. M. Bayne of the N. S. Sanatorium staff spent a week in April examining D. S. C. R. pensioners and consulting with local doctors in Sydney and vicinity.

Dr. D. W. Archibald of North Sydney spent several days in April in Halifax, he and his young son being guests of Mr. and Mrs. C. M. Archibald, South Street.

Dr. Alan Cunningham returned late in April from a short visit to New York.

Dr. R. H. Sutherland is Vive-President of the Pictou Rod and Gun Club. He was also re-elected President of the Golf Club.

Mrs. Hogan, wife of Dr. E. V. Hogan of Halifax, spent several weeks in April visiting her son in New York and friends in Philadelphia.

Mrs. Cock, wife of Dr. Lyall Cock of Halifax, recently returned to the city after a two month's visit to Ottawa.

Dr. A. S. Kendall addressed the Sydney Rotary Club April 12th. 1927. His topic was the life and work of Louis Pasteur and Joseph Lister. He expressed the hope that the City of Sydney would soon use only pasteurized milk.

Dr. Joseph Hayes of Halifax, has been engaged as organizer for the Nova Scotia Tuberculosis Commission. The expenses of his earlier work were paid from private sources and not from any part of the Commission's fund.

To Dr. and Mrs. R. O. Bethune of Berwick, a son.

Dr. F. S. Messenger and Mrs. Messenger spent a few days early in April in Halifax, being the conclusion of a trip of several weeks to Boston, points in Vermont, in Ottawa and Montreal. In Montreal the Doctor spent his time at the hospitals.

Early in April Dr. A. B. Campbell of Bear River was called to his former home in Inverness owing to the serious illness of his mother.

Dr. G. W. Smith, Dalhousie 1925, of the Public Health Department, has an article in the April X-Ray, "What is being done to rid Nova Scotia of Tuberculosis". The various parts of the machine for this purpose are the Sanatorium, the Tuberculosis Clinic, the Tuberculosis Nurse, the County Health Nurse, the local Physician and the Health Department Consultant.

Dr. C. H. Morris of Windsor, is President of the local Golf Club for 1927-28, re-elected.

In a fire in Sydney, in the early morning of April 10th., Dr. A. Calder suffered a loss estimated at \$1,000.00 with insurance of \$500.00.

Dr. A. E. Blackett of New Glasgow, is W. M. of Euclid Ldge, A. F. & A. M.

"I hear the new doctor got his moustache on the instalment plan—A little down every week".

Dr. F. U. Anderson of Halifax, who has been for some weeks in Boston receiving surgical treatment, returned home April 9th. much improved in health.

Dr. P. A. Creelman, Dalhousie 1925, who has been in Hampden, Newfoundland for 18 months, has returned to Nova Scotia and hopes to locate in the province. His home was formerly in Upper Stewiacke. At present he and Mrs. Creelman are at the home of the latter's father, Mr. Graham Creighton, Inspector of Schools for Halifax County, 14 LeMarchant St., Halifax.

Dr. Edward Archibald, Surgeon of the Royal Victoria Hospital, Montreal, has been recently made an Honorary Fellow of the Royal College of Surgeons. As is generally known, his father, the Hon. John Spratt Archibald, former Chief Justice of the Superior Court, Montreal, was born in Upper Musquodoboit.

Dr. George H. Cox of New Glasgow, returned from his usual winter stay in a warmer climate in April.

The new County Hospital for mental cases at Waterville, N. S. received its first patients April 13th., 1927. They were transferred from Colchester and Hants County institutions.

Dr. and Mrs. D. J. Hartigan of New Waterford, spent a few weeks recently visiting Boston, Atlantic City and New York.

Dr. and Mrs. W. N. Cochran of Mahone, spent several days in April visiting in Halifax.

Dr. R. F. McDonald of Antigonish, is President of the local Golf Club for 1927,—re-elected.

In case some pateints inquire as to the reliability of the "Dr." Frank McCoy Health Talks, now being syndicated all over the continent, it is well to remember that the only claim he has to the title of Doctor is his diploma from the California Chiropractic College.

Dr. Allister Calder of New Waterford, left April 11th on a month's trip to Boston and New York, on hospital work intent.

Dr. L. R. Meech of North Sydney, and Dr. A. Gouthro of Little Bras d'Or returned home April 10th., after a month spent at Johns Hopkins University.

The press announces that the Typhoid epidemic in Montreal has been traced to a carrier of 20 years standing.

Dr. H. E. Kelley, Dalhousie 1926, of the Victoria General Hospital Staff, spent Easter week at his home in Yarmouth.

Dr. John Stewart of Halifax, lectured recently to the Graduate Nurses' Association on Lord Lister.

Wolfville plans a big celebration for July 1-2-3, and Dr. J. A. M. Hemmeon is Chairman of the Finance Committee.

After four weeks spent in a trip to the West Indies, Dr. Murdock Chisholm of Halifax returned home April 13th., much improved in health.

In the recent Academy and High School Oratorical contests held over the province the winner in the Cape Breton division was Miss Bernadotte Francis, daughter of Dr. Bernard Francis of Sydney Mines.

The Ottawa Journal says—"Dr. John A. McDonald, who sits for Richmond-West Cape Breton, has not only never lost an election, but is the man who defeated Hon. George H. Murray, who was Premier of Nova Scotia for decades. Dr. "Jack" was also victorious over George W. Kyte, who was formerly chief Liberal whip. He is tremendously popular."

First Aid Courses have been given at the Caledonia Mine, Glace Bay, for the past five years. At the conclusion of the Course in April, Dr. A. Calder, the Class Lecturer, was presented with a box of cigars and a fountain pen by appreciative members of the Class, accompanied by an address from the miners especially fitting and expressive.

Reid-Watson. On March 5th., 1927, at the Scotch Presbyterian Church, Boston, Dr. A. R. Reid, Dal. Univ., 1920, was married to Miss Helen Watson of Newport, Hants Co. After a short honeymoon they will go to New York, where the Doctor has been doing post graduate work for some time.

Among the missionary refugees in China, who travelled with much peril 2,000 miles down the Yang Tse Kiang River, were Doctor and Mrs. W. R. Morse. It was hard especially on Dr. Morse on account of a severe illness. Dr. Morse is a native of Annapolis Co., and a brother of Dr. L. R. Morse of Lawrencetown.

Illustrative of the greater interest the public takes in medical matters nearly all newspapers in this Province carried long editorials or articles on the significance of the Lister Centennial.

Dr. M. G. Tonpkins of Dominion is enlarging his house and office.

On May 10th., a memorial to the late Dr. Augustus Robinson is to be unveiled in the Annapolis Royal Town Hall.

Some Nova Scotia Medicos saw the Boston Marathon, including Dr. D. A. McLeod, Sydney, Dr. A. Calder, and Dr. M. T. Sullivan of Glace Bay. It is reported (by the *Glace Bay Gazette*) that Dr. Sullivan made the speech of the evening at the big reception and dance held at the hotel "Summerset" April 19th., 1927. He was also physician in attendance to Johnny Miles. Dr. D. A. McLeod examined DeMarr, after the race, reporting pulse and temperature normal.

The *Glace Bay Gazette* gives the Nova Scotia Medical Bulletin credit for the story of the Chinaman telling the hobo, who was starving, to call around 'Fliday'.

Four in One. A large town daily paper gives a birth and death notice as follows:—"At W. April 15th., to Mr. and Mrs. H. a son". Just below under the heading of Deaths—"At W. April 15th., infant son of Mr. and Mrs. H. aged four days".

Prisoners frequently require hospital care and special care is needed to see they do not escape. This happened recently in a Glace Bay hospital.

There is a very considerable movement on foot in Cape Breton for the establishment of a sanatorium for cases of Tuberculosis. The profession there is almost unanimously behind the proposition.

The doctor took
An eager look
And said it was the end.
A tear was shed
By one who said
She was his, lady friend.
A guy was there with sober air
To hear his dying word,
To hire the hearse,
Dismiss the nurse,
And have the man interred.

(*The American Mercury*).

Medical Society of Nova Scotia

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ANNUAL MEETING, JULY 1927, AT SYDNEY

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 Dr. E. V. Hogan.
 Dr. H. B. Atlee.

Workmen's Compensation Board.

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

Cancer Committee.

Dr. John Stewart.
 Dr. D. J. MacKenzie.
 Dr. E. V. Hogan.

Members of C. M. A. Council.

Dr. J. J. Roy.
 Dr. J. G. D. Campbell } (Ex-Officio)
 Dr. S. L. Walker. }
 Dr. W. J. Egan.

Dr. L. R. Morse.
 Dr. E. D. MacLean.
 Dr. O. B. Keddy.
 Dr. Ross Millar.

Members of Narcotic Drugs' Committee.

Dr. V. N. MacKay, Halifax.

Committee for Radio Broadcasting.

Chairman, Dr. A. C. Jost, with power to appoint his own committee.

Nova Scotia Representative on Board of Governors of the Victorian Order of Nurses.

Dr. C. S. Morton, Halifax, N. S.

Members of the Provincial Medical Board.

Dr. G. H. Murphy.
 Dr. J. G. MacDougall.
 Dr. G. W. T. Farrish.

Dr. John MacDonald.
 Dr. H. K. MacDonald.
 Dr. Jordan Smith.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

CAPE BRETON

President.....	Dr. D. W. Archibald, Sydney Mines.
Vice-President.....	Dr. M. G. Tompkins, Dominion.
	Dr. J. C. Morrison, New Waterford.
Secretary-Treasurer.....	Dr. Ray Ross, Sydney.

Nominated to the Executive of the Medical Society of Nova Scotia

Dr. D. McNeil, Glace Bay; Dr. Dan McDonald, North Sydney; Dr. E. J. Johnston, Sydney.

Annual Meeting 2nd Thursday in May.

COLCHESTER-HANTS

Officers 1926-27

President.....	Dr. Daniel Murray, Tatamagouche.
Vice-President.....	Dr. Gordon Kent Smith, Hantsport.
Secretary-Treasurer.....	Dr. H. V. Kent, Truro.

Executive Committee

Dr. A. R. Reid, Windsor.	Dr. Arthur Hines, Cheverie.
	Dr. F. L. Moore, Economy.

Members of The N. S. Executive.

Dr. F. D. Charman, Truro.	Dr. F. R. Shankell, Windsor.
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CUMBERLAND COUNTY.

Officers 1926-27

President.....	Dr. Ross Millar, Amherst.
Vice-President.....	Dr. M. J. Wardrope, Springfield.
Secretary-Treasurer.....	Dr. W. T. Purdy, Amherst.

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

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

EASTERN COUNTIES

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

Executive Committee.

Dr. O. R. Stone.	Dr. P. S. Cochrane.
Dr. W. F. McKinnon.	Dr. J. A. McDonald.
Dr. D. M. Chisholm.	Dr. J. S. Brean.

Representative to Provincial Executive

Dr. J. L. McIsaac.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

LUNENBURG-QUEENS

Officers 1926-27

President.....	Dr. F. R. Davis, Bridgewater.
Vice-President.....	Dr. G. A. Barss, Rose Bay.
Secretary-Treasurer.....	Dr. C. A. Donkin, Bridgewater.

Executive

The above Officers with:

The officers and Dr. W. N. Cochran, Mahone Bay and Dr. A. E. G. Forbes, Lunenburg.

Nominated to the Executive of the Medical Society of Nova Scotia

Dr. W. N. Rehffuss, Bridgewater and Dr. W. N. Cochran, Mahone Bay.

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.....	M. R. Young, Pictou.
Secretary-Treasurer.....	Dr. John Bell, New Glasgow.

Executix

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

Date of Annual Meeting—July 1927.

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, Berwick
Dr. L. L. Crowe, Bridgetown
Dr. A. B. Campbell, Bear River

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

WESTERN NOVA SCOTIA MEDICAL ASSOCIATION

Officers 1926-27

President.....	Dr. W. C. O'Brien for Wedgeport, Yar. Co.
Vice-President.....	Dr. S. H. Thibault for Digby County.
“ “	Dr. L. O. Fuller for Shelburne County.
“ “	Dr. A. R. Melanson for Yarmouth County.
Secretary-Treasurer.....	Dr. Thomas A. Lebbetter, Yarmouth.

Representatives to the Nova Scotia Medical Society Executive:—

Doctors A. R. Campbell and C. A. Webster, of Yarmouth.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

HALIFAX BRANCH

President	Dr. P. Weatherbee, 316 Barrington St.
Vice-President.....	Dr. G. H. Murphy, 28 Carleton St.
“ “	Dr. S. R. Johnson, 54 Inglis St.
“ “	Dr. A. E. Doull, 34½ Morris St.
Sec.-Treas.....	Dr. V. O. Mader, 7 Spring Garden Road.
Executive.....	The Officers and Drs. Graham and Muir.

Said the college man to the protoplasm,
 “Twixt you and me is a mighty chasm;
 We represent extremes, my friend,
 You are the beginning, and I the end.”

The protoplasm made reply,
 As he winked his embryonic eye,
 “Well, when I look at you, old man,
 I’m truly sorry I began.”

(*Acadia Athenaeum*)

Equivocal Thanks—As the grateful husband writes it in India:—

“I have much pleasure to inform you that my dearly unfortunate wife will be no longer under your kind treatment, she having left this world for the other on the night of the 27th ult. For your help in this matter I shall ever remain grateful.”

“Men are much more unwilling to have their weaknesses and their imperfections known than their crimes; and if you hint to a man that you think him silly or ignorant, or even ill-bred or awkward, he will hate you more and longer than if you tell him plainly that you think him a rogue.”—*Chesterfield*.

Jellybean: “Old man, I understand you are courting a widow. Has she given you any encouragement?”

Sheik: “I’ll say she has Last night she asked me if I snored.”

“What’s the fuss in the schoolyard, sonny?” asked a gentleman passing a ward school.

“Why, the doctor’s just been around examin’ us, an’ one of the deficient boys is knockin’ hell out of a perfect kid.”