

CONTENTS

	Page
Readers, Attention - - - - -	349
SCIENTIFIC:	
Article 1. Allergy—Dr. T. M. Sieniewicz - - - - -	351
Article 2. An Efficient Amateur Ophthalmoscope—Dr. A. R. Cunningham - - - - -	359
Article 3. The Use of CO ₂ in the Treatment of Hiccough—Dr. C. M. Bethune - - - - -	360
HISTORICAL:	
The Medical Literature of France - - - - -	361
EDITORIAL:	
1st. The C. M. A. Annual Meeting—Dr. H. B. Atlee - - - - -	368
2nd. Medical Education—Dr. M. D. Morrison - - - - -	369
3rd. The Annual Meeting and The Dalhousie Refresher Course—Dr. N. H. Gosse - - - - -	370
Programme of Combined Meeting of Nova Scotia Medical Society and Dalhousie Refresher Course - - - - -	371
CANCER SECTION:	
1st. Cancer and the Saint John Meeting—Dr. N. H. Gosse - - - - -	374
2nd. Report of the Cancer Study Committee - - - - -	376
3rd. The Doctor and the Cancer Patient - - - - -	379
An Appeal - - - - -	386
Mrs. Bethune's Photograph - - - - -	385
Department of Public Health - - - - -	387
Hospital Service - - - - -	391
Correspondence - - - - -	393
Exchanges - - - - -	394
Obituary - - - - -	396
Locals and Personals - - - - -	400

ALLERGY

BY T. M. SIENIEWICZ, M.D.

THE term "allergic diseases" has been introduced into medical literature to designate a number of conditions which show one common etiological characteristic, namely, hypersensitiveness to proteins or other substances which are innocuous to normal people. This condition has been known by the term "idiosyncrasy". To these allergic diseases belong Hay Fever, most cases of Bronchial Asthma, many forms of Urticaria, Vasomotor Rhinitis Eczema and other skin diseases, angio-neurotic oedema and some cases of migraine and epilepsy.

HISTORY.

Hypersensitiveness to various pollens.

In 1873 Blackley showed that attacks of Hay Fever were caused by the presence in the air of certain species of pollens, which, on coming in contact with the nasal mucosa or conjunctiva of certain people, gave rise to attacks of rhinitis and conjunctivitis and sneezing. He also found that the massaging of the pollen grains into an abrasion of the skin produced a local reaction, and that a decoction of the pollens would have the same effect. This discovery has formed a basis for all the later work on diseases due to hypersensitiveness.

Hypersensitiveness to animal proteins.

A physician, deBesche, was the first to appreciate the fact that some asthma patients showed the attacks of their disease when they came in contact with horses. deBesche himself suffered from horse asthma, and found that subcutaneous injection of horse serum brought about violent attacks of asthma in him. We know now that a certain number of cases of asthmatic attacks are caused by the inhalation of the proteins of hair or dander of the horse, the dog, the cat, the rabbit, the cow, or of feathers of chicken, duck or the goose. In French literature is described the case of a dealer in sheep who, after having followed his trade for some twenty years without any symptoms of hypersensitivity became sensitized to the exhalations of sheep, and suffered severe asthmatic attacks whenever he came into their vicinity. It should also be mentioned that allergic symptoms may be caused, not only by the inhalation of animal proteins, but also by contact of such proteins with the patients' skin, thereby producing a skin affection.

Quite recently, a physician employed in our laboratory, suffered from asthma produced by feathers and from urticaria by coming in contact with a guinea pig.

Hypersensitiveness to food stuffs.

This was probably the earliest recognized form of allergy. The allergic symptoms arising in these individuals may consist of gastro-intestinal disturbances, such as vomiting and diarrhoea, and of skin eruption, chiefly in the

form of urticaria, or they may be of the asthmatic or hay fever type. In 1912, Dr. Oscar M. Schloss described a case of idiosyncrasy to proteins of egg, almonds and catmeal. He prepared a highly purified solution of proteins of these substances and employed the technique of von Pirquet for skin reaction, and in that way confirmed the intolerance of this individual to these substances. He then obtained a complete recovery by the use of repeated small doses of these pure proteins, producing an active immunisation.

In 1916 Dr. K. D. Blackfan pointed out that many children, subject to asthma, had suffered from eczema in infancy or early childhood. It was then found that these cases of eczema were also due to hypersensitivity to certain foods. Experience shows that sensitisation to foodstuffs is usually of the multiple type, rather than to one substance only. A small number of cases seemed to be more or less intolerant to nearly every food stuff, and these people became free from all asthmatic signs after a period of fasting. Asthmatic signs are reported after a period of about eight hours when they start to eat, and this suggests that certain proteins of metabolism may be the causative agent in these cases.

Recently I began to test out routinely all cases for peptone, and find that a certain number are giving very strong reactions to this substance. This, I believe, complicates the problem considerably. The literature shows that urinary proteose is found to be increased in attacks of asthma and other conditions, and that it probably contains the specific substances to which the patient from whom it is obtained is skin-sensitive. It is possible that desensitization with this material may be feasible.

Hypersensitiveness to bacterial products.

Chandler Walker was the first to ascribe sensitizing properties to bacterial proteins. Many asthmatics suffer from chronic bronchitis and, according to Walker, a number of these patients became sensitized to the products of metabolism of bacteria which cause this bronchitis. This view led to the introduction of autogenous vaccines for the treatment of these cases of asthma. Some writers believe that many of their non-skin-sensitive asthmatics belong to this group of "bacterial asthma."

Hypersensitiveness to drugs.

Van Leeuwen reports from among two hundred asthma cases of ten cases of hypersensitiveness to aspirin. Other drugs which occasionally induce an idiosyncrasy are antipyrine, salicylic acid, quinine, veronal, luminal, iodine, bromides, mercury salts, arsenic, strychnine, salvarsan, etc.

In these cases it is felt that the drug does not act as an innocuous factor in itself, but that it augments an allergic reaction already present in the human body.

Hypersensitiveness to other substances.

There is a large miscellaneous group which plays an important part in the causation of asthma, and other allied conditions, which includes insect epithelial products, vegetable fibres, fabrics, fungi, moulds and rusts, house dust, street dust, orris root, kapok, tobacco, seasonings, and a large group related to occupational exposure.

There is a form of vasomotor rhinitis whose symptoms are like those of hay fever. This condition may occur at any time of the year and thereby

differing from true hay fever which is limited to the seasons of pollinations. Some of these cases will be found to be sensitized to orris root, feathers, dusts, and the animal hairs and danders.

Allergy versus anaphylactic shock.

I do not believe that a satisfactory explanation of the mechanism of hypersensitiveness can, as yet, be given. For sometime the two had been considered as alike, but many arguments against the anaphylactic theory are most convincing. (1) Allergics are often inherited: anaphylaxis is not; (2) allergic symptoms are sometimes shown the very first time a person comes in contact with the offending substance; (3) allergy can be induced experimentally in animals irregularly and with great difficulty, while anaphylaxis is easy to obtain in animals; and (4) symptoms of allergy differ largely from those of anaphylactic shock.

In respect to the factor of heredity a family history of allergy is found in a large percentage of the allergics. Inherited sensitivity may express itself differently from that by the former generation. In one of my cases, there was a history of allergy in three generations on each side of the family, and it manifested itself in the various forms, such as asthma, hay fever and urticaria. In addition to this, the question of anaphylaxis versus allergy has been cleared up considerably by a publication of Ancona. This writer describes an epidemic of asthma among millers and peasants. The attacks of asthma accompanied by urticaria were caused by handling grain which had deteriorated to a marked degree, and contained among other parasites, a small insect, *pediculoides ventricosus*. Everybody who handled the grain contracted a common skin disease, while all those who came into continuous contact with it after some time developed symptoms of asthma and urticaria. The deteriorating grain was irritating to the skin, and the diseased skin no longer offered a sufficient barrier to the allergic substances which after passing through the upper layers of the skin, sensitized the people and made them sensitive to subsequent contact and inhalation.

Frugoni proved beyond any doubt that the allergic state is transmissible from man to man. He injected 68 c.c. of blood serum (2 c.c. intramuscularly, 10 minutes later 1 c.c. intravenously, and 10 minutes later 65 c.c. intravenously) derived from a case of marked hypersensitivity to rabbit hair into a child of twelve years, who, on a previous occasion, had been shown to be free from any form of hypersensitivity by skin testing. The donors' skin reactions were positive to rabbit hair and rabbit serum. The child who had received the intravenous injection showed after twenty-four hours very strong skin reactions to rabbit hair and rabbit serum. The same day the child was asked to play with a rabbit, with a result that a typical "crise hémoclasique" as described by Widal occurred. The phenomena demonstrated by this "crisis" were (1) lowering of blood pressure; (2) drop of leukocytic count; (3) change of refractometric index of the blood, and (4) change in clotting time. Symptoms of irritation of the skin or mucous membranes were absent on that day but were present when two days later the child was brought into the stable of the Institute where it again played with a rabbit. After twenty minutes the child showed rhinorrhoea, itching in the nose and throat, hyperaemia of the conjunctivae, lachrymation, coughing, and small urticarial wheals. This case demonstrated very clearly that passive transmission of the allergic state from one human being to another is possible.

The skin test.

The characteristic cutaneous reaction to allergy is now recognized as a diagnostic procedure in the study of human hypersensitiveness. The history will reveal whether we are dealing with a case of hay fever which is a seasonal disease characterized by well known symptoms. The hay fever cases which come in the early Spring, that is in April and May, we find are usually due to the inhalation of pollens from trees, such as Juniper, Pine, Willow, Elm, Alder and Maple. These cases are comparatively rare. The usual case is the one that begins about the first of June and we find that the grasses are invariably the cause. These include Timothy, Johnson, Orchard, June, Rye, and Sweet Vernal. In my own series I find that the Sweet Vernal grass along with Timothy plays a very important part in the causation of hay fever. The literature as supplied by the manufacturers of protein material for testing, and the serum for treatment, is in many cases inaccurate and conflicting as to the information it supplies regarding the prevalence of the different pollens in this part of Canada. This will be shown to be true in respect to a group of pollens occurring in the Fall of the year. This leads me to say that a study of the atmospheric pollens in the form of a pollen survey should be made for at least our Province, and preferably the Maritime Provinces. Many cities have a record of the atmospheric pollens for their district. I believe that to be the only way by which accurate information could be obtained of the species of pollens which invade the atmosphere of this locality. This, no doubt, could be very easily carried out by a Botanical department of any of our Universities.

The later hay fever may be found due to the Chenopodiaceae, the Ambrosiaceae, and the Artemisia. This latter group, according to my literature, is not supposed to be indigenous to our Province, but yet I find that some of the hay fever cases that I have tested out were found to be due to this group. Cases of hay fever that are negative to these four groups just mentioned will of necessity have to be tested out for the many other pollens of the cultivated and wild flowers and shrubs. The treatment with desensitizing serum to the offending pollens may be carried out in three different ways. (1), As a pre-seasonal treatment; (2.) co-seasonal, that is, during the acute attack, and (3). as a perennial treatment. This latter form of treatment is considered to be the best. By this method the increased tolerance is maintained at a high level throughout the year by the injection at an interval of about once a month of a dosage of 2,000 pollen units. It may be pointed out that the dosage of about 4,000 pollen units is reached when the last dose of the series of a course of a pre-seasonal treatment is reached.

In investigating a case of asthma, or any of the allied forms of allergy, one must be prepared to carry out an extensive series of tests. Most of these should be carried out with the group protein extracts. Each group contains five to six substances. Reaction to a group calls for testing with the individual proteins of the group. The necessity of carrying out an extensive series of tests in these cases is due to the fact that we are dealing as a rule with a multiple sensitivity. The case reports, I think, will demonstrate this quite clearly. The history very often helps to decide as to what the offending protein may be in a given case. He may have observed that he always gets attacks of asthma in a certain room, in a certain house, or in a certain place. The patient may notice that coming in contact with animals may be the cause of an attack of asthma. Asthma that usually comes on during the night will, in all probability, be due

to the nature of the material of the mattress or pillows. In most cases, however, we must proceed to test our patient out with all proteins on hand. The list of protein substances is growing every day, and in the course of time many of these, I believe, will have to be grouped, as even now it often means the greater part of a week before an investigation is completed.

The test is carried out on the forearm as a cutaneous test, in the same fashion as the von Pirquet tuberculin skin test. The protein material can be used either in the form of a powder, which is dissolved, after the powder is applied to the scarified skin, with a .40% solution of sodium hydroxide, or of an unguentum, which is rubbed into the skin at the point of scarification.

The Reaction and Its Interpretation.

If the patient is hypersensitive to a given protein which has been applied to the point of scarification, there will appear a distinct wheal with a sharply defined, but irregular border, and often accompanied by a surrounding erythema. The wheal should not be less than half a centimetre in diameter. The wheal will appear within five minutes to half an hour, but sometimes a doubtful reaction may become positive in twenty four hours.

A negative result cannot be considered so definite and reliable as a positive one. It is often noted that a test may be positive on one day and negative on another, and for that reason the patient may have to be tested on more than one occasion if clinically you consider him to be an allergic. It must also be remembered that such a case may not react to a skin test because of

(a) the possibility of not having tested the patient with the protein to which he is sensitive;

Or, (b) the possibility of having tested the patient just when he is recovering from an attack when the body is loaded with antibodies, that is passively immuned.

It is unwise, therefore, to test the patient either during an attack or immediately after.

CASE REPORTS.

Hay Fever Cases.

1. J. S., female, age 11 years. Gave a history of having had Hay Fever for the past six years. There is a history of Allergy in her grandmother (Asthma), her uncle (Asthma), her aunt (Hay Fever), all on her mothers' side. The mother herself suffers from Urticaria. The protein tests in this case showed that there are a great many pollens playing a part in the production of Hay Fever. I have never had a case that gave as many reactions to pollens as this one. The following are the reactions obtained: Johnson Grass ++; Ragweed (Giant) +, Cocklebur +, Maple +, Poplar +, Wormwood +, Rose +, Dandelion ++, Ragweed (Dwarf) ++ June Grass ++, Daisy ++, Dahlia ++, Cosmos ++, Sweet Vernal Grass ++++, Aster ++++, Marigold ++++, Yellow Daisy ++++, Artemisia ++++. This case was desensitized this year for the first time to the Artemisia group and the Spring grasses, including Sweet Vernal. Result, as yet unknown.

2. A. H. S., male, adult. Reactions: Timothy +++; Orchard Grass +++; result of treatment good.

3. A. J., female, adult. Reactions: Rye +, Red Top +, Daisy + + +; Orchard Grass + + +; Sweet Vernal Grass + + +; Timothy + + + +. Desensitization carried out recently.

4. W. J. H., male, adult. Reactions: Daisy +, Red Top +, Golden Rod +; Rye + +, Sweet Vernal Grass + + +, Orchard Grass + + +, Timothy + + + +. Desensitization apparently successful.

5. H. B., female, adult. Reactions to Spring Grasses + + + +. Desensitized successfully.

6. E. B., female, adult. Reaction to Spring Grasses + + + +. Desensitisation successful.

7. C. B., female, adult. Reactions: Rye +, Timothy +, Johnson Grass +, Corn pollen + +, Orchard Grass + + +. Desensitisation successful.

Urticaria Cases.

8. E. C., female, age 7. Reactions to egg white and oats quite marked: abstinence from these articles of diet prevented this condition.

9. M. M., female, age 8. Reactions were obtained to meats, lamb and veal; reaction to goose feathers in this case was quite marked, although the patient suffered from Urticaria only.

Asthma Cases.

10. J. S., male, age 10. has been suffering from Asthma since three years of age. Reactions: lobster + +, cow dander + + + +, cow hair +. After these tests were done it was found out that the child lived next a dairy which no doubt was responsible for the supply of cow dander, and it was also learned that just previous to this investigation the child attempted to go through a pasture where cows were grazing and was seized with a severe asthmatic attack. Desensitisation to cow dander could be very easily carried out in this case, or else removal of the child from the vicinity of the dairy.

11. H. G. P., female, age 27; a persistent sufferer from Asthmatic attacks which invariably began after patient retired to bed. Reactions were obtained to duck feathers, chicken feathers and most markedly to goose feathers. Reactions to Kapok were negative, and patient replaced feather bedding with Kapok and has been free of Asthma since.

12. H. P., female, age 40. Reactions to wheat all proteins +, eggs all proteins + +, milk all proteins + +, goose feathers + +, chicken feathers + +, sheep's wool + +. Asthma was easily gotten under control, desensitisation not necessary.

13. C. L. M., male, age 20. Asthma came on at age of six months; his mother suffered from Asthma as well as her father. Reactions: egg white + + + +, egg yolk + + +, cow's milk +, meats of chicken, duck, goose + + + +, goose feathers + +, chicken + +. Asthma was controlled without desensitisation.

14. G. J., male, age 45. Reactions to chicken feathers + +, goose feathers + + +.

15. J. H., female, age 10. Asthma usually came on about 1 a.m. Slept on a goose feather bed. Reaction to goose feathers marked.

16. E. C., female, age 18. Reactions: house dust +, cow dander + +.

17. H. B., male, age 12. Reactions; clam ++, lobster + + +, oyster + + + +. Asthma was easily controlled in this case.

18. C. F., male, age 12. Asthma since 4 years of age. Reactions: Orris root +, house dust ++, cat hair ++, buckwheat + + +, cow dander + + +. Asthma controlled without desensitisation.

Asthma and Urticaria.

19. F. M., male, age 25. Reactions: chicken feathers + + + +, guinea pig hair and dander ++. The asthma in this case was due to chicken feathers and urticaria was brought on by contact with guinea pig.

Asthma and Hay Fever.

20. L. W., male, age 38. Reactions: horse dander + + + +, pollen reactions: sunflower ++, artemisia ++, orchard grass ++, sweet vernal + + + +, timothy + + +. I am inclined to think that the pollens caused not only a Hay Fever but Asthma as well.

21. H. B., male, age 21. Reactions to Spring grasses + + +, horse dander + + +. Patient was successfully desensitised to both.

Asthma Hay Fever and Vaso-Motor-Rhinitis.

22. H. S., female, age 47, has been suffering from Hay Fever for about 25 years, occasionally gets Asthma, and the stirring up of house dust brings on an attack of Vaso-motor-rhinitis: had Urticaria in childhood. Reactions: Orchard grass +, Johnson grass +, Golden rod +, Timothy +, Peptone ++, House dust + + +, Sweet Vernal + + +, June grass + + + +:Artemisia group + + + +. Desensitisation recently carried out for the pollens of the Artemisia group, Sweet Vernal and June Grasses. If necessary, this patient can be desensitised at a later date to her own particular brand of house dust.

23. E. H., female, age 33; had Urticaria in childhood; Hay Fever for the past 3 years of the early Summer type. Asthmatic attacks throughout the year: Rhinitis brought on by contact with cat, and to a lesser extent by dog Reactions: house dust ++, Buckwheat ++, Daisy ++, Lobster +, Dog hair +, Cow hair +, Cat dander + + +.

24. B. L. W., female, age 15: has had Asthma since 2 years of age. History of Urticaria and eczema in childhood. Rhinitis brought on by dusts. History not at all suggestive of Hay Fever. Reactions: Oatmeal +, House dust +, Peptone + + +, Duck feathers ++, Chicken feathers +, Timothy +, White goose foot +, Orchard Grass +, Dandelion +, Sweet Vernal +, Oak ++, Ash + + + +. The peculiar feature about this case is that the Asthma and the Rhinitis did not appear to be at all aggravated by any of the pollens during the pollen season. Some improvement followed corrections in respect to food and bedding. This is one of a very few cases found to be hypersensitive to the tree pollens.

Vaso-motor Rhinitis.

25. H. B., female, age 28; gives a history of Urticaria in childhood; for over a year this patient has been suffering with a daily attack of Rhinitis associated with sneezing, rhinorrhoea and lachrymation. Thinks that there is some aggravation of this condition during the pollen season. Reactions: Apple (food) ++, Corn pollen +, chenopodiaceae group +, Orris root + + + +

This last reaction showed that the use of a face powder with an orris root basis was the cause of this persistent rhinitis; this condition disappeared completely when a powder free of orris root was used.

Angio-neurotic Oedema.

26. C. C., male, age 50. At the age of 23 this patient began to suffer from Urticaria, swelling of the eyelid, lip or tongue. Reactions: Banana +, Pineapple +, Apricot +, wheat (all proteins) +, Barley +, Corn +, Buckwheat +, Tobacco +, Horse dander ++. In this case the reactions did not come on within the 15 to 30 minute period; one had to wait about 2 hours to see the reaction at its height.

27. R. O., female, age 38. About a year ago patient began to suffer from Urticaria, and recently with swelling of the lip, the eyelid or the nose. Moderate reactions were obtained to some of the meats, such as beef, veal and lamb. Careful observation has shown that Aspirin which was used for the control of an occasional headache was followed on each occasion by this particular type of Oedema. I feel that the real cause of Urticaria in this case, has not, as yet, been found.

**The Jewish Physician in Germany.
A Protest from the United States.**

Resolved, By the Philadelphia County Medical Society: That the body of American physicians indignantly protests against the injustice visited upon members of the medical profession in Germany, who, because of their race or faith or descent, have been thrust out of their positions in dispensaries, hospitals and universities, and greatly hampered in their private practice. Among them are many whose contributions to medical science and art have been invaluable, and have brought great credit to Germany; but, our protest is not because of the wrong done to the eminent only, it is for the humblest as well. The honor of our profession has been attacked, and we look to our colleagues in Germany, irrespective of birth or descent, to vindicate that honor by bringing about the abolition of a discrimination so repugnant to the spirit of science and of humanity. *Be it Further Resolved*, That these resolutions be forwarded to the Pennsylvania State Medical Society and from them to the Board of Trustees of the American Medical Association with their recommendation for adoption. Be it also further

Resolved, That a copy of these resolutions or others, when finally adopted by the American Medical Association, be sent to President Roosevelt, Secretary of State Hall, and Dr. Royal S. Copeland, United States Senator from New York, with a request that they be spread upon the *Congressional Record*.

When one considers what the Jewish physicians of Germany have accomplished for the advancement of medical science, not only in Germany, but throughout the world, one can only be amazed, and wonder how long such a situation can endure.

The gain in control over preventable disease and premature death in Canada is regarded as an extraordinary achievement, placing Canada among world leaders in sanitary science and public health work.

(From a Provincial Newspaper and is an event in which Nova Scotia has played its part).

An Efficient Amateur Ophthalmoscope

Ophthalmoscopy by Daylight

By ALLAN R. CUNNINGHAM, M. D.

FOR many years the writer has been impressed with the manifest convenience and advantages of indirect ophthalmoscopy.

The fundus at once comes into clear view without loss of time or the necessity of twiddling focusing lenses back and forth, and being puzzled as to whether the diagnosis can be vitreous fog, detached retina, or high myopia. A wide general view of two-thirds of the retina is obtained immediately. If necessary any abnormal or interesting details can be reserved for the closer and more magnified direct examination.

Direct ophthalmoscopy involves a posture always unpleasant, and sometimes dangerous. One finds oneself in such close cheek by jowl proximity, and is unpleasantly aware of dirt, halitosis, meningitis or mania.

The ordinary ophthalmoscope, though excellent for direct work, is not adapted to the indirect examination. At a distance of three feet the light is too faint and diffuse, and only slightly illuminates a very small area of the retina.

An ordinary forehead mirror, three to four inch diameter, gives a wonderfully bright illumination of the largest possible area of the fundus. Source of light,—best of all an incandescent gas mantle; an ordinary oil lamp, which is to be found in any cottage, the usual electric light bulb, not too powerful, which must be heavily frosted or you will have an annoying picture of its filaments on the patient's retina.

The technique is that of indirect ophthalmoscopy, so much more easily learned. One sits at arms length from the patient, close to whose eye a condensing lens (12.0) must be held.

A presbyopic observer, such as the writer, will need an extra lens to help him. A plus one to three dioptre, on back of mirror, fastened over aperture with straps of adhesive. Also a very great help in nasal surgery, etc.

The general practitioner does not need to invest in an expensive ophthalmoscope, whose batteries require constant renewal, and are always run down when needed. He nearly always has a forehead mirror, an ordinary magnifying glass. This, with a source of light, is all that is needed to make a first class ophthalmoscopic examination.

It is best to have the pupil dilated. A drop of 4% cocaine generally gives very satisfactory dilatation in fifteen minutes. It does not blur the vision and passes off quickly.

For use by daylight full dilatation is best,—Homatropine. Technique simple. Place your patient close beside a window, and take your light from the blue sky or white cloud etc,—never direct sunlight.

It is interesting and surprising to note the varied and unexpected color values one gets from retina, choroid, disc, blood vessels, or any pathological events.

The best light source would be a sunbeam falling on a sheet of ground glass. This reflected from a forehead mirror gives the absolute true color values of the eye-grounds.

The writer has practised this method for a number of years with interest, and would be glad to hear results of anyone who cares to investigate further.

The Use of CO₂ in the Treatment of Hiccough

HICCOUGH, which persists for days, until complete exhaustion sets in and only death brings relief, is one of the most distressing post-operative conditions—distressing not only for the patient, but for those on whom the care of these cases falls. The hiccough, which may continue day and night is often very difficult to treat, in spite of many remedies which vary from Atropine hypodermically to Iodine (m ii in half a glass of water) by mouth or having the patient hold his breath until blue in the face.

The most satisfactory remedy we have found, and one that is almost invariably successful where all others fail, is the inhalation of Carbon Dioxide either in the pure state or in the form of a CO₂—O₂ mixture.

The physiology of this treatment is as yet not fully worked out, but it involves the respiratory centres, and the secondary centres which control the Phrenics.

Administration of the Carbon Dioxide is by means of a tube leading from the tank to the mask which covers the patient's face. This does not need to be air-tight, so if no mask is available, a towel laid across the patient's face will do. Where the use of a Gas-Oxygen apparatus is applicable, the amount of Carbon Dioxide may be gauged. Usually about ten gallons per hour is the rate at which it is administered and the length of the treatment varies from one to five minutes. The result is dramatic, as the hiccough ceases almost instantaneously, and the freedom from them may last for hours to the relief of both patient and nurse. If the hiccough re-appear, a second third or even fourth treatment may be needed to obtain permanent relief, but the respite for even an hour from this most distressing condition is of great value to the patient.

It is interesting to note that the old-fashioned remedy for hiccoughs, of holding the breath until cyanosed, employed the same principle of increasing the Carbon Dioxide content of the blood, by causing the gas to accumulate in the body instead of inhaling the pure product from a tank.

If the Carbon Dioxide distresses the patient, Oxygen 10% may be given, or the mask or towel lifted from the face at frequent intervals. Carbon Dioxide comes in small cylinders which are inexpensive and are very easily handled, and it may also be obtained as a 5% mixture with 95% Oxygen.

The CO₂—O₂ mixture is useful in other ways as well. It is highly recommended as an agent to make general anaesthesia easier to induce and to maintain, by giving a regular stimulus to the respiratory centres, thus preventing spasms. Righetti claims that its use in anaesthesia prevents the occurrence of post-operative pneumonia. Another use for this mixture is in the resuscitation of those overcome by gas in mines or factories. C. M. BETHUNE.

Historical Section

The Medical Literature of France*

DR. J. H. GARRISON.

TO attempt to isolate the history of medicine from medical writings only," said Billings, "is like cutting a narrow strip from a piece of tapestry and speculating upon the origin and purpose of the cut threads of patterns that may be found in it." We must consider the warp as well as the woof, the woods as well as the trees. The comparative study of medical literature has shown conclusively that while the theoretic or pragmatic medicine of any country or period is contained in the basic texts and text books, the most realistic sidelights on its actual, every day status, are to be gleaned from poets, dramatists, novelists and other practitioners of creative and imaginative literature. In the case of France, a huge hexagon of territory, largely isolated from the rest of Europe by oceanic and mountain barriers, the serious development of medicine was to be intermitted for centuries by the lengthy struggle for national unity out of a loose congeries of provincial areas, controlled by capricious feudal overlords. The end was well nigh attained under Philippe Auguste (1180-1223), ables of the Capets, obliterated by the ineptitude of the Valois in the Hundred Years War over English claims to the crown (1337-1453), and not finally compassed until Louis XI effected fusion by subjugating his rebellious vassals (1481). The development of the French language out of decomposed Latin, by assimilation of exotic elements, corresponds roughly with this tedious integrative process, in which the energies of the Normans were deflected into the Crusades and the century of internecine warfare with England. There was the same waste of energy and money in the senseless wars of the Bourbons. with their consequence, the Revolution and the Napoleonic period, after which Republican France emerges as an administrative organization of eighty-three, eventually ninety departments, not unlike the states of the American union. The embryology and building up of nations in the Middle Ages was a painful, intricate process, seriously hampered by the Feudal System, and more easily and speedily accomplished in small countries, like England or Switzerland, than in larger areas, such as Germany or Italy, which did not attain to national unity until the year 1870.

The Latin medical literature of Italy dates back to the 11th century. That of France did not put in an appearance until 200 years later, while medical literature in the vernacular did not become consequential until after the invention of printing. Through the Latinization of the West and the conversion of the barbarians to Christianity, the medicine of the Dark Ages was to be monastic medicine, taught and cultivated by the priests, who, along with the cold-storage plant at Byzantium, preserved the relics of the ancient learning. With the rise of the School of Salerno, South European medicine began to be secularized as a phase of university teaching. At the same time, it became

*Published in the *Bulletin* of The New York Academy of Medicine and read at a meeting of the Romance Club, Johns Hopkins University, Baltimore, on February 28, 1933.

Arabized, remaining under the sway of Islam up to the Renaissance, when people began to contact with reality, hence to think for themselves and so to express themselves in the mother tongue. Through the long, dreary middle period, the peoples of Europe were virtually nationless, "the indifferent children of the earth" as Shakespeare has it, and for a full thousand years after the downfall of the Western Empire, the medical literature of Europe was to be written and published mainly in Latin. From the development of the *lingua franca* or pigeon French, out of Latin, Celtiberic, Moorish and Teutonic elements, came the chansons de geste, the romans d'aventures the lais and the fabliaux, to which we shall turn for a life-like picture of every day medicine in mediaeval France. As to the actual medical teaching, the monkish and professional physicians in the same period, we have provisionally an admirable geometrical survey of Western France in the Middle Ages by Dubreuil-Chambardel, published by the Société française d'histoire de la médecine in 1914. . . .

The chansons de geste tell much of battle wounds, little of disease. The romances of adventure and those of the Arthurian cycle are replete with instances of sickness at court or in the open, for instance, the many ailments of Tristan or the account of the leprosy in Amis et Amiles. But it is in the dramatic pieces, the fabliaux, the mysteries, miracle plays and moralities, that scholars have found the best sidelights on mediaeval medicine. . . .

In all these dramatic pieces, diseases are listed in profusion, but no particular attempt is made to outline their semeiology. Many, such as St. Anthony's fire or ergotism, le mal de Saint Jehane or epilepsy, the mysterious mal de Saint Fiacre, presumably haemorrhoids, are associated with their patron saints, who had the power of healing them. In the Middle Ages, when the average expectation of life was less than half the age now accepted by actuaries, the possibility of being disabled or extinguished by disease was omnipresent in the minds of the people. Health during a life certain to be short, *n'estre malade ni mourir*; was an almost universal aspiration:

"Qui n'a rien, il ne perd rien,
Qui n'a sante, il n'a rien,
Qui a sante, il a tout."

Pain, sorrow, warfare, disease and poverty are featured in harsh outlines as the common lot, so much so, in fact, that at the beginning of the 16th. century, the depiction of ghastly diseases has become a favorite theme of oil painting and the grim skeleton of the Holbein Danse macabre is lord of all. Even the profanity of the period took the form of wishing diseases or an evil death upon one's enemies or haply upon oneself for some trait of stupidity. "A pox upon you" or the "Saint Anthon fire thee" of Scott's Marmion may be matched by such expressions as "Le mal passion le tord" or "Male mort le preigne et ocie." Disease was bitter, treacherous and repulsive. Only the mal d'armour was sweet. Female complaints, in particular, were made light of. (Mal de femme, ce n'est rien) and the feigning of disease by Knights and ladies, to further their love affairs, was a common deception, even as beggars sought sympathy by means of artificial wounds or posed as professional cripples. The pathology of the older epics and fabliaux was thus a very general pathology, in which diseases were usually of undecipherable or incurable nature and of unknown or supernatural causation, curable only by miracles. The agony of intestinal obstruction or appendicitis was likened to the Passion of

Christ, as *passio iliaca*, and a martyrology of the saints or a text-book on the practice of medicine was called alike a *Passionarius* . . .

In brief, a fairly complete picture of the status of medicine in mediaeval France can be pieced out from the older epics, romances, *lais* and *fabliaux*. Even the comic opera figure of the quack in the old farces (*Je suis un bon mire de Salerne*) seems a foretaste of Moliere.

The spirit of delicate consideration for the wounded, as conveyed in the old romances, reveals the most pleasing aspect of chivalry:

The first indication was to get the wounded warrior in a bed, if available, otherwise he was laid upon the ground, given a stimulating wound-drink to relieve faintness, after which his wounds were examined, washed and bandaged, before transportation on shields, litters or horseback, to some place of safety. Wine was sometimes poured into the wounds and may have had some crude antiseptic effect. After the introduction of firearms, boiling oil was poured into the wounds up to the time of Ambroise Paré, on the supposition that such wounds were poisoned. When there was little bleeding in punctured wounds from spears and arrows, the patient usually died of internal hemorrhage. Cupping and leeching were the only palliatives, apart from the services of a new industrial, the professional wound-sucker, who continued to ply his trade unto the end of the 18th century. The ministrations of women, as precursors of organized nursing personnel, are depicted with great charm. In dismounting from his horse, Aucassin misses his stirrup and sustains a dislocation of the shoulder. Whereupon Nicolette, by experimental manipulations at the injured joint, succeeds in reducing the luxation before making him comfortable. In the chronicle of Froissart, the historian of the Hundred Years War (1336-1453), there are very commendable gropings toward military administration in the evacuation of the wounded, as evidenced by his constant harping on the necessity of getting them to shelter, and of making them comfortable by suitable dressing. Froissart anticipates Rabelais in his jocund, expansive recital of the food supplies. He contrasts the poverty, penury and abstemious habit of the Scotch soldiers with the English concern for creature comforts; their cooking stoves, handmills for grinding grain and lavish commissariat; or the travelling kitchens, bakeries and portable barracks of the French, the salves, bandages and lint in the supply-trains, the old Roman ration of vinegar in lieu of wine. He gives full length descriptions of the camp at Chisay Poitou) in 1372, the successive epidemics of jaundice (1378), of presumable typhus (1385), of presumable influenza of gastro-intestinal impact, which necessitated the raising of the siege of Lisbon (1384), the impact of heat-stroke in 1391, and the never ending epidemics of dysentery and malarial fever with which the French army was scourged. We are now at the end of the 14th century.

The Latin medical literature of mediaeval France, as listed in the *Histoire littéraire de la France* or in Haesar, need not detain us long.

Thus the very initial directives in training the student for the practice of his profession were wrong and wrong-headed at the start, even down to the time of Sydenham. Dominated by what Osler calls "the heavy hand of the Arabian," the internal medicine of the later Middle Ages is negligible. There is no exaggeration in the dictum of Allbutt that it had sunk into "an almost unexampled degradation" and no danger that we shall ever underestimate its value. The profusion of Latin and Provençal translations of surgical texts is an index of something more exhilarating. "War," said Hippocrates, "is the

best school for the surgeon", whence surgery became a going concern for the sufficient reason that necessity was ever the mother of invention. The great surgeons of the Middle Ages were men of striking originality, forced to think for themselves and to devise their own procedures under stress of emergency. Associated with France, in this group, are Lanfranc, Mondeville and Guy de Chauliac.

Glancing for a moment at Montpellier, where some leading representatives of English medicine in the Anglo-Norman period were trained, we come to the medical humanists of the Renaissance; in particular, Rabelais and Symphorien Champier.

Rabelais was the *first* to lecture on medicine at Montpellier with the actual Greek text before him. While in residence there, in 1531, he was one of the actors in a medical farce or morality *La comedie de celui qui avoit une épouse muette* derived from Maitre Pathelin and reproduced both by Moliere (*Le médecin malgré lui*) and Anatole France. The next year Rabelais made his debut in literature with his Latin version of the aphorisms of Hippocrates and the *Ars parva* of Galen, as well as the immortal *Pantagruel* (1532). More effectively than any other literary classic does this book express the extravagant joy of life, the expansive self-assertion, the swagger, the footless erudition of the awakened Renaissance. Less appreciated than the *gauloiserie* is the point, established by Sainte Beuve, that *Pantagruel* is also the first brief for education as a drawing out of all the natural faculties, in opposition to the mediaeval plan of stuffing the brain, like a Strassburg goose, with erudition of the kind ridiculed by the great humanist.

Symphorien Champier, of Lyons, physician to two of the Valois monarchs and a medical graduate of Pavia, was a humanist of the sober-sided erudite persuasion, a conciliator, in the terminology of the time. His *Platonic Symphony* (1516), attempts to conciliate the doctrine of Hippocrates, Galen, Celsus and Avicenna into a symphonic relation, visualized in the initial woodcut representing these worthies as players in a string quartet. Champier is better known as the author of the first history of medicine after Celsus (1506), the first medical dictionary after Simone Cordo (1508) and as the biographer of Arnold of Villanova (1520) and Mesue (1523). He himself is the subject of an elaborate biography by Allut of Lyons (1859).

The first printed book to be published in France, the *Epistolae* of Barzizius, appeared at Paris in 1470, after which date incunabula were printed in large numbers down to the end of the 15th Century, and in thirty-six towns all over France, apart from the capital. The Parisian and Lyonnaise printers of incunabula make a long list and their output of medical books gave a special incentive to the scholastic labors of the French medical humanists who came after.

The leading internist of 16th Century France was Jacques Fernel, native of Clermont (Auvergne), one of the greatest surgeons of all time was Ambroise Pare.

The first great name of European eminence in French medicine is that of Ambroise Pare. Coming up to Paris from the province of Maine, in 1529, Pare became a dresser at the Hotel Dieu and entered the army in 1537. His life of eighty years covered the reigns of seven Valois monarchs and three Holy Roman Emperors, everything, in fact, from Flodden Field to the Armada, from Luther at Worms to the battle of Ivry. His whole career was military, and so well beloved was he among his comrades that he was even consulted

by monarchs and commanding officers in regard to military operations. Before the advent of Pare, the army surgeon was merely a vassal of monarchs or great feudal over-lords and paid no attention to the common soldier. At Turin, in 1536, Pare saw an old sergeant cut the throats of three helpless wounded men, "gently and without malice," to put them out of their misery. The episode appears to have affected him profoundly and for the first time in military history, we see an army surgeon going out of his way to treat the wounded soldier, as he did at Perpignan (1543) or Boulogne (1545) or on the march through Germany (1552). Not only did he attend these patients, he worried about them, a good sign, as showing that he was beginning to think medically as well as surgically. How he worried about the boiling oil and red-hot irons applied to battle wounds until he learned to let well-enough alone, is an index of his large humanity and insight, the high point in his career. His restatement of the Hippocratic doctrine of the healing power of Nature "Je le pansay, Dieu le guarit" means simply that, for a long time Nature got the patient well, if ever, while the doctor amused him, or himself, with futile remedies. Pare wrote many books, and as he wrote in the vernacular, employed a pedant or pion to stuff his collective works with superfluous erudition, after the fashion of his time. This book is nevertheless, the first important folio volume on medicine to be understood by the people. A bigot of the Paris Faculty tried to stop its publication whereupon Pare proceeded to flap him with bladders, counselling mon petit maistre to treat more kindly le bon vieillard. In other words the great achievement of Pare is as nothing beside his reputation in camp and at court, as the honest impersonal soldier and man of honour. In an age in which thousands were slaughtered and heretics were tortured in flaming fire for mere quibbles about theological verbiage, he remained firm, impersonal, upstanding and essentially sweet-tempered to the end.

In the 17th century, in consequence of Harvey's demonstration of the circulation of the blood, anatomists made many discoveries of physiological significance and laboratory experimentation became a word of ambition. Laboratory medicine went up. Internal medicine and surgery went down. Diagnosis was based upon futile figments of the mind and the tyranny of words, the bizarre terminology ridiculed by Moliere. Therapeutics sank to a level of inefficiency not much better than that of primitive savages. The London Pharmacopoeia was loaded with lengthy rumble bumble and the exploitation of filth as remedies. The worthwhile surgeons of the 17th century can be counted on the five fingers of one hand. The only French internist of consequence was Charles Barbeirac of Montpellier, who is said to have imparted his clinical method to Sydenham. The Parisian internists were the sterile pedants ridiculed by Guy Patin and Moliere.

Apart from experimental science, with which even the great philosophers of the period, Bacon, Descartes, Spinoza, Locke, were concerned, the 17th century was remarkable for the origination and growth of scientific societies all over Europe, with their transactions as a means of spreading knowledge more rapidly. It was also the age of newspapers and of medical periodicals.

The first French newspaper the *Gazette de France*, which appeared in Paris on May 30, 1631, was edited by a physician, Theophraste Renaudot who was also the originator of pawn-shops and intelligence offices. The first scientific periodical was the *Journal des Scavans*, begun in Paris on January 5, 1665, in which year the Academie des sciences was founded. The first medical peri-

odical to be printed in the vernacular was the *Nouvelles decouvertes sur toutes les parties de la medecine*, edited by the surgeon, Nicolas de Blegny at Paris in 1679-81, subsequently translated into German, even into Latin, and continued in Latin as the *Zodiacus medico-gallicus* by Theophile Bonet at Geneva in 1680-85. It was succeeded by the *Journal de medecine* (1681-85), edited by the Abbe de la Roque and continued by Claude Brunet, who also edited a monthly *Progres de la medecine* (1695-1709). The French original of the *Nouvelles decouvertes* was suppressed in 1682 on account of its flippant handling of contemporary physicians, which impelled de Blegny to issue a volume of satirical sketches, the *Mercure savant* (Amsterdam, 1684). It is said that this manoeuvre, combined with the list of addresses of Parisian physicians at Renaudot's intelligence office, engendered the first city directory, the *Almanac des adresses de Pars*.

The century of Richelieu, Mazarin and Louis XIV was one in which public spirit was utterly crushed out by the tyranny of absolutism and the heavy taxation incident to long, expensive, and meaningless wars. When the Grand Monarque abolished the ancient office of Mayor of the palace, the joyous, expansive life of the Renaissance had given place to a ponderous stilted formality of costume, behaviour and etiquette, taken over from Spain, and this was not without its effect upon the medical profession. For half a century before the advent of Molière, physicians and surgeons alike were ridiculed as sterile, pedantic, coxcombs who affected the austere scarlet of the clergy or the red heels of the aristocracy and made a vain parade of their Latin, to discourse learnedly about diseases of which they knew little or nothing. The three-cornered squabbles of physicians, surgeons and barbers, the decline of the universities the rise of scientific academies and periodicals, all these things had to do with the eventual rise of French surgery in the 18th century. The leading names of French medicine in the 17th century were the anatomists Dionis, Vieussens and Duverney, the medical botanist Tournefort, the obstetricians Mauriceau, Portal and Louise Bourgeois, first of the literary midwives, who attended Marie de Medici through her six confinements, and the surgeon Dionis.

Overtopping all these stand the great names of Descartes and Pascal. The analytical geometry of Descartes (1637) gave to medical and biological investigation a new weapon of precision, the plotting of curves by the co-ordination of points in space. Pascal rendered equal service through the creation of descriptive geometry and the mathematical theory of probabilities. The starting point of modern experimental or physiological psychology is the treatise *Des passions de l'ame* of Descartes (1649), which antedated the *Ethics* of Spinoza. Descartes wrote the first formal treatise on physiology (*De homine*, 1662), the intention of which is quite modern in that, as Stensen observed, it does not pretend to expound the actual human body but "a machine capable of performing all its functions." It contains the first correct account of reflex action. Descartes also showed that accommodation in vision is due to changes in the form of the lens (1637). Mariotte discovered the blind spot in the retina (1668). Finally, the *Discours de la methode* of Descartes (1637) expounds, with utmost brevity and simplicity the four successive steps in the conduct of a scientific investigation, to which no physician of the 17th century paid the slightest attention in attempting to diagnose internal disease.

Hypnotism, auto suggestion and psychotherapy were well-known in the 16th century and the effects of the mind upon the body became prominent in

the subsequent quest of physiologists for the seat of the soul. Descartes located it in the pineal gland, Van Helmont in the pit of the stomach, and Stahl regarded psychic disturbances as the efficient cause of disease. The association of Pascal with Port Royal, following the collision over the gulf which was the turning point in his career, suggests the many clergymen of the period who practiced psychotherapy by functioning as directors of the female conscience. The *Historiettes* of Tallement des Reaux (1657) the letters of Mme. de Sevigne (1673-97), and the *Memoirs* of Saint Simon (1734-46) abound in clinical data, some of this species, and all suggestive of the sterility of internal medicine throughout the century.

In the 18th century, the centre of surgical teaching and practice was Paris, to which even Frederick the Great sent junior medical officers for training. The successive steps in this development were three, viz.:

To be continued in next issue

Canada's Good Health.

In Canada, the year 1932 was a record health year. This is indicated by the very low death rate which prevailed among 1,250,000 Canadians insured in the Industrial Department of a leading insurance company. This large cross-section of the Canadian population gives a true health picture of the population in general. In seven years, the death rate in Canada for the four principal communicable diseases of childhood has been reduced nearly two-thirds; that for pneumonia nearly two-fifths; for diarrheal diseases more than one-half and for puerperal conditions more than one-half.

Is There Something in it?

Dr. Mayo is reported as saying:—

"Life to-day is too tense. The mind gives out years before the body. We find old people all around us who have been dead for years and don't know it. They don't think any more—their minds have died, although their bodies live on."

First Aid. Doctors Minshull and Keshen recently completed examinations in First Aid Classes that were very much appreciated by the Police Department. We trust it may be of future benefit, when needed.

Dr. B. A. LeBlanc will contest Richmond County in the interests of the Conservative Party in the coming election. We have never been able to figure out why there should be any elections, but one in each county. Yet go to it!

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

Published on the 5th of each month and mailed to all physicians and hospitals in Nova Scotia. Advertising forms close on the 15th of the preceding month. All Mss should be in the hands of the Business Editor on or before the 10th of the month. Subscription Price:—\$3.00 per year

Editorial Board, Medical Society of Nova Scotia

DR. N. H. GOSSE, Halifax, N. S.

Editor-in-Chief

DR. H. B. ATLEE, Halifax, N. S.

DR. R. M. BENVIE, Stellarton, N. S.

DR. M. D. MORRISON, Halifax, N. S.

DR. J. KNOX McLEOD, Sydney, N. S.

VOL. XII

JULY, 1933

No. 7

THE C. M. A. ANNUAL MEETING.

THE C. M. A. Annual Meeting this year at Saint John, could be divided, like most medical conventions, and all Gaul, into three parts, formal function, scientific address, and whoopee. In spite of the fact that our New Brunswick brethren had the elements against them—Jupiter Pluvius in particular—there was nothing to cavil at in the arrangements or the hospitality.

Of the formal functions one would pick out as the high spot of course, the Lister Oration by Dr. Robert Muir of Glasgow. Its one disadvantage was that it had to be delivered before a huge audience of lay as well as professional complexion. Because of this much of its real meat was lost. It portrayed Lister as the man of science, and since so much of Lister's pathological groundwork was built up in Glasgow Dr. Muir was eminently the man to have wrought it. Certainly the light that it shed on a great man's beginnings proved that Lister's right to fame was no affair of chance, but, like Darwin's, was earned as the result of long laborious hours following the most humble leads. It proved again that genius is the capacity for taking pains, and the courage that recognizes no rebuff.

Another formal function, the reception by Dr. Addy the new president of the C. M. A., in the new St. John Museum, was also noteworthy in that it gave us the opportunity to view the priceless collection of prints and paintings collected by Dr. J. C. Webster which, in themselves portray the history of Canada, and more particularly of his native province, New Brunswick. Saint John is to be envied this unique and inestimable gift.

On the scientific side the address on Cancer by Dr. Bloodgood of Baltimore while not part of the C. M. A. programme, but of the Canadian Public Health Association., stood out like a moon in a sky of stars. Dr. Bloodgood is not a young man but he brought a message of hope and enthusiasm that rang with all the zest and resoluteness of youth. The gist of his message is that cancer can be prevented. Perhaps we were carried away by his enthusiasm, but he seemed to prove it.

On the whole it cannot be said that the scientific part of the programme this year was entirely happy. Of necessity it was mixed, and there was no opportunity for special groups, such as Surgery, Medicine, Obstetrics, etc.,

to have programmes of their own, as is the case when the C. M. A. meets in larger centres. One had the feeling that this year's list of papers represented an attempt to satisfy all, and as is so often the case in such an attempt fully satisfied none.

Concerning the whoopee part of the meeting we have nothing but praise. In this department the sail up the Saint John River, with the sea-food dinner at Day's Landing was the piece de resistance. The afternoon looked unpropitious, but as the cooks of the Saint John Medical Society began to serve their fare the sun shone through, and certainly food was never eaten in more beautiful surroundings. A word as to the menu. We were regaled first with a large dish of steamed clams on the shell. When more clams were brought we decided that clams were all that would be brought and some of the unwary ate a second help. But no—there was lobster. A lobster to each man. And then more lobster was brought. Surely, we told ourselves, this is the end of sea-food—and even the wary had a second lobster. But there was still a lot left in the cook-house locker—salmon, potatoes and peas! As a result of all this a certain torpor fell upon the party for an hour or so until the alumni of various medical schools began in friendly rivalry to chant their college songs. This proved not only an excellent digestive, but that Dalhousie had the lustiest and noisiest songsters—although as a single effort the solo with chorus of *Allouette*, led by Dr. Dagneau of Montreal was the banner effort.

But perhaps equal enjoyment arose out of those late evening meetings in various bedrooms of the Beatty Hotel, where men gathered together to renew old friendships and pledge new ones. The sounds of revelry, by night lasted well on into the morning, and proved that the medical profession is not a solemn one—particularly when on holiday.

Which gives us our moral, namely; that perhaps the one real good that comes out of these conventions is this renewing of friendships, this getting to know better, even men with whom one has been working day in and day out for years without realizing all their possibilities. And if we will consider annual meetings in this light, it must also be conceded that of formal function scientific address and whoopee, the greatest of these is whoopee.

One cannot close this recital without mentioning a fact that anyone could have foretold, to wit, that among the Nova Scotians present was Dan Murray of Tatamagouche. Surely, there was never a man like Dan for going away to learn something and meet the boys. Nor does he take these affairs in any mere frivolous spirit like so many of us. When the roll is toted up it is invariably found that he attends more lectures—and seems to get more out of them, than any of us. May his tall lean figure long dominate the attendance at these functions!

H. B. A.

MEDICAL EDUCATION.

REVERTING to the subject of Medical Education touched upon editorially in a recent number of the BULLETIN we would, on this occasion, make two suggestions that might be worthy of the consideration of those in authority.

While realizing that the Curriculum, as at present arranged, is overloaded yet we think that there is one particular subject that should receive more serious attention in the future than it has in the past, and that is Medical Psychology. When one considers the immense extent, or the high degree,

to which neurosis enters as an etiological factor in diseased conditions; and when against that fact there is placed the inadequate preparation vouchsafed, under prevailing circumstances, in many medical schools to the men who will be called upon shortly after their graduation to deal in a practical manner with such particular conditions we are moved, in the interests of both physician and patient, to call for an efficacious remedy. The early recognition of these conditions, in their embryonic stage, is a most important matter; but the power to affect such recognition is, too frequently, not available because of lack of development, and in the majority of cases is never afterwards properly developed or brought into requisition. It is hard to overstate the untold misery that could be avoided among suffering humanity were our profession, as a whole, capable of dealing efficiently with this class of cases. The old adage "An ounce of prevention is worth a pound of cure" is very applicable to the neuroses and psychoses, and especially to those of traumatic origin. Medical teaching and medical practice still tend to lay all the stress upon the cure of disease; but it is gratifying to observe a tendency in some quarters to impress the young graduate with a conception of the paramount importance of the prevention of disease and diseased conditions, and the field we have just been surveying has limitless boundaries for cultivation.

Once more. A most important step in the training of the medical students of Dalhousie University was taken two years ago when it was arranged that the final year of the Course should be spent in one or more of the hospitals of the Province. The practical benefit is incalculable, and is much appreciated by the participants. In the opinion of the present writer the benefit would be further enhanced by insisting that an additional six months be spent in the office and practice of the leading rural practitioners. In real life, as we all know, each newly-qualified doctor must spend laborious and unremunerative years in really learning how to practice. Where, we ask, could he obtain a firmer foothold in this process than under the guidance of a well-seasoned practitioner who, for many years, being removed by necessity from the modern conveniences appertaining to city practice, has developed a personal individuality and a medical philosophy that has enabled him to discharge his onerous and exacting duties in a way, and under circumstances and conditions, that would tax to the utmost the subtlest ingenuities of his city confrere? And, on the other hand, it is easy to imagine the benefit that would be derived by the country doctor himself from coming into intimate daily contact with a young enthusiastic student, highly charged with the latest theories and the most recent methods of diagnosis and treatment! How much contact would necessarily revive his waning medical prospects and potentialities and thus give him a new lease of professional life!

M. D. M.

THE ANNUAL MEETING AND THE DALHOUSIE REFRESHER COURSE.

MEMBERS know that the time of our Annual Meeting was put off on account of the Canadian Medical Association Meeting at Saint John, and that it was agreed that since the meeting was to be held in Halifax this year, the scientific part of it would be combined with the Dalhousie Refresher

Course. This seems to have been a very happy arrangement as the programme appended hereto will show.

The Committee in charge wishes us to make special request that those wishing to take in any of the short courses would write their wishes to the Secretary as soon as possible, so that they may know the number requiring them and so that arrangements may be effected to accommodate them.

N. H. G.

PROGRAMME OF COMBINED MEETING

NOVA SCOTIA MEDICAL SOCIETY

and

DALHOUSIE REFRESHER COURSE.

September 4th to 9th, 1933, inclusive.

Time—Daylight Saving. Place of clinics (where not stated) Victoria General Hospital Clinic Room. Place of Afternoon Lectures, Room 11, Medical Sciences Building. Place of Business Meetings, N. S. Medical Society, Lord Nelson Hotel.

Those intending to be present are requested
to notify

The Hon. Sec. Post-graduate Medical Course,
Public Health Clinic,
Halifax, N. S.

In view of the fact that Sun Life is no longer paying the expenses of the outside speakers, a registration fee of \$1.00 will be charged this year for those taking the Refresher Course.

PROGRAMME REFRESHER COURSE 1933

Monday, Sept. 4th.

- 9.00-10.30 a. m. Surgical Clinic, Drs. Murphy and Kinley.
- 10.30-12.00 noon. Clinics at Children's Hospital. Dr. Weatherbe and associates.
- 12.00 noon-1.00 p. m. Gynaecological Clinic, Dr. J. R. Goodall.
- 2.30 p. m. Symposium on Difficult Labor. Chairman: Dr. Atlee.
- 2.30- 3.15 p. m. "Occipito Posterior Presentation," Dr. J. R. Goodall.
- 3.15- 3.30 p. m. "Contracted Pelvis," Dr. E. K. Maclellan.
- 3.30- 3.45 p. m. "Uterine Inertia," Dr. W. G. Colwell. Discussion to be led by Dr. Dan Murray.
- 8.00 p. m. Business Meeting, N. S. Medical Society, Lord Nelson Hotel.

Tuesday, Sept. 5th

- 9.00-10.30 a. m. Gynaecological Clinic, Drs. Atlee and Colwell.
- 10.30-12.00 noon. Medical Clinic, Drs. Carney and Burns.
- 12.00 noon-1.00 p. m. Gynaecological Clinic, Dr. J. R. Goodall.
- 2.30 p. m. Symposium on Toxaemias of Pregnancy. Chairman: Dr. Maclellan.
- 2.30- 3.15 p. m. "Eclampsia," Dr. J. R. Goodall.
- 3.15- 3.30 p. m. "Kidney Disease in Pregnancy," Dr. P. A. MacDonald.
- 3.30- 3.45 p. m. "Diabetes in Pregnancy," Dr. C. W. Holland. Discussion to be led by Dr. C. L. Gass.
- 8.00 p. m. Business Meeting, N. S. Medical Society, Lord Nelson Hotel.

Wednesday, Sept. 6th

- 9.00-10.30 a. m.** Surgical Clinic, Drs. H. K. MacDonald and Gosse.
10.30-12.00 noon. Obstetrical Clinic, (Grace Hospital). Dr. P. A. Macdonald and associates.
12.00 noon-1.00 p. m. "Phrenicectomy in Pulmonary Tuberculosis. Drs. A. F. Miller and C. J. W. Beckwith.
 Annual golf tournament of the Nova Scotia Medical Society, at Ashburn Golf Club.
8 00 p. m. Annual Dinner, N. S. Medical Society and Presidential Address at the Lord Nelson Hotel.

Thursday, Sept. 7th

- 9.00-10.30 a. m.** Surgical Clinics, Drs. H. K. MacDonald and Mader.
10.30-12.00 noon. Medical Clinic, Dr. K. A. MacKenzie, Corston and Holland.
12.00 noon-1.00 p. m. Surgical Clinic, Dr. C. B. Keenan.
2.30 p. m. Symposium on Gall Bladder Diseases. Chairman: Dr. H. K. MacDonald.
2.30- 3.15 p. m. "Surgical Aspects of Gall Bladder Disease," Dr. C. B. Keenan.
3.15- 3.45 p. m. "Medical Aspects of Gall Bladder Disease", Dr. G. R. Burns.
3.45- 4.00 p. m. "Liver Function and Pathology," Dr. R. P. Smith. Discussion to be led by Dr. D. A. MacLeod.
8.00 p. m. Address on Mental Hygiene. Dr. B. T. McGhie, Director of Hospital Service for Ontario.

Friday, Sept. 8th

- 9.00-10.30 a. m.** Surgical Clinic, Drs. MacDougall and Curry.
10.30-12.00 noon. Eye, Ear, Nose and Throat Clinic, Dr. Mathers and associates.
12.00 noon-1.00 p. m. Surgical Clinic, Dr. C. B. Keenan.
2.30 p. m. Symposium on Fractures. Chairman: Dr. G. H. Murphy.
2.30- 3.15 p. m. "Fractures of both bones of lower leg and the Humerus," Dr. C. B. Keenan.
3.15- 3.30 p. m. "Intracapsular Fractures of the Hip Joint," Dr. H. K. MacDonald.
3.30- 3.45 p. m. "Fractures of the Spine," Dr. C. E. Kinley.
 "Colles's Fractures," Dr. J. C. Acker.
3.45- 4.00 p. m. "Fractures of the Femur," Dr. W. Alan Curry. Discussion to be led by Dr. Fraser MacGregor.

ITEM: Drs. Goodall and Keenan are representatives of the Faculty of Medicine, University of McGill.

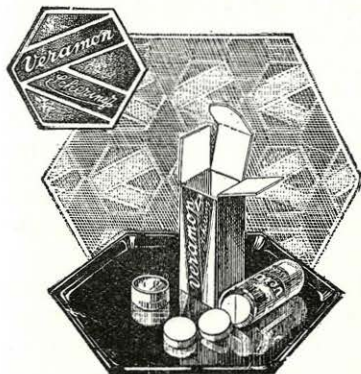
ITEM: Following the reading of papers and the discussion leaders, the afternoon symposia will be open to all present for the purpose of questioning or further discussion. It is the hope of the Committee that as many as possible will take part. Each speaker will be allowed five minutes.

In addition to the regular programme, small group courses in the subjects named will be given, provided there is a call for such. These groups will be limited to about six men, but will not be given unless at least four men write in to the Secretary, Refresher Course Committee, Dalhousie Public Health Clinic, one week before opening of course, signifying their wish to take part in same. These courses will be worked in at hours that will not conflict with the regular programme, either from 8.00 a. m. to 9.00 a. m. or after conclusion of afternoon symposia.

- 1. Urinary Tests and their Clinical Significance.** By Dr. R. A. H. MacKeen. Demonstrations of the various chemical and microscopical tests of pathological urine.
- 2. Radiological Diagnosis.** By Dr. S. R. Johnston. Demonstration of X-ray plates with instruction in their significance in diagnosis.

6. **Examination of the Neurological Patient.** By Dr. G. R. Burns. This will include a demonstration of the various tests and minor laboratory procedures necessary to the diagnosis of a neurological condition.
7. **Infant Feeding.** By Dr. M. J. Carney. This will include instruction in the fundamentals of infant feeding.
8. **Use of the Sigmoidoscope and Proctoscope.** By Dr. C. E. Kinley. This will include a demonstration of these instruments on actual patients.
9. **Spinal Anaesthesia.** By Dr. N. H. Gosse. This will include a motion picture demonstration of spinal anaesthesia technique and demonstration on patients.
3. **Splints and their use.** By Dr. V. O. Mader. Demonstration of the use of various modern splints, together with demonstrations in the application of plaster casts.
4. **Technique of Eye, Ear, Nose and Throat Examination.** By Dr. H. W. Kirkpatrick. Demonstrations of the various methods of examination—ophthalmoscope, auriscope, etc.
5. **Diagnosis and Treatment of Diabetes.** By Dr. Clyde Holland. Demonstrations in the various laboratory tests used in diagnosis of Diabetes, with instruction in the use of diet, insulin, etc.

VERAMON



Original Packings: Tubes containing 10 and 20 tablets of 6 grains. Bottles of 100 and 250 tablets of 6 grains.

A Safe and Powerful Analgesic

Veramon is so composed that its two powerful analgesics are mutually detoxicated, their secondary effects entirely eliminated and their individual efficacy re-inforced. As a result, Veramon is non-toxic, non-hypnotic and non-habit forming.

Clinical experience has proved the value of Veramon in relieving painful conditions, ranging from simple headache to severe dysmenorrhea, from toothache to biliary colic.

SCHERING (CANADA) LIMITED

UNITY BUILDING

P. O. Box 358

MONTREAL

CANCER

CANCER AND THE SAINT JOHN MEETING.

N. H. GOSSE, M.D.

IT was my good fortune to have attended last week the Canadian Medical Association meeting at Saint John and while there, to have gathered some impressions which might with propriety find place in this Section.

My first is that which came from the Canadian Medical Association Council. Though not a member of that august body I was this year an acting one and so, privileged to sit in on its deliberations and to hear Dr. McEachern present his final report as head of the Canadian Medical Association Cancer Committee. One could sense an atmosphere of victory for the mover as one saw its unanimous adoption by that body; for there have been difficulties in Canadian Medicine in this connection, and interested men, keen to see something done, have met with plenty of apathy and lack of support from confreres who by virtue of their positions in medicine should have done much to advance the cause of Cancer Control.

Dr. McEachern, at a later session, became President-elect of the Canadian Medical Association and I think the enthusiastic sincerity of the man—a quality not uncommon to workers in this field—is shown in the fact that when I complimented him upon his report and congratulated him upon his election he told me with great earnestness that he was infinitely more pleased with the reception of his report than with the honor of the Presidency; and it was easy to believe him.

The report is reproduced herewith and is recommended to the perusal of all thoughtful people. One cannot refrain from noting in passing how that this report, the product of a committee that has given so much time to the study of this subject, should contain recommendations for Canada so closely resembling those which during the past four years we have been recommending for Nova Scotia. We have anticipated them in the matter of the Cancer Section in our journal, but the others remain unimplemented. We cannot but feel however, that in this province we have already so surveyed the field that we are now ready to embark upon a more extensive programme either on our own or what is preferable, in affiliation with the Canadian organization.

We believe that the time has come when a strong provincial Cancer Committee *should function* within our Nova Scotia Medical Society failing that, or that the Society should cease to appoint such a Committee altogether, and leave the way open for some other group interested in this work to carry it on. At any rate that some organization within the scope of and responsible to our organization if possible, but outside it if not, should become active in this field at once and be ready to align ourselves with the Canadian organization whenever it is ready to co-relate the various provinces activities.

Our notion for a Nova Scotia Society for the Control of Cancer which up to now has not been accorded a word of support in this province finds fullest justification in the attitude of this Committee as expressed in this report. One cares little whether it is, and remains, an independent provincial organization or a branch eventually of the parent Canadian Society. The thing is that this province of ours needs such an organization now. Will the Nova Scotia Medical Society assume its obligation in this regard, or must interested men outside organize it apart from organized medicine? The public is asking us for information about Cancer and we are bound to give it to them. How is it going to be done?

Several papers in the scientific section of the C. M. A. meeting completed the week's tumor activities. Some of those were very good and one, the product apparently of a recent convert to Cancer activity was, as food for doctors, rather stale.

One of the most interesting things about the week was the fact that in the Public Health Association's meetings which ran concurrently with those of Council, Cancer overshadowed everything and not even the placing of illustrious names upon the programme for tuberculosis could help it to retain its old place. Now, no one will admit that the problem of Tuberculosis is not "ever with us" nor, that it should not be accorded a very important place, but this giving of Cancer such a high position at this time, this acknowledgement of its importance in our scheme of things, this apparent desire to make up for lost time is surely matter on which the Canadian Public Health Association should be highly complimented.

On their biggest afternoon, the meetings being open to the public, the great hall was packed to capacity, to hear the Ministers of Health of New Brunswick, Nova Scotia and Ontario, and the special speaker from Baltimore, Dr. Joseph Colt Bloodgood discuss the cancer question. To me, it was the best day of the whole week. Dr. Bloodgood was in good form, as with first-class stage-presence and manifesting a wide experience he made the appeal for a saner view of the cancer question particularly along preventive lines. He has a power in address that is rarely seen, and it was easy to be carried away under his spell; yet for me I cannot do less than accord to the paper of Dr. Robb, Minister of Health of Ontario, the highest place among the solid contributions of the day. While he did not confine himself to "the prevention of cancer" yet that was a great part of his theme, and he developed it as a very rich field from which to draw points for discussion. He disclosed a profound knowledge of the cancer question which I did not expect to find in him, and I afterwards found in checking up on the way in which Ontario is meeting the situation under his direction that he is possessed of no inconsiderable courage as well.

Apparently the Toronto Clinic is a joint University and Government affair headed up by a man who was originally a surgeon and who is now a radiologist. Two or three other clinics are open or are to be opened in large centres of the province for which men of similar ability have been or are being specially trained for this work. A central emanation plant supplies the radium for all. They have just increased their radium supply by four grammes, recently acquired from Belgium, and in August they expect to receive the first supply of Canadian radium from the Port Hope plant which also will be added to their present holdings.

There has been a disposition for us to look away from Ontario, indeed from Canada, for guidance in this matter. There has been a tendency to ask

"can any good thing come out of Nazareth?" It does not appear to what extent Ontario claims originality for its development of its cancer question, but it is clear that since their Cancer Commission investigated cancer matters in the different countries of the world and brought in their report, which has been so widely quoted from, they have been introducing into their own province methods which have proved of value in other countries, and that regardless of what other interests may be affected. Already Ontario people benefit by this, and that must be real satisfaction to Dr. Robb, both as a cancer-minded physician and as Minister of Health.

REPORT OF THE CANCER STUDY COMMITTEE.

Mr. Chairman and Members of Council:—

This Committee consists of one member from each of the provinces of Canada with the exception of Prince Edward Island. The personnel is as follows:—Dr. L. R. Johnson, Halifax, N. S.; Dr. Jonathan Meakins, Montreal, Que.; Dr. Daniel Nicholson, Winnipeg, Man.; Dr. W. H. McGuffin, Calgary, Alberta; Dr. H. L. Abramson, Saint John, N. B.; Dr. George A. Ramsay, London, Ontario; Dr. H. C. George, Regina, Sask.; Dr. J. J. Mason, Vancouver, B. C.; Dr. J. S. McEachern (Chairman) Calgary, Alberta.

The chairman desires to acknowledge the whole-hearted co-operation, which he has received from each member of the Committee.

The cause of cancer is a biological problem, which we as practicing physicians must leave to the laboratory workers. This Committee is concerned solely with the clinical aspects of the disease. We cannot, with our present knowledge, eradicate it, but we can, with our present equipment intelligently employed, control it to a large extent. Our control depends upon two factors; *early recognition* of the disease and *prompt application of suitable treatment*. Any organized nation-wide effort to combat this scourge, if it is to be of any value, must be directed at ensuring that cases of cancer will be recognized early and treated promptly by rational methods.

At the beginning of our work each provincial representative was asked to prepare a detailed statement describing the organized effort in his province to cope with cancer, as represented by the activities of the Provincial Medical Association and the Provincial Legislature. He was also asked to state what conditions constituted the obstacles standing in the way of a better control of cancer. In this connection he was invited to offer suggestions as to how these obstacles could be surmounted.

Each member of the Committee has had an opportunity to study the replies of all of the others and to send to the chairman a report of his conclusions. This report represents an attempt to crystalize the opinions thus obtained.

The cancer activities may be stated briefly as follows:—

In Nova Scotia the Legislature has provided a supply of radium, which is augmented by a quantity provided by the City of Halifax. It is in charge of an operator in that city.

In New Brunswick the Legislature provides a pathologist, who makes tissue examinations.

Quebec has a supply of radium provided by the Legislature. It is in charge of one man.

In Ontario the Provincial Government has established three cancer clinics where suspected cases can be examined by a group of consultants. It has provided a supply of radium for treatment in these clinics where its use is indicated. The Ontario Medical Association has arranged for and conducted special cancer meetings in local and district medical societies. At these meetings problems of diagnosis and treatment were discussed.

In Manitoba a cancer clinic, sponsored by the Provincial Medical Association and subsidized by the Provincial Government, provides facilities for consultation. The clinic has a supply of radium for treatment.

In Saskatchewan the Provincial Legislature has established two cancer clinics for consultation on suspected cases referred to them for diagnosis. It has also provided a supply of radium for treatment. The Saskatchewan Medical Association has been very active in urging organized effort of a national character to cope with this problem.

In Alberta and British Columbia the Provincial Governments require all cases of cancer to be reported to the Provincial Health Department. In each of these provinces the Provincial Association has appointed a cancer committee. Each of these committees has limited its activities to educational efforts. These have been directed towards arousing the interest of the doctors in the early signs of the disease and to securing complete records of all cases of cancer admitted to the larger hospitals.

In this meagre summary contributions made by individual doctors and hospitals have been deliberately disregarded. These cannot be placed to the credit of medical associations or of governments.

From every province came the opinion that practically no further progress in the control of cancer could be looked for until the cases are secured at an earlier stage in the disease. In analysing the causes of delay in applying treatment we find two distinct conditions.

1. The doctor, who is consulted by the patient with early manifestations of the disease fails to recognize their possible significance. This is due to ignorance, indifference, or neglect to make a complete examination.
2. The patient, owing to ignorance of the possible meaning of his symptoms, postpones consulting a physician until too late.

It is obvious that, until these two conditions are corrected by education, consultation and treatment clinics will fail to accomplish fully the purpose for which they were established.

The measures suggested which might be effectual in correcting these conditions are included in the recommendations which form the conclusion of the report.

At this point, reference must be made to an opinion which was expressed by the majority of the members of the Committee. Whether wittingly or unwittingly, the Canadian medical profession has permitted the public to be given an exaggerated idea of the value of radium in the treatment of cancer. There is need for a central authoritative body, representing Canadian medicine, which will give to the profession and through it to the public the proven facts about radium. In properly selected cases its effect is dramatically successful. In unsuitable cases it is not only useless but may be harmful. In the hands of an operator, untrained in its use, it is a dangerous weapon.

The recommendations, which we make to Council, involve the expenditure of money. We suggest a method by which we feel confident the funds can be

provided. The programme which we suggest is necessarily sketchy and lacking in minute detail. The files of the committee contain detailed descriptions of each activity suggested. They are at the disposal of the Executive.

We respectfully recommend to Council of the Canadian Medical Association that it establish a department for the study of cancer in Canada in order to carry out the programme, which is outlined as follows:—

1. To arrange for a section in the *Journal*, in which each month some questions relating to diagnosis and treatment of cancer will be dealt with.
2. To prepare from time to time leaflets or booklets dealing with early manifestations of cancer in various parts of the body, for distribution to all Canadian doctors.
3. To prepare and distribute, when the time is opportune, literature for the enlightenment of the laity on this subject.
4. To arrange for special meetings at regular intervals in all local and district medical societies throughout Canada at which speakers secured locally and from adjacent medical teaching centres will give addresses on some aspect of the cancer problem.
5. To arrange through the Provincial Medical Associations for speakers to address public meetings on this problem.
6. To use its influence with the provincial associations to appoint a Provincial Cancer Committee in all provinces, where this step has not already been taken.
7. To co-operate with the Provincial Cancer Committees in organizing a local committee in each organized hospital of 100 beds and upwards. This local committee will study all records of cancer cases admitted to the hospital and take the responsibility to see that they are as complete as possible. It will undertake to make a tabulated synopsis of each cancer record on a form provided by the Department of the Canadian Medical Association. These forms will be kept available in a loose-leaf binder in the hospital. The committee will provide a speaker at each monthly staff meeting, who will give a brief address on the early signs of cancer in some site, using the hospital records to give point to his communications.

We further recommend that the Council of the Canadian Medical Association take the initiative in organizing a Canadian Society for the Control of Cancer. This Society will be open for membership to all citizens who are interested in the cancer problems. The membership fees and contributions received will provide a fund, which will finance the cost of the various activities in connection with the dissemination of information about cancer to the medical profession and to the lay public.

This organization should have a branch in each province and a local chapter in all towns and cities, where a sufficient number of people could be interested in the work. Each local chapter would provide a medium through which the public would receive information about cancer in the form of addresses and by distribution of literature prepared by the Cancer Department of the Canadian Medical Association.

All of which is respectfully submitted.

J. S. MCEACHERN,
Chairman.

THE DOCTOR AND THE CANCER PATIENT*.

By JAMES EWING, M.D.

When a patient with cancer enters a doctor's office, an emergency is created. With correct diagnosis and expert treatment, life is often saved, but the alternative invariably results in the death of the patient. No such situation exists with any other major cause of death.

Four types of cancer patients enter a doctor's office:

- (1) The patient may present an obvious cancer, as a hard lump in the breast, or an indurated ulcer of the tongue.
- (2) The patient may give localized symptoms suggestive of a deep or inaccessible cancer, as persistent pain in the stomach, or persistent pain in a long bone, or blood in urine or stools.
- (3) The patient may present an obvious precancerous lesion, as a pigmented mole, or leukoplakic spots in the mouth.
- (4) The patient may complain of not a single symptom of cancer which nevertheless exists and may even be advanced. Fortunately this last group is small.

All four classes of patients now frequently fail to receive a diagnosis of cancer by the doctor or doctors consulted. Statistics show that 22% of cancer cases come to autopsy without diagnosis, and that 10% of the diagnoses of cancer are erroneous. Therefore, the diagnosis of cancer should be more frequently entertained by the doctor, and when adopted should be more carefully verified.

Diagnosis of Obvious Cancer.

(1) When a patient presents an obvious cancer, the emergency requires that the doctor should decide at once what to do. He must decide whether he is himself able to make an exact diagnosis, to carry through effective treatment, and to deal with recurrences if they develop. He should not tell the patient that he has cancer and he should not, as a rule, make a biopsy. If he is not able to carry out these measures fully he should immediately make arrangements to send the patient to some place where they can be properly carried out. This means the concentration of cancer patients in special cancer hospitals or in general hospitals which are equipped for the most modern cancer diagnosis and treatment.

There may be many situations where the patient cannot for various reasons secure these special services, and the doctor will have to do the best he can unaided, but then it should be recognized that under these conditions the patient seldom gets the best possible treatment.

There are many mistakes made in the initial handling of obvious cancer, and these mistakes usually result in the death of the patient. The cancer may be mistaken for a benign process. Much experience is necessary for the diagnosis of many established cancers. Delay is generally dangerous. Some cancers of the tongue, breast, and uterus reach an incurable stage within a few weeks. A biopsy is done by unwise methods; the specimen is sent to some distant laboratory without adequate fixation fluid and with poor clinical data; several days elapse before the report is returned; and the report may be inaccurate. There are comparatively few laboratories where accurate diagnosis of biopsy material can be obtained. In a few circumstances a small portion of tissue may be removed at once in a doubtful case, as with ulcerating

*Editorial from the Bulletin of the American Society for the Control of Cancer and reprinted by permission.

lesions on tongue, skin, cervix, uterus, or rectum, but as a rule the biopsy should be made by the surgeon who is going to take full charge of the case. When the patient reaches a hospital manned by competent cancer specialists, a biopsy is often found unnecessary, or it is replaced by other methods of diagnosis. A clean incision by a sharp scalpel is the best method of taking biopsy material.

Much harm is frequently done by a hasty resort to biopsy. Breast tumors should probably never be incised. Enlarged lymph nodes seldom require a biopsy because the diagnosis may usually be made on the clinical characters of the disease and the response to radiation. It is generally a grave error to cut into a suspected bone tumor, especially a giant-cell tumor. The radiographic findings and the response to radiation give a correct diagnosis in a very high proportion of cases. The local removal of subcutaneous neurofibromas is responsible for a high proportion of recurrences and fatalities from this disease, which often proves to be malignant.

A very unfortunate practice is the local removal of small tumors of the parotid gland. A high proportion of these tumors recur after operation and many are highly malignant carcinomas which are never cured by surgery. All such tumors should be heavily radiated, after which many disappear, and the others may then be subjected to interstitial radiation or to careful surgical removal.

Many small malignant tumors of the breast, especially in young women, are removed locally in the doctor's office, a procedure often followed by prompt recurrence and dissemination. The decision on the treatment of localized breast tumors is one of the most difficult in cancer surgery. I prefer heavy external radiation in such cases, because malignant tumors often promptly recede and the decision as to radical treatment may then be made at leisure and operation is safer. Many small mammary cancers may be successfully treated by interstitial radiation.

The treatment of suspicious ulcers of the skin and mucous membrane by nitrate of silver is a very common and unwise practice. It never cures, but always aggravates a cancer. Dermatologists remove scores of quiescent moles in their offices and some assert that they never saw a recurrence, but in a cancer hospital it is very common to find such recurrences and the patient in a hopeless condition. If a mole shows any signs of growth or increased pigmentation, it must be regarded as malignant, and the excision should be made with extreme care and with a wide margin of normal skin.

The exploratory laparotomy is a very necessary procedure for the diagnosis of obscure abdominal tumors, but it need not be undertaken until other methods fail. Not infrequently it is performed in cases of unsuspected carcinoma of the cervix, or carcinoma of the rectum, and more frequently still it is performed when pulmonary metastases are present. It is an excellent rule never to perform an operation for a tumor without taking a radiograph of the lungs. This rule is broken in the very best surgical hospitals.

In many cases of obscure malignant tumors, superficial and deep, the therapeutic test by radiation gives an excellent indication of the nature of the growth and is often at the same time the best treatment.

These, and many other difficulties in the diagnosis and treatment of obvious malignant tumors lead inevitably to the conclusion that the best interests of the cancer patients require, at least, consultation in a group clinic, or the reference of the case to a special cancer hospital, or special cancer service

in a general hospital. The experience available at the average general hospital or the equipment provided is usually inadequate to assure the best treatment of the cancer patient. The time is past when the mere ability to perform the standard surgical operation justifies the surgeon in undertaking the treatment of most forms of cancer. This fact may be emphasized by the report that the average operative mortality for rectal cancer in nineteen American cities of a population of about 100,000 is 45%, while the mortality of many specialists is only 5 to 10%¹.

Diagnosis of Obscure Cancer.

(2) When the patient complains of symptoms suggestive of cancer another type of emergency arises calling for measures either to establish or to eliminate the diagnosis of cancer. These symptoms may be referred to any part of the body.

In the skull there are brain tumors which give headache, choked disc, mental disturbances, vomiting, focal symptoms, and sometimes radiological signs. Search for a primary tumor in another part of the body is indicated, since many metastatic tumors of the brain are operated upon as primary growths. In the nasal passages any chronic discharge, bleeding, pain, or swelling should be investigated for tumors of the sinuses, nasal mucosa, or bones. Most tumors of this region are long treated for simple chronic catarrhal inflammation, especially in the antrum. Cancer of the nasal mucosa and pharyngeal vault in young subjects is nearly always long overlooked. Lymphoepithelioma of the nasopharynx and tongue give very small primary tumors and first appear as tumors of the neck nodes. A very thorough examination of the entire nasopharynx by an expert is the only method of excluding cancer in this region.

A single, very much enlarged tonsil calls for the diagnosis of lymphosarcoma and treatment by radiation. Or, both tonsils and the entire pharyngeal ring may be considerably enlarged and reddened, before cervical nodes appear. This is the only period when lymphosarcoma of the neck can be successfully treated.

Cancer of the tonsil, base of the tongue, or pharyngeal wall often gives very difficult diagnosis problems. The tumor may be flat and eroded, or definitely ulcerated or diffuse and hard to delimit. All indurated ulcers of the tongue and floor of mouth should be regarded as cancer until definitely proved to be of some other nature. A biopsy is the only safe method of diagnosis.

Enlarged cervical lymph nodes are a difficult and an ever recurring problem. I believe the most important evidence here is a careful clinical history. This generally establishes the nature of tuberculosis and other simple chronic infectious processes and it may reveal that the disease is systemic. Glandular fever occurs in young subjects who are well nourished and not anemic and the lymphadenopathy is widespread. The rather firm, often localized, nodes of Hodgkin's disease appear in subjects who are poorly nourished. Lymphosarcoma is a disease of perfectly healthy looking subjects who are often overweight. The hard nodes of cancer are generally at first single. Thorough examination of all the areas drained by these nodes should be the first step in diagnosis. The common practice of immediately excising a cervical node for diagnosis is to be discouraged. A high proportion of diagnosis rendered on this material are inconclusive or misleading. The biopsy does harm in cancer and lymphosarcoma. The therapeutic test by radiation is a better

method. Lymphosarcoma recedes rapidly after radiation, Hodgkins' disease slowly, tuberculosis very little and with increased inflammatory reaction while most metastatic cancers resist. Radiation is the best treatment of most of these cases as well as a good diagnostic method. Surgery can always be employed later. Persistent hoarseness calls for a laryngeal examination. Chronic pulmonary symptoms now generally receive early study by the radiograph and pulmonary tumors are thus detected early, and the same method reveals early mediastinal growths.

Patients with chronic gastric or intestinal symptoms are often unable to afford a radiographic study and some means should be provided in clinics to supply this service gratis. A search for blood in the stools or urine is the least step that can be taken in the face of obscure abdominal symptoms. A high proportion of rectal cancers still escape detection because the patient has piles in addition to cancer.

The diagnosis of bone tumors is nearly always delayed until the disease has become established and the prognosis bad. I would urge that every case of persistent unexplained pain in a bone be regarded provisionally as sarcoma and treated by radiation.

This treatment cures giant-cell tumors, non-ossifying periosteal sarcoma, and osteitis fibrosa cystica. It is not too much to hope that it may also cure many cases of early true osteogenic sarcoma, endothelioma, and myeloma, but it is quite certain that neither this nor any other method can cure the established stages of these diseases except in very rare instances. Doctors will not make the diagnosis of bone sarcoma and patients will not accept it when the penalty is amputation.

It is thus apparent that symptoms suggestive of cancer create an emergency for the doctor, drawing heavily upon his resources. It is equally clear that in this field the doctor may be of inestimable service to his patient, because since 95% of all established cancers are fatal, an early diagnosis by the general practitioner becomes the most important weapon in the fight against this disease.

Precancerous Lesions.

(3) The number of precancerous lesions which present themselves to the alert physician is legion. There is also a very large field of preventive medicine in the detection of habits and hazards which are known to lead to cancer.

The Jewish ritual of circumcision has rendered that race immune to cancer of the penis. Phimosis, chronic balanitis, recurrent eczema and herpes, and many other aspects of chronic irritation exist for months as an invariable antecedent of penile cancer. Practically all warty growths on the penis are potentially malignant. Leukoplakia of the vulva is almost the only stage of cancer of that tissue which offers much hope of cure.

The mortality of X-ray burns is still very high because the dangerous stages of these lesions are still not recognized. When any X-ray burn becomes eroded, moist, infected, and repeatedly bleeding it is high time to destroy the source of danger by radical methods. Most of the metastases occur when wholly unexpected, and many follow incomplete destruction by electric needles, diathermy, and fulguration.

The discovery of pigmented moles on the general body surface is a simple matter, but the recognition of these lesions in unexpected sites, especially

when not pigmented, requires alertness and experience. Beneath the toe nail, between the toes, on the sole of the foot, about the anus and vulva, in the lower rectum and about any mucocutaneous junction indolent ulcers or wounds should always be inspected and suspected of being melanotic.

The scars of old burns are apt to develop cancer but only after a long period. Since these cancers appear usually in the scars of burns which have long been infected, the prevention of infection of burns becomes particularly important. Any chronic ulcer, simple or tuberculous, may become cancerous but only after a long period. Not a few cancers develop in surgical wounds, and when any of these fail to heal after a reasonable period, the suspicion of cancer should be adopted.

Benign tumors usually maintain their innocence, but some of them become malignant, especially after incomplete removal. Adenomas of breast, thyroid, salivary glands, mucous membranes and other regions, should be carefully examined after removal by a competent pathologist and if there is any suspicion of malignant tendency, post-operative radiation is advisable. I have to acknowledge at least three errors in the diagnosis of benign adenoma of the breast because the excision was followed by a carcinomatous recurrence. The time to treat certain adenocarcinomatous processes in the prostate is when the tumor is early, localized, and histologically benign.

The best statistical studies show that the ulcerating stomach after gastroenterostomy is no more liable to cancer than the normal stomach, and yet the excision of ulcers may remove some early ulcerating cancers which have been mistaken for simple ulcers.

Laceration of the cervix uteri is a very frequent precursor of cancer, so that the repair of cervical lacerations and the correction of all forms of leukorrhoea is the most efficient preventive of uterine cancer.

Since cancer of the mouth is invariably the result of bad teeth, buccal uncleanliness, dental plates, tobacco, and syphilis, the physician may often be of paramount service to his patient by insisting that all these conditions be corrected promptly. Leukoplakic spots in the mouth must be watched every few weeks if the outbreak of cancer is to be detected in time.

Buccal hygiene in all its details is the most comprehensive of all preventive measures against cancer. It affects cancer of the lip, tongue, tonsil, pharynx, larynx, nares, esophagus, and stomach, and it also protects against the danger of many other fatal diseases. "La mort entre par la bouche."

Periodical examinations appear to be the only real safeguard against many forms of cancer, but the object of the examination should extend into the detection, not only of early cancer, but of precancerous lesions, and to the elimination of cancer forming habits. The general physician can accomplish much by urging periodical examinations among his patients and by pointing out the danger of cancer forming habits.

In certain families the hereditary influence may not be dismissed without due attention, especially in mammary cancer and neurofibromatosis. Too much may not be expected, even from the most careful efforts to detect early cancers, and cancer forming habits. A somewhat careful inquiry indicates that about 70% of all cancers, mostly inaccessible, are beyond the reach of early diagnosis, and that their incidence can be effected only by preventive measures. The alert general physician occupies the key position in this entire field, but the exercise of his function to the fullest extent requires an enormous fund of information and experience.

A typical Cancer.

(4) Patients may come to the doctor with established and even advanced cancer and yet fail to complain of any symptoms of the cancer or of any other disease. It is a remarkable but well established fact that the body can tolerate the growth of malignant tumors without any disturbance so long as the tumor tissue is well nourished and does not interfere mechanically with any function. Some of these patients may appear to be in perfect health. Usually they suffer from symptoms which are attributed to other diseases.

A certain proportion of brain tumors result in sudden and unexpected death. Cancer of the stomach, lung, thymus, prostate and ovary often fail to give any localizing and sometimes any general symptoms. The first symptom of prostatic or renal cancer may be the appearance of a bone metastasis.

Anemia and loss of weight may be the only symptoms of internal cancer, especially gastric cancer, which fails to give any indication of the location of the disease. Such cases are often treated as pernicious anemia. Certain bone sarcomas are often treated for months as osteomyelitis. Among 100 cases of bone sarcoma analyzed at the Memorial Hospital, only 18 received a diagnosis of sarcoma by the first physician consulted.

An interesting group of cases are those in which a tumor, benign or malignant, has been removed several years previously, but this fact has been overlooked and the symptoms of recurrence misinterpreted. I have several times had the satisfaction of telling a surgeon that his patient had a glass eye. Over-emphasis of the fact that cancer is mainly a disease of middle life inclines physicians to reject the possibility of cancer in the case of young subjects. No age is immune. Thus cancer in children is nearly always overlooked until the condition is obvious. I have seen a small cancer of the testis in a young man overlooked by several groups of physicians until the autopsy occurred.

Many of the very rare tumors, which make up a considerable proportion of the grand total, are not suspected because the physician has never heard of such a disease.

Thus the field of clinical diagnosis of cancer is extremely broad, full of pitfalls and calling for extreme alertness on the part of the physician.

Resume.

The foregoing review leads to the conclusion that the diagnosis and treatment of cancer is a very difficult and exacting medical specialty. While the general practitioner occupies the most responsible position in regard to cancer diagnosis, it must be admitted that without wide experience he is not able to meet the demands made upon him and that he requires the help of specialists in many fields. This conclusion is no reflection on the ability of the physician. Rather should we recall the famous admission of Hippocrates that "Diagnosis is difficult and judgment often fallacious."

The recognition of these difficulties has in recent years led to a world-wide movement to concentration and specialization in the treatment of cancer. Hence we find that many countries are building large cancer institutes, organizing special cancer services in large hospitals and establishing group clinics in smaller communities. The control of tuberculosis took the same course beginning about twenty-five years ago and there was no definite advance made with this disease until the work became specialized in all departments. It seems highly probable that the same course of events will take place with cancer and that when the movement has made substantial progress we shall begin to see a reduction in the death rate from neoplastic diseases.



THE above is a reproduction of a photograph taken by Mrs. R. O. Bethune, (nee Edith Hallett), who is doubly connected to the medical profession in that both her father—Dr. Hallett of Weymouth—and her husband—Dr. Bethune of Berwick—are doctors.

Mrs. Bethune has had much distinction in photographic work, having won among others, in 1931, first prize for the Maritimes for a Child Study, 1932 the Eastman Kodak second prize for all Canada, and now comes the very signal honor of being the only person in the Maritimes to have had a photograph selected that will be displayed in the International Salon of Photography the Chicago Century of Progress Exhibition.

The picture selected represents and is entitled "Evangeline before Blomidon." The above picture is similar and represents the same Evangeline and the same Blomidon, but with Evangeline looking towards us—which we prefer. We have seen many other examples of her work and it is marked with a striking consistency of excellence.

The BULLETIN congratulates Mrs. Bethune on the occasion of this coveted honor, but more upon her ability to produce with her camera such beautiful expressions of art.

AN APPEAL

An effort has been made to preserve for posterity instruments and appliances used by our profession in an earlier age. The late Dr. Hattie was very much interested in this and so has been our President, Dr. MacKenzie.

A few old things have been brought together and a suitable cabinet has been provided in which they may be kept in safety. It is felt that about this province there are many other things, now quite obsolete, whose owners would appreciate having properly labelled and preserved for display to interested people, particularly to medical students.

The Dean of the Medical Faculty, Dr. H. G. Grant, or Dr. R. P. Smith, Professor of Pathology, Dalhousie University, will be glad to receive contributions of this nature, and they will be duly acknowledged.

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, 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).
Reh fuss, 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 Gonococci; sputum, pleural fluid and pus for tubercle bacilli; 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 May 20th, to June 21st, 1933.

County	Infantile Paralysis	Meningitis	Chicken Pox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever	Typhoid	Tuberculosis, (pul.)	Tubec. other forms	Whooping Cough	V. D. G.	V. D. S.	TOTAL
	Annapolis.....
Antigonish.....	12	..	1	..	..	..	..	..	..	..	..	..	..	13
Cape Breton.....	..	1	7	1	..	..	..	..	..	1	..	..	..	..	..	10
Colchester.....	6	..	..	..	..	..	..	6
Cumberland.....	15	..	..	..	..	..	..	..	..	..	..	15
Digby.....	1	..	..	..	..	..	1	..	2
Guysboro.....	2	..	..	..	..	..	..	..	2
Halifax.....	5	..	2	4	..	..	6	..	1	..	..	..	..	18
Halifax City.....	2	..	..	..	..	..	11	..	..	..	..	..	..	13
Hants.....	1	..	..	..	1	..	..	..	..	..	1	..	3
Inverness.....	2	..	..	..	..	..	2	..	4
Kings.....	7	..	..	2	..	..	..	..	..	1	1	11
Lunenburg.....	1	..	..	..	..	..	1
Pictou.....
Queens.....
Richmond.....
Shelburne.....	6	..	..	..	..	2	..	..	1	..	..	..	..	9
Victoria.....
Yarmouth.....	5	..	5	1	..	3	1	..	1	..	10	5	1	32
TOTAL.....	1 37	2	30	5	..	13	24	2	3	..	10	11	2	140

RETURNS VITAL STATISTICS FOR APRIL 1933.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis.....	14	9	8	8	7	1
Antigonish.....	14	7	1	4	7	1
Cape Breton.....	72	91	21	46	29	7
Colchester.....	27	25	7	13	21	4
Cumberland.....	32	45	23	23	18	0
Digby.....	18	21	10	8	10	0
Guysboro.....	15	12	4	8	7	0
Halifax.....	99	84	46	45	48	13
Hants.....	27	16	8	14	5	0
Inverness.....	17	18	4	9	8	0
Kings.....	15	25	12	6	18	0
Lunenburg.....	31	33	13	17	9	1
Pictou.....	24	26	15	15	14	2
Queens.....	7	6	1	3	4	2
Richmond.....	8	8	1	3	6	2
Shelburne.....	19	8	2	14	17	2
Victoria.....	3	5	2	2	3	0
Yarmouth.....	29	24	12	2	12	0
TOTALS.....	471	453	190	240	243	35
	924		190	483		35

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

The total number of tissues sectioned is 118. In addition to this, 22 tissues were sectioned from 4 autopsies, making 140 tissues in all.

Tumours, malignant.....	17
Tumours, simple.....	4
Tumours, suspicious.....	0
Other conditions.....	72
Awaiting section.....	21—118

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.

SICK BED READING.

“There are many times when it is incumbent on the wise physician to prescribe not a posset or a purgative, but an essay or a poem.” Such is the suggestion offered by a writer in a recent article upon the subject of literature in medicine. In our association, with this scientific era of medicine, we are apt to forget some of the more common-place aids in the practice of the art of medicine. One of these is the value of reading to the patient confined in bed, be it for short or long periods. Such reading should not necessarily aim at ultimate cultural effect, rather it should attempt to add some slight enjoyment to the enforced inactivity of the patient. Dr. Johnson’s statement that all reading should be for pleasure is certainly more than true in the case of the bed-ridden.

A physician may well supplement his medicaments with a good book or books to hasten the recovery of the patient by giving him a certain tranquility of mind which will aid him in his combat of the disease. In the choice of books the doctor may be of assistance if he knows the temperament of the patient and has a knowledge of suitable literature. Different patients will need different books, and all books cannot be counted on to affect all patients in the same way. One should aim to present to the patient books which neither depress unduly or excite alarmingly, but rather ones which will give the patient much to think about, but not too much about which to become emotionally upset. Biographies offer a most suitable form of “literary prescription” for a patient. A patient may become particularly interested in the life history of medical men, while they themselves are suffering from an illness; in this connection it might appeal to some to read the life of Pasteur, Osler and others.

Short stories are most popular with those who cannot concentrate for long without tiring, and do not desire “heavy” reading. One might even recommend a detective story if such is indicated. However, for the chronic case, a mixed selection is probably best and provocative of best results. It is in these cases in which the stay in bed is prolonged that the greatest benefits of books is seen; they serve to keep the patient cheerful, and shorten to him the otherwise long and dreary hours.

(From The University of Toronto *Medical Journal*).

Hospital Service

ST. RITA'S HOSPITAL had its graduation recently and gave diplomas to seven young ladies. As usual the function was the event of the day.

The Alumnae of Glace Bay General Hospital have recently sponsored a playlet "How's Your Health?" which seemed to meet with very general approval.

Nearly all the Provincial Hospitals in some way make not alone entertainment for the Staff but also points of contact with the Staff and the public generally. Not only are graduations made very attractive functions but class functions are held from time to time which tend to broaden and increase the points of contact. These words are prompted by the recent newspaper item which speaks of the intermediate class of New Aberdeen Hospital holding an at home for the coming graduating class.

Tuberculosis Sanatoriums.

The BULLETIN has carefully avoided any general discussion of this question and simply publishes this as an item of news from a provincial daily.

"Mayor MacVicar has sent out letters to all members of the Medical Society in Cape Breton, members of the clergy and the Executive officers of the different Labor Unions to attend a meeting at the Central School on the afternoon of June 7th, for the purpose of discussing a centrally located sanatorium for the caring for persons afflicted with tuberculosis.

Institute is Addressed by Medical Men.

"The Nova Scotia Nurses' Institute heard three very interesting lectures yesterday at the Public Health Clinic in connection with their Annual Session, being held this week. All the lectures were very well attended and were listened to with great interest by the visiting and local nurses.

The lecture at the morning session was delivered by Miss Ethel Johns, and was a continuation of the lecture delivered by Miss Johns yesterday morning. Dr. H. Scammell, Assistant Medical Superintendent of the Victoria General Hospital, was the speaker at the afternoon session of the Institute. His subject was "Hospital Administration" and he traced the growth of hospitals from the earliest times up to the present. He also made mention of the great development in nursing methods up to the present time.

The evening session, at 8 o'clock was open to the public, and the speaker was Dr. H. Benge Atlee, Professor of Gynaecology at Dalhousie University Medical School. His subject was "State Medicine" and among other topics

he dealt with the present survey of the employment being carried on at the present time. He also spoke at some length regarding developments in hospital nursing methods.

The Halifax Branch of the Nova Scotia Nurses' Institute entertained the outside members of the Institute at a tea, at the Children's Hospital.

(The Halifax Daily Press).

It is somewhat difficult for a medical journal to report satisfactorily upon addresses that have been given by medical men before the audience that happen to be assembled. In this connection perhaps we are not doing Dr. H. L. Scammell and Dr. H. B. Atlee the amount of credit that is due them for material that they have presented to these organizations.

We refer in particular to the Nova Scotia Nurses' Institute at its morning and evening meetings recently held in the city of Halifax.

It is expected that some 80 or more delegates may be in attendance at the Annual Meeting of the Hospital Association.

Our readers will no doubt have read ere this in the Press of the Province what has appeared regarding the proposal to erect a T. B. Sanatorium in Cape Breton. That this matter is not one to be dismissed casually may be inferred from the fact that the Mayors of Glace Bay and New Waterford were associated with our own Dr. Daniel McNeil in ascertaining what would be a proper solution of the problem.

The BULLETIN is neither in a position to say for or against the proposition for it has never been definitely presented to it.

We have in this connection some personal opinions but these in the meantime were very carefully deposited in our waste basket.

Nurses' Training Service. The Women's General Hospital, Montreal, offers a three year course in general nursing to those desirous of qualifying as a registered nurse, the standard qualifies graduates for any Canadian province as well as New York and all other States. Applicants must be at least nineteen years of age and have three years high school. For further information write to the Lady Superintendent, The Women's General Hospital, Westmount, Quebec.

A meeting of the Nurses' Institute was recently held at the Health Clinic. This organization may be assured of the active co-operation of the medical Society of Nova Scotia.

One of the recent V. O. N. Nurses to avail themselves of the special Post-Graduate work in Public Health Nursing at McGill University was Miss Anna MacKenzie who recently arrived at her home in Pictou. After taking the course at McGill she will proceed at once to discharge her regular duties in connection with the order in Liverpool.

Correspondence

Karsdale, N. S., June 16th, 1933.

Dr. S. L. Walker, Secretary.
Medical Society of Nova Scotia,
Halifax, N. S.

Dear Doctor:—

Please accept of my very sincere thanks for the May and June numbers of the *MEDICAL BULLETIN*. While I have not yet had time to read all the articles, I was especially interested in Dr. Smith's "A Year at the Provincial and City Hospital", having been his room-mate during his last year in New York. Such reminiscences are of very great interest to us older men, and Dr. Smith's has, also, great historical value.

I am sorry to say that my attendance at the Saint John meeting of the Canadian Medical is doubtful. I would like to go and meet my Canadian colleagues, but since I lost my voice and am therefore unable to take an active part in the proceeding, I don't like to be reminded that I am now a back number.

A year ago I had the pleasure of meeting Dr. Gosse, and last month Dr. Atlee came to Wolfville and gave us a very interesting and instructive address on the new Dalhousie Medical School. If all Nova Scotia's medical men are as cordial and inspiring as those I have met, including your good self, I shall look forward to meeting more of them and renewing acquaintance with those I have met.

Yours very sincerely,

J. BION BOGART.

P. S. While appreciating the kindly notice in the May *BULLETIN*, I can hardly claim to be "known as a surgeon particularly adept in laryngology and kindred subjects." Beyond the fact that I have suffered the loss of my larynx and have survived the operation over seven and a half years, I have no other claims as a laryngologist.

Medicine Made Easy!!!

If you don't like medicine **SPEAK UP!** Don't accept those **EVIL-TASTING** mixtures which stand beside your bed. If they are necessary for your speedy recovery make your nurse serve them to you in more **PALATABLE** and entirely **HARMLESS** forms. **FOR INSTANCE:**

Pills in lollypops are really enjoyable.

The strongest medicine can be dropped in ice cream sodas without affecting the flavor—(much).

They can give you castor oil in a nut sundae. You won't know it for twenty minutes. Who would suspect that dainty confectionery contained codine, tincture of larkspur and a solution of fish-hooks?

Large doses may require an entire mince pie.

Capsules are crude! They may be concealed in a hot dog."

—(From *Health Rays*).

Our Exchanges

INTERNATIONAL CLINICS.

IF there is one book as an exchange that comes to this office that is more welcome than the *International Clinics* we have yet to receive it. It is not so much that the Clinics are so intensely practical that they are of value to every physician, but the broad field of medical study they cover makes one to feel that they are thoroughly conversant with the entire field of medical practice even if they have only this one volume at their hands.

It is unnecessary to give the table of contents of the last volume received (43rd Series, 1933). From Hyperinsulinism, Cyanosis, Edema, Hypertension, (a Symposium), Surgery edited by Doctors Richardson of Baltimore and Sarma of Chicago, Therapeutics by Houston, Roentgenology by Charles Waters, of Baltimore and other more or less pertinent and interesting material. This makes an entire melange that will be of interest to every reader who speaks for the volume.

J. P. LIPPINCOTT COMPANY,
525 Confederation Building,
Montreal.

The Junior Red Cross for June, 1933, has very good advice for both teachers and pupils. Strange to say vacation is not always the best and most healthful it should be.

"No quotations" but all our readers will endorse the advice given as follows:—

Learn to swim.

"Safety First" is a good slogan in

- (a) Crossing streets.
- (b) Drinking water from unknown sources.
- (c) Deep water.
- (d) Making fires.
- (e) Eating berries or other things unfamiliar to you.
- (f) Handling strange plants or dogs.

Flies are "dragons" you *can* kill.

The BULLETIN is in receipt of an Exchange Copy of the *Faculty of Health*. We do not always in the Maritimes realize the extent of Health Work that is carried on by our Ontario confreres. In this case, however, we must hand them particular service for the contributions they have made to actual health service. The University of Western Ontario, London, Ontario, in its 1933 announcement, calls for our highest commendation is only because we love Nova Scotia more.

Dalhousie University

FOUNDED 1818

HALIFAX, NOVA SCOTIA

MEDICAL SCHOOL

Attention is called to the fact that the number of students who can be admitted to the School each year is limited, and that many applications have had to be refused in the last few years. A selection of the fifty most eligible candidates from the standpoints of academic, moral and manly qualities will be made from those applying for admission.

MEDICAL REFRESHER COURSE.

Each year the Faculty of Medicine arranges a short course of post-graduate instruction for physicians, in which representatives of other Canadian Medical Schools participate. In this course emphasis is placed upon conditions which are likely to come within the experience of every practitioner. It is offered free of charge to all qualified practitioners, irrespective of residence or *alma mater*. This year's course will be given September 4th to 9th inclusive.

FACULTY OF ARTS AND SCIENCE.

Undergraduate courses in

ARTS	SCIENCE	COMMERCE
MUSIC	PHARMACY	FISHERIES
ENGINEERING	HOUSEHOLD SCIENCE	EDUCATION

Graduate courses leading to the degrees of Master of Arts and Master of Science.

Faculty of Law (established 1883)

Faculty of Medicine (established 1868)

Faculty of Dentistry (established 1908)

Each of these Faculties requires a preliminary course of two years in the Faculty of Arts and Science.

Registration for Arts and Science Students. September 25th for new students from Halifax and Dartmouth; September 26th for other new students; September 27th to 30th (12 o'clock noon) for other than new students.

Registration for Law, Medical and Dental Students. September 12th and 13th.

Residence.

Shirreff Hall, accommodates all out-of-town women students of the University.

For information and calendar apply to the Registrar.

OBITUARY

THE BULLETIN regrets to announce the death recently of a distinguished member of the Montreal Medical Profession, Dr. E. H. White, aged 55 years, brother of Senator White. He was the head of the Department of Otolaryngology at the Royal Victoria Hospital and professor of the same subject at McGill University's Medical School.

He was graduated in medicine from McGill University in 1901. Dr. White later studied eye, ear, nose and throat diseases in Vienna, Fredburg and Basle, later returning to Montreal to assume a position at Royal Victoria Hospital. He became head of his department in 1930.

Many of us were well acquainted when Dr. E. H. White was resident in Saint John and we extend our sincere sympathy.

The BULLETIN may in whole or in part use the next issue to pay just, although inadequate, approval of the work accomplished in surgery by Dr. George E. Armstrong, but recently deceased.

A physician of Canada-wide reputation, a university professor of great distinction and the possessor of an outstanding war record, Dr. George Armstrong is dead here to-day. Dr. Armstrong died last night at the Royal Victoria Hospital following ten weeks of illness.

Dr. Armstrong was born in Leeds, Que., in 1854, the son of Rev. John Armstrong and Harriet Ives. He was educated at public schools, Montpelier Seminary, McGill University, where he obtained his degree of medical doctor; Queen's University, where he won his LL.D., and in several renowned medical scholls of England, Germany and France.

For years, Dr. Armstrong was chief surgeon at the Royal Victoria Hospital and Professor of Surgery at McGill University. He was consulting surgeon to several leading hospitals in this city and since his retirement from active hospital and university work received honorary recognition from many parts of the globe.

In 1926, Dr. Armstrong was elected honorary fellow of the Royal Academy of Medicine in Ireland and in 1931 journeyed to that country to receive an honorary degree from Dublin University. He was emeritus professor of surgery and clinical surgery at McGill University at the time of his death.

Dr. Armstrong was a past president of the Canadian Medical Association, the American Surgical Association and the American College of Surgeons.

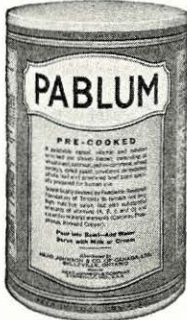
During the war he acted for a year and a half as consulting surgeon to the Canadian Army Medical Corps in England, which led to his appointment to the Surgical Congress of inter-Allied Surgeons and to the Advisory Board of Imperial Consulting Surgeons. He was given the rank of full Colonel in 1917.

It is not often that the BULLETIN has been required to publish matters of such vital issue as this found in our issue.

Grief stricken parents for 48 hours were unable to say which fate had come to the two year old son of Dr. F. T. Densmore, of Dominion. While the worst

MEASURE  PRESCRIBED AMOUNT INTO
 CEREAL BOWL . . . ADD HOT WATER  AND
 STIR WITH FORK . . . ADD  MILK OR CREAM
 AND

Serve



PABLUM

SUPPLIED IN 1-POUND CARTONS AT DRUG STORES

*Pre-cooked Mead's Cereal
 Dried . . . Ready to Serve*

Consists of wheatmeal, oatmeal, cornmeal, wheat embryo, yeast, alfalfa leaf, and beef bone. Supplies vitamins A, B, E, and G and calcium, phosphorus, iron, copper, and other essential minerals.



Sugar and Salt to Taste for Older Children and Adults

PABLUM is unique among cereals. For it is not only richer than any others in a wider variety of vitamins and minerals but it is the only pre-cooked cereal which is dry-packed yet which can be served hot.

To prepare Pablum for the infant, all the mother need do is measure the prescribed amount directly into the cereal bowl and add boiled hot water, stirring with a fork. (Milk or water-and-milk of any temperature may be used for infants—cream for older children and adults.)

This ease of preparation makes Pablum especially welcome in families where the benefits of hot cereals are often denied simply because the process of cooking ordinary cereals is too long and too bother-

some. As it is a dry cereal, Pablum keeps indefinitely and requires no refrigeration. Being dry, only cereal is paid for, not added water. This fact plus the manner in which it is prepared makes Pablum "economical,—no waste."

Like Mead's Cereal, Pablum represents a great advance among cereals in that it is richer in minerals (principally calcium, phosphorus, iron, and copper) and vitamins (A, B, E, and G), it is base-forming, and it is non-irritating. Added to these special features it is abundant in protein, fat, carbohydrates and calories.

Unlike many foods that are "good for growing children," Pablum *tastes good*.

Mead Johnson & Co. of Canada, Ltd., Belleville, Ont. Pioneers in Vitamin Research

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons

was expected it was a relief to have the matter settled even with the melancholy finding of the entire community. As a matter of fact, we are not sure that the community is entirely free from blame in this respect. As a matter of fact our recollection of this incident and its local surroundings, makes us believe this is not the first incident of this nature, and why should there be any repetition?

The BULLETIN of the Medical Society of Nova Scotia is most enthusiastically concerned with the value of human life. That two Main-a-Dieu Fishermen should find the remains of this young son of Dr. Densmore's is only what was expected, but what can be said to the bereaved father and mother.

More and more do we realize that members of our profession are in duty bound to extend their sympathy when occasion offers. There are, however, very many occasions when some physician can offer something of his own feelings that will be very appropriate to the occasion

The remains were laid to rest in the family lot at Maitland, Nova Scotia.

The death was recently noted of Miss Harriett E. Gourley, somewhat prominent in the musical life of Nova Scotia of the last generation. Her sister, Mrs. E. O. Redden, and her daughter, have just returned from Pasadena, California, to spend the summer and the call came at the time of their arrival. To the older readers of the BULLETIN it will be remembered that Dr. John McCullough Gourley was for many years an active practitioner, Sheet Harbour being the chief centre of his activities. We regret to learn that he is at present a patient in the Nova Scotia Hospital. To him and his surviving sister sympathy is extended.

Empire Research.

In continuation of their research work connected with pestological problems in various parts of the Empire, the Imperial Institute of Entomology, Farnham Royal, have recently forwarded through the High Commissioner's Office a further consignment containing *Leucopis obscura*, a predator of *Dreyfusia piceae*, to the Dominion Parasite Laboratory at Belleville, Ontario.

Previous shipments made this year have included parasitized material of *Cephiis pygmaeus* and the Wheat Stem Sawfly.

"It is surprising how well children stand a latent tuberculosis and, because of this, the lightest symptoms or sign must be considered of importance until some other cause is determined. Most, if not all, diagnoses of early conditions, be they infection or of the active adult type, are found when a routine examination is done. Therefore, the need for such examination cannot be too greatly stressed, and especially is this true for the child exposed to tubercle bacilli in the home."

(From *Health Rays*)

"Knowledge is of two kinds; we know a subject ourselves, or we know where we can find information about it."—*Samuel Johnson*.

**BILLON'S
SULFARSENOBENZOL**

(Heretofore called Sulpharsphenamine)

A Superior brand of Sulpharsphenamine

For painless subcutaneous treatment
of syphilis

Perfectly tolerated, SULFARSENOBENZOL
is particularly indicated for treating children
or whenever the intravenous method is not
practicable.

Offered in gradual dosages of from 0.05 Gm.
to 0.96 Gm.

Laboratory Poulenc Frères of Canada Limited

For literature and samples,
Apply to the Canadian Distributors:

ROUGIER FRÈRES

350, Le Moyne Street, - MONTREAL

Personal Interest Notes

DR. E. D. SCHURMAN of Halifax was recently visiting his parents on Victoria Road. He has been on the staff of the Women's Hospital and is now going to New York for X-Ray work.

The following members of the Nova Scotia Medical Society attended the Canadian Medical Association meeting at Saint John: Dr. K. A. MacKenzie, Dr. W. Alan Curry, Dr. H. G. Grant, Dr. N. H. Gosse, Dr. G. R. Burns, Dr. H. B. Atlee, Dr. E. K. Maclellan, Dr. S. R. Johnston, Dr. G. H. Murphy, Dr. R. P. Smith, Dr. M. A. B. Smith, Dr. Fraser MacGregor, Dr. J. J. MacDonald, Dr. Hugh MacKay, Dr. R. M. Benvie, Dr. Dan Murray, Dr. J. C. Morrison, Dr. P. Belliveau, Dr. A.B. Campbell, Dr. J.R. MacLean, Dr. G. Ronald Forbes, Dr. A. F. Miller, Dr. B. Eaton, Dr. T. R. Johnson, Dr. P. S. Campbell, Dr. Freeman O'Neil, Dr. Wm. Grant, Dr. Malcolm Macaulay.

If we have forgotten others we are sorry. This is not an official list.

A recent welcome visitor to New Glasgow was Dr. Charles Spiro a former practitioner in this town. As a matter of fact, from what we gather we believe he was on his honeymoon.

In making our personal notes of doctors who have been of considerable service in the community mention should be made of Dr. H. L. MacKinnon of Berwick who has held a 24-year record as an athlete. In any case some of his athletic achievements are mentioned as follows:—

“Outstanding among the brilliant events of the day was the feat of Earl Oldham, of Woodstock, N. B., who hung up a new Canadian Intercollegiate shot-put record when he heaved the 16-pound iron ball a distance of 39.2 feet. He broke a record of 39 ft., 1½ in., set in 1909 by Hugh MacKinnon, who represented Queens College in a meet in Toronto.

The BULLETIN records the fact of the wedding of Miss Flora Ritchie Harrison, June 24th, to Dr. E. K. Woodroffe, of Canning. Until recently Miss Harrison was physical instructor at Dalhousie University. She is also a graduate of the University. Hearty congratulations are extended to the newlyweds.

A two-day session of the Nova Scotia Pharmaceutical recently concluded held at the Cornwallis Inn, Kentville. Dr. J. P. McGrath was one of the speakers on the programme. The Annual Banquet was very largely attended. The Board of Directors was made up of C. R. Bell, Prof. C. B. Nickerson, H. D. Maddin, J. McLeod and G. S. Kinley. General regrets were expressed in



AYERST MEDICINAL CHARCOAL

Send this Coupon to

AYERST, McKENNA & HARRISON LTD.,
781 William St., Montreal.

and we will gladly send you a free package
of Ayerst Medicinal Charcoal.

NAME.....

ADDRESS

FOR THE ADSORPTION OF TOXINS OR GASES

Ayerst Medicinal Charcoal Carbo Medicinalis C. F. is specially activated, possessing an adsorptive power forty times greater than that of ordinary wood or animal charcoals.

Administer as a first aid measure in case of poisoning from alkaloidal substances such as strychnine, morphine, atropine, etc., various forms of mercury, arsenic, iodine, or pot. permanganate, lysol or fungi.

Ayerst Medicinal Charcoal is also available in six grain tablets for greater convenience in the treatment of flatulent indigestion, dysentery and diarrhoea in adults and children. Ayerst Charcoal is odourless and tasteless.

**AYERST,
McKENNA
& HARRISON
LIMITED
MONTREAL**

Pharmaceutical & Biological
Chemists

the passing of E. S. Blackie, Annapolis Royal, a member of the Council from 1899 to 1909 and Secretary of the Board of the Association for seven years, also Arthur D. Dickson of Port Hawkesbury, a former resident of Kentville.

Liverpool is to lose Miss Ferguson their V. O. N. She has given good service and it is hoped a substitute will soon be obtained.

We are glad to note in recent newspaper reports that Mrs. Atlee, mother of Dr. H. B. Atlee, has greatly improved in health.

Among Cape Bretoners at home recently were Dr. Hugh S. Cameron from the Royal Victoria Hospital; Dr. and Mrs. D. R. McLean, Dr. and Mrs. Burchell, as well as those at the Saint John Medical Convention.

Freedom of the City. We are glad to learn through High Commissioner's Weekly *Bulletin* that Rt. Hon. R. B. Bennett, "Canada's Prime Minister, received the freedom of Saint John, New Brunswick on, May 18th, when he attended celebrations in honour of the 150th anniversary of the founding of the City."

We knew he was always welcome there, but now he can come and stay as long as he likes.

Research Work. At times we are inclined to think that Medicine is but a phase of activity of medical men; but when we remember that there are many diseases affecting both the animal and vegetable world, no one will be surprised that the latest Empire Research says: "In continuation of their research work connected with pestological problems in various parts of the Empire, the Imperial Institute of Entomology, Farnham Royal, have recently forwarded through the High Commissioner's Office a further consignment containing *Leucopis obscura*, a predator of *Dreyfusia piceae*, to the Dominion Parasite

Mrs. (Dr.) Churchill and Mrs. (Dr.) Miller spent a portion of a holiday in Halifax during the latter part of the month of June.

Our good old friend, Dr. J. W. McLean, of North Sydney, left recently for a trip to Peterborough and adjacent cities. We trust he has the pleasant vacation that he needs very much.

A well-known osteopath of Truro has been arrested for arson and the matter is still in the law courts.

The illustrated news of the City Press advises us that Dr. W. D. Forrest has been re-elected to head the Halifax Board of Health for the coming year.

Dr. H. L. Scammell, Assistant Medical Superintendent at the Victoria General Hospital, and Dr. H. B. Atlee, Professor of Gynaecology at Dalhousie Medical School respectively, addressed the sessions of the Nova Scotia Nurses' Institute at the morning and evening meetings. Dr. Scammell's subject was "Hospital Administration" and Dr. Atlee, who is also a well-known fiction writer, spoke on "State Medicine."



THE BOTTLE OF MUTTON GRAVY THAT SHOOK UP ALL EUROPE

DID a partial solution of the origin of life lie in this bottle of mutton gravy? This question threw eighteenth century Europe into a furore when Father Needham, an English priest, announced that he had found thousands of microscopic animals in the liquid—though he had boiled and sealed it in an effort to keep it absolutely sterile. "Life," concluded Needham, "can come from dead matter."

Kings and princes throughout Europe lionized Needham and hailed him as a great discoverer. Scientific societies besieged him with invitations to lecture before them . . . Meanwhile in Italy, Lazaro Spallanzani, priest and scientist, quietly repeated Needham's experiments. And he proved that Father Needham had made one "slight" error—he

had not sealed his bottle tight enough!

Spallanzani checked and rechecked his experiments; his conclusions were always the same. "Life comes only from life," he told the world calmly. "Even a microbe has its family tree."

Nowadays every research worker must be a Spallanzani. For the medical researcher is constantly exploring dark, uncharted byways. And, naturally, the blind alleys, the false leads, the tempting avenues of half-truth and pseudo-science, all have to be recognized and avoided if real progress is to be made.

Such is the spirit of the Parke-Davis laboratories. Steadfastly adhering to the high ideals that are woven into the fabric of the organization, our devoted men and women take a keen personal pride in the uniformly high quality of the many products that bear the Parke-Davis label.

PARKE, DAVIS & COMPANY

The world's largest makers of pharmaceutical and biological products

Dr. Ross Faulkner, F.R.C.S., New York, and Mrs. Faulkner arrived last week at their summer home in Chester. On Saturday Dr. Faulkner returned to New York, but will arrive back later to join Mrs. Faulkner for their summer holiday season.

Dr. W. W. Woodbury, D.D.S., presided at and presented the prizes at the closing of the School for the Blind.

Wallace Roy, son of Dr. and Mrs. A. K. Roy, spent his summer vacation with his family at Sydney Mines and will continue his studies next year at Mount Allison.

Married. On Monday morning, June 5th, in Holy Trinity Church, Yarmouth, Nova Scotia, by the Rector, Rev. H. L. Haslam, Anna Frances, daughter of the late Dr. A. M. and Mrs. Perrin, Yarmouth, and Mr. Morris Penn Spicer, son of the late Rev. Canon John Morris Spicer, Malen Parish, Isle of Man.

(Mrs. A. M. Perrin did not need to ask the courtesy of the BULLETIN in the publishing of this personal item of interest).

The newspapers announce that Dr. J. R. McNeil, who recently returned from the Old Country where he has taken post-graduate work, has opened an office on Main Street, near the corner of McKeen Street, Sydney. Dr. MacNeil, who hails from Inverness and is a graduate of Dalhousie University, is well-known, having substituted for Dr. Tompkins at Dominion, Dr. MacDonald at Reserve and Dr. Meahan at New Aberdeen. (*Post-Record*).

Dr. T. L. McDonald of Somerville, Mass., was a recent visitor in Nova Scotia, particularly concerned with the very good people of Pictou County and some of his connections at Acadia University.

The newspapers advise that Dr. Frederick Granville, who was graduated from Dalhousie this year, 1933, will take up his residence in Bedford for some time where he will be associated with his brother, Dr. E. T. Granville, of that town.

Dr. H. K. McDonald, of Halifax, spent a week-end recently at his former home at Lyon's Brook, Pictou County.

Dr. Hugh Martin, graduate of St. F. X., and of Dalhousie, has been appointed Port Physician at North Sydney succeeding Dr. Lloyd Meech. During his college days, both in Antigonish and in Halifax, Dr. Martin was noted as a hockey player. Since graduating from Medical College he has been associated in practice with Dr. Johnston at Sydney Mines.

There were several medical men in the city this week, just passed, who might have and perhaps tried to call on the Medical Secretary. Among these were Doctors G. M. Young, F. J. Tompkins, A. D. McLeod, John D. McLeod, Dr. James Ross, Sydney, and some more of them might have said "hello".



When attending
THE DALHOUSIE REFRESHER COURSE AND THE ANNUAL MEETING OF
THE NOVA SCOTIA MEDICAL SOCIETY

You will enjoy staying at

The Lord Nelson Hotel

By the Gardens

Halifax, N. S.

Single Rooms - - \$3.00 and \$4.00
Double Rooms - - \$5.00 and \$6.00

If you plan a dinner or supper party for resident or out-of-town friends — phone for a reservation at the Lord Nelson. Stimulating cuisine, agreeable service and reasonable charges make the choice a wise one.