

Reminiscences

49 Years in Practice.*

By The Late DR. ROBINSON COX of Upper Stewiacke.

ON the 29th day of April, 1875, I received a diploma from the medical faculty of Dalhousie College, authorizing me to enter on the practice of medicine and surgery. Much water has passed under the bridge since that day. During these 49 years of my life since that event, memorable to me, many and great changes have taken place in the social, business, economic and professional world. A Rip Van Winkle of half a century ago, who would open his eyes at the present day, would fail to recognize this as the same old world that he knew. For example he would see swift running motor cars, almost without number, replacing the carriages of olden times. He would find people conversing by telephone with persons many miles distant as freely and distinctly as if they were at hand; or receiving and sending messages by wireless to and from all parts of the world; or that he could sit in his room and enjoy a musical entertainment given in New York or Chicago. He would find travellers crossing the Atlantic in a few hours by aeroplane, or starting on a journey round the globe to be accomplished in a few weeks. These and many other changes equally great would convince the observer that in all departments of life, in all its various activities, that the world was changing, that old things were passing away and that all things were becoming new.

But while it is true that these and many others were great changes, changes that have altered methods in the business world, yet they are less radical and far-reaching than the changes that have so completely revolutionized methods and practice in the realm of medicine and surgery during the past fifty years. A man who would undertake to practice surgery, obstetrics and gynaecology as he was taught fifty years ago would soon find himself among the back numbers. Probably the introduction and proper use of antiseptics in surgery has brought about greater changes in the work of the medical profession during the past half century than all other changes combined. Most of the major operations of the present day are done in the field of abdominal surgery. Previous to the use of antiseptics this was practically an unknown region to the surgeon. Abdominal operations were seldom

*This paper was presented to a regular meeting of the Colchester-Hants Medical Society, by Dr. Cox, in 1924.

undertaken except in cases of extreme emergency and then with very little hope of success. I can recall cases that I was called upon to treat in the early years of my practice, before the advent of antiseptic surgery, cases that I looked upon as ordinary peritonitis, or typhilitis and which ended fatally, which at the present day would be dealt with, with the almost certain prospect of success, by the comparatively simple and frequently performed operation of appendectomy.

During the four years of my college course we heard nothing of antiseptics. Why talk of antiseptics when the cause of sepsis was unknown? In these days that I speak of what was known as the Germ Theory of disease began to be talked of. Many of the prominent physicians and surgeons at that time argued against the theory. It was during my last session, 74 and 5, that Dr. Edward Farrell began to tell us of the operations and experiments of Lord Lister in carrying out his original plan of antiseptic operations. His theory was that micro-organisms causing disease existed in the atmosphere everywhere and to counteract their effect he at first did his operations in an atmosphere saturated with an antiseptic vapor and disease germs. In those days it was a rare exception to get healing of a wound by first intention. In two or three days after an operation we expected, and usually found, the surface wound covered with pus. The surgeon was well satisfied if he found the wound bathed in thick creamy pus—*Laudable pus* as it was called. We were instructed to wash away the pus every day to keep the wound as clean as possible so that healthy granulation would be more readily formed. If erysipelas or septicaemia did not develop the wound gradually closed up in the course of a week or ten days according to the extent of the suppurating surfaces.

Lister used a vapor from a 5% solution of carbolic acid. The success that attended this plan encouraged him and others to follow up investigations that eventually led to the present method of doing a sterile operation. During my whole college course I never heard the word "sterile" used in this connection. We knew nothing of sterile dressings, and instruments, hands or water. Why make things *sterile* that were already *clean*? We knew nothing of a degree of cleanliness beyond what might be called *mechanical* cleanliness. And so for some years after commencing practice we, in common with all practitioners, were ourselves, no doubt, in many cases the unconscious carriers of disease by using dressings, instruments, etc., that were only *clean* but not *sterile*. I readily recall a case in point. I was called to attend a confinement case—a primipara—40 years of age. The case was tedious lasting 18 hours. Attempting to deliver the placenta I found it to be fast and unyielding; examining I found I had a case of hour-glass contraction. I made my hand clean, introduced it, overcame the constriction and delivered the placenta. In a short time I left feeling that all was as well as usual. On the third day I was called again and found a severe case of puerperal septicaemia, with a temperature of 105°. In spite of all I could do the case went from

bad to worse, and died on the fifth day from confinement. I have no doubt that my non-sterile hand was the innocent cause of the trouble. In a similar case occurring to-day, with all our additional light and knowledge regarding infection, the cause could not be called "innocent". A man responsible for such a result to-day would be morally guilty of manslaughter. The case taught me a valuable lesson I never forgot. Since the introduction of present methods of guarding against infection and with this case ever in mind, I have been especially careful and have never had another septic case.

The introduction and use of serum therapy marked a very important era in the treatment of disease during the past half century. My experience with this mode of treatment has been chiefly confined to the treatment of diphtheria. During the first 15 years of my practice we had for 8 or 10 years a series of epidemics of diphtheria of a very malignant type. The slaughter of the innocents during these epidemics was simply frightful and alarming. Whole families of 4 or 5, from infancy to 8 or 10 years of age, were swept away. In some instances death ensued in from 24 to 36 hours from the first onset; the worst feature of the situation, as far as I was concerned, was that I could do so little by way of treatment to help or stay the ravages of the disease. I went through the usual forms of treatment in vogue at that time, but with little or no hope of doing any good. I lost all faith in anything and everything I used in the vain hope of bringing some relief to the little sufferers who were dying around me every day. I can conceive of no situation in which it is possible for a man to be placed that is so unenviable, undesirable and embarrassing as to stand and see his patients die and feel conscious of his inability to be of any help to them; with a panic-stricken population looking to you for help that you are unable to give; from such a situation we may well use the fervent prayer, "Good Lord, Deliver Us." I often felt like refusing to have anything to do with a case of diphtheria. The late Dr. D. H. Muir of Truro told me that, after having a similar experience as my own, and after losing one of his own children with this disease, he positively refused ever after to take charge of a case of diphtheria. Such was our helpless and hopeless condition in trying to treat diphtheria previous to the discovery of anti-diphtheritic serum. Whereas in old times we looked with hopelessness and dismay on a case of diphtheria, now, armed with this God-given remedy, we undertake a case with the almost certain prospect of success. I have not had a single fatal case of diphtheria since I began using anti-toxin. We have not had an epidemic of this disease for the last 20 years; a few isolated cases of a comparatively mild type have occurred which have all yielded readily to antitoxic treatment. After my experience with the old-time treatment it is a great pleasure to watch the magnificent effect of serum treatment in its speedy and effective clearing up of all diseased conditions.

In the life of every medical practitioner there are certain days and events that stand out prominently in his memory. One of these is

my first patient. On the 24th day of May, 1875, I opened an office in Upper Stewiacke, on the afternoon of that day I received my first call. Not being provided with a travelling outfit I got a horse and saddle from an obliging neighbour and rode 6 miles and visited an elderly lady suffering from acute articular rheumatism. I put her on treatment and looked after her for a few days. The case ran a favorable course and in 8 or 10 days she was up and around again. She was a poor woman as far as the world's goods are concerned. She told me she was unable to pay me then, but hoped to do so some day before long. It is just 49 years, 1924, since that time and that "hope" to which she referred has never been fulfilled. But she paid me not with silver and gold, but with such a profuse outpouring of thankfulness and genuine gratitude, that I felt I had been pretty well paid. And after all, for a young man to secure the real friendship and the sincere gratitude of his first patient is sometimes of more value than pecuniary settlement, a cash supplement is no harm.

Another event of which I have a vivid recollection is my first obstetric case. This is an important event in the life of every young man. I realized that the eyes of the whole female population of the community were upon me watching the ultimate outcome of the new doctor's first case. I remember that on that beautiful night in the leafy month as I drove along the leaf-bordered road, I recalled everything I had heard in the class room about every possible complication that might occur, and had at my finger ends, or rather in my memory, the orthodox treatment, in theory, for every such emergency. Arriving at the house—a large well-furnished farm house—I found my patient lying on a straw bed on the floor. I found this to be the common custom in country districts in those days. Its one advantage was that in an hour or so after delivery, the patient could be lifted up on to a bed where everything was clean and unsoiled. But in tedious cases, or where operations of any kind were required, the disadvantages were sufficient to cause the custom to be abandoned. Examination showed everything normal and progressing favourably. The case was simple and uneventful, requiring no display of skill or the exhibition of any new methods on my part. All was over in an hour and a half, and case number One marked to my credit. Since that time I have attended 1,550 cases and have had samples of about every known complication; have used forceps in about one case in twenty; have had only three cases of placenta praevia, six of uraemic convulsions—two fatal. I have succeeded in all complications without help, except two, both cases of craniotomy in both of which cesarean section should and would have been done had surrounding conditions been favorable.

One case out of the ordinary routine may be mentioned. This was a case of premature delivery at six months pregnancy. Examining I found head presentation. In about 20 minutes the child was born. It had evidently been dead for at least three weeks, as putrefaction had commenced. After delivering the placenta, with my hand over

the fundus I found that the uterus contained a second child. Examining the vagina I failed to reach any presenting part of the child. I introduced my hand and came upon what first appeared to be the fundus but what afterwards proved to be the dividing partition between the two segments of the uterus, separated by an hour-glass contraction with child No. 2 imprisoned in the upper segment. Projecting from the centre was an irregular body, difficult to say what, but which proved to be the hand of child No. 2 firmly grasped by the constriction; but like Jacob of old reaching out to take hold on Esau's heel, who had preceded him to the outer world. I relieved the constriction and had no trouble in delivering the child, which proved to be living. It lived one and a half hours. Each child had a separate placenta. The cause of the unusual condition probably came from the death of the first child, the dead foetus acting as an irritant to the uterus brought on irregular contractions resulting in delivery as I have stated.

Practicing in an isolated locality with no fellow practitioners—within reasonable distance we are frequently, in emergencies, obliged to act alone and to undertake cases which under more favorable circumstances would call for one or more skilled assistants. Thus a feeling of self reliance is developed more than in cities and towns where immediate help can be obtained. The following case is one of this class. Some years ago, before the days of telephones or automobiles, I was called one evening to visit a patient 9 miles distant in a little house two miles in the woods. It was raining and the night very dark. I arrived about 9 o'clock. The patient was a woman 72 years old, had been suffering since yesterday morning, bowels obstructed, considerable pain and vomiting for the last 8 or 10 hours, vomiting was becoming stercoraceous. I found a tumor in the right groin quite firm and unyielding and painful, clearly a case of strangulated inguinal hernia of 36 hours duration. Under existing conditions I felt that I was up against an urgent emergency calling for speedy relief. I told the friends that an immediate operation offered the only hope of saving the woman's life, even if it could be done at all. My only assistants were a young man, the patient's son, his wife and a neighbour woman. The nearest doctor was 20 miles distant and to think of getting help to be of any avail was out of the question. I told the family frankly that I considered the chances of saving the woman's life very unfavorable, considering her age and the duration of the strangulation. The patient was on a bed upstairs under the roof of the little house. The people were poor but clean and tidy. I took all possible precautions as far as antiseptic conditions were concerned. I gave the anaesthetic at first then gave this work in charge of the young man with the charge to do just as I told him. The young woman held the light and, with the neighbor woman as my assistant, I did the operation in about half an hour, relieved the constricting ring, returned the knuckle of intestine into the abdomen, closed the wound and applied the necessary dressing. At midnight, two hours after, she was resting comfortably,

vomiting ceased and all conditions seemed to be as favorable as could be expected. After waiting and watching her for two hours I left for home. Next day received a message that she was resting well and all seemed favorable. On the 2nd day I visited her and was pleased and surprised to find every symptom in a most favorable condition. In short this patient made an uninterrupted recovery; in three weeks was up and around the house, feeling as well as if she had been operated on in a modern hospital with all its modern facilities. I do not relate this case to boast of it, but to show how we can and do succeed when obliged to act sometimes under most unfavorable and forbidding circumstances.

The questions occupying the minds of leading medical, scientific and business men in all countries in these latter days, is not so much how disease shall be treated and cured, as how it shall be prevented. This idea is being kept prominently to the front by discussions at the various conventions and conferences which have met in recent years to consider in its widest sense the whole subject of Public Health. Disease knows no boundaries and respects no flags. It is a common enemy of mankind which can be conquered only by united action. As modern methods of travel bring all parts of the world into closer relationship, such action becomes imperative. A fairly determined effort to bring about this object is being made throughout Canada and the U. S. The public health week in our own province, the National Health Congress in Saint John, and the organization of the Public Health League in Montreal a few months ago (written in 1924), as well as the almost universal operations of Red Cross Societies, are all indications that the civilized world is awakening to the importance of community action to educate the public generally upon the whole question of public health. All of these movements register the new emphasis of to-day, which is to prevent rather than cure disease, and are, we hope, harbingers of that glad day when preventable diseases will be a thing of the past. The doctor of the past was with us to *cure* disease—the doctor of the future will be with us to lead and organize the community in the prevention of disease. A man's health is no longer his own private concern but a thing of very great public interest. Community action is called for. But community action in matters of public health, to be successful, must be motivated by that age-long Divine Law—"Thou shalt love thy neighbour as thyself."

Normal College Health Teaching

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"Health is the quality of life that renders the individual fit to live most and to serve best."

THE Student Health Program as at present organized has been in operation in our Provincial Normal College since the fall term of 1925. It came into being through the active interest and cooperation of the Red Cross Society, provincial and national, with the Nova Scotia Board of Education. Here we have a notable instance of valuable work done by a voluntary organization in giving assistance to a demonstration, which when proved to be practicable, was in due course taken over entirely by the government under the Board of Education, and made a permanent feature of the Normal College program.

The experimental stage of this type of training had been well worked out in the province of Saskatchewan, where it was first introduced into Canada about the year 1918, and has ever since been carried on with very satisfactory results and ever enlarging scope. Our work in Nova Scotia has followed very much the same lines—adaptations being made when necessary to meet our particular needs.

It has been generally conceded by health workers the world over that the teacher in the elementary and secondary school holds the magic key to the health situation. Her position is strategic, and to her is given that golden opportunity of helping to spread abroad the gospel of healthful behavior—physical, mental, emotional and social.

The chief problem which confronts the health educator is how to gain the enthusiastic support and assistance of this great body of workers in the field of education. They can, of course, be required by law to teach hard, cold facts relating to body activities and healthful behavior, but something more than this is essential for the success of the work. Unless the teacher herself has developed an enthusiasm for Health, an enthusiasm which she cannot help passing on to her pupils, the subject will remain cold and dead as the "Hygiene" on the course of study has been these many years, and it too will as surely fail to function in the lives of the children. Of no other subject can it be more truly said that "Faith without works is dead."

It would seem, then, that the first and most important step to take in connection with the health training of the student-teacher is to try to awaken within her an active "health conscience," if we may use that term; and to this end our best efforts are directed. Probably, the health inspection and the personal discussion of each individual's health problems is one of the most potent factors in developing this desired health consciousness. With the great majority of the students this is the first occasion that anything of this sort has come into their

lives. If they are to become really interested in the health of the boys and girls placed under their care, they must surely first of all become vitally interested in their own well-being, and strive to attain to a high standard of health. The inestimable value of a good example in health, as well as in other phases of conduct, is kept ever before them.

During the period in which this work has been carried on here, over 3,000 students attending the winter and summer sessions of the college have received this health inspection, and the results have been wonderfully satisfactory. It is impossible to become possessed of complete figures dealing with the correction of all defects discovered, because of the fact that many of those examined were only with us for the four weeks of the summer session and follow-up work with these students could not be carried out. But quoting from our records of those who remain at the college for the full term, we find that over 90 per cent. receive corrective treatment while here and the small per centage of defects uncorrected is due, not to indifference, but to the financial problem oftentimes involved. In the case of these students, treatment is usually sought as soon as circumstances will permit.

It is a well known fact that the majority of the student-teachers arrive at the training-school with a very limited store of health knowledge. It becomes, therefore, necessary to supply this lack by giving instruction in all health subjects sufficient to enable them to go out and act as intelligent guides in health, not only directly in their schoolrooms, but, when need be, in the community.

The child health program as it applies to the school may be divided into these four major activities; namely:

1. The control of communicable diseases.
2. The detection and correction of defects.
3. The supervision of school hygiene.
4. Instruction in health leading to the formation of health habits.

In order that she may be properly equipped to deal with such a situation, the student-teacher's instruction must, perforce, cover quite a large field, including the rudiments of anatomy and physiology, mental hygiene, communicable diseases, the health of the child, physical activities, school hygiene, first aid, and methods of teaching health. The course covers the full term of the student's attendance and includes two lecture periods a week, as well as private consultations with individual students from time to time.

We use as our motto throughout the year's work that excellent definition of health given by Dr. Jesse Feiring Williams, Professor of Physical Education, Teachers' College, Columbia University, in his splendid book, "Personal Hygiene Applied". It has been quoted at the beginning of this article, but is worth repeating here, "*Health is the quality of life that renders the individual fit to live most and to serve best.*" If they carry with them to their schools this high ideal of service (and very many of them do), we can rest assured that the health of the future citizens of Nova Scotia is splendidly safeguarded by a faithful and devoted band of teachers.

The Medical Man's Plight

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Many members of the Medical Society of Nova Scotia are members of the Rotary Club and of course, read the article, in the February 1931 number of *The Rotarian*, titled as above. The inspiration for the article is the coming Convention of International Rotary at Vienna in June, 1931, and its world-wide significance of altruistic service in general, but, in particular, pointing out the universality of the question of state participation in the prevention and treatment of disease. It is so apropos to what has been appearing in the BULLETIN, and its authority is so distinguished, that we present it herewith for all of our readers. What are we going to do about this matter in Nova Scotia? S. L. W.

TO help the sufferers, be they rich or poor, friendly or hostile, even in war; to advance the interests of a colleague in an unselfish manner—all this is in the true spirit of the Rotary advice "Who serves others, serves himself" and has been implanted in us at an early stage of our career by the example of the great masters of our art. It has been this conception of our duty which has attracted to Vienna medical men from every quarter of the globe. The altruistic attitude of the medical profession has caused its members great injury. It closed the eyes of professional leaders to the danger of a social insurance which, by neglecting to institute an upper limit of income for those who were to benefit under the scheme, far overstepped the mark. No counter-measures were taken by the profession and the great majority of its members are therefore weighed down by cares and worries about their future. They have lost their liberty to become the slaves of social legislation or the badly paid coolies of Health Insurance institutions.

Medical men, conscious of the dignity of their profession and, looking beyond a purely temporary (and frequently wholly imaginary) benefit conferred on individual patients, must view the outlook with dismay. The chances for many medical men of prominence to maintain themselves in a decent style are rapidly diminishing, while the number of new graduates increases at an alarming rate.

Not only for the medical profession but for mankind, as a whole, this state of things is fraught with very serious dangers. In the face of a continuous advance recorded in all sections of our science the general average level of theoretical and clinical instruction threatens to decline.

Whereas the progress made in all branches of medical knowledge would make a longer course of study imperative for general prac-

tioners—to say nothing of would-be specialists—it is hardly possible in view of the existing economic situation of medical students, to impose a sacrifice of the kind on young men compelled to earn money as quickly as they can.

That it is not only Austria, but Europe as a whole, which is confronted with problems of such magnitude, has been proved by a comprehensive statement drawn up by the International Labor Office. We are faced with what is styled “unemployment in the medical profession” with problems which are not merely ours but which concern the community and are an object of great worry to many nations.

Co-operation in the solution of this problem would be an eminently Rotarian task. If the Rotary organization were to take an interest in medical men and their opportunities to make an independent and decent living, it would confer a great benefit on a profession which is not only of immense importance to humanity but the prominent representatives of which *thought and acted on Rotary lines long before Rotary clubs were in existence.*

For Dr. Routley's Attention. The BULLETIN submits that with all due reference to our colleagues in Toronto, if the following incident occurred in Ontario, which is reported by the *Toronto Star*, some official report should be made by the official organ of the Canadian Medical Association, and practitioners in far distant Provinces, like British Columbia and Nova Scotia, would not be dependent upon the Journal of the A. M. A. for such an astounding incident that happens so near official headquarters. This is what is said to have happened:—

“Belleville, Nov. 22.—Beneath the wheels of a Canadian Pacific freight train yesterday, Donald Wilson, Forfarshire, Scotland, was instantly killed. He was picked up on suspicion and after having remained all night in the cells, he was released and told to leave the city.”

Sometimes even facts merit suspicion; no one but a Scotchman could come so close to death.

Birth Control. In all references to this subject in the Bulletin our readers will note that we have always objected to the publicity by its advocates of the mechanical means of preventing conception. This publicity we believe, to be most conducive to sexual immorality and, therefore, to be positively condemned. The attitude taken by the BULLETIN, in its issue of June 1926, emphasises this point and states (referring to an address on the subject at the annual meeting of a State Association) that, “Had the speaker dealt primarily with the reasons why such control was desirable the paper might have been accepted and open for discussion.” The attitude taken and the ground covered by the article in a recent BULLETIN presents the case in the only manner that should be acceptable to the profession.

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Medical Examination Papers

NOW that the examinations at Dalhousie Medical College are over for the year the publication of the following papers set for students in 1874 and 1875 may be proper, without prejudice to either professor or student of to-day. These papers were handed to the General Secretary by Mr. W. R. Cox of Upper Stewiacke, being left by his father, the late Dr. Robinson Cox.

Medical Faculty, Dalhousie College. Final Examination Questions—1875.

1. Forensic Medicine. Professor Lawson.

1. Name the leading causes of Insanity, distinguishing those termed moral from the physical causes.
2. In case of a new-born child found dead what signs indicate that Respiration has taken place? And what evidence of live-birth may be found in the abdominal organs?
3. What forms of violent death leave no external traces, and to what is death to be attributed when no signs internal or external are to be found to which it may be attributed?
4. In case of poisoning with Arsenic what means would you take to determine the following question if put to you whilst the material was under examination? Was the Arsenic introduced into the stomach before or after death?

(Time 3 hours).

2. Surgery. Dr. Lawson and Dr. Farrell.

1. Mention the several products of inflammation. What are the characteristics of pus? Its Constituents? How is it formed? And describe an acute abscess and its treatment.
2. What are the various diseases affecting the bones? And what is the difference between caries and necrosis? What are the causes of each disease, and their appropriate treatment?
3. Give the causes, nature and symptoms, together with the treatment of Orchitis.
4. Give the boundaries of the axilla and the parts therein contained.
5. Give the pathological changes following a lacerated wound going on to reparation and the treatment during the first week of its progress.
6. Give the anatomical relations of an oblique inguinal hernia and its treatment when strangulated.

(Time 3 hours).

3. Medicine.

1. Give the conditions under which dullness may occur at the base of the chest, behind and on each side.
2. Give the sequence of events commencing with aortic insufficiency and terminating with general dropsy and death and give the pathology appearances at Post Mortem.

3. Give the treatment that may be necessary in a case of anaemia with amenorrhoea.
4. Give the history of a case of Acute Pleuritis, the cause, symptoms, diagnosis and treatment, and the pathological appearances of the pleura and lungs.
5. How may cerebral hemorrhage be produced and what pathological changes take place in the clot and in the brain?

(Time 3 hours).

4. Obstetrics.

1. Name the varieties of hemorrhage during and after labor?
2. Make a diagnosis between a case of dysmenorrhoea and abortion?
3. Should neither flexion nor rotation have taken place when the head is pushed down towards the perinaeum, what would be the relative positions of the sutures and fontanelles? If head is in 2 position of Neagle?
4. Give the period of incubation of measles and scarlet fever, and measles time when rash appears and difference in appearance of rash.
5. Describe the changes in the impregnated egg from impregnation until the formation of the chorion.

(Time 1½ hours).

The Doctor and the Movies.

Reference was made in the December, 1927 BULLETIN of the film picture of "The Country Doctor", which was exhibited in Nova Scotia about that time. To tell the truth we were much disappointed in both the story and its filming. One wonders why so few stories are written that adapt themselves to filming in which the doctor gives some signs of knowing his job. In the plays we used to see he might as well be actually the piano tuner. Now we are threatened with two pictures supposed to typify two characteristic doctors, one of the old school and one of latest date and model. The announcement is headed—"Medicating the Films." It says:—

"The medical profession will be treated from two widely contrasting points of approach in films to be presented in the near future. Will Rogers will portray an old-time country doctor, who dispenses philosophy and wit with pills and tonics, in an original screen story by Don Marquis. The author's dry humor and savory outlook on life, ladled out for years in stories in leading magazines, are considered remarkably well adapted to Rogers' individual style.

The contrast will be supplied by Warner Baxter, who as a successful young city specialist, most of whose patients are wealthy women, will have problems of a different type to solve in 'Doctors' Wives', in which he will be directed by Frank Borzage."

Now we know what is coming.

Public Health Nursing

UNDER this general heading is included all nursing services outside of the nursing in hospitals and the nurses engaged in private work. It includes all nursing services of various philanthropic organizations, health insurance nursing, industrial nursing and similar allied activities directed towards health education. Nova Scotia has had some forms of nursing of this nature for about thirty years. At times it has threatened to become a very effective service for the promotion of health, but in some way it has never become an abiding feature of health education for the province as a whole. It is unnecessary to go into the why and wherefore of this failure to become a well organized service, the fact remains that it is yet a sporadic service and largely active in the urban districts only.

While it is possible to outline what would be a common sense method to adopt in Nova Scotia in order that the service may be available over the province it may be well to look around and see how this is being done in other provinces. If it is carried out elsewhere it can be done here, if we will only undertake the job in earnest. In a recent number of the *Canadian Public Health Journal*, Miss Ruby M. Simpson, R.N., Director of Nursing Services, Department of Public Health, Saskatchewan, tells how the work is carried on there, and we quote freely from her address that was given at the last Annual Convention of the Health Officials' Association of Saskatchewan in October, 1930.

"Public Health Nursing, though only a few decades old, has now its place in every organized public health effort. All urban public health work is more completely organized than that in rural areas. It was begun earlier, chiefly for the reason that its call was more articulate, its work more easily accessible, its funds more readily available and its results possible of more definite tabulation. Some provinces in Canada report chiefly on urban work. With over seventy per cent. of our people living in rural areas, this is impossible in Saskatchewan. A true picture of public health nursing effort in this province must concern itself chiefly with rural work.

"There are two generally accepted types of public health nursing—first bedside care or visiting nursing; carrying also an educational programme in the home, and second, an educational programme which includes the entire community but omits the bedside care. The first is more adaptable to centres of population, cities or small, closely settled, rural areas. In Saskatchewan we have adopted the second type, the educational programme. Some bedside care is inevitable, since emergencies will arise, but every effort is made to keep it at a minimum. The Union Hospital, the Red Cross Outpost Hospital and

the small private hospital are the main sources of bedside care in many places in this province and are giving admirable service. The care of the patient in the home in rural areas is a problem still unsolved.

"For the past two years our type of organization in public health nursing has been known as 'generalized'. This term is used in contrast to 'specialized' to indicate a service in which all the public health nursing in the community is carried by one nurse instead of having special nurses for school, infant welfare or communicable diseases, working in the same community. For rural areas the generalized system obviates duplication of travel, of expense and of effort, provides the nurse with a diversity of opportunity to know the health problems of the community and gives the community a greater opportunity to know the nurse and the aims of her work. A greater volume of work, a greater variety of work and greater interest on the part of both public and nurse, are possible under this plan.

"Every service, with the exception of bedside care, is performed by the nurse who is working under the generalized plan. This includes pre-natal, infant welfare, pre-school, school, tuberculosis, trachoma, communicable disease work, and a variety of other special needs. All cases of a social nature are included under special needs—relief work, investigation of the mentally unfit, the deaf, the blind and the crippled. It is impossible to entirely separate social service work from the work of the nurse. Anything which affects the family in physical, moral or mental health becomes her responsibility, whether she wishes it or not.

"The greatest problem in organization is to divide the nurse's time in such a way as to assure equal emphasis on all phases of the work, in order to give balance to the service. Personal interest and, perhaps, personal ability on the part of the nurse make it very simple for one service to become over-emphasized to the detriment of another, equally important. School work, because of the opportunity afforded for work with children already assembled in groups, must form a large part of the nurse's work. The morning of each day is, therefore, allotted to school health inspection, the remainder of the day to be taken for home visits and for other phases of the work which may arise. The only exception to this division of time occurs in the case of pre-school clinics or immunization, where the nurse, assisting the doctor, gives her full day to this work."

As illustrative of the work of the nurse in communicable disease prevention the Director says:—

"The protection of children of pre-school and school age from diphtheria and smallpox is recognized as an important measure in preventive work. Through the nurse, efforts are being made with considerable success, to interest municipal councils in this work of immunization. Arrangements are then made for the doctor chosen to visit the various schools in the municipality. Parents bring children of both pre-school and school age and frequently young adults attend

also, to avail themselves of the opportunity which is brought to them, of securing protection from these diseases. In one of the districts in the south of the province the nurse has been successful in having immunization work done in four of her six municipalities, a splendid health service, surely, for these communities."

Then the writer adds this very true remark which, those having need to employ such nurses, should heed and be wise—

"The work of the public health nurse is not easy. She must be well-trained, experienced, adaptable, tactful and diplomatic, patient and persevering. She needs a keen sense of humor to carry her over many difficult places and a strong physique for the rigors of rural travel. A strong sense of the importance of her work and of the service she is able to give, brings her to the end of the day with a satisfaction in a difficult task well attempted, and at least a step made, toward the goal of all public health effort, as expressed by Sir George Newman."

"To defeat disease and to lengthen man's days but still more in the ultimate issue to emancipate the imprisoned splendor of the human spirit."

S. L. W.

NOTHING ON BUT TEMPERATURE.

From the A. M. A. Journal.

The gossip feature of a daily features the naked truth.

One usually associates hospitals with tragedies; but sometimes one finds comedy in these sombre buildings. The secretary of a large London hospital for women told me this story of an incident that occurred in the outpatients' department of that hospital last week.

A large, middle-aged woman came in with an air of gin about her, but certainly sober. She was obviously in pain, and the sister-in-charge told her to undress, slip on a dressing-gown, and wait her turn for the examination.

In her confusion, the woman must have mistaken the directions, for while the examination was in progress she was nowhere to be found.

The surgeon waited several minutes for her, but, pressed for time, he had to hurry away. Before leaving, he went into the next room to wash his hands, and in an instant bounded out again.

"Sister," he said, sternly, "where am I? At the hospital or the Folies Bergere?"

For there in the surgery, sitting at the doctor's table, was the missing patient, unclothed, save for her bonnet and a pair of boots.

Awaken, Ye Who Slumber

The following is a call to the medical profession to visualize the trend of events at the present day. Although it is an Editorial in the April issue of the *Bulletin* of the Vancouver Medical Association, possibly this *rising bell* is as much needed on the Atlantic Coast as on the Pacific.

"There is an old story that everyone has read, so that the hero of it is one of our household words: the story of Rip Van Winkle, who fell asleep for a hundred years, and woke to a new world, strange and portentous—full, no doubt, of things that alarmed him by their unfamiliarity.

One need not formally fall asleep to parallel this experience. The world moves on and changes—old traditions lose their force—new factors come into play, new conditions arise, so different from the old ones as to be revolutionary—and we sleep through it all till, awakening with a start, we find ourselves confronted with a new world, its tempo different, its whole aspect unfamiliar. This is an alarming and may be a perilous experience.

All this is to the address of our own profession. It is an old profession, with the slowness of gait, the tendency to praise the "*tempores actos*," the unwillingness to change, that are characteristic of honourable age. Fortunately, it has the power, not vouchsafed to any of its members, to rejuvenate itself, to change its outlook, to re-educate itself to fitness for grappling with the new problems, and for adjusting itself to the new conditions.

It is many years since, as a profession, we have shown any signs of life—we have been peacefully asleep. True, one part of our body, the British profession, was awakened rather violently and painfully some years ago, by the National Health Insurance Act. This was the beginning, and gradually, though slowly, the whole body is beginning to stir. And there are alarms going off in our ear, and voices calling to us to get up: so that soon, no doubt, we shall wake from our slumbers, at first so calm and full of complacency, but of late so disturbed, and beset by nightmares, of cults, and taxes, and protests from all and sundry, concerning the high cost of medical care, the hospital deficit, and all such things.

And when we waken, it will be to a new world, a world very different from that of forty or fifty years ago. It would be well for us to realize just how different it is. New economic conditions have arisen, new adjustments of the social balances made—there are new demands to be made of us. And, while we slept, someone has been through our pockets to a certain extent, and taken some of our money. Nobody can deny, if he gives the matter due thought, that for years, there has been a steadily growing tendency to exploit the medical profession, to sponge on it, if we may so speak. It has been done gradually and almost painlessly—one might almost say with our consent and connivance—but it has been done, and when we take stock now, we find that the loss has been a large one. More, that we are the only ones who have suffered this loss—and further yet, that we are expected to like it, and to be good fellows (or silly asses) enough, to make still larger sacrifices *pro bono publico*. sacrifices that are not demanded of any other section of society.

Nor can we blame anyone but ourselves. If we have awakened, as we see that the profession is awaking, to find a world that is not to our taste, we are at fault for having overslept ourselves. It is time for us to wake up, not limb by limb, the British Medical first, then some other part, but as a body, and take our proper part in the determination of our own fate."

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

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Business Editor	- - - -	S. L. WALKER, B.A., M.D.
Editorial Board	- - - -	GEORGE H. MURPHY, M.D., C.M.
		S. J. MACLENNAN, B.A., M.D.
		H. B. ATLEE, M.D., C.M.

VOL. X

JUNE 1931

No. 6

OUR ANNUAL MEETING

IN the summer of 1921 the Canadian Medical Association met in Halifax, put itself on a sound financial basis and entered upon a decade of marvellous progress and prosperity. In the autumn of that year the Medical Society of Nova Scotia effected a reorganization of its affairs and now a decade is up for review. Perhaps we in Nova Scotia realized that a chain is only as strong as its weakest link, and so attempted to make our affiliation with the federal organization as strong as possible. Now we must be assured that we are actually making progress commensurate with what is expected of us. Our membership and our budget show great development, but have we any tangible results to show for this increased activity?

In an organization such as a medical society it is most difficult to evaluate what has been doing and accomplished, particularly for individual members. Nor is the question, what do I get for my ten dollars, quite a fair question to ask. It is partially answered by another question, equally unfair, but very pertinent—does my \$10.00 do anything more than to provide an occupation and an honorarium for a General Secretary? Even this has not yet been as efficiently accomplished in some larger provinces, but there must be more than this to justify this individual outlay by nearly 300 medical men.

The real answer is that the result depends upon the spirit with which this annual fee is contributed; members and the Society will receive returns in the same coin as invested. It is only fair to say that this result does not rest upon the shoulders of any single executive member or even the entire executive; nor will the profession in Nova Scotia accept the leadership of any individual, no matter what his ability or standing. There must be a general impulse on the part of all members towards a definite end before individual leadership will be recognized by medical men. We feel that this consciousness has

been developed in the Medical Society to a greater extent than the casual observer realizes. The BULLETIN has recognized that its chief duty was not to outline policies or dictate courses to pursue, but to give publicity to evident trends of medical thought and practice, especially in the conservation of health.

But the BULLETIN is prepared to make this positive statement, which is almost conclusive proof of Society progress commensurate with its cost, that the people of Nova Scotia are looking to the doctors of Nova Scotia, as never before in our history, for guidance in the larger realm of the prevention of disease and the promotion of health. Again it may be stated that the doctors of Nova Scotia are fully cognizant of the new responsibility that is being placed upon them and they are determined this confidence shall not be misplaced. These two facts should convince every clear thinking member of the Society that the last ten years have been marked by progress and accomplishment.

S.L. W.



JOE HOWE FALLS
Victoria Park, Truro.

The Medical Society

of

Nova Scotia



78th ANNUAL MEETING



Academy Hall, Prince St., where the Sessions will be held.

TRURO, N. S.

July 7th, 8th, 9th, 1931.

DR. DANIEL MURRAY, Tatamagouche, President.

DR. S. L. WALKER, Halifax, General Secretary.

PROGRAMME

Tuesday, July 7, 1931.

- 10.30 A. M. Health Officers' Association.
- 2.30 P. M. Continued.
- 4.00 P. M. Meeting of Executive of the Medical Society of Nova Scotia.
- 7.00 P. M. Dinner of Executive and continued meeting.
- 8.00 P. M. Public Meeting. Chairman, Dr. W. F. McKinnon, Antigonish. Speakers:—Hon. G. H. Murphy, M.D., Minister of Health; Dr. W. B. Hendry, Professor of Obstetrics and Gynaecology, Toronto University, "Maternal Mortality."

Wednesday, July 8, 1931.

- 9.30 A. M. Registration.
- 10.00 A. M. Opening of Session; Preliminary Report of Executive; Routine Business.
- 10.30 A. M. Address in Medicine, "The Mental Aspect of Disease;" Dr. Geo. S. Young, Professor of Medicine, Toronto University. Followed by Discussion.
- 11.30 A. M. Address in Obstetrics, "Ante and Post Natal Care in Obstetrics." Dr. W. B. Hendry, Professor of Obstetrics and Gynaecology, Toronto University. Discussion.
- 12.30 P. M. Announcements and Adjournment.
- 2.30 P. M. Routine Business.
- 3.00 P. M. Address, Dr. T. C. Routley, General Secretary of the Canadian Medical Association.
- 3.30 P. M. Adjournment to Country Golf Club for Tournament. Any who desire may enjoy the following:—
- 4.00 to 6.00 P. M. Reception at Provincial Training School. Address by Dr. Eliza P. Bryson, Provincial Psychiatrist.
- 4.30 to 5.30 P. M. Reception at Maritime Home for Girls, Hostesses, Miss Strothard, Matron and Dr. M. J. Whittier, Resident Physician.

(Wednesday Continued).

- 7.30 P. M. Banquet. Scotia Hotel. Members, their friends and Invited Guests. Chairman, Vice-President Dr. W. R. Dunbar, Truro.
- 8.15 P. M. Toast—The King.
- 8.30 P. M. Address of Welcome, His Worship Mayor Thomas.
- 8.45 P. M. Presidential Address, Dr. Dan Murray.
- 9.15 P. M. Toast—"Our Visitors and Sister Societies" proposed by Hon. Geo. H. Murphy, Minister of Health; Responses by Dr. George D. Stewart of New York, Dr. G. S. Young of Toronto, Dr. W. B. Hendry of Toronto, Dr. T. C. Routley of Toronto, Dr. of Saint John.
- 10.30 P. M. Presentation of Golf Trophies in the Ball Room followed by dancing.

Thursday July 9, 1931.

- 9.30 A. M. Routine Business.
- 10.30 A. M. Address in Surgery, Dr. George D. Stewart of New York.
- 11.30 A. M. Paper; "Bacteriophage". Dr. R. A. H. McKeen, Halifax.
- 12.00 Noon Paper, "Cesarean Section, Case Report." Dr. D. McNeil, Glace Bay.
- 12.00 P. M. Adjournment.
- 2.30 P. M. Routine Business.
- 3.00 P. M. Paper, "Frequent Urination." Dr. Frank Mack, Halifax.
- 3.30 P. M. Paper, "Cardiac Conditions Simulating the Acute Abdomen." Dr. G. R. Burns, Halifax.
- 4.00 P. M. Round Table Discussion. Topics, Birth Control, Maternal Mortality, Tuberculosis, Cancer, Is Nova Scotia Over-Hospitalized?
- 5.00 P. M. Installation of New President; Unfinished Business and Adjournment.
- 7.00 P. M. Dinner and Meeting of New Executive.

INFORMATION.

Accommodation. Two hotels, the Scotia and Stanley, will be available for all in attendance provided you make application to Dr. F. D. Charman, Truro, advising him of time and manner of arrival and the reservation required. You will also advise Dr. Charman of your attendance at the banquet and your guests. Rates at the Scotia will be \$4.00 to \$5.00 per day; at the Stanley \$3.50 to \$5.00 per day.

Entertainment. Local doctors and their wives will extend the visitors many courtesies, golf, tennis, afternoon teas, motor drives. For those not engaged in the Golf Tournament on Wednesday receptions will be held at the Provincial Training School and at the Maritime Home for Girls. (See Programme). Motor trips for visiting ladies will be arranged to suit. Truro hospitality has never been excelled. Tickets for banquet \$1.25.

For some of the Doctors who have been ordered not to play Golf, the Truro Driving Club has arranged for special races on the Bible Hill Speed Way for this Wednesday afternoon. Probably specially arranged by Dr. E. R. Johnson for Dr. W. N. Rehfuß.

Golf Tournament. All doctors purposing to enter the tournament must hand in their names by noon on Wednesday to Dr. R. H. Sutherland or Dr. G. W. T. Farish, stating their handicap, for pairing purposes. A fine trophy will be awarded for the year to the one making the best gross score and another prize awarded to the best net score. Suitable prizes will be donated for Branch Societies making the best team records.

THE LOCAL COMMITTEE.

The local doctors, their wives and friends and all the citizens.

Animal Experimentation Rewarded

The Snake in the Garden of Eden had nothing on this Rattler in a country district in Western Ontario. Dr. Alexander MacGregor is responsible for making this incident possible and highly probable. Emulating laboratory methods he tried the weight and strength giving value of Ironized Yeast on a baby rattle snake, these snakes being quite common in that district.

Dr. MacGregor found the snake in the woods back of his home. He decided to keep it and experiment with it. Brewers' Yeast and Iron was fed to the baby. Its poison glands were extracted and it was fed daily, rather than weekly, with this preparation, so that it increased marvelously in length and strength. Most timber rattlers do not grow over six feet long, but due to the yeast this one grew to ten feet long. It became much attached to the doctor and would follow him about the place and the doctor liked to show him to his friends. He even had a basket made for him and often carried him on his trips.

On one occasion the doctor had to go to Hamilton, (the home of the Ontario Tigers), to collect a considerable sum of money. The money was paid in cash and, as the banks were closed, he had to carry it on his person. The rest of the story is thus told:—

He put up at a hotel for the night. The room they gave him was a double room, one room facing the front street, and the other room—through which it was necessary to pass to reach the doctor's bedroom—facing the side street. In this smaller outer room was an old four-poster bed.

During the middle of the night he heard a great commotion in the ante-room. He rushed in and found a rough looking man, who evidently knew of the doctor's money and had come in to rob him.

It was easily seen what had happened. The burglar had first put his hand in the snake's basket to see what it contained. The snake sprang for him, and as snakes will, had wrapped a fold around the man's entire body, pinioning his arms to his side.

The snake had thrown his neck fold around one of the posts of the old four-poster bed and anchored the burglar firmly in place, **and he had his tail stuck out the window, rattling for a policeman.**

OTHERWISE, O. K.

Dear Editor:—A man who has just left my office, stated that a Chiropractor had examined his son and made the following diagnosis:—
"His lungs are half full of pus, his spine is crooked, one leg is shorter than the other, his liver is as hard as a rock, his kidneys are not functioning and his blood is only circulating through the main arteries."

Opposes Quackery

No more able opponent of quackery lives than Dr. Morris Fishbein; the medical profession in America in him has a great publicity agent; his name is familiar wherever newspapers are read; he practised very little medicine, but he has become the great go-between the medical profession and the laity. His services are still needed for active practicing physicians will not advertise themselves as the leaders of the public in matters of health. No single medical man has so constantly roasted the Christian Scientist, the osteopath, the chiropractor, naturalists and all the other "sciences, cults and isms," with libel suits few and far between.

A recent writer in the *The Jewish Standard* attributes to him the following:—

"Barnum made the remark that a fool is born every minute, but it took Joseph Jastrow of New York, to point out that a crook is born every hour to take care of sixty suckers. Furthermore these fakirs not only prey on the ignorant classes, but also on more educated groups—especially on the so-called intelligentsia, i.e., those educated beyond their intellects.... If adults wants to commit suicide it is their affair, but when innocent children have to be sacrificed without adequate medical attention, it becomes the community's business."

This is a new definition of the class, intelligentsia, to us, but that may be the reason why this class really cuts so little ice in all our affairs, including our own profession.

Wants Better Team Work. Mr. H. B. Muir, Vice-President of the Canadian Daily Newspaper Association, speaking in a Convention in Toronto recently said:—"Health of body and mind is an indispensable form of wealth. It is a fundamental condition of progress both for the individual and for society. We all know this is true, but do we acknowledge and fulfil our duty to those working with us by realizing their right to look to us for their cue—if we are big enough for our jobs we cannot escape acknowledgement of that right to those about us." With all due deference to, and appreciation of, the power for good along this line of the usual newspaper in Nova Scotia, they find that paid advertising is quite necessary in their business, and quacks can buy space to defraud a health seeking reading public. If one ventures to object he is told to mind his own business. Of course it would be nice in more than one walk in life to practice what we preach, but how much worse it would be if we preached what we practiced.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

Minister of Health - HON. G. H. MURPHY, M. L. A., Halifax.

Deputy Minister of Health - DR. T. IVES BYRNE, Halifax.

SPECIAL DEPARTMENTS

Tuberculosis	DR. P. S. CAMPBELL	Halifax.
	DR. C. M. BAYNE	Sydney.
Pathologist	DR. D. J. MACKENZIE	Halifax.
Psychiatrist	DR. ELIZA P. BRISON	Halifax.
Supt. Nursing Service	MISS M. E. MACKENZIE, R.N.,	Halifax.

MEDICAL HEALTH OFFICERS ASSOCIATION

President	DR. W. F. MACKINNON	Antigonish
1st Vice-Pres.	DR. T. R. JOHNSON	Great Village.
2nd Vice-Pres.	DR. M. J. WARDROPE	Springhill.

COUNCIL

DR. A. C. GUTHRO	Little Bras d'Or.
DR. A. E. BLACKETT	New Glasgow.
DR. F. E. RICE	Sandy Cove.

MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

Braine, L. B. W., Annapolis Royal.
Kelley, H. E., Middleton (Town and Co.).
White, G. F., Bridgetown.

O'Neill, F., (Louisburg & C. B. Co.)
Murray, R. L., North Sydney.

COLCHESTER COUNTY

Charman, F. F., Truro.
Havey, H. B., Stewiacke.
Johnson, T. R., Great Village (County).

ANTIGONISH COUNTY

Cameron, J. J., Antigonish (County).
MacKinnon, W. F., Antigonish.

CUMBERLAND COUNTY

Densmore, F. T., Dominion.
Poirier, G. J., New Waterford.
MacDonald, N., Sydney Mines.
McLean, J. A., Glace Bay.
McLeod, J. K., Sydney.

Bliss, G. C. W., Amherst.
Drury, D., Maccan (County).
Gilroy, J. R., Oxford.
Henderson, Chas. S., Parrsboro.
Rockwell, W., River Hebert, (M. H. O.
for Joggins).
Withrow, R. R., Springhill.

DIGBY COUNTY

Dickie, W. R., Digby.
Weir, A. F., Freeport (County).
Belliveau, P. E., Meteghan (Clare Mcpy).

GUYSBORO COUNTY

Brean, H. J. S., Mulgrave.
Elliott, H. C. S., Guysboro (County).
McGarry, P. A., Canso.
Stone, O. R., Sherbrooke (St. Mary's Mcpy.).

HALIFAX COUNTY

Almon, W. B., Halifax, N. S.
Forrest, W. D., Halifax (County).
Payzant, H. A., Dartmouth.

HANTS COUNTY

Bissett, E. E., Windsor.
MacLellan, R. A., Rawdon Gold Mines,
(East Hants Mcpy.).
Reid, J. W., Windsor, (West Hants
Mcpy.).
Shankel, F. R., Windsor, (Hantsport
M. H. O.).

INVERNESS COUNTY

Chisholm, A. N., Port Hawkesbury.
McNeil, A. J., Mabou (County).
Ratchford, H. A., Inverness.

KINGS COUNTY

MacKinnon, H., Berwick.
Bishop, B. S., Kentville.
Burns, A. S., Kentville (County).
DeWitt, C. E. A., Wolfville.

LUNENBURG COUNTY

Davis, F. R., Bridgewater (County).
Donkin, C. A., Bridgewater.
Morrison, L. N., Mahone Bay.
Zinck, R. C., Lunenburg.
Zwicker, D. W. N., Chester (Chester
Mcpy.).

PICTOU COUNTY

Blackett, A. E., New Glasgow.
Day, F. B., Thorburn (County).
MacKenzie, S. G., Westville.
Stramberg, C. W., Trenton.
Sutherland, R. H., Pictou.
Whitman, G. W., Stellarton.

QUEENS COUNTY

Ford, T. R., Liverpool (Town and Co.).
Smith, F. P., Mill Village (Mcpy.).

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELburne COUNTY

Brown, G. W., Clark's Harbor.
Churchill, L. P., Shelburne (County).
Fuller, L. O., Shelburne.
Banks, H. H., Barrington Passage (Mcpy.).

VICTORIA COUNTY

MacMillan, C. L., Baddeck.

YARMOUTH COUNTY

Blackadar, R. L., Port Maitland. (Yar.
Co.).
Lebbetter, T. A., Yarmouth
O'Brien, W. C., Wedgeport.
LeBlanc, J. E., West Pubnico (Argyle
Mcpy.).

INFORMATION

The Provincial Public Health Laboratory provides free diagnostic services for the entire Province. It is, however, to be regretted that misunderstanding exists among physicians as to the scope of this work. Roughly speaking, free examinations are made of blood, cerebrospinal fluid, cultures, smears for gonococci, sputum, urine, faeces, pleural fluids, pus, water, milk, brain tissues for rabies, as well as throat, ear and prostatic swabs. Physicians desiring this service should address their communications to, Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax.

Physicians desiring serums and vaccines should address their communications to the Provincial Health Officer, Halifax, N. S.

Communicable Diseases Reported by Medical Health Officers.

April 22th to May 13th, 1931.

Disease	Apr. 22	Apr. 29	May. 6	May. 13	Total
Cerebro-Spinal Meningitis.....	3	1	.....	.....	4
Chickenpox.....	12	.....	4	3	19
Diphtheria.....	5	1	4	5	15
Infantile Paralysis.....	.....	.....	.....	.....	.....
Influenza.....	2	.....	8	3	13
Lethargic Encephalitis.....	.....	.....	.....	.....	.....
Measles.....	.....	3	29	4	36
Mumps.....	8	.....	.....	4	12
Paratyphoid.....	.....	.....	.....	.....	.....
Pneumonia.....	1	.....	3	.....	4
Scarlet Fever.....	4	5	7	9	25
Smallpox.....	.....	.....	.....	.....	.....
Typhoid Fever.....	.....	.....	.....	1	1
Tuberculosis-Pulmonary.....	.....	.....	.....	1	1
Tuberculosis—Other Forms.....	.....	1	.....	1	2
V. D. G.....	1	.....	.....	1	2
V. D. S.....	.....	.....	2	2	4
Whooping Cough.....	11	15	27	15	68
Totals.....	47	26	84	49	206

From New York, from Chicago and St. Louis come stories of Doctors being kidnapped or robbed upon answering emergency calls. *The Bulletin* of the Medical Society of the County of Kings instances a case of one of its own members being held up and robbed and says:—"Has it gotten to the stage where a call may not be made unless the physician has ample assurance that the call is legitimate and that *he knows the caller?*" If things have come to such a pass, the practitioner of medicine suffers through the danger of answering unauthenticated calls and the public suffers through its inability to obtain medical attention for its legitimate needs." We hope we, in Nova Scotia, will never suffer this extreme indignity, because we are called often enough now where no one can be found to be responsible for the call. We believe most emergency calls with us should be fully known by the doctor before responding.

The Wildcat's Head is the caption of a short news item in the *Kentville Advertiser*, which notes that Dr. J. P. McGrath of Kentville has been elected President of the Kentville Hockey Club. In the same connection the Halifax dailies printed a picture of the genial Doctor, but the Doctor says the title is not quite correct. Well, he may say he is "The Goat", BUT he will be a most efficient President of the Club, just the same.

Hospital Service

HOSPITAL GRADUATION EXERCISES.

THE BULLETIN has on many occasions referred to the graduating exercises of our Hospital training schools. These functions are generally beautifully impressive and are always of great interest to all concerned. Indeed those whose official duties require their yearly attendance at these events say they always regard them with pleasurable anticipation, although they realize their important nature and their responsibility in them. The programme of each individual hospital centres around the Graduating Class of Nurses, which is quite proper. It is not the day for the Superintendent, the Mayor, the Minister, the Doctor or the President of the Hospital Auxiliary, they all have their special opportunities that they never neglect embracing, they are only a part of this performance. And the nurses respond to the occasion. All nurses are not beautiful, although their lives may be those of loving sacrifice. Many nurses are not even pretty, although they are bright and capable. But if there is ever a time when the spirit shining in the face adds to one's comeliness that which makes for the beautiful, it is the case of these nurses on this momentous occasion.

But the BULLETIN has written of these functions largely to pay a compliment to the local doctor who was selected to give the Address to the Graduates (or the address to the audience, there is a difference). He should always receive recognition for this service, else he might some time decline to perform this obligation he probably owes these very nurses for the occasions when they have materially assisted him in the past and likely many times in the future. At the exercises conducted by Hamilton Memorial Hospital, North Sydney, the medical men were given a fine show. Dr. J. W. McLean presented the diplomas, administered the Florence Nightingale pledge and addressed the audience; Dr. Daniel McDonald told the audience how the nurses had been inspired in their training and the class what the future expected of them; Dr. A. K. Roy, Dr. Munro, Dr. McKeough, Dr. Hayes and Dr. N. McDonald also contributed remarks appropriate to the occasion.

The graduating nurses were the following:—

Mary Sarah McNeil, Ottawa Brook.

Mary Ellen Ryan, St. John's, Nfld.

Ethel Janet McDermid, Baddeck.

Margaret Mary Cooke, Reserve.

Annie Agnes McIntyre, Sydney Mines.

The Graduating Exercises at the City Hospital, Sydney, early in May were also very interesting and successful, even Mayor McConnell, who holds the provincial record for presiding at such functions, thoroughly enjoyed it. Dr. E. J. Johnstone was one of those who paid tribute to the institution and its matron and exhorted the graduates to maintain at all times the high standards of the profession (not avocation) they have entered. Dr. J. Fraser Macaulay presented the efficiency prizes awarded to two members of the class of eight.

The special significance of this function was the official appearance on the programme of the Minister of Public Health. Dr. Murphy has on many occasions addressed graduating nurses in a charming and effective manner, but on this occasion he spoke officially, thereby emphasizing the supervising role that the Ministry of Health shall take in Hospital and kindred matters. Nor is this attitude at all previous; in our opinion it has rather been delayed, else we would not now be thinking we have a Province *that is over-hospitalized*. Indeed a considerable portion of Dr. Murphy's address had to do with the work of the Department of Health and he is reported as saying:—"We will endeavor to stimulate interest in preventive medicine, and this can be done, not alone by the members of the medical profession and the Department, but in a broad way by the assistance and united effort of every right thinking and patriotic citizen of our Province." If this co-operation of effort can be attained in Nova Scotia the greatest drawback to our prosperity as a Province will be removed, socially and economically.

Then in his usual pleasing and forceful manner he pointed out to the graduating class the responsibilities of the profession they had entered. He said:—"You have entered a profession to-day which is great and honorable and entitled to the best you can give it. It has much to give you in return. It is not a new calling. Not something carried on the crest of modern civilization. In some form or another your profession is perhaps as old as human ills. Ever since disease became the inheritance of our species, since suffering and death began to inflict mankind, we may be sure there were nurses and nursing; for sympathy and affliction are as old as human life and it is from this benign quality of our nature the nursing profession draws its life and its inspiration. . . . a word of advice goes with this function and here is some of it. You will necessarily learn in the course of your work many things of a distinctly private nature and your reception into the inner circle of the family will often give you access to the family skeleton, where one exists. These are not your affairs and you are wise not to give them a resting place in your thoughts. The advice is very old. It is simply this:—"Guard well the tongue." Loyalty to the interest of the patient means as a rule loyalty to the physician in charge of the case."

The Sydney Post, referring next day to Dr. Murphy's address, has this to say editorially:—"Hon. Dr. G. H. Murphy, Provincial

Minister of Health, delivered an impressive address at the graduation exercises of the Sydney City Hospital in the Lyceum on Tuesday night. A pleasing speaker, a cultured thinker, a medical practitioner of the highest standing, Dr. Murphy's message to the graduating nurses was replete with sound counsels, aptly expressed and impressively presented. The wrapt attention with which his remarks were followed by the large audience present attested to his magnetic power as a public speaker.'

HOSPITAL ASSOCIATION.

The Third Annual Meeting of the Hospital Association of Nova Scotia and Prince Edward Island will be held on June 9th and 10th, 1931, at Windsor, N. S. Any members of the medical profession who can be present at any of the regular sessions will be gladly welcome. It is another opportunity for the doctor to get the viewpoint of those actually engaged in the work of carrying out suitable hospital services, both as paid executives and as honorary officials of the hospitals. Parties most interested in hospitals are those likely to become patients, those who render medical and nursing services, those in charge of institutions and those representing the contributing or maintenance community, not omitting a general or supervising agency of a Department of Health. It is necessary that all these parties to this humane activity of the present day should get an appreciation of the whole situation. With this in mind the BULLETIN expresses the hope that members of the profession will attend at least some of these sessions.

HOSPITAL DAY.

Among the many days in the year set aside in one community or another for one or another reason, we are glad to note the increased attention paid to Hospital Day. Apart from its remembrance of that great benefactress of the human race, Florence Nightingale, we deem it most appropriate that it comes in the month of May, when, with us at least, all nature seems to unite in telling us of better things to come. Also that so many training schools for nurses should at this time hold their beautiful graduation exercises is quite in harmony with the suggestions of this inspiring month.

But it is not necessary that there should be nurses to graduate in order to suitably observe this as an annual event, the hospital means more than its nurses and doctors. It is a community affair and surely there is no hospital community but what can devote one full day to hospital celebration in some form or another. Take a town of five to ten thousand of a population and how many of them ever get inside the hospital to know what it is like? Yet the hospital expects support from people who cannot picture even what the institution is like. The

hospital depends upon the people for its support as its work must be sold to its prospective buyers. And you must show the goods. Perhaps one day a month might be public reception day for other than the usual visitors.

These remarks were prompted by reading an account of Hospital Day as observed at the Glace Bay General Hospital. Several hundred persons attended and all were shown over the hospital, the Matron Superintendent being assisted in receiving by other members of the staff or members of the hospital Alumnae. One feature of the day was a Baby Clinic of those babies born in the hospital for the year just ended. The many improvements recently made in building and equipment greatly impressed all who attended the function. A very extended newspaper report of the event has this rather peculiar paragraph:—"The whole interior of the hospital yesterday presented a most inviting appearance. On all floors potted plants and flowers were everywhere in evidence and among the interesting sights presented for the visitors were some really wonderful and highly interesting X-ray plates and Laboratory specimens."

Glace Bay probably has the distinction of being the most efficiently hospitalized town in Canada and its citizens may well be proud of both St. Joseph's and The General.

The Digby General Hospital now has its own suitably constructed building which was opened for inspection April 28th. It has been erected at a cost of \$45,000.00 and is said to be modern in every respect. It is well situated on the crest of the hill, above the town, but near its centre, thus being near at hand. Too often in small towns there seems to be a desire to avoid the noise of traffic, which is never very great in such places, and often leads to a location that is quite out of the way for the many who have to go to it, perhaps several times daily. "It is a very imposing and attractive ivory colored building of old Colonial type. . . Its red roof and green shutters strike a colorful and artistic note. From its position on the hill it commands a magnificent view from all sides. It is three stories high and 90 x 39 feet, exclusive of porches. . . Although the fitting and construction of the building have meant a tremendous expense and the board of management have been forced to raise money by a bond issue for \$15,000, it is hoped that after the pledges that are in arrears have been paid it will be a matter of only a short time before the debt is wiped out."

From the description given it has all that could be expected of a small hospital, including the debt.

The Halifax Infirmary Alumnae held a reorganization meeting the latter part of April and Rev. Sister Mary Davis, superintendent of nurses was elected President. As The Infirmary is about to enter upon

an enlarged service, its graduates will continue to feel kindly towards the institution that gave them their training.

The Hospital Association of Kentville estimates it has property and funds on hand to the value of \$75,000, but the institution itself is still a matter of considerable uncertainty. We still think this hospital has a good reason for construction if it can be made a Health Centre for Kings County.

The BULLETIN failed to comment during the winter upon the hockey match between the members of the Provincial Assembly and members of the Halifax City Council. Although it was originally staged for the Sanatorium Free Bed Fund, it has since been diverted to the San Radio Fund, an addition of \$503.90, which has recently been fully secured. The *Herald and Mail* has been the chief publicity and collecting agency in this good cause, the *Advertiser* and merchants of Kentville being valued Lieutenants in the campaign for funds. We presume the San magazine, *Health Rays*, will have more "Static" than ever as a result and its very desirable circulation be greatly increased.

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Branch Societies

HALIFAX MEDICAL SOCIETY.

Dalhousie Clinic January 28, 1931.

DR. Hattie presented some matters for consideration. 1. A reference to the Pharmacists memorial last year to the first Apothecary to practice in Nova Scotia and an observation that nothing had been done to perpetuate the fact that Dr. Daniel Hay, who practised in Port Royal was the first medical man to practice in Canada. He suggested that this Branch should take the initiative in bringing this matter to the attention of the N. S. Medical Society. 2. Reference to the fact that a system of health insurance has been or is being established in several Western provinces and that the drift is in our direction. He suggested that we approach the Medical Society of Nova Scotia to see what action on our part might be advisable in the matter so that we might be able to influence legislation in this connection when the time comes. Dr. Hattie moved, seconded by Dr. Johnston that these matters be referred to the Executive for their consideration.

Professor Mainland of the Dalhousie Medical College gave the address of the evening—"Modern Trends in Anatomy". The purpose of this address was to indicate some of the methods by which Anatomy is trying to respond to criticism and to fulfil its purpose most satisfactorily. He took the position that as regards Canada, Anatomy occupies a unique position in that, although it is based largely on the British method it is free from the hampering effects of British tradition, whereby Anatomy was considered merely the handmaid of Surgery; and on the other hand is not willing to subscribe to the American tendency to regard it as a part of general Biology.

Owing to the extension of the medical curriculum it is necessary to economize on effort and time in Anatomy. So that this could be effected he showed the desirability of ascertaining systematically and in detail the use that practitioners make of it. Further ways in which economy is achieved were given as follows:—

1. Making as dogmatic as possible statements of fact that require to be memorized.
2. Formulating general laws, either empirical or based on embryology.
3. Studying the bones only in connection with dissection and not as a separate course.
4. Accepting the Bash terminology.

The deadness of Anatomy can be relieved by the much-needed extension of X-ray Anatomy, the teaching of function, and the collection by students of data of the common variations.

Following considerable discussion Dr. Muir extended to Professor Mainland the thanks of the Society. 35 members were in attendance.

Victoria General Hospital Feb. 25, 1931.

This was a clinical meeting and cases were presented as follows:—

Dr. Burns—A case of Anaemia presenting clinical signs of pernicious anaemia which the blood-picture does not confirm.

Dr. Corston—A case of Empyema which was so proved by aspiration and Lab. examination and which cleared up without drainage. Staphylococcal.

Dr. Carney—Presented three case histories and discussed spinal injuries.

In one case the man pulling hard with both hands slipped and sat down heavily. A month later he was listless but did light work; six months later was weak in the legs; three months later complete paralysis below the waist. X-ray showed lesion of higher cervical vertebra. The questions raised were, Could a person falling on his buttocks break his neck? Could a person with a fractured spine show no cord injury till several months later? Both of these questions were answered in the affirmative even by the Workmen's Compensation Board. The other cases reported were quite similar to this case.

Dr. Johnston showed films and discussed fractures, tuberculosis, malignant disease, etc.

Dr. Mack presented a case of Arsenical Dermatitis which had developed after four doses of Neo-Salvarsan. Sodium Thiocyanate has been given and calamine liniment as local application.

Dr. Mackenzie presented four cases. Paroxysmal tachycardia; Multiple Hydrarthrosis; Progressive Muscular Atrophy; Heart Block.

Twenty-eight members and ten interns were present.

Dalhousie Clinic, March 11, 1931.

Twenty-two members were present and Dr. H. D. O'Brien acted as Secretary. On motion of Dr. M. A. B. Smith the President and Secretary were instructed to prepare a suitable resolution of sympathy to be forwarded to the relatives of the late Mr. Kenny. Dr. C. E. Kinley then presented a very instructive paper entitled "Some Clinical Aspects of Gall Bladder Disease." This paper the BULLETIN hopes to publish in full at an early date. An interesting discussion followed.

Dalhousie Clinic, March 25, 1931.

A total of 35 members and guests were present to hear Dr. L. H. McKim of the Montreal General Hospital surgical staff lecture on "Fractures of the Ankle Joint." He pointed out that no such fracture as Potts described is ever seen. The former idea was that fractures occurred by deviation of the line of weight bearing, breaking the Fibula and tearing the Int. Lat. Ligament. These factors are now held to be most inept. What occurs is 1. Abduction or Fibula flexion.

2. Abduction or Tibia flexion. 3. And most important External Rotation. To these two extras may be added—1. Direct violence and 2. Upward thrust.

The principle to follow in dealing with these fractures to ensure success is to figure out the method of production, manipulate in the opposite direction and obtain a reduction. He showed a very fine set of slides showing the different fractures and his method of dealing with them, showing as part of his method the use of the pillow splint. All external rotation injuries should be put up in plaster, covering the two outer toes in position of over correction. In 7-8 weeks he uses three plasters and simple cases are well and walking in 10 weeks. If a dislocation is present at the same time support for a sufficiently long time—walking plaster cast, changing every 2-2½ weeks for massage. In three to four months plaster off and support with outside iron and Thomas heels and soles; no matter how well walking in early stages. An interesting discussion followed. This brought out particulars about the Pillow splint; external rotation; passive movement has done more harm than good; early plaster changes, with washing, light massage and tight plasters and very little padding. Dr. McKim was most cordially thanked by the Society. This lecture was under the auspices of the Canadian Medical Association Post-Graduate Lecture Course.

Pathological Institute, April 8, 1931.

The meeting opened with an extended discussion on the method followed in the appointment of auditors. The Constitution for Branch Societies not being satisfactory, in giving time for a complete audit, Dr. M. A. B. Smith gave notice of motion to amend the constitution in this particular. Dr. R. A. H. McKeen read a very interesting paper on "Bacteriophage" which will be also presented at the Annual Meeting of the Medical Society of Nova Scotia and published in the BULLETIN.

Dr. D. J. McKenzie presented a talk on the subject of "Spinal Fluid". His historical sketch began with Hippocrates and as he came up to the present he gave a bouquet to the Physiologists. He dealt with its composition and interpreted the various departures from the normal and discussed the various tests. He expressed preference for the Kahn test as compared with the Wasserman.

Dr. R. P. Smith concluded the programme with a pathological classification of Nephritis and a discussion of Renal Function Tests.

"I do hope you keep your cows in a pasture," said Mrs. Newlywed as she paid the milkman.

"Yes, madam," replied the milkman, "of course we keep them in a pasture."

"I'm so glad," gushed Mrs. Newlywed. "I have been told that pasteurized milk is much the best."

Correspondence

WILL REPORT PROGRESS.

New Glasgow, N. S.,

April 23, 1931.

Dr. S. L. Walker,
Secretary Medical Society.

Dear Dr. Walker:—

I wish to thank you for your kind letter and for the favorable comments you have made in the BULLETIN regarding our efforts here in New Glasgow.

I would rather not make any statements for publication until we have gone further with our attempts to immunize our school population.

At present we are in the middle of a general "schick testing" of the schools. It is rather gratifying to note that a more general acceptance of such things is evidenced by the larger number of parents consenting to the test as compared with the number consenting to the "Dick" test last year, though we then had the additional stimulus of an epidemic being present. One school that only had 91 consents last year gave us 200 this year.

When we finish, or rather when we get further along, I will be in a better position to make a few remarks about it.

Yours very truly,

(Signed) A. E. Blackett.

EXPRESSES APPRECIATION.

Cape Breton, March, 1931.

Dear Doctor:—

I am very sorry, indeed, that I was obliged to allow that draft for \$10.00 to be returned. It grieves me much to think that I cannot this time contribute towards the support of the Society and its splendid journal. Your contribution re the importance of the languages in the study of medicine and surgery is a good one. I enjoyed it.

Yours for success,

(Signed)

Yarmouth, N. S.,

April 11, 1931.

Dear Doctor Walker:—

Will you on behalf of the Nova Scotia Medical Society accept our family's gratitude for your expressions of sympathy for the loss of, and beautiful floral tribute to, Dr. Perrin.

Very sincerely yours,

(Signed) George Perrin.

Bulletin Library

DR. S. L. WALKER, Halifax, N. S.

(Unless otherwise indicated, the opinions herein expressed are the personal ones of the writer, being in no sense official and differing opinions will be gladly noted in this Department.)

PRACTICAL MEDICINE SERIES 1930.

THE Volume of this series devoted to Obstetrics and to Gynaecology, has been received at the BULLETIN desk. As we have noted several times, this is one of a series of eight year books, issued at various intervals during each year. They cover the entire field of recent medicine and surgery, and each volume is complete on the subject of which it treats for the year prior to the time of its publication. The Publishers are "The Year Book Publishers," 304 South Dearborn Street, Chicago. The price of this volume is \$2.50. When you order you will mention the BULLETIN, as a matter of course.

But this is not all we propose to say about this particular volume. We speak generally of the practice of medicine and surgery and there is a tendency, on the part of many doctors, to forget the large part that obstetrics plays in establishing a substantial and lucrative family practice. This is unwise, for the pendulum is swinging now in favor of the family physician rather than the specialist, and if a general practitioner can specialize at all, obstetrics offers the best inducements. So we wish to point out that this particular volume is as valuable to the general practitioner as are those on Medicine, Therapeutics or Surgery. Perhaps what was of interest to the reviewer will also interest the reader so we may note some of the things we noticed in this volume.

Obstetrics.

Pregnancy.—The period of conception lasts from the 12th to the 19th day before the expected menstrual period. Pregnancy is seldom possible between the 20th and 24th day before the expected menses, whereas between the first and eleventh day before the approaching menses, conception is impossible. To this Wittenbeck takes exception and the Editor comments as follows:—

"There seems no doubt that a woman may conceive at any time between periods. Cases of pregnancy beginning at any time are on record in great numbers. Indeed conception can occur before puberty and after the menopause."

The importance of outlet pelvimetry is now generally recognized. A simple and accurate method is not yet available. A solution of the problem is attempted by a new instrument where one blade is in the vagina and the other in the rectum. When the blades are in place and locked a scale indicates the distance in centimeters between the ischial spines.

At the superior strait the estimation of the anteroposterior diameter, by means of measuring the external conjugate, the diagonal conjugate, by the use of internal pelvimeters, and by x-ray methods is well established. However, the determination of the transverse diameter of the superior strait is a very different problem. In fact external pelvimetry as known and practiced at the present time offers no means of accurately determining the length of this line. Internal pelvimetry is practically in the same category, and it is only by means of some method of x-ray pelvimetry that accurate estimation of this diameter may be made.

An author gives a thorough analysis of the subject of Artificial Fecundation, the technic, with indications and contraindications for its use, upon which the Editor remarks,—“One adopts this procedure only when everything else fails, and also one has a suspicion that an anomalous cervix offers a mechanical or chemical hindrance to the passage of the sperms into the uterus. A sterile condom is preferable and the insemination should be made as soon after the coitus as possible. Extreme asepsis! Serious infections have resulted.”

The literature during the year regarding the Diagnosis of Pregnancy does not greatly appeal to the Editor, there are too many chances for error. Regarding the use of Activated Ergosterol several writers report:—

In the Pacific Northwest it has been impossible to give enough codliver oil to prevent or to cure rickets. Pregnant women to whom six drops of Mead's viosterol are administered daily, are delivered of unusually well-formed and vigorous infants. New-borns who receive ten drops of this activated ergosterol solution daily from birth are noticeably superior to those not receiving it.

Ten drops of viosterol daily is not sufficient to prevent the development of rickets, but active rickets will be cured if 20 to 30 drops of Mead's viosterol be given daily.

Yet the Editor remarks,—“The Editor will hold an open mind regarding the routine use of viosterol during healthy pregnancy and adopt a Missourian attitude. In general he is slow to interfere in normal pregnancies. When the patient is sick he tries to treat her according to our present scientific lights—even though they are pretty dim.”

In commenting on the literature on Pregnancy in Heart Disease the Editor says:—

“While we have recently learned that in former times we feared heart disease too much, that the heart even though diseased can carry a sizeable load, nevertheless, we must regard every woman entering on a pregnancy with an impaired heart as assuming great risks, some of which we cannot evaluate at all. I believe the risks of labor are a little greater than the figures indicate and, therefore, recommend section whenever there are other complications besides the cardiac, e.g., contracted pelvis, prolonged pregnancy with large fetus, nephritis, and where the local findings render a difficult delivery presumable, and always laparotrachelotomy under local anaesthesia.”

As to Hyperthyroidism and Pregnancy the author's quoted believe

"that pregnancy does not increase the toxicity of primary hyperthyroidism except as the increased proplasmic mass of pregnancy brings some increase in metabolism. Pregnancy is, however, distinctly an added burden in hyperthyroidism, which should be avoided if possible. Babies born of thyrotoxic mothers are not abnormal and pregnancy after thyroidectomy cause recurrence of thyroid toxicity. Babies born of mothers who have had thyroidectomy are normal. Thyroidectomy for primary hyperthyroidism can be undertaken during pregnancy with safety to both mother and child."

After summarizing some recent literature on Diabetes and Pregnancy the Editor speaks very positively. "There are some cases that do not respond to insulin treatment during pregnancy and these women have to be aborted—but this is very rare and usually due to an inefficient doctor. Insulin has almost completely removed the necessity of therapeutic abortion in diabetes. It has also bettered the baby's chances."

The considerable literature during the year on the anemias of pregnancy prompts the Editor to comment in general as follows:—

"To accuse normal pregnancy of causing anemia, a pathologic entity, is to admit that pregnancy is not *normal*. Nearly half of the women during gestation develop a pathologic condition anemia, and this means we must pay more attention to it. It seems to the Editor that to place these anemias under the toxemias would be the simplest way, and treat them medically at first, and obstetrically, if they prove rebellious—just the same as we treat the other toxemias. A gravid can have true pernicious anemia during pregnancy, as she may have at any other time, and hematologic study will usually enable us to clear up the differences. The anemias of pregnancy have, among others, this important character. They may indicate a deep-seated, or unknown, source of bacteremia, and this may become localized during and after labor, or become aggravated and terminate in a fat sepsis."

With reference to Acute Appendicitis and Pregnancy the Editor makes the following comments:—"The modern tendency—in the surgeons—to wait in cases of appendicitis for the presumably most favorable time of operation—should be combatted by the obstetrician. It seems to us that it is unsafe to wait—in appendicitis during pregnancy—as we might do in a surgical case. There are other elements in the disease during pregnancy and they make it more dangerous—which would indicate the earlier removal of the *explosive body*—the appendix. There has been an increase in the mortality from appendicitis in the last years—in the U. S. May this be due to the departure from the practice of immediate operation of former years?"

What we have written and quoted has been prompted by looking over the first 100 pages of this volume and there still remains the portion devoted to Labor, Puerperium, New Born, Miscellaneous and 200 pages relating to Gynecology. We have neither time or space to quote more, but surely, we have given enough to justify our recommendation of this book to the general practitioner.

THERAPEUTIC NOTES.

Nearly all Pharmaceutical Houses publish regularly, booklets, pamphlets, sometimes even journals, descriptive of their methods, products, results, etc. Some of these are both interesting and valuable. The BULLETIN has more than once commented upon some of these publications, particularly those containing interesting historical records. We are not sure but that such information is appreciated more than the scientific findings there recorded.

Therapeutic Notes is, as all BULLETIN readers know, the published Laboratory record of the findings of the laboratories of Parke, Davis and Company. The April 1931 issue is rather striking for it gives a description, by word and illustration, of the great amount of Research done in the laboratories of this well known House. It is rather unique that a commercial institution should devote so much attention to research work, and it must be a satisfaction to the physician to know that the House, whose preparations he is constantly using, can justify its claims upon the highest scientific grounds. It is difficult to think of the amount of machinery, not of steel but of human effort, required to conduct this service in all parts of the world where crude drugs may be found.

"After years of Research" has a strangely familiar sound, but it certainly applies to investigations relating to modern therapeutics. It means searching and searching again,—digging below the surface of things to uncover the operation of some natural law. It follows that, as in the case of the gold hunter, many a shaft will yield but negative returns—yet even these are of positive value, since they narrow the field of inquiry. But to-day Laboratory Research, whether sponsored by the University or Pharmaceutical House, is a great concerted effort to obtain sound basic principles that can satisfy the medical mind, each individual unit in touch with every other unit, as do the leaders in Medicine in one nation and another.

Attention is directed to another function of a medical research laboratory, not generally remembered—"To conduct disinterested investigations in order to prevent mistakes and the bringing forth of premature or unworthy medicinal products. For several years, agitation has been active in favor of numerous strange products for the treatment of cancer. High claims have been made for many of these products by their sponsors and, naturally, it is the duty of the research laboratory to examine such products carefully. Laboratory investigations were conducted upon carcinoma and sarcoma in rats, but no evidence was found that any of the substances studied were of any distinct value in the treatment of the disease. In one or two instances clinical investigation has been made, but always with special precautions to avoid the publicity which has so often proved disastrous to cancer sufferers."

The New York Academy of Medicine. The associated press, having given considerable prominence to the attitude of the Academy on the subject of Birth Control, we publish, herewith, the "recommendations" of the Public Health Relations Committee, as reported in the last issue of the BULLETIN just to hand.

1. The New York Academy of Medicine, as a medical organization, should be concerned solely with the medical and public health aspects of birth control, and not with its economic considerations.

2. The contraceptive clinics already in existence in the various hospitals, and operating within the law solely in the interest of the health of the individual, should be continued, and all institutions in which this service is required should organize similar clinics as integral parts of dispensary and hospital service.

3. All extra-mural clinics, when their existence is temporarily justified, should have a medical personnel of competent physicians with especial training in gynaecology; the clinics should secure the services of local gynaecologists and obstetricians of recognized standing and authority to serve in an advisory capacity and to formulate and enforce suitable rules and regulations concerning the medical indications for the giving of contraceptive advice and make regular inspections to see that these rules are observed. Efforts should likewise be made on the part of those extra-mural clinics to obtain the services of experienced physicians in the several branches of medicine to aid the staff in the diagnosis and conduct of the more difficult cases. The extra-mural clinics, if so safeguarded and supervised, should receive support of the medical profession only until a sufficient number of hospital clinics has been developed to meet the public health demand.

4. A movement should be begun to include in the curriculum of medical schools, instruction in modern contraceptive measures and in the indications therefor. The hospital clinics should likewise be asked to offer similar instruction to practicing physicians.

The Canadian Public Journal for April has the following leading articles:—The Travelling Diagnostic Health Clinic; Infant Hygiene in Rural Regions (French); The Problem of Late Registration; Treatment of Two Cases of Tetanus; Registration Problems in Saskatchewan; Poliomyelitis in Ontario and a Venereal Disease Survey in Manitoba. We also note that the Editor reads the BULLETIN of the Medical Society of Nova Scotia and mentions us kindly.

PUERPERAL MORTALITY.

The April 1931 number of the BULLETIN of the New York Academy of Medicine devotes considerable space to reporting three contributions to the general subject of bacterial infections which formed a part of the programme of their last Graduate Fortnight. Two chief papers

have to do with Puerperal Infections and one with Puerperal Mortality and its Reduction. The latter was presented by Dr. G. W. Kosmak, President of the Medical Society of the County of New York, and from this we quote:—

“The acceptance of a certain number of maternal deaths as unavoidable risks, which are associated with pregnancy and labor, has been universal for so many years that it was difficult, until a comparatively short time ago, to develop any interest in the subject among the laity, or even in medical circles. This point of view has undergone a change and the public has asked and the profession has been asked very bluntly why this should be so, and more particularly we are asked whether anything can be done to prevent this high death-rate. For experience has shown that it is definitely possible that a certain proportion of deaths from childbirth can be prevented. In fact, this development in our knowledge has gone so far that we can actually separate the causes of puerperal deaths into those which are preventable and those which are unavoidable. . . . Puerperal sepsis takes a toll of over one-third of the mothers who have sacrificed their lives to child-bearing.

It would seem that sepsis could be prevented in obstetric practice as it is elsewhere in medicine. As a matter of fact it has to a large degree, but as we are still ignorant of all the modes by which it develops, the millenium is not at hand in so far as its complete abolition is concerned. . . . It appears to me that the methods of prevention generally employed are too much limited to local conditions and not sufficiently extended to the patient and her organism as a whole. We have directed our attention largely to the maintenance of an aseptic labor, realizing fully, however, that even where this is properly conducted, there are numerous avenues of infection which cannot be completely controlled. In this we have side-tracked, as it were, the maintenance of the natural resisting powers of the patient and it might be well, although this seems far-reaching, to regard with careful thought the lessons of immunization which have been taught by the pediatricist, the internist and others. . . . Were it not for this immunity a much larger number of women would succumb. For we are gradually finding out that the pregnant woman develops a protective organism in her pelvis and in her blood-stream, the maintenance of which we must aim to develop and to make use of in our fight against puerperal sepsis. This I believe to be one of the leading factors in future efforts to reduce septic infection as the result of childbearing. In the meanwhile it is important that we persist in our use of the knowledge already at hand and that every effort be made to avoid the introduction into the generative tract of any pyogenic organisms which may later possibly invade the tissues themselves. . . . A tendency to interfere with the natural course of labor by various operative and other procedures is undoubtedly one of the most serious accusations which the profession will have to face. It will be difficult to curb this tendency, for on the one hand

there is the demand by the patient for a shortening of her labor, stimulated as it has been by widely circulated magazine articles and other propaganda, to which desire for relief the physician is only too ready to accede, perhaps for reasons of his own. And then on the other hand is that increase in technical knowledge about obstetric deliveries which is so valuable in the hands of the highly trained specialist and so dangerous if practiced by his less competent colleague. And how may the unfortunate result of these circumstances be combatted? I believe very firmly that it is only by the proper education of our medical students, by giving them a well-balanced general education in medicine, rather than a smattering of the various specialties, that they will possess a thorough knowledge of the physiological processes of labor, and above all, a recognition of any deviation from the normal.

The high death-rate associated with childbirth in the United States has been made the subject of very extensive comment, much of it of a most uncomplimentary nature. The comparisons drawn between this and foreign countries are most unpleasant and the United States has been almost labelled as a pariah among the nations of the world in so far as its care of the pregnant woman is concerned. This agitation for improvement has undoubtedly resulted in some good, although the attempt to introduce federal and other legislation as a solution of the problem has not met with success, as was to be expected. I cannot refrain, however, from calling attention to the fact that, in the European countries with which our statistics have been compared, there is an admitted lack of satisfaction with conditions as they are. This has become increasingly evident in recent years and notwithstanding the insurance schemes, supervised midwife practice and other factors, dissatisfaction seems to be rife. The objections, among other things have been directed to the education of medical men in so far as overcrowding the student courses with theoretical rather than practical subjects. In obstetrics, particularly, the objection has been brought forward that the attempt is made to train students in operative procedures rather than the conduct of normal deliveries. In fact the objection to interference with the normal processes of labor is brought out just as strenuously in obstetric circles abroad as it is in this country. Moreover the acceptance of the health insurance system has contributed to the problem, for many obstetric operations are now being done which would have been considered unnecessary had there not been present the stimulus of an increased fee from the insurance fund, which would not have applied in a normal delivery.

Admitting the fact that childbearing in the United States is not as safe as it ought to be, what is the remedy, particularly as to those causes which may be included in the preventable group of which sepsis is most important? The question is not an easy one to answer. There is more than one factor to be solved. The natural history of puerperal infection is well understood in its larger aspects but much remains to be done. We do know, however, the danger of interfering with the

natural processes of labor and of not giving sufficient time for their accomplishment. This may mean an entire revision of our conception of obstetric practice, in which the introduction of a supervised midwife system may possibly have to be considered, much as this may offend, in addition to a radical change in teaching medical students and physicians."

Chiropractors Are Not Doctors.

Neither in Nova Scotia or the State of Delaware has the Chiropractor any legal standing as a doctor and, if the medical legislation is what it ought to be, it should be possible to keep them from practising medicine. At least they made an attempt to get legal standing recently in the State of Delaware and that legislature sent a Bill to that effect to the Governor for his signature. The Bill came back accompanied by a clear, concise, logical and positive statement as to why it was not approved. Because the chiropractor cannot be put out of business in Nova Scotia it is natural to conclude that some day he will ask our legislature to give him the legal right to practise his cult. It is well that those interested in the progress we are making in the promotion of health and the prevention of disease in Nova Scotia should know why the Governor of Delaware vetoed this Bill when presented to him. We quote the following from a recent issue of the A. M. A. Journal:—

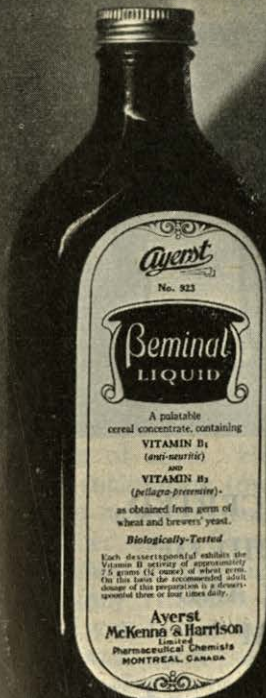
"The purpose of this Act, as I understand it, is to legalize the practice of chiropractic in this state. Practitioners of this cult are not recognized now. Do they profess to be doctors in the same sense of the term as is commonly understood to apply to men and women of the medical profession? Insofar as I am able to determine, there is not a recognized medical school in the country that includes in its curriculum a course in chiropractic. This fact in itself seems singularly significant.

Even to the lay mind the idea that all disease of whatever character is due to spinal displacements of a mild sort, and that cures of such ailments as tuberculosis, smallpox, diphtheria, scarlet fever and others can be effected by manipulation and fingering of the spine is preposterous.

Before returning this bill to you I have satisfied myself that the training and education a chiropractor, or drugless healer, needs to practice his art does not fit him properly to advisedly treat the sick, inasmuch as he is not qualified to diagnose ailments nor recognize communicable diseases and to take measures to control them. He is therefore an opponent to the department of health.

Wherefore, it seems to me it would be inconsistent for the legislature to appropriate, as it will do, money for the state board of health, which board is trying to eradicate communicable diseases, and at the same time legalize the practice of a cult, which does not believe in the germ theory of a disease but does teach and believe that such diseases as scarlet fever, etc., are due to a distracted vertebra and the method to cure and prevent such disease is to see that everybody has a normal spine."

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OBITUARY

ALBERT MITCHELL PERRIN, M.D., University of New York, 1873, Yarmouth, N. S.

After several years of invalidism the summons came to Dr. A. M. Perrin of Yarmouth to enter the new life on Wednesday, April 1st, 1931.

Life goes not out, but on;

The day has come, not gone;

The sun is risen, not set;

Thy life is now beyond the reach of death or change,

Not ended,—but begun.

Dr. Perrin was born at River John, Pictou County, May 12, 1849, and was thus almost eighty-two at the time of his death. From Pictou Academy in 1869 he went to Shelburne, starting his medical studies with an uncle, the late Dr. S. W. Burns of that place, then later with the late Dr. Johnstone of Stellarton. He received his Degree in the spring of 1873. He received much from his Pictou County birth, in his inclination towards medicine as a vocation and his strict adherence to what he considered the right course to follow. His mother's father was a Church of England clergyman and two doctors and three other clergymen were brothers of this grandfather. Add, to this doughty Huguenot blood, the Scotch environment of Pictou County, and you had a man of great strength of character, bound to make his impress upon the community.

At first Dr. Perrin began practice in Westville but in a few months, owing to the terrible Drummond Explosion catastrophe this industry was lessened for a time and Dr. Perrin took over the practice of Dr. Snyder in Shelburne. Then after two years Cape Sable Island held him two and a half years. Then in 1878 he did post-graduate work in New York and on his return settled in Yarmouth. In the same comfortable home on Main Street, Yarmouth, nearly fifty years later, the writer called several times to see the doctor whose body refused to respond to the bidding of his mind.

Dr. Perrin's removal from Pictou to Shelburne resulted in his marrying a member of a notable Loyalist family, a daughter of Mr. W. H. Gridley of Yarmouth. For nearly ten years Mrs. Perrin has been Secretary to her husband who always kept up his medical reading despite his paralytic infirmity. The little human touch in the BULLETIN of the Medical Society of Nova Scotia made its reading very welcome to both Doctor and Mrs. Perrin. Indeed, it is one of the highly prized perquisites of an official position, as editor and secretary, to meet such members of our profession in the intimacy of their home life. Perhaps it would be well for us more and more to cultivate

this family intimacy, for the more we know of most people the more we find in them to like. It is not strange then to recall the words written by Mrs. Perrin for the BULLETIN in 1926, when, after commenting on their satisfaction in reading the BULLETIN, she says:—

“From where for us, the shadows lengthen Dr. Perrin sends you kindest greeting, and renewed appreciation of the honor conferred upon him by you, in a membership with you.” This refers to his election in 1923 as an Honorary Member of the Medical Society of Nova Scotia.

As might be expected in a man of strong convictions and force of character he was most scrupulous in giving the best possible service to his patients, be they rich or poor. But he was also a man who was greatly concerned with the welfare of the community in which he lived. He was a prominent member of Hiram Lodge, A. F. & A. M.; a strong adherent of the Church of England; a leader in the Conservative party, qualifying to the extent of being once a defeated candidate; a Town Councillor; and to all these activities he gave his best effort; and life, for him, was still full, when he was forced into invalidism. Again Mrs. Perrin writes:—

“As keenly interested as ever in all the leading topics of the day, particularly those relating to his beloved profession and politics, and always an omnivorous reader, with his books and newspapers, an occasional auto ride, or a friendly call, the quiet hours of the twilight of life’s evening, pass for Dr. Perrin not too sadly, or too badly, though often denied the perfect rest, so well earned.”

Besides his widow, Dr. Perrin leaves a son and daughter. His son is a graduate of the Royal Military College, Kingston, was eight years with the R. C. E.’s, spending four years in France, and is now an Engineer in the Provincial Highways Department. The daughter, a graduate of St. Margaret’s College, Toronto, is at home with her mother. To Mrs. Perrin and family the medical profession in Nova Scotia will extend sincere sympathy.

The funeral service took place on Friday afternoon from Trinity Church, the Rev. H. L. Haslam officiating. Dr. C. A. Webster represented the Medical Society of Nova Scotia and a wreath from the Society was one of many floral tributes. The pall bearers were Doctors Hawkins, Blackadar, Phinney, Campbell, Farish and Webster. The service was very impressive and largely attended. Interment took place at the Ritchie Memorial Chapel.

S. L. W.

PETER GERALD DOUGLASS, M.D., C.M., Dalhousie University, 1925, Halifax, N. S.

On Wednesday, March 25th, 1931, after only three days illness of Pneumonia, Dr. P. G. Douglass of Halifax died in the Victoria General Hospital. Dr. Douglass was born in Chester but his parents have resided in Dartmouth or Halifax for many years, his father being the late P. J. A. Douglass of Douglass & Co., Dartmouth.

In April, 1915, he enlisted in the Army Medical Corps and went overseas serving in both England and France. For a considerable time he was French and German interpreter for his medical unit. Upon his return he entered Dalhousie Medical College and graduated in 1925. He spent some five months in post-graduate work in Paris, where he was married. He is survived by his wife and two children who are now, however, resident in Paris.

It will be remembered that Dr. Douglass first had his office on Hollis St. and on Spring Garden Road. Lately he resided with his mother, Mrs. L. E. Goodwin, 151 North St., Halifax, where the funeral ceremony was held on Thursday afternoon, conducted by Dean Llwyd, Archdeacon Wilcox and Dr. Wigle. Interment took place the following day in the family lot at Chester.

Dr. Douglass was but 35 years of age and his passing was quite unexpected. A large number of the physicians of Halifax attended the services at the house and the Halifax Medical Society sent a wreath. The service at Chester was in St. Stephen's Church, being conducted by the Rector, Rev. H. Feaver. Doctors Sutherland and Zwicker were two of the pall bearers. Dr. M. J. Wardrope of Springhill, an uncle of the deceased, was present at the services in Halifax and Chester.

After an illness of some nine months, suffering from cardiac complications of an almost life-long asthmatic disability, Dr. Arthur Hamilton Hough, of Wiarton, Ontario, passed away on March 7th, 1931, in the Sixtieth year of his life. He was a graduate of Trinity University College, Toronto, in 1897. He is survived by his wife and one son. A number of overseas practitioners will remember Dr. Hough as Medical Officer for some time at the Canadian Base at Etaples, as formerly at Folkestone. He was one of several doctors from Ontario who returned to Canada with No. 9 Canadian Stationary Hospital, being demobilized at Halifax in June, 1919. All who knew him will regret to learn of his passing and extend sympathy to his family.

The Bellman in the Chronicle comments on the death in March last of William M. Chisholm in Weston, Ontario. His was a name respected and beloved through Cape Breton. He was born 98 years ago at Loch Lomond where he spent nearly all his life. Of this family but one sister now survives. The late Dr. Murdoch Chisholm was a brother of the deceased.

The daily papers of May 4th announced the tragic death of Robert Bishop of Kentville at the early age of 21 years. He was a son of Dr. and Mrs. B. S. Bishop of Kentville and had just finished his final second year examinations at Dalhousie Medical College. He

had returned to his home the day before, and about eight o'clock in the evening in passing from one room to another he apparently stumbled and struck his head on the balustrade, became at once unconscious and passed away within a few minutes. Dr. Bishop was not at home but Doctors Burns and Forbes were available at once, but he did not rally. Robert was a good student and had a brilliant record in his preparatory studies. Two brothers are also students at Dalhousie and to them, to his father and mother and other members of the family members of the medical profession will extend sincere sympathy in this trying dispensation of Providence.

The community of Alton, Colchester County and vicinity was deeply grieved to learn of the passing on May 3rd of Mrs. Pratt, wife of Dr. Nelson Pratt of Alton. Mrs. Pratt had not been in good health for several years, but motored around calling on a number of friends on the afternoon of the previous Friday. That evening she was stricken with paralysis and never regained consciousness. She is survived by her husband, Dr. Pratt, an adopted daughter, a niece, two sisters and one brother. Mrs. Pratt was a daughter of the late John Dickie of Upper Stewiacke of whom there is living a very large family connection. Mrs. Pratt was first married to Alexander Lindsay of Alton who predeceased her many years. She was a member of the United Church and was of a kind and lovable character and a wide circle of friends mourn her sudden passing. While Dr. Pratt has not recently taken a very active part in our Medical Society affairs he has always kept up his membership, and many members of the profession will extend to him sincere sympathy in the loss he has sustained.

The opening shot in the state medicine campaign as far as Parliament is concerned was fired when a Resolution in favor of a measure of federal state medicine was introduced and discussed in the House at Ottawa. It was only intended to open up the question and it brought out the many different agencies that will be affected in any legislation of this nature. We were glad to learn that the Bill to prohibit vivisection received such an effective set back by the attack of the Canadian and Provincial Medical Associations that it was withdrawn for this session. Dr. L. W. Johnstone of Sydney Mines, who was home from Ottawa for a few days recently, advised the BULLETIN to this effect.

The Local Council of Women of Stellarton ended their season's meetings with an address on Health, given by Dr. R. M. Benvie. The audience was very appreciative and a community health spirit is surely strongly developing in this large industrial county.

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The Medical Society of Nova Scotia

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Secretary.

Personal Interest Notes

WHILE Dr. H. E. Killam of Lakeville was a patient in the Berwick Hospital his young daughter Joyce won oratorical honors at the Kentville Academy, her subject being "Canadian Nature Poets".

Dr. Henry Martin, physician to the King in his recent illness, was honored on the 21st anniversary of the king's ascension to the throne, being invested with the insignia of a Knight Commander of the Royal Victorian Order. In making announcements of this nature we always recall the blackboard notice that "Prof. Blank has been appointed Physician to the King", whereupon the Class wit added the words, "God Save the King."

Dr. John A. McLean of Glace Bay gave the chief address at the final banquet of the season of a Community Brotherhood of the local United Church. His topic was the broad subject of "Health."

Dr. and Mrs. L. B. Braine of Annapolis Royal recently had their son Robert, a student of Pine Hill College, at home for a short vacation prior to taking up work in a mission field in Saskatchewan for the summer.

C. A. M. C. To command No. 6 Casualty Clearing Station, Lieutenant-Colonel R. H. Sutherland, V.D., with effect from the 25th November, 1930.

Congratulations to Miss Margaret, daughter of Dr. and Mrs. W. N. Rehffuss of Bridgewater, upon securing her M.A. from Dalhousie this year. She obtained her B.A. from the University of Toronto in 1930 and for her M.A. specialized in History.

Miss Jean Love, daughter of the late Dr. Andrew and Mrs. Love of Stellarton, received her B.A. from Dalhousie at the recent closing. Mrs. Love and her brother, Dr. J. W. MacKay of New Glasgow, were in attendance at the graduating exercises.

Congratulations are being extended by friends to Jack Miller, son of Dr. Clarence and Mrs. Miller of New Glasgow upon receiving his B.A. after passing exceedingly good final examinations.

John Corston is another Dalhousie student that has entered upon his professional studies at Pine Hill with credit to himself and family.

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HALIFAX, N. S.

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He is the oldest son of Dr. J. R. and Mrs. Corston of Halifax. Dr. Corston is the latest doctor in the City to join the West Enders having recently removed from Brunswick St. to Coburg Road.

Two members of the National Committee for Mental Hygiene were recent visitors to this province in the persons of Dr. A. Grant Fleming of Montreal and Dr. H. B. Spaulding of Toronto. Their services were greatly appreciated by the local Society on Mental Hygiene.

Dr. A. F. Miller of the N. S. Sanatorium, accompanied by Mrs. Miller, spent most of May attending Tuberculosis and other health conferences in Virginia, Syracuse and elsewhere in the United States and Canada. Mrs. Miller remains for a time in New York, doing post graduate work in vocal music.

Dr. Ian MacDonald, Dalhousie 1930, son of Dr. D. J. MacDonald, South St., Halifax, is to be congratulated upon being appointed Senior Interne at the Toronto General Hospital for the coming year.

Mrs. Hugh Dickson, M.D. of Truro spent several weeks as a patient in the Truro General Hospital in April and May. We trust she has made a complete recovery.

If an Act passed at the last session of the Assembly is effective it will mean the end of "Peddling of Glasses" to which the BULLETIN has referred with criticism on several occasions.

Mrs. Byers, widow of the late Dr. D. W. Byers of Annapolis, after spending the winter in Alberta, where she holds considerable property, has returned to her home in Annapolis for the summer.

Attention! Let the salute be a little more snappy to Dr. R. H. Sutherland of Pictou, for he is now Lieut.-Colonel.

Dr. H. E. Killam of Woodville, N. S. spent his 53rd birthday in Western Kings Memorial Hospital, Berwick, April 24, 1931. Mention was made in the last BULLETIN of his accident, and we regret to learn that the injury to his hip was very severe. The Doctor was unable to hold a reception but his room must have been quite large to take the additions of reading chair and reading lamp, table, book racks, flowers, etc. Nor should we omit to mention a box containing many gold dollars. Of course, best of all was the evident desire of the local people to show their kindly feeling towards one who has been a practical friend to them for fully 25 years. We trust Dr. Killam will make a full recovery in a short time and be long permitted to practice among those who so fully appreciate his services.

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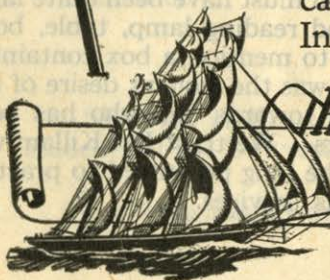
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The doctors in Halifax in the South and West extend greetings to Dr. James R. Corston who has removed from Brunswick St. to 46 Coburg Road.

We regret to learn that Dr. D. S. Sutherland was a patient for a time in the latter part of April in the Victoria General Hospital suffering from an infected hand. He intimates that membership in the Provincial Society would mean more to him if the Chiropractor were not permitted to run a local hospital in his district. Again we suggest that this is beyond our sphere of action; but should it be?

Tuberculosis in the Negro. The *Bulletin* of the Medical Society of Kings (N. Y.) says:—

"In slavery days tuberculosis is said to have been uncommon in the Negro. When he was suddenly freed and thrown on his own resources, deaths from that cause rose steadily. The disease is now about three times as prevalent among Negroes of the United States as among whites. Moreover, the pathology and the course of the disease in the two races are strikingly different. Does the Negro suffer an inherited susceptibility? Has his contact with civilization been too brief to develop the immunity which seems to protect the white race more adequately? Will the handicaps of environment imposed upon the Negro account for the increased prevalence and severity of the disease? Serious searches for satisfying answers are just beginning to be made."

Reports of Committees. The following letter has been sent to the Chairman of each Committee of the Medical Society of Nova Scotia and 100% response is expected:

"Dear Doctor:—

As Chairman of the Committee on..... you are expected to submit your report to the General Secretary on or before the 30th day of June, 1931, in order that the same may be considered by the Executive at its first meeting on Tuesday, July 7th, 1931.

The programme for the coming Annual Meeting is heavy and all business should be expedited in every possible way. Those associated with you on this Committee are Doctors:

Please forward the same to me at as early a date as possible.

Yours very truly,

(Signed) S. L. Walker,
General Secretary.

The Medical Society of Nova Scotia

1931 MEMBERSHIP LIST 1931

Name	Address
Acker, J. C.	Barrington St., Halifax.
Acker, T. B.	Barrington St., Halifax.
Archibald, B. C.	Glace Bay, N. S.
Archibald, D. W.	Sydney Mines, N. S.
Armstrong, Thomas	P. O. Box , Halifax, N. S.
Atkinson, E. P.	Oxford, N. S.
Atlee, H. B.	Halifax, N. S.
Barss, G. A.	Rose Bay, Lunenburg Co., N. S.
Ballem, J. C.	New Glasgow, N. S.
Banks, H. H.	Barrington Passage, N. S.
Barton, W. J.	323 Brunswick St., Halifax.
Bates, J. Fabian	Glace Bay, N. S.
Bayne, C. M.	Sydney, N. S.
Beckwith, C. J.	N. S. Sanatorium, Kentville, N. S.
Bell, John	New Glasgow, N. S.
Belliveau, P. E.	Meteghan, N. S.
Benzie, R. McL.	Stellarton, N. S.
Bezanson, C. S.	Aylesford, N. S.
Blackett, A. E.	New Glasgow, N. S.
Blackadar, R. L.	Port Maitland, N. S.
Bliss, G. C. W.	Amherst, N. S.
Brown, G. W.	Clark's Harbour, N. S.
Braine, L. B. W.	Annapolis Royal, N. S.
Bruce, James	46 Whitney Ave., Sydney, N. S.
Bryson, Eliza T.	N. S. Training School, Truro, N. S.
Burns, Arthur S.	Kentville, N. S.
Burns, Gerald P.	81 South Park St., Halifax.
Buckley, A. F.	209 South St., Halifax.
Burris, M. G.	Dartmouth, N. S.
Byrne, T. Ives	Dartmouth, N. S.
Cameron, C. B.	Petite Riviere, N. S.
Cameron, J. J.	Antigonish, N. S.
Campbell, A. B.	Bear River, N. S.
Campbell, A. R.	Yarmouth, N. S.
Campbell, C. G.	670 Prince St., Truro, N. S.
Campbell, J. G. D.	407 Brunswick St., Halifax.
Campbell, P. S.	Port Hood, N. S.
Calder, Allister	3 York St., Glace Bay, N. S.
Calder, Alvinua	Sydney, N. S.
Calkin, B. H.	Stellarton, N. S.
Cavanagh, C. D.	Mulgrave, N. S.
Charman, F. S.	Truro, N. S.
Chase, Lalia B.	Wolfville, N. S.
Chisholm, A. N.	Port Hawkesbury, N. S.
Churchill, L. P.	Shelburne, N. S.
Chute, F. F.	Canning, N. S.
Chisholm, H. D.	Springville, Pictou Co., N. S.
Carroll, J. J.	Antigonish, N. S.
Cochran, W. N.	Mahone Bay, N. S.
Cochrane, D. M.	River Hebert, N. S.
Cochrane, P. S.	Wolfville, N. S.
Corbett, H. R.	N. S. Sanatorium, Kentville, N. S.
Corston, J. R.	Coburg Road, Halifax, N. S.
Colwell, W. G.	358½ Morris St., Halifax.
Creighton, H. A.	Lunenburg, N. S.
Cunningham, A. R.	260 Barrington St., Halifax.
Culton, Albert	Wallace, N. S.
Currie, J. A.	Sydney, N. S.
Curry, W. Alan	121 South Park St., Halifax.
Connor, V. F.	Maitland, N. S.

Name	Address
Davis, F. R.	Bridgewater, N. S.
Deckman, A. A.	Bridgetown, N. S.
Devine, M. E.	Kingston, N. S.
Deveau, G. R.	Arichat, N. S.
DeWitt, C. E. A.	Wolfville, N. S.
Digout, J. H.	St. Peter's, N. S.
Dinsmore, J. D.	Port Clyde, N. S.
Donkin, C. A.	Bridgewater, N. S.
Doiron, L. F.	Little Brook, Digby Co., N. S.
Doull, A. E., Sr.	34½ Morris St., Halifax.
Doull, A. E., Jr.	34½ Morris St., Halifax.
Drury, David	Maccan, N. S.
Dunbar, W. R.	Truro, N. S.
Dunn, G. A.	Pictou, N. S.
Eaton, F. F.	Truro, N. S.
Egan, W. J.	Sydney, N. S.
Elliott, C. S.	100 Gottingen St., Halifax.
Elliott, M. R.	Wolfville, N. S.
Farrish, G. W. T.	Yarmouth, N. S.
Fillmore, M. J.	Advocate Harbour, N. S.
Forbes, G. R.	Kentville, N. S.
Fuller, C. K.	Yarmouth, N. S.
Fuller, L. O.	Shelburne, N. S.
Fultz, W. E.	Glace Bay, N. S.
Gillis, Raymond I.	Baddeck, N. S.
Gilroy, J. R.	Oxford, N. S.
Gandier, G. G.	Dartmouth, N. S.
Goodwin, B. E.	Amherst, N. S.
Gosse, N. H.	82 Spring Garden Road, Halifax.
Gouthro, A. C.	Little Bras d'Or Bridge, N. S.
Gouthro, H. P.	Department of Immigration, Halifax.
Glenister, E. I.	186 Portland St., Dartmouth, N. S.
Graham, J. V.	51 Coburg Road, Halifax.
Granville, T. E.	Bedford, N. S.
Grant, H. A.	Neil's Harbor, N. S.
Grant, Wm.	Wolfville, N. S.
Green, F. W.	Glace Bay, N. S.
Hall, E. Brinton	Middleton, N. S.
Hallett, E. O.	Weymouth, N. S.
Hartigan, D. J.	New Waterford, N. S.
Harrison, L. L.	105 Morris St., Halifax.
Hattie, W. H.	Dalhousie Health Centre, Halifax.
Havey, H. B.	Stewiacke, N. S.
Hayes, K. P.	Sydney Mines.
Hennigar, C. S.	Liverpool, N. S.
Hill, F. L.	Port Greville, N. S.
Hemmeon, J. A. M.	Wolfville, N. S.
Hewatt, W. A.	Lunenburg, N. S.
Hogan, E. V.	College and Robie St., Halifax.
Holder, F. B.	126 Gottingen St., Halifax.
Holland, Clyde W.	119 Spring Garden Road, Halifax.
Jacobson, M.	303 Brunswick St., Halifax.
Johnson, T. R.	Great Village, N. S.
Johnston, S. R.	Victoria Gen. Hos. Annex, Halifax.
Johnstone, L. W.	Sydney Mines, N. S.
Keating, W. J.	301 Brunswick St., Halifax.
Keddy, O. B.	Windsor, N. S.
Kelley, H. E.	Middleton, N. S.
Kennedy, G. B.	Seabright, N. S.
Kennedy, W. J.	Musquodoboit Harbour, N. S.

Name	Address
Kent, H. V.	Truro, N. S.
Killam, H. E.	Kinsman's Corner, Kings Co., N. S.
Kinley, C. E.	133 Spring Garden Road, Halifax.
Kirkpatrick, H. W.	317 Barrington St., Halifax.
Kirkpatrick, T. A.	Kentville, N. S.
Lavers, F. C.	New Ross, N. S.
Lawlor, F. E.	N. S. Hospital, Dartmouth, N. S.
LeBlanc, B. A.	Arichat, N. S.x
LeBlanc, L. J.	Cheticamp, N. S.
LeBlanc, J. E.	West Pubnico, N. S.
Lebbetter, T. A.	Yarmouth, N. S.
Lessell, J. F.	151 South Park St., Halifax.
Little, F. R.	94 Gottingen St., Halifax.
Lockwood, T. C.	Lockeport, N. S.
Lovett, L. J.	Bear River, N. S.
Lynch, J. G. B.	Sydney, N. S.
Mader, A. I.	57 Morris St., Halifax.
Mader, Victor O.	149 South Park St., Halifax.
Marshall, A. M.	90½ Gottingen St., Halifax.
Marcus, S.	New Germany, N. S.
Mack, F. G.	140 Spring Garden Road, Halifax.
Mathers, R. Evatt.	34½ Morris St., Halifax.
Meahan, T. J.	Glace Bay, N. S.
Meech, L. R.	North Sydney, N. S.
Melanson, H. J.	Weymouth, N. S.
Messenger, F. S.	Middleton, N. S.
Miller, Clarence.	New Glasgow, N. S.
Miller, A. F.	N. S. Sanatorium, Kentville, N. S.
Miller, A. W.	New Waterford, N. S.
Moore, E. F.	Canso, N. S.
Morrison, J. C.	New Waterford, N. S.
Morrison, L. N.	Mahone, N. S.
Morrison, D. A.	Louisburg, N. S.
Morris, C. H.	Windsor, N. S.
Morse, L. R.	Lawrencetown, N. S.
Morton, A. McD.	52 Quinpool Road, Halifax.
Morton, C. S.	52 Spring Garden Road, Halifax.
Morton, L. W.	Yarmouth, N. S.
Munro, J. S.	North Sydney, N. S.
Murray, Daniel.	Tatamagouche, N. S.
Muir, W. L.	240 Jubilee Road, Halifax.
Murphy, G. H.	Carleton St., Halifax.
Murray, J. Stewart.	River John, N. S.
MacDonald, John A.	St. Peters, N. S.
MacDonald, Eric W.	Reserve, N. S.
MacIntosh, A. E.	Amherst, N. S.
MacKay, H. H.	New Glasgow, N. S.
MacKeen, R. A. H.	Pathological Institute, Morris St., Halifax.
MacKay, W. A.	Thorburn, N. S.
MacLellan, R. A.	Rawdon, N. S.
MacLeod, D. A.	Sydney, N. S.
MacLeod, F. T.	New Waterford, N. S.
MacMillan, Duncan.	Sheet Harbour, N. S.
MacLean, T. W.	Scotsburn, N. S.
MacIntosh, G. A.	Victoria Gen. Hospital, Halifax.
MacLeod, M. G.	Whycocomagh, N. S.
McAskill, F. G.	Glace Bay, N. S.
MacKenzie, K. A.	89 Spring Garden Road, Halifax.
McDonald, E. M.	Sydney, N. S.
McDonald, W. M.	Westville, N. S.
McCurdy, D. S.	Truro, N. S.

Name	Address
McDonald, John J.	New Glasgow, N. S.
McDonald, H. K.	Coburg Road, Halifax.
McDougall, J. G.	95 Spring Garden Road, Halifax.
McDonald, R. F.	Antigonish, N. S.
McDonald, Dan.	North Sydney, N. S.
McInnis, D. F.	Shubenacadie, N. S.
McKenzie, M. D.	Parrsboro, N. S.
McKenzie, S. G.	Westville, N. S.
McKay, H. Fraser.	New Glasgow, N. S.
McKiggan, John.	Port Morien, N. S.
McGreggor, A. F.	New Glasgow, N. S.
McGarry, M. E.	Margaree Forks, N. S.
McGarry, P. A.	Canso, N. S.
McKinnon, D. L.	Truro, N. S.
McKinnon, Hugh.	Berwick, N. S.
McKinnon, W. F.	Antigonish, N. S.
McIsaac, J. L.	Antigonish, N. S.
McGrath, J. P.	Kentville, N. S.
McLellan, E. K.	158 South St., Halifax, N. S.
McLellan, D. F.	New Glasgow, N. S.
McLellan, J. A.	Sydney, N. S.
McLean, J. A.	Glace Bay, N. S.
McLean, J. R.	50 South St., Halifax.
McLeod, F. J.	Inverness, N. S.
McLeod, A. C.	Caledonia, Queens Co., N. S.
McMaster, D. J.	Antigonish, N. S.
McRae, D. R.	Sydney Mines, N. S.
McRae, W. R.	Whitney Pier, N. S.
McLennan, S. J.	197 South Park St., Halifax.
McNeil, Dan.	3 Catherine St., Glace Bay, N. S.
McLeod, J. Knox.	Sydney, N. S.
McQueen, C. A. S.	Amherst, N. S.
McMillan, C. L.	Baddeck, N. S.
O'Brien, W. C.	Wedgeport, N. S.
O'Neil, Freeman.	66 Whitney Ave., Sydney, N. S.
Oxley, P. L.	Northport, N. S.
Parker, V. H. T.	Stellarton, N. S.
Patton, J. W. T.	Truro, N. S.
Patton, W. W.	Port Morien, N. S.
Payzant, H. A.	Dartmouth, N. S.
Pearson, Stella M.	Yarmouth, N. S.
Pentz, H. W.	183 Quinpool Road, N. S.
Phinney, W. S.	Yarmouth, N. S.
Poirier, W. G.	New Waterford, N. S.
Pollard, J. E.	Hantsport, N. S.
Pratt, Nelson.	Alton, N. S.
Proudfoot, J. A.	Inverness, N. S.
Ratchford, H. A.	Inverness, N. S.
Rehuss, W. N.	Bridgewater, N. S.
Reid, A. R.	Windsor, N. S.
Reid, J. B.	Truro, N. S.
Reid, J. W., Jr.	Barrington St., Halifax.
Rice, Grace.	11 Spring Garden Road, Halifax.
Rice, F. E.	Sandy Cove, Digby Co., N. S.
Robbins, W. H.	New Glasgow, N. S.
Ross, Hugh.	New Glasgow, N. S.
Rowlings, D. M.	Musquodoboit Harbour, N. S.
Rockwell, Wm.	River Hebert, N. S.
Roy, A. K.	North Sydney, N. S.
Roy, J. J.	Sydney, N. S.

Saunders, R. McK.	Lunenburg, N. S.
Simpson, J. H. L.	Springhill, N. S.
Sieniewicz, T. M.	6 Oakland Road, Halifax.
Schwartz, H. W.	183 South Park St., Halifax.
Shaffner, A. A.	109 Jubilee Road, Halifax.
Shankel, F. R.	Windsor, N. S.
Skinner, B. W.	Hubbards, Halifax Co., N. S.
Smith, C. H.	Berwick, N. S.
Smith, F. P.	Mill Village, N. S.
Smith, G. K.	Hantsport, N. S.
Smith, J. W.	Liverpool, N. S.
Smith, M. A. B.	Dartmouth, N. S.
Sparrow, C. J.	Reserve, N. S.
Spiro, Charles	New Glasgow, N. S.
Sponagle, J. A.	Middleton, N. S.
Stone, O. R.	Sherbrooke, N. S.
Sutherland, D. R.	Middle Musquodoboit, N. S.
Sutherland, J. W.	28 Crescent Ave., Amherst, N. S.
Sutherland, R. H.	Pictou, N. S.
Thomas, Lewis	299 Brunswick St., Halifax.
Tompkins, M. G.	Dominion, N. S.
Trites, C. B.	Bridgewater, N. S.
Walker, S. L.	Halifax, N. S.
Wardrope, M. J.	Springhill, N. S.
Walsh, F. W.	Springhill, N. S.
Weatherbe, P.	319 Barrington St., Halifax.
Webster, C. A.	Yarmouth, N. S.
Weir, A. F.	Freeport, N. S.
White, G. F.	Bridgetown, N. S.
Whittier, M. J.	Truro, N. S.
Wickwire, J. C.	Liverpool, N. S.
Williamson, S. W.	Yarmouth, N. S.
Withrow, R. R.	Springhill, N. S.
Woodbury, F. V.	105 South Park St., Halifax.
Wiswell, G. B.	186 Robie St., Halifax.
Young, M. R.	Pictou, N. S.
Young, S. P.	New Germany, N. S.
Zinck, R. C.	Lunenburg, N. S.
Zwicker, D. W. N.	Chester, N. S.

HONORARY MEMBERS.

Name	Address	Year Elected
Dr. George E. Buckley	Guysboro, N. S.	1922
Dr. D. McL. Chisholm	Port Hood, N. S.	1927
Dr. William H. Cole	New Germany, N. S.	1930
Dr. J. D. Densmore, Sr.	Manchester, N. H., U. S. A.	1928
Dr. Charles J. Fox	Pubnico, N. S.	1927
Dr. Arthur S. Kendall	Sydney, N. S.	1927
Dr. Joshua N. Mack	Halifax	1928
Dr. Daniel McIntosh	Pugwash, N. S.	1923
Dr. John W. McKay	New Glasgow, N. S.	1928
Dr. Finlay MacMillan	Sheet Harbour, N. S.	1922
Dr. Samuel N. Miller	Middleton, N. S.	1926
Dr. Willis B. Moore	England	1927
Dr. D. A. Murray	River John, N. S.	1928
Dr. John W. McLean	North Sydney, N. S.	1927
Dr. James W. Reid, Sr.	Windsor, N. S.	1930
Dr. John Stewart	South St., Halifax	1922

The Canadian Medical Register

Additions in 1930 of Doctors from the Maritimes.

Allen, Irene V., B.A., M.D., C.M., Dal. 1929	Summerside	July 10, 1929
Angevine, D.M., B.A., M.D., C.M., McGill 1929	Saint John	July 10, 1929
Aurbckle, A.M., M.D., C.M., McGill 1929	Pictou	July 10, 1929
Barnaby, H.C., M.D., C.M., Dal. 1929	Bridgewater	July 10, 1929
Baxter, W. J., M.D., C.M., McGill 1929	Fairville, N. B.	July 10, 1929
Browné, Carman C., M.D., C.M., Dal. 1929	Dartmouth	July 10, 1929
Cain, E. F., M.D., Alberta 1929	New Perth, P. E. I.	July 10, 1929
Casey, E. M. A., M.D., C.M., McGill 1929	Milltown, N. B.	July 10, 1929
Dunn, Lewis W., M.D., C.M., McGill 1929	Montague, P. E. I.	July 10, 1929
Dunn, P. R., M.D., C.M., McGill 1928	Gaspereaux, P. E. I.	July 10, 1929
Dunn, W. F., M.D., C.M., McGill 1928	Montague, P. E. I.	July 5, 1930
Donovan, A. L., M.D., C.M., McGill 1929	Saint John	July 10, 1929
Fraser, H. A., B.A., M.D., C.M., Dal. 1929	Halifax	July 10, 1929
Gavsie, W. H., M.D., C.M., McGill 1929	Sydney	Oct. 7, 1929
Giddings, E. S., M.D., C.M., Dal. 1930	Murray River, P. E. I.	July 5, 1930
Gowanloch, Louise R., M.D., Rush Med. Coll.	Halifax	Oct. 7, 1929
Harlow, Ralph R., B.A., M.D., C.M., Dal. 1929	Bridgetown	July 10, 1929
Hewatt, Wilfrid B., M.D., C.M., Dal. 1930	Summerside	July 5, 1930
Johnson, Charles H., M.D., C.M., Dal. 1930	Bathurst, N. B.	July 5, 1930
Jones, Charles MacL. M.D., C.M., Dal. 1930	Dalhousie, N. B.	July 5, 1930
Kirk, Claude M., M.D., C.M., McGill 1926	Antigonish	Oct. 7, 1929
Kirkpatrick, T. A., M.D., C.M., Dal. 1929	Halifax	July 10, 1929
Knox, P. McG., M.D., C.M., Dal. 1928	Pinehurst, N. S.	July 10, 1929
Land, Jacob, M.D., C.M., McGill 1930	Sydney	July 5, 1930
Lingley, James R., M.D., Harvard 1928	Wolfville	July 5, 1930
MacDonald, D. F., M.D., C.M., Dal. 1929	New Glasgow	July 10, 1929
MacDonald, D. R., M.D., C.M., Dal. 1905	Murray, N. S.	Nov. 23, 1929
MacDonald, R. I., M.D., C.M., Dal. 1930	Halifax, N. S.	July 5, 1930
MacNeil, J. R., M.D., C.M., Dal. 1930	Inverness, N. S.	July 5, 1930
MacKenzie, C. MacL., M.D., C.M., Dal. 1929	New Glasgow, N. S.	July 10, 1930
MacLean, H. MacK., M.D., C.M., Dal. 1928	Truro, N. S.	Oct. 7, 1929
MacLennan, D. A., M.D., C.M., McGill 1929	Campbellton, N. B.	July 10, 1929
MacNeil, C. H., M.D., C.M., Queen's 1929	Sussex, N. B.	July 10, 1929
McArthur, J. E., B.A., M.D., C.M., McGill 1929	Grand Mira, N. S.	July 10, 1929
McInerney, J. P., M.D., C.M., McGill 1929	Saint John, N. B.	July 10, 1929
McManus, J. J. P., B.A., M.D., West Ont. 1929	Wolfville, N. S.	July 5, 1930
McNeil, J. F., M.D., C.M., McGill 1902	Summerside, P. E. I.	Sept. 4, 1929
Messenger, D. B., B.A., Acadia, M.D., Toronto 1929	Bridgetown, N. S.	July 10, 1929
Minshull, F. A., M.D., C.M., Dal. 1930	Halifax, N. S.	July 5, 1930
Murphy, A. L., M.D., C.M., Dal. 1930	Halifax, N. S.	July 5, 1930
Murray, A. E., M.D., C.M., Dal. 1930	Hillsboro, N. S.	July 5, 1930
Murray, Anna I., M.D., C.M., Dal. 1929	Hillsboro, N. S.	July 10, 1929

O'Brien, H. D., M.A., M.D., C.M., Dal. 1927.....	Halifax, N. S.	July 10, 1929
O'Toole, G. W. K., M.D., C.M., McGill 1930....	St. Peters, N. S.	Oct. 18, 1930
Richard, A. L., M.D., Laval 1928.....	Moncton, N. B.	July 10, 1929
Richardson, A. L., M.D., C.M., Dal. 1930.....	Westville, N. S.	July 5, 1930
Robertson, B. D., M.D., C.M., McGill 1929....	Saint John, N. B.	July 10, 1929
Sangster, A. H., M.D., C.M., Dal. 1930.....	Windsor, N. S.	July 5, 1930
Schaffner, V. D., M.D., C.M., McGill 1930....	Lawrencetown, N. S.	July 5, 1930
Walker, A. J., M.D., C.M., McGill 1924.....	Halifax, N. S.	Oct. 7, 1929
Winfield, G. A., B.Sc., M.D., C.M., Dal. 1929..	Halifax, N. S.	July 10, 1929
Wright, C. B., M.D., C.M., McGill 1929.....	Moncton, N. B.	July 10, 1929
Yeo, I. J., M.D., C.M., McGill 1908.....	Charlottetown, P. E. I.	Aug. 25, 1930
Young, W. W., A.B., Penn., M.D., Hahnemann Phil.....	Cody's, N. B.	July 10, 1929

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