

VACATION TIME

The time is now here for you to take that vacation that you have been long promising yourself—especially after such a winter. Perhaps you might be going to visit the continent—but can you go free from business worries? You can if you appoint this Company to act as your Agent during your absence. Let us look after those small but worrying details, such as collections of rentals, interest dividends, etc., the renewal of insurance and numerous other small duties, which otherwise might be neglected.

Remittances and Statements made as you may require.
Enquiries invited.

The Nova Scotia Trust Company

EXECUTOR

TRUSTEE

GUARDIAN

162 Hollis Street

Halifax, N. S.

Republic of Colombia 6% Sinking Fund Gold Bonds

Price 92½% and Interest to Yield 6.55%

Columbia is the most rapidly developing country in South America.

It has been without political disturbance for twenty-four years—since the present form of Government was adopted.

Its trade balance is favourable and increasing from year to year.

Its finances are in exceptional shape—For the last four years there has been an average surplus of income over expenditure of over \$10,000,000.

We recommend purchase of these bonds as combining Safety of Principal and Favorable Interest Return. They will be listed on the New York Stock Exchange.

J. C. Mackintosh & Co., Ltd.

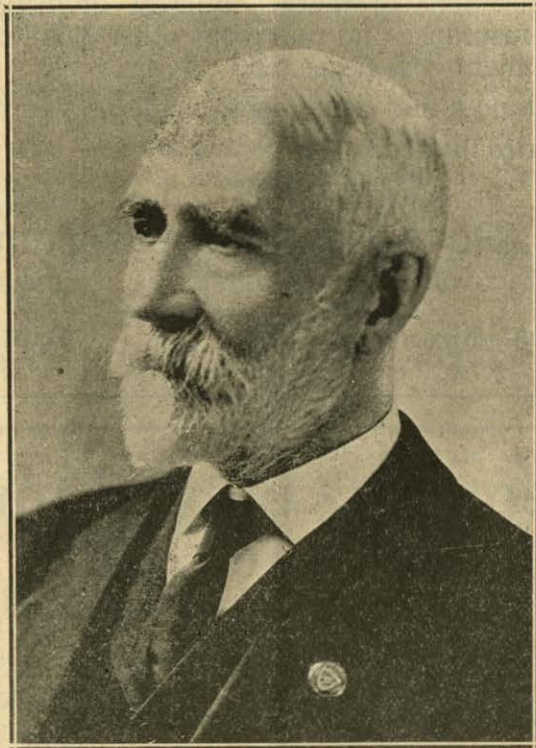
Investment Securities

Established 1878

-

171-173 Hollis St., Halifax

HIS GOLDEN JUBILEE



JOHN STEWART M. B., C. M., Edin. 1877, C.B.E.,
LLD. Edinburgh, Dean of Medical Faculty
Dalhousie University,
Halifax, N. S.

JOHN STEWART, C.B.E., L.L.D., F.R.C.S. (Edin.),

DEAN OF THE FACULTY OF MEDICINE,

DALHOUSIE UNIVERSITY,

HALIFAX, NOVA SCOTIA.

FIFTY years ago you received your degree in Medicine from the world famous Medical School at Edinburgh, and since so few of our profession reach the fiftieth anniversary of their graduation, it is a cause for gratification when one survives so long the trials and difficulties of the life. But in your case, Sir, it is doubly gratifying, since from the beginning you have been a great leader among us.

AT Edinburgh it was your privilege to be a student and close associate of the great Lister, and to-day you are one of the few remaining of those who went forth from his classes to spread the light of his evangel in the dark places of human suffering. Though larger and more attractive fields were open to a surgeon of your training and ability, you chose to give the benefit of your knowledge to your native province. Since your return, Nova Scotia has made splendid advances, especially in surgery, and we sincerely believe that your work and teaching, more than any other single factor, have brought about results so beneficial to the welfare of our people. Not only have your skill and knowledge raised the standards of medical and surgical practice in this Province, but your high sense of professional honor and your exalted ideal of professional conduct have been an inspiration to all who came under your influence. The gifts which Providence bestowed on you abundantly and which were improved by continual study and the wisdom gained by long and varied experience, you have held as a sacred trust for the benefit of your fellowmen. Selfishness has found no place in your life. Neither desire for material gain nor professional jealousy has ever cast suspicion on the probity of your conduct. You have not chosen to keep your knowledge from others, lest any should claim a share of your glory, but have been eager to impart to all. You have held up to us constantly your own high ideal of the physician's calling as a consecrated service for suffering humanity.

WE recall with pride the splendid patriotism which inspired you, already a man who had reached the age where the right to seek ease has been earned, to forsake the congenial path to which your feet had been so long accustomed, and go forth to serve your country

in the Great War. As Dean of the Dalhousie Medical Faculty you thought it your place to lead the Hospital Unit the University was sending to the front. With that high sense of duty that is part of your Scottish heritage, you made sacrifices from which lesser men would have shrunk.

THOUGH you have not sought honors, they have come to you, as happily they sometimes do to those who seek them least and deserve them most. His Majesty the King, paid you high honor for the services you rendered your Country. Your old University, Edinburgh, has been proud to single you out among her sons. Only this year, in connection with the Lister Centenary, in which you were called upon to play a distinguished part, the Royal College of Surgeons of Edinburgh gave you its highest award.

BUT we like to think that perhaps dearer than all these is the sentiment of mingled affection and respect with which the members of the medical profession of this Province regard you. We are here to-night to give public expression to that sentiment, and to convey to you our great gratitude for the example you have been to us through fifty long years, and for the prestige you have lent to the profession of which it is our privilege to be members.

IN testimony of our feelings towards you, allow us to offer you something more material than weak words, and the hope that you may remain with us many years, the glory and ornament of our profession in this Province. May the evening of your life be made brighter and happier by the knowledge that you possess in the fullest degree that love, respect and gratitude which your unselfish devotion and noble service so richly deserve.

Signed on behalf of your confreres in Nova Scotia—

Hon. Secretary Treasurer,

WALTER L. MUIR.

E. VINCENT HOGAN

M. T. SULLIVAN

G. W. T. FARISH

} Committee.

“Nervous Breakdown”

By A. L. MACKINNON, M.B., (Tor.)

Physician, Homewood Sanitarium, Guelph, Ontario.

NERVOUS Breakdown!” What a multitude of ills are camouflaged by thy name. If one hundred physicians were asked to define this overworked term, probably no two of the definitions would be the same. After spending a few years as physician in a sanitarium for nervous and mental patients one wonders on hearing from a layman that John Smith is suffering from a Nervous Breakdown, whether he has worshipped too long at the shrine of Bacchus or whether he is suffering from one of the various forms of mental disease. We shall not seriously consider here the case of those who have indulged too freely in the cup that cheers, but will describe later in this article the definite mental conditions which such indulgence may produce. It is the purpose of this article to briefly describe the common types of Mental disease. Each of these types is often referred to by the laity as a Nervous Breakdown.

Perhaps the type of nervous (really mental) disorder that physicians most commonly label “Nervous Breakdown” is the *Neurasthenic* type. We all know too well the patient who comes each day with a worried countenance and enthusiastically describes in detail his latest symptom. When the optimistic physician proudly tells him that he has cured the nausea or headache the patient promptly counters with a heart-rending description of the pain in his back. It would be useless to try to name the symptoms of this common ailment but the standbys are Weakness, Insomnia and Anorexia. Besides these there is as great a variety of other symptoms as a mind, that thinks only of symptoms, can gather together. One consultant phrased it nicely when he told his neurasthenic patient that nothing less than a new Central Nervous System could effect a cure of all her symptoms.

Closely related to the neurasthenic is the *Psychasthenic*. The term implies a weakness of the mind. This is evidenced by an inability to concentrate on anything but the illness. It is merely an exaggeration of Neurasthenia with lack of concentration, lack of interest and fear of insanity as the predominating features. Severe cases are usually much harder to deal with than frankly insane cases. They are differentiated from cases of depression by the egotistical attitude as opposed to that of self-depreciation. Suicide is not uncommon after months of suffering.

Manic Depressive insanity is one of the most interesting forms. In the Manic phase there is an overactivity of mind and body and a decided elation of spirits. Grandiose ideas are more typical of a Manic than a paretic. One is struck by the indefatigability of the patient and is amazed that such a deluge of ideas should flow from one small brain. If the patient be in an institution he usually makes more demands in an hour than a normal person would in a month. One patient wants caviar for all her meals, wants a four thousand dollar motor car and elects to be clad in a fur coat "sans" underwear. Another asks permission to go golfing, bowling, to a movie and to a bridge party as fast as the words will roll out. In spite of the many demands (never requests) there is always time for a joke, for the manic patient's sense of humor is unusually keen. The above describes the milder cases. In severe attacks there is violence, unlimited destruction of clothing and loose furniture and profanity by the yard. Patients may eat only a mouthful at a time and sleep will be difficult to induce. There are usually delusions of persecution and hallucinations are common.

As one would expect, the depressed patient presents an absolute contrast. There is lack of mental and motor activity. Words come out slowly if at all and spontaneous action is absent. Instead of self-assertion and boasting there is marked self-abasement and delusions of self-accusation and self-depreciation. They are always convinced they will never recover, hence the tendency to suicide. Of course the excitement and depression vary markedly in degree and milder cases of either phase may not be readily detected. The immediate prognosis is good in all cases but the duration of the attack cannot be prophesied. After repeated attacks the condition is apt to become chronic. A patient may pass from the excited to the depressed phase without any appreciable normal period between, or the change may be very gradual. However, in the majority of patients with this type of insanity, the attacks are usually all of excitement or all of depression.

Involuntional Melancholia has become the scrapheap of psychiatric diagnosis. Theoretically it is the label applied to cases of depression occurring in the involuntional period of life. There is no history of a previous attack. Besides the symptoms of depression as described in the Manic depressive type of depression there is usually a feeling of apprehension and a number of somatic delusions. For example, one man wouldn't eat because he thought his bowels were filled with Plaster of Paris. Many believe they have Cancer or Syphilis. There is very apt to be severe agitation. The outlook is unfavorable if the patient is over fifty-five years of age.

Dementia Praecox (Schizophrenia) is the commonest form of "Nervous Breakdown" in young people. It is responsible for the demented condition of a very high percentage of the patients who fill the chronic wards of our public institutions. *Dementia Praecox* is a disease of protean aspects. In textbooks it is usually subdivided

into four types (1) Simple (2) Hebephrenic, (3) Paranoid, (4) Catatonic. A short description of these types will give some idea of the variety of cases which bear the label of "D. P." (1) The "Simple" group includes many of the world's misfits. They are continually changing or losing jobs and getting into trouble of various sorts. They have few friends on account of their seclusive temperament, instability and indifference. There is absence of hallucinations and bizarre delusions of the other groups and the abnormal condition frequently passes unrecognized for years.

(2) The Hebephrenic type is an exaggeration of the simple, with the addition of hallucinations at times and easily recognized delusions. It is chronic in its course and the outstanding features are carelessness of personal appearance and a general indifference.

(3) The Paranoid type includes those cases in which the outstanding features are egotism and the presence of delusions of persecution. In the early stages the delusions of persecution are prominent, later there are grandiose ideas. One of the patients in an Ontario institution is known as the Emperor of Japan; another is related to King Edward; while it is a modest chronic ward indeed that cannot support one "Queen."

(4) The Catatonics are the most interesting. They are likewise the most acute and the most numerous. There is often a history of one or more mild attacks of "Nerves" or a gradual personality change spread over months or years before the blow falls in the form of a typical severe catatonic attack. Childbirth is not uncommon as a precipitating factor; in fact some psychiatrists say that all cases of puerperal insanity are of this type. The typical acute catatonic can be diagnosed at a glance. The patient lies in bed perfectly still for hours at a time apparently in coma but will resist every attempt to move any part of his body. If one attempts even to raise the patient's eyelid the true condition is at once revealed. In hysterical states this resistance may also be seen but then hysteria and catatonia are first cousins. The negativism is complete; he doesn't speak, doesn't eat, doesn't void, and keeps up a stubborn opposition to the nurse who tries to care for him. Textbooks all speak of the phenomenon of "Cerea Flexibilitas" (Waxy flexibility), i.e., the peculiar state of the body which permits one to mould its parts into various positions which will be maintained indefinitely. It is usually seen in catatonics at some stage of the illness but it is not constantly present. Another diagnostic (and troublesome) characteristic is that of impulsiveness. For example, a young woman under our care would suddenly get up from her chair and launch a violent attack on her nearest neighbour, hitting, biting, scratching, in fact using all the methods of attack which were instinctive to her savage ancestors. Auditory hallucinations are the rule though their presence may be difficult to elicit by questioning. One girl stoutly denied that she was hearing anything but next minute would stop her ears with her fingers. Visual hallucina-

tions are not uncommon. Most cases of first attacks of Catatonia recover sufficiently to return home for a time. The period of remission may vary in length from a few weeks to several years, but a recurrence is certain. There is always some deterioration after even one attack and few individuals are able to shift for themselves in the world after a second break.

Paranoia and *paranoid states* are much more common than the general public realizes. This for the simple reason that the majority of persons belonging to this class are at large and often they play leading roles in community life. We are all familiar with the domineering egotistical individual who goes about with a chip on his shoulder telling the world at large how he is being abused. Many an ardent reformer and military leader fits into this class. Louis Riel makes a good example. The mental symptom most closely associated with paranoids is the presence of "delusions of persecution." It is only when these delusions are bizarre in nature or when they lead the individual to disregard laws and social customs that steps are taken to place him in custody. One married couple had been to the magistrate several times to settle a quarrel over the alleged infidelity of the wife. Cross-questioning by the psychiatrist brought out the fact that the husband had heard voices telling him a certain neighbour had been intimate with his wife. He admitted walking back and forth in front of the neighbor's home with a revolver in his pocket, prepared to shoot.

It is often difficult to distinguish between cases of Paranoia and Paranoid Dementia Praecox, but the former are slow to deteriorate. It is the paranoiac who most often takes his trouble to the courts and unfortunately often gets a judgment favorable to himself. He is keen in intellect, positive to the "nth" degree, unflinching in purpose and his arguments are extremely convincing if the other side of the question is not equally well presented. Paranoia is a condition easy to recognize but extremely difficult to deal with.

Mentally defectives are of interest here as they are the ones who are most prone to have hysterical attacks of one kind or another. They are very open to suggestion and the occurrence of a motor or other accident in their immediate vicinity may suggest the probability of paralysis which immediately becomes an established fact. We have under our care at the present time several women who have had intellect enough to scrape along till the critical period of the forties. They then developed a variety of symptoms of the neurasthenic type and a paranoid attitude because they had not been able to "keep up to Mrs. Jones." A careful personal history will serve to establish the diagnosis.

The *constitutional inferior* individual (psychopathic personality) is closely related to the defective, the difference being that the former is defective in moral sense rather than mental ability. They can be differentiated from paranoids and cases of Dementia praecox by a

history of causing trouble from the cradle upward. The keener the intellect the more trouble they cause. Alcohol and drug addiction, theft and even murder, are among the vices they practice. Some of them find themselves in mental hospitals but, unfortunately for society, few hospitals hold them long.

Epilepsy, we admit, rarely is decorated with the label "Nervous Breakdown." It is also questionable whether it should be included in the Functional group, but as yet there seems no better place to put it. Epilepsy needs no description. The convulsions, which have a habit of occurring in public, and the gradual mental deterioration, are all too familiar. The care of an epileptic is one of the most heart-breaking problems with which a family can be faced.

The above conditions may be described as functional disorders. Now let us consider the more common mental conditions due to organic disease.

Cerebral Arterio-sclerosis is by far the largest group. For practical purposes one may include all cases of senile psychoses in this group, for, in practice, it is impossible to divide them satisfactorily. One recognizes a difference between the man of fifty-five who is irritable and erratic following a hemiplegia due to high blood pressure, and the man of seventy-five who is quiet, disinterested and forgetful, but these are the extremes of the picture. The usual picture of senility is familiar to everyone. It begins with irritability, impairment of memory for recent events and an insatiable desire to reminisce. There is a gradual dementia often hastened by occasional cerebral hemorrhages. The cases which cause trouble are those who have an acute outbreak of Mania or confusion in the early stages. Institutional treatment is advisable if not imperative.

General Paresis is the commonest clinical form of Syphilis of the Nervous system. Many cases of Neuro-syphilis do not have mental symptoms at the onset, but the typical symptoms of paresis are likely to develop sooner or later. It is essential that the Wassermann test should be performed on the blood of every male mental patient. Some authorities claim that as high as thirty per cent. of cases of mental disease in males are due to Syphilis. In some cases the spinal fluid findings are diagnostic when the Blood Wassermann is negative. It is a rather hopeless task to try to describe the mental symptoms of paresis. One case will be the text-book type, grandiose ideas, reckless spending of money, loud talk, in fact the same picture as an excited patient of the Manic-depressive group. An occasional one will appear to be a typical Involutional melancholia. Many of the older ones cannot be distinguished clinically from seniles. Perhaps the most common features are a loss of the finer qualities, an over-indulgence of lusts of the flesh, a euphoric and care-free attitude. If in addition to these characteristics there is a loss of the light reflex and a speech defect the diagnosis is practically certain.

Psychoses with Brain Tumor are of such a wide variety that the diagnosis must rest on the neurological rather than the psychiatric findings. Disturbances of the special senses, hemiplegia, monoplegia, hemianaesthesia, congestion of the optic disc are among the commoner neurological signs.

Psychoses due to Trauma depend on the nature and site of the injury. Cases of Jacksonian epilepsy and those due to birth injuries are the most important of this group.

Closely related to the organic group is the toxic group. The commonest examples follow:

Those due to excessive use of alcohol.

- (a) Delirium Tremens—an acutely agitated state, the agitation due to the presence of extremely harassing visual and auditory hallucinations.
- (b) Acute alcoholic hallucinosis—Similar to above but auditory hallucinations predominate and there is little agitation.
- (c) Alcoholic Paranoia may develop after excessive use of alcohol over a prolonged period. It is similar to functional paranoia but there is a tendency to improvement when alcohol is withdrawn and environment is changed.
- (d) Korsakoff's Psychosis is a state of mental confusion with falsification of memory, fabrication and there may be an associated polyneuritis.

The other form of toxic psychosis most commonly seen is that associated with acute infectious diseases. The delirium of pneumonia, diphtheria, etc. needs no description here. There are innumerable diseases which so lower the vitality that the mind becomes affected.

Confusional and delirious states may also be caused by overdoses of drugs or by rapid withdrawal of habit forming drugs.

The treatment of Nervous and Mental diseases is a big problem which the medical profession has only begun to solve. The chief question for the general practitioner to decide is whether the treatment shall take place in the home or in an institution. If he decides on the latter course he is very apt to meet with opposition of the patient's relatives. As a rule neurasthenics can be treated at home if co-operation can be secured from the family. If not they usually recover more rapidly in Hospital or Sanitarium.

Many of the milder cases of all types can be satisfactorily cared for at home if help is available in the form of a trained nurse or a capable member of the family. The circumstances must be considered in every case. Psychasthenics and cases of depression should be treated in institutions where they can be kept under constant supervision. If the institution has complete control of the patient suicides will be kept at a minimum.

In a private sanitarium treating nervous and mental cases most of the patients can safely be admitted on the voluntary basis. In any case unless the patient is badly confused or entirely unreasonable,

the question of admission to an institution should be frankly discussed with him by his physician.

The actual treatment of the case depends on its type. Some of the therapeutic measures most in vogue at present are:—

- (1) Hydro-therapy, consisting of spray baths, warm tub baths, continuous baths, hot wet packs, etc.
- (2) Electro-therapy—Faradic current, Violet Ray, Vibration, Alpine light.
- (3) Massage is always a help. It makes the patient more comfortable and often is useful for inducing sleep.
- (4) Occupational therapy—is a splendid measure in the treatment of those cases who will co-operate.

The diet is of prime importance in most early cases. The better the physical condition, the better the chances of a prompt improvement in the mental outlook.

Drugs have their place but must be kept there. The fewer laxatives and sedatives that have to be given the better.

The following is a classification of Nervous and Mental diseases which the writer finds useful:

- | | |
|------------------------------------|---|
| (1) Functional | 3 Huntington's Chorea |
| 1 Neurasthenia | 4 Psychoses with Brain Tumor |
| 2 Psychasthenia | 5 Traumatic psychoses |
| 3 Manic—Depressive psychoses | (3) Toxic |
| 4 Involutional Melancholia | 1 Psychoses due to alcohol |
| 5 Dementia Praecox (Schizophrenia) | (a) Delirium Tremens |
| 6 Paranoia and Paranoid states | (b) Alcoholic Hallucinosi |
| 7 Mental Defect | (c) Alcoholic Paranoia |
| 8 Constitutionally Inferior group | (d) Korsakoff's Psychosis |
| 9 Epilepsy | 2 Delirium with acute infectious diseases |
| (2) Organic | 3 Psychoses due to overdose of drugs |
| 1 Cerebral Arterio-Sclerosis | |
| 2 General Paresis | |

Syndicated Health Articles contain such an obvious amount of silly twaddle and trash that it is difficult to understand why responsible, well-established newspapers will pay out good money for them. The best that can be said of them is that they bamboozle the gullible reading public, altho their very printing may endanger life. A certain Dr. Copeland has recently a question and answer section in a health article, which is more blatantly absurd than some, at least, of the McCoy stuff, so highly prized by some Nova Scotia papers. It should be headed "*Fishing for Suckers.*"—

"Question:—What causes perspiration under my arms? Can it be remedied?"

"Answer:—Where excessive perspiration exists, it is usually due to a disordered lymphatic nervous system. For further particulars send a self-addressed and stamped envelope and repeat your question."

Juvenile Tuberculosis

By Dr. G. W. SMITH.
Divisional Medical Health Officer.

THERE is no doubt that better results will come from prevention of tuberculosis than we can hope to get from treatment of the disease once it becomes well established.

If we ever hope to get results then we must attack the disease during childhood, when it is in the incipient stage and when the outlook is favorable, for by the time the disease has progressed to the point where it can be demonstrated in the lungs of the adult, it is no longer incipient, and the outlook, consequently, less favorable.

For practical purposes it is well to classify the disease according to the period of life when it occurs, and in this we have three classes, or types.

1st. *The Infantile Type:*

This type is found under 2 years of age, is nearly always a generalized infection and nearly always fatal. Meningeal involvement, as a rule, is most frequent in the final stages.

2nd. *The Juvenile Type:*

This type is usually found between the ages of 4-14. It shows a very low fatality, is essentially a disease of the lymphatics and in most cases is confined exclusively to the glands.

3rd. *The Adult Type:*

Most commonly found between the ages of 15-45. In this type the disease has spread beyond the lymphatics and can be demonstrated in some other tissue or organ, most frequently the lungs.

This classification fits in with the facts closely enough for all practical purposes, but is by no means absolutely hard and fast. Any type of the disease may be found at any age, but a tuberculous lesion confined to the lungs is exceedingly rare in the infant, and generalized tuberculosis in the adult is quite unusual.

For many years it has been the ambition of medical men to recognize "Incipient Tuberculosis," and due to wider knowledge and improved methods of diagnosis the stage of the disease previously called "incipient" is now farther advanced. In other words, the standard has changed, so that now, when the disease has progressed to the point where it can be demonstrated in the lungs, involving the

parenchyma and peribronchial tissues, it is no longer "incipient" for in the true incipient stage it is essentially a disease of the lymphatics.

To discover the disease in its incipient stage it is clear that we must concentrate our efforts on the children between the ages of 4 and 14, or let us say the school children, and among these children, there are two classes to be sought out and subsequently examined.

1st. All children who are 10% or more below the accepted standards of weight and height per age:

2nd. Contact cases—children who were exposed to tuberculosis infection in their homes.

In the United States where investigation has been carried out along similar lines it was found that approximately 15% of school children were in one of these classes and when these were subsequently examined 8% showed sufficient evidence to justify a positive diagnosis.

Now let us use these percentages and make a calculation of the approximate number of children we could expect to find in Nova Scotia. There are 94,493 children in our schools below the age of 15 years, of which 15% or 14,174 are below the standard of weight and height, or are contact cases. 8% of these, or 1,133, are probably tuberculous, and in need of treatment.

The *Diagnosis* of tuberculosis in childhood is very difficult, and can only be established by the correlation of history, symptomatology and physical findings, controlled by the Von Pirquet reaction and X-Ray findings.

History and Symptomatology:

School child, most frequently of tuberculous parents, (though not necessarily so), previously bright and energetic, becomes gradually duller, apathetic, less energetic and less willing to join in the games with other children; lack of resistance; tendency to frequent colds usually associated with cough or hoarseness; undue fatigue on arrival from school, not previously noticed; nervous irritability; anorexia; weight, usually subnormal,—no loss of weight, but underweight; retardation of growth; tendency to perspire easily, on slight exertion; brief periods of unexplained temperature above 99.5 F.

Physical Examination.

Fatigue posture; muscles lack tone; skin of poor quality, dry, often glassy, with tendency to scale; definite skin disease may be present in the form of Scrofuloderma, Erythema Induration, lupus or tuberculids.

Glandular enlargement may be present and readily palpable.

Physical examination of the chest should be made in all cases, even though in the great majority little will be found, for in these cases we are dealing with "hilum tuberculosis."

Percussion is fallacious and of very little value at best.

Voice and breath sounds are usually normal, and rales when present are more likely due to other causes.

X-Ray Findings:

Enlarged lymph nodes, varying in number and density embedded in the thick tissue of the hilum. The edge may be clear cut and well defined or appear as cloudy masses with irregular outlines projecting into the surrounding tissue, resulting from involvement of the deep parenchyma.

Prominent bronchial trunks with a definitely beaded appearance or nodular outline beginning at the hilum and projecting towards the periphery.

If the disease goes beyond this, definite parenchymatous involvement is shown, and the disease has gone beyond the "incipient" stage.

The Pirquet intracutaneous test is more delicate than the scratch test. It indicates "infection" but not necessarily "disease."

This glandular or "Juvenile" type of tuberculosis is by no means a virulent disease and is quite easy to control. It is this type or stage of the disease we should treat if we ever hope to wipe out Tuberculosis, yet strange to say we have not a single institution in our province where treatment of this form of disease could be carried out properly.

At the present time the writer has several children under observation who are in need of hospital care and if there was any place to treat these, could find many more, but where can we send them?

In general, the treatment of this stage of tuberculosis is not a difficult problem. It is a matter of building up the general nutrition, by carefully regulating the physical activities of the child, in such a fashion that he will have no opportunity between rest periods to become fatigued. He must have plenty of fresh air and sunshine, sufficient rest and sleep at night and regulated periods of rest during the day; then of course, plenty of good food.

More Scotch. Were it not that the Scotch themselves are the authors of most of the Scotch stories the BULLETIN might let up a little on such tales. But so many doctors are Golfers (or play at golf) that the following may well be excused:—

Nurse: "Whom were you operating on to-day?"

Orderly: "A fellow that had a golf ball knocked down his throat at the links."

Nurse: "And who is the man waiting so nervously in the hall? A relative?"

Orderly: "No, that's the golfer, a Scotch gentleman. He's waiting for his ball."

Arteriosclerosis—Another cause. As a "Tonic and Sedative" the Journal of the A. M. A. gives this:—

"Mr. Brown was driving a Ford Coupe. Kelley swung into the road from behind a large truck and collided with the Brown automobile. Brown did not appear at first to be seriously injured but was taken to the local hospital later, and died there a few hours after the accident. The autopsy revealed that his death was due to acute dilation of the heart, with extensive hardening of the arteries brought on by the accident, in which he sustained a compound fracture of the lower jaw."

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

Confined to, and Covering every Practising Physician in Nova Scotia.
Published on the 5th of each month. Advertising Forms close on the
1st of month of issue. Subscription Price:—\$3.00 per year.

EDITORIAL BOARD.

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

VOL. VI.

NOVEMBER 1927

No. 11

The Changing World

IN a pensive mood sometimes, one is tempted to repeat the saying "This is a changing world," and to lapse into a succession of regretful memories. We fail to remember that it always was a changing world. Did not an old Roman say "Tempora mutant, et nos in illis mutamur." We easily recognize the forces of "tempora mutant," but it is not so easy to appreciate—"nos mutamur," at least not so easy to acquiesce in it. It is a wise and shrewd saying, because it is absolutely impossible for the times to change without affecting every one of us, whether we like it or not. Nevertheless we are not to mourn as those who have no hope, when we behold cherished ideas and cherished usages being laid aside, for through all the welter of change, we can with confidence recall the noble lines of our late great Laureate—

"Yet I doubt not through the ages one increasing purpose runs,
And the thoughts of men are widened with the process of the suns."

After all, do not the changes take place after the manner of a great circle, so slowly perhaps, that what is in reality a circle, may seem to us a straight line. At other times the changes are more evidently cyclic. It is not an uncommon experience for mankind, when they realize that the new is not so good, to return rather quickly to the old, never perhaps quite the same, but the former things that have passed away, may return somewhat modified. A ready assent we think to this will be given by the student of history.

We hear a great deal to-day about "Democracy." What a word it is! To some people, a fetish, the ultimate good beyond which no one may see any improvement in the State. Has its like been ever seen before? Travel backward along the curve of the great circle of time and stop at the 4th century B. C. and look then at Athens. Read Thucydides and the plays of Aristophanes—especially note the politician Cleon. Then look around at our fellows. How many Cleons can one find? Alack and alas, are there not many petty politicians and ward heelers, who are ready to sacrifice the State to their own interests.

Have these reflections any significance and any applicability to our own profession? We think they have. To-day the greatest reproach that can be thrown at a medical man is a lack of modernity. Theologians may wrangle over Fundamentalism and Modernism, but no such dispute arises within the medical profession. Not only have medical theories changed, but the procedure and conditions of practice have also undergone mutation. Of course we must recognize that medical theories must change, and often must change rapidly. It is a question whether we can call medicine a true science; we are inclined to believe that we cannot, since so large an amount of practice is empirical and therefore frequent changes of theory cannot be considered a reproach. We realize that the profession has been the target for the slings and arrows, not of outrageous fortune, but of the ignorant and the class of people who, if not ignorant, prefer like Bernard Shaw, the cleverness of epigram to the fairness of truth.

We are vigorous therefore in our defence of the rapidly changing theories of medicine, for we feel that from the necessity of circumstances, such things must be so. New ideas must be submitted to the test of practical utility and the gold separated from the dross. Not infrequently, some of the theories that we evolved from the generalization of our observation and practice, must be discarded, though the facts upon which they were based may be true. We have in these cases made mistakes in our generalizations. When we come to consider the methods of medical practice however, we are not so sure that the recent changes have been advantageous, or are even justifiable. Not long ago, during a holiday, we fell in with a retired general practitioner from one of the American cities. His home was in a City of about 180,000 and he gave us some very interesting facts about medical practice in the Eastern States. He stated that at present there were not more than three or four general practitioners in his City, all the rest of the medical men being specialists of some sort or another. Listening to him, one felt that there might have been more truth than exaggeration in a story we remember hearing sometime ago. It was to the effect that a modern American family would have to have the services of 6 or 7 medical men at the present time, whereas some years ago, one would have been sufficient. There were specialists for Pneumonia, Fevers, Diseases of the Stomach, of the Kidneys, etc. Now, while we recognize the exaggeration in these stories, we must

acknowledge the growing tendency that inspired them. Not long ago the President of the American Medical Association, deplored what seemed to be the passing of the general practitioner. He was insistent that if medical practice was to retain the confidence of the people, that the general practitioner must be encouraged. We acknowledge that some specialities in medical practice are necessary but we also affirm that they must be built upon a firm foundation, of at least a good sound knowledge of general medicine, if not upon that of a good experience of general practice. That is still the custom in the old country, while in Canada we occupy a middle place with regard to this overspecialism. There may be several causes. One may be the reluctance of the modern youth to undertake hard work, and also a lack of vision as to true values. One must never forget that the path of duty is the way to glory. To again quote Tennyson:

"He that walks it, only thirsting
For the right, and learns to deaden
Love of self, before his journey closes,
He shall find the stubborn thistle bursting
Into glossy purples, which outredden
All voluptuous garden-roses."

We cannot but feel however, that the medical schools, especially in the States, are somewhat responsible. There is too much talk of "medical science" and "research" and there are too many instruments and too much apparatus, good in themselves and under proper conditions, but conducive to a neglect of clinical acumen and too great a temptation to easy methods of work. "Facilis decensus Averno" sang Virgil, which might be paraphrased in English as "It is easier to slip down into a rut than climb up a hill."

It has always been our belief that to-day too many so-called primary medical subjects are taught by men who are not even medical graduates. The subjects may in themselves be well taught, but we submit that all undergraduate medical teaching should be subordinated to the idea of producing sound physicians. We can, without fear of contradiction, say that many teachers have no actual knowledge of clinical medicine, nor even any vision of it. The experience of the past has shown that the primary subjects have been taught by men who were outstanding physicians and surgeons. Our critics will, no doubt, say that these subjects have developed so much, that no one, who does not devote all his energy to them, can adequately teach them. We acknowledge that there is some truth in this, but we cannot help feeling that when the due relationship and subordination of these subjects to clinical medicine is not adequately recognized and appreciated, a great loss to the student is the result. We think that apart from Preventive Medicine and Public Health, the great object of medicine is the cure of disease, and this must always be kept in view of the student.

Our American friend went on to speak of the commercialism of medical practice in his country. The profession has of late years been the object of much unkindly criticism in this respect. People are prone to forget the Scriptural adage that "The labourer is worthy of his hire." One can hardly deny, however, that there is a great deal of commercialism in the profession to-day, though the public, while they criticize it, do not realize that they are the main cause. Medical men have almost been driven, by the unfair and callous conduct of the public, to take up trade union methods and to adopt the trade union attitude to the public. Nevertheless we feel confident that such an attitude would be disastrous to us. While we have heard rather lurid stories about some medical men in the United States, yet we feel confident that among ourselves such commercialism is rare.

We feel convinced that no class of men is so inspired by kindness and good will and fairness of conduct to the public as the Profession in our own Province, influenced still by the traditions of the old land from which our people came.

This is we think, especially true of the Country Practitioners and to those unselfish men may we repeat the promise of the poet:

"He that ever following her commands
On with toil of heart and knees and hands,
Thro' the long gorge to the far light hath won
His path upward and prevailed,
Shall find the toppling crags of duty scaled
Are close upon the shining tablelands,
To which our God Himself is moon and sun."

S. J. M.

Thanks. Both Doctors Cushing and McKim of Montreal were delighted with the reception they received on their recent C. M. A. Lecture Tour. The hospitality of all the Branches was unbounded. To show this appreciation and to bring the same matter to the attention of the Secretaries of the various Branches the following letter from Dr. Cushing to the General Secretary is published:—

MEDICAL ARTS BUILDING,
Montreal Oct. 5, 1927.

DEAR DOCTOR WALKER:

Dr. McKim and I arrived back yesterday after a comfortable journey.

We both felt that we had had a very enjoyable trip and were indebted to you for a great deal of trouble expended by you on the various details. Please accept our sincere thanks for all your kindness.

If you have an opportunity I wish you would express to the Secretaries of the various centres our hearty appreciation of all their kindness and hospitality

Yours Sincerely,

(Signed) H. B. CUSHING."

Will the Secretaries please see that due note is made of this letter at the next meeting of the Branch.

S. L. W.

Executive Meeting

Halifax, N. S., October 6th, 1927.

MINUTES of meeting held at the office of the Secretary, 187 Hollis Street, Halifax, Nova Scotia, on Thursday, October 6th, 1927, at 3. P. M.

The meeting was called to order by the President, Dr. L. R. Morse, of Lawrencetown, at 3.15 P. M., the Secretary read the notice of meeting which was sent out to all members of the executive. The roll being called the following were marked present, viz., Doctors L. R. Morse, S. L. Walker, J. G. D. Campbell, M. T. Sullivan, J. J. Roy, (alternate for J. K. McLeod), M. J. Wardrope, P. Weatherbe, H. A. Payzant, E. E. Bissett.

There being a quorum present business was proceeded with.

On motion of the Secretary, seconded by Dr. Sullivan, the Minutes of the last executive meeting as incorporated in the Minutes of the last Annual Meeting were accepted as presented in the August 1927 BULLETIN and approved. The members gave expression of approval of the early and complete publication of the proceedings of the last Annual Meeting appearing in the August BULLETIN in less than one month after the Annual Meeting. The insertion of those Minutes, as presented securely attached to the leaves of the Book of Minutes, was regarded by the executive as sufficient record for the Society.

In view of the recent amendments to the constitution and by-laws of the Society, the question arose as to whether a revised edition of the same should be published. As the Treasurer, Dr. Campbell, had a number of copies in his possession, it was decided on motion that the printing of further copies be laid on the table for consideration at the next annual meeting. Upon motion of Dr. Bissett seconded by Dr. Wardrope, it was resolved "that all branch affiliated societies be requested to endeavour to secure for membership in their respective branches and in the Medical Society of Nova Scotia, also the Canadian Medical Association, all new members of the profession who may locate in their respective districts."

The Secretary was instructed to obtain from the Provincial Secretary, a date of approval of the amended by-laws.

In further consideration of matters arising from the Minutes of the July 1927 Annual Meeting the matter of Irregulars and Advertising was laid on the table for consideration later in the meeting.

The appointment of a representative from Nova Scotia on the Prince Edward Island general Committee of Arrangements for the

1928 meeting of the Canadian Medical Association, was also tabled for the time being. The Secretary reported that the various communications ordered at the last Annual Meeting had been duly forwarded and in essential instances acknowledged. With regard to the correspondence from the C. M. A., General Secretary, re Medical Organization as outlined in the letter of Dr. Wright, it was on motion of Dr. P. Weatherbe, seconded by Dr. Sullivan. *Resolved* "that this letter be published in the BULLETIN and that further action in the matter be referred to the next Annual Meeting."

With reference to the report of the last Annual Meeting regarding the Workmen's Compensation Board the Secretary was instructed to inquire of the Standing Committee what action had been taken in view of the instructions from the Annual Meeting. There was very considerable discussion on several phases of the Workmen's Compensation Act, instances being given as to its apparent unfairness from the standpoint of the general practitioner.

The Secretary reported as notifying those who had been elected to Honorary Membership at the last Annual Meeting. Acknowledgements were received from all but three of those notified. Of the three—one was sick and another was in Great Britain. The opinion was expressed by the Executive that the Honorary Members might add very materially to the programme of the 1928 Annual Meeting by giving reminiscences of their early years of practice together with any other information they had on early medical conditions in this Province.

Upon motion of Dr. Sullivan, seconded by Dr. Weatherbe, Dr. J. R. Corston of Halifax, was appointed Chairman of the Cogswell Library Committee. As Dr. J. G. D. Campbell, the Treasurer, is ex-officio a member of this committee, a new member was added in the person of Dr. D. J. MacDonald, South Street, Halifax, Nova Scotia.

Upon resolution the Executive requested Dr. G. H. Murphy, to publish in the BULLETIN each month from November 1927 to February 1928, a short article emphasizing the necessity of all registered practitioners enrolling themselves as members of the Medical Society of Nova Scotia. Upon motion, the Secretary was instructed to make the membership drafts for 1928 at sight on March 1st, 1928.

In view of the recommendation in President Roy's report at the Annual Meeting, regarding increase of membership, upon motion of Dr. Sullivan, seconded by Dr. Roy, the President and Secretary were authorized to confer and arrange for the appointment of the general Membership Committee, reporting through the BULLETIN, and at the next Annual Meeting. The nominations to this Committee made by several of the branches would, of course, be accepted.

A communication from a special C. M. A. Committee regarding the appointment by various Branch Societies of a representative to an Osler Committee of the C. M. A., was brought to the attention of

the Executive by the presentation of nominations from certain branches. As no representation had been made to the Provincial Society, no action was taken in this matter.

A branch society having notified the Provincial Society of its nomination of a member to the Provincial Executive. *It was Resolved* that such nominations would be presented to the Nominating Committee at the next Annual Meeting of the Provincial Society.

The President announced that, following the instructions of the Executive, he had appointed the following to act as a sub-Committee or quorum of the Executive, namely,—

Doctors H. K. McDonald, Walker, J. G. D. Campbell, Murphy, Morse, Rehfuss, Sutherland and Munro.

On motion, this appointment was approved.

A full report was given of the recent Canadian Medical Association extra-mural lecture tour from September 19th to September 30th. Letters were read in this connection from Dr. Cushing, Dr. Sponagle, Dr. Routley and from the Secretaries of various branches. Very great satisfaction was expressed upon the reading of Dr. Routley's letter, in which he stated, that the Sun Life Assurance Company, Montreal, has provided a further grant of \$30,000 for similar purposes for the year 1928. Dr. M. T. Sullivan moved and Dr. H. A. Payzant seconded the following Resolution which the Secretary was instructed to forward to the General Secretary of the C. M. A.,

"Whereas, by grants from the Sun Life Assurance Company the Canadian Medical Association, has been enabled to carry on a series of Post Graduate Medical lectures in Canada during the years 1926-1927, which have been of very great value to the profession throughout the Dominion and were especially appreciated by the profession in Nova Scotia.

And Whereas we have been advised that a further grant has been made for the year 1928 for a similar purpose;—

Therefore Resolved that the Executive of the Medical Society of Nova Scotia desires to convey to the Canadian Medical Association its hearty appreciation of this effort to further medical education and to bring particularly to the homes of the physicians the advantages that only come from Post Graduate lectures.

Further Resolved that this Executive appreciates very fully the further contribution by the Sun Life Assurance Company and gladly pledges its co-operation in arranging for further meetings of this character in Nova Scotia."

Upon motion of Doctors Sullivan and Roy, the following resolution was passed and the Secretary instructed to take the necessary action indicated.

Resolved that the Secretary of the Medical Society of Nova Scotia, in view of his services in arranging for meetings for Extra-Mural

C. M. A., lecture tours, is instructed to forward to the General Secretary of the C. M. A., a receipted voucher for his travelling and other expenses in connection with these meetings.

Further Resolved that in the opinion of this Executive these expenses together with the usual honorarium paid to C. M. A. speakers should be a legitimate charge against this special C. M. A. fund.

Dr. M. T. Sullivan brought to the attention of the executive a newspaper clipping indicating that in Montreal a chiropractor was convicted in a Civil Court, and fined for illegally practising medicine. If this can be done in Quebec, why not in Nova Scotia, was Dr. Sullivan's pertinent inquiry. No definite action was taken. It was pointed out, however, that this case should be reported with definite details and the whole matter to be given publicity in THE BULLETIN.

A communication from Dr. Jost, relative to the scientific programme for the next Annual Meeting, was laid on the table for consideration later at this meeting. By communication Dr. Jost referred the following matter to the consideration of the Executive:—

"Advised that the Venereal Disease regulations would be much strengthened by having inserted in them a provision calling for the compulsory use of silver nitrate solution or some such treatment in the eyes of all new born infants. Up to the present the Department has preferred to leave this largely to the individual practitioner. We advise this especially in doubtful cases but have hesitated at a regulation making such a procedure compulsory. If it is made compulsory, it seems reasonable to assume that the Department should be prepared to supply material, free on request, to all practitioners who might apply for it. We have been supplying at least one hospital which makes this a routine procedure. We will greatly appreciate an expression of opinion of the practitioners of the Province on this matter."

The Executive considered that this did not place the matter as fully before them as its merits deserved. The Secretary was further instructed to secure a comprehensive article on the subject preferably from the pen of Dr. S. J. McLennan of Halifax, for early publication in the BULLETIN. The matter then to be fully considered at the next Annual Meeting.

Dr. Jost also by communication referred the following to the Executive:—

"The compulsory examination by Wassermann or Kuhn test of blood specimens from all cases seeking admission to hospitals for treatment. As you know this is in some hospitals a routine procedure. Should it be made a routine procedure for all hospitals in this Province? Here again the Department has hesitated, though there has been in some quarters quite a definite effort made to make this procedure compulsory. This Department has always considered that it would be unfair to public ward patients to have put in force a regulation, against him or her, which a practitioner would not feel like imposing upon a private ward patient."

The Executive by motion resolved, that this be referred to the next Annual Meeting for consideration.

Communications and Resolutions from the Valley, Eastern Counties, Colchester-Hants and other Branches relative to the 1928 Annual Meeting, the C. M. A. Osler Committee and the Advisory Committee of the Tuberculosis Commission, were acknowledged and

agreed to be given consideration when these general matters were considered.

Correspondence regarding the advertising of philanthropic societies exploiting the names of members of the medical profession was read and ordered to be placed on file.

Reference being made to the appearance in certain papers in this Province of syndicated articles purporting to give advice along health lines to the public, it was on motion of Dr. Sullican, seconded by Dr. Bissett,—*Resolved* that, the Secretary, bring the matter of the Frank McCoy articles, especially referring to Tuberculosis, to the attention of the Tuberculosis Commission of Nova Scotia.

A communication was read from the Secretary of the New Brunswick Medical Society, in regard to the activities of chiropractors in Nova Scotia. The Secretary was instructed to advise the New Brunswick Society that our attitude hitherto has been to let these people run themselves out of business. It is noted, however, by the Executive, that wherever definite instances can be proven of medical practice, as defined by the Provincial Act, the Provincial Medical Board of Nova Scotia, will take action in the courts against such Irregulars.

A communication addressed by the Advisory Committee of the Medical Society of Nova Scotia to the Nova Scotia Tuberculosis Commission, was considered by the Executive and as a difference of opinion was expressed both by branch societies and members of the Executive present, it was resolved that this communication be referred to the Annual Meeting for definite reply.

A very full discussion then followed on the general matter of Annual Programme and Canadian Meetings in 1928. The opinion was expressed that the Nova Scotian Society is in cordial sympathy with the Prince Edward Island Association and desires that the C. M. A., Meeting in Charlottetown, in 1928, shall be a distinct success. While it was recognized that a very fair proportion of our members would attend the C. M. A. Meeting and probably be unable to attend our own Provincial Meeting, it was still felt that the instruction from the last Annual Meeting at Sydney should be fully carried out.

It was moved by Dr. Sullivan, seconded by Dr. Weatherbe, and passed "that the arrangement of the 1928 Annual Meeting of the Medical Society of Nova Scotia, is left in the hands of a special Committee (as decided at the Annual Meeting) composed of the sub-Committee (Quorum) of the Executive and such local Committee as may be named by the Valley Medical Society. The opinion was expressed that this Committee should begin its work immediately.

Meeting adjourned at 5.30 P. M.

S. L. WALKER,
Secretary.

Doctor John Stewart Honored

FOR a year or more the members of the medical profession in Nova Scotia, have been concerned with the desire to tender to Dr. John Stewart of Halifax, some expression of their regard and esteem. The completion of fifty years in the Practice of Medicine suggested the idea of a Golden Jubilee, and, as noted in THE BULLETIN, a special Committee, consisting of Doctors Hogan, Sullivan, and Farish, was appointed to carry the proposal to a conclusion. Associating with them, as Honorary Treasurer, Dr. Walter L. Muir, of Halifax, the efforts of this Committee culminated in a most successful manner; being marked by a banquet in honor of Dr. John Stewart held in the Saint Julien room of the Halifax Hotel on the evening of Thursday, October 6th, 1927.

Some sixty-one guests were present at this banquet, the following being those from outside the City of Halifax:—Doctors Sullivan, A. S. Kendall, J. J. Roy, J. C. Morrison, E. W. MacDonald, D. Hartigan, D. MacNeil, J. W. MacKay, H. H. MacKay, Love, MacGregor, R. Cox, J. M. Stewart, Kent, Miller, Wardrope, Burris, Payzant, Sponagle, Z. Hawkins, E. E. Bissett, Farish, Williamson and Morse. With those from Halifax and members of the press it was, indeed, a representative gathering, the *Halifax Chronicle* stating,—“As representative a gathering of Nova Scotia physicians as has been in Halifax for many a day.” To the list of those present must be added the large number unable to attend who, however, sent their congratulations to the guest of honor and regretted their inability to present them in person, Dr. Muir reading letters from Dr. John MacLean, North Sydney; Dr. H. K. MacDonald, Halifax; Dr. J. K. MacLeod, Sydney; Dr. L. W. Johnstone, Sydney Mines; Dr. George D. Stewart, New York; Dr. M. G. Archibald, Kamloops; Dr. J. J. Cameron, Antigonish and others.

Dr. E. V. Hogan, Halifax, who has been actively interested in this proposed recognition of Dr. Stewart ever since the matter was first breached, presided at the banquet with his usual grace and tact. On either side of the Chairman at the head table were several notables, men whom the Medical Society of Nova Scotia holds in high esteem. Beside the Guest of Honor was Dr. Robinson Cox, of Upper Stewiacke, a young man, who two days previously had observed his eighty-sixth birthday and who has practised continuously in his district for fifty-two years. There, also, were the veterans Dr. Murdock Chisholm and Dr. William Tobin, of Halifax, with Dr. A. S. Kendall of Sydney. Besides these were Dr. L. R. Morse, Lawrencetown, President of the Medical Society of Nova Scotia, and Dr. J. J. Roy of Sydney, Past President. Of these, Doctors Stewart, Cox, Chisholm, Tobin and

Kendall, are Honorary Members of the Medical Society of Nova Scotia, and combined their years of service to the community total two hundred and fifty-seven, Dr. Tobin, alone, having fully retired from practice some years ago. Not in years of service alone can the lives of these men be esteemed for they have honored by their labours the medical profession in this Province and even in a much wider field.

With the disposal of a really fine menu, the food being very good, nicely prepared and served, the function got away to a good start, when a basket of beautiful roses, fifty in all, was presented to Doctor Stewart by the Nursing Sisters of No. 7 Canadian Stationary Hospital of which Dr. Stewart was the Officer Commanding. Dr. Hogan, who later became Commanding Officer, made the presentation in a very happy manner.

To Dr. M. T. Sullivan, of Glace Bay, fell the honor of reading the Address. This was beautifully written and engrossed by the Sisters of Charity of Mount St. Vincent. The Committee, feeling that a service of this nature was rightfully entitled to remuneration, intimated its desire to pay for this service, when Dr. Hogan read a letter stating that the Sisters were very glad of this opportunity of showing their esteem for Dr. Stewart. The letter was as follows:—

DEAR DR. HOGAN:

Surely you will do us the kindness of allowing us a small part in the efforts you are putting forth to honor a truly great and good man.

We ask no other return for our services than to have you accept our work as a mark of esteem for Dr. Stewart and for the men who are capable of such whole souled appreciation of a leader in their profession.

Very sincerely yours,

SISTERS OF CHARITY,

Sister Marie Rosalie.

“This truly touching tribute from the Roman Catholic Sisters of Charity to a fine old Presbyterian Gentleman,” as Dr. Hogan phrased it, brought the entire company to its feet in an expression of grateful acknowledgement.

Before reading the Address, which appears as the first article in this issue of THE BULLETIN, Dr. Sullivan paid his personal tribute to Dr. Stewart's outstanding ability, mentioning especially his contribution to Surgical Medicine in Nova Scotia, pointing out that the same devotion to science, had it come from him if remaining in London, would have made him world famous.

Dr. G. W. T. Farish, of Yarmouth, made the presentation of a handsome leather purse which contained a certified cheque of such an amount that had it been literally in accord with the golden jubilee idea would have been of very considerable weight. In doing so he embraced the opportunity to express his own personal tribute to the guest of the evening.

To Dr. L. R. Morse, President of the Medical Society of Nova Scotia, came naturally the honor of proposing the toast to Dr. Stewart. Dr. Morse, suggested that, like Osler, Dr. Stewart could truly say, 'What a happy life is his who has so many good friends,' and gave the toast—"To our Honored Guest, the Beloved Physician and Christian Gentleman."

Replying to the Address and the Toast Dr. Stewart briefly and feelingly expressed his appreciation of this evidence of friendship. "I feel that every man here is a friend of mine," he said. He could not refrain from especially mentioning his friend at his right hand, 'Eighty-six years young two days ago,' with whom he spent many pleasant school days in Truro, nearly sixty years ago. He was deeply touched with the gift from the Nursing Sisters with whom he had shared the dangers and the arduous duties of war. He also expressed his heart-felt appreciation of the tribute from the Sisters of Mount St. Vincent, saying,—“We can all have our various viewpoints with still our eyes fixed on the goal God gave to us all.” Dr. Stewart also referred to his early years of practice in Pictou and the cordial manner with which he was received by the older physicians of that period. Before speaking and upon the conclusion of his remarks he received a veritable ovation from all present.

Doctors Cox, Chisholm and Kendall made pleasing contributions to the program of speeches which were offered quietly and eloquently, and were most pertinent and appreciative. It was a most remarkable coincidence that Dr. Robinson Cox the quiet, unassuming physician of a country district should share with Dr. Stewart many of the kind words expressed. It was a truly unique banquet. Of both of them the remark made by one of them truly applies,—“As he passes along life's eventide he can know he has made the world better for having lived here.” Another said,—“Fifty years looks long in the future but short in the past. Happy the man who can look over the years without compunction, John Stewart can do it better than any other medical man. It was more than Nova Scotia deserved to have him give his life to this Province”. The contribution of the "Old War Horse from Cape Breton," as the Chairman styled Dr. A. S. Kendall, was of distinct value as pointing out the progress made in surgery since the work of Lister with which Dr. Stewart was so fully identified.

All those present at this most enjoyable function heartily endorsed the vote of thanks which was moved by Doctor Sponagle of Middleton and presented by him to Doctors, Hogan, Farish, Sullivan and Muir for their services in bringing this project to a successful issue.

S. L. W.

The Banquet—Dr. Hogan's Address.

Gentlemen:

On behalf of the Committee I welcome you, especially those of you who have come from afar, from the rural districts, from the extreme East to the farthest West. I welcome you of the old guard and I welcome you of the younger guard for we are all gathered here to-night to do honour to one who for fifty years, has lived amongst us, a friend and trusted colleague of the old guard and source of light and inspiration to the younger guard.

It is a source of much gratification to the Committee to see such a representative gathering here to-night to welcome home our old friend and to have received genuine regrets from those unable to attend. Many more would have liked to have been with us to-night but this is a busy season. Most of us have had our holiday and the constant call of a busy country practice will not often permit us to steal away and enjoy ourselves.

A year ago when it was first proposed that the medical profession should take cognizance of the completion of Dr. Stewart's fifty years of unremitting toil in our profession, and I was asked to take the chairmanship of a Committee to arrange a celebration in his honour, I confess that it was with much diffidence that I accepted the task. I have served on many a Committee some with much reluctance, for my heart was not in the work, but this was different. My heart was in this work for I have known Dr. Stewart for many years and for four long years he and I were very intimately associated, at a time when war showed you the worst and best in every man. But there was no "Worst" to John Stewart, he put out his whole heart and soul to serve his King and Country to the best of his ability and his heart was wrapped up in the welfare of the boys and girls who followed him in the great adventure. And in return he won their love and respect so that many a lad who might have strayed away kept to the straight and narrow path so that they would not bring disgrace on his grey locks.

To the nursing sisters he was a father ever solicitous of their welfare and comfort and they loved him. They have heard of this little celebration in his honour and they came to me as his old second in command and asked that they might be permitted to take some small part in this function and honour their old commanding officer.

Permit me Sir on behalf of the matron and nursing sisters of No. 7 Canadian Stationary Hospital to present you this basket of roses, one rose for every year of your professional life and to assure you that the nursing sisters of your old unit extend their hearty congratulations and wish you many years of happiness.

The work of my Committee has been much lightened by the whole souled response received from every part of our Province from the old grey beards who were intimate friends of Dr. Stewart in his younger days—to the recent graduate who knew him only by reputa-

tion—but they also were proud of the privilege to show their respect and admiration of one who has always been the beau ideal of our profession.

To the members of the Committee Doctors Sullivan and Farish I owe much, for without their advice, their encouragement and whole hearted support, our gathering here to-night would not have been the success that it promises to be.

To our well tried and trusty Secretary, Dr. W. L. Muir not only the Committee but each and everyone of us owe a debt of gratitude that will be hard to repay. But Walter Muir has ever been forward where hard work and no reward was the price that somebody had to pay. But he cannot be otherwise for he is the worthy son of a worthy father Dr. Bill Muir, an old and tried friend of our guest to-night.

Throughout the country it was a pleasure to find that men like John Cameron of Antigonish and John W. McLean of North Sydney, members of the old guard esteemed it an honour to do their bit in making this celebration a success and from each of them I have received wires expressing their deep regret that they cannot be with us tonight.

Gentlemen I must not detain you but I cannot close without a word of thanks to the good Sisters of Charity of Mount St. Vincent who so kindly engrossed the address and when they were asked for their bill sent me the following note:

“DEAR DR. HOGAN:

Surely you will do us the kindness of allowing us a small part in the efforts you are putting forth to honor a truly great and good man.

We ask no other return for our services than to have you accept our work as a mark of esteem for Dr. Stewart and for the men who are capable of such whole souled appreciation of a leader in their profession.”

Very sincerely yours,

(Signed) SISTERS OF CHARITY,
Sister Mary Rosalie.”

This is a truly touching tribute from Roman Catholic Sisters of Charity to a fine old Presbyterian gentleman. I need say no more but will call on Dr. Sullivan to read the address of which he is the father.

A Press Tribute.

It was a graceful and an altogether fitting tribute that was paid last night by his professional brethren to one who has reached his jubilee here in medical practice. But it was far more than the usual salutation that comes at such jubilees. The place which Dr. John Stewart holds in the thought and affection of this province is unique. It is not for a daily newspaper to dwell upon his professional eminence, or to add a single word to those glowing eulogies passed by men competent to speak about a surgeon whose standing gifts have so long been the pride of his colleagues. But The Evening Mail may rightly say, in the name of the general public to all of whom Dr. Stewart has been so long and so honorably known, that when professional compliments have been exhausted, the half has not yet been told.

We remember to-day in particular his qualities of citizenship.

They were shown, in the highest degree, when at an age when he might well have laid the burden on younger men, he had no thought but for what he could do to serve his country in the crisis of the war. They have been shown too, for half a century, in countless small and unremembered but none the less notable acts of generous and self-sacrificing public work. To the call of duty Dr. Stewart has never failed to respond, with characteristic disavowal of any need for thanks. In him the best traditions of a profession whose traditions are indeed rich have been kept throughout a long life. With warmest congratulations upon this jubilee occasion and with the earnest hope that for many years to come he may remain among us a symbol of the sort of citizenship we aim to cultivate, The Evening Mail joins in a chorus where there is indeed "not a dissentient voice."

(Evening Mail, Oct. 4th, 1927).

Letters of Regret.

Among many messages of regret in being unable to attend the Dinner in Honor of John Stewart came these:—

DR. M. G. ARCHIBALD, Kamloops, B. C.—"Regret inability to attend complimentary dinner on 6th inst. Please convey to Dr. Stewart my hearty congratulations on this memorable occasion. May he long be spared to Dalhousie and our profession."

DR. JOHN K. MCLEOD, Sydney, wired from New York.—"Regret very much unable to be present at the Stewart Anniversary. Please express to the Doctor my best wishes and congratulations. As the disciple and beloved pupil of Lister we admire him; for his own fine personal qualities we love him."

DR. L. W. JOHNSTONE, Sydney Mines.—"Very sorry unable to attend dinner in honor of my great friend Dr. Stewart. Sincerely trust that the dinner will be a great success as it is given to one who has done so much in many ways to bring our profession up to its present standard."

DR. D. A. MCLEOD, Sydney. Signed "Cape Breton Over."—"Please convey to Colonel Stewart my best wishes on the occasion of his golden jubilee. Such a career of brotherly love, gentlemanly conduct and professional skill has seldom, if ever, been equalled. The tolerance of a senior to an uncontrollable junior officer is surely bred in Colonel Stewart's Cape Breton heart."

DR. J. J. CAMERON, Antigonish.—"I regret very much that I shall not be able to be present at the dinner in honor of Dr. John Stewart. Be good enough to convey our best wishes (and I speak for the profession of Antigonish) to our distinguished guest, and assure him we all appreciate his great service to the public and to the profession for the past fifty years. Ad multum annos."

DR. D. MACKINTOSH, Pugwash.—"Please convey to Dr. Stewart and the assembled guests my regret that I will not be able to be present at the dinner. I do hope our esteemed veteran and brother in arms may enjoy the festivities and what may follow."

Branch Societies

Western Nova Scotia Branch.

THE Fall Meeting of the Western Nova Scotia Medical Association took place in the Kiwanis Club Building, Yarmouth, N. S., on Tuesday, Sept. 27th at 2 P. M. with the President, Dr. George W. T. Farish in the chair.

The following members were in attendance:

Dr. C. A. Webster, Dr. L. M. Morton, Dr. Geo. T. Farish, Dr. G. Hatfield, Dr. Z. Hawkins, Drs. C. K. and A. J. Fuller, Dr. A. M. Williamson, Dr. Milne, Dr. V. Burton, Dr. A. D. Melanson, Dr. W. C. O'Brien, Dr. W. Phinney, Dr. F. G. Gullison, Dr. R. L. Blackader, Dr. LeBlanc, Dr. Fox, Dr. Sutherland, Dr. Alexander, Dr. Walker, Dr. McKim, Dr. Cushing, Dr. H. Chisholm, Dr. H. Pothier, Dr. Reid, Dr. DeWolfe, Dr. T. A. Lebbetter.

During the Business Session it was moved and Seconded that a letter of sympathy be sent to our member Dr. S. H. Thibault, he having recently been admitted to the N. S. Sanitorium.

In response to the request from the Secretary of the N. S. Medical Society, our Society unanimously decided to recommend that the N. S. Medical Society meet conjointly with the Canadian Medical Association in Charlottetown next year instead of the Anniversary Meeting which was to be held in Annapolis Royal as previously arranged.

The first paper was presented by Dr. L. H. McKim of Montreal on "Compound Fractures and Crushing Injuries of the Extremities." Dr. McKim gave a most interesting presentation of the treatment followed in the Fracture Department of the Montreal General Hospital, illustrating his remarks with Lantern Slides of the various Compound Fractures and Deformities treated in that Institution. This paper was discussed by Dr. C. A. Webster.

The second paper "Prevention and Treatment of Scarlet Fever," was given by Dr. H. B. Cushing of Montreal. Dr. Cushing discussed Diphtheria and Scarlet Fever over a period of twenty years, as observed from the records of the Alexandra Hospital of Montreal and illustrated by slides the statistics of admission and treatments with the success of antitoxin treatment. He particularly emphasized the importance of giving Scarlet Fever antitoxin early in the disease if the maximum result was to be obtained. The paper was discussed by Drs. Farish and Lebbetter.

At 6.30 P. M. a dinner was served with thirty members present when the guests and members were the hosts of the local Society. Following the Dinner a paper was given by Dr. McKim on "Infections

of the Hand." Dr. McKim dwelt upon the advantage of a bloodless incision and recommended alcohol and a 2% (alcoholic) mercurochrome solution as the dressing of Selection. Free incising and not too early secondary dressings were emphasized. This paper was illustrated by slides and proved most interesting. It was discussed by Drs. Farish, Morton, and C. K. Fuller.

The next paper was by Dr. Cushing on "Rheumatism as seen in Children." He outlined the work done during recent years and the rather pessimistic results which followed Rheumatic treatment in children. He discussed the tonsils as a source of infection and the heart as it became generally affected. This paper was discussed by Dr. T. A. Lebbetter.

Dr. S. L. Walker then spoke on the work of the Canadian Medical Association: the advantage of Membership and the necessity of everybody co-operating in the successful functioning of all local Medical Societies.

After a hearty vote of thanks to the visiting guests for their most interesting papers, the Meeting adjourned.

(Signed) THOMAS A. LEBBETTER,

Secy.-Treas. Western Nova Scotia Medical Association.

HALIFAX BRANCH

Programme for Season 1927 to 1928.

- | | | |
|------------|---|------------|
| Oct. 12th | Opening Meeting - - - - - | - Ashburn. |
| | Presidential Address—"Along the Trail." | |
| Oct. 26th | Nova Scotia Hospital, Dr. Lawlor and Staff. | |
| Nov. 9th | Victoria General Hospital, Surgical Clinic. | |
| Nov. 23rd* | Urological Paper, Dr. F. G. Mack. | |
| Dec. 7th* | Subject to be announced, Dr. J. R. Corston. | |
| Jan. 4th | Victoria General Hospital, Medical Clinic. | |
| Jan. 18th* | "Japanese Hospitals," Dr. Ross Millar, Amherst, N. S. | |
| Feb. 1st* | "Early Diagnosis of Certain Nervous Diseases," Dr. A. Birt. | |
| Feb. 15th* | "Common Diseases of the Ear," Dr. A. R. Cunningham. | |
| Mar. 1st* | "X-Ray Diagnosis of Bone Conditions," Dr. S. R. Johnston. | |
| Mar. 15th | Childrens Hospital, Clinical Evening. | |
| Mar. 29th* | "Some recent observations on the Treatment and Nature of Enteric Carriers," Dr. R. P. Smith | |
| | Professor of Pathology, Dalhousie University. | |
| Apr. 12th | To be announced. | |
| Apr. 26th | Annual Meeting. Election of Officers, etc. | |
| | (*Dalhousie Health Center). | |

EASTERN COUNTIES

Annual Meeting, September 21st, 1927.

Minutes of Sixth Annual Meeting Eastern Counties Medical Society held in St. Martha's Hospital Antigonish on September 21st, 1927. The first Session opened at 2 P. M. The President Dr. J. J. McRitchie presiding. The following medical men were in attendance:

Dr. H. B. Cushing,	Montreal.	Dr. D. J. McMaster,	Antigonish, N. S.
Dr. L. H. McKim,	Montreal.	Dr. O. R. Stone,	Sherbrooke, N. S.
Dr. A. A. McDonald,	Boston, Mass.	Dr. R. E. Archibald,	Melrose.
Dr. S. L. Walker,	Halifax, N. S.	Dr. M. E. McGarry,	Margaree.
Dr. J. J. McRitchie,	Goldboro, N. S.	Dr. H. A. Ratchford,	Inverness.
Dr. J. S. Brean,	Mulgrave, N. S.	Dr. P. A. McGarry,	Canso.
Dr. J. L. McIsaac,	Antigonish, N. S.	Dr. E. F. Moore,	Canso.
Dr. J. S. McCullough,	Guysboro, N. S.	Dr. W. F. McKinnon,	Antigonish, N. S.
Dr. Alex. Kennedy,	Antigonish, N. S.	Dr. Clarence Miller,	New Glasgow.
Dr. J. J. Cameron,	Antigonish, N. S.	Dr. P. S. Campbell,	Port Hood.
Dr. H. C. S. Elliott,	Guysboro, N. S.		

After suitable opening remarks by the President, the minutes of last meeting were read and adopted. Routine business was deferred to the evening session and Dr. L. H. McKim of Montreal, was asked to present his paper. "Infection of the hand and the treatment by the so-called dry method."

Dr. McKim stated that in addition to palmar abscess and bony infections, this method was also successful in boils, carbuncles and sub-epithelial abscesses. Always use a general anaesthetic, Gas, Oxygen or Ethylene. A local introduces watery solution into the tissues, a feature we wish to avoid. Prepare skin surface with alcohol—picric acid rather than with iodine. Use a tourniquet so the operation will be carried out in a bloodless field. *Incision.* Always make incision *too large* the object being to relieve tension and not to drain pus. Follow the infection creases in hand, never cross these at right angles. Avoid bruising surfaces. Do not interfere with nerve supply and disturb the circulation as little as possible. Locate any pockets of pus, proceed to remove necrotic tissue, using gauze on the end of the finger. Dehydrate wound with alcohol, take off tourniquet and pack cavity tightly with gauze soaked in sterile paraffin mixed with B. I. P.

Bandage hand and place the limb and patient at rest, always putting the hand in the position of function. Morphia may be given for the first twelve to forty-eight hours. If wound has been packed tightly there will be little pain. Do not dress for three to five days, otherwise there will be bleeding and more pus formation. At the time of dressing on fourth or fifth day one usually finds a clean granulating wound. Do not use B. I. P. on subsequent dressings.

Slides were shown illustrating the various points touched upon by Dr. McKim.

A full discussion of the paper followed and many questions were asked by Doctors P. A. McGarry, J. J. Cameron, M. E. McGarry, J. S. Brean, H. C. S. Elliot, J. L. McIsaac and W. F. McKinnon. Comment from those present gave the impression that Dr. McKim's paper was the best presentation of the subject ever listened to at a society meeting.

"The prevention and treatment of Diphtheria and Scarlet Fever" was next dealt with by Dr. H. B. Cushing of Montreal, a Canadian with authority on the acute infections. Dr. Cushing said in part—you will never stamp out any infectious disease by isolation and quarantine. This method has been tried for many years in many countries without success. These diseases do not fly through the air but are carried by contact from person to person. In modern hospitals to-day we do not necessarily keep the various infectious diseases in separate wards. To prevent cross infection a strict technique on the part of attendants is carried out. Hands are sterilized by soap and water, dishes by boiling and patients discharged properly cared for. We have given up treating infectious by medicinal means, outside of specifics. You cannot destroy the organism in the host infected by external applications.

The way to stop outbreaks of Scarlet Fever and Diphtheria is to immunize the population.

The modern dose of Diphtheria antitoxin is small in volume; concentrated serum; it is given intramuscularly and in very urgent cases intravenously. Reactions occasionally occur but are, as a rule, not serious. Protein shock sometimes occurs, not often with the concentrated serum. We are more apt to get serum sickness in well people, adrenalin gives relief. Be careful in giving serum to a patient with a history of asthma. The cause of Scarlet Fever has been established. Dicks proved it was a streptococcus. The toxin from the organism will give a skin reaction and the antitoxin is beneficial in treatment. Toxin,—antitoxin will immunize. Scarlet Fever toxin does not kill the guinea pig hence the difficulty of measuring doses required. Goats have been tried and have given promise. Much work has yet to be done on this serum to put it on a par with anti-diphtheritic serum. A splendid series of slides was shown covering the various points touched upon.

A discussion followed in which Doctors Cameron, Brean, and McKinnon took part.

The subject of acute infections was handled in a masterly manner by Dr. Cushing.

At this stage Dr. S. L. Walker, Secretary of the Nova Scotia Medical Society was called upon to address the meeting. Dr. Walker dealt with the following subjects—and asked for action on each from the meeting.

- (1) Membership in local, Provincial and Canadian Societies.
- (2) The importance of nominating a member for the membership Committee of the Nova Scotia Medical Society.
- (3) Place and type of next Nova Scotia Medical Society meeting.
- (4) Leadership from the profession in Public Health Problems.
- (5) C. M. A., Extra Mural lectures.
- (6) The McCoy articles in the daily press.

It was moved by Dr. J. J. Cameron seconded by Dr. Brean and passed that in the opinion of this meeting it is desirable that the next Annual Meeting of the Nova Scotia Medical Society be held at Charlottetown in conjunction with the C. M. A. A motion by Doctors Brean and Moore was passed favouring the postponement of Anniversary Meeting of Nova Scotia Medical to 1929 at Pictou.

The following resolution was moved by Dr. Cameron, seconded by Dr. Moore and carried unanimously.

Whereas the members of the Eastern Counties Medical Society are most appreciative of the good accomplished to the profession by the C. M. A., Extra Mural lectures.

Resolved that we petition the C. M. A., through the Secretary of the Nova Scotia Medical Society for a continuance of said lectures during the year 1928.

On motion of Doctors Brean and Stone the Secretary was named the representative of Eastern Counties Medical Society on membership Committee of Nova Scotia Medical Society. The nominating Committee was named by the chairman as follows:—

Dr. J. L. McIsaac, Dr. J. S. Brean and the Secretary.

The meeting then adjourned to the staff dining room of St. Martha's hospital where the members and visiting doctors were banqueted by the President Dr. McRitchie, who also acted as toast master. The toasts were given, The Medical profession by Dr. J. J. Cameron and Dr. M. E. McGarry. Our visitor, by Dr. O. R. Stone and Dr. P. S. Campbell; responded to by Dr. H. B. Cushing. Dr. L. H. McKim and Dr. A. A. McDonald. The ladies by Dr. S. L. Walker and Dr. P. A. McGarry.

Evening Session.

Meeting was called to order by the President. The nominating Committee being called upon reported as follows:—

Hon. President	Dr. G. B. Euckley, Guysboro.
President	Dr. M. E. McGarry, Margaree.
1st Vice-President	Dr. O. R. Stone, Sherbrooke.
2nd Vice-President	Dr. J. S. Brean, Mulgrave.
Sect'y-Treas.	Dr. P. S. Campbell, Port Hood.

Executive Committee.

Dr. E. F. Moore, Canso.	Dr. A. J. McNeil, Mabou.
Dr. H. C. S. Elliot, Guysboro.	Dr. H. A. Ratchford, Inverness.
Dr. Alex. Kennedy, Antigonish.	Dr. J. A. McDonald, St. Peters.

Executive representative on Nova Scotia Medical Society, Dr J. J. McRitchie, Goldboro. Report adopted unanimously.

Under the heading of communications read by the Secretary was one from the Advisory Committee of Nova Scotia Medical Society to the Nova Scotia Tuberculosis Commission asking the opinion of the Society relative to the acceptance by the profession of small fees from the Nova Scotia Tuberculosis Commission for the treatment of indigent tuberculosis patients.

A letter from Mrs. (Dr.) C. E. Aikens was read, acknowledging receipt of letter of condolence from the Society.

The following resolution was moved by Dr. Cameron, seconded by Dr. Stone and passed.

Resolved that in the opinion of this Society, it is not desirable that the fee, noted in communication from Advisory Committee of the Nova Scotia Tuberculosis Society be accepted by members of the profession in this territory;

Further Resolved, this Society suggests that any funds available be used for food and comfort of indigent persons suffering from tuberculosis.

The Society was instructed to write the Honorary President, Dr. G. E. Buckley, expressing the regret of the members of the Eastern Counties Medical Association on his painful accident and wishing him a complete and speedy recovery. The report of the Treasurer for last year was received. This showed a cash balance on hand of ten cents after all accounts had been paid. Dr. J. S. Brean gave notice of motion that at next meeting he would move to have the annual fee increased from one to two dollars.

It was moved by Dr. Moore, seconded by Dr. Stone, and carried that the next meeting be held in Antigonish at a time to be determined by the Executive.

Matters relative to the Workmen's Compensation Board were deferred to the next meeting.

This concluded the business of the session.

Dr. McKim was asked to give his paper on "Fractures and crushing injuries to the extremities." Dr. McKim said. In crushing injuries the emergency treatment is that of shock, splint the limbs with a pillow splint, control bleeding, and cover wound with a sterile dressing. Give morphia freely, stimulants are of limited value. Transfusions to relieve shock are of doubtful value. When operative interference is necessary try to get cases before shock has supervened. Do not operate if systolic blood pressure is below 80. There is not as much shock to amputations as in extensive dissection of tissues.

For anaesthesia use Gas, Oxygen or Ethylene. Always be conservative as regards amputations. A compound fracture is more urgent than an acute appendix. In compound fractures excise a thin area around the wound, pick out any gross foreign particles, clean ends of bone with alcohol, dehydrate wound with alcohol, and

use sterile liquid paraffin and B. I. P. First dressing only after two weeks and preferably under anaesthesia. This paper was exceptionally well presented and was well received by the meeting.

Dr. Cushing followed giving a most interesting talk on Erysipelas. He stated erysipelas is a slightly infectious disease. The organism, a streptococcus, may be present on the skin and under certain conditions may become active. It sometimes follows mastoid operations. Once a person has it, there is a tendency to repeated attacks. Complications are abscesses and alopecia.

Not always easy to diagnose Herpes Dermatitis and other acute infections have been mistaken for it. The outset of erysipelas is usually acute, with a chill and high temperature. Many patients become delirious. The outlook is good in a healthy adult. Mortality high in elderly people and young babies.

Treatment—Drug treatment either internally or externally is of no avail, even the old sure anchor Ichthyol, is useless. Rest in bed with care of the bowels is the only treatment. A serum and toxin are now being worked on. The antitoxin is not bactericidal, hence will not prevent the spread of the process. Transfusions and convalescent serum are not of much use.

Votes of thanks were extended to Doctors Cushing and McKim for their valuable contributions to the Sisters of St. Martha for the use of the hospital and to the President for banquet provided.

Meeting adjourned.

P. S. CAMPBELL,

Secretary.

Desire Gratified.—The A. P. is responsible for the following news item:—

“San Pedro, Calif., March 13. When Mr. and Mrs. Grant Buehl married, they agreed that three children, two boys and a girl, would be the right size for their family. For eleven years there was none, but yesterday triplets arrived—two boys and a girl. The mother and children are doing well.”

Where to Vaccinate a Girl bothers the doctors in Walkerton, Ont., as noted in a recent A. P. despatch:—

“One of the most perplexing questions Walkerton doctors have to answer is where to vaccinate a young girl. At one time the left arm was considered the proper place but short sleeves showed an unsightly scar, so the location was changed to the leg. Then came a change in skirts and the question is, where can the doctor vaccinate so that a scar will not be seen 20 years hence!”

All of which recalls what the old hard working colored washer-woman told the doctor, replying to a similar question.—“Deah knows, Doctor, Ah never have no chance to sit down.”

A Doctor's Friend.

I consider it a compliment to the profession that so many of our doctors enjoyed the acquaintance and appreciated the character and temperament of the late Moses W. Murphy of Margaree.

Poor Mose' died the victim of a foolish driver's speed madness, but he died as he had lived, a game sport. In life he had a cheering word and a happy jest for everyone, a faculty for almost faultless repartee and happy retort, and possessed a richer vocabulary than is usual even among the literateurs.

But above all he was a true sport, a real hunter—"A mighty hunter before the Lord." His two great heroes were Nimrod and Esau. His heart went out to both of them, for he was born with the instinct of the hunter in him. Those who are not born with that instinct in them cannot understand it, have no conception of its power, and are utterly incapable of insight into the thoughts and feelings, the temperament and character of those in whom that spirit is implanted from birth.

It is nearly an axiom that the men in whom the spirit of Nimrod has been strongest, have been the most humane, kindly, generous, chivalrous, honorable and lovable of mortals.

The love of sport has, too, often been allied with the most brilliant intellectual gifts and the highest moral character. Sir Samuel Baker, the greatest hunter of the nineteenth century, thus summed up the result of his own knowledge:

"I have had a great experience of thorough sportsmen, and I can safely say that I never saw one who was not a straightforward man, who would scorn to take a mean advantage of man or animal. In fact all real sportsmen whom I have met have been really tender-hearted men—men who would shun cruelty to an animal, and who are easily moved by a tale of distress."

On the other hand have we not often found the rabid enemies of sport type of the most unamiable disposition, who like Macauley's Puritans hated sport, not because it gave pain to the animal, but because it gave pleasure to the sportsman.

This spirit of Nimrod is a really wonderful thing, capable even of stimulating the imagination to the point of investing the object of the chase with dimensions worthy of the huntsman's zeal. We have all the feelings of the Mighty Hunter in his chase of the lion—even if we be hunting nothing bigger than a rat.

And this spirit of Nimrod shows itself often where we should least expect it. Samuel Johnstone, for example, myopic though he was, loved fox hunting, and he took a delight in telling how he "rode harder than anybody at the chase," and he came down heavily on a gentleman from Cambridge who undertook to disagree with him on the manliness of such sport.

Sir Humphry Davy, the greatest chemist of his time, spent the happiest hours of his life with rod and gun.

Sir Francis Chantrey, the finest sculptor of his day was the keenest of sportsmen, and yet was of so sensitive a nature that the sight of the game he had killed made him ill. He always carried in his pocket a little ivory ruler to knock the fish on the head the instant he pulled them from the water.

Your true sportsman is the tenderest lover of animals. He kills them but he cannot bear to hurt them. That is what your frantic sport-hater cannot understand.

For humanity, chivalry and tender-heartedness, where will you find a match for Robert Louis Stevenson, Walter Scott, "Christopher North," Cotton Oswell, Samuel Baker or John Everett Millais,—and yet every one of these was a sportsman to his heart's core. The spirit of Nimrod is evidently not a spirit of cruelty.

There are so few of the instincts of primitive man left in our horribly artificial civilization that we should grieve to see the spirit of Nimrod go out with the rest. Yet we should rather have it vanish altogether than survive in the illegitimate form of the butcher of handsome deer or grouse, with his blatant brag of his big kills, or indeed of the *fish hog*, who kills multiples of his quota, and craves our admiration of his vulgar lust for slaughter.

We could afford to see all artificial sport go by the board for it is but a feeble, foolish parody of the grand manner of the "Mighty Hunter before the Lord;" But we should strive, like our poor dead friend whom we bear reverence, to keep alive the true spirit of Nimrod, for it is a heritage from primeval ancestors, a survival of the simple life and the natural man, and the world would be the poorer for its passing.

Let me quote in conclusion "The Angler's Heaven," which was one of poor Murphy's many favorites,—mayhap indeed it was own composing:—

When the World's busy wheels have slowed and stopped
 We who have kept it steady on the way
 Drop tired fingers from the wheel, our Will,
 Shut our dim eyes against the light of day,
 Step from the road of Living to the still
 Green-sheltered bank of Death.

Then shall the rod of Patience, set secure,
 Dipped in the stream of Unremitting Toil
 Attract the fair fish, Quiet Mind; while we
 Stretched for a moment on the sun-touched soil,
 Gaze through the curious branchings of the trees,
 Sweet Peace, that shadows all.

W. J. E.

With Our Advertisers

IT is very satisfactory to the BULLETIN to be in receipt of a letter which reads as follows:—

“We are just in receipt of the October issue of the MEDICAL BULLETIN. We have noted our advertisement and we like the setting very much. We have also noted the reader that appears and wish to thank you for publishing it. It is this type of service which advertisers appreciate, we assure you. Too often, advertisers are led to believe, and not unjustly, that the only regard that the publisher has for the advertiser is his monthly check, covering the cost of his monthly advertising.”

Now that is a very pleasing letter for the BULLETIN to receive. Our readers must know that our subscription is limited and the field covered very small compared with other magazines even of our special type. It is therefore necessary that we select our advertisers with great care and that we use our best efforts to place their claims before our readers. Unless the whole system of advertising is wrong, not being good business for both buyer and seller, any doctor or hospital that does not give as much attention to our advertising as any other pages is not getting the benefit he should from this phase of Medical Society effort.

“The practice of medicine is no longer an isolated profession,” so wrote Dr. Hammond in the October BULLETIN in his very practical article pointing out the debt that medical therapy owes to reliable Pharmaceutical Houses. Greater progress has been made in the use of new and specific remedies than in the use of old established preparations. For this the doctor is very largely indebted to pharmaceutical firms. The BULLETIN vouches for Charles E. Frosst & Co., Laboratory Poulenc Freres (Canada) Ltd., Ayerst, McKenna & Harrison, Listers Ltd., Parke, Davis & Company. The Wingate Chemical Co., Ltd., and Mallinckrodt Chemical Works, Ltd. These houses and the doctors are mutually dependent upon each other, then each should know of the other. This is what our advertising pages are attempting to accomplish. Are you doing your share by giving them careful attention?

Why do so many doctors drive an Essex car? Try it and you will know the answer.

OBITUARY

EDWARD DOMINICK FARRELL, M.D., C.M.,
Dalhousie University, 1899.

ALTHOUGH not actively and solely engaged in medical practice in recent years, Dr. E. D. Farrell was one of the best known and best liked medical practitioners in the City of Halifax. Those who recall the late Edward Farrell, M.D., so highly respected and admired for his personal as well as his professional characteristics, were glad when another of the name graduated from Dalhousie and began practice in Halifax. Number 48 Morris Street was the Farrell home for over thirty years and only when he listened to the lure of other enterprises did the Farrell name become a memory. Although in poor health for some time his death, especially when he was receiving the best attention that modern medicine could give, came as a distinct shock to many in Halifax, as well as elsewhere throughout the Province.

Dr. Farrell received his early schooling in Halifax, but with a number of sons of other prominent families of Halifax he took his upper forms at Stoneyhurst, England, but returned to Halifax to complete his medical course at Dalhousie University. Naturally he came very early into a lucrative practice, and was very highly thought of by all with whom he came in contact. Besides his professional work he had the longing to speculate or rather to promote and soon his business activities required nearly all his attention. That these efforts were inspired always by a desire to help put over something that would be of value to this Province may be instanced by his interest in the hotel proposition since taken over by the C. N. R. at Pictou.

Some twelve years ago Dr. Farrell was married to Miss Rebecca Miller of Springfield, Mass., the death of a little daughter at the age of one year, was the great sorrow of this marriage. Mrs. Farrell has been compelled by her poor health to spend the winters for some time in a warmer climate and for several winters has lived in Florida. She was with her husband during his last illness. Interment took place in Halifax.

Doctor Farrell was but fifty-two years of age, and besides his wife, is survived by his mother, Mrs. Edward Farrell of Halifax, a brother, Robert R. Farrell on the editorial staff of the *Ottawa Journal* and two sisters, Mrs. Brush, wife of Colonel Brush, and Mrs. Dalton, wife of Lieutenant Colonel Grant Dalton, both residing in England.

To the bereaved wife, to the bereaved mother and the mourning family the Medical Profession of Nova Scotia will extend sincere sympathy.

S. L. W.

EDWIN JOHNSON ELDERKIN, M.D., C.M., McGill University,
1884, L. Mid., L.R.C.P. Edin., 1889, Weymouth, N. S.

The newspapers of October 24th carried the unexpected news of the death of Dr. E. J. Elderkin at his home in Weymouth on the morning of October 3rd, 1927. For 43 years, thirty-seven years in Weymouth, he had been in practice and was 75 years of age. The immediate cause of death was an attack of Bronchitis of only three days duration.

Dr. Elderkin was born and brought up in River Hebert, Cumb. Co., and received his early schooling in the public schools and the County Academy. He graduated in Medicine from McGill in 1884 and at once began practice at River Philip. After a few years he went to London and Edinburgh for post graduate work, receiving his L. Mid. and his L.R.C.P. from Edinburgh, in 1889. In 1890 he located in Weymouth, and soon he gained the esteem and confidence of the people over quite an extended district.

His wife, who survives him, was Miss Etta Black, daughter of Mr. and Mrs. Ephraim Black of Weymouth, but formerly of River Philip, Cumb. Co. A daughter, Mrs. Ephraim Gates resides in Weymouth and a son, Carl, lives in Ontario.

Doctor Elderkin was a good exponent of medical ethics, being eminently fair and courteous in all his dealings. He had a good medical training and kept in touch with medical progress by extensive reading and in medical society meetings. For many years he was a frequent attendant at Provincial meetings and in later years at such meetings in Annapolis, Digby and Yarmouth. He was a good citizen especially interested in matters relating to civic betterment and a supporter of the United Church.

To his widow and their son and daughter the members of the medical profession will extend sincere sympathy. In his passing they are assured the profession realizes his constant devotion to the sick of his community which brought him their love and confidence and he merited by his knowledge and ability, the regard and appreciation of his confreres.

S. L. W.

On October 12th, 1927, following an illness of more than a year, Alfred G. Morton passed away at the home of his son, Dr. L. M. Morton of Yarmouth, aged 70 years. He was a native of Brookfield, Queens County, where he resided until some thirteen years ago. He was a progressive and prosperous farmer and a life-long adherent of the Baptist Church. Following a stroke of paralysis a year ago he has been more or less invalided and has lived with his son at Yarmouth.

Members of the Medical Society of Nova Scotia will extend to Doctor Morton sincere sympathy in this bereavement.

Locals and Personals

MR. H. R. Ross of Sydney with his wife and son motored to Boston and New York in September spending several weeks vacation there and en route.

Dr. J. Knox McLeod of Sydney, accompanied by Mrs. McLeod, spent several weeks in September and October visiting many health centres in Boston, Chicago, New York and the Southern States, taking in Toronto and Montreal on the return trip. The information obtained will be of much value to Dr. McLeod in his work as Health Officer of the City of Sydney.

Dr. H. Douglas Reid, Dalhousie 1924, of Pubnico, with his family, spent a week in early October at his former home in Musquodoboit.

Dr. R. H. McLeod of Middle Musquodoboit, Dalhousie 1925, spent several weeks recently in Halifax owing to illness. Dr. F. T. McLeod of New Waterford for a time looked after his practice.

Dr. A. C. Fales of Middleton, we are advised, is retiring from practice. The local press states he has purchased property in Wolfville and will make his home there. For this winter Doctor and Mrs. Fales will have rooms at Armdale House, Halifax. Meetings of the Halifax Branch would keep him in touch with medical matters.

Dr. Florence Jessie Murray, Dalhousie 1919, Medical Missionary in Hawheug, Korea, is at her home in Stellarton on furlough. During October she addressed a number of meetings in Pictou County describing the work of the medical missionary.

Dr. F. F. Eaton and Mrs. Eaton of Truro, motored through the Western part of the Province the latter part of September. In Kings County in particular Dr. Eaton has many relatives and friends.

Dr. D. M. Hoare, Dalhousie 1921, of the Pennsylvania Mutual Insurance Company, Philadelphia, has been spending a month's vacation in Nova Scotia, visiting primarily his old home near Truro and his many friends in Halifax. He was present at the Extra-Mural C. M. A., Lectures given at the Colchester-Hants Medical Society September 30th and, also attended the opening meeting of the Halifax Branch at Ashburn on October 12th, 1927. He has been very cordially welcomed by his many friends. He appreciates very much the monthly visits of the BULLETIN.

ELLIOTT—At Guysboro, N. S., on October 5th, to Dr. and Mrs. H. C. S. Elliott—a son.

Ayerst

CAPSULES No. 280

“CALCIUM A”**TONIC NUTRIENT NERVINE**

The therapeutic value of these capsules is now well established in cases where increased calcium and phosphorus assimilation is desired.

They are widely prescribed with marked benefit during pregnancy and lactation and in many cases of neurosis and loss of weight.

Each small capsule contains 275 Vitamin A units with a potent antirachitic content, provisionally known as Vitamin D. This approximates the vitamin potency of one and one-half teaspoonful of cod liver oil of the U. S. P. biological standard. Associated with this is 0.07 Gm. of available calcium and phosphorous salts.

The usual dose is one or two capsules three times daily before meals as directed. Children as young as five or six years of age can take these readily.

Supplied in dispensing boxes of 100 capsules.

A CANADIAN PRODUCT BY

Ayerst, McKenna & Harrison

Limited

Pharmaceutical Chemists

MONTREAL

CANADA

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

Dr. S. S. Slauenwhite, after a stay at his former home at Conquerall Bank has returned to his practice at Rose Bay.

Dr. E. R. Davies of Londonderry, who was ill in August and September with Typhoid Fever has made a good recovery and with Mrs. Davies was visiting his former home in Pictou County the latter part of September.

A Canadian Press despatch from New York mentions the names of a number of holders whose policies range from one to seven and a half millions, Dr. F. G. Banting represents a five million dollar holder.

Doctor F. E. Lawlor, Superintendent of the Nova Scotia Hospital, accompanied by Mrs. Lawlor had his usual autumn fishing trip to Cape Breton. Both of them had good luck, the Doctor getting two salmon, weighing together over 50 pounds, while Mrs. Lawlor unaided, landed her first over twenty pounds, after a half hour battle. They are both good *sportsmen*, and Mrs. Lawlor has our congratulations.

On August 31st, 1927, the Corner Stone was laid for a new hospital in Pictou. This was done with due pomp and ceremony and the Premier has added another silver trowel to his collection. In his address he commented upon the high rank that Nova Scotia Hospitals take in the opinion of the American College of Surgeons. Colonel Cantley and Hon. E. M. McDonald were also speakers. Pictou has had a cottage hospital service since 1893, and will likely now do more and better work. The papers make no mention of the local Doctors being recognized at *this* function.

Many will regret to learn that Dr. J. A. M. Hemmeon of Wolfville, has not been enjoying the best of health recently and was under the care of local physicians for a time and spent two weeks in Montreal early in October.

Dr. F. B. Day and Mrs. Day of Thorburn were greatly surprised early in October when a host of friends broke in upon them to assist them in celebrating the 20th Anniversary of their wedding. A beautiful reading lamp was presented to the bride and groom.

Dr. and Mrs. K. A. McKenzie of Halifax, spent a week end early in October the guests of Dr. and Mrs. L. N. Morrison of Mahone Bay.

Dr. J. D. O'Brien, Dalhousie 1927, of Halifax, who supplied for Dr. John McKiggan of Dominion No. 6, while on his honeymoon, is now working with Doctors Calder and McLean of Glace Bay while Dr. F. G. MacAskill, with Mrs. MacAskill, is spending an enjoyable October in Los Angeles.

Dr. W. J. Egan of Sydney, attended the Annual Kiwanis Convention in Detroit in October. Thence he went to New York attending a meeting of the American College of Surgeons.

McLeod, Balcom, Limited

RETAIL DRUGGISTS

"A Store Near You"

Distributors for

Serums and Vaccines of Parke, Davis & Co.

Anglo French Drug Co.

Synthetic Drug Co.

Connaught Laboratories. (Insulin)

Abbott Laboratories

Becton Dickinson. (Clinicals)

Ayerst, McKenna and Harrison.

in Diabetic Diet



for STARCH FREE FOODS

Listers prepared casein Dietetic Flour is strictly free from starch, selfrising and easily made into a variety of attractive and palatable foods. Recipes are furnished in each carton.

Large Carton **Listers Flour** (enough for 30 bakings) **\$4.85** Small Carton **Listers Flour** (enough for 15 bakings) **\$2.75**

May be purchased from your local druggist or direct from
LISTERS Limited Huntingdon, Quebec CANADA

Dr. W. N. Rehfuss of Bridgewater and Dr. L. W. Johnstone of Sydney Mines attended the Conservative Convention in Winnipeg in October. Perhaps there were others of our profession there, these only reported to the Medical Society.

With the coming of October a number of medical men and their families living in the United States, but spending their summers in Nova Scotia, have returned to their homes. From the beautiful country district of Karsdale, Annapolis County, Dr. J. B. Bogart, with son and niece, returned to New York; Dr. and Mrs. P. H. Sturgess returned to Plainfield, N. J., Dr. H. H. Bogart and two daughters also returned to New York.

Sir John Bland-Sutton, of the Royal College of Surgeons, London, was a prominent visitor at the centennial celebration of Toronto University October 1927.

Dr. E. J. Johnstone, Sydney, met with a serious auto accident on the road from Baddeck to Sydney early in October, the car leaving the road and plunging down an embankment.

Dr. T. A. Lebbetter of Yarmouth, was called to Ottawa the last of September owing to the illness of his little daughter, Patsy, who, with her mother was visiting in that City. Mrs. Lebbetter, and a perfectly well Patsy returned home to Yarmouth early in October.

Antigonish County and St. Francis Xavier College are glad to learn of the success of a native son. Dr. Norman N. MacNeil being appointed Assistant Clinical Professor in Paediatrics in Jefferson Medical College, Philadelphia. He spent a vacation recently at his former home, Christmas Island, Antigonish, and other places in his native county.

All will regret to learn that Dr. H. N. Gosse, Dalhousie 1922, formerly of Canning, was compelled to interrupt his post graduate work in the United States, owing to the illness of Mrs. Gosse. She is, we are glad to learn, steadily improving in health.

Back to the Home Town. Dr. Brinton Hall, McGill 1926, who has been House Physician at the General Hospital, Saint John, for the past year, has located in his old home town, Bridgetown, N. S., Such cases are now sufficiently infrequent, to cause remark, but may he stay there longer than his immediate predecessor, Dr. Crowe, who removed to Ontario early last summer.

Dr. Clarence Miller of New Glasgow is now on the Board of School Commissioners of that town. While now he is filling an unexpired term of a resigned Commissioner, he will, undoubtedly, embrace this opportunity of serving his community for an ensuing period.