Pre-Operative and Post-Operative Treatment

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SURGICAL technique, at the present time has advanced to such a degree of perfection, that little hope for further reduction in mortality rate can be expected from further improvement in this department of our art. Any further reduction or improvement in operative results must come from careful pre-operative consideration and care, as well as improvement in post-operative management.

Surgical cases, as they come to us, may be classified as: (1) Acute; and, (2) Sub-acute, or chronic. I do not propose in this paper to deal with acute cases, for, in patients suffering from acute emergencies, the general resistance is, as a rule, sufficient to ensure a minimum of complications and a speedy recovery provided that the initial lesion has been properly dealt with at the operation. The sub-acute, or chronic cases, are our main consideration, for, patients suffering with a disease which has been present for months or years have their natural resistance so markedly altered that pre-operative measures of improving their physical status is absolutely essential. Patients of this class come to us suffering from—(1) Toxaemia; (2) Dehydration; (3) Anaemia.

Toxaemia. The toxaemia may be of various types: (1) Bacterial toxins, such as is found in empyema, pelvic, subphrenic or perinephric abscess; (2) The toxaemia of intestinal obstruction, either acute or chronic; (3) Urinary obstruction; (4) Obstructive jaundice; (5) Diabetes; (6) Thyroid.

The treatment of these various poisons may be divided into—(1) General, which consists of rest, food and the administration of an abundance of fluids; and, (2) Specific treatment, having in mind certain special remedies which may be classed as specifics for individual types of toxaemia.

The general treatment, of course, is indicated in all types and, outside of rest and food, is most adequately dealt with by the administration of an abundance, or superabundance, of fluids. This fluid, of course, is largely made up by the administration of water, or water in a liquid diet. The amount of fluid given per twenty-four hours should be at least 100 ounces, or 3,000 cubic centimeters. Oedema is the only contraindication for limiting fluid, and oedema, when it occurs, of course, requires very careful investigation as to heart and kidney function.

There are several methods of administrating fluid. The natural route is by the mouth and this method should have precedence over

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any other if the patient is not vomiting, or if he is in a condition to fully realize the importance of fluid and will co-operate freely in taking the required quantity. If, for any reason, the required amount of fluid cannot be given by mouth, we can then resort to the interstitial method, of course using normal saline. If the case is urgent, we have the intravenous method, by which method we can quickly and accurately get into the organism a known quantity of fluid. The fluid given intravenously, as a rule, is normal saline, but glucose in 5 or 10 per cent. solution affords a very efficient method by which, not only fluid is administered, but also food. Another method of administering fluid is per rectum. This, in certain cases, works very well, but we have found the rectal administration of saline or glucose unstisfactory in quite a number of cases. It is unsatisfactory because it is difficult to be sure of the amount of fluid absorbed, while, on the other hand, it is a continued source of annoyance to a number of patients and requires the constant attention, as a rule, of the nurse.

It is very important to get in a sufficient amount of food, not only a sufficiency to supply the basal metabolic requirements, but, in addition, a sufficiency to build up a reserve supply which may be called upon to carry on the needs of the patient for the first few days following an operation.

We now come to speak of specific treatment of the various types of toxaemia.

1. *Septicaemia and Sapraemia.* The various anti-sera, which have been used for years, must be considered in this connection. Their use, of course, has been of very doubtful value and it is just possible that a very great deal of the improvement, which has been noted in the past and which has been credited to various anti-toxic remedies, has been due more to good nursing and the administration of food and fluids than to immunization methods. Various drugs have been used intravenously in cases of septicaemia, but the reports from various clinics where they have been using methyl violet and mercurochrome are conflicting, so that, at the present time, the real value of these preparations is somewhat of a conundrum.

We have, however, one other ally, which, I am certain, is of very marked benefit in this type of case, and that is blood transfusion. There are various methods of giving transfusions. (1) The direct method. This requires good team work and a fairly elaborate equipment, but is, nevertheless, most efficient and free from reactions. (2) The citrate method is a method which has many advocates. The chief advantages of the citrate method are that few assistants are needed and that it can be easily carried on outside of hospital. (3) Defibrinated blood. This is particularly indicated in cases of septicaemia where we are most anxious not to cross-infect the donor. After the necessary preliminary typing and cross-agglutination have been done, the blood is taken from the donor by means of syringes, placed in a saline flask, in the bottom of which are 20 to 24 glass beads.

A nurse takes charge of the saline flask and, as the blood is put into the flask, it is constantly aggitated by shaking. If a transfusion of 500 cubic centimeters of blood is being given, one should take from the donor 550 cubic centimeters, thereby allowing for 50 cubic centimeters of fibrin. It is also important to keep shaking the flask with the blood in it for seven or eight minutes after placing in it the last 50 cubic centimeters of blood. A common mistake is to stop shaking when once the required amount has been taken from the donor, forgetting that the last syringeful has not been defibrinated. The blood is allowed to stand for another five minutes, being kept at body temperature by placing the flask in some warm water. The patient is prepared and the blood is filtered through eight layers of sterile gauze. A fresh needle is placed in the recipient's vein and the syringes are filled with the defibrinated, filtered blood and injected into the recipient. If syringes are not available, the blood may be allowed to run from the donor into the flask, and when sufficient quantity has been drawn off the blood may be filtered and simply placed in an intravenous jar and given by the ordinary intravenous method. This, of course, would eliminate the use of syringes altogether. I believe that it is better to give two small transfusions, say of 400 or 450 cubic centimeters each, rather than a large transfusion of 700 or 800 cubic centimeters. Transfusions may be repeated at intervals of three or four days.

2. *Toxaemia from Intestinal Obstruction.* We have here, of course, a histamine poisoning and, in addition to this histamine poisoning, we have, as had been shown experimentally and clinically, an alkalosis. The experimental work of high intestinal obstruction was done by Whipple and other laboratory investigators. It was shown in acute intestinal obstruction, and it was particularly noticeable the higher up the obstruction in the intestinal tract, that, on examination, the blood chemistry showed a very definite alteration. There was an increase in the carbon dioxide combining power, an increase in the non-protein-nitrogen and a reduction in blood chlorides. We say there is a reduction in blood chlorides but there is no increase in the output of chlorides in the urine. Therefore, the normal chloride content must be present but we are unable to demonstrate by our laboratory methods the normal amount for a healthy individual. This work on intestinal obstruction has been, I feel, the most important advance within recent years. When the chloride content of the blood falls below a certain point, there is a cessation of intestinal peristalsis; or, in other words, in order to have efficient peristalsis for propelling intestinal contents onward, we must have a definite amount of chloride in the blood stream. It is then, as you see, very important in dealing with cases of intestinal obstruction, not only to overcome their dehydration, but also, if peristalsis is absent, to re-establish it at the earliest possible moment. This re-establishing of peristalsis is accomplished by the administration of chlorides. In order to do this we resort

to saline interstitially or intravenously. If the case is very urgent, 600 cubic centimeters of 6 per cent saline may be given intravenously, but, I feel that amonium chloride per rectum, given in doses of 180 grains and repeated every six or eight hours for four to six doses, is just as efficient and less liable to give alarming reactions. We therefore depend on interstitial of normal saline and the administration of ammonium chloride per rectum to restore normal chloride content and efficient peristalsis. If laboratory facilities are such that repeated examinations of the blood can be done, the administration of chlorides, of course, is entirely guided by the laboratory findings, but, where laboratory facilities are not available, one can safely administer large quantities of normal saline and one or two doses per day of ammonium chloride per rectum for two or three days.

In addition to the correction of the blood chemistry in intestinal obstruction, we have, however, specific operative measures in the form of colostomy, caecostomy and jejunostomy. Colostomy and caecostomy are operative procedures necessary in obstruction of the large bowel in which, of course, the blood chemistry is little, if any, altered, their general purpose being to supply a method of drainage. Jejunostomy or ileostomy are the specific operative procedures commonly employed in acute small intestinal obstruction and are very valuable. They are particularly indicated in cases of obstruction following, for example, a perforated appendix where oedema and inflammatory change, rather than bands or adhesions, are the cause of the obstruction. A jejunostomy allows drainage of the upper intestinal tract and, after some five or six days, when the oedema has sufficiently subsided from the terminal ileum and caecum, the intestinal contents will pass on quite normally, the fistula in the small bowel closing in a few days provided the jejunostomy tube has been put into the bowel by the Witzel method.

3. *Urinary Obstruction.* The patient with urinary obstruction, of course, requires a careful examination as to the non-protein-nitrogen of the blood and as to kidney function. Water tests, concentration tests, dye tests and blood chemistry investigation are essential pre-operative methods. Supra-pubic drainage by catheter, for a period of ten days to two weeks, or longer in cases where kidney function is badly damaged, is, of course, our most efficient means of improving the risk in patients suffering from prostatic obstruction.

4. *Obstructive Jaundice.* Within the last two or three years very important work has been done on jaundice. We are particularly concerned with obstructive jaundice caused by a stone in the common duct or carcinoma in the head of the pancreas. If the jaundice has existed for any length of time the polygonal cells of the liver are badly damaged. As result of this damage, the glycogen function of the liver is disorganized and acidosis, as a rule, results. To combat this acidosis and to improve the operative risk, we must resort, in addition to an abundance of fluids, to the administration of glucose intravenously,

giving 1000 to 1200 cubic centimeters per day for at least four or five days. On account of the tendency to haemorrhage in cases of jaundice, we have a very strong ally in the administration of calcium chloride 5 cubic centimeters of 10 per cent. solution intravenously once or twice daily for three days immediately preceding the operation.

5. *Diabetes.* Insulin, as a pre-operative measure, has revolutionized the surgical management of cases suffering from diabetes. The case of perforated appendix can be rendered safe in the course of a few hours by the judicious administration of this specific and orange juice.

6. *Thyroid Toxaemia.* In thyroid toxaemia we have, not only a dehydrated patient, but a patient who is poisoned with an abnormal amount of an abnormal thyroxin. The great role of iodine in the treatment of goitre is now generally conceded to be in the pre-operative preparation of such cases. It requires from ten days to two weeks of pre-operative treatment to bring the patient suffering from a toxic thyroid into the realm of safe operative surgery. Lugol's solution 10 minims three times daily for this period of time is usually sufficient, but some cases require much longer. There is no condition in which clinical judgment counts for as much as in determining the time of operation for goitre. It is in this condition that the administration of large amounts of fluids is most important.

Anaemia. The question of dehydration has already been adequately dealt with but we still have the question of anaemia. The different methods of blood transfusion have been considered. The cases, outside of septicaemia and sapraemia, which require transfusions, are those suffering from secondary anaemia, the result of carcinoma of the stomach, fibroids of the uterus, or haemorrhage from gastric or duodenal ulcer. Blood transfusion is absolutely necessary as a pre-operative measure in the vast majority of these cases in order to render the patient safe for operative procedures.

Immediate Pre-operative Preparation. If the operation is to be of any magnitude, the patient should be in hospital for at least 48 hours. In cases suffering from marked toxaemia, dehydration, or anaemia, of course the period of pre-operative care should be much longer. We have discarded the elaborate skin preparation of the night before and have adopted an emergency preparation. By this method, the patient is washed and shaved and put to bed without being wrapped up in sterile dressings. When the patient arrives at the operating room, the abdomen, if the case is an abdominal one, is first cleansed with Harrington's solution (iodine 16 grains, ether 1 ounce, benzol ad ounces 16). This cleanses the skin and, when it dries, leaves a pinkish stain. The abdomen is next painted with iodine 2½ per cent. This is fanned and dried and then removed with alcohol. The operative wounds heal just as well by this method as by the more elaborate ones. It has the decided advantage of allowing the patient a much more comfortable night prior to operation.

The Operation. There are just two or three important points in connection with the actual operative procedure which have a very definite bearing on post-operative convalescence. The surgeon should, at all times, avoid traumatizing tissue. He should make his incision sufficiently long in order to allow adequate exposure and avoid stretching the wound unduely by means of retractors. Rough sponging should be avoided and haemostasis should be absolute. In closing the wound great care should be taken to have an accurate approximation of the incised structures. In closing a wound in a case of malignancy, it is wise to use interrupted sutures because the healing in these cases is delayed and, bearing this in mind, it is advisable not to remove deep sutures for at least two weeks. If there is need of fluid administration on the table, it may be readily given interstitially or intravenously. In cases where a splenectomy is required, it is advisable to transfuse the patient during the operation because, in removing an enormously enlarged spleen, one removes a very large amount of blood, the loss of which very markedly aggravates the shock and adds to the immediate operative risk.

Post-operative Treatment. When the patient returns to bed, it is very important to supply warmth, not only by means of hot-water bottles, but also by having the temperature of the room at the proper elevation. One need hardly mention the very great necessity for extreme care in the application of hot-water bottles around the patient, being careful at all times to avoid burning.

There is only one drug which will adequately relieve post-operative pain and that drug is morphia. Morphia should be given in sufficient doses to keep the patient absolutely free from pain. The old idea that morphia was the cause of post-peratve distention, I feel, is absolutely wrong and that post-operative distention is the result of an insufficiency of pre-operative fluid and traumatism at the time of operation. After the second day a very efficient anodyne and sedative combination is morphia grains one-eighth and codeia grains one-half. This may be repeated according to indications. Codeia and aspirin are also very efficient. A generous linseed poultice applied on the outside of the dressing very markedly reduces the amount of morphia required and most patients find the application of heat very comfortable.

It is important to carry on with the excess of fluids post-operatively as was done pre-operatively and also to use those specific remedies for some days following operation which were considered of prime importance before operation.

If the patient does not void naturally, the bladder should be emptied certainly not later than ten or twelve hours after the operation. By avoiding over-distention of the bladder, I feel that we can greatly reduce the incidence of post-operative cystitis. After the urine has been drawn off by the catheter, it is wise to wash the bladder out with a few ounces of warm boracic solution and leave in it two drams of a 5 per cent solution of argyrol. If a definite cystitis develops and is

not responding to treatment by bladder irrigations and argyrol solution, one sometimes gets very good results by using two or three ounces of one-half per cent solution of mercurochrome once daily for two or three days.

It is wise not to bother the patient with unnecessary and uncalled for enemata. It is very commonly unnecessary to give the patient an enema until the third day following operation, the definite indication, of course, being distention. It is a common practice in hospital to give patients enemata to relieve abdominal distress when it would be very much wiser to relieve their wound pain and general abdominal soreness by morphia, or morphia and codeia. Distention is not the common cause of post-operative pain in the first 48 hours. A mild laxative may be given on the third day, or, if the patient has found by previous experience that castor oil is very effectual, there is no objection to giving 1½ ounces of this oil. In cases of prostatectomy, I think that it is rather important to use a brisk laxative fairly early, say on the second day, and for these cases I prefer a saline.

We have found, with the administration of abundance of fluids before operation, that post-operative vomiting has ceased to be a very important factor. Of course, this may be due to the fact that we are using less ether than previously as an anaesthetic, resorting more and more to a combination of gas and ozygen and local anaesthesia. Post-operative vomiting is very commonly relieved by means of the stomach tube. However, before resorting to the stomach tube, it is, as a rule, wise to try out juice of grapefruit, using a teaspoonful every half hour. This is particularly useful in the vomiting following deep X-Ray therapy and also in the vomiting of thyroid toxaemia. Hydrochloric acid in elixir lactated pepsin is another combination which works very well. There are undoubtedly some cases of neurotic vomiting and these are best relieved by means of the stomach tube and the administration per rectum of sodium bromide grains 80. In any case of prolonged vomiting, that is in vomiting which persists after the second day, one always has to bear in mind the possibility of obstruction. It is wise, particularly if the patient is vomiting duodenal contents, to have an examination of the blood to determine the presence, or absence, of an alkalosis. It is also very important to avoid the indiscriminate use of sodium bicarbonate in these cases of vomiting, the soda, of course, simply aggravating the alkalosis. The treatment for this type of post-operative vomiting is surgical, in addition to the correction of the blood chemistry.

Post-operative pneumonia is commonly stated to occur in 10 per cent of the cases following abdominal operations. I feel that this percentage is entirely too high and that a great number of cases of so-called post-operative pneumonia have been simply areas of collapse, the result of multiple emboli lodging in the base of the lung. One of the best ways to avoid post-operative pneumonia is to avoid operating on people who have, or who have had recently, an upper

respiratory infection. It is wise to allow the patient to turn from side to side and we feel that the knees should not be too acutely flexed over the edge of a ghatz frame, thereby favouring the development of phlebitis if the necessary blood stream infection should be at hand.

Parotitis is avoided by means of an oil spray to the mouth and tongue, or by the chewing of gum.

If bed sores develop, they are best treated by relieving pressure and by washing the skin with ordinary laundry soap, this washing to be followed by drying and dusting with zinc stearate. This treatment should be carried out twice daily.

If the wound becomes infected and that infection is due to a staphylococcus or streptococcus, of course adequate drainage must be provided. If the infection is of the bacillus coli type, which occurs ten days to two weeks following oparation and particularly in those cases in which the gastro-intestinal tract has been opened, the wound is simply probed and a large quantity of foul-smelling, glycerine-like pus evacuated. It is important in this latter type of infection not to put drainage tubes into the wound; for, by simply probing and expressing the pus, over a period of two or three days, the wound, as a rule, heals very quickly and convalescence is not delayed as long as when tube drainage is instituted.

A near-sighted maiden lady, who was spending a few weeks on a farm, complained that man in the fields had approached her with outstretched arms, with apparent intent to hug her. She pointed out the figure, whereat the farmer explained gently that it was only a scarecrow.

Notwithstanding her fright, after that she was seen every day in the vicinity of the scarecrow.

"I believe," confided the farmer to his wife, "those outstretched arms give the old girl a pleasant sensation at that."

Microbes as Mathematicians.

Johnnie—"Pa, won't you please buy me a microbe to help me with my arithmetic?"

Papa—"What good will a microbe do you?"

Johnnie—"I just read in this paper that they multiply rapidly."

General Paralysis

Its Early Diagnosis.

THE writer recently examined a man of 40 in whom the diagnosis of g. p. i. was so evident that the serological tests were merely confirmatory. A history pointing to mental disorder for over a year was easily obtained from those who knew him; though not from his wife, a not uncommon experience. This tragic disease deserves much closer attention by the practitioner. It is still by some regarded as a rarity, though a walk through the wards of any hospital for mental diseases would dispel this idea. It is regarded as hopeless, though a perusal of the recent literature would show how greatly, under modern methods, the outlook has improved. This I think is due to the subconscious persistance of the old teaching that general paralysis was a thing apart or a *para*-syphilitic manifestation, and a consequent failure to act promptly on our present knowledge of how early the nervous system may be involved after an infection and how an early involvement of this sort may always (after long latency) finally develop into g. p. i.

If we really acted on our knowledge and beliefs—how many cases of known early or later syphilitic infection should escape the spinal fluid test?

In order to modernize things the writer here abtracts a recent paper by Henry A. Bunker Jr., from the New York Psychiatric Institute, who has analyzed 74 male cases as to the nature of the *earliest* symptoms presented. Great care has been displayed in eliciting the histories, and the writer's own past experience confirms the value of the research.

There has been obtained, Bunker feels, a fairly faithful picture of the patient at a stage in the evolution of his disease when he presented, at least from a symptomatic standpoint, nothing characteristic of general paralysis, as later seen and as commonly thought of, or indeed of neuro-syphilis of whatever type; at a time when the patient, in other words, had advanced perhaps a single step beyond the strictly asymptomatic stage of the neuro-syphilis which had been present in latent form, according to our present knowledge, almost from the time of his initial infection. If then the occurrence of certain symptoms can be shown to carry with it the possibility that, if not otherwise to be accounted for, they may have their origin in general paralysis, this fact will suggest the necessity for examination of the spinal fluid in numerous instances in which this procedure is not now carried out. For, obviously, the crucial factor in the diagnosis of neuro-syphilis, and a fortiori, of general paralysis lies in *the examination of the spinal*

fluid; and the essential problem involved consists in the recognition of the indications for such examination, without which a diagnosis of neuro-syphilis is often well nigh impossible, and of general paralysis at an early stage of its evolution practically out of the question. Three phenomena, alone or combined should raise the question of lumbar puncture, whilst its omission in the presence of any two of these places the responsibility upon the physician.

These three findings are:—

1. A positive Wassermann in the blood. This examination is the rule now in the best clinics.

2. With or without a positive Wassermann in the blood, certain signs are when present, distinctly suggestive and sometimes proof-positive of neuro-syphilis. Pupils which are unequal, irregular, or sluggish to light are suspicions, while in the Argyll-Robertson pupil we have a practically pathognomonic sign. The absence of definite inequality of the knee jerks or of the ankle jerks without absence of the knee jerks, is also a highly suggestive sign. On the other hand, the absence of any or all of these signs does not exclude neuro-syphiils. When definitely present they call for examination of the spinal fluid.

3. The presence of any *nervous* or *mental* symptom whatever, if that symptom cannot be explained beyond reasonable doubt on some other basis, is cause for making an examination of the spinal fluid, such is the protean character of neuro-syphilis and of its sub-species, general paralysis.

The recent words of Stokes with regard to early tabes apply equally to g. p.: "The attention of the profession should therefore be focussed consistently on the subjective symptomatology, and when any of its leading points are developed in a case history, a quick search for early signs should be made as a routine." Thus no longer will lightning pains pass as "rheumatism" or "neuritis," "slow" b.adders be called stricture or gastric crises be operated on as gall bladder attacks.

Bunkers' summary is as follows:—

1. If certain nervous or mental symptoms are consistent with incipient general paralysis, as certain ambiguous physical symptoms may be consistent with early tabes, then the presence of such symptoms in a patient, if they are not otherwise clearly to be accounted for, calls at least for examination of the pupils and of the knee and ankle jerks and for a Wassermann test, and raises the question, even when the evidence from these two sources is negative, of the necessity for lumbar puncture.

2. A study of the earliest symptoms which may occur in patients who later develop outspoken general paralysis, such as has been

carried out in 74 male patients and here reported, may throw some light upon the symptomatic indications for the diagnostic procedures just mentioned.

3. In this study it was found that *irritability* holds first rank as an early symptom, since it occurred as the earliest abnormality, or one of the earliest, in 42, or 57 per cent., of the 74 cases.

4. The *character change* whereby an individual is reduced in activity and spontaniety, loses some of his interests, tends to withdraw into himself, and is often described as having become "quiet", is likewise a common early symptom, for it occurred in 28, or 38 per cent. of these cases.

5. *Loss of weight* as an early symptom ranks third numerically. It occurred—and very often early—in 22, or 30 per cent. of this series.

6. An increased *tendency to sleep*, somewhat more suggestive in itself than any of the foregoing symptoms, was an early manifestation in 15 cases. or 20 per cent.

7. *Speech defects, memory defect,* and *judgment defect* have considerable diagnostic value in themselves, but they were found in this series among the earliest symptoms in only 11 cases, 15 cases, and 7 cases, respectively.

8. *Visual impairment, digestive disturbance, insomnia, fatiguability, headaches, tremor,* and *rheumatic pains* were present as the earliest manifestation in a few cases; neuro-syphilis must sometimes be considered in the differential diagnosis of these very undistinctive symptoms.

Since the somatic anomalies in different grouping, or singly may appear quite early, the writer notes here those he considers most important. These are:

1. *Pupillary alterations.*—In the main those found in tabes viz Argyll-Robertson pupil absolute immobility, irregularity, abnormal wideness or narrowness, anisocoria, and "bounding mydriasis" (rapid variation between width of the two pupils).

2. *Speech disturbances.*—"Syllable stumbling," sometimes time is required to bring out this, the fatigue element then coming in. In educated people to prevent self diagnosis the reading aloud of a newspaper article is recommended. Other points to look for are the "drawling" speech in which it is noticed that the more important letters are weakened, p is pronounced like b; t like v, r very poorly more like l. Further, frequent mistakes, occur, the substitution of words, faulty use of words which the patient does not notice or correct, [In a recent case an educated man said he had a "vociferous appetite"] and the slow hesitating monotonous sometimes slightly nasal quality

of the speech. In conversation there are frequent pauses to think of a word or phrase, many grammatical errors and mistakes in syntax and so on.

3. *Motor Irritative Symptoms.*—Fibrillary twitching in the region of the lower facial. This may be either continuous, or may play over the face like summer lightning especially after an emotion, or prolonged talking.

Fibrillary tremor of the tongue is also frequently observed.

4. *Alterations in the Handwriting.*—"The individual type of the characters is altered, the handwriting is often smaller, sometimes larger, and pointed; it appears (analogue of the hesitation in speech) markedly artificial with unusual flourishes, etc. Beginning affection of the muscle sense shows itself by the improper use of light and heavy strokes, getting off the line, unequal size of the letters, wavering and zig-zag strokes; in addition by leaving out of words, or of syllables doubling of syllables, mutilation of words". (Abersteiner).

5. *The "Paralytic Facies."*—The patient looks like an "all-nighter," sleepy, relaxed, expressionless, exhausted. The action of his muscles of expression is particularly limited. There may be asymmetrical innervation of the facial muscles on the two sides which varies from day to day. This shows best on the naso-labial grooves.

Treatment.—A few words on this subject may not be amiss in view of the much improved outlook under modern methods. In 1917 Wagner-Jauregg inoculated with benign tertian malaria 9 cases of general paralysis, 6 early and 3 advanced. Favourable results were reported in the early cases, 3 of them being still at work 4 years after the treatment. He then treated other cases, allowing each patient to have 8 to 12 malarial paroxysms followed by a course of six neo-salvarsan injections and now claims definite cure. Gertsmann states that among 296 cases treated, remissions of varying degree occurred in 202, while 112 showed complete remission with disappearance of mental disturbances and a return to former business capacity.

Many experiences with this treatment are now on record. The technique may be stated as follows:—

The first blood is taken from a patient suffering from benign tertian malaria who has not been treated with quinine and 2 cc are injected into the subcutaneous tissue of the interscapular region. Infection by one injection is the rule. The average incubation period is 14 days. About 12 attacks of malaria are permitted, the infection then being terminated by one or two intramuscular injections of quinine bihydrochloride (gr. 15) followed by oral administration of quinine sulphate gr. 5 daily) for a week. After the malarial period the modern arsenical preferred is given intravenously in full doses at weekly intervals for 6 weeks.

The arsenical preparation which has proved most efficacious in g p. i. is Tryparsamide; but special care must be taken to avoid injury to the optic nerve. Inoculation is made from one patient to another.

Ed. Note.—The writer's main material in pre-Wassermann days consisted of about 200 cases seen over a 6 year period in the English asylums. About 100 of these appeared at the Durham County Asylum (then rather notorious for its high rate of g. p. admissions). There were about 90 autopsies on subjects of this disease during the 6 year period. The admissions represented all stages, from the well developed disease to the earliest cases where close observation over some period by the trained staff was necessary to clinch the diagnosis.

It is suggested that our local government authorities might well take steps to make available the malaria treatment for the general paralytics of this province.

A. B.

Addresses Graduating Class.

Dr. W. W. Patton, Dominion, delivered the medical address to the Nurses' Graduating Class of the Glace Bay General Hospital at their recent graduating exercises. *The Glace Bay Gazette* reports him as follows:—"Dr. Patton told of the great services the nurse was called upon to render and the obstacles she met with in her course. of duty. He offered some suggestions that would prove useful to them in the future. Having served during the World War he was well able to tell of the great deeds of the nursing sisters on the field. These courageous women were all volunters and if necessary would have gone in to the trenches to care for the wounded and dying.

The record of the nurses in the memorable struggle of 1914 to 1918 would forever be remembered. Dr. Patton recalled the death of Edith Cavell, the English martyr nurse who was shot down by German bullets. Edith Cavell died as British blood can die and the shots that took her life rang around the world and marked the beginning of the tottering of the great German empire. Dr. Patton was in London in May 1919, when the remains of Edith Cavell were interred in Westminster Abbey, beside the bodies of kings and queens and the royalty of centuries. Dr. Patton's address was of great help to the graduates and to every one present and was well delivered."

Among the graduates of the Montreal General Hospital Training School for Nurses, at the recent closing this year, were the following from Nova Scotia:—Kathleen M. Byrne, Dartmouth; Dorothy M. Driffeld, Digby; Noreen C. Duggan, Lunenburg; Marie B. Duprey, Westville; Martha A. MacDonald, Sydney Mines; Sadie I. McIsaac, Hazel Hill; Catherine H. McKenzie, Centredale; Isabel McMann, Halifax.

Extra-Mural Medical Lectures

Canadian Medical Association Post-Graduate Tours.

AGAIN a most successful tour has been made in Nova Scotia by speakers sent out by the Canadian Medical Association financed by funds furnished by the Sun Life Assurance Company.

The Branches visited were delighted with the addresses given; there were several clinics and many consultations. Several factors contributed to the success of the tour. The subjects dealt with were practical and were ably presented; but much credit must be given to the pleasing personality of the two speakers:—Dr. R. V. B. Shier and Dr. G. Harvey Agnew, Clinicians of the Surgical and Medical Departments of Toronto University, respectively.

Dr. Shier had as his repetoire the following topics:—(1) Intestinal Obstruction. (2) Pre and Post-operative Treatment. (3) Gastric and Duodenal Lesions. (4) Abdominal Pain. (5) Acute Abdominal Emergencies. (6) Goitre. Of these the addresses, Pre and Post-operative Treatment, with Acute Abdominal Emergencies, dealing largely with Intestinal Obstruction, were selected by most of the Branches. These will be published in full in subsequent issues of the BULLETIN. The addresses of Doctor Agnew most desired by the Branches were Medical Problems of Pregnancy and the Care of Nephritic Patients in Private Practice.

The first meeting of the tour was held at Amherst, May 23-27, at which over fifty per cent. of the members of Cumberland County Branch were present. This was a single-barrelled afternoon session, Doctor M. J. Wardrope of Springhill, Vice-President, being in the chair. Doctor Shier lectured on "Pre and Post-operative Treatment," pointing out various complicating conditions found in patients awaiting operation. These are due particularly to the different toxaemias and also cases suffering from anaemia. The outstanding value of the administration of abundance of fluids was emphasized and due stress placed on the decided advantage of blood transfusion. Various complications were dealt with and appropriate treatment outlined.

Doctor Agnew gave his address on "Some Medical Problems of Pregnancy" referring chiefly to cardiac and kidney conditions. He pointed out that a systolic murmur does not necessarily mean cardiac disease and that the most common organic lesion in pregnancy is mitral stenosis. He also stated that albuminuria is not necessarily a precursor of eclampsia, but may signify a benign toxaemia a "Nephrosis," characterized by oedema and a low blood pressure. This condition seldom leads to eclampsia.

Doctor S. L. Walker of Halifax, representing the C. M. A. and the Medical Society of N. S., joined Doctors Shier and Agnew at Truro that evening. On account of the next day, May 24th, being a holiday, it was impossible to arrange for any general meeting in Sydney for that date. Hence Doctor Agnew spent Tuesday in Truro, saw some patients in consultation and was entertained most kindly to a motor trip by Doctor and Mrs. H. V. Kent. Doctor Shier spent a busy day in New Glasgow and was motored about New Glasgow, Westville, Pictou and surrounding country by Doctor John W. McKay of New Glasgow. Doctor Walker spent the day in Sydney in conference with the President of the Society on routine business, and in conference, relative to the programme of the annual meeting.

On Wednesday all three met again in New Glasgow, where sessions were held afternoon and evening, besides a number of consultations. The addresses given by Doctor Shier were:—(a) Pre and Post-operative Treatment. (b) Gastric and Duodenal Lesions. In the latter case the essential points were:—A brief resume of the symptoms of ulceration of the stomach and duonenum and carcinoma of the stomach, particularly the early symtoms of the latter. This was followed by a general outline of treatments, both medical and surgical. In discussing the surgical treatment the various types of surgical procedure, with their advantages and disadvantages, were clearly outlined. Free discussion and many questions were features of both sessions, the evening one especially.

Doctor Agnew dealt with (a) Treatment of Nephritis in Private Practice. (b) Pernicious Anaemia. In the treatment of Nephritis he dwelt on the advisability of giving more carbohydrates and less milk, and the necessity of distinguishing the chronic *hydraemic*, or water-salt retension forms, from the azotaemic, or nitrogen retention form. The new popular liver treatment of pernicious anaemia was heartily endorsed, although he felt that full doses of hydrocloric acid should be administered, and blood transfusions were advocated for severe or stubborn cases.

Doctor Walker gave a paper on "The Ethics of Medical Organization." This brought out the idea that Medical Organization is only justified if it enabled the profession to be of better service to the community. The present series of meetings, with these practical addresses, had no other purpose than to make the general practitioner of more value to his clientele, the community in which he lives. Doctor Walker also conducted a short round table conference regarding membership in local and provincial Medical Associations. Regarding the BULLETIN, general approval was expressed but there were some criticisms. These both representing 'for and against' expressed regret that they had not given the editorial staff any idea of their opinions. It was resolved to give these matters careful consideration at the local annual meeting to be held in June. Doctor Clarence Miller presided at all meetings. It was good to see Doctor Evan Kennedy

present and fully recovered from his severe accident of a year and a half ago.

The next meeting was held in Halifax on Thursday, May 26th. The afternoon session consisted of a Medical and Surgical clinic at the Victoria General Hospital at which from 25 to 30 members were present. The evening session was held in the Dalhousie Health clinic with the President, Doctor George H. Murphy, in the chair. Doctor Shier considered "Intestinal Obstruction" in its various forms. He noted the evident lack of early diagnosis on the part of the profession. In dealing with this phase of the subject he outlined early symptoms and finally discussed treatment, both medical and surgical, not only of acute intestinal obstruction involving the small bowel, but also that super-imposed on chronic obstruction of the large bowel.

Doctor Agnew considered "Medical Problems in Pregnancy" considering chiefly cardiac lesions and albuminuria. A profitable discussion was carried on by Doctors M. Chisholm, Hogan, K. A. MacKenzie, MacDougall and McLellan. After the meeting, a very pleasing reception was tendered to the visitors and many members of the Halifax branch by Doctor and Mrs. G. H. Murphy at their hospitable home on Carleton St.

Doctors Shier, Agnew and Walker went to Bridgewater May 27, A. M. Friday. A visit was made to the Hospital in the forenoon and several very interesting cases seen. The first scientific session was held at 3 P. M. in the council chamber of the Town Hall. Doctor Shier spoke on "Pre and Post-operative Treatment" and Doctor Agnew on "The Treatment of Pernicious Anaemia." Doctor Walker gave his paper on "Ethics of Medical Organization." Folllowing a supper with a large and well prepared menu, further papers were presented:— "Acute Abdominal Emergencies by Doctor Shier and "The Care of Nephritic Patients in Private Practice" by Doctor Agnew. Doctor Walker made announcements regarding the provincial meeting in Sydney, July 6th and 7th. The point was emphasized that the present branch meetings and four papers out of six of the annual meeting are possible through the C. M. A. The indebtedness of the branches and the provincial Society to the C. M. A. being thus obvious. Again, as at previous meetings, hearty votes of thanks were passed to all the speakers. Sunday was spent very quietly in Halifax. the visitors taking in the Terminals, the Gardens and the North West Arm

Monday morning May 30th, Doctors Agnew, Shier and Walker proceeded to Windsor. Through the courtesy of Doctor and Mrs. O. B. Keddy, the visitors were included in a motor party to Grand Pre, Wolfville and Gaspereau. At the afternoon session, after routine business, Doctor Shier spoke on "Pre and Post-operative Treatment" and, in the evening, on "Acute Abdominal Emergencies" dealing chiefly with intestinal obstruction. In the afternoon Doctor Agnew discussed the "Care of Nephritic Patients." In the evening he considered "Precordial Pain." The speaker dealt with the neurotic type of

heart, emphasizing the necessity of protecting the patient from needless fears. Angina Pectoris was contrasted with Coronary Occlusion, and the value of pain following exercise as a diagnostic sign was stressed. Doctor Walker spoke on "Organization as a means of betterment to the Community" and definitely pointed out the obligation of the individual to his local, provincial and federal associations.

Reaching Yarmouth Tuesday at 8 A. M. the visitors were met by Doctor Lebbetter and after breakfast were taken to the Yarmouth Hospital, few hospitals being as fortunate as to situation, looking down the harbor right to the sea. Then followed a drive down the Western and then back and down the eastern side. Then circling around we entered town by the main highway, Halifax to Yarmouth, south shore. The scientific papers in the afternoon were preceded by the regular business session of the Society. It was the annual meeting and the visitors gave the following addresses:—

Doctor Shier:—(a) Acute Abdominal Emergencies. (b) Pre and Post-operative Treatment.

Doctor Agnew:—(a) Medical Problems of Pregnancy. (b) Care of Nephritic Patients in Private Practice.

Doctor Walker:—(a) The Seventy-fourth Annual Meeting of the Medical Society of Nova Scotia. (b) The Ethics of Medical Organization.

The party went from Yarmouth to Middleton June 1st, holding two sessions. The same addresses were given as at Yarmouth. A banquet was held at 7.30 P. M. There were no toasts and the scientific session was immediately resumed upon its conclusion. Following a motor ride the next morning to points, where some very fine views were enjoyed, Doctors Shier and Agnew started for Toronto via Digby and Saint John and Dr. Walker returned to Halifax.

Thus ended one of the best tours yet conducted under the C. M. A. Auspices. Seven Branch Societies were visited, afternoon and evening sessions being held at each place, save Cumberland County. Counting Clinics the three speakers gave 34 addresses, beginning May 23rd and concluding June 1st, 1927. The Toronto speakers were away from home two weeks. It was regretted that the holiday (May 24th) interfered with the Sydney meeting as the members of the Cape Breton Society are most enthusiastic over these meetings. Yet with the annual meeting so near the local members will be busy enough.

The itinerary as followed worked out with the least possible inconvenience and allowed a suitable week end rest. The local arrangements by the Branches were always perfect and the visitors were extended many courtesies at all stops. All Branches were most enthusiastic over their meetings and the Toronto visitors were urgently invited to "come again." All expressed the desire that another series of meetings be held next September or, preferably, October. It was pointed out that several Branches hold their annual or semi-annual

meetings in October and, if possible, it would be better to have such meetings addressed by the C. M. A speakers.

An estimate of the number of doctors in different districts with the local branch membership and number present at these lectures is as follows:

Cumberland County—30 doctors in district—20 members of the local branch and 16 present. Pictou County, 32 doctors, 22 members and 21 present. Halifax, 117 doctors, 80 members and 55 present. Lunenburg-Queens, 36 doctors, 26 members and 13 present. Colchester-Hants, 36 doctors, 30 members and 18 present. Yarmouth, 31 doctors, 29 members and 21 present. Valley Medical Society, 49 doctors, 38 members and 25 present. This summarizes thus:—Number of doctors in districts visited 331. Of them 246 are nominally members of the several branches and 169 attended these meetings. The question naturally arises as to whether the profession is getting in sufficient numbers, the benefits of these lectures.

S. L. W.

Question and Answer.

This is from the famous "Dr." McCoy Health(?) articles syndicated all over this continent, including Nova Scotia and Halifax City.

Question. "I have a severe pain at the tip top of my spine, spreading over my shoulders. It gets worse towards end of the day, or when walking. Doctor calls it neuritis, but gives no relief."

Answer. "If you have true neuritis, it can be cured through the dieting and fasting treatment, but the description of your case leads me to believe that the trouble in your shoulders is caused by some displacement of the vertebra in your spine. Have a treatment or two by an osteopath or chiropractor, and see if he cannot relieve your discomfort.

How utterly absurd! Yet it is newspaper health publicity!

Constipation in bottle-fed infants is due to one or more of six conditions:—

An incomplete digestion of milk protein.

Starchy foods—such as barley water and other gruels; food mixtures containing cereals only partly converted into soluble carbohydrates.

Too much cream in the mixture, or an individual intolerance of fat.

Milk modifications that are deficient in all food elements, thus furnishing a diet below the normal requirements.

Modifications containing an excess of all food elements, resulting in a daily intake of food far beyond normal requirements.

Lack of Energy.

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

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Let a Little Sunshine In

WHEN our long gone ancestors started building themselves their rude dwellings they did so doubtless to escape the cruel and boisterous elements. It is only within the last fifty years that we, their descendents, have discovered that those same elements, however boisterous, were not so cruel. Like the kicks of fate they contained the blessed and the salutary. Softened, through lack of them, our ancestors became a prey to other enemies who love to dwell in enclosed spaces—unseen, silent, insidious, but none the less deadly—those plagues and infections that have thumbed their noses through the ages at our increasingly civilized state.

A few years ago someone discovered that fresh air had healing qualities for a body diseased. Immediately the wise ones declared that the great benefit of the status naturalis lay in its all fresco quality. But now they's discovered the boon of sunlight, and once more, as in bygone days, men are learning to worship that ancient deity, Helios—Sunshine. To the modern cult Helios is no longer the father of harvest and plenty but the god of health.

The movement began with the curing of tuberculosis, particularly the bone type, in the Alps. But not everyone could go to an Alp, so it remained for human ingenuity to bring the Alp to everyone—in the form of the mercury vapor quartz lamp. Now, merely by turning on an electric switch you can get a sunburn in December as you did in May.

Furthermore they say that this sunlight, natural and artificial, is the best tonic going and that it will soon be backing our old standby, Blauds, clean off the map. It is not only a tonic, but by toughening the skin, it actually increases resistance to disease. It will both keep the hair from falling out and the cold from coming in, and there are those optimistic spirits who declare that within a short time all we dwellers in the north will be tanning ourselves through the long winters with artificial sunlight and that tuberculosis will be banished from the land. They say also that our houses will no longer be lighted by the present type of glass, but a type that, letting the ultra-violet rays of the sun through, will permit us to receive through our windows, the full benefit even of our scant winter sunlight. In which days the song of our childhood, "Let a Little Sunshine In," will take on a new meaning.

H. B. A.

A Halt Needed.

When Senator Eugene Hale married the daughter of "Zack" Chandler, the latter, who was a great lover of children, said: "Now, Gene, I have no use for people who don't increase the census returns. I want you and Mary to raise a family, and I'll settle ten thousand dollars on every boy you have." Time passed, and the Hales were so regularly blessed with children of the male persuasion that the frequency with which "Zack" Chandler was called upon to redeem his promise with checks became a jest among his friends in Washington. One morning the President received the following telegram from Senator Chandler: "For God's sake make Eugene Hale a foreign missionary! His wife has another boy."

Each Man's Share.

A doctor, an architect and a bolshevik were discussing as to the priority of their occupations.

The doctor said:

When Adams side was opened and a rib removed to make woman, there was a surgical operation—medicine was the oldest trade."

The architect said:

"Yes, but when the earth was made, out of chaos, there was the building process, the use of materials according to a plan. The architect's is still older."

The bolshevik smiled and said:

"But who supplied the chaos?"

—*Farm Life.*

Medical Society of Nova Scotia

SEVENTY-FOURTH
ANNUAL MEETING

SYDNEY, N. S.

July 5th, 6th and 7th., 1927

OFFICERS 1926-27.

President	Dr. J. J. Roy, Sydney.
1st Vice-President	Dr. L. R. Morse, Lawrencetown.
2nd Vice-President	Dr. H. K. McDonald, Halifax.
Secretary-Treasurer	Dr. J. G. D. Campbell, Halifax.
Assistant-Secretary	Dr. S. L. Walker, Halifax.

EXECUTIVE.

Dr. D. McNeil, Glace Bay.	Dr. W. N. Cochran, Mahone Bay.
Dr. Dan McDonald, North Sydney.	Dr. R. O. Bethune, Berwick.
Dr. L. J. Johnstone, Sydney Mines.	Dr. L. L. Crowe, Bridgetown.
Dr. J. A. Munro, Amherst.	Dr. A. B. Campbell, Bear River.
Dr. W. T. Purdy, Amherst.	Dr. S. G. McKenzie, Westville.
Dr. G. H. Murphy, Halifax.	Dr. G. A. Dunn, Pictou.
Dr. S. R. Johnson, Halifax.	Dr. W. F. McKinnon, Antigonish.
Dr. J. V. Graham, Halifax.	Dr. F. D. Charman, Truro.
Dr. W. L. Muir, Halifax.	Dr. F. R. Shankel, Windsor.
Dr. P. Weatherbe, Halifax.	Dr. A. Campbell, Yarmouth.
Dr. W. N. Rehfuss, Bridgewater.	Dr. C. A. Webster, Yarmouth.

Provisional Programme

TUESDAY, JULY 5TH, 1927.

10 A. M. Business Meeting Medical Health Officers' Association.
3 P. M. Scientific Meeting, Health Officers.
8 P. M. Executive Meeting Medical Society.

WEDNESDAY, JULY 6TH, 1927.

9.30 A. M. Registration.
10.15 A. M. Meeting Called to Order.
Minutes and Routine Business.
11.00 A. M. Address in Obstetrics, "Treatment of Eclampsia."
DR. JOHN FRASER, Professor of Obstetrics and Gynaecology, McGill University, Montreal.
Discussion. Announcements.
12.30 A. M. Adjournment.

2.30 P. M. PRESIDENTIAL ADDRESS, DR. J. J. ROY.
3.00 P. M. Address in Surgery. "Diseases of the Female Breast."
DR. A. J. GRANT, Associate Professor of Surgery, Western University, London, Ont. (Lantern Slides).
Discussion.
PAPER: "Importance of Symptoms in Urology."
DR. F. G. MACK, Halifax. (Lantern Slides).
Discussion. Announcements. Adjournment.

8.00 P. M. Address in Medicine, "Constipation."
DR. DUNCAN GRAHAM, Professor of Medicine, Toronto University.
Discussion.
PAPER: "Operation of the Workmen's Compensation Act." DR. M. D. MORRISON, Halifax.
Discussion. Announcements. Adjournment.

THURSDAY, JULY 7th, 1927.

9.30 A. M. Report of Nominating Committee.
Routine, Unfinished and New Business.

10.30 A. M. Address in Gynaecology, "Chronic Infections of the Pelvis."
DR. JOHN FRASER, McGill University, Montreal.
Discussion.
Unfinished, Routine and New Business. Resolutions, Etc.
Adjournment, *Sine Die.*

2.00 P. M. Annual Banquet.

GOD SAVE THE KING.

OFFICERS OF CAPE BRETON MEDICAL SOCIETY
1926-27.

President	DR. M. G. TOMPKINS, Dominion.
Vice-President	DR. J. C. MORRISON, New Waterford.
" "	DR. J. B. LYNCH, Sydney.
Secretary-Treasurer	DR. ERIC W. MACDONALD, Reserve.

EXECUTIVE

DR. D. A. McLEOD, Sydney. DR. E. J. JOHNSON, Sydney.
DR. JNO. McDONALD, Sydney.

Nominated to Provincial Executive.

DR. D. R. McRAE, Whitney Pier. DR. J. K. McLEOD, Sydney.
DR. M. T. SULLIVAN, Glace Bay.

Local Committee (Entertainment) DOCTORS LYNCH, SULLIVAN, E. J. JOHNSTONE, and L. J. JOHNSTONE.

Programme Committee. DOCTORS ARCHIBALD, TOMPKINS and ROY.

Ladies' Committee. Wives of Local Doctors.

GENERAL INFORMATION

All meetings will be held in the Central School George Street. Standard Time is the *Official* time, but if you come you will have a *good* time.

For your accommodation write at once to Dr. J. Knox McLeod or Dr. John McDonald, who are in charge of Housing. State when you will arrive and number in your party.

Nothing has been said, hitherto, about the ladies. The Cape Breton Society would be delighted to have a visiting lady for every Doctor, and it is not limited at that. A Ladies' Committee is working, and you will be looked after with the usual Cape Breton hospitality,—modesty prevents us saying more. The wives of the local Doctors compose this Committee.

Discussion of papers: We have 12 hours in the Several Sessions, five hours being devoted to papers, leaving 7 hours for discussions and regular business. In order that everyone may take part, it is announced that the opener of a discussion shall be given 10 minutes and five minutes to each subsequent speaker.

There is a good strong general Committee and a splendid Ladies' Committee, both of which will do their utmost for your comfort and pleasure. Don't forget your golf bag.

You are welcome. Come and let us entertain you.

Branch Societies

WESTERN NOVA SCOTIA MEDICAL ASSOCIATION.

THE Annual Meeting of the Western Nova Scotia Medical Society was held in the Kiwanis Club rooms, Yarmouth, on the afternoon and evening of May 31st, 1927,—the Vice-President, Dr. A. R. Melanson of Eel Brook being in the Chair. The minutes of the last meeting were read and on motion adopted.

A communication from the Provincial Executive *re* Honorary Membership was read and the Secretary was instructed to take action as occasion arises. A communication was read *re* advertising cards in local papers, but as these cards were withdrawn it was felt that no action was required. A further letter from the Provincial Secretary drew attention to a Resolution of the Medical Society requiring each member of the Executive to attend at least one meeting of the Executive each year and that, all such nominees or members must be members in good standing of the provincial body.

The report of the Secretary-Treasurer showed an increase of membership from 19 to 25, with a credit balance of $21.29 on hand. Drs. C. K. Fuller and S. W. Williamson were appointed auditors. The report was adopted.

The following officers were nominated and elected by ballot:—

President.....DR. G. W. T. FARRISH, Yarmouth.
Vice-President for Digby (Clare).....DR. H. T. POTHIER, Weymouth.
" " " Shelburne.....DR. L. P. CHURCHILL, Lockeport.
" " " Yarmouth.....DR. A. R. MALANSON, Eel Brook.
Secretary-Treasurer.....DR. T. A. LEBBETTER, Yarmouth.
Nominated to the Provincial Executive, DRS. FULLER and WEBSTER of Yarmouth.

Dr. S. L. Walker, Secretary of the Medical Society of Nova Scotia, made announcements regarding the annual meeting in Sydney July 6th and 7th, 1927. He brought out in particular the co-operation of the C. M. Association in furnishing speakers.

Addresses, which were of a high order and of great practical value, were delivered by the visitors from Toronto. Dr. R. V. H. Shier, of the University of Toronto, "Acute Abdominal Emergencies" and "Gastric and Duodenal Lesions." Dr. Harvey Agnew, also of Toronto University, dealt with "The Medical Problems of Pregnancy" and the "Care of Nephritic Patients in Private Practice". The first considered chiefly cardiac conditions and albuminuria. These papers are to be published in the BULLETIN the Society was assured, as also the papers of Dr. Shier.

Dr. S. L. Walker spoke on the "Ethics of Medical Organization," stressing the fact that medical societies are for the welfare of the community, being the doctors contribution to that end. The local, provincial and federal bodies function in order that local physicians may be better able to cope with health problems in their respective communities.

On motion of Dr. W. H. Cole of Pubnico, a hearty vote of thanks was passed to the three speakers. Meeting adjourned.

Signed—T. A. LEBBETTER,
Secretary-Treasurer.

Colchester-Hants Branch, Medical Society of Nova Scotia.

The Annual Meeting of the Society was held in the parlor of the Victoria Hotel, Windsor, Monday afternoon and evening, June 30th, 1927. The President, Dr. Dan Murray of Tatamagouche was in the Chair. Twenty members of the Society were present. Dr. Murray holding the mileage record travelling to and fro over 220 miles.

The minutes of previous meetings were read and approved. Communications from the Secretary of the Provincial Society *re* resolutions regarding members of the Executive and Honorary members were also read. Their contents being noted they were placed on file.

The scientific programme of the afternoon and evening was as follows:—Dr. H. V. B. Shier, Clinician in Surbery, Toronto University, —(a) Pre and Post-operative Treatment, (b) Acute Abdominal Emergencies, considering, especially, acute intestinal obstruction.

Dr. G. Harvey Agnew, Clinician in Medicine, Toronto University; —(a) Pain in the Heart Region, referring especially to mitral stenosis, and (b) Medical Problems in Pregnancy.

The papers of both speakers were greatly enjoyed and the Society was pleased to learn that they would be published in the BULLETIN in the near future.

Dr. S. L. Walker, Secretary of the Medical Society of Nova Scotia, made announcements as to the annual meeting at Sydney, July 6th and 7th. He gave a stirring address on Medical Organization, pointing out that some of the value of organization was to be found in the very successful meeting held at this time in Windsor, as well as by the contributions to be made by the C. M. A. to the annual meeting.

There was considerable discussion and many questions asked following the reading of the papers. Votes of thanks to all the speakers were unanimously passed.

The Nominating Committee presented its report and the following officers were duly elected:

President.....Dr. G. K. Smith, Hantsport.
Vice-President.....Dr. J. B. Reid, Truro.
Secretary-Treasurer.....Dr. H. V. Kent, Truro.
Executive: The officers and Dr. R. A. McLellan, Rawdon; Dr. J. W. Reid Sr., Windsor; Dr. D. S. McCurdy, Truro.
Nominated to Provincial Executive: Dr. H. B. Havey, Stewiacke, and Dr. E. E. Bissett, Windsor.

This was one of the largest and most interesting meetings ever held by the Society. The Society is greatly indebted to Drs. Shier, Agnew and Walker for their splendid addresses. These post-graduate tours are doing much to stimulate interest in our local society meetings.

H. V. Kent.

CAPE BRETON BRANCH.

The Annual Meeting of the Cape Breton Medical Society took place in The City Hospital Sydney on Thursday, May 19th. Meeting was called to order by the President, Dr. Archibald. The C. M. A. Speakers which are holding clinics in the different Towns of the province proposed visiting Sydney on May 24th.

After some discussion it was moved and seconded that Dr. Walker be informed that it would be impossible to hold a meeting on that date. Carried.

Moved and seconded that the Secretary be authorized to draw a draft on each medical man in the county for $15 towards defraying expenses of the Annual Meeting in July. Carried.

The chairmen of the different committees reported on the progress being made in arranging the details of the Annual Meeting of the Provincial Society.

The Nominating Committee suggested the following officers on motion they were declared elected.

President.....Dr. M. G. Tompkins, Dominion.
1st Vice-President.....Dr. J. C. Morrison, New Waterford
2nd Vice-President.....Dr. J. B. Lynch, Sydney.
N. S. Executive.....Dr. D. R. McRae.
Dr. J. K. McLeod.
Dr. M. T Sullivan.
Local Executive.....Dr. D. A. McLeod, Sydney.
Dr. E. J. Johnson, Sydney.
Dr. Jno. McDonald.
Secretary-Treasurer.....Dr. Eric MacDonald, Reserve.

A vote of thanks was extended to the retiring officers for the able way they had carried on the affairs of the Society.

Dr. Tompkins gave a short address giving some ideas which, he thought would help make the meetings more interesting, if carried out.

Signed. Eric W. McDonald,
Secretary.

The Medical Register

Additions since June 1926.

Additions to the Medical Register from June 30th, 1926 to the same date in 1927, include the following:—

Dr. D. H. Land, 722 Victoria Road, Sydney, N. S., being registered shortly after the 1926 register was published.

Other additions to the Medical Register include:—

DR. JOHN C. ACKER.....Halifax.
DR. GEORGE VICTOR BURTON.....Yarmouth (at present at Boston City Hospital).
DR. RUSSELL CLARK ZINCK.....Lunenburg.
DR. JAMES RITCHIE ROBERTSON.....Elmsdale.
DR. JOSEPH HENRI DIGOUT.....St. Peters.
DR PAOLO NICOLA AGNESI.....Sydney.
DR. NOEL STUART KNAPP.....Harbor Breton, Newfoundland.
DR. ARCHIBALD A. CHISHOLM.....Manuals, Newfoundland.

and the following Dalhousie graduates of this year:—

DR. ROBERT BRIAN ARCHIBALD.....Centre Musquodoboit (N. S. San., Kentville).
DR. RAYMOND EDWARD BENNETT.....St. John's, Newfoundland.
DR. EDWIN CAMERON.....Inverness, N. S. (Deer Lake, Nfld.).
DR. DONALD RAYMOND CHISHOLM.....Halifax.
DR. WILLIAM SIDNEY GILCHRIST.....Halifax.
DR. JOHN MCKAY HAMILTON.....Truro (Cleveland, Ohio).
DR. GEORGE MURRAY LEWIS HATFIELD Yarmouth.
DR. MARION ROBERTSON IRVING.....Buctouche, N. B.
DR. MORRIS JACOBSON.....Dartmouth (V. G. Hospital, Halifax).
DR. EDWARD LEONARD MCQUADE.....Saint John, N. B.
DR. EVA WADDELL MADER.....Halifax (N. S. San., Kentville).
DR. HARRY DOW O'BRIEN.....Halifax.
DR. HAROLD ROBERTSON.....Halifax (Cleveland, Ohio).
DR. EVELYN FRANCES HYSLOP ROGERS Halifax.
DR. HAROLD LAMBERT SCAMMELL.....Pictou.
DR. JAMES WILLIAM SUTHERLAND.....Malagash (V. G. Hospital, Halifax).
DR. JOHN COX WICKWIRE.....Halifax (Hudson Strait Expedition).

Several of the Dalhousie graduates have taken temporary appointments as shown in brackets, and others have plans which will take them to other than their home addresses.

W. H. H.

Dalhousie Notes

AT the Convocation of Dalhousie University held on the 17th of May, the diploma in Medicine was awarded to twenty-seven young men and women. The session which ended with the Convocation was without question the best in the history of the Medical School. The final examination in Medicine is conducted jointly by the University and the Provincial Medical Board and one of the two examiners in each subject is not a member of the University teaching staff. This ensures an element of independence in the examination, which eliminates the likelihood of anything like favouritism being shown to any candidate. It was, therefore, especially gratifying to the Medical Faculty that every candidate passed in every subject with at least a good safe margin. Needless to say such an unusual result was hailed joyfully by the candidates. The new graduates are as follows:—

Robert Brian Archibald	Centre Musquodoboit, N. S.
Harold Emerton Baird	Chipman, N. B.
Israel Becker	Chicago, Ill., U. S. A.
Charles John Worden Beckwith	Halifax, N. S.
Raymond Edward Bennett	St. John's, Nfld.
Samuel Brown	Chicago, Ill., U. S. A.
Edwin Cameron	Inverness, N. S.
Donald Raymond Chisholm	Halifax, N. S.
Samuel Eugene Diamond	Chicago, Ill., U. S. A.
William Sidney Gilchrist	Halifax, N. S.
John MacKay Hamilton	Truro, N. S.
George Murray Lewis Hatfield	Yarmouth, N. S.
Marion Robertson Irving	Buctouche, N. B.
Morris Jacobson	Dartmouth, N. S.
Joseph Francis Kennedy	Flushing, N. Y., U. S. A.
Edwin Leonard McQuade	Saint John, N. B.
Eva Waddell Mader	Halifax, N. S.
Jack Morgan	Chicago, Ill., U. S. A.
Harry Dow O'Brien	Halifax, N. S.
Harold Robertson	Halifax, N. S.
Evelyn Frances Hyslop Rogers	Halifax, N. S.
Harold Lambert Scammell	Pictou, N. S.
Seymour Strongin	Chicago, Ill., U. S. A.
James William Sutherland	Malagash, N. S.
Manuel Celis Tady	Philippine Islands.
John Cox Wickwire	Milford Station, N. S.
Daniel McLean Wood	Brookfield, P. E. I.

Dr. Hugh E. Kelley (Dal '26) and Dr. J. C. Wickwire (Dal '27) have been appointed as Medical Officers to the Hudson Strait Expedition. The Expedition is to sail early in July and will spend

about sixteen months in investigating the ice conditions of the Strait in relation to navigation.

Dr. E. L. McQuade, who graduated at Dalhousie in May, was unfortunate enough to infect his right hand while doing an autopsy at the Victoria General Hospital, and for several days was in a very critical condition. He was unable to be present at the Convocation, but President Mackenzie went to the hospital and conferred the degree on him there.

Drs. C. J. W. Beckwith, J. M. Hamilton and Harold Robertson, recent Dalhousie graduates, propose to spend some years in further study; Dr. Beckwith at Montreal, the others at Cleveland.

Dr. S. A. Morton, Dal '26, has received an appointment at the Mayo Clinic.

Drs. R. B. Archibald and Eva Mader, who graduated at Dalhousie this spring, have accepted appointments on the medical staff of the Nova Scotia Sanatorium.

The Medical faculty of Dalhousie University have decided that hereafter two pre-medical college years will be required of entrants to the medical school. This will allow of some rearrangement of the course so that the fifth year will be given up entirely to clinical teaching.

Willie: "Pa, does bigamy mean that a man has one wife too many?"

Pa: "Not necessarily, my son. A man can have one wife too many and not be a bigamist."

Ma: "Willie, you come upstairs with me and I'll teach you to keep your mouth shut!"

Shoeless, he climbed the stairs, opened the door of the room, entered, and closed it after him without being detected. Just as he was about to get into bed his wife, half-aroused from slumber, turned and sleepily said: "Is that you, Fido?"

The husband, telling the rest of the story, said: "For once in my life I had real presence of mind. I licked her hand."

One evening, thinking to test my small son's knowledge of arithmetic, I asked:

"If our next-door neighbor has a wife and baby, how many are there in the family?"

Johnny thought for a while, then answered:

"I know. There are two and one to carry."

OBITUARY

HUBERT WOOD, M. D., Jefferson Medical College, 1895, Waialua, Hawaii.

DR. Hubert Wood died recently at the Queen's Hospital, Honolulu, after an illness of four months.

He was born August 4th, 1866, the son of Alexander and Margaret (Fullerton) Wood, at River Hebert. He was educated in the public schools, the Provincial Normal College and the Universities of Mt. Allison and Dalhousie. He did post-graduate work in medicine and surgery in New York in 1906 and 1921.

He practiced in River Hebert for two years and then went to Honolulu at the request of Dr. Emerson, president of the board of health of Hawaii. He acted as government physician at Loolau, and in February 1899 was appointed physician for the Waialua Agricultural Company, Ltd., and government physician for that district. This was really his life work, being 28 years in active practice for this Company and having a large private practice as well. This period saw the construction and conduct of a plantation hospital, with a staff of nurses and assistants, open to all plantation employees, his private patients and others and, in frequent use, as an emergency hospital.

On September 6th, 1898 he was married to Miss Annie Harvey of Nova Scotia, who survives him. They had no children. A sister in Nova Scotia and a brother, Prof. Edgar Wood of Honolulu, also survive.

At the advanced age of 82 years on June 6th, at Weston, King's County, after an acute illness of three weeks, John Woodworth Skinner passed away. He was a life long member of the Berwick Baptist Church, a man of quiet disposition who made many friends. His funeral was largely attended.

He lived all his life on the old homestead which he named "Oak Hill Farm." His wife, Miss Emmie Robblee of Lower Granville, predeceased him by 22 years. He is survived by two sisters, four sons and one daughter. One son is Dr. Claude W. H. Skinner of Moose Jaw, and another is Dr. Bernard W. Skinner of Hubbards.

Dr. Garay DeN. Hough of New Bedford died May 30th, 1927, aged 66 years. A graduate of Harvard University he took his M. D. from Bellevue Hospital Medical College in 1884. He was one of the founders of the American College of Surgeons, and held membership and office in many medical and surgical societies. At the time of the explosion in Halifax he headed the volunteer medical corps from New Bedford, and is remembered by some of the physicians of Halifax.

Dr. Abraham Zinghar, New York, noted bacteriologist, who helped perfect the Schick test, was asphyxiated June 5th, in his own laboratory, as he dozed in his chair.

PERSONALS

DR. George R. Morse of Saskatoon, accompanied by his son, spent a recent holiday in Nova Scotia, visiting his early home in Annapolis County and spending some days in Chester, where he practised for some years before going West.

Dr. and Mrs. Harmel of Boston are spending part of the summer at Weymouth at the home of Mrs. Harmel's parents, Doctor and Mrs. E. O. Hallett.

Dr. F. A. R. Gow spent a few days with his family at Greenwich, Kings County, while the Ship, on which he is Surgeon, was in port in Halifax.

Frank Morse, thirteen year old son of Dr. L. R. Morse of Lawrencetown was recently operated on for appendicitis in the Soldier's Memorial Hospital. He has made a good recovery.

Dr. Annie (Anderson) Dickson, Dalhousie 1920, Onslow, Col. Co., was made the chairman of a special committee of the Federated Women's Institute of Canada, at the recent convention at Wolfville, charged with the duty of reporting upon the high maternity death rate in Canada. In this connection it is rather striking to note that in two counties, in Nova Scotia, where medical and nursing services are difficult to obtain, apparently the puerperal death rate is very low. The general rate for 1925 in Nova Scotia was 4.9 per thousand births. The rate in England is three per thousand.

"Dr." Frank McCoy's article on Tuberculosis is so foreign to the ideas of the Nova Scotia Tuberculosis Commission one wonders why a leading Halifax daily continues to give publicity to such distortions of our best knowledge.

About 60 years ago a local paper was published in Truro called *The Mirror and Colchester County Advertizer*. In issue No. 1, Vol. 2, 1868, a reference is made to Dr. Wm. F. McNutt who "had just returned from Paris and with high honors from Scottish Universities. He has his Ad. in the *Mirror* with his office at the residence of J. F. Crowe." After a few years he removed to San Francisco, where he became very prominent as a surgeon. He was a native of Truro and died as a result of an automobile accident February 1st, 1924. His death was noted in the March 1924, BULLETIN.

A couple of years ago considerable interest was aroused by the publicity given to an invention designed to lower patients in their

cots to the ground in case of fire. It was stated that tests were being made in a hospital in Glace Bay. Can any members of the profession, or any others, inform the BULLETIN whether we are likely to hear more of this invention in the future. In the meantime hospital beds are largely increased and fire is always a menace.

At the graduating exercises of the Aberdeen Hospital Training School, New Glasgow, eight young ladies received their diplomas. Dr. John Bell addressed the Class on behalf of the local doctors. He said they were just entering upon their work after three years of apprenticeship. He could testify to the value of the work of the nurses; they were indispensable in the hour of sickness; they had noble work to do and he knew they would do their work in a capable and faithful manner, in a way that would not only reflect to their own credit and honor but to the Aberdeen Hospital as well.

Dr. C. M. Bayne, for the past few years Assistant-Superintendent at the Nova Scotia Sanatorium, has resigned that position to take effect June 1st, 1927, and will remove to Sydney where he will do private and consultation work in Tuberculosis. As a medical officer, he won the respect and confidence of the profession, and, through his interest in and on behalf of the patients, has been very popular with the patient body in the institution. At a recent meeting of the Cape Breton local Society his coming to Sydney was cordially approved. Doctor Bayne, Mrs. Bayne and their little daughter are followed by the best wishes not only of the patients and staff at the "San," but by many friends in Kentville and Kings County.

The staff of the institution presented Doctor Bayne with an electric sterilizer in a handsome cabinet. The patient body made a presentation of a handsome leather club bag and a pocket sphygmomanometer. Both gifts were accompanied by suitable addresses. If the Island of Cape Breton wishes to centralize its cases of Tuberculosis, Doctor Bayne would be avilable to direct the work.

Apropos of the above:—Dr. C. M. Bayne to Mr. Lugar at the N. S. Sanatorium,—"You don't know what a bad road really is!"

Reply:—"Is that so! You should have been with me on a fishing trip two years ago. I ran off the road twice."

The Come Back:—"That doesn't say the roads were bad."

On May 2nd, 1927, Hon. (Dr.) W. N. Rehfuss addressed the patients of the Nova Scotia Sanatorium on the work of the Tuberculosis Commission. He noted the dread of both the disease and the Sanatorium on the part of the public. Patients returning to their homes should "boost" the institution.

Why are the Scots well supplied with humor? Because it is a gift.

The New Waterford correspondent of the *Glace Bay Gazette*, June 6th, 1927, reports a session of the Workmen's Compensation Board held there early in June. A large number of cases were considered and local doctors were present. Over this medical board consideration of cases, the Commissioner, Mr. V. Paton, presided. The reporter adds,—"Everything went very smoothly and amicably, and not a single spat of any consequence helped to enliven the proceedings and one might well consider himself in the convalescent annex of a big hospital during the war years. This was not always so at these sittings. Commissioner Paton at one time seemed to consider a day lost when he didn't have a scrap with a witness, particularly an official or a doctor. His experience has mellowed him and he is now very wise and very tolerant." This makes most interesting and suggestive reading.

A Montreal quack was given 60 days in jail for treating a woman for some ear trouble, altho he stated he had a license to sell the preparation used.

Hugh M. Eaton, D.D.S., has returned to his home in Truro after graduating at Dalhousie. He is the youngest son of Dr. F. F. Eaton of Truro and, like his brothers, is a brilliant student.

Dr. William McRae of Whitney Pier narrowly escaped serious injury June 1st, when his fine new car was smashed to junk by a Sydney and Louisburg Coal Special at Victoria Road Crossing. His escape was almost miraculous.

The Glace Bay General Hospital this June graduated seven nurses. Dr. W. W. Patton of Dominion addressed the Class on behalf of the local doctors.

The Catholic Women's League of Canada held its last annual convention at Montreal, June 6th to 10th, 1927. Mrs. Sullivan, wife of Dr. M. T. Sullivan of Glace Bay, diocesan president, was voting delegate for the diocese of Antigonish. At the Confederation Banquet she represented Nova Scotia and responded for this province.

Dr. J. R. Robertson, Dal. 1926, who has been located at Elmsdale, is leaving for post-graduate work at the Sloane Maternity Hospital, New York city.

St. Martha's Hospital this year had a graduating Nurses' Class of nine members. Music, speeches and receptions featured the occasion.

Dr. R. W. Kenney, Dal. 1924, is pursuing post-graduate work in London. He has been awarded the conjoined degree of "Member

of the Royal College of Surgeons, England, and Licentiate of the Royal College of Physicians, London." His address is,—"Duchess of Connaught Hostel, 14 Bedford Place, London, W. C. I."

This time it is the *Evening News*, New Glasgow:—"Doctor Morrison, "Dr." Paton and Miss Reid, all of Halifax, are in town to-day in connection with the Compensation Board." The general tendency to style the Commissioner as a "doctor" is surely suggestive. Not for months has one or more Cape Breton papers referred to Mr. Paton other than as "Dr."

Doctors Dan. McNeil and A. Calder of Glace Bay have recently purchased McLaughlin-Buick Sedans. They are serviceable and very attractive in appearance.

Dr. Edgar Kelley, Dalhousie 1926, recently left the staff of the Victoria General Hospital, and after a short training course at Camp Borden, Ont., will join an exploring party to Hudson Bay. He is also a B. A. and a B. Sc. of Dalhousie.

Dr. C. E. A. DeWitt of Wolfville, with Mrs. DeWitt, motored to New York in June and spent a very pleasant three weeks en route.

The Sydney Y. M. C. A. put on a $10,000.00 drive in June. Dr. D. A. McLeod was Chairman of the campaign Committee.

Dr. L. W. Johnstone, M. P., Sydney Mines, was again on the sick list in May and June.

Reports early in June noted that the roads in Cape Breton were in splendid shape. In particular the roads from Point Tupper to Mabou, Inverness, Margaree, Lake Ainslie, Baddeck and Sydney are in first class condition. The return trip can take in Louisburg, Arichat and St. Peters. By all means motor East to the Medical Meeting at Sydney July 6th and 7th.

Dr. D. R. Chisholm, Dalhousie 1927, of Halifax, has located at Glace Bay, and will be associated with Dr. M. T. Sullivan of that town. Although Dr. Chisholm's home is in Halifax, he was born in Judique. Since going to the largest town in the province, we regret to learn that he has been seriously ill with pneumonia, his parents being called to his bedside. We trust his convalescence will be speedy and complete.

Dr. Allan R. Morton, Dalhousie 1925, for a year or more at Wolfville, is now on the staff of the Nova Scotia Hospital, Dartmouth, as Assistant to Dr. F. E. Lawlor, Superintendent.

Dr. A. Ivan Mader, McGill 1926, formerly of Halifax but now located in New York, assisted at a pleasing function at "The Little Church Around the Corner," New York City, June 4th, 1927, when he supported Mr. Norman W. deCartaret of Halifax, in his marriage to Marjorie, daughter of Mrs. Marion P. Murray of Fredericton, N. B.

The marriage took place at Trinity Church, Boston, June 6th, 1927, of Miss Catherine Burrill, daughter of Mr. and Mrs. C. D. Dennis of Amherst, to Dr. Cedric Alward of Saint John, N. B. After a short honeymoon they will reside in Saint John. If we are not mistaken the bride is a daughter of the late Dr. R. H. Burrill, formerly of Yarmouth, who practiced for some years in Lunenburg and Amherst before going West in 1913.

After wandering five miles in three hours, the little four year old son of Mr. and Mrs. Smith, Coalburn, for whom a large party of Thorburn miners was searching, was located by Dr. F. B. Day of Thorburn and returned safely to his home and anxious parents.

Dr. A. W. Chisholm, Ex-M.P., Margaree, visited Ottawa in June. He spent a short time in Halifax on his return.

According to announcements the wedding of Gladys Louise, daughter of Mr. and Mrs. Archibald F. Troop of Belleisle, was to take place June 28th, to Dr. C. S. Bezanson of Aylesford. The bride, who has been recently teaching in Granville was lately showered at the charming old home of Mrs. Alfred Millett, Granville.

Dr. C. H. Godin of Ottawa, Superintendent of Federal Marine Hospitals, spent a few days in June in Halifax, following a provincial tour in the interests of marine patients.

Dr. F. E. Rice of Digby was elected Deputy Grand Master at the recent annual session in Halifax of the Grand Lodge, A. F. and A. M.

Dr. J. V. Graham's Nash Coupe was stolen from in front of the Halifax Infirmary one evening early in June. It was found the next day on Pepperill Street, badly damaged.

Dr. H. E. Bigelow of Mt. Allison, Professor of Chemistry, contributes a readable article,—"The Story of the Vitamines," in the March number of the *X-Ray* magazine. He and his family are spending the summer at their beautiful cottage at Hantsport.

Dr. Dreyer of Dalhousie University and Mrs. Dreyer sailed May 11th for England where they will spend the summer.

Dr. Garnet Morse of Vancouver recently visited his brother, Dr. L. R. Morse of Lawrencetown.

Dr. Samuel Marcus of New Germany recently gave a lecture on "Confederation" at the North Rosedale School.

Dr. Charles A. Simon of Johns Hopkins is again in residence at his summer home in Chester since the latter part of May.

Dr. W. H. Cole of New Germany is surely high liner of the salmon fishing medicos. Up to June first he has this season landed eleven, the last weighing 12 pounds.

Professor Sir Charles Scott Sherrington, O.M., G.B.E., M.A., M.D., D.Sc., P.P.R.S., F.R.C.P., F.R.C.S., LL.D., delivered the Second Listerian Oration at the recent meeting of the Canadian Medical Association. He arrived in Halifax on the Arabic and was escorted around the City by Dr. W. H. Hattie. Although Saturday is not a day to see things working, yet he was greatly pleased with what he saw of the operation and outfit of the medical college of Dalhousie. Sir Charles said to a reporter, "I have never before had the privilege of visiting Halifax. This gave me the opportunity of visiting the Medical School here, which is certainly very excellent, and with extremely good accommodation and equipment." He was entertained at Tea by Prof. and Mrs. Babkin of Dalhousie, Luncheon at the Halifax Club by Dr. Hattie, and a motor drive by Mr. G. Fred. Pearson.

The officers of the medical staff of the City of Sydney Hospital for the year 1927-28 are:—

President, Dr. W. R. McRae; Vice-Pres., Dr. D. A. McLeod; Sec.-Treas., Dr. J. F. McAulay; Executive Committee, Drs. P. McF. Carter, John McDonald and W. S. Rice.

Dr. and Mrs. C. M. Bayne and little daughter were guests for a short time after their arrival in Sydney of Dr. and Mrs. J. F. McAulay

A wedding of more than ordinary interest took place at St. John the Baptist Church, New Glasgow, June 7th, when Miss Mary A. C. Fraser, daughter of Mr. and Mrs. Thomas (Doc) Fraser, was united in marriage to Peter E. O'Shaughnessy, M.D. of Colbalt, Ont. The ushers were Doctors Fraser MacGregor and F. F. McLellan, and B. L. Neilly D.D.S. Following a reception the bridal party went on a motor trip through the western part of the province and then will spend some weeks in New Glasgow before going to Montreal where they will reside.

It is really wonderful to note the pride that the citizens of every town, where there is a hospital, take in all the work of their local institution. This thought is suggested by the very fine functions that have been held this year wherever there was a training class of nurses graduating. Large and enthusiastic audiences were always present and good addresses were given. Dr. G. H. Murphy of Halifax gave the address to the Nurses of Highland View Hospital, Amherst, at their recent exercises.

At the Summer School to be held by the Department of Education of Nova Scotia in Halifax this year, Dr. Hattie will be in charge of the Health Department. Miss Jean M. Browne of Toronto, National Director of Junior Red Cross, will be one of the speakers.

Miss Ruth McKenzie, daughter of Dr. and Mrs. M. D. McKenzie of Parrsboro, recently received a Domestic Science diploma from Acadia.

Lewis Hunt, M.D. of Richmond, a suburb of London, England, is visiting his native province this summer. For several days he was the guest of St. Francis Xavier College. He is a native of Cornwallis and a son of the late Superintendent of Education for Nova Scotia. He has spent the greater part of his life in England practicing for many years at Sheffield. For several terms he has been Mayor of Richmond, and during the war, was decorated by the King of the Belgians for services rendered to refugees of that country. Dr. Hunt states that the most marked change he notices in Antigonish since he was here six years ago is in the new St. Martha's Hospital, "one of the finest of its kind he has ever seen."

Dr. and Mrs. K. G. Mahabir of Halifax left June 14th for a two months' visit to Buffalo, Atlantic City and New York.

Mr. Arthur Goodwin of Pugwash, on the eve of his departure for Montreal to a position with the Sun Life Assurance Company, was the guest of honor at a party of his friends and was presented with a purse of money. He graduated with honors from Mt. Allison last May with the degrees,—B.A., and B.Sc. He is a son of Dr. W. V. Goodwin of Pugwash.

Dr. John McKiggan of Dominion No. 6 spent part of June in a motor trip through the western part of Nova Scotia.

Dr. Clarke McLeod, McGill 1927, visited his home in Wolfville for a short time recently.

The Hantsport reporter for the *Windsor Tribune* congratulates Dr. G. K. Smith of Hantsport on being elected President of

the Colchester-Hants Medical Society. The public take note of these Society activities.

Young Jamie Denoon was present at the C. M. A. lecture in New Glasgow, as a donor of blood to a patient in the General Hospital Toronto, the patient being under Dr. Agnew's care. He has been in the Aberdeen Hospital for Mastoid operation. He has been seriously ill and himself been the recipient of blood transfusions.

Carl Messenger, the second son of Dr. F. S. Messenger of Middleton, graduated from Acadia this year.

Drs. J. S. Brean, Mulgrave, and F. S. Messenger, Middleton, were business visitors to Halifax, June 10th.

Dr. A. F. Miller of the Sanatorium attended the meeting in Toronto of the Superintendents of the various Sanatoria in Canada the third week in June. Important questions relating to the pension of ex-service men were up for consideration.

The monthly meeting of the Cape Breton Medical Society was held June 9th, 1927. The chief business was the completion of arrangements for the Annual Meeting July 5th, 6th and 7th. See final draft of programme.

Dr. C. S. Marshall of Bridgewater has not been in good health for some months. At the present writing he is a patient in the Victoria General Hospital.

Dr. Charles Archibald, wife and family, of Charlottetown, made a motor tour of Nova Scotia in June. Before going to P. E. I. the Doctor practiced a number of years in Digby.

A recent graduate in Medicine at Toronto University was Dr. Catherine L. Whittier, daughter of the late Benjamin Whittier, Upper Rawdon, Hants Co., N. S. She is also a niece of the Rev. (Dr.) Scott Whittier at one time pastor of Chalmers Church, Halifax. In September Dr. Whittier will sail for India as a medical missionary. She will spend the summer with her sister and aunt, 280 South St., Halifax.

St. Joseph's Hospital, Glace Bay, on the occasion of its Silver Jubilee, issued a most interesting booklet, the contents being:—

Foreword and Congratulations.....Bishop Morrison, Antigonish.
Jubilee Message.....Hospital Board.
St. Joseph's, its history and Progress.
The Early Days of St. Joseph's.....Dr. John Stewart, Halifax.
Greetings to St. Joseph's Hospital.....Dr. M. T. McEachren, Chicago.

A Great Institution.....Dr. G. H. Murphy, Halifax.
Jubilee Greetings.....W. W. Kenney, Vict. Gen. Hospital, Halifax.
Impressions of St. Joseph's.....Dr. W. H. Hattie, Halifax.
Early Recollections.....Dr. S. J. McLennan, Halifax.
Some Reminiscences.....Dr. M. T. Sullivan, Glace Bay.
The Standardized Hospital.....Dr. T. R. Ponton, Hollywood, Cal.
Recollections of the First Staff.....Dr. M. D. Morrison, Halifax.
Greetings from the Catholic Hospital Association, Father Moulinier, Father Garesede; St. Joseph's School of Nursing; The Dean of the Staff (Dr. "Tom" Sullivan) by a former patient.

The illustrations are excellent, the typographical work very creditable and the booklet is a most valuable souvenir.

Doctors Morrison, Miller and Hartigan gave addresses at the closing exercises of the New Waterford Hospital Training School for Nurses June 9th, 1927.

Proof Positive.

Effie—"But, papa, how do you know that it was a stork that brought us the new baby?"

Papa—"Because, me dear, I just saw his bill!"—*Woman's Home Companion.*

A physician in Oklahoma bought an automobile, and became so excited over running it that he lost his head, steered it into a ditch, and was killed. The jury brought in a verdict of "death from auto-intoxication."

His Definition.

Old Lady (compassionately)—Poor fellow! I suppose your blindness is incurable. Have you ever been treated?

Blind Man (sighing)—Yes, mum, but not often. 'Tain't many as likes to be seen going into a public-house with a blind beggar.—*Yale Record.*

Very Much Worried Man (running into office of throat specialist): "Doctor! Doctor! Come quickly! My little girl was swallowed a button."

Specialist: "What kind of a button?"

Very Much Worried Man: "Celluloid. It came from——"

Specialist (holding up hand): "You'll have to go to Dr. Wilkinson if it's celluloid; I remove only metal ones with an embossed design."