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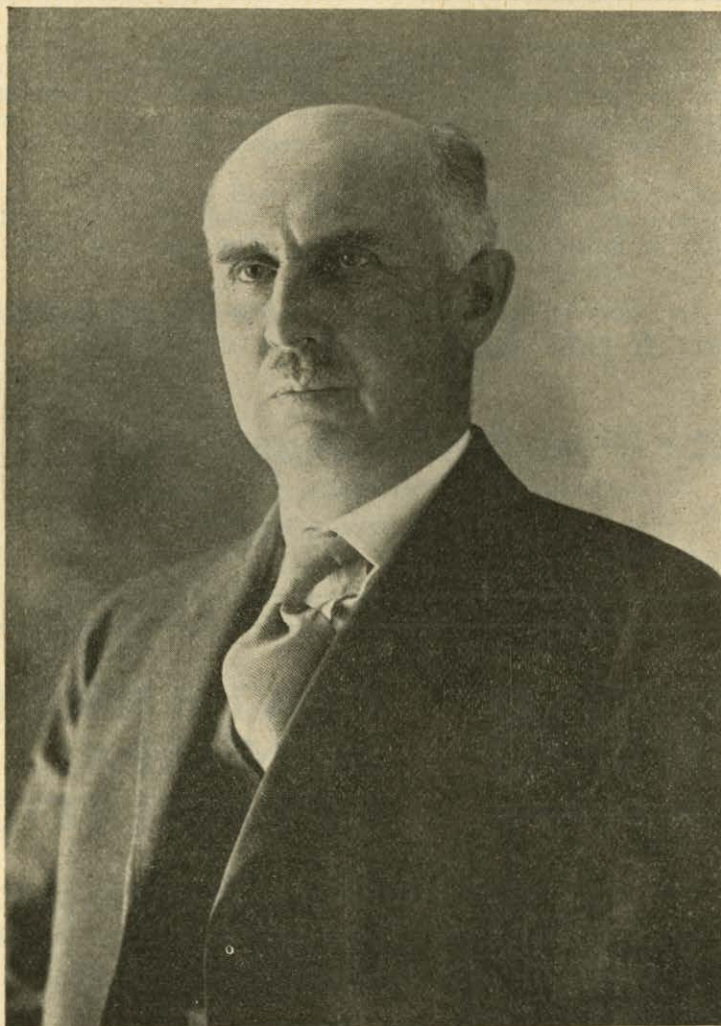
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DR. W. H. HATTIE,
Assistant Dean, Faculty of Medicine,
Dalhousie University.

William Harop Hattie, M.D., C.M.

McGill University, 1891

Halifax, N. S.

AS a distinct shock to every medical man in Nova Scotia came the news on the morning of December 5th that Doctor W. H. Hattie had passed away the evening before. It is only fair to state that perhaps no medical man in Nova Scotia has ever been as much in the eye of the public and as high in the estimation of his associates, as Doctor Hattie. There are several reasons for this.

In the first place Dr. Hattie has always been an institutional man from the time he went to the Nova Scotia Hospital in 1891, immediately after graduation, until he became Acting Dean of Dalhousie Medical College some eight or nine years ago. This included a period when he was the Superintendent of the Nova Scotia Hospital and then Provincial Health Officer. He was thus always in intimate touch with the medical men of the Province the entire thirty years of his professional career and was better known to more of them than any other practitioner.

But again Dr. Hattie had a personality that actually endeared him to those who had the pleasure of coming into direct contact with him. Moreover he had the art of conveying that sense of personal friendship to all who had anything to do with him. In particular this served him well in his many more or less public duties. We have in mind chiefly the period when he was the executive officer of what was called the Department of Health, when every Minister of the Crown had the entire say as to about every phase of his work. He seemed to say "Yes" to every one, yet quietly and gradually he brought about real reforms and contributed as much, if not more, than any other to the bringing about of conditions that made our present enviable position possible.

Even when he was unsuccessful in accomplishing his aims, subsequent years nearly always vindicated the wisdom of his contentions. An illustration of this is his opposition in the late nineties of the proposed removal of the so-called harmless insane to the county poor houses owing to over crowding in the N. S. Hospital and the high cost of maintenance there. Now we have these nearly all in specially constructed and properly supervised institutions in various parts of the province.

Then Dr. Hattie was a thoughtful, pleasing and prolific writer. A glance over the *Maritime Medical News*, our own BULLETIN and the *Canadian Medical Association Journal*, besides papers presented before many organizations, will show how much of his time and energy was thus expended. Then he was identified with nearly every welfare organization operating in Nova Scotia. As Registrar of the Provincial Medical Board he came into personal contact with every doctor in practice in the Province.

These are some of the reasons for saying he was the best known medical figure in Nova Scotia. To this might be added that, with Dr. John Stewart, he was the best known Nova Scotian in the medical world elsewhere.

William Harop Hattie was born in Pictou, N. S. on July 27, 1870, a son of George Hattie and Agnes McKean Hattie, both Scottish, of course. He was

another of the many graduates of Pictou Academy to bring honor to this school and to this Province. He studied Medicine at McGill University graduating in 1891, some months before he could legally register in Nova Scotia. Immediately upon his return to the Province he was attached to the staff of the Nova Scotia Hospital under the superintendency then of Dr. A. P. Reid, followed shortly by Dr. George L. Sinclair. From 1908 till 1913 he was himself Superintendent. From the latter year to 1922 he was Provincial Health Officer. In 1922 he became definitely connected with the Dalhousie Medical College as Assistant Dean and Professor of Hygiene. In all of these positions he evidenced originality in initiative and thoroughness in administration. His position as Registrar—Treasurer of the Provincial Medical Board for many years brought him in close contact with all students and applicants for registration.

Besides, as intimated, he was identified with many organizations; Rotary, North British, Council of Mental Hygiene, Brightwood Golf Club, etc., etc. His medical society membership included the Halifax Society, The Nova Scotia Society, the Canadian Medical Association, the Royal Institute of Public Health, the American and Canadian Public Health Associations, the American Psychiatric Association, etc. In all of these he took an active part and until recently attended very many of their annual meetings.

On September 22, 1897 he was married to Miss Eva Merkle, daughter of Mr. and Mrs. J. Fisher Grant of New Glasgow, and to them were born two sons, John Stewart and Murray Sinclair Grant, and a daughter Marjorie (Mrs. Charles Moffatt). Mrs. Howard Murray is a sister and R. M. Hattie a brother of the deceased. To these the BULLETIN extends the sympathy of the entire medical profession.

On Monday, December 7th, his remains were laid to rest in St. John's Cemetery, Halifax, following a most impressive service at St. Matthew's Church attended by Dalhousie professors and students in large numbers. A Halifax daily paper on this day had an editorial of which we may quote the opening and concluding paragraphs:—

"Nova Scotia has had few men more prominently and helpfully connected with the development of medical science and mental hygiene in this Province than Dr. W. H. Hattie, whose sudden passing is so deeply deplored by a wide circle of friends and acquaintances within and without the medical profession.

"Devoted to his calling, a loyal member of his church, a diligent student thoroughly conversant with the most recent developments in medical science, Dr. Hattie possessed a singular charm of manner, and his brilliant gifts enabled him to render valuable and fruitful service to the causes he had at heart. A Christian gentleman, the soul of honor, Dr. Hattie's life and achievement have been of incalculable worth to his native Province; his influence and the fragrance of his memory will long abide."

Address of President Stanley at St. Matthew's Church, at funeral of Dr. Hattie, Assistant Dean, Medical Faculty, Dec. 7, 1931.

We are gathered together to-day to do the last tangible honor, which it is possible to do, to a friend, a colleague, a teacher, a healer, a most loyal and lovable gentleman. Most of you who are assembled here, knew Dr. Hattie a much longer time than I. And yet in four months I have learned to appreciate his qualities, and so though it falls to me, on behalf of Dalhousie

University, to utter the eulogy that many would fain utter, and which others would utter more worthily, I find no difficulty in testifying to the great service which Dr. Hattie steadily did for the Medical School and the University at large, and to the extreme sense of loss which all of us have at this moment.

Many men are vague in outline, hard to place, difficult to assess. But the men who do the day's task and carry the world forward have a way of being simple, straightforward, transparently clear as to motive and purpose. So it was with our friend, Dr. Hattie. If he had one fault, it was an excess of modesty. And yet in these days of self-advertisement, it was a joy to find a man who was not confident and certain about his own powers. About other men he stated himself more precisely but always about what the man could do, and had done, never about his failings. He was Scotch and critical, and just, yet he grasped clearly the essence of human wisdom, which is to seize on what is possible, and lose little time over the difficulties.

What struck me, when I first met him, was his loyalty, and it has never failed to strike me clearly as I got to know him better. He made no parade of it, but the spirit of it shone through him, in word and action. He was loyal to Dalhousie and its Medical Faculty. The first thing he said to me was: "You may think Dalhousie has a small Medical School compared with other universities you know, but there is good stuff here, and we are making excellent progress." He went on to praise the work of my predecessor, and to tell me how the Medical School had grown under his regime. Of Dean Stewart he spoke with affection, and even reverence. In a later conversation, it transpired that he was a graduate of the University from which I had just come. In every word of reference to it there was the same breath of loyalty.

I think that all of you here, who knew him, will agree about this characteristic of his. Perhaps I may add that he showed a surprising loyalty to me. He seemed to be aware in a strangely sympathetic way of my difficulties in grasping all the necessary threads, and he most unselfishly went out of his way to save me from possible mistakes and misapprehensions. In particular, he took delight in acquainting me with the men I should have to work with. As I met them and saw their bearing to him, I understood fully why the onerous duties of his office, as Assistant Dean of the Medical Faculty, had fallen on his shoulders. He knew his colleagues intimately and seemed to draw each man out on his better side. He knew all the students just as personally, and took a fatherly interest in them.

To-day we speak of it all as in the past, but his work continues and will continue, and indeed the efforts he made in a formative and difficult period will have a multiplied result in the days to come. Dalhousie University will cherish his memory.

Department of Public Health and Preventive Medicine,
McGill University.

Montreal, December 8, 1931.

Carleton W. Stanley, Esquire, M.A.,
President of Dalhousie University,
Halifax, Nova Scotia.

Sir:—

The staff of the Department of Public Health and Preventive Medicine request that you be good enough to convey to the Medical Faculty of Dalhousie University their deep sympathy on the death of their Assistant Dean.

Doctor Hattie was an outstanding figure in Public Health, and the loss sustained by your University is also a national one.

Yours very truly,

(Signed) GRANT FLEMING, M.D.,
Director.

Department of the Public Health, Nova Scotia.

Office of the Minister.

I have known Dr. Hattie in a number of capacities and can speak of him with the greatest admiration. I wish to say but a word at this time of our departed Friend's work as Chief Public Health Officer of the province. It is right to say that he pioneered in this important activity. He had great difficulties to overcome. The Public mind, when Dr. Hattie took on, was not directed to Public Health work. By his quiet persistent efforts he sowed the seed for better public sentiment in the province, and brought about reforms in our health laws, which were well up in modern requirements.

Often working in a cold unsympathetic atmosphere one wonders to-day how he accomplished so much.

This Department gratefully recognizes Dr. Hattie's services to the province. Personally, and as a representative of the Government, I desire to pay my tribute to his memory.

G. H. MURPHY,
Minister of Public Health.

HIS LAST WRITINGS

Just before Dr. Hattie was taken ill he had completed his usual contribution to the *C. M. A. Journal*, reviews and notes. Readers will note that the BULLETIN has also been furnished each month with a copy of the notes. This month his office passed to us also the reviews. A pencilled memo indicates they were finally typed December 4th. Having early acquired a very extensive familiarity with medical literature, assisted by a remarkable faculty for plain and easy expression, Dr. Hattie contributed much to medical journals and other publications. It is quite fitting that this last effort of his should be published in full in this number of the BULLETIN.

THE PROBLEM OF THE CHILD IN THE TUBERCULOUS HOUSEHOLD. Wingfield, R.C., *Brit. Med. J.*, 3695, 787 (October 31, 1931).

Four principal questions are discussed in this article.

First: What is the relation of the incidence of infection, in time and intensity, among contact children (i.e., children of tuberculous households) to that among the general child population? The statistics of the Brompton Hospital Research Department, which relate to the working class population of London, show that of 1,000 children, 82 per cent. of the contact children and 52 per cent. of the non-contact children were found infected at the age of fifteen. A closer investigation reveals that while in non-contact children the incidence increases steadily year by year from birth to age fifteen, in contact children the incidence reaches almost to its summit at a much earlier age. The

rates reported from other countries differ, but agree in indicating that, in comparison with non-contact children, the incidence among contact children is much higher and infection takes place much earlier—almost reaching its highest point during the first five years of life. *Second*: Does the contact child run greater risk of immediate sickness or death from tuberculosis than the average child? After reviewing his own experiences and those of others in different countries, Wingfield answers this question with a strong affirmative and adds that the younger the child the greater the risk. In explanation, he favours the contention of Myers and others that the danger to the young child lies in continuous infection—at the time of most intimate contact with infected parents—when the effect of a non-lethal dose may be magnified by being received during the negative phase following a previous infection. If the infant be protected from further exposures after the first infection the prognosis need not be bad. *Third*: Is the contact child exposed to greater risk of future sickness or death from tuberculosis than the average child? While this question cannot be answered so definitely as the others, Wingfield believes that childhood infection exerts a protective influence, and that there is no evidence to show that the extremely early infection, which is the feature of childhood exposure, exerts any influence on the incidence of adult disease. There is need, however, for further investigation of the influence of infantile infection on the incidence of adolescent tuberculosis. *Fourth*: Does the contact child constitute an immediate danger to the community? Some recent investigations may, if reported results are confirmed, modify our views relative to infectivity, but for the present it cannot be said that the contact child who is not clinically tuberculous is dangerous to others.

Wingfield points out the importance of co-operation between the family physician and the health authority when there is a child in the tuberculous home. The physician must see to it that the tuberculous parent is instructed in the simple means by which infection of the child may be avoided. Continuous infection must be guarded against. The Papworth experience proves that a child may live safely in a tuberculous home. The health authority should assist by applying the Mantoux test and arranging for necessary x-ray examinations. Wingfield has a good word to say for the B. C. G. vaccine, believing that the period of immunity it provides, even though it may not last long, is "a useful weapon to tide over the dangerous period of infantile contact and exposure, in conjunction with other methods for preventing continuous exposure to massive infection." He would also like to see the tuberculin test applied to every child, and declares it should be applied to every contact child, and that every positive reactor should be x-rayed—the information gained being filed for future information and research.

W. H. H.

Diet as a Prophylactic Agent Against Puerperal Sepsis. Green, H.N., Pindar, D., Davis, G., and Mellanby, E. *Brit. Med. J.*, 3691, 595. (October 3, 1931).

A previous paper dealt with the therapeutic effect of vitamin A in puerperal sepsis. The results obtained in treatment suggested the use of the vitamin in prophylaxis. The body has great capacity for storing vitamin A, especially in the liver, but the store may easily be depleted, and reasons are given for the belief that women are frequently deprived of their reserve at the time of childbirth. As the vitamin has an anti-infective action, it is very desirable

that there be a good reserve for the puerperal period. In the investigation here recorded 550 parturient women are under observation. Each alternate woman was given an extra supply of vitamins A. and D.—usually for a month, but in some cases for a fortnight—before delivery. The other women served as controls. Complicating factors were very evenly distributed between the two groups. Of the vitamin-treated cases 1.1 per cent., and of the control cases 4.7 per cent. developed the B. M. A. standard of morbidity—i.e., two rises of temperature of 100°F. or over between the end of the first and the end of the eighth day after delivery. Moreover the incidence of sepsis of a major type was significantly greater in the control group.

The authors conclude that the expectant mother should be placed upon a diet—rich in vitamin A for the last month of pregnancy.

W. H. H.

Iodine in Relation to Endemic Goitre. Hercus, C.E., Aitken, H. A. A., Thomson, H. M. S., and Cox, G. H. *Jl. Hyg.*, 31, 4, 493.

In this elaborate study, the iodine content of many samples of soil, the effect of various manures on the iodine content of plants, the iodine content of various foods and of several institutional dietaries, and a variety of investigations relative to iodine metabolism in man, including estimation of the iodine in blood, excreta and thyroid gland in different types of goitre, are among the matters to which the authors gave attention. It was found that most artificial manures increased the iodine contents of crops, and that regional differences in the iodine content of foodstuffs were related to the frequency of goitre in communities studied. Investigation of the dietaries of 15 residential institutions showed need for supplementing the amount of iodine provided in the food. Adjustment of iodine metabolism may come about slowly after a change in diet. Iodized salt is more effective in promoting storage of iodine when associated with a meat diet. This salt has the effect of adjusting the excretion of goitrous adults to the normal non-goitrous value. Domestic salts vary greatly in their iodine content, and the same was found to be true of the samples of iodized salt analyzed—and even of different portions of certain samples—thus indicating the need for careful analytical control.

W. H. H.

NOVA SCOTIA NOTES.

The new building of the Halifax Infirmary has progressed so far that work on the interior is now well under way. The exterior presents an imposing and architecturally pleasing appearance.

Dr. Kenneth M. Grant, who graduated in Medicine at Dalhousie in 1929, has been awarded a Rockefeller grant to enable him pursue special study in obstetrics and gynaecology and has left for Chicago where he will carry on work under the guidance of Dr. DeLee.

Dr. Donald Mainland, Professor of Anatomy at Dalhousie University, has been made the recipient of a grant from the Banting fund to assist him in the further prosecution of a study of nuclear and cell measurements of certain tissues in which he has been interested for some time. Dr. Mainland feels

that a proper statistical analysis of his measurements will disclose information of much practical value.

Mr. B. Evans Parry, consultant architect of the department of Pensions and Health, Ottawa, was in Halifax on the third of December, and discussed with the provincial department of Health plans for a tuberculosis annex at the St. Martha's Hospital, Antigonish. On the following day he went to Antigonish to meet the Minister of Health and the hospital authorities.

Dalhousie University.

The corner-stone of a new gymnasium building was laid, with appropriate ceremony, on the tenth of November, Mr. Hector MacInnes, senior member of the Board of Governors, officiating. The new building is to replace the structure destroyed by fire some months ago, and is to include features which will make it adaptable to other than gymnasium purposes. Architecturally, it will harmonize with the other buildings on the campus.

The new "tuberculosis annex" of the Memorial Hospital, Inverness, was formally opened on the twenty-fifth of November. This is the first of the general hospitals, which are co-operating with the Ministry of Health in providing special accommodation for tuberculosis patients, to complete building operations. The event was marked by a largely attended dinner, at which speakers included Hon. Dr. Murphy, Minister of Health, several representatives of his department, and the physicians of Inverness.

The fifty-ninth annual meeting of the Provincial Medical Board of Nova Scotia was held at Halifax on the 13th of November, when exceptionally satisfactory reports were presented. From the financial point of view the most successful year in the history of the Board was recorded. Dr. J. G. MacDougall was re-elected president, and Dr. W. H. Hattie secretary-Treasurer, registrar.

The annual meeting of the Soldiers' Memorial Hospital, Middleton, was held on the second of December, although a small deficit was reported on the year's work, the reports generally were regarded as highly encouraging. Hon. Dr. Murphy, Minister of Health, was in attendance, and spoke on the part, of the small hospital in the community. Dr. A. McD. Morton, of Halifax who was present, was called upon and made a brief address.

At the graduating exercises of the training school of the Victoria General Hospital, held on the 26th of November, twenty nurses were awarded diplomas. The graduates were addressed by Dr. Hugh Schwartz. The chairman of the Board of Commissioners, Mr. O. E. Smith, made a fitting reference to the loss the hospital sustained in the death of Hon. George E. Faulkner, who was chairman of the board for several years, and Mr. W. W. Kenney, who was superintendent of the hospital for a long period. A tablet in memory of Mr. Kenney, the gift of the American Hospital Association, was unveiled by the Honourable, the Chief Justice, and Rev. Mr. Huddleston gave a short address in which his late parishioner, Mr. Kenney, was highly eulogized. Among those taking part in the proceedings was Dr. George A. MacIntosh, the present superintendent of the hospital.

At the annual meeting of the Halifax Children's Hospital, held on the 10th of November, very excellent reports were presented. During the year approximately \$110,000.00 was expended on construction and renovation. The new nurses' residence was completed, and quarters formerly occupied by nurses in the hospital building were remodelled and made into small wards for patients. A very fine new operating room was provided, the equipment of which includes a balfour operating table and an Operay multi-beam electric light fixture. The hospital now has accommodation for 90 patients, and could receive 100 should it become necessary. The medical board reported an usually busy and successful year. All present at the meeting were greatly pleased to see Mr. O. E. Smith back in his presidential chair, looking very well after a long and serious illness.

W. H. H.

"Patent Medicine" Business Grows More Subtle.

The establishment of an informational and educational unit for the dissemination of matter on public health and on the "patent medicine" evil was among the major recommendations of Dr. Samuel M. Gordon, consultant for the city of New York, in a plan for the control of the sale of proprietary medicines. A quotation from the report follows:—

"There is available a large amount of information on patent medicines and drugs in the publications of the American Medical Association, the United States Department of Agriculture, the United States Post Office Department, the Federal Trade Commission, the National Better Business Bureau, and the Various State Departments of health and agriculture. Since more immediate aspects of this program centre around the educational phases, the information should be readily available to city health departments.

"The citizens should be encouraged to write to the health department for information and advice on specific patent medicines in which they are interested. The answers to the laity should not be confined to mere statements as to the chemical composition but should consist of statements legally sound as to potential therapeutic effects or harmfulness.

"The heyday of the patent medicine is past. Yet in its larger aspects patent medicine exploitation is a more subtle affair than it was twenty years ago. The rank exploitation of patent medicines for certain deep-seated and incurable diseases as cancer, tuberculosis, pernicious anemia and others have been replaced by more subtle and more insidious exploitation of articles for various groups of ill-defined conditions, based on an evasive appeal to the health desires of the public.

"The change in attitude on the part of the alert patent medicine exploiters has no doubt been forced by the enactment of the food and drug acts of the national government, and of the various states, and the extra-legal and educational activities of the American Medical Association, the American Society for the Control of Cancer, the National Tuberculosis Association, and many others.

Outlandishly quackish claims are thus less common than before the initiation of these activities, although among foreign elements of New York City this no doubt still presents a serious problem. Hence patent medicines are exploited by advertisements written in such a manner that the uncritical and none to careful reader is led to believe that he is suffering from diseases or conditions which the particular medicine is said to cure."

Cancer Report of Victoria General Hospital

DR. S. R. JOHNSTON.

FIVE years have now elapsed since the Radium Department was established at the V. G. Hospital, and it would seem timely to present a summary of the work done, and the conclusions which may be reasonably drawn from it.

It is apparent that some of the profession are not aware that the Province of Nova Scotia was one of the first in Canada to furnish radium for the treatment of cancer patients.

We can be justly proud of the part that this Province has already taken (small though it may be) in the alleviation of the cancer sufferer.

It is not generally realized that five years ago there was only one other province in Canada with a publicly owned supply of radium, and that at this time there were not more than six radium emanation plants in Canada and the United States.

We have at the Victoria General Hospital 210 milligrammes of radium, half of which was purchased by the Provincial Government, and half by the Halifax Dispensary; the latter portion to be primarily used for the treatment of the indigent cancer case residing in the City or County of Halifax.

A radium emanation plant was constructed under the direction of Prof. Henderson of the Physics Department of King's College. This plant is unique in that there are few, if any, plants constructed to work efficiently with such a small amount of radium. This apparatus has excited considerable favourable comment in the *Journals of Physics*, both in America and Europe. An experienced radium technician from Sir Ernest Rutherford Laboratory at Cambridge, was engaged three years ago to take charge of the apparatus.

Summary of Cases Treated by Radium and X-Ray. June 4, 1926—June 4 1931.

| Summary | Total | Summary | Total |
|------------------------|-------|----------------------|-------|
| Carcinoma Abdomen..... | 6 | Carcinoma Thigh..... | 3 |
| “ Antrum..... | 1 | “ Uterus..... | 16 |
| “ Breast..... | 89 | “ Urethra..... | 1 |
| “ Bladder..... | 19 | “ Vulva..... | 3 |
| “ Cheek..... | 57 | “ Vagina..... | 11 |
| “ Cervix..... | 187 | Sarcoma Antrum..... | 7 |
| “ Chest Wall..... | 2 | “ Abdomen..... | 1 |
| “ Face..... | 139 | “ Bone..... | 10 |
| “ Hand..... | 6 | “ Breast..... | 3 |
| “ Kidney..... | 1 | “ Chest..... | 4 |
| “ Lip..... | 151 | “ Glands..... | 5 |
| “ Larynx..... | 11 | “ Jaw..... | 2 |
| “ Mediastinum..... | 1 | “ Neck..... | 3 |
| “ Oesophagus..... | 1 | “ Ovary..... | 1 |
| “ Ovary..... | 1 | “ Skin..... | 2 |
| “ Prostate..... | 18 | “ Thigh..... | 7 |
| “ Parotid..... | 3 | “ Uterus..... | 4 |
| “ Penis..... | 5 | Leukaemia..... | 6 |
| Carcinoma Rectum..... | 35 | Hodgkins..... | 17 |
| “ Stomach..... | 7 | Men'ngioma..... | 2 |
| “ Tongue..... | 29 | Hypernephroma..... | 1 |
| “ Thyroid..... | 6 | | |
| “ Tonsil..... | 1 | | |
| “ Testicle..... | 2 | Grand Total..... | 887 |

| | |
|--|-----|
| Average age, Carcinoma Cervix..... | 54 |
| Average age, Carcinoma Lip, Face, Cheek and Mouth..... | 67 |
| Residence, Halifax City and County..... | 295 |
| Provincial..... | 592 |

An analysis of these figures brings out several important points.

First, the total number of patients treated seems large, but it should be remembered that Nova Scotia has the highest death rate from Cancer of any Province in the Dominion, and that vital statistics tend to show that there are three living cancer patients to every one which dies of the disease. This Province has achieved undesirable notoriety on account of its cancer rate, but in fairness, this rate should be considered in connection with the percentage of the population of cancer age, as compared with other provinces having similar percentages.

It is interesting to note that Ontario is the only province comparable to Nova Scotia in this regard, the figures being respectively 17.78 and 17.99. The cancer death rate in Ontario is 88.1, while in Nova Scotia it is 93.9.

The influence of age is well shown by comparison with the statistics of Saskatchewan, with a percentage of population over 50, of only 9.23% with a corresponding low cancer death rate of 38.4.

2. The time elapsing between the discovery of symptoms and the institution of treatment. This period averages approximately 2.5 years, and corresponds to the figures obtained by the writer some four years ago by circularizing the profession of the Province.

This work was done through the courtesy of the Dept. of Public Health, and met with a generous response. It is this time interval which perhaps more than any other one factor determines the end results in the great majority of cases.

3. It follows in natural sequence that the number of patients treated for advanced lesions, is greatly in excess of those with early and curable conditions. The proportion is approximately 4-1. For example, in 66 cases of Carcinoma of Lip treated by radium, 31 were advanced with involvement of the glands, while 8 cases were recurrent. In 113 cases of Carcinoma of cervix 101 were in advanced stages of the disease.

4. The economic question. The number of patients who are unable to pay even a small fee greatly exceeds those whose financial circumstances permit a charge to be made.

It may be said that every endeavour has been made to meet the financial status of the patient, and that any suggesting of exploiting the financial side has been carefully avoided.

Owing to the great difficulty in securing an efficient follow-up system, our statistics are far from being complete. This is largely due to the fact that many of our patients come from country districts, and do not return for examination when requested. Many patients, when written to, will state that they are well, but there is no medical evidence on this point. The expense of travelling is no doubt one of the reasons why patients are tempted to judge for themselves whether or not their condition is cured.

It is to be hoped that our present system of writing to both doctor and patient every six months will result in more complete statistics.

5. Results obtained. The difficulty in evaluating radium and x-ray in the treatment of cancer lies in the fact that they are used so largely in treating

incurable cases. Results must therefore be viewed first from the standpoint of palliation, a large group, and secondly from the curative point of view, a small group.

It is difficult to evaluate palliative results in statistical terms.

The benefits of palliation from x-ray and radium therapy are not generally appreciated, and if space permitted, much might be said in this connection, but suffice it for the present to state that radiation will in a large number of hopeless cases do much to relieve the pain and distress of metastatic involvement, and make the last days of the patient happier from a physical and mental point of view.

We have had many cases of cancer of the breast and cervix, with advanced involvement, who have lived in comparative comfort from for 2 to 5 years. At the present time a patient with sarcoma of the thigh has been under treatment for 5 years, and is still active, although the tumour is slowly progressing. As freedom from clinical evidence of disease for 5 years is the generally accepted meaning of the work cure, we can only consider in this report the cases treated during the year 1926.

Cases Treated by Radium 1926-1927.

| | Primary with glands | Primary No glands | Recurrent | Secondary | Total |
|----------------------------|---------------------|-------------------|-----------|-----------|-------|
| Cancer of Lip | 4 | 4 | 1 | 1 | 10 |
| No clinical evidence..... | 2 | 3 | .. | .. | 5 |
| Unimproved..... | .. | .. | 1 | 1 | 2 |
| No report..... | 2 | 1 | .. | .. | 3 |
| Carcinoma Cheek | 2 | 1 | .. | .. | 3 |
| No clinical evidence..... | .. | 1 | .. | .. | 1 |
| Unimproved..... | 2 | .. | .. | .. | 2 |
| No report..... | .. | .. | .. | .. | .. |
| Carcinoma Face | 3 | 13 | 2 | .. | 18 |
| No clinical evidence..... | .. | 11 | .. | .. | 11 |
| Unimproved..... | 3 | .. | 2 | .. | 5 |
| No report..... | .. | 2 | .. | .. | 2 |
| Carcinoma Mouth | .. | 2 | .. | .. | 2 |
| No clinical evidence..... | .. | 2 | .. | .. | 2 |
| Unimproved..... | .. | .. | .. | .. | .. |
| No report..... | .. | .. | .. | .. | .. |
| Carcinoma Tongue | 1 | .. | .. | .. | 1 |
| No clinical evidence..... | .. | .. | .. | .. | .. |
| Unimproved..... | 1 | .. | .. | .. | 1 |
| No report..... | .. | .. | .. | .. | .. |
| Carcinoma Cervix | 14 | .. | 1 | 1 | 16 |
| No clinical evidence..... | 2 | .. | .. | .. | 2 |
| Unimproved..... | .. | .. | 1 | 1 | 2 |
| No report..... | 4 | .. | .. | .. | 4 |
| Palliation, 2-4 years..... | 8 | .. | .. | .. | 8 |
| Carcinoma Vagina | 1 | .. | .. | .. | 1 |
| No clinical evidence..... | .. | .. | .. | .. | .. |
| Unimproved..... | 1 | .. | .. | .. | 1 |
| No report..... | .. | .. | .. | .. | .. |
| Carcinoma Bladder | 4 | .. | .. | .. | 4 |
| No clinical evidence..... | .. | .. | .. | .. | .. |
| Unimproved..... | 4 | .. | .. | .. | 4 |
| No report..... | .. | .. | .. | .. | .. |

Cases Treated by Radium 1926-1927.

| | Primary with glands | Primary No glands | Recurrent | Secondary | Total |
|---------------------------|------------------------|----------------------|-----------|-----------|-------|
| Carcinoma Prostate | .. | 1 | .. | .. | 1 |
| No clinical evidence..... | .. | .. | .. | .. | .. |
| Unimproved..... | .. | .. | .. | .. | .. |
| No report..... | .. | .. | .. | .. | .. |
| Palliation, 4 years..... | .. | 1 | .. | .. | 1 |
| Carcinoma Penis | 1 | .. | .. | .. | 1 |
| No clinical evidence..... | .. | .. | .. | .. | .. |
| Unimproved..... | 1 | .. | .. | .. | 1 |
| No report..... | .. | .. | .. | .. | .. |
| Carcinoma Rectum | 1 | .. | .. | .. | 1 |
| No clinical evidence..... | .. | .. | .. | .. | .. |
| Unimproved..... | 1 | .. | .. | .. | 1 |
| No report..... | .. | .. | .. | .. | .. |
| Total Cases | | | | | 58 |

On the basis of our five years experience with the radiation treatment of cancer, may I be permitted to make a few suggestions.

First and foremost we need greater hospital accommodation and facilities, in order to give our patients the maximum benefit of treatment. Radiation technique is changing, and in many cases treatment should be given over a period of from several days to two weeks. Patients should be kept under observation until the reaction from treatment has subsided particularly when they come from country districts, and are not within easy reach of their physician.

Many such cases become secondarily infected from improper care, thus destroying any good that radiation might have accomplished.

Also it is generally recognized that it is often useless and frequently harmful to treat by radiation, patients who are greatly below par, those with a red count of less than four million. Much could be done to increase the resistance of these patients if a longer stay in hospital were permitted.

Under present conditions, due to the great demand for bed space, with frequently a long waiting list, an adequate stay in hospital is not possible, and it is often times necessary in order to make room for those acutely ill, to give the patients their initial treatments and discharge them within a few days of their admission. Such a state of affairs does not permit of doing justice either to the patient or to the treatment adopted.

2. That a tumor clinic should be founded in every hospital connected with a teaching institution, presided over by a group of men consisting of Surgeon, Clinician, Pathologist and Radiologist. This clinic should secure a complete history, diagnosis, treatment and follow-up report in each case presented at the hospital.

To every one who has followed even a small proportion of the voluminous literature on the treatment of cancer, it must be apparent that there is wide difference of opinion as to the proper method of treating even the superficial forms of the disease.

It would therefore seem wise that in each case it should be considered whether surgery, diathermy, x-ray or radium, or a combination of these is the best form of attack.

To do this one must bring to bear experienced surgical and clinical judgment in active co-operation. We have our own peculiar problems, and while we may be guided to some extent by what is done elsewhere, the ultimate solution must rest with ourselves.

3. The large number of cancer cases in this Province; the length of time elapsing between the discovery of symptoms and the institution of treatment, and lastly the overwhelming proportion of advanced cases received for treatment, show without doubt the need for a well considered campaign of cancer propaganda.

The responsibility for the eradication of malignant disease rests largely with the general practitioner and the public.

4. In order to treat a great number of patients, more radium is needed, just how much more is a matter for consideration, probably a gramme would be sufficient for our needs for some time to come.

5. Institutional care is needed for advanced indigent cases; the family has neither the means nor the patience to look after these poor sufferers, who often through lack of knowledge, and fear of contagion are frequently kept isolated and receive little if any attention. Surely it is our duty to make the last days of these unfortunates as comfortable as possible.

Even when institutional care is not available, much more might be done for the incurable case.

The medical aspects of the cancer patient deserve more attention than they usually receive.

The cancer patient is entitled to just as much care and thought as the incurable cardiac patient.

Greater attention should be given in every medical teaching institution to the subject of cancer.

Conclusion. It must be admitted that we as a profession are not doing all that is at present possible for the cancer sufferer. The treatment of cases by radiation is only a small part of the problem, but even in this respect our results can be improved by more standardized and better controlled methods. A consideration of the whole problem in its broadest aspects, combined with a thoroughly organized effort is necessary to bring the greatest assistance to the patient, and to eventually remove from the statistics of this Province the stigma of an increasing cancer rate.

HISTORY OF CANCER.*

Hippocrates was the first to employ the terms "cancer" and "carcinoma" as designated benign and malignant growths respectively. He also differentiated between "scirrhous" and "carcinoma" as hard and ulcerating types of cancer. The Hippocratic canon contains references to cancer of the breast and stomach (*melaena*), scirrhous of the cervix uteri and extirpation of a cancer in the neck by the cautery.

Celsus diagnosed cancer by its recurrence after cauterization which engendered the later witticism of Duparque: "Cancer is incurable because it cannot be cured; if curable, it is not cancer." Celsus further differentiated

*From an editorial by F. H. Garrison, M.D., in the *New York Academy of Medicine Bulletin*.

cancer from lipoma, atheroma, steatoma, stressed the involvement of the axillary glands in mammary carcinoma, and described an operation for cancer of the lip. Galen described cancer of the breast as resembling a crab, was aware of metastases, and therefore recommended total removal of all ramifications when knife and cautery were used. He described sarcoma as a growth having the appearance of raw meat (*sarkos*). He was the first of the long line of theorists as to the causation of cancer, which he ascribed to excess of black bile. The hypothesis held the field until the 17th century, when it was displaced in succession by such theories as those of sour lymph (Descartes), inflammation (Boerhaave), acidosis *vs.* alkalosis (Sylvius), stasis of blood and lymph (Hoffmann), lymph stasis (Monro), coagulated lymph (John Hunter) and so on up to the time of Bichat, Laennec and Cruveilhier.

Meanwhile there was much sound sense in the elder surgeons. Albucasis enlarged upon the impossibility of curing an old-established cancer by the knife or otherwise. Saliceto called such a tumor *noli me tangere*, because "the more you interfere with it the worse it becomes." Lanfranc proclaimed, with true surgical insight, that "it can only be cured by entire removal, *along with its roots*," the rationale of the block-dissections of Halsted and Wertheim. Guy de Chauliac saw ulcerating cancer as sometimes due to irritation of chronic ulcers, and used caustics or arsenious acid to test the cancerous nature of suspicious growths *via* recurrence. Fabry of Hilden cleaned out the axilla in mammary cancer with knife and ligatures. Paré described the breaking down or ulceration of cancerous tissue, stressed the frequency of the disease in women, and, as one of the first to write on medicine in the vernacular, introduced the term "*chancre*", which, in the case of the venereal ulcer, conveys a picture of ulcerating cancer *en miniature*.

"Medicine as a profession has suffered a great deal from fads, fancies and epidemics of hasty and new thought. It is only natural, that after years of expounding new theories, which later on were discarded because of their unsoundness and groundless physiologic bases, the profession should intrench itself into a state of protective conservatism whereby new thought is accepted only with much reserve."

Like politics, history and economic theory, medical literature has its iconoclasts. They find their objects for denunciation in the fads and foibles of the day. They attack the newest therapeutic ventures, hurling shafts of caustic criticism at overemphasized and unwarranted innovations and crushing the shams of hastily constructed theories. The effort to maintain sanity in all fields of human interest and activity is commendable. So long as the critic and the reformer keep their proper objectives clearly in mind, their contributions are likely to be wholesome and progressive. Sometimes the limits of criticism are exceeded. There is a thrill leading to exuberance inherent in championing opposition. Criticism is often carried to the extreme of ridicule that may amuse, yet in the long run may defeat its honest purpose. It is easier to elicit a smile than to expound a homely truth in a sober fashion (*A. M. A. Journal*).

A Review of Present Knowledge of Bacteriophage*

R. A. H. MACKEEN, M.D., C.M., Halifax.

SINCE the discovery of the relationship of bacteria to disease, it must have been a thought common to many, that if a living agent could be found which would prey upon bacteria, it might be enlisted in the service of man in his war against disease. During the past decade an agent which has strong claims to be regarded as of this category, has been coming more and more into the public eye. Two men share the distinction of the discovery of this mysterious bactericidal agent; the first an Englishman, Twort, who published his results in 1915 and had them overlooked in the stress of the war; the second a man of Canadian birth, d'Herelle, who was working in France and who published his findings in 1917.

Twort made his discovery while working with vaccine virus which had become contaminated with micrococci. To rid his preparation of the contamination he passed it through a filter which held back the cocci but allowed the virus to pass through. He then made the startling discovery that the filtrate contained a substance which if placed on a culture of cocci, affected the appearance of the bacterial colonies, so that they looked glazed, and became sterile. He was unable to pursue the work further at that time and it remained for d'Herelle to rediscover the phenomenon in 1917. D'Herelle made his discovery during some work on dysentery stools. He found that filtrates of these stools contained a factor, which if added to young cultures of dysentery organisms rendered them clear instead of cloudy and produced in them sterility. This factor was transmissible from one culture to another. D'Herelle's feeling was that he had found "a living virus, destroyer of bacteria, growing on bacterial cultures." Some of the other characteristics of the agent which he noted were that it acts best on young cultures, that it remained active for years, that it is practically ubiquitous and that it is rather more resistant to high temperatures and chemicals than ordinary bacteria. The actual destruction of the bacteria is described as a swelling up of the bacteria which then burst into fine granules and these later disappear. At first D'Herelle's work aroused much scepticism and even sturdy opposition but after several years of struggle the fact was finally established that this peculiar transmissible bactericidal agent did exist. Since that time the argument has centred around the nature of the phenomenon and whether it is of value in the treatment of bacterial infection.

This is hardly the place to enter upon a discussion of a highly contentious and technical nature such as the question of the nature of the bacteriophage phenomenon has turned out to be, but it might be as well to refer to some of the prevailing views. In the first place D'Herelle contends that the phenomenon seen by Twort is not the same as that seen by himself. He claims that in the former there is a fragmentation of the bacteria, or bacteriolysis, while

*A paper read before the Halifax Medical Society, March, 1931 and the Nova Scotia Medical Society, July, 1931.

in his phenomenon there is a dissolution of the bacteria, which results in no residue being left. Although he is most emphatic on this point, most observers believe that they are at least allied phenomena and refer to the Twort-D'Herelle phenomenon.

D'Herelle looks upon bacteriophage as being an ultra microscopic parasite living at the expense of bacteria proper. It is a distinct species in which there are different races. His views have the great merit of being more readily understood than any of his opponents and he himself thinks it superfluous to seek for a more complex theory. All the other views as to the nature of phage differ in that they deny to it an autonomous existence. Most of them believe it to be more in the nature of a ferment. Bordet thinks that mutational change renders bacteria more liable to undergo autolysis which in turn sets free a ferment or lytic agent; he thinks the phenomenon is always present to some degree but at times becomes more marked. It is difficult to explain the specificity and the transmissibility by the ferment theory. Hadley attempts to explain phage as a filterable phase in the life cycle of a bacterium, this phase having the power to produce dissolution of bacteria of the same type in certain stages of their growth. These two examples, with others which could be added serve to show how at variance D'Herelle's opponents are, sharing in common only, an unwillingness to accept his theory.

The other point to be considered is the role of the bacteriophage in the control and treatment of disease. It is claimed that many immunological phenomena can be explained by the action of the phage and the natural arrest of epidemics may be due to its widespread distribution in nature. The phage is constantly found in sewage and may well play an important part in the natural purification of large bodies of polluted water. Experimentally, in artificial epidemics of mouse typhoid, no better results were seen amongst mice receiving bacteriophage than in the controls not getting it, so that for the present experimental support is not forthcoming.

In the treatment of disease its value is still to be estimated. Theoretically it constitutes an agent of almost inestimable value; it thrives best where bacteria are present and in thriving destroys them but has no effect on tissue cells. Could one ask for more? Actually we find something of the same divergence of opinion as to its value as we do as to its nature. It has not had universal success, but in certain conditions the results are encouraging. It is generally admitted that in the form of dysentery caused by Shiga's bacillus, that is true dysentery, a specific phage has been developed, which when given by mouth constitutes a valuable treatment, and that by its use the development of the carrier state is avoided. In Brazil the use of dysenteric anti-serum has been abandoned by the government health service and in its place they provide ampoules of phage to be taken by mouth. Notoriously unreliable as figures are, we can hardly fail to note that in a series of 10,000 cases treated with the phage there were only two failures. Similar results are reported in the treatment of asiatic cholera, one series of cases showing a death rate of 8% as against 62% amongst untreated controls. The second group of cases which has given, on the whole, good results, is where a localized lesion is concerned. Staphylococcal and Bacillus Coli infections have responded favourably in a large series of cases, where specific phage was used. The technique varies, D'Herelle uses subcutaneous doses as well as local applications though many feel that the former are of little or no benefit. For instance, in the case of B. Coli infection of the bladder, he gives two sub-

cutaneous doses of 1 c.c. each and 4 lavages consisting of 10 c.c. of phage in 40 c.c. of saline. Improvement, where it occurs, is within the first 3 days. If there should be no immediate response it is of little use continuing with that particular phage, as it is either not powerful enough, or not specific enough; for the organism concerned. In the case of staphylococcal infections 0.25 to 0.50 c.c. of phage is injected around and into the lesion by means of a fine needle and the dressings are moistened with phage suspended in agar jelly. This agar suspension is also used in the case of acne lesions where the use of a staphylococcal phage tends to make the lesions more pustular and to point. In the case of boils there is a rapid softening of the lesion and consequent relief of pain, but there is some likelihood of systemic symptoms due to the rapid absorption from the necrosed areas.

Both staphylococcal and streptococcal septicaemias have been treated by intravenous injections of phage with apparent success. Here 5 c.c. of the phage is diluted with 500 c.c. of saline and this is given slowly over a period of an hour and is often followed by a systemic reaction.

Bacteriophage has been used in a variety of other conditions of bacterial origin including everything from plague to sinusitis. Many workers of note substantiate D'Herelle's claims as to the value of phage in the treatment of bacterial diseases; probably just as many others of equal repute are still unconvinced. I realize that you have seen so many specifics of various kinds come and go that you are inclined to view each new one with considerable suspicion, especially so when the bacteriologists and immunologists themselves exhibit such diverse opinions as to the nature and value of the treatment in question. Certainly it would be short sighted to make extravagant claims for bacteriophage, but at the same time it must be realized that it makes a strong case for itself. It destroys bacteria but not body tissues, which however, it is able to permeate. The greater the number of bacteria present the better the phage thrives and young active cultures of organisms provide it with its most favourable environment. It is not of any great moment, therapeutically, whether it is a ferment or a living agent because in either case it multiplies freely. Like every other therapeutic agent it must be used intelligently with an accurate knowledge of the organism which is to be the object of its attack. It must be of suitable potency and preferably of recent isolation. The indiscriminate use of commercial preparations may well result in disappointment.

Some Deaverisms.

On postoperative peritonitis, concluding with the world-famous Apostrophe to peristalsis.—“The other day I operated on a woman and took out her appendix as a matter of course. The next day my resident came to me and said, ‘Doctor, that woman you operated on has peritonitis.’ I said nothing but went and examined her. What did I find? Temperature low, great pain, muscles rigid, and —*a silvent belly!* Oh, boys, I tell you it isn't the operation that worries you—if a man can read the signboards at the cross-roads he never worries at the operating table—it's knowing *when* to operate and getting the patient *well* after operation. Oh, those three days after! oh, those three days after! I tell you, boys, I got mighty little sleep till, on that third day after, I heard—oh, beautiful sound,—the escape of flatus from the bowel! Oh, Peristalsis, Peristalsis! The gift of beneficent Nature! I tell you, boys, the sweetest sound the surgeon ever hears is peristalsis that third day after!”
A. M. A. Journal.

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Cancer Control, Medical Organization and Things

THE clarion call of the Minister of Health resounded in our November issue, for the profession of this Province to strengthen the hands of the advisory committee to the Department of Health preparatory to their being assembled to consider with the minister "matters relating to the public health work of this Province."

Several thoughts are suggested by this unusual procedure; and first it should be noted that it is a most fortunate circumstance that the Government should so look for advice from those who should know best how to give it, or that it should, as it has to some extent already done, make the profession responsible for some features of its public health policy. It follows upon this as a corollary, that the profession must be organized, if it is to be consulted, and must have properly elected representatives as its mouthpiece.

That is one field alone in which our medical organization justifies itself and makes its continued existence a necessity. There are others, and while it admits of speculation as to its future positive value, the past furnishes enough of the results of our weakness in organization to determine our future maintenance at full strength. One such instance, I take it—if not an indication of present weakness—is the position of the chiropractor in our midst—plying his nefarious practices, so revolting to all that is decent within us—treating breast tumors, e.g. by adjusting the spine and *massaging the breast*. (Think of it!!) Isn't it so that our past, and perhaps our present lack of organization is indirectly responsible for this? And yet we are told now and then that the only purpose in maintaining the N. S. Medical Society is to give someone a job.

Cancer Control: If our advisory committee and our government are to discuss this Public Health matter they are tackling a man's job. Of one thing however, they are assured; the N. S. Medical Society is behind them and has quite positively expressed itself so on two separate occasions.

Elsewhere in this number is a report by Dr. S. R. Johnston, roentgenologist of V. G. Hospital on the work in this field over the past five years. It is one which will be closely perused by everyone interested in this vitally important subject. It gives valuable data and valuable recommendations, and is al-

together a valuable production, as much at this juncture for the defects in organization and equipment that it indicates, as for the more positive contributions that it contains. It re-states our position as having the highest Provincial Cancer death rate in Canada. It shows the lapse of time between onset of symptoms and beginning of treatment as $2\frac{1}{2}$ years, in consequence of which most of the radiological efforts have, of necessity, been palliative; and of very considerable interest, the fact that most of the cases are from among our poorer citizens.

The recommendations of the report, made "on the basis of five years experience," the writer finds it very easy to support, since they go far to embrace those which he made at Halifax in 1929 and at Digby in 1930, based on his experience of the equipment and methods employed in a Cancer Institute, boiled down to local conditions. It goes far too, in embracing those recently published by the American College of Surgeons as "Minimum Standard for Cancer Clinics in General Hospitals."

But going "far to embrace" is not far enough; for after all, the standardizing of Clinics, like the standardizing of Hospitals, is a standardizing of the *minimum* requirements. Many hospitals,—indeed all, of any size—find it necessary to go far ahead of that, and so must many Cancer Clinics. Besides, when setting an ideal, why set it low? Unless human nature has changed, aren't we likely to accomplish more when it is set high? Public opinion demanded attention to the tuberculosis problem, and the Government was generous in its response. We must expect and demand that in this other need they will not be less generous.

An arresting statement in the report is "The responsibility for the eradication of malignant disease rests with the general practitioner and the public." This suggests the need for us to look to our first lines of defence; but doesn't it necessitate more than that? Greater diligence on the part of the general practitioner and dissipation of public apathy are essential of course, but we stop there? What about our "cancer doctors" and chiropractors? What about protection from them for the poor dupes who are unable to differentiate between the genuine and the spurious, especially where the latter call themselves "Doctor" and undertake to cure disease?

Then, on the other hand, what about our dentists? Many of them are already doing their bit in this field, some of them quite keenly. Their training has already made them our allies. Yes, we must have our dentists, but we also need dentists of an other sort—men who will see to it that such teeth are put into any legislation that may be enacted, as shall effectively prevent so-called cancer doctors and chiropractors from stealing from any one such opportunity as they may have for effecting successful treatment of their tumors. For it is the firm conviction of this writer that any person other than a duly qualified medical practitioner who undertakes to advise a sufferer from any growth as to its treatment, or who undertakes its treatment, should be adjudged guilty of a criminal offence and punished accordingly.

Do I hear someone suggest "Christmas Spirit?" Of course it is. Wasn't the first Christmas "While Shepherds watched their flocks?" and we are doing the same thing, for the same purpose—"Lest wolves devour the fold." Our legislators of the past were not so watchful; the bars have been let down, wolves have been, and are being admitted, dressed in the habiliments of the shepherd; they are even allowed the use of the pastoral staff—the title "doctor"—and so is encouraged a system by which the sheep are duped, hood-winked and shorn—aye, and all too frequently slaughtered.

It is to be hoped that other legislators, through pressure from our organization if necessary, will correct this very obvious weakness in our lines of defence; and that, if they cannot exterminate the wolves absolutely, they will render them innocuous by extracting their poisonous fangs. Only thus may we present a unified front to the enemy in what is, and what bids fair to remain, one of the greatest wars of all time—The War of Cancer Control.

N. H. G.

Minimum Standard for Cancer Clinics.

1. *Organization.* There shall be a definite organization of the service, and it shall include an executive officer and representatives of all the departments of the hospital which are concerned in the diagnosis and treatment of cancer. The services of a secretary and of a social service worker shall be available.

2. *Conferences.* As an essential feature of the service there shall be regular conferences or consultations at which the diagnosis and treatment of the individual cases are discussed by all members of the clinic who are concerned with the case.

3. *Patients.* Reference to the cancer clinic of all patients in whom the diagnosis or treatment of cancer is to be considered shall be either voluntary or obligatory in accordance with the vote of the medical staff or of the governing board of the hospital.

4. *Equipment.* In addition to the diagnostic and therapeutic surgical equipment which is required in every approved general hospital there shall be available an apparatus for X-ray therapy of an effectiveness generally agreed upon as adequate, and an amount of radium sufficient to insure effective treatment.

5. *Records.* In addition to the records which are required in every approved general hospital, there shall be additional records of: (a) The details of the history and of the examination for cancer in different regions of the body, such as are indicated on the form records which are recommended by the Committee on the Treatment of Malignant Diseases, American College of Surgeons. (b) The details of the treatment by radium or X-ray as indicated on the form records which are recommended by the Committee on the Treatment of Malignant Diseases, American College of Surgeons. (c) Periodic examinations at intervals for a period of at least five years following treatment.

6. *Treatment.* The treatment of cancer patients shall be entrusted to the member of the staff of the cancer clinic except in cases in which adequate treatment in accordance with the collective recommendation of the staff of the cancer clinic can be procured otherwise.

In the December issue of the BULLETIN the Hon. Dr. G. H. Murphy, Minister of Public Health, thanked the Profession and other allied agencies for their co-operation and assistance. Very few realize the time and energy he has spent at this work, but we can all unite in saying "Well done." His first year in office has just closed and we readily see it augurs well for the future.

RURAL PRACTICE.

ONE time, about ten years ago, a doctor up in the 'rural municipality' of Sarnia in Saskatchewan, announced that he wasn't making a living and was going to move unless the people round about would guarantee him a reasonable income. They decided they wanted him to stay. They levied a tax on all real estate in the county, amounting to about \$12 or \$15 for each family, which gave them something like \$4,000 a year for the doctor, and he stayed."

There are several places in Nova Scotia that some course like this will have to be taken if the people are to get the attention that is their right. Already in one community the families have been canvassed with this course in mind and enough has been pledged to assure the doctor a living from the start. School sections have the power to tax themselves for the services of a Health Nurse under the guise of a school nurse, why should not a doctor be engaged and paid in the same manner?

* * * * *

While on this subject will not some one suggest that in this time of depression, when so many are unemployed and unable to pay the doctor when sickness adds its further burden that one form of relief should be furnishing the necessary attendance. All doctors have a large free list and will continue to have for all time, but for the distinctly unemployed might not one doctor look after all of them for a month. The next month another doctor would do the work and then another. This attendance would be paid for from the relief funds. The cost would not be very great; besides the doctors need help at times like the present. An editorial in the *Bulletin* of the Vancouver Medical Association says,—“One of the first problems, we feel, is in the matter of 'charity practice' so-called, which has become such a burden, and an unfair one at that, on the medical profession. It is in this connection more than any other, that the medical profession has allowed itself to be manoeuvred into a position of grave danger, and one that is very unfair, and the time has come for us to protect ourselves against the rising tide of encroachment in this regard.”

Medical Education and Rural Medicine.

From time to time the BULLETIN has called attention to rural portions of Nova Scotia being badly off for medical and nursing attention. The Albany Medical College has endeavoured to aid in the solution of this modern problem and has formulated a program in aid of that purpose in the following points:

1. By giving preference in the selection of medical students to those whose whose affiliations are in the district, other qualifications being equal.
2. By primarily training students for general practice and properly fitting them at moderate cost for such work.
3. By providing its graduates and other hospital interns with data concerning opportunities and locations where doctors are needed.
4. By co-operating with graduates and other physicians in the large district served by the college, giving them an opportunity to take graduate work, review and advanced courses, either formally or informally, as well as special work in all departments of the medical school.

5. By suitable publicity, informing rural communities of the advantage of employing their local doctor who can care adequately for more than 90% of their ills, and whose co-operation and interest is of the greatest importance in the care of the remaining 10 per cent.

6. By co-operating with hospitals in the larger towns of the district so as further to develop the service rendered by these institutions to the surrounding communities. (*A. M. A. Journal*).

“The etiology, mode of dissemination and laboratory diagnosis of whooping cough are to-day as well founded as for diphtheria or tuberculosis. A disease with a mortality equal to that of that due to diphtheria or twice that of scarlet fever warrants more attention. Whooping cough is the most prevalent communicable disease of early childhood, mainly because it is customary to procrastinate about diagnosis and quarantine until the whoop has developed.”

Occasionally Nova Scotia physicians send their actual or suspected cases of tuberculosis to Florida to spend the winter, but unless fully advised how the shall live perhaps they had better stay at home. As to this the Clinician of the State Board of Health writes in a recent number of the *A. M. A. Journal* thus:—

“The result is that the patient arrives and equips himself to enjoy the bathing beaches. He puts on a bathing suit and goes out to lie for a half hour or two hours on a sunny beach. This brings on a bad attack of sunburn with its attending fever and misery and perhaps a lighting up of a quiescent lesion. The patient may decide to take a car or bus trip to another part of the state—he wants to see Florida. He goes to an occasional night club or is a fairly regular attendant of the race tracks. His rest hours are forgotten. His regular retiring hours are a memory. In the spring he returns to his family physician with an extension of his lesion or perhaps a history of pulmonary hemorrhage, and the physician blames the Florida climate as being unsuitable for pulmonary tuberculosis.

If this patient had followed his routine of living as closely as when under the observation of his home physician, he would be more definitely benefitted than if he had remained at home. Florida has a suitable climate for the treatment of tuberculosis, but no climate can overcome a regimen that would wear down a healthy man. Tuberculosis here as elsewhere must be treated rationally, and a person who has been under the guiding care of a physician at home should be supervised wherever he goes, whether it is Florida, California or Arizona. If physicians recommending Florida to their patients would insist that these patients put themselves under the care of a physician when they arrive, much benefit would be derived from such a sojourn away from home.”

Postmortem Treatment.

“The treatment, consisting primarily of rest with long convalescence and a careful life afterwards, was generally much better carried out in patients who survived than those who died.”

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.

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| 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

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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

ANTIGONISH COUNTY

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

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

CAPE BRETON COUNTY

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

CUMBERLAND COUNTY

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.
 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).
 Proudfoot, J. A., Inverness.

KINGS COUNTY

MacKinnon, H., Berwick.
 Bishop, B. S., Kentville.
 Burns, A. S., Kentville (County).
 DeWitt, C. E. A., Wolfville. 18

LUNENBURG COUNTY

Davis, F. R., Bridgewater (County).
 Stewart Dugall, Bridgewater.
 Cochran, W. 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).
 McDouald, W. M., Westville.
 Stramberg, C. W., Trenton.
 Sutherland, R. H., Pictou.
 Whitman, G. W., Stellarton.

QUEENS COUNTY

Wickwire, J. C., 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. 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 St., Halifax.

Physicians desiring serums and vaccines should address their communications to the Department of Public Health, Halifax, N. S.

DEPARTMENT OF PUBLIC HEALTH.

THE Hon. Dr. G. H. Murphy, Minister of Public Health for Nova Scotia, presided on the 25th Nov. at the opening ceremonies of the Tb. Annex built in conjunction with the Inverness Memorial Hospital. In his opening remarks he recalled the formulating of the plans early last year to deal with the tuberculosis problem, and heartily congratulated the Memorial Hospital in being the first to set action on the heels of decision. Other Hospital Boards have also started in the good work. There is an annex nearing completion at St. Mary's Hospital, Inverness. A third (the largest) is just about to be started in Sydney, and the new extension to the Sanatorium at Kentville will be in operation the first of the year. In this connection, the Minister stated that Dr. Miller, Medical Superintendent of the Sanatorium was doing everything possible to assist in the special training of Nurses and young Medical men for the fight against this dread disease. "The Government," continued Dr. Murphy, "will make further appropriations this year for the development of two annexes on the mainland, one in the East and another in the West. When these are complete we will have a beddage capacity for 600 patients, which will however only meet the bare requirements which the wide experience of other countries has shown to be essential for our own province."

Mr. B. Evan Parry, Director of Hospital Advisory Services of the Department of Pensions and National Health, Ottawa, was in Halifax early in December and afterwards proceeded to Antigonish to have a conference with the Board of Commissioners for St. Martha's Hospital regarding plans for a proposed tuberculosis annex. After that he proceeded to Sydney and Sydney Mines. Before long we hope to have more definite news to put before you.

Advisory Conference.

The Advisory Committees representing the Medical Profession and the Medical Health Officers of the Province, met in Halifax on the 10th Dec., and were in conference throughout the morning and afternoon with the Minister of Public Health, The Hon. Dr. G. H. Murphy.

The Hon. Percy Black, Acting-Premier, extended a welcome to the visiting Doctors, and immediately after they went on with their business program. The Minister of Health outlined the work which had been done during the year in the carrying out of the recommendations made to the Government a year ago. This concerned chiefly the policy of increasing the Tuberculosis bed accommodation in connection with certain of the Local Hospitals in Cape Breton, and the additions which is being made to the Sanatorium at Kentville. Satisfactory progress was reported. The extension of this policy to the mainland was outlined by the Hon. Dr. Murphy, and agreed to by the Advisory Committees. The project is to erect a tuberculosis annex in connection with Saint Martha's Hospital, Antigonish, and another in connection with the local hospital in Yarmouth. The Advisory Committees were wholeheartedly in favour of the proposed work. The enlarging of the Provincial Health Nursing Service and the plan of The Honorable, The Minister was recommended and agreed to by those present.

A goodly portion of the afternoon was devoted to a round table conference on the cancer problem, and many suggestions were made which when worked out, may yet be woven into the Public Health Structure of the Province.

Other public health problems discussed were those of Venereal Disease. Many suggestions were made, to help out in what has become one of the most perplexing problems with which Public Health bodies everywhere have to deal.

Those present were:—Dr. G. W. T. Farish, Yarmouth; Dr. A. S. Burns, Kentville; Dr. J. L. MacIsaac, Antigonish; Dr. F. R. Little, Halifax; Dr. K. A. MacKenzie, Halifax; Dr. H. K. MacDonald, Halifax; Dr. G. R. Burns, Halifax; Dr. A. E. Blackett, New Glasgow; Dr. J. K. McLeod, Sydney; and Dr. C. E. DeWitt of Wolfville.

We are this month indebted to Dr. Ralph P. Smith of the Pathological Institute, Halifax, for statistics of work done under the new re-organization scheme, details of which appeared in the October BULLETIN. It is indeed gratifying to note that already the organization has shown itself efficient and has proven its justification. The figures presented in Dr. Smith's report, inadequately express the actual work of the Laboratory, for not only has there been an increase in the total number of examinations made, but also in the variety of tests and their complexity. We would, however suggest, that the Doctors when sending in specimens, accompany them also with any knowledge which they happen to have about the case. Only by a good clinical report can the Laboratory Examination of the tissue reach its full value.

Pathological Institute,
Morris St., Halifax, N. S.

December 17, 1931.

Report on Tissues sent for examination to the Provincial Laboratory, from 1st October, 1931, to 16th December, 1931, inclusive. (That is, since the introduction of Free Tissue Work to Government owned or aided Hospitals in the Province, under the Department of Public Health).

As will be seen by the following figures, there has been a 75% increase in tissues examined over the corresponding period of 1930.

| | 1931 | 1930 |
|------------------------------|------|------|
| Total Tissues Sectioned..... | 224 | 168 |
| October..... | 82 | ... |
| November..... | 101 | ... |
| December..... | 41 | ... |

This gives a monthly average of 90 specimens in 1931, to 66 in 1930.

In addition to the above figures, 62 tissues were sectioned from 9 autopsies.

An analysis of the nature of the tissues from the histological reports reveals:—

| | |
|------------------------|-----|
| Tumours—Malignant..... | 46 |
| Simple..... | 33 |
| Other conditions..... | 141 |
| Awaiting section..... | 4 |

The increase is gratifying, and in a few cases the tumours were sent in the earliest stages, justifying the additional expense to the Department, and the objects of the work.

Unfortunately, the giving of an accurate diagnosis is hindered by many of the specimens arriving at the Laboratory unaccompanied by any history whatever. Often the source of the growth is omitted. A short note of the sex, and age of patient, duration of tumour and any other relevant points in the History, would be much appreciated, and would be of considerable help in the giving of a fuller report on diagnosis and prognosis.

Communicable Diseases Reported by the Medical Health Officers for
the Period October 15th to November 18th, 1931.

| C | Infantile Paralysis | Meningitis | C. Spinal Menin. | Diphtheria | Chicken Pox | Influenza | Measles | Mumps | Pneumonia | Scarlet Fever | Small Pox. | Typhoid | Paratyphoid. | Tuberculosis, pul. | Tuberc. other forms | Whooping Cough | V. D. S. | V. D. G. |
|-------------------|---------------------|------------|------------------|------------|-------------|-----------|---------|-------|-----------|---------------|------------|---------|--------------|--------------------|---------------------|----------------|----------|----------|
| Annapolis..... | .. | .. | .. | 5 | .. | 3 | .. | 1 | .. | 1 | .. | .. | .. | .. | .. | 32 | .. | .. |
| Antigonish..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Cape Breton..... | .. | .. | .. | 5 | .. | 3 | .. | 2 | .. | 9 | .. | .. | .. | 1 | .. | .. | .. | .. |
| Colchester..... | .. | .. | .. | .. | 1 | 4 | .. | .. | .. | 5 | .. | .. | .. | .. | .. | .. | 2 | .. |
| Cumberland..... | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Digby..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | 13 | 1 | 1 |
| Guysboro..... | .. | .. | .. | 1 | .. | .. | .. | .. | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. |
| Halifax..... | .. | .. | .. | .. | 3 | .. | .. | 1 | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. |
| Halifax City..... | .. | .. | .. | 129 | .. | .. | .. | 12 | .. | 21 | .. | .. | .. | .. | .. | .. | 1 | .. |
| Hants..... | 1 | .. | .. | .. | .. | .. | .. | 27 | .. | 1 | .. | .. | .. | .. | .. | .. | .. | .. |
| Inverness..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Kings..... | .. | .. | .. | 3 | 3 | 5 | .. | 181 | 1 | 9 | .. | 2 | .. | .. | .. | .. | 12 | .. |
| Lunenburg..... | .. | .. | .. | .. | .. | .. | .. | 1 | .. | 13 | .. | .. | .. | .. | .. | 10 | 1 | 3 |
| Pictou..... | .. | .. | .. | 6 | .. | .. | .. | 20 | .. | .. | 1 | 3 | .. | .. | .. | .. | 2 | .. |
| Queens..... | .. | .. | .. | .. | .. | 15 | .. | 5 | .. | 3 | .. | .. | .. | 1 | .. | .. | .. | .. |
| Richmond..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Shelburne..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Victoria..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Yarmouth..... | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| TOTAL..... | 1 | .. | .. | 150 | 7 | 30 | .. | 250 | 1 | 64 | 1 | 6 | .. | 2 | .. | 55 | 19 | 4 |

RETURNS VITAL STATISTICS FOR OCTOBER, 1931

| County | Births | | Marriages | Deaths | | Stillbirths |
|------------------|--------|-----|-----------|--------|-----|-------------|
| | M | F | | M | F | |
| Annapolis..... | 10 | 9 | 7 | 7 | 4 | 0 |
| Antigonish..... | 12 | 7 | 7 | 4 | 9 | 0 |
| Cape Breton..... | 109 | 113 | 52 | 48 | 39 | 8 |
| Colchester..... | 18 | 35 | 20 | 13 | 8 | 1 |
| Cumberland..... | 29 | 34 | 31 | 14 | 15 | 1 |
| Digby..... | 20 | 14 | 10 | 5 | 10 | 1 |
| Guysboro..... | 10 | 20 | 1 | 6 | 8 | 2 |
| Halifax..... | 126 | 96 | 75 | 53 | 55 | 9 |
| Hants..... | 15 | 14 | 14 | 10 | 7 | 0 |
| Inverness..... | 18 | 17 | 14 | 16 | 17 | 4 |
| Kings..... | 17 | 17 | 23 | 13 | 6 | 0 |
| Lunenburg..... | 15 | 16 | 33 | 7 | 2 | 2 |
| Pictou..... | 31 | 29 | 17 | 22 | 17 | 1 |
| Queens..... | 7 | 8 | 6 | 3 | 0 | 0 |
| Richmond..... | 12 | 11 | 4 | 4 | 5 | 1 |
| Shelburne..... | 12 | 7 | 4 | 6 | 3 | 0 |
| Victoria..... | 4 | 5 | 4 | 1 | 3 | 1 |
| Yarmouth..... | 23 | 8 | 10 | 7 | 10 | 0 |
| | 488 | 460 | 332 | 239 | 214 | 31 |
| TOTALS..... | 948 | | 332 | 453 | | 31 |

Hospital Service

HARD TIMES FOR NURSES.

TALKING about hard times, would you believe that there are fifteen nurses in and about Pictou and not one-third of them are getting anything like steady employment. That is pretty tough on these fine girls who have worked so hard to acquire a thorough training in their calling. We are inclined to wonder if the regular rate of pay of \$35 a week is not a little high, not that we don't think the nurses earn it, mind you. We know how hard they work and how well equipped our Nova Scotia nurses are, but on the other hand how many families are there that can afford to pay \$35 for a nurse for any length of time and meet all the other bills? It might be that \$20 a week and more work would be better than \$35 and little or no work. *Pictou Advocate.*

The Annual Report of the Superintendent of Western Kings Memorial Hospital makes reference of the loss of two members of the medical staff, whose services are greatly missed:—Dr. H. E. Killam, who is still an invalid following his accident of a year ago and Dr. Carl Smith who has gone to England.

Early in December the Annual Meeting of the Aberdeen Hospital Trust was held and was largely attended. The financial situation in view of the urgent need of improvements was given serious consideration. After ten years of service on the Board Mr. D. C. Fraser, who had served six years as Treasurer and four as President, announced his retirement. This was received with regret but accompanied by many expressions of appreciation of the great assistance he had been in the management of the institution and, especially, its funds.

The major expenditure in the year was the purchase of a modern refrigerating plant and the installation of a switch board with extensions throughout the building. Six nurses finished their course during the year. The cost per patient per day was \$3.00. Miss Boa has been appointed Superintendent of the hospital and nurses while Miss Grant, the former Superintendent, is General Business Manager.

T. B. Annexes.

It is more than of local interest to mention the opening on November 25th of a T. B. Annex to the Inverness Memorial Hospital, which was featured by an address by the Hon. Minister of Health and other suitable exercises.

A short time ago there was considerable discussion as to the best way in which to secure the required number of beds for these patients. Strange to say the lack of money, perhaps, saved the Province from making a mistake. It is expected that the annex to the Sydney Hospital will be started before January first. Probably two or three others at strategic points will be all required.

Hospital Destroyed.

It is generally a tragedy when a hospital burns down owing to the special danger to the lives of the inmates and patients. This is what happened at the Falconwood Hospital for mental patients at Charlottetown the middle of December. Five patients met death on this occasion. While over 400 patients were in the hospital and these mental cases the rescue work must have been very systematically carried out. The housing of this many was no small task; the infirmary, the armouries, a theatre and jails being used, a considerable number of prisoners being discharged on parole. The financial loss will be \$400,000. One naturally feels that the greatest care should be taken in the construction of all hospitals. They should be divided into at least two sections from basement to top floor by fireproof walls and doors, the larger the hospital the more sections should be capable of isolation. The new Falconwood will certainly be the last word in modern and safe construction. It was pleasing to note that the N. S. Hospital and the Saint John offered to take about 100 selected cases requiring most urgent care and treatment.

Soldiers' Memorial Hospital, Middleton.

The annual hospital report, presented by Miss Johnson, superintendent, showed the past year up to the standard of previous years and included the following information concerning the institution: admissions, 248; births, 45; discharged, 286; deaths, 9; major operations, 150; minor operations, 36; X-rays taken, 83; hospital bed days, 3,422½.

This report also showed additions to the equipment of X-ray apparatus, instruments, filing cabinets, instrument cabinet, transfusion set, as well as many minor improvements in the interior of the building.

The treasurer's report showed the year closing with a deficit in operating expenses of \$445.52, but a favorable balance in the special savings account from donations of \$342.75. (*Monitor*).

Aberdeen Hospital, 25th Annual Report.

We make the following extracts from the annual report of the Nursing Superintendent, Miss Boa:—

"I regret to report that notwithstanding the fact that the annex was closed for infectious diseases in the month of April and an increased number of beds added to the present wards, besides a four bed ward on the third floor, there is still demand for accommodation and of a better nature. Should an epidemic occur at any time it would be a simple matter to use this annex again. As regards the building a connection bridge was constructed between the hospital proper and the annex; a new clothes room made on the third floor; the ice house removed; operating room and maternity department repainted and an auxiliary lighting system installed.

May I say that I feel that any changes that have been effected since the new year are rather premature in the face of the present economic stress.

The work in the dietary department has increased considerably in the last few months. In the month of September alone 11,023 meals were served. The gift of an automatic mixing machine from the New Glasgow Ladies' Auxiliary has been of great help. For this department has been added a

senior pupil nurse for instruction, an assistant cook and a maid. The midnight meal is prepared and served by the domestic staff. A new dumb waiter was installed and food carriers made for kitchens and wards.

A small amount of new equipment was installed:—A switch board with three trunk lines; 30 beds and linen for the same; 12 nursery cots; 3 electric plates for wards and nurses' home; General Electric refrigerators; 1 Hobart mixer; 20 gatch springs; 6 food conveyors; 1 new 300 gallon boiler. I may say that regarding the large instrument sterilizers no step has yet been taken in the matter and that we disinfect utensils still in the rather old-fashioned manner by immersion. I also feel that it is still rather unfortunate that the hospital has so little in the matter of equipment for various tests and treatments whereby we might better serve the community.

I beg to report that the rates and charges in effect in this hospital are not comparable to other institutions, being on a lower scale practically throughout. More complete patients' records are submitted by the medical staff. As to Nurses' records a more detailed system of practical and theoretical work is in process of operation. Dalhousie has extended to us the services of an intern under its system of rotation. To the staff of the hospital proper have been added,—laccaccountant; 1 educational director; 1 night supervisor; 1 graduate nurse for out-door, X-ray, etc.; 1 switchboard relief and male attendant and 5 domestics. I regret that X-ray facilities, accommodation and equipment are unduly inadequate for the community it seeks to serve. I also report that the present equipment requires increasing repairs, and I feel assured that the introduction of a department of physiotherapy would be both a source of revenue and of value to the great majority of our patients."

At the October examination set by the Registered Nurses' Association, some 46 nurses passed the examinations and are entitled to registration in Nova Scotia. In view of the unemployment of so many nurses we look to see this number to be lessened in the immediate future. It is rather striking to note that sixty per cent. of these nurses came from Cape Breton.

A question that must be soon considered is the marked increase of patients in hospitals for the insane and the mental deficient in Canada. The great slogan of the medical profession to-day is the prevention of disease and we pride ourselves on the decrease in communicable diseases. But there were 1804 more patients in mental institutions Dec. 31st, 1930, than on the same date in 1929 and the annual cost increased by \$4,000,000. Moreover at the lowest estimate there are 5,000 deficient who should be under institutiona care.

Mistress:—I have heard about your hard luck, Chlorine, and I'm terribly sorry.

Chlorine:—Dear, Ma'am, Ah ain't had no hard luck.

Mistress:—Why, wasn't your husband killed in a railway accident yesterday?

Chlorine:—Oh, yes, Ma'am, but dat's his hard luck, not mine.

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.)

William Dunlop 1792-1848.

THE BULLETIN Library has been enriched by a little book with the above title. The author is our old friend Colonel F. S. Lord, C.M.G. of Toronto, formerly of Liverpool, N. S. In forwarding the booklet, which is a reprint of an address delivered before the Toronto Academy of Medicine and published in the *Journal of the Canadian Medical Association* in August last, Dr. Ford writes:—"With all good wishes to you and those of the 'Old Brigade' that used to make our gatherings so pleasant back in the gay ninteies." It portrays the life and character of one of the pioneer medical men in Lower Canada, William Dunlop, frequently termed "The Tiger," Surgeon to the 89th Regiment in both Canada and India; O.C. 1st Huron Regiment; Lecturer in Medical Jurisprudence at Edinburgh, M.P.P. for Huron; literateur, colonizer and patriot.

This life story is chiefly interesting as to the light it throws upon Canadian history at this time, while he was serving under Sir Gordon Drummond, Commander-in-Chief of the British forces in the war of 1812-1814. In one of the many encounters he carried out of the firing line on his back, 'like sacks of potatoes,' ten or a dozen wounded men, the last of whom received, en route, a bullet in the back, which else had ended the doctor's career. He also brought, slung over his shoulders, six wooden canteens of wine, with which he refreshed his patients." The young giant of 22 was medical officer, stretcher-bearer, and orderly, all in one."

After a stay in India where he received his name "The Tiger", because he rid one section of these man eaters, even killing some by throwing snuff in their eyes, he became lecturer at Edinburgh, editor and company promoter. It was in the latter work that he returned to Canada, associated with John Galt, the father of Sir Alexander T. Galt, one of the Fathers of Confederation. At the founding of Guelph, after the first tree was felled, the writer says,— "After the tree fell there was a funereal pause. . . it was, however, of short duration, for the doctor pulled a flask of whiskey from his bosom and we drank prosperity to the City of Guelph. It may be said in passing that this was not the last time that the doctor, in similar fashion, saved the situation."

In the war of 1837-8 he was in command of a combatant regiment, after which he served several years in parliament.

Some sections of his will are worth quoting.

"I, William Dunlop, of Gairbraid, in the township of Colborne, County and District of Huron, Western Canada, Esquire, being in sound health of body, and my mind just as usual (which my friends who flatter me say is no great shakes at the best of times), do make this my last Will and Testament as follows, revoking, of course, all former Wills:

I leave the property of Gairbraid, and all other landed property I may die possessed of, to my sisters Helen and Elizabeth; the former because she is married to a minister whom (God help him) she henpecks. The latter because she is married to nobody, nor is she like to be, for she is an old maid, and not market-rife. . . . I leave my silver tankard to the eldest son of old John, as the representative of the family. I would have left it to old John himself, but he would melt it down to temperance medals, and that would be sacrilege—however, I leave my big horn snuff-box to him; he can only make temperance horn spoons of that.

I leave my sister Jenny my Bible, the property formerly of my great-great-grandmother; and when she knows as much of the spirit of it as she does of the latter, she will be another gwise christian than she is.

I also leave my late brother's watch to my brother Sandy, exhorting him at the same time to give up Whiggery, Radicalism, and all other sins that do so easily beset him. I leave my brother Alan my big silver snuff-box, as I am informed he is rather a decent Christian, with a swag belly and a jolly face.

I leave Parson Chevasse (Magg's husband), the snuff-box I got from the Sarnia Militia, as a small token of my gratitude for the service he has done the family in taking a sister that no man of taste would have taken. I leave John Caddle a silver teapot, to the end that he may drink tea therefrom to comfort him under the affliction of a slatternly wife. I leave my books to my brother Andrew, because he has been so long a Jungley Wallah, that he may learn to read with them.

I give my silver cup, with a sovereign in it, to my sister Janet Graham Dunlop, because she is an old maid and pious, and therefore will necessarily take to hording. And also my Gramma's snuff mull, as it looks decent to see an old woman taking snuff."

It has afforded us much pleasure to read this address, both because of the material presented and that it comes from a friend of yesterday and to-day.

Canadian Public Health Journal.

The November issue of this very necessary Journal is before us and has much interesting material. Two articles are devoted to Psittacosis and in view of our contact with the West Indies it would be wise for Halifax and Saint John ports to be on the watch.

The editorial deals briefly with the general matter of State Medicine which exists in some form in all the Provinces excepting Quebec and the Maritimes. The conclusions very briefly stated are:—

"The arguments in favor of such a step are that it will insure the potential patient the maximum of medical care, when such care is needed; that it will permit of the physician seeing his patient much earlier in his illness than he often does now; and that it will avoid the necessity of the doctor giving of his time and skill without anticipating any monetary return. All would seem to be good and sufficient reasons.

"The opposition states that it smacks of governmental paternalism; that it stultifies the interest of the physician in his patient; that it does not give the patient right of choice of physician, and that it discourages initiative in the younger medical man. One thing can be said in favor of the affirmative side in this controversy, namely, that there is nothing original in the arguments brought forward by their opponents. They have all been voiced in

advance of the adoption of such a programme in every civilized country that is, at the moment, carrying on such a service. Apparently they have not yet, at least, worked out to the disadvantage of either the patient or the physician, in the majority of instances where they have been adopted. It would seem to be essential, therefore, that the merit of the arguments advanced be seriously considered in the light of actual experience in countries in which such a plan exists, and, if not well founded, that they be discarded.

"The interest of the serious-minded individual, whether he be physician or politician, is to assure all the public all of the advantages of modern medicine, irrespective of his economic status. It is questionable whether this desirable state of affairs exists to-day. If this end can be accomplished without imposition and hardship by a continuation of the present plan, then there is no need for change; for it cannot, then a change is desirable, but let us, in debate, not lose sight of the essential objective."

Attention is also directed in this issue to the proposed reorganization of the *Health Nursing Service* in Manitoba. It is noted that "at the present time rural children do not have the same chance for good health as the city children. This is due to the fact that city communities have, as a rule, more efficient health services." In the new plan the entire cost will be borne by the government.

The duties of the nurse will include, among other things:—

"First: Examination of all new children going to school each year.

Second: Notification of defects found; visits to homes to help; arrangements for the remedying of the defects.

Third: The holding of baby and prenatal clinics at strategic points in each nursing area.

Fourth: Pre-natal advice to expectant mothers.

Fifth: Visiting of the homes of all those in the area who have had tuberculosis.

Sixth: Inspection of homes which desire to obtain a permit to keep boarded children."

To make this work our successfully there must be well-trained personnel; a service at moderate cost; strong public support. Such a service is due in Nova Scotia and members of the medical and nursing profession should become conversant with various phases of the work.

The Dalhousie Review.

To the Doctor the article of special interest in the October issue is that by Dr. Fraser-Harris, former Professor of Physiology at the Dalhousie Medical College. His article is entitled,—Medical Pioneers in Science and was doubtless suggested by the recent election of a medical man to the Presidency of the Royal Society. Sir Frederick Gowland Hopkins, however, is not a medical practitioner, but possesses a medical degree. It goes without saying that these nine medical men were not elected President because they held medical degrees, but because they made great contributions to Science, chiefly in other fields of scientific effort.

Dr. Fraser-Harris lists these Presidents as follows:—Sir Hans Sloane, Bart, elected in 1727; Sir John Pringle, Bart., elected 1772; William Hyde Wollaston, elected 1820; Sir Benjamin Brodie, Bart., elected 1858; Sir Joseph Dalton Hooker, elected 1873; Thomas Henry Huxley, elected 1878; Joseph,

Lord Lister, elected 1895; Sir Charles Scott Sherrington, elected 1920; Sir Frederick Gowland Hopkins, elected 1930.

Possibly in our April BULLETIN, 1932, we may publish Dr. Fraser-Harris' tribute to Joseph Lister.

Responsibility.

Even in the little job of issuing a medical journal of the small size of the BULLETIN some one has to be responsible for a good many things. Now we have found it necessary, in the interests of economy, to furnish the publishers with many pages of fillers for uncompleted pages. It is impossible to initial these and if they express any opinion or evident comment some one is likely to take exception to some of them, for we can never all see alike. The BULLETIN Library section of this Journal is being largely used for the purpose of expressing individual opinions. Indeed, each successive number of the BULLETIN shows a better placing of responsibility for every article that is published. Unless found in this section of the BULLETIN readers may be apt to place responsibility upon the Editorial Board of the Medical Society of Nova Scotia, if not upon the Society itself. Perhaps the best plan will be for readers to place all the responsibility upon the Business Editor, Dr. S. L. Walker, General Secretary of the Medical Society of Nova Scotia, unless otherwise specified by heading or initials.

This reference is prompted by two or three notes that the Secretary has received in a complaining manner of what has been printed in the BULLETIN within the past three years; *the average being one per year*. The last had a reference to some publicity that was handed out to a Dental Surgeon in one of our best Towns in an apparent flamboyant publicity by the local paper. The Business Editor sees all provincial papers, but has no means of distinguishing between actual advertising or purely newspaper reporter activity. So, when we talk of medical ethics, we should be very sure of our grounds. It is surprising, however, how many of us live in glass houses in this very matter and how few of us have the right to cast the first stone. I write this because I know it to be true.

S. L. W.

The Department of Labor.

Again there is on our desk the Tenth Report on Organization in Industry, Commerce and the Professions in Canada, 1931. The Deputy Minister of Labor says of this publication:—"The information published in the volume gives some idea of the extent of organization among persons who are connected with the industrial and commercial activities of the Dominion. Information is also given as to associations composed of those who are identified with professional, technical and scientific pursuits."

Well, we turn to section XV—Professional Associations. These are listed as follows:—Legal; Medical; Dental; Chiropractors; Osteopaths and Chiropractists; Nurses; Optometrists; Chemists; Druggists; Engineering; Architects; Surveyors; Accountants and Secretaries; Literature; Art and Music; Veterinarians; Miscellaneous. Although one wonders why one of the most highly organized professions was omitted—The Clergy—we glance first at the item "The Medical Profession." This is the list of licensing bodies.

For P. E. I., Col. of P. and S., number of members, 56.

Prov. Med. Board of Nova Scotia, number of members, 15, representing 415 medical practitioners resident, and 430 non-resident.

Council of P. and S. of New Brunswick, number of members, 262.

College of P. and S. of Quebec, members 3,000.

College of P. and S. of Ontario, members 6,000.

College of P. and S., Manitoba, members 559.

College of P. and S., Saskatchewan, members 560.

College of P. and S., Alberta, members 575.

College of P. and S., British Columbia, 753.

There is no intimation as to whether the licensing bodies in all the other Provinces do their business by a smaller body than the entire membership of the profession in each province. It would appear that Nova Scotia was alone in the matter of a special board for this purpose apart from its entire membership. But the membership of the voluntary medical societies of each province may throw some light on the subject. This is given thus:—

P. E. I. Medical Society, members 58.

Medical Society of Nova Scotia, members 300.

New Brunswick Medical Society, members 286.

Quebec Medical Society, members 130.

Province of Quebec Medical Ass'n, members 750.

Medical Society of Montreal, members 325.

Montreal P. and S. Society, members 300.

Society of Surgeons of Montreal.

French Speaking P. and S. of North America.

Ontario Medical Association, members 2000.

Manitoba Medical Association, members 340.

Saskatchewan Medical Association, members 560.

Alberta Medical Association, members 575.

B. C. Medical Association, members 400.

Now a comparison of these figures indicates that every practitioner in P. E. I. and two more belong to the Medical Society. In Nova Scotia, on the contrary 300 out of 430 belong to the Society. In New Brunswick 286 belong to the Society while the number on the register is 262. Regarding Quebec there is so much confusion that it is not clear what this relationship may be. For Ontario the Medical Society has a membership of 2,000 while the members of the College of Physicians and Surgeons number 6,000. Manitoba Association numbers 340 and the registration is 559. Similar figures for Saskatchewan are 560 and 560. In Alberta the same state exists—575 and 575. In British Columbia the Association numbers 400 while the College of P. and S. has 753 members.

The conclusion is that in P. E. I., N. B., Manitoba, Saskatchewan and Alberta, medical society membership embraces the entire registration. In Nova Scotia, Ontario and British Columbia society membership is optional. Take a look at these last three.

Ontario total registration 6,000, Association membership 2,000; British Columbia, 33%, registration 753, Society members 400—53%. Nova Scotia registration 430, Society membership 300—69.8%.

What is the further conclusion? For some time the General Secretary has been telling the Medical Society of Nova Scotia that this Province had the

highest percentage of voluntary members of any other Province in this Dominion; that we lead all Provinces affiliated with the Canadian Medical Association. More anon.

International Clinics.

Volume IV of this famous Lippincott publication has come to the BULLETIN editorial desk. We have commented time and time again on the value of these volumes to the general practitioner and the present book keeps up that reputation. The very first article is, perhaps, an eye-opener to some of us. Dr. Walsh of New York writes of "Medical and surgical trends as seen at the Congress" of the Pan-American Medical Association held in Mexico City last July. Some three hundred papers were presented from twenty-four different sections, the majority by Mexican physicians, all of which were of a particularly high order.

Attention is called to the fact that the world is by no means free from the danger of Yellow Fever,—“a particular increase in travel by air plane will cause yellow fever to reappear in many former endemic centers.” Attention was also directed to the fact that typhus fever was by no means a thing of the past.

Dr. Walsh at this Congress read a paper on the oldest medical book published on this continent by Dr. Francisci Bravo, a graduate of the University of Seville, who was practicing in Mexico the latter part of the sixteenth century. The date of this first medical book was 1570. The date of the first medical book published in the United States was two centuries later, 1776. The Malarial Treatment of Paresis gives special attention to the many difficult social problems involved in many of these cases, especially since many so-called cures have been effected. It is stated that “one course of treatment consisting of not less than ten to twelve paroxysms with an average temperature peak of 104° or more will produce the maximum result that can be expected from malarial therapy.”

Sir Humphry Rolleston writes instructively on “Some Points Mainly Historic on the Endocrine Glands, Generally and the Thyroid and Parathyroids in particular.” It is particularly illuminating to one who is not very strong in his endocrinology.

These Clinics are published by the J. B. Lippincott Company and may be ordered from our good friend Mr. James Wilson, 201 Unity Building, P. O. Box 443, Montreal. Price \$3.00.

The Canadian Defence Quarterly for October also has been on our desk. It is of special interest to members of the C. A. M. C. who served in the first Canadian Division, the maps being very plain. This Quarterly is published at Ottawa, price 50c. or \$1.50 per volume.

A portion of a Resolution adopted at the last Annual Meeting of the Canadian Tuberculosis Association is a strong endorsement of the policy being put into operation in Nova Scotia. “This Association unanimously reaffirms its firm belief in the absolute basal necessity in the campaign against tuberculosis of ample sanatorium and hospital beds for the treatment and isolation of patients. Any means, such as clinics, for the finding of cases, makes

the need of beds not less, but greater. In some parts of the country the need is so very great that provincial governments are urged to find means for the increase of beds immediately."

The Bulletin of the Academy of Medicine of Toronto. More than once this section of our Journal has mentioned this official Journal of this Academy. We have called attention to communications in it from the pen of Dr. Harris McPhedran who has visited our own Provincial Society. In the last number before us is found Dr. McPhedran's Inaugural Address delivered last October. We are not sure that Presidential Addresses are given the consideration they deserve. Seldom does any President wait till just at the close of his year to prepare this expected address, for more than a year it has been taking shape in his mind and is the product of careful thinking and observation. Some of the matters considered by Dr. McPhedran are of vital interest to other medical societies and in other places than Toronto. Without comment we will present therefore some quotations from this paper that may interest our own readers.

1. Toxoiding and vaccinating the children, school and pre-school of the City of Toronto.

2. Maternal Welfare.

The first should have for its object the immediate toxoiding of all children. This could and should be accomplished through the co-operation of the Department of Health, the Academy of Medicine and other organizations. Some such plan as was adopted in Detroit, whereby the city was divided into districts, clinics were opened and on certain dates the practitioners in that district who desired to participate in the work did so and were remunerated by the city.

It is objected, first, that it would be too expensive and, second, the city might be liable for damages in case of infection or illness. Since it is admitted that toxoid, properly given, protects against diphtheria, there is no expense too great to accomplish this result. Had this been done in the past we would have prevented in great part the high morbidity of diphtheria in 1931,—1000 cases and 79 deaths.

As to the second objection, with ordinary care there seldom occurs any reaction or infection of any moment as a result of either toxoiding or vaccinating children. If such an accident should occur the city as a whole is better able to defend itself in a suit for damages than the general practitioner, and, moreover, owes this protection to him for the charity work he does from day to day.

The Public Relations Committee will shortly put before the Department of Health these recommendations:

That school and pre-school children be inoculated at the same time.

That these be done at school and records be kept there.

That the cost per inoculation be not more than that at present estimated by the Medical Officer of Health when done by his staff.

That the nurses of the Department of Health arrange to bring in the pre-school children.

That propaganda be carried on by the Department of Health with assistance from all interested organizations.

That all inoculations in a school be carried out as far as possible by the physicians in that school district.

The second step would offer a permanent solution of the problem. There are approximately 12,000 births in the City yearly, all registered with the

Department of Health. With such a nominal roll available, could not the Department, through its nurses, urge the mothers of these new citizens to have them vaccinated and given toxoid by their family doctor, or by the D. P. H., within the year after birth. A little time and patience would be needed in working out this plan, but it would permanently solve this vexed question and eradicate, in time, small pox and diphtheria from among our citizens.

If this is sound sense for the City of Toronto, why not for every part of Nova Scotia?

The New York Academy of Medicine in its October Bulletin pays considerable attention to the ethics that should govern contact of physicians with the public through the press, lecture platform, lay periodicals and the radio. The matter seemed so important that the Academy and the Medical Society of the County of New York collaborated to define what would be regarded as ethical. In the preamble to the resolution adopted and in editorial references it is declared that it is the bounden duty of the profession to inform the public in all matters relating to health where their co-operation is necessary. A considerable portion of the Resolution deals with radio broadcasting which is not as yet of much interest to us, although very common and liable to be abused in the larger cities. Other sections read:—

"In considering the common avenues through which the profession and individual physicians may address the public, namely the press, the radio, the public platform, and popular publications, we find three possible types of approach. These are publicity, propaganda, and public health education.

Publicity.

[.] Publicity we witness in the medical world under two aspects. In one it gives due public notice of events, which constitute legitimate news, such for example, as the election of new officers in a medical organization; the opening of a new hospital; the award of a prize for distinction in medicine and the like. Such publicity is legitimate and desirable, and the use of a physician's name in this connection is not reprehensible.

There is, however, another form of publicity unfortunately employed by a small section of the medical world, which has for its aim the exploitation or advertisement of an individual through mention of his name in the public press.

In such publicity, the comings and goings of the individual are featured, his connections, achievements and honors are mentioned and he is thereby deliberately and often without any warrant given undue prominence in the public eye. This form of publicity is objectionable, because its aim is reprehensible and the effect upon the public and upon the profession will be deleterious. This type of publicity among physicians cannot be countenanced.

Propaganda.

Propaganda has for its main objectives the arousing of public interest in supporting and acting on health matters.

In propaganda, emphasis is placed on some matter of public health interest and only incidentally upon the physicians connected with it. Tuberculosis prevention, cancer control, diphtheria prevention, are legitimate public health items for propaganda. The appearance of physician's names in connections with such agitations is by the exigencies of press practices necessary and allowable.

Public Health Education.

Public health education differs from publicity and propaganda by the nature of its content. A statement, for example, that measles is a much neglected and dangerous disease made by Dr. Jones may serve as a typical example of a public health education message. Such a statement should not give special prominence to its maker. On the other hand, the statement is given impressiveness and authoritativeness when emanating from a representative physician or from *an official medical body*. Such a physician speaks not for himself but for the profession. He serves merely as the mouth piece through which is expressed a fact universally agreed upon by physicians.

Magazines and Periodicals.

Articles written by physicians for magazines on medical topics affecting the profession should be subject to republication review by the local medical organization.

Summary.

The full intent of these considerations is to facilitate and in no way to hamper educational contact of the profession with the public. They are designed to encourage the expression of the views of the profession to the public. They provide against objectionable publicity by self-seeking individuals whose only design is to aggrandize their persons beyond all merit.

They are formulated for the protection of the public, and for the advancement of the basic interest of the profession by whose progress or regression we are all fundamentally affected."

Again we point out that these two largest local medical bodies in America recognize the importance of health publicity through the medium of the press and other proper methods. The public is to be educated in health matters.

Canadian Doctors in Massachusetts.

The *Berwick Register* is responsible for the following:—

"The little universities of the Maritimes—Scottish in race and tradition and therefore thrifty and hardheaded—send their legions of doctors, lawyers and dentists to the New England towns and cities. There are said to be a couple of thousand of Canadian doctors in Boston alone. And the little village of Port George on the Bay of Fundy has sent no fewer than eight of its young men as dentists to Boston.

"In the town of Cambridge, Mass., there are in one mile of Massachusetts twenty doctors who are Canadians."

A Birth Notice.

Mrs. A. H. Jensen, wife of our popular druggist, went deer hunting at home. The very first day of the season she bagged her dear, a nine and a quarter pound buck fawn to be known as Lyle Gary. The handsome little creature was taken alive, and the Jensens intend to keep it, making the attempt to raise it on milk, cod liver oil, etc. It has no horns to speak of. Mrs. Watrous accompanied her on the hunt, but had no luck herself! A. M. A. J.

Branch Societies

Cape Breton Medical Society.

THE annual meeting and banquet of the Cape Breton Medical Society was held at the Isle Royal Hotel, Sydney, on October 29th, Dr. J. J. Roy presided in the absence of the President, Dr. D. McNeil. The visitors were Dr. H. E. McDermott of Montreal and Doctors W. A. Curry and S. L. Walker of Halifax. Dr. J. C. Morrison proposed the toast to the Canadian Medical Association to which Dr. Walker replied in a brief address. Dr. L. W. Johnstone proposed Our Guests, Dr. McDermott replying. The scientific programme included an illuminating and thought-provoking address on Tuberculosis by Dr. McDermott illustrated by lantern slides. He noted the change in our opinions as to the exciting causes, and immunity, also the development of pneumothorax and the use of the X-ray. Dr. Curry by a moving picture film with a running explanatory talk gave a most instructive demonstration on Infections of the hand. These infections are so common and sometimes so disabling that the subject was of intense interest to all present. In point of attendance also the meeting was most successful.

Lunenburg-Queens Society.

The annual meeting of the Lunenburg-Queens Branch of the Medical Society of Nova Scotia was held in Bridgewater, October 26th with Dr. W. N. Cochran presiding. The attendance from both counties was very satisfactory. Officers were elected as follows:—

| | |
|---|---|
| President— | Dr. W. N. Cochran, Mahone (Re-elected). |
| Vice-President— | Dr. H. A. Creighton, Lunenburg. |
| Secretary-Treasurer— | Dr. C. A. Donkin, Bridgewater. |
| Representatives to the Executive of the Medical Society of Nova Scotia:—Dr. D. A. Campbell, Bridgewater and Dr. H. A. Creighton, Lunenburg. | |

The Post-Graduate C. M. A. speakers were Dr. C. K. P. Henry of Montreal and Dr. G. R. Burns of Halifax. Dr. Henry dealt with two subjects—Cancer and Peptic Ulcer, both lectures being illustrated by lantern slides. Dr. Henry is a very ready speaker makes his points very clear to his audience. Dr. Burns gave a practical clinical paper on Essential Hypertension. There is such an increase in deaths due to some disease of the circulatory system that a lecture of this nature would be welcome to all medical meetings. The Society expressed its appreciation of the lectures and thanked the speakers. The visitors were taken out to the Dawson Memorial Hospital and commented upon its efficiency and modern equipment.

Correspondence

POST-GRADUATE LECTURES.

184 College Street,
Toronto 2, Dec. 5th, 1931.

Dear Doctor:—

We believe you will be interested in the following:—

Official intimation has reached us that the Sun Life Assurance Company of Canada has made us a grant of \$45,000 to carry on our Post-Graduate and Hospital Service Departments for the coming year. This brings the total grants made to us by this Company during the past seven years, up to the magnificent sum of \$285,000. What finer expression of confidence could be imposed in a Medical Association; and what a noteworthy contribution to health activities in Canada is exemplified in the gift! We all owe a very deep debt of gratitude to the Sun Life Assurance Company of Canada.

During the six years in which our post-graduate schedule has been in operation, abundant evidence has come to us bearing testimony to the value of the work. The following table will prove interesting and illuminating to many:—

| Year | Number of Speakers | Number of Addresses | Average Attnd. | Total Attend. | Total Cost | Cost per Lecture per Doctor |
|------------|-----------------------|------------------------|-------------------|------------------|---------------|-----------------------------------|
| 1926..... | 169 | 513 | 29 | 17,264 | \$ 30,100.27 | \$1.74 |
| 1927..... | 269 | 729 | 27 | 19,683 | 28,831.66 | 1.46 |
| 1928..... | 329 | 802 | 31.7 | 25,423 | 33,336.45 | 1.31 |
| 1929..... | 379 | 730 | 36 | 26,287 | 31,257.21 | 1.19 |
| 1930..... | 300 | 580 | 38 | 22,036 | 27,961.78 | 1.27 |
| 1931..... | 309 | 703 | 30.57 | 22,487 | 30,472.57 | 1.35 |
| Total..... | 1,755 | 4,057 | 32 | 133,180 | \$181,959.94 | \$1.39 |

Our Department of Hospital Service has now completed its fourth year of practical service to the hospitals, both large and small, in Canada. Judging by many reports which have been received, the Department is filling a very necessary and worthy place in the health activities of our country.

During the year, 309 newspapers with an aggregate weekly circulation of 1,053,475 have published our health articles. Resulting therefrom, numerous inquiries reach our office daily from individuals seeking health advice. In every instance, inquirers are urged to put themselves in touch with their physicians. The cumulative effect of the service being rendered undoubtedly tends to increase in the public mind, confidence in the medical profession of Canada. We are indebted to the Canadian Life Insurance Officers' Association for the funds necessary to operate this department.

The Association Journal has not only maintained the very high standard which it has enjoyed for many years, but, in the opinion of many of our members, has increased its practical usefulness. Regular perusal of the Canadian Medical Association Journal would be beneficial to every active practitioner of medicine in Canada.

Now, a few words about some of our other activities:—

National Committees are constantly studying problems relating to Inter-Provincial Relations, Maternal Welfare, Pure Foods and Drugs, Economics, Health Insurance, Periodic Health Examinations, and in fact, every problem which is presented and which appears to have some relation to the practice of medicine. The period of financial depression has shown no diminution in the demands for our output, namely, Service. In that respect, we are closing what we believe to be as highly successful a year as we have ever enjoyed. Our annual meeting last June in Vancouver with a registration of more than 800 members and visitors, gave no indication of a waning interest in our activities; and we look forward hopefully to another magnificent annual convention to take place in Toronto during the week of June 20th, 1932.

To our members, we desire to say that membership bank drafts and accounts are now being issued to cover fees for the ensuing year. Will you PLEASE make every possible endeavour to meet these promptly and thus save to the Association much time and expense, both of which may be utilized to very much better purpose in the interests of all concerned.

If you are not a member of the Association, may we respectfully take this opportunity of urging you to join. The annual fee is \$10.00.

Many doctors tell us that the Journal alone is worth more than that amount. The Canadian Medical Association should be one of the most powerful and useful national institutions in Canada. A united profession, actuated and imbued with a desire to realize the best ideals of the profession can make the C. M. A. just such a national force as we all wish it to be.

We confidently anticipate the continued support of every member. If you are not a member, will you please pin your cheque to a sheet of your own letterhead, and mail it to us without delay. By so doing, you will become a member for the year 1932 and receive the Journal for twelve months, and you will also be making a real investment in medical progress.

Yours faithfully,

T. C. ROUTLEY,
General Secretary.

SPECIAL NOTICE.

ON TO ENGLAND.

Next July, the British Medical Association celebrates its Centenary in London. We hope to take over a large delegation—Sailing from Montreal on the S. S. Duchess of Atholl on July 2nd,—two weeks touring Ireland, Scotland, Wales and England—A glorious week in London. Returning by S. S. Duchess of York—Arriving Montreal, August 7th—Five wonderful weeks, with excellent accommodation, for \$540.00. Drop us a note if you are interested and we shall put you in touch with our transportation representative nearest to you. Address all communications to Dr. T. C. Routley—184 College Street—Toronto.

Halifax, N. S.,
November 25, 1931.

Dear Doctor:—

The Prescription season is here and MacLeod-Balcom with their druggists, qualified clerks, and the freshest supply of drugs available are at your call.

When you order Digitalis, Strophanthus, Ergot and such drugs, you want them fresh and made by the best manufacturers—we stock them.

Our stores are somewhat like our harbor facilities—they are prepared and are preparing further to be ready for more business. All they require is the Doctor and the patient coming in the store.

With thanks for your usual co-operation, we are,

Yours very truly,

(Signed) S. R. BALCOM,

MacLEOD-BALCOM, LIMITED

P. S. Methyl Hydrate for your car—as efficient as any Anti-freeze. \$1.50 a gallon.

Middleton, N. S.,
Dec. 10th, 1931.

Dear Mr. Editor:—

I notice an item in the December number of *The Canadian Medical Association Journal*, which is somewhat illuminating, and supports certain suggestions, which I made last Spring, at the May meeting of The Valley Medical Association, regarding the membership, of our Provincial Medical Board. This is the item, under Alberta news, page 751:

“The College of Physicians and Surgeons of Alberta has announced that elections will shortly be held for representatives on the council for the years 1932 and 1933 (a two year term), in the following districts: Medicine Hat, Red Deer, Banff, Peach River, and Edmonton. It was decided some years ago that all councillors be elected for a two year term, and as there were seven councillors, that three were elected one year, and four the next, thus having elections every year in some of the districts.

If the members of the council had not properly interpreted the wishes of the members of the profession, the latter have had a chance each year at the annual meeting to so express themselves.”

The College of Physicians and Surgeons corresponds to our Provincial Medical Board. As I pointed out no province in the Dominion, outside of New Brunswick, and Nova Scotia has any Government appointees, on this Board, the former having four, and we having nine.

In all the other provinces, the profession elect their own representatives to this Board, and usually from Districts.

As was very well pointed out in the November number of THE BULLETIN the cost of administration of our Provincial Medical Board, was provided for by registration, and examining fees. The question, then very naturally arises, why should the Government be mixed up in the matter at all.

They do nothing, and never have, to protect the public from irregular practitioners. They do not appoint the examiners, nor take part in the slightest degree, in the functions of the Board.

To my mind, the Medical profession of this province, is somewhat in the position of Nova Scotia, previous to the advent of "Joe Howe"; that is of being ruled by a body quite irresponsible, to the profession at large. Indeed the whole system is antiquated and needs revision.

Don't you think this is a matter that the Legislative Committee of our Provincial Society might look into?

Then what about a proposal from its Executive, to bring us up to date, and in line with our sister provinces. As I have first hand information from practically all the provinces, I should be glad to make it available if so desired.

Yours truly,

J. A. SPONGLE.

Dear Sir:—

We beg to advise you that we are now Canadian distributors for Varicane.

As previously advertised in the C. M. A. Journal, this product is a sclerosing solution of Sodium Morrhuate specially prepared for the treatment of varicose veins.

Numerous advantages are claimed in favour of Varicane, among which we may mention innocuity, rapidity of effects, the absence of untoward symptoms and inflammatory reaction.

Following are the physicians' prices for Varicane:

| | |
|-------------------------|-------------------|
| 5% Solution, 10 cc..... | \$.75 per bottle |
| 10% " 10 cc..... | .90 " " |
| 10% " 30 cc..... | 1.75 " " |

Your inquiries upon this product would be greatly appreciated.

Sincerely yours,

ROUGIER FRERES.

Dear Doctor:—

Administered orally as tablets or applied locally as solution or ointment Pyridium has a wide field of usefulness in the treatment of infections of the the genito-urinary tract such as: Pyelitis, Cystitis, Vaginitis, Gonorrhea, Prostatitis, Epididymitis, Cervicitis.

Pyridium has marked penetrative power, is bactericidal, and non-toxic and non-irritative in therapeutic doses. It is rapidly eliminated through the urine. The dose is 1 or 2 tablets t.i.d.

If you will return the enclosed reply-card to us we will send you a bottle of 50 tablets without cost.

Very truly yours,

MERCK & CO. LIMITED.

P. S. The price of Pyridium was reduced recently to almost half of what it had formerly been. This reduction now makes its advantages available to all classes of patients.

Dr. Walker,
Medical Society of Nova Scotia,
Roy Bldg., Halifax, N. S.

Dear Doctor:—

We wish to thank you for your prompt return of our film Spinal Anesthesia and for your personal interest which make this showing a success.

Yours very truly,

WINTHROP CHEMICAL COMPANY INC.

Abstracts of Current Public Health Literature. Presumably these issues come to every physician in the province. It is our right to call to your attention the value of much that is contained in each issue. We have been struck with the persistence with which the irregular and quack is constantly regarded. That the BULLETIN has cried aloud for the harshest possible treatment of these people has long been a ground upon which to criticise the editor by the "let them alone" element of our membership. That this official publication of the Canadian Government continues its present attitude of criticism is a good reason for the continued opposition of the BULLETIN. A recent publication of this official booklet has the following suggestive articles:—

So-called Cancer Cures Useless.

Agreeing with Lord Moynihan, president of the Royal College of Surgeons, England, who in a recent radio talk warned against widespread quackery in the sale and promotion of alleged cancer cures, Dr. J. J. Durrett, chief of drug control, Federal Food and Drug Administration, stated that there is no scientific and medical evidence to show that any drug or combination of drugs will cure cancer. "The Food and Drug Administration is convinced," said Dr. Durrett, "that the sale of so-called cancer cures results not only in economic loss to the buyer, but, and far more important, may give the purchaser a false sense of security."

False Claims for Dentifrices.

A severe criticism of dentifrice advertising was made recently by the Council of Dental Therapeutics in rejecting the application of a certain dentifrice for inclusion on its list of accepted remedies. In this connection it authorized the following statement for publication:—

"An examination of dentifrices advertising, regardless of the nature of the product, brings out one common trait, the element of scientific honesty was conspicuous by its absence, or facts were distorted, unduly emphasized, or pruned as the needs of the copywriter dictated. A few dentifrice makers were content to rest their sales appeal on the reasonable ground that a dentifrice cleans; others ranged their pretensions from a correction of acid mouth to the inclusion of pyorrhea and other deep-seated dental conditions, or even to systematic conditions that were not even remotely related to the expected functions of a dentifrice."

Quack Remedies: p. 529

The Victorian *Health Bulletin*, an official publication of the Commission of Public Health, proposes to include from time to time articles concerning alleged cures for certain diseases. The problem of how best to deal with the patent medicines and quackery in general, it is remarked in the opening of the above articles, which appeared in the issue for January-March, is one of great difficulty, and one which has been the subject of considerable attention in most countries of the world.

Universal compulsory education would, it was hoped, lead to the extinction of the quack medicine trade, by the fact that the raising of the level of knowledge and intelligence of the general public would diminish the number of buyers of such preparations to negligible proportions. Unfortunately, this hope has not been realized. What general education cannot effect may possibly be achieved by special education—that is by giving to the public specific information concerning alleged remedies for certain diseases. The nature of these remedies can, in most instances, be ascertained without difficulty by chemical analyses.

OBITUARY

THE members of the Medical Society of Nova Scotia will extend to Dr. W. F. McKeough of Sydney Mines sincere sympathy on the death of his daughter, Alice, aged fourteen years. She gave promise in her school work of being exceptionally brilliant and her early passing is greatly deplored. As may be remembered Mrs. McKeough died some three years ago and this break in a large family is keenly felt.

The death occurred recently at Glenora Falls, C. B., of Mrs. John Campbell, a woman of sterling character and rare accomplishments, much loved and honored by her numerous friends. Dr. Dan McDonald of North Sydney is a brother of the deceased and to him the BULLETIN extends sympathy.

Among the many newspaper reports of proceedings of Remembrance Day, we noted that, at Baddeck, Mrs. MacKeen, widow of the late Dr. G. W. McKeen, was selected to place upon the cross of remembrance in the local court house the wreath of poppies sent out by the Provincial Government. Both the late Doctor and Mrs. MacKeen had a very extended overseas service.

The death occurred at Upper Settlement, Middle River, C. B., December 4th of Alexander J. MacInnis aged 46 years. He was noted for his great height and strength, being 6 ft. 9 in. tall, the tallest man in the county. He is survived by his mother and two brothers, one of these being Dr. D. F. MacInnis of Shubenacadie.

Dr. Edward Jeffers of Parrsboro has been advised of the death in Saskatchewan of his brother-in-law, Mr. Wm. Barryman.

Dr. Duncan MacMillan of Sheet Harbour was recently called to his former home at East Lake Ainslie to attend the funeral of his brother Mr. Albert MacMillan of that place.

In the passing recently of Sir David Bruce the medical world has lost a pioneer in more than one field of medicine. His contribution to our knowledge of sleeping sickness is acknowledged by all nations. Added to that he carried his investigations into trench fever during the late war, placing its responsibility upon the ubiquitous louse. He is described "as one of the medical geniuses who served the British Empire." He was 76 years of age.

The death occurred on December 26th, 1931 of Mrs. Sparrow at Reserve aged 87 years. She was the mother of Dr. C. J. Sparrow of Reserve with whom she has resided for nearly 30 years, coming to Cape Breton from Ottawa. She was very highly thought of in Glace Bay and vicinity.

The same day another lady very highly respected passed away aged 84 years, Mrs. McKay, widow of the late Dr. William McKay of Glace Bay, and mother of Dr. Dan S. McKay of Winnipeg. Senator Wm. McKay will long be remembered by the people of Glace Bay and the medical profession in this province. Dr. Dan McKay was one of the C. M. A. post-graduate lecturers in Nova Scotia some two years ago. To Doctors Sparrow and McKay the BULLETIN extends sincere sympathy.

Personal Interest Notes

DR. and Mrs. Judson Graham arrived back from their trip to Europe, December 13th by the C. P. R. Ship the Duchess of Richmond. Dr. Graham visited as many medical clinics as the three months permitted.

Dr. W. M. McDonald of Westville has transferred his practice to Dr. P. O. Bagnall, Dalhousie 1921, who has been hitherto at St. George's, Nfld. The *Evening News* said "Dr. MacDonald has been the guest of honor at a number of functions in the last week, when friends voiced the regret generally felt by reason of his approaching departure."

Dr. MacDonald has been 8 years in Westville and after a visit to his home in Sydney Mines early in the year he goes to England for post-graduate work.

Dr. J. W. Smith, Liverpool, was fortunate in not being seriously hurt when the last of November his car skidded and overturned.

Dr. John F. Brown, Dalhousie 1924, located at Grand Falls, Nfld., recently spent a two weeks' vacation with his parents at his former home in Trenton.

Sydney Ford, son of Dr. T. R. Ford of Liverpool, was a patient in December at Dawson Memorial Hospital, Bridgewater, on account of a ruptured appendix.

Dr. W. A. McLeod of Hopewell resumed his practice in December after several weeks a patient in Aberdeen Hospital.

Dr. A. H. Calder of Sydney left the latter part of November for post-graduate study in Vienna. He will be away four months.

The Westville Branch of the Canadian Legion gave Dr. W. M. MacDonad a fine send off at a recent meeting. He was presented with a suitable address accompanied by a club bag.

Dr. John R. McNeil, Dalhousie 1930, who has been resident in Halifax since working in Dominion No. 1, is now connected with the Highways Construction Company, operating in the Northern part of Victoria County. At least 250 men are in camp in Intervale and operations will be carried on all winter.

The speaker at a recent meeting of the Kentville Rotary Club was Dr. J. P. McGrath of that town. He gave a twenty minute review of the development of the science of medicine during the past two thousand years and more. In conclusion he touched briefly on state medicine and other socialized forms of medical service. He endorsed the health talks at present appearing generally in the press, health lectures given in schools and colleges, health propaganda by insurance companies. Yet "in spite of all this, travelling circus doctors, chiropractors, Lydia Pinkham and their like still flourish."

Approved Hospitals for Interns.

Not "Shall I intern, but where" is the question before nearly every graduate in Medicine. The *Medical Journal* of Toronto University publishes the following list of "Approved" Hospitals in Canada. While the Dalhousie Graduates have served their required internship as their last clinical year, they may desire further service of this nature elsewhere. These Hospitals are:—

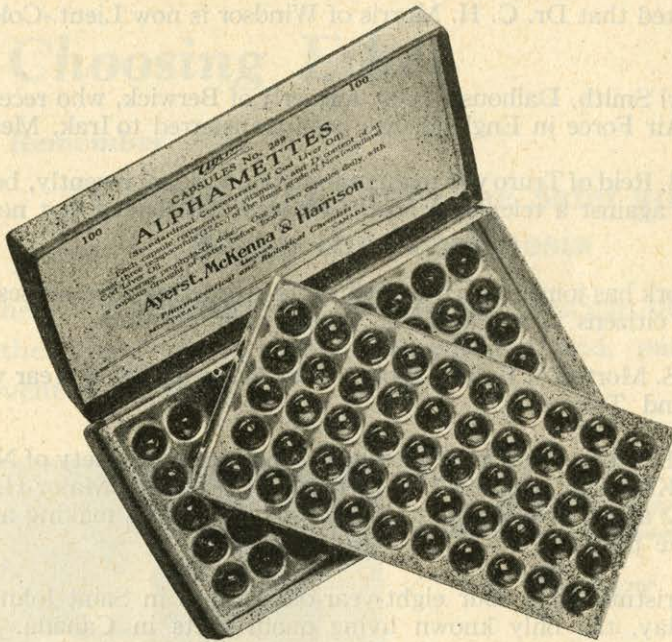
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| Victoria General Hospital Halifax, N. S.; 250 beds, appointed May. | Ottawa Civic Hospital Ottawa, Ont. 540 beds, appointed prior to January, 18 interns. |
| Saint John General Hospital Saint John, N. B. 300 beds, appointed July, 6-8 interns. | Hospital for Sick Children: Toronto, Ont.; 387 beds, appointed February, 15 interns. |
| Children's Memorial Hospital Montreal, Que.; 190 beds, appointed December, 6 interns. | Toronto Western Hospital Toronto, Ont.; 312 beds, appointed December, 15 interns. |
| Montreal General Hospital: Montreal, Que.; 525 beds, appointed December, 46 interns. | Metropolitan General Hospital: Walkerville, Ont.; 126 beds, appointed January, 2 interns. |
| Royal Victoria Hospital: Montreal, Que. 690 beds, 45 interns* | Hotel Dieu of St. Joseph's Hospital: Windsor, Ont.; 132 beds, appointed December or January, 2 interns. |
| Kingston General Hospital Kingston, Ont. 375 beds, appointed January, 4 interns. | Children's Hospital: Winnipeg, Man.; 125 beds, appointed January, 6 interns. |
| Grace Hospital Toronto, Ont.; 121 beds, appointed December, 4 interns. | Winnipeg General Hospital: Winnipeg, Man.; 628 beds, appointed January, 27 interns. |
| Toronto East General Hospital: Toronto, Ont.; 135 beds, appointed June, 2 interns. | St. Boniface Hospital: St. Boniface, Man.; 435 beds, appointed October, 4 interns. |
| St. Joseph's Hospital: Toronto, Ont.; 250 beds, appointed June, 6 interns. | Regina General Hospital: Regina, Sask.; 388 beds, appointed October, 12 interns. |
| St. Michael's Hospital Toronto, Ont.; 552 beds, appointed December and January, 22 interns. | Royal Alexandra Hospital: Edmonton, Alta.; 360 beds, plus 100 isolation; appointed January, 6-8 interns. |
| Toronto General Hospital Toronto, Ont.; 1,050 beds, appointed January, 41 interns. | University of Alberta Hospital: Edmonton, Alta.; 376 beds, appointed May, 10 interns. |
| Hamilton General Hospital: Hamilton, Ont.; 618 beds, appointed December, 21 interns. | Vancouver General Hospital: Vancouver, B. C.; 1,083 beds, 35 interns. |
| Victoria General Hospital London, Ont.; 400 beds, appointed December, 12 interns. | |

The Fellowship of Medicine and Post-Graduate Medical Association of London, Eng., have issued their Provincial Programme for 1932. At any time during the year sufficient classes are in operation to afford one ample opportunity for general or special work. August furnishes classes only in Urology. If you are interested enough to have further particulars make application for information to

The Secretary

The Fellowship of Medicine

1 Wimpole Street, London, W. I.



For the Patient Who "Won't" Take Cod Liver Oil

● Every physician knows the patient—man, woman or child—who "can't take cod liver oil." There are many such in every practice for whom cod liver oil would be very valuable as a prophylactic measure to raise the systemic resistance through its really effective action of maintaining the physiological defences of the mucous membranes.

● In *Alphamettes* we offer an alternative to cod liver oil for such patients. Each capsule is no larger than a pea yet exhibits the Vitamin A and D content of at least 3 teaspoonfuls (12 c.c.) of the finest grade of Newfoundland Cod Liver Oil. This is confirmed by carefully controlled biological assays made in our laboratories.

ALPHAMETTES

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MONTREAL

TORONTO

It is noted that Dr. C. H. Morris of Windsor is now Lieut.-Colonel in the C. A. M. C.

Dr. Carl Smith, Dalhousie 1930, formerly of Berwick, who recently joined the Royal Air Force in England, has been transferred to Irak, Mesopotamia.

Dr. J. B. Reid of Truro was in an automobile accident recently, being hurled from his car against a telephone post. He was well shaken but not seriously injured.

New York has joined with Massachusetts in ordering alien nurses to become naturalized citizens immediately or vacate their positions.

Dr. C. S. Morton of Halifax took a short Xmas and New Year vacation to Montreal and Toronto.

Dr. W. B. Moore, Honorary Member of the Medical Society of Nova Scotia formerly of Kentville, spent his 75th birthday with his son, Major H. S. Moore, R.C.A.M.C., at Karachi, India. It is about time he was making a visit back to his native province.

On Christmas Day four eight-year-old kiddies in Saint John celebrated their birthday, the only known living quadruplets in Canada. They are in Grade 2 at the public school. They say in Saint John that the teacher asks,—“When two children are born of the one parent on the same day, what are they called?” “Twins,” is the answer. “When three?” “Triplets.” “When four?” “Mahaneys” comes the prompt reply.

Lahey Clinic Reprints.

The BULLETIN has received reprints of articles by various members of that noted clinic staff. These are titled as follows:—

Exophthalmic Goitre following use of Thyroid Extract or Diet for reduction of Weight.

The effect of Thyroid Pressure upon the Trachea.

The Prevention of Painful Feet, with Comments on Treatment.

The Significance of Contracted Calf Muscles in the Mechanis of Food Strain.

Indications for the Use of Digitalis in Surgical Patients.

Spinal Anaesthesia for Upper Abdominal Operations.

Obstruction of the Salivary Ducts.

The Treatment of Varicose Ulcer.

Complicated Ureteral Calculi.

Should any reader of the BULLETIN wish one of these reprints the Secretary will be pleased to send them to you.

“If you would be a real clinician you must know syphilis in all its manifestations and relations.”

“Your husband looks like a brilliant man. I suppose he knows everything?”

“Don't you fool yourself; he doesn't even suspect anything.”

In Choosing Ether

Remember—

The Purer the Ether the Safer and Better the Anesthesia

There is a satisfaction in knowing that you can obtain a pure ether, free from peroxide, aldehyde and acid, packaged to prevent deterioration—



Mallinckrodt Ether

Ether from which all impurities have been removed.

Ether containers that have been "chemically sterilized" to prevent formation of impurities from deterioration.

A patented air-tight mechanical closure prevents contamination from soldering flux.

Prove to yourself the quality of Mallinckrodt Ether.

Test it clinically and chemically.

Send for free samples for this purpose.

*"Give the patient the best of
everything"*

Bart's. In the May BULLETIN interesting cuts were shown of the London Hospital familiarly called Bart's. A jester in the Court experienced a change of heart and started on a pilgrimage to atone for his sins. While journeying "he began to be vexed by a grievous sickness". He vowed that when he recovered he would build a hospital where poor people would get the care he had missed. While still ill St. Bartholomew appeared to him in vision and told where the hospital should be built. But he found the spot was a part of the of the private perquisites of the King. Remembering his ancient persuasive abilities, the jester-monk gave King Henry First such a convincing line of talk that the site was given and the starting of the hospital ordered. This was away back in the 12th century.

Sonnet to the Cystoscope.

I sing your praises, modest cystoscope,
 Whose searching eye so magically discloses
 The watery secrets of hydronephrosis.
 Where once the G. U. man was wont to grope
 In Stygian night, now you supply the dope
 Complete on nephroliths and cystoptosis.
 Whatever in this tract of human woes is
 Concealed, you bring to light and, lo, there's hope!
 I marvel how completely you reveal
 The mysteries of kidney and of bladder.
 Your slender form to me has deep appeal;
 I'm wild about you. Nothing makes me gladder
 Than seeing you inserted—no disgrace—
 Provided it is in another's place.

A. M. A. J.

She was only the optician's daughter—two glasses and she made a spectacle of herself.

Jack—Why did you stop wearing your wrist watch on your leg?
 Jill—Too hard to regulate the hands.

Married men make much better patients than single men, because they are used to taking orders.

"The stork has brought a little peach"
 The nurse said with an air.
 "I'm mighty glad" the father said,
 "He didn't bring a pair."

Do I understand that Dan and Bersheba are names of places? Well that is one on me, I always thought they were husband and wife, like Sodom and Gomorrah.

Patient:—Doctor I can't run about every morning as you prescribe, I get too dizzy.

Doctor:—Oh, how is that?

Patient:—I'm a lighthouse keeper.

BILLON'S **SULFARSENOBENZOL**

The ideal arsenical for the painless subcutaneous treatment of syphilis.

Particularly adapted for use in the treatment of children; in adults with inaccessible veins; in rural districts.

Supplied in progressive dosages of from 0.005 gm. to 0.60 gm.



Laboratory Poulenc Frères of Canada Limited

For sample and literature, apply to
the Canadian Distributors:

ROUGIER FRÈRES 350 Le Moyne St., Montreal.

What a Doctor.

Sir:—A man applied for alcohol because he had water on the knee and didn't want it to freeze this winter. I told him to wear good hose and pumps.

Waitress to Sweet Young Thing. Won't you try some of our special cream cake?

Sweet Young Thing. No, I'm dying to try it, but I'm trying to diet.

Question—Isn't that your T. B. doctor?

Reply—I thought so until he sent me his bill. He's a skin specialist.

The Immortals Gallery.

Dr. T. Kirby.

Stomach, Bowels and Women.

542 West Broadway

Phone 657

Council Bluffs, Iowa.

"Giving comfort under affliction requires that penetration into the human mind, joined to that experience which knows how to soothe, how to reason, and how to ridicule, taking the utmost care not to apply those arts improperly."

Diseases of the mind impair the bodily powers (Ovid).

There is no health; physicians say that we, at best, enjoy but neutrality. (Donne).

A Xmas and New Year Greeting.

"I heard the bells on Christmas Day,
Their old, familiar carols play,
And wild and sweet, the words repeat,
Of Peace on Earth, Good-Will to Men."

As you listen to the ringing of the Christmas bells, carrying the above message, may you also hear, radiating from our hearts, a message of good cheer, friendship and appreciation; of faith in the future, in the ability of mankind and of our own Organization to overcome the temporary discouragements which face us. May you feel more than ever the joy of living which comes in mastering the obstacles provided for us by the Creator to build our characters, strengthen our hearts and bring forth the best that is within us.

May we improve the opportunity to thank you for your faith in us, for the services you have rendered us, and to wish you and yours a Bright and Happy New Year.

Faithfully yours,

The Denver Chemical Manufacturing Company,

H. B. SCOTT,

Managing Director.

The healthy know not of their health, but only the sick. This is the physician's aphorism, and applicable in a far wider sense than he gave it. (Carlyle).

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A Dependable Digitalis Product

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Boxes of 5, 20, 100

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and 100 c.c.

Tubes of 25 and
Bottles of 100

Digifoline "Ciba"

contains all the therapeutically desirable constituents of digitalis leaves—
produces the characteristic digitalis effect—
is of constant potency—
is promptly and uniformly absorbed from the gastro-intestinal tract—
is free from irritant substances of the saponin group.

■
CIBA COMPANY LIMITED
MONTREAL

"Physicians mend or end us; both though in health we sneer; when sick we call them to attend us, without the least propensity to jeer."

We have not only multiplied diseases, but we have made them more fatal. (Rush).

In the actual condition of medical science, the physician mostly plays but the part of the simple spectator of the sad episodes which his profession furnishes him. (Magendie)

An Error in Punctuation.

Miss Arabella Gumburnash
Was noted for her vim and (—),

Until, according to her momma,
She fell into a sort of (,).

Though Doctor Jones, their medic Solon,
Ascribed the illness to her (:),

The cause, as in the case of myriads,
Was merely trouble with her (...).

(A. M. A. Journal).

We ought not to be ignorant that the same remedies are not good for all. (Celsus)

"For one mistake made for not knowing, ten mistakes are made for not looking."

One life—a little gleam of time between two eternities. (Carlyle)

"What is the commonest tumor in the abdomen?"

Student, hesitating: "Fibroid?"

"No! Pregnancy! Cerebrate, young man, cerebrate!"

"The secret of happiness is never to allow your energies to stagnate."

There is nothing permanent but change; nothing certain but that everything is uncertain. (Aristotle)

Time passes on, and the fashions of the mind, as well as of the body, change. (Socrates)

"Wisdom is the daughter of experience."

"It takes 65 muscles of the face to produce a frown and only 14 muscles to produce a smile."

"Who walks by faith?

"The general practitioner."

"Who walks by sight?"

"The surgeon."

A. M. A. Journal.