CONTENTS

Page

SCIENTIFIC SECTION:

The Female Surgical Relic—Dr. H. B. Atlee - - - - - 239
Irritable Colon—Dr. D. F. MacDonald - - - - - - 246
The Problem of Neuroses—Dr. J. W. MacKintosh - - - - 248
Remarks on the Uses of Some Sclerosing Solutions—
Dr. A. H. Sangster - - - - - - - - - 250

HISTORICAL SECTION:

Changing Surgery—Dr. C. A. Webster - - - - - - 252

EDITORIAL SECTION:

Preventive Medicine and the State - - - - - - - 255
The Bulletin and its Contributors - - - - - - - 256

CASE REPORT SECTION: - - - - - - - - - - 257

Eclampsia. Bace-staphy-phage. Huge-Mucocele of the Appendix.

CANCER SECTION:

Cancer of the Stomach - - - - - - - - - 260
Publicity in the Cancer Programme - - - - - - - 261

PUBLIC HEALTH: - - - - - - - - - - 263

Nova Scotia Dental Association - - - - - - - - 167
Dalhousie Medical Students' Annual Banquet - - - - - 269
Annual Meeting C. M. A. and Programme - - - - - 270
Dalhousie Medical College—Dr. S. L. Walker - - - - - 272
Hospital Service - - - - - - - - - - - 275
Obituary - - - - - - - - - - - - 277
Personal Interest Notes - - - - - - - - - 280
List of Members, 1933 - - - - - - - - - 288

The Female Surgical Relic

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IN my wards at the Victoria General Hospital at the present time there are four women who have been operated on by various surgeons including myself, and who have not yet received benefit from surgery. It is not unusual for me to have such cases in my wards, nor to have those cases which, presenting surgical symptoms, are likely to be turned by my knife; or, if I refrain, some other's, into such. I observe from time to time that I am not the only surgeon laboring under a similar misfortune—and further, that neither they nor I are doing right by these unhappy women.

Consider the case of Mrs. A.

Thirty-two years old. The last offering of a weary womb—8 older brothers and sisters. She has had three children, pregnancy kidney with first and last. She had a tonsillectomy in 1915, and appendectomy in 1918, a tumor removed from the breast in 1919, a fimbrial cyst the size of a grapefruit removed from the right side during the second pregnancy in 1925. Her menstruation has always been normal but has decreased lately in amount. For the last two years, but particularly for the last year, she has had pain in the left side, vaginal discharge, and what she calls "nervousness." She has never been well—always something or other the matter with her. She is afraid of the attacks of pain and deadly afraid of another pregnancy. She has had no sex feeling since the birth of the second child. I did a laparotomy on her two weeks ago because I thought, and her own doctor thought, there was a very tender mass on the right side which might be an ovarian cyst. No such cystic condition was found—the ovary was normal. This woman has had two operations—appendectomy and the late laparotomy for conditions that were not present—she states emphatically that her appendectomy did her no good whatsoever.

But there is more in her case than this, very much more. She is, as has been said, the last offering of a weary womb. Her brothers and sisters are normal and healthy, but she has not been so for many years. As the youngest of a large family she was petted and pampered. Her father is very well-to-do. She married a poor but honest young man who would not allow the father-in-law to do anything for them. But if he was proud he was indulgent. Not being able to give her what she had been used to in the material realm he tried to make it up by being "good" to her, giving in to her whims. Her first experience of childbirth was trying in the extreme. It disillusioned her of having more children. Her second was complicated by the operation for ovarian cyst. Her third was the worst of the lot. After the second she lost all sex feeling and hasn't regained it. For the last two years she says coitus hurts her, that she gets nothing out of it, and that she has taken a distaste to it. As a patient she is wayward. She doesn't want to do things for herself and doesn't want to do what she is told—but she loves sympathy, loves to have you listen to the long winter's tale of her ailments. Her "nervousness" takes many forms and when you pin her down she describes it very vaguely. She gets a feeling that she wants to creep away and sleep—seems to be trying to seek escape from reality. Her appetite has been poor since operation. To stimulate it I ordered her wheeled out to the sun-porch from her private

room. She rebelled vigorously against leaving the narrow four walls for the wider horizon. She does not appear to like to be told she is getting better. She conveys the impression that she is unconsciously clinging to the hope of continued symptomatology as to the Rock of Ages, that it is her one remaining asset in a world in which she has become a liability.

Mrs. B. is thirty-two. She had a repair of the cervix 6 years ago, and an appendectomy and something done on the left side four years ago. She had some slight pregnancy kidney with her last child born two years ago. The other two are eight and seven years old. After the last baby she was dieted for diabetes for six months. She has never been well, but it can be said that her trouble became crystalized in their present form after the birth of her first child. These are the symptoms that have dogged her married life: Attacks of pain in the abdomen—iliac, with gas in the stomach and bowels, palpitation, hot flashes, chills. The pain is like labor pain and during the attacks the other symptoms develop. She shakes the bed with her chills. For the last two years Pelion has been piled on Ossa in the form of certain urinary symptoms: frequency, scalding, soreness in the vagina. By day she passes urine with countless frequency. She gets up sometimes ten times at night. Since October she has had a vaginal discharge which she characterizes as yellow and foul-smelling. (It is white and does not smell foul). She tends to constipation. On examination she is hyperaesthetic all over the abdomen, tender on deep palpation in the iliac regions, the kidney regions behind and in front. On bimanual nothing is found in the pelvis. The urine is normal and cystoscopy of the bladder and X-ray of the injected kidney reveals no pathology. Her two operations have conferred not the slightest benefit. The barium meal shows no pathology or suggestion of such.

Going further into her case one finds that she was the daughter of a country manse, was nurtured in the cold, puritanic régime. Her husband is poor and he is not highly educated, has obviously neither her refinement nor her culture. But he has not been brutal or casual with her—on the contrary perhaps over-indulgent and worshipful. She has had no sex feeling since the birth of her first child—and not much before that. She has now some pain on coitus, says coitus makes her sick, has taken a disgust to it. She also likes to sleep, closes her eyes to escape from the ward in which she lies, is happier with the screens around her.

Mrs. C. is 28. She had an appendix and a cystic ovary removed in 1927, a hemorrhoidectomy in 1928, a laparotomy in 1929—all without benefit. As a child her right knee was arthrodesed for tuberculosis. In eleven years of married life she has had three children and one miscarriage. For years she has had pain in the back and sides. She has suffered all that time from "nervousness' It is her chief complaint, she says. It comes on when she has been a long time on her feet. She describes various vague manifestations as a "queer feeling," but there is one constant symptom, a feeling of something pressing heavily on her head. She faints at times. She becomes easily hysterical—laughing and crying. She is talkative in the extreme about her self, but highly intelligent. On examination she is hyperaesthetic here and there over the abdomen. She is particularly tender over the caecum one minute and not the next, and the tenderness varies a good deal from day to day. There is nothing in her pelvis.

On enquiring into her history one discovers that this woman has a bad psychological background. Her mother was "nervous". Her father died when she was a child. She has a sister of twenty-one, living with the mother, who is getting more and more "nervous," but has so far not ripened for the surgeon. She says that she, herself, has got no pleasure out of sex for years. She is a bright, vivid, intelligent woman. All her married life has been lived in a remote country place on a hill farm. Before that she lived in a town. Most of the time her husband is away earning money, for the farm does not

support them, and she stays with the children and her husband's father, an old man. She says the loneliness at times "almost drives her silly."

Mrs. D. is 36. She had typhoid 17 years ago. She had an appendectomy in 1920, a ventro-fixation in 1925, a repair of cervix in 1924, and has been in hospital twice since without benefit of surgery. She has been married 11 years, has had 7 children, all but one instrumental births, and 3 miscarriages at 1, 2 and 5 months gestation. She has had pain in her back and sides and a vaginal discharge ever since the birth of her first child. Since the birth of her last child the pain in the sides gets crampy for a week before and ten days after the period. She has dyspareunia and no sex sensation since the birth of the first child. On examination she is tender in the left iliac region and up the left side into the kidney region. She is hyperaesthetic over the same area. Her uterus is being held in good position. Her cervix looks normal. There is tenderness in all the fornices but no masses. She resists vaginal examihation and twists and squirms, apparently as much from an unconscious revulsion as from pain. Examination under anesthetic reveals nothing in the pelvis. She has received absolutely no help from any of her operations.

This woman's husband is chronically out of work and treats her badly. She has had ten pregnancies in eleven years. All her children are living and because she cannot handle them authoritatively they plague her life. She is not as intelligent as the other three women, but is hardly a moron. All her married life the family has lived below the subsistence line. Life has been one constant and terrible struggle with chronic pregnancy added. She is deadly afraid of becoming pregnant again. Her mother was "nervous". Her father died of cirhosis of the liver in the pre-prohibition days.

Such is the tale of these four surgical relics—and I could recite others without number from my case records. They have all been thoroughly investigated. They have had their urines examined many times and are all normal. The last three have been cystoscoped and the G. U. system X-rayed. Three have had barium series—one twice, one three times. They run no temperatures and have no leucocytosis. The Kahn test is negative. With the various laparotomies the abdominal viscera have been looked over. In no case did the appendectomy relieve symptoms. They have all been seen by several good men. One had her back treated by a good orthopedic surgeon. One of them wears an abdominal belt without relief.

What am I going to do with them? What is the medical profession going to do with these cases whose number seems to increase with the increasing complexity of modern life? Are we to continue to turn such cases when we meet them into surgical relics? Or are we going to bring to bear on them the results of modern psychological research? At present they are a liability to the community. They are a misery to themselves and all around them, a steady drain on their husbands' resources.

Psychologically speaking they have been broken on the wheel of life. Through heredity, partly; and partly as a result of circumstances in their environment over which they had little or no control they have become unfitted to bear any longer the responsibilities of this complex living. The symptoms which they present are their avenues of escape from reality—since as long as they are sick they will be treated as sick people and not have to bear their burden. Not that they are wilful in this. While their condition is imaginary in one sense, it is not so in the sense in which they understand the term. To tell them as much is only further to bewilder and bruise them and would be untrue. Their symptoms are as real as if they had a physical basis—they have, in fact, a very definite psychological one. It is only by recognizing that fact and treating them accordingly that they can be cured—or if not cured entirely

(it is doubtful if they can ever face life again as staunchly as the normal person) at least changed from economic liabilities into partial assets.

In looking into these four cases one finds in each something sexually wrong. None of them get any good out of the sexual act, and no man or woman who is under such a disability is likely to remain psychologically normal. Two of them are in deadly fear of further pregnancy, another strong psychic factor. They all have some pain on coitus for which there is no discoverable physical basis. I will not go so far as to say that these abnormalities in the sexual act here complained of are the cause of their condition but they must be making it worse. Dyspareunia is undoubtedly a cause of neurosis. I recall well among several cases one in particular, a young woman who was married for a week before her husband had to go to the war. She was young, healthy—a typical buxom country girl. When her husband returned after the war she began to lose weight, developed a bit of a thyroid, became nervous and high strung, and began to get attacks of acute abdominal pain with vomiting around ten or eleven at night. Her doctor who was called in to treat them put them down as appendicitis and suggested operation. When I examined her I found a retroverted uterus with prolapsed tender ovaries. To touch them caused her the most exquisite pain. The attacks of pain came on after coitus and she was so afraid of it that she only let her husband with her when she could keep him off no longer. A ventrosuspension was done. Six months later I was not able to recognize her as the same woman. She had gained weight again, was herself once more, and coitus had become a joy. But while the dyspareunia in these four cases has no physical basis, I feel that it is only tending to increase further the neurosis.

Two of these cases have had too much sympathy from husband and relatives, and when I use the term sympathy I mean something that is closely akin to pampering. I believe that this kind of sympathy is the worst thing in the world for neurotic women, and does them a great deal of harm. It is a sort of miasma in which sprouts the whole genus of their symptomatic vegetation. In this atmosphere a woman talks and talks about herself until she becomes obsessed with her symptoms, until she loses her perspective towards reality and becomes the centre of a universe of pain. Husbands are especially to blame. It seems part of the manly prerogative to consider woman the weaker vessel. It becomes therefore a husband's part with these cases either to become frankly contemptuous, or to pity and pamper, until, in the latter case, the woman presses further and further into that estate where alone she can queen it in a world whose responsibilities are more than she can bear.

I could quote many instances where in the handling of neurotic patients the husband has been a thorn in my flesh in this regard. Not so long ago I was treating a woman for pernicious vomiting of pregnancy of the neurotic type. This woman had a bad background. In addition to the doting husband she had a mother who was, to put it mildly, a pathologic monster. What she had suffered no tongue but her own could tell. She had gone through sicknesses incredible, through confinements that staggered belief. Her daughter, though no such wonder, was on the way. Realizing the home situation I got her into hospital, removed the vomit bowl, talked to her firmly, and put full meals before her. I kept the husband away two days, and it took doing, for he plagued me mightily to see her. After two vomitless days I decided I might soften my heart towards him. He went in to see her. At once she began to wail against the cruel heartlessness of a method of cure that

had allowed her to keep down her first full meals in two weeks. He took her in his arms and proceeded to mingle the balm of husbandly sympathy with her tears. She vomited the meal she had just eaten over his vest.

At once, rearing like a tiger, he stamped out into the corridor calling on my name. When I approached he proceeded to lay me out with words bitter and reproachful. Fortunately, he was a small man and taking him apart I spoke to the point. As a result of over an hour's harangue I was able to persuade him to let me have a free hand for three more days without his visitations, and then to conform thereafter with certain rules I laid down in the way of sympathy. Only once after that did his wife vomit. As a result of this case and many others, I have therefore come to believe that in the cure of some of these cases it is necessary also to work upon the husband and relatives.

And then again, whether we like to believe it or not, sex phobias play a not inconsiderable part in the formation of those neuroses from which women, in particular, suffer—although I do not believe with Freud that they are the whole cause. Because she mothers the race woman's life is more wrapped up in sex than man's. Because she is liable to more and more varied derangements of the genital organs she is more likely to become abnormal in this respect. The more I enquire into the past of my neurotic female patients the more I am struck by the presence of sexual phobias and disarrangements. Undoubtedly the fact that even in this modern day women come to marriage with a much greater ignorance of the facts of life than men, plays also a part. When you add to this the fact that coitus is at first difficult and painful for them and may remain so for some time, and that their orgasm may be delayed beyond the man's, it is not to be wondered at that sexual happiness is often wrecked in the first year of married life, thus laying the train for a neurosis—particularly in a woman who inherits and has been environed by a bad psychological background.

I feel that the time has come when the profession must call the psychologist in or become psychologically-minded itself. I was not trained, nor is the modern medical student being trained, in psychology—practical or otherwise. Students in medicine at Dalhousie take a course of lectures in psychology which are anything but suited to their needs. Nor are there on the staffs of most of our hospitals and medical schools men who are sufficiently specialists along this line to treat such patients effectively—to say nothing of diagnosing them. At present we tend to turn these cases over to the internist who, like ourselves, is too obsessed with physical pathology to know much of psychological pathology. But most of these cases need the attention of a highly trained specialist in psychology, a very rare bird in my experience. We may believe neither in Freud, nor in psycho-analysis, but there must be some psychological method in which we can believe, some method that will do for these sufferers what surgery and medicine now do for similar sufferers on the physical plane. It is our shame as a profession that we have not long ago faced the problem and brought the psychologist in to help us. At present where we do use psychology we use it empirically, and often with no more scientific sanction than the veriest quack. The surgery already perpetrated on these four cases and on many thousand others proves that we are not yet able to differentiate between physical and psychological pathology, much less properly treat the latter. How we can do so without a very much more complete knowledge of modern practical psychology I do not see.

Perhaps we should treat these patients in sanatoria—although I make the suggestion diffidently, having seen too many cured consumptives who have been neurotics since leaving the sanitorium, having seen too much of the backwash of Battle Creek *et al.* At the same time it seems to me that many of these cases should not be sent back into the surroundings in which their neurosis developed before they have had a chance to reorientate themselves thoroughly to the new outlook along which alone lies their hope of future well-being. We do not send the man just cured of malaria back to the swamps before first building up in his body some resistance against further infection. Should we send these people back to the world again before first building up the strength of their faith? All these women are underweight. Perhaps under the sound hygienic regime that only the right kind of sanatorium could provide they would become physically fit better than at home. But the sanatoria for the treatment of such cases would have to have about them a different psychic atmosphere from any I know.

But even if we did send such people to the right kind of sanatorium we would only be shelving our responsibilities. They will come back from the sanatorium into our care again. They will require help from us; for it is doubtful, as I have already said, if they will ever be as psychically sound as the normal individual. Even without training in advanced psychology there is a great deal we can do for them. We can find out how they stand on sex and why; we can try to give them a normal, healthy outlook on the subject. I have seen several potentially neurotic women clear up with this alone. Often by letting them talk about their past it is possible to get them to bring the more superficial of their conflicts and phobias to the surface and by laying these to help them. At other times it may be necessary to cajole—"jolly"—even bully them.

At all times it is necessary to be able to assure them that there is nothing seriously wrong physically—some of these women speak eagerly, I had almost said yearningly, of cancer. I think it is a bad thing to give them medicine, or to treat with any seriousness any of the many new symptoms they will try to produce. Furthermore, it is essential to get the co-operation of the husband—to say nothing of other relatives and friends. These should have the situation clearly and concisely explained to them. They should be urged to develop the proper attitude towards the patient and to surround her with the proper environment—in which environment maudlin sympathy plays no part.

It might well be asked: Why do you surgeons continue to operate on these cases with neurotic stigmata? I don't see how operations can be avoided in the present state of our ability to recognize and treat them. Trained as we have been, the neurotic symptom-complex in its close imitation of the physical symptom-complex, takes us in—the best of us. Too often, because of our lack, we are driven to do a laparotomy of some sort or other on the ten to one chance—goaded on both by the patient and her medical attendant. That our operations do harm I haven't a doubt in the world. I have heard a distinguished surgeon say that these appendectomized patients (uncured) would have done better with a caeco-colo-pexy. I have viewed the subsequent history of such cases and am not convinced. I do not believe there is any salvation in a knife for these patients. Nor, on the other hand, is there any salvation for them in the way the profession is at present handling them.

I do not want to strike a note of despair, but I do not see how we can really properly treat these unhappy sufferers until surgeons, physicians,

gynecologists and general practitioners become more psychologically-minded than they are to-day. We teach our medical students—ourselves were taught—anatomy, physiology and pathology in order to understand the manifestations of and treat physical pathology. Is it not as important in this modern day, when mental strain is greater than ever before, to teach them psychology so that they will be able to understand and treat the growing body of those who are psychologically pathological? Or are we going to continue as in the past to drive these unfortunates—after we have raked them of their organs—to Christian Science, chiropraxis, faith healing and that long list of other therapeutic fakeries which remain to gibber at our failure?

CANADIAN RED CROSS JUNIOR.

In the March, 1933 issue of this very interesting magazine in the interests of good health, especially in connection with our schools, mention is made of a beautiful diploma awarded to Mary McInnis, of Holy Angels' Convent, Sydney, N. S., by the League of Red Cross Societies. This was awarded as this young Miss Mary received honorable mention in a recent International Junior Red Cross Poster Competition carried out by the League. The letter to Miss Mary from the League would indicate that much of our future good health depends upon the proper training and co-operation of our school children. The letter is worthy to be quoted:—

"In sending you the diploma which has been awarded to you in the International Junior Red Cross Poster Competition, I am requested to convey to you the hearty congratulations of the jury. "We know that you entered this competition in order to help the Junior Red Cross and not with the object of winning a prize. You have worked in a spirit of collaboration, not of competition.

"May this diploma be an encouragement to you to cultivate your gift; a souvenir of your participation in an effort, shared by thousands of boys and girls in many countries, to use their talents, their intelligence and their hearts in the service of the world-wide organization of which all are devoted members."

"I have therefore come to believe that with care of some of these cases it is also necessary to work upon the husband and relatives."

Somewhere I read the above sentence a short time ago. Of course, the idea is of very ancient origin. Indeed, some of our predecessors were adepts in that practice often paying more attention to other members of the family than to the patient. All of which reminds us of the incident of a recent graduate or interne out on one of his early confinements. When his friend inquired as to how he got along, he replied. "Oh, pretty well." How about the baby? "The baby was still born." How about the mother? "She is dead." How can you say you got along pretty well? "Well, I managed to pull the old man through."

"Isaiah, 9:6 Unto us a child is born." A friend of the new mother receiving this telegram said to her husband: "Margaret evidently has a boy who weighs nine pounds and six ounces, but why on earth name him Isaiah?"

Irritable Colon

Dr. D. F. MacDonald, Yarmouth.

WHEN one realizes that this diagnosis was made on 85% of the Gastro-intestinal patients seen in a large clinic, one must appreciate its importance and be familiar with the diagnostic criteria and treatment. In attending Gastro-intestinal patients, too often we have been led astray by undue emphasis on one symptom, with the result that many patients with this condition have been treated medically or surgically with a diagnosis of Chronic Appendicitis, Peptic Ulcer, Colitis or Gall Bladder Disease. We have also neglected its treatment when Irritable Colon was associated with the above mentioned diseases.

The condition is essentially a nervous hyperirritability, chiefly localized in the nerve endings of the bowel, with resulting spasm causing constipation or diarrhoea, pain, gas and generalized abdominal distress. When it reaches the inflammatory stage it can be properly called Chronic Colitis. It is found typically in the hyperthinetic type of individual, rarely in the sluggish. There is frequently an associated psychoneurosis, though we may view the Irritable Colon as a neurosis in itself. Very commonly there pre-exists a period of chronic constipation, which may be a cause, an effect or an aggravating factor. Faulty diet and hygiene definitely predispose to and prolong the discomfort. Finally, as intimated above, it may occur as a reflex condition, secondary to organic gastro-intestinal disease.

The symptoms are usually indefinite when taken individually, but the sum total will usually suggest the diagnosis. Mid-epigastric or shifting abdominal pain due to the movement of gas and fecal matter in the colon, is quite common. There may be a reflex pain as well, resulting from spasm, which, if pylorospasm, can be confused with Peptic Ulcer, or if in or near the Appendix, resembles Appendicitis. Colon pain occurs early after meals or while the patient is eating, due to the so-called gastro-colic reflex. There is also a shifting lower abdominal pain occurring 4-5 hours after meals, and sometimes reappearing between 5 a.m. and 7 a.m. While Ulcer pain is more or less continuous, Colon pain tends to be intermittent.

Gas, as eructations, heartburn, bloating or flatus is frequently the cause of distress and embarrassment. Constipation is usually present though diarrhoea may occur. General malaise resulting from the above symptoms and the accompanying nervous instability is often the chief complaint elicited in the course of an examination.

The physical findings are few in number and also moderate in degree. There is usually tenderness in some part of the colon or all along the colon and sometimes the spastic condition of the bowel is apparent on palpation. Gastric Analysis is only of use when carried out repeatedly for variable results are obtained. Barium enemata can be more or less diagnostic and this aid to diagnosis could be used much more freely.

The treatment of this disorder is exceedingly simple and extremely effective if only co-operation can be obtained. The first essential is to control the general nervous hyperirritability by instituting a proper regime of rest, re-

laxation and regularity. Continuous but mild sedation is very helpful in attaining these. The diet must be bland to the extreme at first, gradually expanding until the patient is taking an average diet without condiments, bran and other irritating foods. Antispasmodics, when given to tolerance, are distinctly of service, as would be expected. Relief from constipation must be obtained, and that without the use of cathartics. Oil, Agar or their combinations are ideal and if properly prescribed will give the desired results. Oil enemas are useful for a short time when beginning treatment. The use of so called "Tonics", containing alcohol, strychnine, caffein, etc. are naturally contraindicated as in any patient who is suffering from excessive nervous stimulation. The general health should be improved through the removal of foci of infection and correction of anemia or other co-existing disease, not overlooking the mental health.

Intelligent treatment of a co-operative patient should give 100% results. Lack of co-operation is the cause of most failures as too often the habits of a life-time are difficult to change.

Now I lay me down to doze
With the ether up my nose,
And I pray that I may keep
A ladylike and sober sleep.
Never mind if I should tell
The doctors all to go to hell.
Of, if he who hears discovers
Names of non-existent lovers;
Never mind if I should sing
Though that's as bas as anything.
But heaven help me should I quote
The last remembered anecdote—
A story that was told to me
Strictly confidentially.
And that might prove much too warm
In expurgated form.
The kind one shouldn't like and still
Listens to against one's will.
And then in an unconscious state
Is very likely to relate
With all the literary zeal
That a purist can reveal.
So I pray no fumes condition
This, my weakest inhibition.
And that I may safely keep
My mind awake while I'm asleep.

G. A. DUNN, Pictou.

Recent Appointments.

The *Royal Gazette* notes the appointment of Dr. Charles J. Beckwith, Dalhousie 1928, of Kentville, son of Dr. W. H. W. Beckwith, Dentist, Halifax, as Assistant Superintendent to the Nova Scotia Sanatorium. Also the same announcement says that Miss Leonara M. Dillon of Round Island in the County of Cape Breton has been appointed to be a Public Health Nurse in the Eastern Health Division of the Province.

The Problem of the Neuroses

J. W. MacIntosh, M.D.

THAT the neuroses have been a problem from early times is illustrated by the words of Hippocrates: "The brain exercises the greatest power in man. By the same organ we become mad and delirious, fear and terror assail us... dreams, untimely wandering...all these things we endure from the brain when it is not healthy."

Because of present economic conditions the Neuroses have become a more real and vital problem, and an attempt to take due cognizance of their importance would appear to be timely.

Etiology. With regard to the etiology one is impressed with the voluminous literature available on the subject. Freud and his followers stress sex as being almost all-important, while the French school with Dr. Pierre Janet as its chief exponent have placed great stress upon heredity and constitutional predisposition. While admitting the strength of argument of their respective works, surely one is justified in the belief that many and varied causes operate. Granted that the individual with poor heredity breaks first in the face of adversity yet adverse home and business conditions tend to produce an unstable nervous system, even in the entirely robust individual; while with regard to sex the words of Dr. Purves Stewart appear to be solid and practical. "It is a gross exaggeration to attribute every case of Neurosis to a trauma of purely sexual origin, and to ignore innumerable other sorts of traumata physical and emotional."

While it will be found that the history of a neurosis can usually be traced back to adolescence yet it is a common experience to find a definite neurosis in old age and that after a normally spent life. Here it is quite possible that life experience and accomplishment are in conflict with all the implications of Job's query: "If a man die, shall he live again?"

Classification. Freud's classification of the Actual Neuroses, which is followed by Dr. Israel Wechsler and other writers is as follows:

a. Anxiety Neurosis.
b. Neurasthenia.
c. Hypochondria.

In his classification the Psycho-neuroses are also included. With these it is not proposed here to deal. Hysteria is classified as a Psycho-neurosis. While it is a somewhat anomalous stand to accept Freud's classification, but not his theory of the etiology, yet the classification is a very admirable and suitable one.

Anxiety Neurosis. Apparently unmotivated anxiety is typical of this condition. There is vague fear, feeling of impending death, and dread both of disease and mental aberration. Very constantly there is a fear of impending calamity. Physiologic disturbances like dyspnoea, sweating, etc., are common. There may be phobias, such as the fear of shut in places and crowds.

Neurasthenia. These cases are characterized by very easy fatigue of mind and body, very poor powers of concentration, gastro-intestinal symptoms, poverty of power and various other vague symptoms.

Hypochondria. Here one finds a great fear of somatic disease and many are the varied diseases with which the unfortunate victim considers himself afflicted.

Treatment. The first essential in treatment is to grasp the fact that the patient is actually ill. To dismiss the Neuroses as purely imaginary ailments is a gros injustice, which reflects no credit on the therapeutic judgment of the physician and is capable of doing the patient a lasting injustice.

Psycho-analysis has strong exponents and it undoubtedly has its place in treatment. Hypnotism also has a definite application, but in the Actual Neuroses these methods are not often necessary.

A thorough and painstaking examination of the patients' physical condition must be undertaken at once, together with such laboratory and special investigation as may be indicated. All defects should be remedied wherever possible. Drugs play no very important role but the tried and trusted hypnotics must be employed to induce sleep, when that state is in abeyance. During the day a simple sedative, of which Phenobarbital is one of the best, will by cutting down nervous activity, give respite and ease, thus helping the patient towards a more normal state.

Of all available aids the greatest is suggestion, provided the patient's intellectual plane admits of its introduction. To quote Dr. Janet "The first condition of suggestion is a certain strength of mind and certain patients are not suggestible because they are, so to say, below suggestion, like some infected patients who are incapable of having fever."

It will be found however, that the majority belong to the intellectual type and suggestion is definitely applicable. The physician should see the patient when a large amount of time is at his disposal. His attitude should be sympathetic and he must be unhurried. The patient must tell his story in his own way and be cautiously encouraged to bring to the light of scrutiny, the conflicts which plague his unconscious mind. Having told these to a confessor, who is bound to secrecy, is in itself helpful and if the investigator attempts tactfully to discuss the problems and suggest necessary adjustments he often becomes the instigator of changes that work wonders toward renewed strength and vigor for his patient.

It is true that complete recovery is not often obtained, but it is equally true that definite improvement is the rule. Some one must be prepared to assist and in a measure carry the burdens of the victims of the Neuroses. Surely the physician with his sound training and noble traditions should be prepared to act as counsellor and guide, rather than allow such cases to drift to the quacks and irregulars, who may have a certain appeal to the imagination but who base their therapeutic claims on unconquerable ignorance.

This may be what Many of Us Think.

Father (proudly) "And now, son, you have the story of what your Dad did in the Great War."

Son:—"Yes, Dad, but why did they need all the other soldiers?"

However, as a true story, a Private told the Secretary of the Medical Society of Nova Scotia that when asked by his young son the same question, he could only reply, "I was only nursery maid to two mules."

Remarks on the Uses of Some Sclerosing Solutions

A. H. SANGSTER, M.D.,F.R.C.S.E.

THERE is no attempt in this article to review the literature on the injection treatment of Varicose Veins and other Pathological Entities, but rather to bring to the attention of the Profession a new solution and new ways of using this and other solutions. This solution has been formulated and this article stimulated by my Chief—Mr. Rodney Maingot, F.R.C.S.—to whom I wish to render thanks for his teaching—and more than this for his interest.

Only two solutions are used in the Southend-on-Sea General Hospital for the Varicose Veins and they are "Lithocaine" and the world famous "Quinine and Urethane."

"Lithocaine" is a solution of Lithium Salicylate (40%) and Tutocaine(1%). It is used in doses of 4 c.c. per injection. This solution is most satisfactory for large varicose veins. It causes a sharp stinging pain on injection which lasts about two minutes, moreover it takes something over 2 c.c. to cause a slough if injected outside a vein—an accident which occasionally happens to the best. A firm sclerosis occurs after proper use which in extent is sometimes truly amazing.

For veins which are very big or sacculated, and for a Saphena Varix, a method of injection termed "twin injection" is used. One syringe is loaded with 4 c.c. Lithocaine and another with 2 c.c. Quinine Urethane. Each needle is entered into the pouch or varix about one to two inches apart and the solutions simultaneous and quickly injected. A firm thrombosis results in nearly all cases. A warning is in order in this connection—the same syringe cannot be used for Lithocaine and Quinine and Urethane, as a precipitate results and may plug the needle.

Sclerosing solutions are in use in this clinic for the treatment of *Inguinal* Herniae. The results, under certain circumstances, are very promising and point to a permanent cure of Herniae with practically no pain and no loss of time other than ten minutes once a week for about ten weeks.

The main essential before starting treatment is to be certain that the Hernia is reducible. A properly fitting truss is a material aid, but is not essential in all cases.

With the patient lying on a table the Hernia is reduced. A syringe is loaded with the solution, Quinine Urethane 2 to 4 c.c. or Lithocaine 4 c.c. and a 16 needle two and one half inches long is attached. The index finger of the Left Hand locates the lax External Inguinal Ring and the needle inserted. It must lie under the External Oblique aponeurosis and this may easily be determined by palpating the tip of the needle, as the "feel" of a needle in the proper subaponeurotic layer is entirely different to that of a needle in the subcutaneous-wrong-layer.

With the needle well in the canal, then the contents of the syringe are discharged after drawing back the piston to be sure one is not in a vein, firm pressure applied and the needle withdrawn. If a truss is available it is applied

with the patient still recumbant. The patient is sent back to his work with instructions to report for another injection in one week.

The natural fear—namely of a slough forming—must be overcome, and may be so because it never occurs. A slough only forms in devitalized tissue—never in healthy vascular tissue. The end result—after six to ten injections—is a firm fibrosis blocking the Inguinal canal. No ill results are reported from pressure on the Ilio Inguinal nerve—the Pampiniform Plexus or the Vas Deferens.

In the treatment of *Haemorrhoids* the routine here is to inject a sclerosing solution 10% Phenol in Almond Oil—into the submucous layer of the bowel about half an inch above the actual Haemorrhoid. A Proctoscope is introduced and slowly withdrawn until the Haemorrhoids prolapse into it. The introducer is inserted and the Proctoscope pushed in about half an inch—that is just above the Haemorrhoid—a shouldered needle with a loaded syringe attached is introduced and the contents—3 c.c. of a 10% Carbolic Acid in Almond Oil—are injected into the submucous tissues. The treatment is repeated once a week until no haemorrhoids are visible.

Treatment for *Varicocele* is similar to that of Varicose Veins elsewhere.

Hydroceles are treated by emptying the sac completely and introducing the same amount of "Lithocaine" 30 to 40% as fluid was removed. As soon as the sac is filled, emptying is again started and carried on until only about 5 c.c. remains. In one week any fluid which has recollected may advantageously be removed, one aspiration usually sufficing before cure results.

In conclusion I would point out that the use of Sclerosing Solutions in the above mentioned conditions is excellent treatment, is time saving to the patient, is easy for the Surgeon and carries a very small, if any, mortality.

Bulletin of the Medical Society of the County of Kings, N. Y.

In our reading of this *Bulletin* for the past two or three years we are impressed with the emphasis that is placed upon maintaining the annual membership by a practically compulsory registration. The tendency to-day appears to be towards this procedure in a number of States and in some Canadian Provinces. We can recall forty odd years ago when a recent graduate had to borrow the money he sent to the late Dr. Hattie for registration in Nova Scotia. Under recent and present conditions this amount is generally in addition to the large debt which handicapps the recent graduate starting in practice. It is also a deterrent to many recent graduates to unite at once with the Medical Society of Nova Scotia, which the C. M. A., tried to overcome in their solicitation of members by a gradually increasing fee for several years.

In at least one Province in Canada an annual fee, we believe less than $10.00, is required of every practitioner, if he is to have any legal standing in regard to the collection of his fees. This would appear to be the equivalent of an annual business tax rather than a large initial registration.

The question is, therefore, raised as to an annual registration fee and an analgamation, or partnership, of the Provicial Medical Board and the Medical Society of Nova Scotia. The advantages of this are quite obvious and the matter is one quite worthy of careful consideration.

Historical Section

Changing Surgery

By C. A. WEBSTER, M.D., Yarmouth.

PROBABLY few doctors to-day are old enough to have any recollection or experience of an operation in the days before antiseptics, so that a description of an operation in that period may be interesting. At the same time I shall describe the first laparatomy (for an ovarian cyst) done in Yarmouth County, and the first time antiseptic precautions were used.

It was my good fortune as a medical student from 1881, when 16 years old—to 1883, when I entered college, to look after the office of my father, the late Dr. John Webster, and to assist him in a good many operations. Dr. James Farish, an older man, also had my services at some of his operations as I was the only medical student living in Yarmouth at that time. Neither of these men nor any Yarmouth Doctor took any antiseptic precautions whatever. Dr. Webster took the N. Y. Medical Journal regularly, which came weekly, while Dr. Farish took Braithwaithe's Retrospects, which came monthly. There was much of Lister and antiseptics in these Journals at this time. I remember my father reading with much amusement from the Journal "that the dark border of mourning was disappearing from the finger nails of the modern surgeons."

Broken bones, dislocations, cuts and tumor removals were the usual surgical materials, while strangulated hernias, amputations, club-feet, and harelips were much rarer. I never saw a rib resection for empyema although I helped tap a child three times for empyema and the child died ultimately. The abdomen was never touched. Dr. Webster had done some trephiming and some cataracts with fair success.

All the doctors carried pocket cases of leather, velvet lined, containing folding knives with tortoise-shell handles, probe directors, scissors, needles and silk. Then they had each a major operating case, a big flat mahogany box. This was lined with velvet or plush. Each instrument fitted into a specially carved out hollow. All the instruments were kept sharp and emery cloth used to keep them bright and free from rust. Then, carefully oiled with blue-butter ointment, they were laid to rest in their proper nitch in the big box. The instruments in these major cases comprised 1 or 2 large amputating knives, sharpened on one edge and curved for the circular incision used in amputating, and 1 or 2 catlins sharp on both edges for transfixing and doing flap operations. There was a tourniquet of brass and webbing worked with a ratchet screw. There were trephines with wooden handle, bone elevator, a forcep to lift the button of bone out with, and a small brush in an ivory setting, and various other instruments, much cruder than modern instruments.

Dr. James Farish sent the patient, a late middle aged fat country woman to Town to have her breast removed for cancer. It was a large hard lump and the skin was decidedly involved and almost ready to break down, a well advanced case and undoubtedly had axillary involvement. Although Dr. Farish

had me feel the lump and notice its hardness and nodular appearance and explained something about cancer; he did not examine the axilla or speak of glandular involvement. He was careful to tell me that it was not contagious. The woman had engaged the front room in a cottage on Starr's Road with a stove, and a bed was put in it and the carpet taken up. A fire was lighted in the stove and a kitchen table was brought in for an operating table, and some stands, basins and towels. A slop bucket was put under the table. A couple of kettles of hot water were on the stove. The Doctor brought his instruments and sea sponges, about as large as hen's eggs, used during the operation. There was no effort of anti or asepsis. The water was used plain, with the sponges which had been used in many previous cases, thrown into the basins. The Doctors removed their coats and rolled up their shirt sleeves and tied sheets or aprons in front. Dr. James Farish operated, Dr. John Webster gave chloroform, while I assisted. We washed our hands and I was told that I was to place a finger on each large bleeding vessel as it was severed, and I used most of my fingers before the breast was removed. Dr. Farish made a vertical incision on each side of the nipple and removed the tumor deftly and rapidly. He did not enter the axilla at all. The large vessels were tied with silk and one end left long, hanging out of the wound. Not a great many vessels were tied as the smaller ones were twisted to control the bleeding. Silk stitches were taken in the skin some distance apart. Adhesive strips were applied across the wound between stitches and cotton pads of old soft sheets applied over the wound and the chest bandages, and the woman was put into the bed. We rinsed out the sponges in 2 or 3 waters, washed and dried the instruments, put them in their cases until needed again. The woman recovered, but the cancer soon returned and she died. My father told me, as we returned home, that the vertical incision was the Farish trade-mark, and that it did not remove all the trouble and most of their cercinomatous cases had an early return, and that the transverse incision should be used, and extended to the axilla, as it gave better results with fewer returns. After these operations there was considerable inflammatory reaction and pus usually developed. However, with few stitches wide apart, and with the ends of silk from the tied vessels hanging between the edges of the wound, and giving ample drainage, immediate results were very good. After 5 to 8 days it was the custom for the Doctor to give a sharp twitch on these silk ends to remove them. They told by the feel whether they should be removed or not. In an amputation of the leg they were apt to leave the ligature on longer than in ordinary cases. The use of the modern artery-forcep is a tremendous advance in operating.

In the Summer of 1881 or 1882 Dr. John Harris, living at Beaver River, had a Mrs. Pitman, on the Richmond Road, with a large ovarian tumor. He sent for Dr. Edward Farrell of Halifax to come and operate. Arrangements were made and Dr. Farrell arrived. The day of the operation was very fine. Allowing two hours to drive the 12 to 14 miles by horse, I accompanied my father, Dr. John Webster. Dr. James Farish was also there promptly on time as usual. Dr. Farrell was then in his forties, I should judge, clean shaven except for mustache, with ruddy colour and clear blue eyes, and of medium height and spare build. All the other Doctors had beards. The theories of Lister had just been put into effect and he brought a large kit of instruments and supplies. The carbolic acid spray was set up and the instruments laid in carbolic solutions and antiseptic dressings laid out. Stands and table

were wiped with carbolic solution and every precaution taken to insure no infection. This was the first time that such precautions had ever been used in Yarmouth County. The Doctors were instructed as to the care to be taken in touching anything, and they were required to wash through three solutions. We had never seen so many instruments or so many preparations. The lamp for the spray was now to be lighted, when it was discovered that the alcohol had been forgotten and was on Dr. Harris' Office table four miles away. I was told to jump on one of the horses and ride for it, but Dr. Harris, who always had a fast race horse, decided to go himself. It took about an hour before the alcohol was brought and the lamp could be started. Finally, when Dr. Farish was satisfied that everything was right and the Doctors had all washed and put on gowns, the patient was brought from her room to the table. I have always remembered the remarkable appearance of the woman, presenting the typical signs of ovarian cyst in a far advanced state, and almost never seen to-day. The dark colour, the emaciation, and the extremely distended abdomen were striking. Dr. Webster gave the chloroform, Dr. Harris assisted Dr. Farrell, while Dr. Farish was more of a spectator standing at Dr. Farrell's elbow. I was to empty basins and fill with the carbolic solution and look on. A wash tub was beneath the table into which I emptied the basins, and into which Dr. Farrell allowed the contents of the cyst to flow when he tapped it, and put the flacid cyst mass after removal. It had not been explained to me that this tub was reserved for Dr. Farrell only. The spray was turned on before the incision and directed so as to fall over the belly and the whole air was pervaded with the odour of carbolic acid. On completion of the operation the woman was put to bed and instruments cleaned and the tumor weighed. A rope was tied across the tub, and the steelyard used showing a tumor of considerably over 100 pounds. Dr. Farrell thought this very strange as it would exceed the record weight and he didn't think the tumor could have been of that size. Then it dawned on me that they were including a good many basins of water in their weight. On my saying that I had emptied some of the basins in that tub, Dr. Farrell got very red in the face and I felt that I was going to receive a calling down. However, as I was able to give an accurate account of the number of basins I had emptied into the tub, the weight of these was taken, deducted from the total, and it was discovered that the tumor weighed 64 pounds. As the woman without the tumor weighed 100 pounds, you can judge the size. The woman did not recover. Whether she developed peritonitis or septicaemia, or one of the rarer complications, we still occasionally see, I cannot say, and I am the sole survivor of those present on that day.

A Bill has been recently introduced in the Arizona State Assembly requiring all applicants for licenses to marry to present physicians' certificates stating that both parties to the proposed marriage do not have tuberculosis in the infectious stage, and have not been adjudged by courts of competent jurisdiction to be of unsound mind and that the male parties do not have venereal disease. One asks, Why the male only?

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PREVENTIVE MEDICINE AND THE STATE.

WITH that spirit of altruism that has always characterized the Medical Profession its members have, during the past two decades especially, been giving considerable attention to the question of Preventive Medicine. At an even earlier date their efforts in the same direction were generously placed at the disposal of philanthropists and social reformers, who undertook the great task of effecting improvements in sanitation and hygiene. The results have been fairly satisfactory, and wonderfully so when we consider the crude methods under which these humanitarian crusades have been conducted. But creditable as this work has been—reflecting, as it does, the greatest honor on all those participating in the good cause—yet very much in the same line remains to be done; in fact, the more closely the health horizon is scanned the greater looms the magnitude of requirements. So much so is this fact becoming realized, that, in the not distant future, the Medical Profession shall be called upon to put forth its best energies in the intensive study of Preventive Medicine. In this realm the Practice of Medicine, we firmly believe, will make the most rapid strides and achieve its most effective work.

But in order that Preventive Medicine can bring about the consummation wished, it can be operated successfully only through the agency of the State. Now such a system would imply the nationalization of the Medical Profession—that is, the re-organization of the Profession as a Department of the Civil Service. Doctors would become servants of the State, and private practice would largely, if not altogether, cease. On the other hand, overlapping and competition would come to an end; professional work would be more evenly distributed; remuneration would be more evenly awarded; and increased professional income would be derived from attendance on cases for which, to-day, the doctor gets little or nothing.

In the case of patients, such a system would be of immense value to those people whose gross annual income is below an amount that will permit them to bear the expense of accident or sickness outside of hospital treatment. It would also be of immense benefit to people of the so-called Middle Class who, under existing conditions, are compelled to forgo special lines of treatment as the cost of the same is beyond their financial means.

We would solicit professional views on the subject in the columns of the BULLETIN.

M. D. M.

THE BULLETIN AND ITS CONTRIBUTORS.

The case-report section for this number has been supplied by our Yarmouth Confreres. The excellent historical article and one of our short scientific articles also come from that town. The material was collected by Dr. Campbell, and we are informed that more case reports would have come forward if we had allotted them a later number.

This is the kind of co-operation that is needed if this journal is to be as widely representative of our constituency as we would have it be, and we welcome this example of it.

May we make this the occasion for issuing our annual appeal for Contributions? There are few towns where hospitals exist in which a series of case reports, or an occasional case report could not be prepared for our pages, and we have had excellent evidence to prove that even where hospitals do not exist there are some who can write most interestingly from their experiences. As we have previously indicated in this column, it is an excellent exercise for the one who prepares it and, if one may judge from the favourable comment which the section receives, the results of the exercise are widely appreciated. Articles of greater length and correspondence for publication constructively criticizing any feature or any views expressed, will also be welcomed.

It is by co-operation that our provincial society has attained the strength that we boast of, and by such co-operation that the BULLETIN under its present voluntary system can best subserve its function as a contributor to that organization's cohesion.

N. H. G.

NOTICE

Please note that the Annual Meeting of The Medical Society of Nova Scotia for 1933 will be held at Halifax Sept. 11th, 12th, 13th and 14th in connection with the Dalhousie Refresher Course. Full particulars as far as possible will appear in the next BULLETIN.

606

It almost seems to be a passing out treatment and perhaps some of us have not been keeping up-to-date. Did every doctor know how 606 was thus officially named? Of course, we all know the part that Ehrlich took in the development of our modern syphlitic treatment. But it took years of intensive laboratory work.

"Starting with atoxol Ehrlich had prepared a large number of derivitives, in which arsenic in organic combination was the essential feature. There were very carefully experimented and after many years of use the compouud 606 was finally isolated, so called, because it was the 606th substance to be prepared."

It is to be noted, however, that neither here or elsewhere can science call a halt—

"German work did not, however, stop with the 606th compound, but was pressed on to produce others, such as 914, and so on. To-day, one or other form of this agent is used throughout the world in the treatment of syphilis, and it presents one of the greatest therapeutic advances of all time."

CASE REPORTS

1. *Eclampsia*—Its control by fluid limitation and dehydration.
2. *Bacti-staphy-phage* treatment of Carbuncle.
3. *Huge Mucocele of the Appendix.*

ECLAMPSIA.

Its Control by Fluid Limitation and Dehydration.

Mrs. Z. D. age 35. 1—Primipara was admitted to the Yarmouth Hospital Aug. 10th, 1932 from an outlying village. She had complained of extreme headache—shortness of breath—inability to see (almost total blindness) could distinguish daylight from darkness only; had been nauseated for the past three months and been vomiting continuously for the past 24 hours. She gave a history of unrestricted diet and fluid intake. Urinalysis last done two weeks previous with negative findings.

Physical Examination. Extensive swelling of face, hands, limbs, abdomen, eyelids, vulva. Blood pressure $\frac{220}{115}$. Urinalysis—specific gravity 1008. Reaction neutral. Albumen++++No sugar. No casts. Uterus 2″ above Umbilicus. Heart rapid but regular. No murmurs. Lungs showed moist rales over front and back of both lungs.

The physician who accompanied her said she had suffered an Eclamptic seizure two hours before admission. Was semi-conscious when admitted. One hour after admission went into severe Eclamptic seizure which lasted for three hours. Venesection was done—20 ounces being withdrawn with no apparent effect. Sodium Luminal Gr. three given hypodermically, very little effect noted, had to be forcibly restrained—Chloroform given—twitchings and convulsions recurred when anaesthesia was diminished. During anaesthesia—removed 50 c.c. of spinal fluid and administered 50 c.c. of 50% Glucose intravenously. Three hours after onset—convulsions and twitchings subsided. Alternating doses of 20 c.c. of 10% Mag. Sulph. solution in 50 c.c. of 50% Glucose was given intravenously every three hours for the next 24 hours.

All other fluids and foods were withheld during this period. With the return of consciousness rapid improvement in the general condition followed 24 hours after admission blood pressure was $\frac{170}{100}$. No change was noted. in the urinalysis until the third day when the albumen dropped from four plus to negative and did not recur.

The urinary output was estimated daily.

First 24 hours after admission 350 c.c.
Second 24 hours after admission 850 c.c.
Third 24 hours after admission 1000 c.c.
Fourth 24 hours after admission 2500 c.c.

She was given Mag. Sulph each morning by mouth ozs. $1\frac{1}{2}$ of a saturated solution and $\frac{1}{2}$ oz. repeated in two hours and continued until a watery stool obtained (the Mag. Sulph was not estimated in the fluid intake calculation).

After the first 24 hours, she was given liquids for the first time. It is essential that the total fluid intake is not to exceed the total output. Daily

balance in this way being maintained. During the second 24 hour period she was given Soda Bicarb and water alternately every 6 hours in quantities not in excess of the estimated urinary output.

On the fourth day her Blood Pressure reading was $\frac{150}{90}$ and it remained at this level during her hospitalization. After 11 days she developed uterine contractions and was delivered of a still born male baby. Fetal heart sounds were present until a few hours before delivery.

Her eye symptoms were very slow clearing up. Her vision remained blurred and indistinct for a long time. She was discharged 24 days after admission.

The maintenance of an accurate fluid balance and a continuance for some days of a mild dehydration by Saline Purgation is essential following the cessation of convulsions.

The strict avoidance of fluid introduction by vein, skin or bowel other than the Mag. Sulph. is important.

THOMAS A. LEBBETTER

Bacte-staphy-phage Treatment of Carbuncle.

Mrs. R., age 71. Admitted to Yarmouth Hospital February 12, 1932.

Complaints. Large painful swelling involving whole of back of neck, also similar swelling left Labia Majora—Frequent urination and extreme drowsiness. Patient states she has not been feeling well for several months and that infection began about ten days ago.

Examination. Very toxic, and general condition poor. Temp. 100°—pulse 100, Resp. 20. Lungs and circulatory systems normal. Urinalysis, Sp. G. 1032 albumen + sugar ++++ Large brawny swelling over whole back of neck causing forward displacement of ears and extending above occiput with three sinuses discharging pus. Large indurated swelling of left labia majora with one sinus discharging.

Treatment. Diabetic diet—Insulin 20 units given three times daily. Locally—alcoholic solution of Mercurochrome and carbolic acid—four days later urine negative for sugar—patient somewhat brighter but carbuncle increasing in size and becoming more painful—patient taking very little nourishment. Temp. 100.5, pulse 120. Bacte-staphy-phage treatment begun—one c.c. injected into infected areas and one c.c. applied locally—dry gauze dressings and no antiseptics used—improvement followed in forty-eight hours—shown by softening of areas involved and profuse discharge from sinuses—the above technique was carried out daily for twenty days. Patient's general condition gradually improved, the glycosuria being controlled with insulin. The most marked change was cessation of pain with localization of the infection.

Discharged March 9, /32 after 25 days in Hospital—feeling well and walking about—Labia healed. Infection of neck all healed except small granulating area about one inch in diameter, very slight loss of tissue—movements of neck free and no adherent scarring present.

Carbuncles in patients over three score and ten years complicated by Diabetes Mellitus present problems difficult to solve satisfactorily. This case is reported to show the apparent superiority of Bacte-staphy-phage treatment over usual surgical measures, that is, short period of treatment—slight loss of tissue with no adherent scars and excellent general results.

L. M. MORTON

Huge Mucocele of the Appendix.

A small mucocele of the chronic appendix is not unusual, but this case has been unique in my personal experience, and has not been reported.

In March 1924, I was called to operate on Mrs. A. (about 27 years old) in Shelburne Co. for an acute abdomen. She gave a history of having been operated on in the V. G. Hospital 3 years previously, when her abdomen was only drained because of general peritonitis, due to an acute appendix. Had been well until five days before, when she developed all the symptoms of obstruction, with pain, etc. located in lower abdomen. Present condition was not good—P. 140, T. 102.5, vomiting fecal material. Mass in lower right abdomen extending up to umbilicus. However, Dr. Churchill and I decided to operate. On opening the abdomen, a thin walled cyst, to which the intestines were moderately adherent, was gradually shelled out of the pelvis and lower abdomen. Its blood supply came from the appendiceal vessels its only point of attachment was to the tip of the caecum, from which it was readilly detached. All other abdominal anatomy was normal. Unfortunately the patient died that night.

This Cystic Appendix measured 10″ x 8″ x 6″ and contained slightly pusey clear mucous with strands of coagulum passing from side to side. The onset of an acute inflammation limited its further enlargement, which had occurred in three years.

A. R. CAMPBELL

WIENER KLINISCHE WOCHENSCHRIFT, Priv. Doz. Oskar Stracker, "Zehendeformitäten" (Deformities of the toes).

Dr. Stracker discusses the different forms of toe-deformities, their etiology and their treatment. In cases of chronic inflammation of the metatarsophalangeal joint of the great toe, the author calls attention to the possibility of this condition being easily mistaken for arthritis. For its treatment he recommends massage and diathermy and internally urecidin. In acute onset, local antiphlogistic treatment with Antiphlogistine proved of great value. To lessen the pain when walking, it is recommended that two strips of wood, placed at right angles, be attached to the sole of the shoe in the area of the ball.

Relief Distribution and Medical Location.

The Secretary recently informed a doctor who wished to come from Ireland to locate in the Maritimes that he had received a request suggesting a place in Prince Edward Island and, in replying, the same time said that possibly the "Island" was least affected by the present financial depression. It was interesting to us to note that a few days later the Federal Treasury made grants as follows during the last year for relief expenditure:—

Prince Edward Island	$ 14,630
New Brunswick	38,434
Nova Scotia	290,910

The rest of the Provinces all go into the millions, as high as $8,051,110 in Saskatchewan. The figures for P. E. Island and New Brunswick are very significant, possibly both provinces are suffering from the depression less than is Nova Scotia. Doctors seeking new locations might take this into consideration.

CANCER

CANCER OF THE STOMACH[1]

DEATHS from cancer are increasing. There are now in the United States about 120,000 deaths from cancer each year, one-fourth to one-third of them being from cancer of the stomach.

In the fight against cancer, the most powerful of the captains of the men of death is cancer of the stomach.

Gastric cancer occurs more frequently in men than in women. Clinically it may be divided into two classes: (1) the kind of cancer that gives a history of indigestion, frequently resembling the history of peptic ulcer, for several years before the cancer becomes obvious; (2) the cancer of the stomach in which gastric symptoms appear only a few months before the disease is detected. The first type represents about 25 to 30 per cent. of all gastric cancers. The second type comprises about 70 to 75 per cent. of the gastric cancers.

Elsewhere in the body it seems to be true that cancer does not originate directly from normal healthy tissue. In regions that we can inspect, as the mouth, tongue, skin, rectum and lower sigmoid, cancer arises on a pre-existing benign lesion such as a patch of leukoplakia, a wart, a mole, an ulcer or a polyp-like growth. It is probable that cancer in the stomach follows this same general law. In the interior of the stomach, which cannot be satisfactorily inspected, benign growths or even ulcers may exist for years, especially if in the "silent areas" of the stomach, without creating symptoms until cancerous change and rapid growth have set in. The lesser curvature of the stomach, where gastric peristalsis begins, is the important motor region and about 80 per cent. of all stomach complaints are due to interference with its peristalsis. A growth or lesion of any kind in the narrow pyloric end of the stomach may also cause symptoms because of partial obstruction. Roentgenologists say that any ulcer along the greater curvature of the stomach capable of demonstration by X-ray is practically always malignant, while many of the ulcers on the lesser curvature are benign.

It is generally recognized that some gastric cancers have their origin in benign peptic ulcers. The ratio of this incidence, however, is a subject of much dispute. It is true, too, that there is a low-grade cancer of the stomach which ulcerates early and cannot be distinguished grossly even at operation from a benign ulcer, microscopic examination being necessary to make a diagnosis. In the opinion of Holmes and Hampton, roentgenologists of the Massachusetts General Hospital, and of many gastroenterologists, the difficulty in differentiating between early cancer and peptic ulcer is so great as to call for surgical excision, the only known means of curing gastric cancer, unless the suspected lesion responds to medical treatment within a few weeks.

Because of the proximity of the liver and pancreas to the stomach and because, also, gastric cancers are usually not very radio-sensitive, efficient radiation treatment cannot be given gastric cancer, so the only means of cure is excision by partial gastrectomy. In some rare instances a total gastrectomy is justifiable.

If a patient reaches the "tropic of cancer", say 35 years of age, and begins to complain of vague symptoms of indigestion, such as belching, nausea,

water-brash, heart-burn, sometimes vomiting, pain and discomfort in the upper abdomen, whether coming on at a regular time after meals or not, he should receive a careful examination by a competent general practitioner. In the majority of cases this stomach trouble will be found to be due to something other than a gastric lesion, and can be cured by appropriate medical measures. If, however, the patient is not relieved of his complaints after faithfully following the advised treatment for two or three weeks, his stomach and intestines should be examined with X-rays by someone fully competent to do this.

If cancer is found, an operation should be done as soon as possible by a surgeon of experience in gastric surgery. If the lesion appears to be a peptic ulcer, medical treatment may be instituted for a few weeks; then, if improvement as noted by X-rays and clinically is not marked, the lesion should be removed by a partial gastrectomy.

If the patient has been having stomach symptoms for many years, and reaches the age of 35 years, the same routine should be enforced.

In the early stages of disease the diagnosis is difficult, but it is in the early stages that the diagnosis is important so that proper treatment can be given. It has been shown by Dr. Margaret Warwick that in about 23 per cent. of cancers of the stomach coming to necropsy the cancer is still confined to the stomach, and that many of these deaths result from perforation of the cancer and peritonitis, and not from the constitutional effects of cancer. It seems probable that, if at necropsy 23 per cent. of gastric cancers are still limited to the stomach, an earlier diagnosis and a proper operation would uncover a larger percentage of cases in which the cancer was confined to the stomach and could be cured by partial gastrectomy.

It is only by adopting some plan to follow through to a definite diagnosis and treatment the earliest signs of stomach trouble that the enormous mortality from gastric cancer can be reduced.

J. SHELTON HORSLEY, M.D

PUBLICITY IN THE CANCER PROGRAM[2]

The control of cancer demands a knowledge on the part of the public of elemental facts regarding the disease, plus a readiness to utilize medical services and resources. Education is needed to accomplish this end. For the past six years an organized program of education has been carried on in Massachusetts.

The educational programs are of two types: (1) continuous publicity throughout the year in the various clinic centers by means of newspapers, lectures, radio, and pamphlets; (2) special programs of a most intensive character limited to one clinic at which some cancer expert is present. It is believed that the constant focus of the public's attention on cancer is more valuable than the spasmodic, though intensive, drive.

The amount of regular publicity varies in the respective clinics, while the special programs are given a uniform amount of publicity.

The clinics have been divided into two groups: (a) those in which the publicity is believed to be good; and (b) those with poor or mediocre publicity. The (a) group comprises the clinics that use all types of publicity to the best

advantage, while the (b) group uses a little less of each kind or concentrates on one type.

The attendance in these clinics over a twelve-months' period, omitting the months in which special activities were held, has been recorded, and rates computed on the basis of population served. The A group shows a monthly rate of 19.2 per 100,000 and the B group 7.3. The attendance is over twice as large in the clinics giving good publicity as in those with fair and poor.

The monthly attendance at the clinics having special programs shows that in these months the A group increased their attendance by 88 per cent., while the B group increased by 144 per cent. As the major part of the publicity for these special events is furnished by the Department, and as during these periods extensive publicity is carried on about the same in all clinics, the greater increase over the normal in the B group indicates that there was a larger unreached population prior to the special program in the B than in the A group.

As the clinic program progesses, and as more and more groups are reached with educational publicity, it has been found that an increasing amount of publicity is necessary in order to increase the clinic attendance. It was also found that 22 per cent. more publicity was used in 1931 than in 1930, and the attendance increased only 17 per cent.

As publicity is not only directed toward clinic attendance, but toward the patients coming to the doctors' offices, some measures have been attempted to determine this phase of the question. Doctors have been questioned following one of the special clinics. *For every patient coming to the clinic, twenty-two were coming to the doctors' offices*, and in cities in which clinics were operating the number of patients per doctor was slightly larger than in the non-clinic communities. This indicates a clinic furnishes an effective focus for the community education which stimulates patients to go to the private office.

The Massachusetts program has demonstrated the value of publicity. It has shown that as the clinic attendance increases, more publicity is needed to increase it still further. It has shown that visits to doctors' offices are increased as is the clinic attendance, but the ratio of one to twenty-two remains the same.

GEORGE H. BIGELOW, M.D.

1, 2. Editorial from the January and February numbers of the *Bulletin* of the American Society for the Control of Cancer and reprinted by permission.

New York State now proposed to enact a new regulation regarding the disposal of narcotic drugs. A Bill has been prepared making it a misdemeanor for any person to prepare, dispense or sell any drug or medicine which does not have affixed on the bottle or container a label stating the name of the drug and the name and quantity of each ingredient composing it. The bill, however, is not to apply to preparations prescribed by a licensed physician, dentist or veterinarian. It is doubtful if this will affect to any extent the regular gangs of dope pedlers!

Department of the Public Health
PROVINCE OF NOVA SCOTIA

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

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

SPECIAL DEPARTMENTS

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

MEDICAL HEALTH OFFICERS' ASSOCIATION

President	DR. T. R. JOHNSON	Great Village
1st Vice-Pres.	DR. M. J. WARDROPE	Springhill
2nd Vice-Pres.	DR. A. E. BLACKETT	New Glasgow

COUNCIL

DR. F. O'NEIL	Sydney
DR. R. L. BLACKADAR	Port Maitland

MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

White, G. F., Bridgetown.
Braine, L. B. W., Annapolis Royal.
Kelley, H. E., Middleton (County) (No report from Town).

ANTIGONISH COUNTY

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

CAPE BRETON COUNTY

Densmore, F. T., Dominion.
Miller, B. F., New Waterford.
MacKeough, W. T., Sydney Mines.
Archibald, B. C., Glace Bay.
McLeod, J. K., Sydney.
O'Neil, F., Sydney (Louisburg & C. B. Co.).
Murray, R. L., North Sydney

COLCHESTER COUNTY

Dunbar, W. R., Truro.
Havey, H. B., Stewiacke.
Johnson, T. R., Great Village (County).

CUMBERLAND COUNTY

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

DIGBY COUNTY

DeVernet, E., Digby.
Rice, F. E., Sandy Cove (County).
Belliveau, P. E., Meteghan.

GUYSBORO COUNTY

Brean, H. J. S., Mulgrave.
Smith, J. N., Guysboro (County).
Moore, E. F., Canso.
MacDonald, J. N., Sherbrooke (St. Mary's Mcpy.).

HALIFAX COUNTY

Almon, W. B., Halifax
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 (Hansport M.H.O.)

INVERNESS COUNTY

McLeod, J. R. B., Port Hawkesbury
LeBlanc, L. J., Cheticamp (County)
McLeod, F. J., Inverness.

KINGS COUNTY

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

LUNENBURG COUNTY

Davis, F. R., Bridgewater (County).
Rehfuss, W. N., Bridgewater.
McKinnon, C. G., Mahone Bay
Zinck, R. C., Lunenburg.
Zwicker, D. W. N., Chester (Chester Mcpy.)

PICTOU COUNTY

Blackett, A. E., New Glasgow.
Chisholm, H. D., Springville (County).
Bagnall, B. O., Westville.
Stramberg, C. W., Trenton
Sutherland, R. H., Pictou.
Whitman, G. W., Stellarton.

QUEENS COUNTY

Hennigar, C. S., Liverpool.
MacLeod, A. C., Caledonia (County).

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELBURNE COUNTY

Brown, C. Bruce, Clark's Harbour.
Churchill, L. P., Shelburne.
Fuller, L. O., Shelburne (County).
Densmore, J. D., Port Clyde (Barrington Mcpy.).

VICTORIA COUNTY

Gillis, R. I., Baddeck (Mcpy.).

YARMOUTH COUNTY

Blackadar, R. L., Port Maitland (Yar. Co.).
Burton, G. V., Yarmouth.
O'Brien, W. C., Wedgeport.
LeBlanc, J. E., West Pubnico (Argyle Mcpy.).

"The Public Health Laboratory provides free diagnostic services on public health problems for the entire province. It is, however, to be regretted that misunderstanding exists among physicians as to the scope of this work. Generally speaking, this free service includes any examination that has a direct bearing on any problem of infectious diseases. At present this includes examinations of blood for Kahn test, widal test and culture for the Typhoid group; Cerebro-spinal fluids; smears for Gonocooci; sputum, pleural fluid and pus for tubercle baccilli; throat and nasal swabs; urine and faeces for tubercle bacilli and typhoid; water and milk. Physicians desiring this service should address their communications to Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax, N. S.

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

All specimens of tissue sent through Government owned or aided hospitals, shall be examined free of charge at the Pathological Institute, Morris Street, Halifax, N. S., under the auspices of the Department of Public Health.

Specimens should be addressed to Dr. Ralph P. Smith, Provincial Pathological Laboratory, Morris Street., Halifax, N. S."

Communicable Diseases Reported by the Medical Health Officers for the Period Commencing March 23rd, 1933 until April 19th, 1933.

County	Cer. Sp. Meningitis	Infantile Paralysis	Chicken Pox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever	Paratyphoid	Typhoid Fever	Tuberculosis, (pul.)	Tubec. other forms	Whooping Cough	V. D. G.	V. D. S.	TOTAL
Annapolis	..	..	..	..	31	..	..	..	..	..	..	..	..	..	..	..	31
Antigonish	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cape Breton	..	..	25	2	..	2	4	..	5	..	..	..	2	..	..	..	40
Colchester	..	..	..	1	..	22	..	2	..	..	..	..	..	..	..	..	25
Cumberland	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Digby	..	..	..	..	22	..	..	..	..	..	..	..	..	..	..	..	22
Guysboro	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Halifax	1	..	..	1	..	5	..	..	9	..	..	..	..	..	..	..	16
Halifax City	1	..	2	1	..	2	..	..	10	..	..	1	..	..	..	..	17
Hants	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Inverness	..	..	..	..	3	..	3	1	..	..	..	..	..	1	4	..	12
Kings	..	..	1	..	8	..	..	..	..	..	..	..	1	..	2	..	12
Lunenburg	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3
Pictou	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Queens	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Richmond	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Shelburne	..	..	..	..	..	5	..	..	..	..	..	..	..	..	1	..	6
Victoria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Yarmouth	..	..	..	3	..	..	1	1	1	..	..	..	..	..	5	1	12
TOTAL	2	..	28	8	64	36	8	4	25	..	..	2	3	1	15	1	197

RETURNS VITAL STATISTICS FOR FEBRUARY 1933.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis	13	13	9	6	13	0
Antigonish	5	4	6	8	11	2
Cape Breton	96	71	60	37	46	7
Colchester	26	18	8	8	14	3
Cumberland	32	34	17	15	31	3
Digby	12	8	9	8	10	0
Guysboro	9	9	3	9	13	2
Halifax	113	97	78	55	57	4
Hants	18	19	3	7	10	0
Inverness	25	17	9	16	19	0
Kings	34	22	2	32	32	2
Lunenburg	45	25	18	15	27	2
Pictou	35	35	21	33	29	2
Queens	7	13	6	3	13	0
Richmond	4	6	3	6	8	1
Shelburne	16	8	6	9	7	0
Victoria	8	10	2	13	9	2
Yarmouth	16	19	4	18	14	1
	514	428	264	298	363	31
TOTALS	942		264	661		31

Report on Tissues sent for examination to the Provincial Laboratory, from March 16th, to April 15th, inclusive.

The total number of tissues sectioned is 107. In addition to this, 22 tissues were sectioned from autopsies, making 129 tissues in all.

Tumours, malignant	17
Tumours, simple	11
Tumours, suspicious	1
Other conditions	70
Awaiting section	8—107

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 of the case would be much appreciated and would be of considerable help in the giving of a fuller report on Diagnosis and Prognosis.

DEPARTMENT OF THE PUBLIC HEALTH—NOVA SCOTIA.

Halifax, N. S., April 19th, 1933.

To the Medical Health Officers:—

Since the last Weekly Letter was issued, communicable diseases have been reported to this office as follows:—

CHICKENPOX—Sydney (3), Glace Bay (20), Halifax City (1).
DIPHTHERIA—Cape Breton Co. (2).
MEASLES—Glace Bay (2), Halifax City (2), Dartmouth (3).
MUMPS—Sydney (3), Port Hawkesbury (1), Glace Bay (1)
SCARLET FEVER—Halifax City (4).
TUBERCULOSIS—PULMONARY—Halifax City (1)

Positive cases Tbc. reported by D. M. H. O's	1
Positive sputum examinations at Laboratory	23

TUBERCULOSIS—OTHER FORMS—Glace Bay (2).
INFLUENZA—Kentville (1)
V. D. G.—Kentville (1).
WHOOPING COUGH—Port Hawkesbury (1).

T. Ives Byrne, M.D.,
Deputy Minister.

What is Chiropractic.

In a Bill before the Ohio State Legislature to appoint examiners and regulate the practice of Chiropractic, it is thus defined:—

"Chiropractic is defined as the art and science of locating, and adjusting by hand the subluxations of the articulations of the human spinal column, which is deemed to be the twenty-four movable vertebrae, including the sacrum and coccyx, and adjacent tissues, for the purpose of removing any interference with nerve transmission; but it shall not include major surgery, nor the administration or prescription (sic) of any drug or medicine included in materia medica."

Would this help us out in Nova Scotia in some very flagrant instances of illegal medical practice by *some* of these irregulars?

The Nova Scotia Dental Association

The BULLETIN is indebted to a member of the Nova Scotia Dental Association for a copy of their *42nd Annual Report,* Perhaps few of us have realized that our dental confreres have been organized as an official body for over 40 years. It is kind of like a father and son family, but what a relief it was to the medical men when their Juniors of a generation or more took upon themselves responsibility for dental practice. Forty years ago I invested in a *complete set of tooth forceps,* which, within a year, I never put in my satchel when on local or country calls.

An important portion of this Annual Report is found in the Report of the Representative to the Dominion Dental Council, Dr. George Kerr Thompson; the report of the Delegate to the Canadian Dental Association by Dr. A. W. Faulkner; the report of the Oral Hygiene Committee and the report of the Dean,—Dr. Thompson. For the information of the medical profession we publish herewith an abstract of this report as, perhaps, we are not quite as conversant with the operations of our Associate Organization as we should be.

Report of the Faculty of Dentistry,
Dalhousie University.

Halifax, July 29th, 1932.

To the Dental Association of Nova Scotia,
Mr. President and Members:—

During the year the Executive of the Faculty held several meetings and at the annual meeting of the Faculty in May presented a report from which the following extracts are quoted:

"The usual cheques for prizes from Charles and E. A. Bell and the Nova Scotia Dental Association were received and suitably acknowledged.

"Improvements in the curriculum and equipment have been made and at a recent meeting it was decided to survey the curriculum in detail with a view to further co-ordination of teaching and practice in both medical and dental classes and clinics.

"Our Library Committee has been quite active and we are pleased to note an increased interest in and use of the library by our students.

The Halifax Section of the International Association of Dental Research consisting of members of our Faculty, held two scientific meetings during the year at which papers were presented and discussed. The balance of the Dominion Dental Council Fund, over $200.00, is avilable for research by our Faculty and it is hoped will be utilized for dental research by members of our Faculty as well as the development of an interest in research by our students.

The comparatively small registration is a matter of some concern, but it is expected that an increased interest in Dentistry, as a profession will result in a larger attendance at an early date.

Letters from other universities in the Maritime Provinces and Newfoundland assure us of their recommendations of prospective students and recognition of our high standards.

Members of your Executive, in co-operation with the Nova Scotia Dental Association, have arranged for publication of Dental Health articles in several Nova Scotia newspapers and with the additional co-operation of the Minister

of Public Health and local organizations, hope to establish Dental Clinics in the various provincial hospitals.

Leaflets stating "Some Advantages of Dentistry as a Profession," will be distributed to universities, high schools, etc., and efforts made to encourage the study of Dentistry by as many young men and women as our country may require. Among opportunities for our graduates are Scholarships and Fellowships of which several will take advantage this year. O. S. Clough has already been granted one by the Rochester University School of Medicine and Dentistry and W. V. Hogan an internship in the New York Post-Graduate Medical School and Hospital.

Further correspondence and discussion with the Royal College of Surgeons has resulted in the addition of our Faculty to the recognized list of that body, which will facilitate the registration of our Graduates in Great Britain. Numerous applications from foreign countries have been received but evidently very few applicants possess the necessary qualifications.

In July and August, 1931, Dean Thomson, attended the Empire Universities Congress in Edinburgh; International Orthodontic Congress, London: American Dental Society, and International Congress in Paris, reports of which are available for your information. He presented a paper on "International Concentration and Co-operation in Preventive Dentistry at the Paris Congress which was approved by that body, and a resolution approving our method of medico-dental education was also adopted by the Orthodontic Congress in London.

At the recent meeting of the American Association of Dental Schools in Columbus as chairman of the Committee on the "Establishment of Pre-School Age Clinics and the Co-operation of Medical, Dental and Nursing Professions', he presented a report, and as representative of the Halifax Section of the International Association of Dental Research attended meetings of that organization.

Your Committee is pleased to report that more satisfactory arrangements have been made with regard to Health Centres and Hospital Clinics and it is expected that our idea of the attendance of medical and dental students together at these clinics will be further developed..

During the year the following appointments have been approved:—

Professor of Exodontia and Radiology—Dr. Gordon Ross Hennigar.

Lecturer in Dental Pathology and Therapeutics—Dr. A. Borden Haverstock.

Demonstrators in Adult Dental Clinics at Health Centre—Dr. S. K. Oldfield, Dr. John W. Dobson.

It is recommended that your Association arrange for the printing of extra copies of the Annual Report so that copies may be sent to our alumni non-resident in Nova Scotia.

As representatives of the Royal College of Surgeons will be present at the joint meeting of the British and Canadian Dental Associations, I have suggested that representatives of the Canadian Dental Faculties Association hold an informal conference with them in Toronto, with a view to more uniformity in our respective educational requirements.

Conferences with President Stanley and Dr. Grant of the Medical Faculty have resulted in most satisfactory arrangements for instruction by members of the Dental Faculty to combined classes of Medical and Dental students in the Dalhousie Health Centre. This will further promote the co-operation

of our Faculty with that of Medicine in Public Health and the education of the laity in Preventive Dentistry.

As Dean of the Faculty and on behalf of the Executive, I wish to express sincere appreciation of the interest and co-operation displayed by all officials and departments of our universities and preparatory schools with whom we come in contact, as well as the members of the medical and dental professions throughout the Maritime Provinces and Newfoundland. It is certainly very encouraging and adds much to the pleasure we take in endeavoring to maintain the high standards of the School. The members of our Executive have displayed considerable interest and enthusiasm in their work, and I thank them for their valued assistance and co-operation.

Respectfully submitted.

(Signed) GEORGE KERR THOMPSON,
Dean.

Dr. J. S. Bagnall, 77½ Larch Street, Halifax, has been for a number of years the very efficient Secretary of this Association.

Dalhousie Medical Students Hold Annual Banquet.

A city Daily thus reports the event. The BULLETIN would appreciate a little more detailed report as to what these doctors and some to-be-doctors actually said on this festive occasion.

"The Dalhousie Medical Society held their annual banquet last evening in the ballroom of the Lord Nelson Hotel, The banquet was well attended, there being about 100 present, including members of the Dalhousie Medical School, members of the Faculty, a number of the prominent doctors, of the city, and guests.

"The President of the Medical Society, Thomas Murphy, was in the chair. An excellent supper was served by the management of the hotel. The programme opened with the toast to the King. This was followed by a vocal solo by Eric Found, that was much enjoyed. The toast to the profession was very capably presented by John Stewart, and was responded to by Dr. J. R. Corston, who mentioned the great strides that the profession has made in the last few years. Fred Whitehead then sang a very enjoyable solo.

"The toast to the Ladies, was proposed by John McGowan, and responded to very wittingly by Dr. Gerald R. Burns. Peter Down rendered a piano solo, that was applauded very heartily. The toast to the University was presented by J. S. Robertson and responded to by Dr. H. G. Grant, Dean of the Dalhousie Medical School. A vocal solo was rendered by Douglas Murray, President of the Dalhousie Glee Club. The toast to the Graduating Class was presented by Dr. N. H. Gosse who discussed the sacrifices and compensations of the vocation of Medicine and suggested the route by which the latter are attained. The toast was responded to by John Budd, a member of this year's graduating class in Medicine."

ANNUAL MEETING
Canadian Medical Association

THE fullest preparations have been made for the annual meeting of the Canadian Medical Association which is to be held in Saint John, June 19th, 20th, 21st, 22nd and 23rd. The programme, as developed is nicely balanced with scientific and social activities. The speakers are from among the outstanding in their own fields and it is expected that the attendance will be representative of the whole of Canada.

The month of June is very timely for such a meeting, as it will show off the locality of the convention to advantage.

The following is the programme of the meeting:—

ASSOCIATION NOTES.

PRELIMINARY PROGRAMME FOR THE SIXTY-FOURTH ANNUAL MEETING CANADIAN MEDICAL ASSOCIATION, AND THE FIFTY-THIRD ANNUAL MEETING OF THE N. B. MEDICAL ASSOCIATION.

TO BE HELD IN SAINT JOHN, N. B. ON JUNE 19th, 20th, 21st, 22nd, 23rd, 1933. HEADQUARTERS—THE ADMIRAL BEATTY HOTEL.

Registration will commence at 8.30 o'clock on the morning of Monday, June 19th, in the Admiral Beatty Hotel, and will continue throughout the week.

The first two days—Monday and Tuesday, June 19th and 20th, will be devoted to the business sessions of the Association, while Wednesday, Thursday and Friday will be scientific days.

SKELETON PROGRAMME.

Monday, June 19th.

8.30 A. M. Meeting of the Executive Committee, Canadian Medical Association, in the ball-room of the Admiral Beatty Hotel.

10.00 A. M. Meeting of the Council, Canadian Medical Association, in the ball-room of the Admiral Beatty Hotel.

1.00 P. M. Luncheon to Council as guests of the President-Elect, Dr. G. A. B. Addy. Valedictory address, the President of the Canadian Medical Association, Dr. A. Primrose, Toronto.
Installation of the President-Elect.

2.15 P. M. Meeting of the Council in the ball-room.

5.00 P. M. Annual meeting Canadian Medical Protective Association—Ball-room.

7.00 P. M. Dinner to Council in the ball-room. Guests of the Saint John Medical Society. Guest speaker—Honorable J. B. M. Baxter.

Tuesday, June 20th.

9.00 A. M. Meeting of Council, Canadian Medical Association—Ball-room.

12.00 P. M. Luncheon on the harbor, guests of the Harbor Commission.

2.15 P. M. Official opening of the commercial exhibits at Admiral Beatty Hotel.

2.30 P. M. Business session of the New Brunswick Medical Association in lecture-room of the High School.

7.00 P. M. Dinner to the Council in the ball-room; guests of the New Brunswick Medical Association. The programme will be in charge of the New Brunswick Medical Society's Executive. Guest speakers—Dr. H. F. Munro, Superintendent of Education, N. S. and E. J. Henneberry, Saint John.

Wednesday, June 21st.

8.30 A. M. Registration at Admiral Beatty Hotel.

9.15 A. M. General session in the Assembly Hall of the High School. Addresses of welcome

	by Hon. H. H. McLean, Lieutenant-Governor of New Brunswick and J. W. Brittain, Mayor of Saint John.
1.00 P. M.	Luncheon in the Admiral Beatty Hotel. Guest speaker—Judge J. L. Carleton
2.15 P. M.	General session—Assembly Hall of High School.
4.30 P. M.	Reception at the New Brunswick Museum, Dr. and Mrs. Addy.
7.00 P. M.	Annual Banquet of the Canadian Medical Women's Association—Admiral Beatty Hotel.
8.30 P. M.	Public Meeting—Assembly Hall of High School. Lister Oration delivered by Dr. Robert Muir, Glasgow, followed by an informal dance at the ball-room of the Admiral Beatty Hotel.

Thursday, June 22nd.

9.00 A. M.	General session—Assembly Hall of High School.
1.00 P. M.	Luncheon at the Admiral Beatty Hotel. Guest speaker—Honorable P. J. Veniot, Former Postmaster General of Canada.
2.15 P. M.	General session—Assembly Hall—High School.
4.00 P. M.	River excursion and sea-food dinner, completing the day's programme.

Friday, June 23rd.

9.00 A. M.	General session—Assembly Hall—High School.
1.00 P. M.	Luncheon at the Admiral Beatty Hotel. Guest speaker—Rev. James Dunlop, Saint John.
2.30 P. M.	General session—Assembly Hall—High School.

LADIES' PROGRAMME.

Monday, June 19th.

8.00 P. M.	Informal theatre party.

Tuesday, June 20th.

1.00 P. M.	Luncheon for wives of Council of C. M. A. and wives of Executive of the New Brunswick Medical Association by Mrs. Addy.
7.00 P. M.	Dinner-bridge at Riverside Country Club.

Wednesday, June 21st.

4.30 P. M.	Reception by Dr. and Mrs. Addy at Provincial Museum.
8.00 P. M.	Lister oration, followed by informal dance at the ball-room of the Admiral Beatty Hotel.

Thursday, June 22nd.

10.00 A. M.	Golf Tournament—Riverside Country Club.
2.30 P. M.	Picnic at Woodman's Point.

Friday, June 23rd.

3.00 P. M.	Sight-seeing drive and tea at the Saint John General Hospital.

GOLF

The privileges of the Riverside Golf and Country Club and the Westfield Country Club have been obtained for Tuesday, Wednesday and Thurdsay, June 20th, 21st and 22nd.

The Riverside course is one of eighteen (18) holes, beautifully situated overlooking the Kennebecasis River.

The Westfield Club is beautifully situated on the Saint John River.

The tournament play for the Ontario Cup and the New Brunswick Medical Society VanWart Trophy will take place on Wednesday, June 21st. Those entering for tournament play are requested to register for golf at the general registration table; transportation to and from the golf course will be provided.

HOTELS.

Hotel	Rooms	Rate
Admiral Beatty	250 rooms	$2.50 up
Royal	150 "	1.75 "
Clifton House	40 "	2.00 "
LaTour	52 "	1.00 "
Victoria	40 "	1.00 "

Dalhousie Medical College

Dr. S. L. Walker, B.A.,M.D., Halifax, N. S.

DALHOUSIE University has recently published a pamphlet designed to present a composite picture of the Faculty of Medicine, and to acquaint prospective students in the Maritime Provinces and Newfoundland with the excellent opportunities for a medical education at Halifax. While the booklet should appeal to young men and women who contemplate the study of medicine as a career, a careful perusal of its pages should be of interest to the practitioner in Nova Scotia.

Within the attractive covers of this pamphlet are twenty-three pages of descriptive information, illustrated with twenty-one excellent half-tone engravings. The printed matter and illustrations are so arranged that one is carried on a tour from building to building, from one laboratory or clinic to another, and receiving a truly composite picture of modern, grade A, medical education as offered by the Medical School of Dalhousie University.

The booklet opens with that famous quotation from Sir William Osler:—

> "The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of an influence of the strong upon the weak, of the righteous upon the wicked, of the wise upon the foolish."

A quotation particularly appropriate for a Canadian, and bearing a most important message to those who would surmount the long years of difficulty and expense, for an opportunity to follow the teachings of Sir William Osler.

Each department is treated separately, described, illustrated, and discussed from the standpoint of both teaching facilities and opportunity for research. The scientific departments, including Gross Anatomy, Histology and Embryology, Physiology, Biochemistry, Pharmacology, Pathology, and Bacteriology, are not only well equipped for teaching and research purposes, but there is evidence in every case that emphasis is placed upon correlation of the basic medical sciences with the clinical teaching about to follow. The greater part of the time during the first two years, is devoted to work in the scientific departments, but, it is very interesting to note that the student does really come into contact with a patient. This clinical contact is made possible through a course offered as an Introduction to Clinical Medicine and Surgery, supplemented by instruction in the elementary principles of physical diagnosis.

Upon entering the third year, the student is prepared to take his clinical instruction in earnest. He still has to complete his work in Pharmacology and wade through the bulk of Pathology, but the rest of his time is spent mastering the groundwork of Medicine, Surgery, Obstetrics and Gynaecology. The fourth year is devoted entirely to lectures, clinics, demonstrations, and preparation for the final written conjoint examinations. It is during this year that the clinical departments give attention to their respective specialties.

The facility with which this clinical instruction can be given is most unusual. Within the confines of two city blocks are to be found the Victoria

General Hospital, the Children's Hospital, the Tuberculosis Hospital, the Hospital for Infectious Diseases, the Grace Maternity Hospital, the Dalhousie Public Health Clinic, and nearby, the new Halifax Infirmary. Thus, in the immediate vicinity of the science departments are six teaching hospitals with a total of 655 beds, and the Dalhousie Public Health Clinic. These facilities provide for a concentration of work and a tremendous saving of time which can only be appreciated by those who are familiar with the medical schools of the larger centres and the attendant problems of time and distance.

But clinical teaching is extended into the fifth and final year under a plan which makes available for teaching purposes a group of hospitals with a total listed bed capacity of 2,160. Each student is required to spend the entire year in rotating internships which include the Halifax institutions mentioned above, and in addition, several hospitals throughout the Province, which are on the approved list of the University. Among this group of institutions available for rotating interneships are to be found the Camp Hill Military Hospital at Halifax, the Nova Scotia Sanatorium at Kentville, the Aberdeen Hospital at New Glasgow, and St. Martha's Hospital at Antigonish, and it has been announced recently that the Nova Scotia Hospital, Dartmouth, and the Prince Edward Island Hospital at Charlottetown have been added to the list. In a sense, Dalhousie University is weaving into the clinical instruction of the medical school some of the very best clinical facilities of the Province of Nova Scotia. It is also highly satisfactory to find the Provincial Department of Public Health co-operating, through the offer of clinical facilities, with the medical school. Through the medium of the Victoria General Hospital, the Nova Scotia Hospital, the Nova Scotia Sanatorium, as well as its own Public Health Clinic, Dalhousie has an exceptional opportunity to demonstrate the problems of public health to the medical student body.

Library and recreational facilities are very good. The medical library is receiving at the present time current subscriptions of many periodicals from all parts of the world, and possesses one of the finest sections on Historical Medicine in Canada. It is beginning to develop a collection of medical moving picture reels suitable for teaching purposes, and arranges for the loan of many others during the course of the year. The new University gymnasium provides first-class facilities for all the popular indoor athletic sports, as well as a full-sized stage with a regulation theatre switchboard and stage properties for use during musical or dramatic performances. For outdoor sports, facilities for football, track, tennis, golf, etc., are excellent.

There is probably no field of education which has been more subject to criticism during the last decade, than medicine. It would be useless to refer in detail to most of the adverse criticisms. However, there seems to be embodied in the plan of medical education at Dalhousie, some principles which should go far towards meeting some of the more common objections to modern medical training. Registrations in the first year class are limited to fifty students and this system of small classes makes it possible for every staff member to give his personal attention to his students. As regards the basic sciences and clinical instruction, the course appears to be very well balanced. There are two full years of work in the science departments, but, during the second year the student is given an introduction to clinical medicine and surgery. The third year is given over largely, and the fourth year entirely to clinical teaching. At the end of the fours year the student takes his final examinations in theoretical medicine. As a preparation for his final

oral and clinical examinations, he is required to serve one year on a rotating interneship. His last examinations require no book work at all. It would appear that such an arrangement should provide the best possible training for general practice.

The Medical School of Dalhousie University was founded in 1868. It had a notable group of men on the original staff and did splendid work for the profession. As the years have rolled by it is comforting to know that the school has progressed and maintained the same high ideals and standards that characterized its early history. An old school but thoroughly modern, it is an institution of which every Nova Scotian should be justly proud.

Increased Service.

To give additional or improved service is one of the best ways to overcome the present time depression that besides being a financial or economic one, now appears to be having a mentally depressing effect upon all, none, more so than the medical men. In the old days, when most of us had our dispensaries, it was a somewhat tedious matter to obtain the necessry supply of drugs. There came to our desk the other day, and presumably, to the entire profession in Nova Scotia one of those "Business Reply Cards, No Postage Stamps Necessary if mailed in Canada."

"3c.—Postage will be paid by
The E. B. Shuttleworth Chemical Co., Ltd.,
898 St. Clair Avenue West,
Toronto 10, Canada."

On the reverse side of the card you are requested to order whatever you want by express, freight or parcel post. Orders on this card will receive immediate attention. Knowing the proverbial carelessness of doctors this line—"Be sure Order is Signed."—is added and underscored.

Now this little item is inserted in the BULLETIN without suggestion from the Shuttleworth firm for good reasons. In the first place they have always recognized the BULLETIN as their official advertising medium in Nova Scotia. We only wish they would convert their half page into a full page and occasionally use the Coupon System instead of the three cent business reply card.

In the second place it indicates a sincere desire to make the receipt of necessary drugs and pharmaceuticals as simple and expeditious as possible. And besides it is a straight intimation of a definite desire to be of service. Possibly some other firms, even among our own advertisers, have adopted this or similar methods, but that only goes to show that pharmaceutical firms in Canada are endeavoring to overcome the present depression in an effort to give additional and better service to their clientele.

As this item is not an exploiting of Shuttleworth's Ltd. in any way, we wish the profession in Nova Scotia to know that all BULLETIN Advertisers have this kindly feeling towards Nova Scotia. Remember, they pay an advertising rate surprisingly low, due to our limited circulation, but that does not lessen our obligations to them for the same. If the medical men in Nova Scotia will not especially do business with BULLETIN Advertisers the publication must go *out* of business by necessity.

Another little item may be drawn to your attention. How many doctors, for whatever reason they may have in their minds, pay no attention to *literature advertising* that may call for a response, throw samples into the waste basket or hand them out indiscriminately to Tom, Dick or Harry's wife as a placebo or an excuse for not making a definite diagnosis? Let everybody play the game.

Hospital Service

LOWER HOSPITAL RATES.

THERE is one thing that the present depression has accomplished, namely, the lowering of rates at the Nova Scotia Hospital. Of course, the people of the Province pay the entire bill in the long run, but it does not seem so heavy when it is borne jointly by the Province and the Municipality. As a result we have noticed that all hospitals have been cutting down their overhead and current expenses. Perhaps, moreover, there are not so many people entering hospital which may be a very good thing. Going to hospital had become a fad and perhaps it may be just as well to step on its tail to some effect.

Of course, in a hospital with four or five hundred patients a cut of One Dollar and a half per day means a big thing to the Municipality who are responsible for the maintenance of the great majority of these patients. About 30 years ago this Province was very much disturbed by the high cost of maintaining patients in the Nova Scotia Hospital and an agitation was started to differentiate between the harmless insane that only required care and the active type. This resulted in many being housed with paupers in the poor houses. It has practically taken these last 30 years to get our mental cases at all properly segregated. Unfortunately at first the item of cost seemed to be the most important and we have a distinct recollection of one poor asylum being conducted at less than *one dallar per week per inmate.* On this basis $9.00 per week at the Nova Scotia Hospital, the new rate, would look to be sufficient. This, however, is a matter for the Commission, the Management and the Department of Health to develop. We are only interested as onlookers—unless the day comes when we may be accepted as patients.

S. L. W.

NURSES.

(From the *Bulletin* of the Canadian Tuberculosis Association).

"But, for their own patients, physicians are emphatic in stating their demands.

"What they want are young women of good breeding and attractive personality, with high professional standards which lead to the meticulous following of medical orders. They want women so sensitive, alert, and finely observant, and with such a wealth of experience behind them, that they will be able to observe changes in symptoms and report them quickly and intelligently to the physician. Even more than all this they want nurses who are graduates of good schools, who have a thorough grounding in bedside nursing, and who can understand the patient's viewpoint—nurses who 'know how to make the patient comfortable'."

This is what the Committee on the Grading of Nursing Schools in their report May, 1930, say is part of the opinion of the doctors.

S. L. W.

We recall Prof. Fitzgerald stating once the requirements set forth in a letter to him desiring him to recommned a candidate for a provincial appointment as a laboratory worker. Our impression of his reply was, such a "Perfect man" was not living.

The former home of Dr. D. J. MacMaster in Inverness has been removed to a site near to St. Mary's Hospital and has been remodelled and redecorated and is now used as a Nurses' Home, for which it was admirably adapted, as the writer well knows from visiting it years ago. Beside the necessary office, recreation, sewing and other rooms there is housing room for a staff of at least sixteen—Dr. MacMaster removed a number of years ago to Antigonish where he has since been engaged in Special Practice.

Reference has been made in the BULLETIN of the special course at St. Francis Xavier University for Nurses' in Training Schools. Attending this course the following have been registered.

Sisters M. Jovita, R.N., St. Rita's Hospital, Sydney.
" M. Therese, St. Vincent's Orphanage, Charlottetown, P. E. I.
" St. Stanilaus, Dieu, Chatham.
" Camillue, R.N., St. Joseph's Hospital, Saint John, N. B., Hotel Dieu, St. Basil, Madawaska.
" Marie de Lourdes, St. Joseph's Hospital, Saint John, N. B.
" St. Aloysius, R.N., Hotel Dieu, Chatham.
" Laplante, Hotel Dieu, Tracadie, N. B.
" Stanislaus, R.N., Sister of St. Martha, Charlottetown, P. E. I.
" Cyr, Hotel Dieu, St. Basil, Madawaska.
Misses M. Bates, R.N., New Waterford, N. S. General Hospital.
" S. MacNeil, R.N., New Waterford, N. S. General Hospital.
" Claire Carroll, R.N., Hotel Dieu Hospital, Campbellton, N. B.
" Rhoda F. MacDonald, Sydney Mines.
" C. MacDonald, Glace Bay General Hospital.
Sisters Marian Callahan, Anastasia McDonald Bethany.
Miss Mary Cecelia Donovan, Antigonish.
Sisters Baptiste Marie, R.N. Etheldreda.
R. N. Alexandria, R. B. Bethany, Paul of the Cross, R. N. St. Joseph's, Glace Bay.

The Critical Time.

At the 61st Annual Meeting in Washington, D. C., of a Tuberculosis Conference, the President, Dr. Dublin, in closing his address gave utterance to this very striking remark—"Ours is the great opportunity when all the world is sick, when business falters and counsels waver, we at least know what to do. Let us be equal to the occasion. Let us maintain our high purpose to keep the people well, against all odds. Our effort will help the nations weather the storm."

In times of peace prepare for war was an old slogan we hope abandoned forever, but, "In times of Depression Extend your Public Health Service," is a modern slogan which should be universally adopted.

OBITUARY

THOMAS HENRY SMITH, M.D.,C.M., McGill University, North Sydney, N. S., 1891.

DR. SMITH is dead! North Sydney was grieved and shocked on April 8th to find that one of the town's oldest and best sons had passed on peacefully and in his sleep at 3 a. m. We all knew Dr. Tom was not well, yet we saw him carrying on his good work up to a few days prior to the end.

Born in St. John's, Newfoundland, sixty-seven years ago he came a few years later with his parents to North Sydney. There he attended the public schools later finishing his pre-medical education at Ottawa College. He entered the medical Department of McGill University in 1887 from which he was graduated with credit in 1891. Forty-two years in general practice in his native town—forty-two years of hard service among the miners and fishermen. Truly his life was one of unstinted sacrifice. He loved his work and the poor and needy always found a ready response in his good, large and kindly heart. He was among the best anaesthetists in Eastern Nova Scotia, which specialty was much in demand in the Hamilton Memorial Hospital. He was the soul of charity and professional ethics, a path which many of us should strive to follow. He leaves to mourn their great loss five daughters and one son, Gertrude and Harry at home; Mrs. Cohoon, Brooklyn New York, Mary, R.N., New York, Alice, R.N., New York, Margaret, R.N., New York and a brother Dr. Harry Smith of St. John's, Newfoundland, survives. There are many grieved hearts in this town who join me in saying God rest poor Doctor Tom.

D. MacD.

A recent issue of the Kentville *Advertiser* has the following:—

"There passed away on Sunday, March 5th, at her home 25 Mansion House Road, Edinburgh, Scotland, Mary Parsons, beloved wife of Dr. Arthur Douglas Webster, and daughter of the late Rev. John Logan, former Presbyterian minister of St. Paul's Church, Kentville, and Mary Logan. She is survived by her husband and five children, viz.; Douglas Webster, M.D., of London, William Webster, M.D., of Winchester, England; Barclay Webster, M.D., of Brisbane, Australia; Dorothy, (Mrs. Charles Wingate), London and Grace Webster at home."

In the October, 1932 BULLETIN was recorded the death of Frederick E. Pentz for many years a druggist in Halifax and later a resident of Shubenacadie. Now we note that his widow died in Halifax of Pneumonia after three days illness aged 70 years. Dr. W. H. Pentz, Quinpool Road, Halifax, in six months mourns the passing of both mother and father. We extend sympathy.

GEORGE DAVID STEWART.

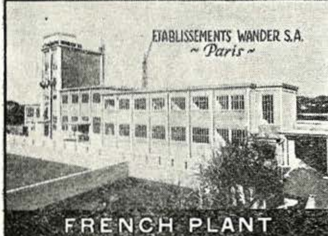
In the "Death Song" of Ossian he laments that age was now "on his tongue," and that memory "failed on his mind," but to Dr. George David Stewart, a Nova Scotian by birth, a Scot by inheritance, an American by choice, who now will "soon lie in his narrow house," age never came, despite the years, to rob his tongue of the speech with which he charmed all within the sound of his voice, or to him his memory of verses, especially of the Scottish poets. He had to the very end of his days that rhythm which he once said every one should have in his soul. That he was eminent in his profession as a surgeon is witnessed by the fact that he was made President of the American College of Surgeons. He was also President of the New York Academy of Medicine at the time when the site for the new building was acquired.

Like Sir Thomas Browne, who could not go to cure the body of his patient, but that he forget his profession, and called on God for his patient's soul, Dr. Stewart was concerned for more than the bodily health of those with whom he shared the "common nature" of humanity. He is quoted as saying that "time on the knees in prayer will do more to remedy heart strain and nerve worry than anything else," and that the man who does not worship God, "at stated and regular intervals fails to get the poise and self-control which enable him to use all his powers in proper proportion." This is perhaps a part of his Scottish inheritance—at any rate, it was his Religio Medici.

A chair of surgery in New York University, established under an endowment of $1,000,000 by Mr. George F. Baker—a lasting monument of a friendship between the financier and the surgeon—will enable Dr. Stewart to go on teaching by proxy for generations. One can still hear his cheerful answer to the greeting "Hoo" are 'e?"—"Brawly" (finely). "Thank ye for speerin' " (asking).—*New York Times*.

GEORGE DAVID STEWART, M.D., 115 East 61 Street, New York City; graduated in medicine from Bellevue Hospital Medical College, New York, in 1889; elected a Fellow of the Academy, January 3rd, 1895; died March 9th, 1933. Dr. Stewart was a former President of the American College of Surgeons, and of The New York Academy of Medicine. He was a Fellow of the American Medical Association, a Fellow of the American College of Surgeons, a member of the American Surgical Society, the County and State Medical Societies, the New York Surgical Society, and the Society of Alumni of Bellevue Hospital. He was Consulting Surgeon to Bellevue, St. Joseph's, Yonkers, St. Mary's, East Orange, Englewood, South Side and Babylon Hospitals, and was Director of Surgery of St. Vincent's Hospital and Professor of Surgery at New York University and Bellevue Hospital Medical College.—(*The New York Academy of Medicine*).

Dr. J. L. O'Connell, M.D.,C.M., Dalhousie 1928, was recently cabled to from Curling, Newfoundland to Sydney on account of the death of his mother a very highly respected citizen of that community. She was buried April 28th and another brother from Baltimore was also in attendance. Dr. O'Connell has our sincere sympathy.



54 Nations Have

Judged the Merits

of Ovaltine

Their Favorable Verdict Has Developed A Small Swiss Laboratory Into The International House of Wander

Towards the end of the Nineteenth Century, in a small laboratory in the Swiss Alps, Ovaltine was first conceived. To-day laboratories and branch establishments are scattered all over the globe catering to the demand for Ovaltine from the people of 54 different countries of the world.

Ovaltine was originally intended as a food for invalids—one which could be tolerated, digested and assimilated in spite of impaired nutritive function. The soundness of this conception seems to be justified by the present world-wide medical acceptance of Ovaltine, not only as a food for invalids and convalescents but for nervous and rundown conditions, for growing children, for nursing and expectant mothers and for the aged.

Originated years before our modern knowledge of food values was developed, it is perhaps remarkable that the composition of Ovaltine as originally formulated nearly forty years ago, is still in accord with the principles of modern dietetic science.

A. Wander Limited, Peterborough, Ont.

Please send me a sample of Ovaltine for Clinical Trial, and a copy of the booklet "Oavaltine in Medical Practice."

Dr. ....

Address ....

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The Supreme Food-Drink

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Personal Interest Notes

A 50th ANNIVERSARY.

THERE does not come to many of us although we have long passed that age, the official celebration of a 50th year of activity in any line of human life. To Dr. John W. McLean of North Sydney, who for many years has made himself a power in the local, medical and religious life of his community this opportunity came to him recently and the community took advantage of the same. Dr. McLean on this anniversary was entertained by the local members of the medical profession which also included a number of other distinguished guests. Following a short speech by Dr. Dan McLeod, who is particularly noted for his short incisive remarks on every subject, Dr. J. S. Munro read an address from the Ladies' Auxiliary. Other members of the Hospital Auxiliary staff, etc., contributed to the programme and the doctor in making his reply acknowledged all these compliments in his usual modest manner.

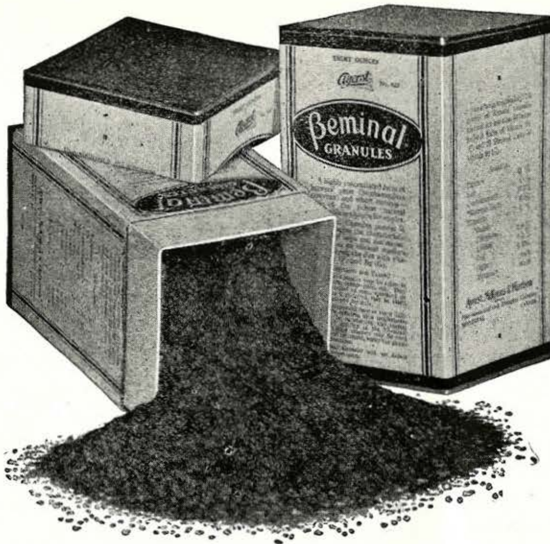
The March number of the *Canadian Medical Association Journal* contained a very kindly and appreciative obituary notice of the passing of the late Dr. E. V. Hogan from the pen of Dr. N. H. Gosse, prompted by his intimate personal knowledge of Dr. Hogan.

A rather wordy controversary was carried on in Truro in the month of April in which Doctors Dunbar, McKinnon, Patton and some others took part. Well, of course, that was their right and privilege, but one wonders why they could not get together and make a complete study of the situation instead of broadcasting divergent views through the medium of the public press, before full information was available.

Even the doctors in cities and towns must realize immediately, it should have been done long since, that they must present a united front on all questions relating to the physical welfare of the public. The minute any question arises as to the causation of an epidemic or pseudo-epidemic an immediate study of the situation open to all local practitioners should be undertaken and the Provincial Department of Health consulted before any newspaper publicity be given. An incident like the above does nothing to enhance the authority that medical men should have in the estimation of the public.

In a letter from the regular Japanese correspondent of the *A. M. A. Journal,* April 8th, 1933, we note that the "law regulating midwives was made in 1899; since then there has not been any change, and yet medicine has made remarkable progress in the last thirty years. The proposed new law would raise the position of midwives and also license them to *give hypodermic injections, make perineal repair* and give injections in case of asphyxia of new born babies." *This* is *going some*!

It is by no means surprising to those who know Mrs. Sullivan, widow of the late M. T. Sullivan of Glace Bay, that since she has removed to Halifax



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two of the richest natural resources of

VITAMIN B COMPLEX

Therapeutic Uses

Stimulates the appetite and promotes digestion.

Aids elimination by establishing normal tone and motility of the intestinal tract.

A valuable dietary adjunct during pregnancy and lactation.

A valuable adjunct to liver Therapy in treatment of pernicious anaemia.

Beminal Granules will not induce gastric fermentation

One average teaspoonful ($3\frac{1}{3}$ grams) of Beminal Granules contains not less than 60 International Units of vitamin B1 and 20 Sherman Units of vitamin B2. This amount is equivalent in vitamin B1 to approximately 1 qt. whole milk, or 6 eggs, or 6 ozs. spinach, or 8 cakes of ordinary compressed baker's yeast. The B2 potency approximates that of 3 ozs. whole milk, or 5 ozs. spinach, or $\frac{3}{4}$ of a cake of ordinary compressed baker's yeast.

AYERST, McKENNA & HARRISON
LIMITED

Pharmaceutical and Biological Chemists

MONTREAL CANADA

she has taken a very active part in the many philanthropic duties of the city. She was recently elected President of the C. W. L. of Halifax and will give most excellent service.

If any doctor, or member of his family or immediate friends is interested in the Junior Red Cross work for Crippled Children why not get some of the thrills that come to all who read the Red Cross Junior monthly letter. Write Miss E. O. R. Browne, Director Junior Red Cross, Dennis Building, asking her to send you the monthly letter. Any contribution accompanying (or not at all) would be appreciated.

The BULLETIN notes that Dr. Joseph W. Davies, Dalhousie 1924, who has been located at Louisville, Kentucky, is now practising in Charlotte, Michigan and is now the County Health Officer, the Kellog Institution at Battle Creek coming under his jurisdiction.

In a very recent issue of the BULLETIN we ventured the idea that the wives of many doctors were perhaps as prominent in community life as their husbands. In this particular instance we must draw attention to the splendid artistic work that Mrs. R. O. Bethune has been carrying on for some time in artistic photography and has already been a prize winner in competitions. We wish to extend congratulations and if Mrs. Bethune will send a suitable photo to the BULLETIN we will be glad to have a good cut made and use it to adorn one of our pages.

Dr. J. G. B. Lynch, of Sydney was in Halifax March 9th-10th. Like a good member of the Medical Society of Nova Scotia he early made an appointment with the General Secretary. Dr. Lynch was for many years 1911-1927, Secretary-Treasurer of the Cape Breton Medical Society, and readers of the BULLETIN may expect in the near future one or more articles of interest to the profession, referring, in particular, to some phases of the operations of the Workmen's Compensation Board. His contribution to this subject will be duly submitted to the Annual Meeting of the Society in September next.

Dr. Lynch, however, directed our attention to another matter, that of the reports that Specialists and Consultants furnished to the general practitioner in cases referred to them. The impression seems to be that after this reference sometimes these patients are lost, as far as the general practitioner is concerned. Again little or no report is furnished to the local doctor. When such report is furnished it is lacking in the details that may mean much to the local doctor.

Now Dr. Lynch didn't say this, but the Secretary did. Now if there is nothing to this note, please knock the Secretary he will rather enjoy it.

But there is a matter which Dr. Lynch will bring to the attention of the Medical Society in an early issue of the BULLETIN and for discussion at our next annual meeting. This will bring out the attitude of the employers towards the present attitude of the Workmen's Compensation Board. But more or this anon.

Dr. M. D. Morrison of Halifax, for the past two years President of the Nova Scotia Historical Society, gave place this year at the Annual Meeting recently to Mr. B. E. Patterson. At this Annual Meeting Mr. W. L. Payzant was for the 38th consecutive year elected Secretary of the Society. Beside

MEDINAL

for.

Calm and Restful Sleep

Medinal, the mono-sodium salt of diethyl barbituric acid, produces peaceful, restorative sleep without drowsy or nauseous after-effects. It is easily absorbed and rapidly excreted. Its action follows about an hour after administration and the danger of toxic accumulation is reduced to a minimum.

Twenty years of clinical experience have demonstrated the value of Medinal in Insomnia.

Original Packings:
Tubes of 10 Tablets of 5 and 7½ grains.
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Sunday School Teacher:—"Don't you want to go to heaven, Betty?"

Betty replies:—"No, Mama told me to come right home from Sunday School." All of which reminds us of motoring in P. E. I. a number of years ago, overtaking a Priest walking along the dusty road when my Christian driver suggested giving him a lift. After entering the car and a little preliminary conversation he said to me, "And what might your name be?" As I thought facetiously, I replied, "It might be Murphy, but I'm not a Catholic." The foolish remark was waved aside, we had no need to discuss religion, but as he got out where he was about to make a pastoral call he said, Might I ask just one question? You, of course, expect to go to Heaven when you die. May I suggest that when Saint Peter opens the door and asks your name you say 'Murphy' and stop right there." Now this is a true story.

presenting a very interesting report of the meetings, etc., that the Society had held during the past year Dr. Morrison, in his retiring address, gave extracts from a paper that he had prepared some time ago on "Medical Practitioners of Cape Breton." The original paper was presented in two parts in the MEDICAL BULLETIN a few years ago and will be of very great value when the medical history of Nova Scotia is finally prepared.

Dr. Morrison was very highly complimented by members of the Society for the splendid work he did during the past two years. Dr. M. A. B. Smith of Dartmouth was again elected as a Vice-President of the Society. He is one of the most enthusiastic members of that organization.

Among the medical men of the province who take a very considerable interest in local affairs is Dr. J. C. Morrison of New Waterford. But, like a good many other doctors, his wife is also very prominent in local organizations. We note that very recently Mrs. Morrison was made a Life Member of the Women's Missionary Society of Calvin United Church, New Waterford, and duly presented with a life membership certificate.

When the Bulletin Board in a London Hospital presented a notice that Professor So-and-So had been appointed physician to the *King* a wag wrote beneath,—"God Save the King!" Which reminds us of an incident which took place during the war. The Prince of Wales was visiting a Y. M. C. A. hut in which there had been hung by their loyal subjects, two excellent pictures of the King and Queen of England. Beneath the one picture were the words "King George V," while beneath the other were the words "Queen Mary." The Prince gazed affectionately at the pictures of his parents and then, with the sly twinkle which has endeared him to the hearts of the people, stepped to the picture of the Mother and wrote in a bold black hand *"the other four-fifths."*

A recent caller at the office of the General Secretary was Lt. Col. Freeman O'Neill of Sydney, O. C. Cape Breton Highlanders. He was engaged in conversation with the officers of M. D. No. 6 regarding training for his, and other Cape Breton Units, during the coming summer. There are two medical men that are a tower of strength to the combatant Army Units in Cape Breton, Col. Freeman O'Neill and Brigadier Nat McDonald. If another war would develop soon two large practices would be at once vacant in Cape Breton.

Dr. O'Neill tells us that Dr. E. J. Johnstone is very considerably improved in health if he would only be satisfied to take things easy. He says that they propose in the immediate future to tender a banquet to Dr. J. W. McLean of North Sydney who recently completed his 50 years of practice. This banquet doubtless would be largely attended by the Cape Breton profession and would be held at the Isle Royale Hotel, Sydney, and would be supplementary to a function recently held at North Sydney.

The late Augustus Robinson, M.D., of Annapolis, who died in September 1926 at the great age of 91 years, was for several years Mayor of Annapolis. The first Mayor was elected in 1893, Dr. Robinson served in 1899, 1900, 1901 and 1902. Then again he filled that chair 1915, 1916 and 1917. At the completion of this latter term he was 81 years of age.

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Dr. H. L. Scammell, Assistant Superintendent of the Victoria General Hospital, returned early in April from a two weeks' visit to Montreal. He was accompanied by Mrs. Scammell.

Dr. W. J. MacDonald of Truro for several years on the special Health Service in Virginia, sponsored by the Rockefeller Foundation, a graduate of Dalhousie, 1925, after a short visit to his former home, sailed early in April for Europe for Post-Graduate work in Surgery at Budapest.

Early in March Dr. A. F. MacGregor of New Glasgow went to Bermuda, sailing from Halifax on one of the C. N. R. Lady boats. On his return to Saint John he went on to Montreal where he spent some ten days. He is a McGill graduate of 1917.

The April 15th issue of *MacLean's Magazine* contains an article,—"The Future of Medicine" by Dr. H. B. Atlee of Halifax in which he discusses State Medicine and the problems confronting the Medical Profession.

A resignation, or retirement, or temporary absence, whatever it may be, one cannot tell from the newspapers, that affects Dr. F. E. Lawlor of the Nova Scotia Hospital will be of interest to every member of the Medical Society of Nova Scotia. In any case, Dr. Lawlor has not been in robust health recently and for sometime Mrs. Lawlor has been rather seriously under the weather. It is earnestly hoped that the trip they started recently by the "Lady Hawkins" to the West Indies will be of great value to both of them. Dr. Lawlor has served the Nova Scotia Hospital efficiently for thirty-two years.

To one who has been observant of the activities of medical health officers and medical men attached to municipal institutions, he is at once impressed by the seriousness with which nearly all those medical men take their appointments even if the emolument is ridiculously small. Of course, the actual value of their services is not appreciated by the Municipal Council, but there is the satisfaction of being of service to the community. Why should this advice not be oftener accepted and followed?

Dr. A. C. Fales of Wolfville, although he has retired from medical practice he cannot dissociate himself with the game, hunting, fishing and tourist business. His work, particularly in the matter of trout stocking of lakes and streams has received hearty endorsement by the Provincial Government.

A new film has recently been released in London, entitled "Silvertip". The story is one of hunting and travel adventures in the romantic regions of Northern British Columbia with many scenes of Canadian big game described by Mr. Harper Cory, Fellow of the Canadian Geographical Society and a well-known Author—Naturalist.

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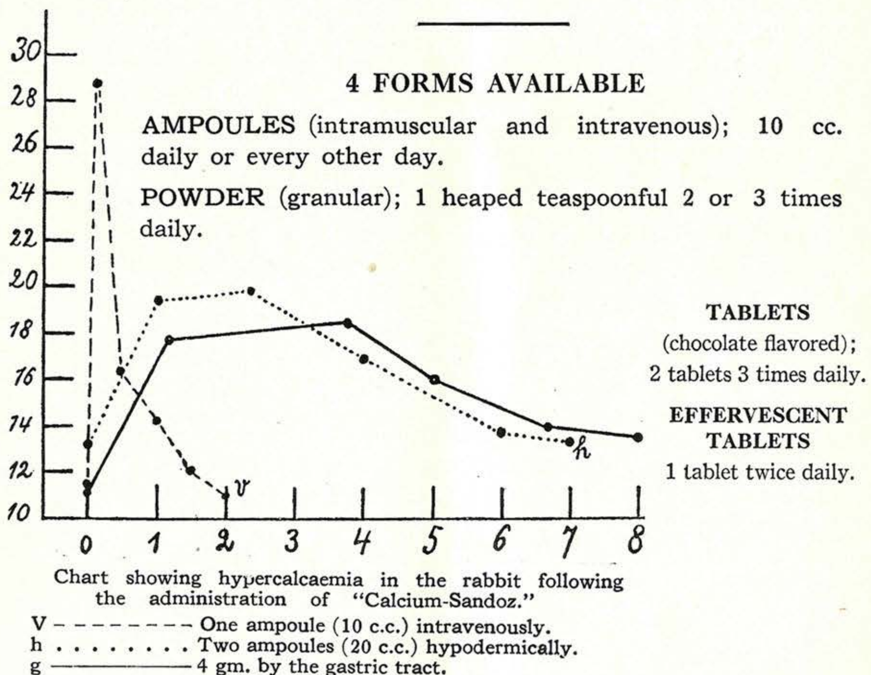

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