HARRY GOUDGE GRANT

M.D., C.M. (DAL.), M.R.C.S., L.R.C.P.

Dean of the Faculty of Medicine and Professor of Preventive Medicine, 1932-1954

Secretary of The Medical Society of Nova Scotia 1933-1954

1889-1954

IN MEMORIAM

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THE CANADIAN MEDICAL ASSOCIATION

I never knew how H. G. Grant came to be known by his close friends as Pat. I do know, however, that somehow the name suited him admirably. We of the Canadian Medical Association secretarial family who knew him best in our own "select" circle thought of him as being solid, substantial and frank; always ready to debate an issue on its merits; quick to concede a point when convinced that that was proper; a man whose friends and associates could understand and appreciate without a rule book.

When the sad and totally unexpected news came of his passing we were in the midst of preparations for our next meeting together in Vancouver in June. It was at the C.M.A. Meeting in Halifax in 1938 that the first Secretarial Conference and Dinner was held. Pat loved this annual dinner, and could be counted upon to add his full share to the happiness and success of the party.

I know I may speak for every member of the Secretariat, both centrally and in the Divisions, in extending to Mrs. Grant and the family a very sincere expression of sympathy in their sad bereavement.

T. C. Routley

THE MEDICAL SOCIETY OF NOVA SCOTIA

The passing of Doctor H. G. Grant has come as a profound shock to me.

It was my great pleasure to know him dating back to our school days at Dalhousie University. He was always highly esteemed by all who came in contact with him, especially by the students who passed through the University. He possessed a capacity for friendship that few men can equal.

Following his graduation, Dr. Grant spent a few years in general practice. He then answered a call to take over public health work in the United States. After some five years at this special work, for which he received the acclaim of different state governments, he returned to his Alma Mater to take up the duties of Dean of the Medical School.

At this time, the Medical School required a great deal of organization. This meant much hard work on the part of Dr. Grant but he was determined to make a success. By counselling and guidance of the younger men on the Faculty, he inspired ambition and spurred them on to greater effort. Going out, he contacted various Canadian and American Corporations for endowments which were used to strengthen and improve the teaching facilities of the University. How well he accomplished this task, is borne out by the fact that in ten years, Dalhousie University attained the enviable position of one of the leading Medical Schools of America.

Dr Grant also took over the duties of Secretary of the Nova Scotia Medical Society at this time—a duty which he carried out very efficiently, always attending to every least detail of our Annual Meetings.

While talking to him just the day previous to his death, he informed me with a great deal of pleasure, that everything was in shape for our Meeting in September. He assured me that we should have a very successful meeting. The thought occurs to me at this point, to suggest that we should all make a sincere effort to attend the Annual Meeting—as a tribute of respect and honour to the memory of Dr. Grant.

One of his greatest pleasures in life was fishing and he loved to sit down and reminisce on his experiences in salmon and trout fishing.

Genuinely loved and respected, he leaves behind in the hearts of his confreres a deep and saddened sense of the loss of a true Christian Medical gentleman.

M. G. Tompkins

DALHOUSIE UNIVERSITY

Only two days ago his friends in the Medical School were making plans for a suitable tribute and expression of good wishes to Dean Grant on the occasion of his approaching retirement. With shocking suddenness the plans had to be changed. The opportunity for me, as Dean elect, to pay personal tribute to Dr. Grant therefore comes under sadly altered circumstances. Nevertheless, I wish to express the same thoughts that I would have conveyed to him personally in the presence of his friends if I had been afforded that opportunity.

I am proud to succeed H. G. Grant as Dean of the Faculty of Medicine of Dalhousie University. Proud, not simply to be associated with this illustrous university and to hold the senior post in the Faculty of Medicine, but, more than either of these, proud to have the distinction of following in the footsteps of a man whom I have grown to admire more and more over the years of our association and, I am pleased to say, of our friendship.

As the junior member of Dr. Grant's own department, I was privileged to have a closer association with him than many other faculty members. I grew to understand and appreciate his quiet but tireless efforts to improve medical education and research, efforts which were not always immediately successful but which he continued to pursue with undaunted persistence.

Sometimes it is difficult for us to see the wood for the trees. The immediate problems loom large and we forget all too quickly the past successes. Dean Grant was trained in the field of Preventive Medicine, in which a long range view is the sine qua non. He did not believe in flashy cure-alls or the sudden magic answer to the problems of medical education. He looked far into the future. To measure his success we must look back over the past. When we do, we see that the progress of Dalhousie Medical School during the twenty-two years of his leadership was tremendous. This progress is indicated by any index or criterion one may select, the increased student enrolment, larger full time staff, a six fold increase in the budget, and more extensive and valuable contributions to medical research. By any criteria of quantitative or qualitative measurement, the soundness of his leadership becomes apparent.

Perhaps the most striking feature revealed by such a backward glance is the sudden realization that all these advances were achieved during a 22 year period of unremitting stress. Dean Grant piloted the medical school through almost continuous stormy weather. First came the depression—when the closing of the medical school was narrowly averted, largely through his efforts. World War II followed almost immediately, with its accelerated courses, depleted staff, and the crowded nerve-straining problems of life in a major military centre. The post-war period with its influx of students, spiraling inflation and numerous other frustrations and problems was perhaps even more trying than the other two.

He will be sadly missed by his friends at Dalhousie, but the medical school as he moulded it soundly and well, will remain as his finest memorial.

C. B. Stewart

AN HOUR TO REMEMBER

As years pass and one friend after another joins "the great majority", I find myself unconsciously associating them in memory with a certain occasion or a particular incident. This incident reveals for me the character of the person and on recollection is the focal point of many kindred memories.

I first knew Dr. Harry G. Grant in 1924, when I was a student and he lectured in the Dalhousie Medical School on Diseases of the Chest, and was at the same time Medical Director of the City Tuberculosis Hospital. I can remember his lectures as outstanding examples of conciseness and clarity. Not long afterwards he went to the United States to engage in public health work and it was not until his return in 1933 as Dean of the Medical School that our acquaintance was renewed. From that time onwards, at times closer than at others, our association was constant.

It was a cold, wet day in early Spring. We were on the train returning to Halifax from Fredericton, where we had been interviewing prospective students of Medicine at the University of New Brunswick. As the train threshed out the tedious miles we were discussing the young men and women we had

seen the day before, their ideals and ambitions. We talked of the long road ahead of them and wondered what sort of physicians they would make in the days to come and what kind of world they would have to face.

"You know," said the Dean for no particular reason, "I graduated a year behind my class."

"I was in the class of 1911 at Dalhousie, but my brother was ill, and I went with him to Muskoka and stayed with him. That was the reason I did not graduate until 1912."

He then went on to tell me of the weary months at Muskoka and, whether he was conscious of it or not, to me it revealed a love for his brother which explained many things in his after life. Was his interest in diseases of the chest the result of this experience? I think so. Was his later absorbing attachment to preventive medicine a development of the same idea? It would seem to be a reasonable belief. But above all it seemed to explain to me, as nothing else could, the attitude I had seen him exhibit through the years to his students in Medicine. Accustomed as we had been to the paternalism of Dr. John Stewart and Dr. W. H. Hattie, his predecessors, the attitude of the new Dean in 1933 was strikingly different. Now to me it was all clear. These boys were not his children, they were his brothers. That was the way he treated them. It was a man to man attitude which some of them did not then understand. It was different. It did not solve their problems; it helped them to do this for themselves. It gave them self reliance and self respect. Now I could see the reason for the questions he had been asking these youngsters the day before. How did they spend their summers? What did they work at? What games did they play? The queries seemed so remote from the study of medicine, but it was their character he was probing.

It explained his great capacity for fellowship with those who understood him; with "Joker" and with "At." as he affectionately called them. To me it was the keynote of the character of Harry Goudge Grant. All men of good intent are my brothers—not my fathers to be reverenced, not my children to be guided, but my equals, with whom life must be faced shoulder to shoulder or not at all.

From that day on I saw the Dean through new eyes, and it is in that fine and manly setting that I shall remember him.

H. L. Scammell

PAT.

In three years it would have been fifty since we gathered as freshmen in the old building at the north-east corner of Carleton and College that then represented the Medical School. From the beginning we were friends. He taught me—although I proved a poor pupil—how to play poker. Later, it was at his urging that I joined him at 3 Upper Bedford Place, London, in postgraduate study, where he ciceroned me around the hospitals.

In his company I first saw from the top of the dome of St. Paul's the smoke of London's million chimneys flying before the west wind. In his company I first stood in the Poet's Corner in Westminster Abbey, saw for the first time

at the National Gallery the glories of Rembrandt and Michelangelo, heard for the first time at Convent Garden the unforgettable trio of Destinn, Scotti and Caruso, lost at the Derby Day races at Epsom my first pound.

Later still, it was at his urging that I came back to Halifax and with him and Joker Lyons started a somewhat ill-starred clinic on Gottingen Street. At that time Gottingen Street was more or less the centre of the shipyards employees, a fair number of whom became our patients. The three of us went up to see the launching of the last ship built there and as she slid into the Harbour, Joker turned to us and said: "There goes our practice." And so it proved.

Pat left Halifax and, for a few years, our ways parted, while he became an expert in public health in the American south, in preparation for the call that eventually brought him back to Dalhousie as Dean. Few Deans can have had a better preparation. He had spent five years in country practice at Rose Bay. He spent three years studying internal medicine in London, and while with us at Gottingen Street was a specialist in the field and taught it in the Medical School. Then followed the years in preventive medicine. This apprenticeship in the three major fields gave him a splendid background as an educator, and an abiding sympathy for the men working in those areas of medical endeavor.

To me the outstanding quality he showed as Dean was his quick and visionary imagination. In the presence of a new idea his mind readily caught fire, and he was amazingly sympathetic to a new idea. You had only to go with him with a thought, a plan, an experiment, and he leapt at it. As this quality was combined with an invincible optimism, he often promised more than he was able to deliver—but he tried. And if many of the plans and experiments and ideas he backed so enthusiastically came to naught, it was usually because somewhere higher in the hierarchy he ran into an ardor less sanguine than his own.

If sometimes he forgot, and affairs languished, perhaps we also sometimes forgot—forgot the things he did in the last 20 years to build up the Medical School. Only one or two of us know how much the new Library owed to his endeavors; indeed, I am firmly convinced that but for him we would not have it yet. He persuaded us—rather against our will—to adopt the clinical fourth year that has proved such a boom to the medical student. When he became Dean, the annual budget of the school was under a hundred thousand dollars: it is now several hundred thousand. How was this increase achieved? Mainly as a result of his efforts. He laid the many trains, did the quiet dogwork, conducted the preliminary pourparlers—even though others stepped in at the end to put the final comehither on it. Nor did it seem to bother him who got the credit, so long as the Medical School got the money. What really did bother him was that he was never sure that the School was getting *all* the money that came in.

While he would carry the torch for any and all of us, he was particularly concerned with the full time men. These, being on salary, and low salary at that, he felt to be vulnerable in a way that we others were not. He did what he could not only to secure their tenure but to increase their pay and

make available the lifeblood for their researches. The fact that he failed sometimes also bothered him greatly.

I can never recall his doing a mean or underhanded thing. He had to do many things that were difficult and unpopular; he had to hurt sometimes—but he was never shabby in such dealings. Perhaps this was the result of his generosity, of his modesty, and of those other qualities that made him a gentleman in the genuine meaning of the word.

Sometimes we were impatient with him. Often, he seemed to move more slowly than we thought he should. Perhaps in so thinking, we failed to realize how desperately sometimes he was caught between the upper millstone of our needs and the nether millstone of authority. His could not always have been an enviable position under circumstances where he had to—and did—preserve a loyalty to both sides. But the thing we could always be sure of was that he was an indomitable enthusiast for anything that would better the Medical School.

When you have gone to college with such a man, when you have seen Europe with him in the springtime of your lives, when you have been his partner, when you have had him for a leader in your profession, when you have sat innumerable nights by his or your fireside talking of this and that (but mostly the Dalhousie Medical School) what happened the other day is a terrible wrench. Something has gone that can never be recaptured—something that is tied up with youth and the high tide of manhood—both of which could somehow be renewed in those fireside conversations, but can now no longer be so renewed.

Vale, Pat, it was a great privilege to have known you.

H. B. A.

THE NOVA SCOTIA MEDICAL BULLETIN.

The Nova Scotia Medical Bulletin expresses at this time its sincere sympathy to Mrs. H. G. Grant and her three sons, Arthur, Harry and Robert, on the untimely passing of a beloved husband and father, the late Dean Grant.

C. M. Harlow

THE ROCKEFELLER FOUNDATION
49 WEST 49th STREET, NEW YORK 20

CABLE ADDRESS:
ROCKFOUND, NEW YORK

Dear Grant:

Thanks for your note. I'm delighted that you not only have a job nailed down but that you had a choice.

And you may be sure that if I ever get anywhere near Halifax I'd signal you and we'd make as fine a pair of Emeriti as even Nova Scotia would wish to see.

I think you've done a fine job and I wish all the people I've dealt with in the last 30 years were as reliable and as agreeable as H G Grant of Dalhousie

Best of your Well Deserved Luck

Alan Gregg

Big Sur California

March 22 1954

Obeying The Doctor's Orders*

H. W. Schwartz, M.D.,
Halifax, N. S.

AS you were unable to join me on this trip I remember having promised to tell you about it on my return. It is well recognized that no two eye witnesses of an event, such as an accident, ever tell identical stories. You may find my observations to differ from that of others who have been over the selfsame ground. You must not consider one to be right and the other wrong but rather what impressed one was not even noticed by the other. The particular circumstances prevailing at the moment may determine the lasting impression. A photograph taken of the same scene at noon and sunset can be so different as to appear almost unrelated. What my descriptive powers fail to convey I hope some pictures will piece out so that the whole will prove to be more or less intelligible.

My doctor's suggestion that the circulatory system would benefit by being spared the rigors of the Canadian winter needed no emphasis. No physician ever received such wholehearted co-operation. This combining of our annual holiday with such specific medical treatment did appeal to both reason and inclination as neither my wife or I had ever been "South." True it would be months before we could start but that didn't make any difference. The bags and cases of one kind and another were brought from the attic and the packing commenced. Tourist literature began to arrive addressed to my wife; it was plain to be seen that no stone was being left unturned to carry out the doctor's orders. The "come on" pamphlets with their maps, photographs of bathing beauties and scenic wonders were all very fine, but what about reptiles, ants, bugs, humid heat and the denizens of the deep who would take a nip of a Nova Scotian in the twinkling of an eye. "Greenland's icy mountains" might after all be better than "India's coral strand." However, the doctor did say "South."

Should we travel by motor-car, train or aeroplane? As we had to start so late in the season the chances of being ditched on an icy road were so good that the car was decided against. A train wreck would probably be even worse. The aeroplane was deemed the safest and certainly the quickest. If it did not stay up, we would hope to fare as well as Enoch "who was not; for God took him."

Weighty decisions had to be made considering that eventually we would have to pass from the tropical to the temperate in the early Spring. Should it be the tie with the stripes or the one with the dots, or the light weight or the light coloured pants—I mean trousers. Do you remember our old teacher Kitty MacIntosh and the nouns, verbs, adjectives, pronouns, prepositions and conjunctions and which governed what and the supposed why? She surely would feel flattered if she knew that all I remember of her teaching is that "gents wear pants and gentlemen wear trousers." It is odd the impressions that remain and influence throughout Life. Take for example the late Pro-

*This title is given to a letter received by one of our colleagues who thought others might like to read it, and is published with the writer's consent.—The Editor.

fessor Ebenezer MacKay, Professor of Chemistry at Dalhousie, the very personification of preciseness. No sloppiness was tolerated by Eben. There were no half-way measures—either it was or it wasn't. I can still see Eben holding the flask or beaker up to the window as he inspected it before returning it to stores. If a speck of dust or the suggestion of a finger-print could be recognized it wasn't clean and the exasperated student had to renew the dusting, washing and polishing operations. Talk about operating room technique! You might not be able to infect a chemical but it could be easily contaminated. To this day I never remove a cork from a bottle without thinking of Eben. You will remember how the glass stopper was grasped between the index and middle finger, palm turned upward, the stopper removed and held so, whilst pouring some of the contents—woe betide the unfortunate who permitted the stopper to touch anything. Nor do I ever remove a grain of powder from a bottle without thinking of Eben. Just think what would happen to a student who resorted to the "salt and pepper shaker" practice! Throughout the years I have endeavoured, in Eben's name, to pass on to my internes and nurses some of his exacting procedures.

To make a long and exciting story short sufficeth to say the baggage was in the front hall, locked and labelled forty-eight hours before there was any need for it being there. The morning to be called for by T.C.A. finally arrived. At a time long before the neighbours would be up the taxi came so there didn't seem any necessity to follow the example of John Gilpin, that "citizen of credit and renown" and have the limousine "stop three doors off" lest all might think that he was proud.

We arrived in Toronto that evening and the following morning boarded a "North Star" for the five hour non-stop flight to Tampa, Florida. It may sound unsophisticated, naive and positively childish to express wonder at so common an event as a great machine weighing tons, loaded with fifty-two passengers, crew and baggage, travelling miles above the earth and the clouds at an outside temperature away below zero, but at a comfortable 70° within the pressurized body of the plane where a hot, full course meal is served with the appropriate trimmings before and after.

So we arrived in St. Petersburg, the seeming mecca of the halt, the lame and the generally dilapidated. Reduced to only one cane I felt as if I had no business in this undertaker's paradise and felt threatened with a sense of guilt for taking up room that should be occupied by the more needy. This, I must acknowledge, is slightly exaggerated. Children are seen from time to time along with blondes and would-be blondes, but the elderly and the handicapped do receive special consideration, not so noticeable in other cities. In the down town or shopping area the streets at crossings are gently inclined so as to become flush with the side-walk which make it easy for the wheel-chair type of conveyance. The side-walks are exceptionally wide permitting the placing of the famous green benches at right angles to the curb. It is very comforting to be able to sit and rest as the bodily need develops. It is said the lonely of heart find equal solace as it is quite in order for a stranger to address an unaccompanied member of the opposite sex. The story is told of a woman who left her husband on one of these benches when she went into a store. On her return she was warned off by a woman who said "Move on, I got him first."

So you see handsome men do run a definite risk, beyond the normal or average. Happy matches are, however, credited to these green benches. They remind me of an advertisement which appeared in a Regina newspaper—"For Sale—a love seat which opens up into a double bed."

The churches seem to be unusually well attended, most of them having two morning and two evening services, and your attention is directed to the existence of ramps for those unable to use steps. You may say, well, what else would you expect of a population composed of so high a percentage just tottering on the edge of the grave? This, however, is not the case as youth appears to be as interested as the elderly, and it was nice to learn that the Fourth Commandment is still remembered. St. Paul suggested we be temperate in all things and this may be applicable to remembering the Sabbath Day to keep it holy. Some years ago in my late father-in-law's congregation in Cumberland County there was a man who put the harness on the horse Saturday night. (Just think how uncomfortable the animal would be on a sultry August night.) However, he didn't spare himself as he put on his starched shirt at bedtime and slept encased in this armour. It is hard to figure out how God, beast or man benefitted from such folly. The high water mark of Sabbath observance is held by a farmer in Newfoundland who separated the rooster from the hens and locked up the riotous old bird over the week-end.

Speaking broadly Florida is man made. Not only is this so in the sense of developing a vast tongue of land separating the Gulf of Mexico from the Atlantic Ocean composed of sand, swamps and sluggish streams inhabited by venomous snakes, alligators, panthers, wild-cats, etc. etc., but man made in the sense of actually creating islands and extending the mainland where growth is desirable. Areas now laid out in streets with hundreds of bungalow homes were beneath the sea a year ago. This great State is not much more than a glorified sand-bar averaging only a few feet above sea level and its shelving shore extends for great distances out to sea. So sand is the one thing that would seem to be inexhaustible. When we build a causeway in Nova Scotia a mountain of solid rock is first reduced by dynamite and then dumped into the sea whose depth may be very great a few feet from the shore line. Here causeways many miles in length are created by pumping or sucking the sand from the adjoining sea bottom. Although the eventual highway may be a two to four lane the supporting sand-bar may be upwards of a hundred yards wide which is secured by vegetation—palmetto palm and Australian pine—against stormy weather.

Velvety lawns as we are familiar with in the north are practically non-existent. Those lawns that do exist are of a very coarse grass and even those represent endless coaxing, watering and fertilizing and battling against insect life. A new-comer not understanding the matter sent a sample of what she called soil to the Department of Agriculture and asked what was lacking and received in reply, "Dear Madam—Everything is lacking except sand."

One of the most unusual sights to the northerner is a grey plant (Dendropogon Usneoides) known locally as Spanish Moss which drapes itself over trees in the most profuse fashion. It is not a parasite but an air-plant and appears to thrive on a telephone wire as well as on trees. Strange to say it

does not grow on palm trees (I tried to contradict this claim but failed) and of course is not permitted to do so on fruit trees.

We took a trip to Miami and were much impressed by its size—its magnificent buildings, both public and private of one kind and another. The one that took my eye was that of the law courts some twenty-five stories high—the jail occupying the top five. Escape would be hazardous. The view the finest of its kind may exert an uplifting influence on those in residence. A cruise along the water front was taken. The mansions of the reputable and the disreputable were pointed out and the layouts did seem to deserve the adjective fabulous as the Joneses tried to outdo the Joneses. Three estates built side by side constituted a rather amusing assortment and called locally "cough-drop row" are owned by the proprietors of Ludens, the Smith Brothers and Father John's Medicine.

Miami Beach—built on twenty-one islands (the twenty-third well underway)—only two of which are there by Nature, is the ultra swanky and is joined to the mainland by a number of causeways. To the quickly passing stranger it appeared to be an assortment of hotels.

That the adjoining cities of Miami, Coral Gables and Miami Beach should arise where sea and jungle held sway a little over fifty years ago seems almost unbelievable.

Returning to St. Petersburg by way of the east side of Lake Okeechobee, the second largest lake in the United States, we passed by miles of canals which drained the Everglades in this region. As a result there was brought under cultivation a huge area of very rich soil now devoted to cattle raising on a great scale—sugar-cane and truck gardening, making it the winter vegetable capital of the United States. Further along we passed where open mining of a vast phosphate deposit was being carried out and had an opportunity to examine fossil remains of the enormous creatures that once roamed hereabout millions of years ago. The central part of the State is very gently rolling—an approaching car may dip out of sight momentarily. The monotony of mile after mile of citrus fruit groves is frequently relieved by a beautiful lake and the senses delighted by trees in blossom and the air filled with their fragrance.

A hard working farmer becoming irritated by the picture painted by his minister of all that God had done for him—in fact that his part consisted almost exclusively of reaping the abundant harvest—took the minister to the other side of the field and pointing to a jungle of weeds, bog and bramble said, "There is where God left off." God supplied the climate. Man contributed a great deal to transforming this almost forbidding land into a fruitful garden. Speaking of gardens brings to mind the story of Adam taking little Cain and Abel for a walk and on passing the Garden of Eden said—"There is where your mother ate us out of house and home."

Now that we are on the subject of serpents it may be mentioned that the local newspaper carries from time to time an item to the effect that so and so died from snake bite. According to an article in "Tropical Medicine" snake bite may be treated successfully by resorting to cryotherapy (use of cold). It is based on the principle that the body can deal with minute amount of a poison that otherwise would prove fatal. A tourniquet is promptly placed about the limb which is then immersed in ice water. The tourniquet may be

removed in half an hour by which time the part is well chilled—the local circulation depressed to the point of slow absorption of the venom. The limb may have to be kept chilled up to twenty-four hours.

Those whose duties expose them to such risks are advised to go armed with ethyl chloride to tide them over until proper treatment can be carried out.

You have heard it said that the meat packing industry utilizes all of the hog except the squeal. Fish processing plants tolerate no waste and the dieing wiggle, a theoretical source of energy, alone escaping capture. Citrus fruit juice canneries also avoid all waste. The remains of peel and pulp are prepared as a food for cattle. We were assured by the sign that "Cows moo for it."

Restaurants advertised "hush puppies." On inquiry I found it referred to a very tasteful southern preparation of cornmeal. To quiet ravenous young animals a piece of this food would be tossed to them from time to time in order that the humans might get along with their meal in relative peace. The term "hot dog" has become quite familiar. I am at a loss to tell you its origin. This is an example of our language saying what it really does not mean. We say "second hand clothing." In New Zealand they say "left off clothing." The meaning is identical. In a newspaper the following advertisement appeared—"Jeanette has left off clothing of every description and invites inspection." You understand what I mean?

We had an opportunity to go to Sarasota and visit the Ringling Circus in its winter quarters and watch girls, men and animals being drilled in their respective parts in an outdoor two-ring arena. Not far distant is the Ringling Museum of Art built on a scale and in a style that did justice to the imagination and showmanship of the energetic Mr. John Ringling and his devoted wife, Mable.

Our next move was to fly to Jamaica. What! Not a screen and this in the tropics. What is this world coming to in this year of Grace? We had made a reservation for four weeks and the problem seemed to be just how quickly could one withdraw. After all we had selected the place from the catalogue of places sent us by the Tourist Bureau—the deciding factor being its reasonable rates and 2,400 ft. elevation. However, the plane was late in arriving, the night was by now far spent and the remainder would probably pass in safety if the window were battened down and the door locked. Taking a final look at the glittering spectacle of Kingston, some seven miles distant as the crow flies—and "so to bed" as Pepys would say.

On awakening and looking up to the mountains, across to the mountains and down from the mountains to the plain and sea beyond was surely sufficient to arouse the soul "to wonder, love and praise." Breakfast was served on a verandah and fresh fruit and honey were in evidence. Now honey is to the fly what a magnet is to steel. Not a fly. Perhaps after all we should not be too hasty about leaving. Instead of a month it became nearly two and during that time only one house-fly put in an appearance and that was disposed of without a moment's delay. Doubtless this freedom from flies is due in part to the shy little lizards that were quite common about the place.

Comparisons may be odious but I have been asked so often which is the more attractive that I thought to anticipate your question and to tell you about what I saw and leave it to you to decide.

Apart from the cultivation of citrus fruit Jamaica and Florida are as different as daylight from dark. Jamaica is very mountainous. Florida is very level, its very highest point being only 324 ft. whilst that of Jamaica is 7,388 ft. Jamaica doesn't appear to have any lakes whereas Florida is said to have upwards of 30,000. The beautiful city of Orlando situated centrally has thirty within its borders and another not far distant claims to be "the city of 100 lakes." As you would expect Jamaica has rushing, sparkling rivers and brooks—the very name is the Arawak for the "isle of woods and waters," "isle of springs" or "isle of many rivers." Whereas Florida's rivers are sluggish and it is hard to tell whether they are coming or going and many are more or less tidal. Jamaica is free from poisonous snakes and as a matter of fact has very few of any kind which is in such contrast to Florida. Staying at the same place was a delightful couple from Orlando who could hardly believe that they could wander about without ever having to give a thought to poisonous or dangerous forms of animal life. They told us that they would not think of going out on their own lawn after night without being armed with an electric torch, or to sit out in the daytime without first rustling about the hedge with a stick In Florida if you wish to enjoy some variation in temperature you travel straight ahead (north and south) or sideways (east or west); in Jamaica you get the variation by going up or down (the mountains). In Florida roosters observe all those rules of ancient etiquette which prompted the immortal poet to exclaim in descriptive phrase—"the cock, that is the trumpet of the morn." Not so in Jamaica. Here they begin to trumpet shortly after sunset and cease at sunrise—presumably from utter exhaustion. These wretched birds

> ". . . . . brag and bluster, rant and shout
> And beat their manly breasts, without
> The first damn thing to crow about."

Unless it be to rob the neighbourhood of sleep. Where we stayed, at the first faint boyish squawk—off came the head. The prevailing notion is said to be—no rooster—no eggs.

Apart from differences associated with Nature there are the man made such as the difference in currency—in Jamaica it is pounds, shillings and pence, and the matter of driving. In Florida you drive to right (along with the rest of the continent); in Jamaica it is to the left (English like). Segregation is not permitted in Jamaica. Even a private school cannot advertise that it caters to any particular race. In a store you may be waited on by white, black, Chinese or East Indian. Although the city of Kingston lacks skyscrapers it possesses many fine places of business among which may be numbered the Bank of Nova Scotia, Royal Bank of Canada and the Canadian Bank of Commerce, and Barkclays, The Institute of Jamaica and its Library, Myrtle Bank Hotel and offices of the Telephone Company and many fine residences, churches and hospitals. It must be acknowledged there would seem to be slums and many narrow streets like that found in all old cities, that were old when the motor-car was conceived. Almost the opposite holds good for the cities of Florida which are all very young (apart from St. Augustine) well

planned, apparently slum free and leave the impression of up and doing, and have not been exposed to hurricanes and earthquakes.

In the Post Office in Kingston is the following observation—"Breaking into a Queue is Barbaric."

You will be interested in the birth and growth of a new seat of learning on this side of the Atlantic, an offspring of the University of London and named University College of the West Indies. It has Faculties of Arts, Natural Sciences and Medicine, a Department of Education and an Institute of Social and Economic Research. It is situated seven miles from the heart of Kingston and occupies a campus of 653 acres. The Department of Extra-Mural Studies has a Resident Tutor in Jamaica, Barbados, Windward Islands, Leeward Islands, British Guiana, Trinidad and British Honduras.

I had the pleasure of meeting Professor Ovens, Dean of Medicine and Head of the Department of Surgery, and accepted an invitation to visit University Hospital. To meet the shortage of doctors in the West Indies the College began teaching in Medicine in advance of the other Faculties, and in October, 1948, admitted its first under-graduates, thirty-three in number of whom ten were women. The University of London awards the degree. This first class will attempt to pass the joint examination this year. Although hospitals must of necessity have a great deal of sameness, yet this 500 bed institution, in which all departments of the healing art are present, is quite different in appearance from our Victoria General Hospital of twelve stories, but consists of a number of two story units linked together by open corridors. All windows were without screens and wide open. When in the central sterilizing rooms I brought up the question of flies. The nurse in charge seemed hardly to know what I was talking about. It certainly was no problem to her. In spite of the excellent equipment I got the impression that the staff felt more or less isolated from their kind. I hope Canadian schools will invite the members of their staff to take part in "Refresher Courses."

Looking through the Year Book (University Calendar) I noted four members held Canadian degrees, one an M.A. (Acad. N.S.)—Duncan Grant Lovatt Fraser. So curiosity prompted me to call at his office, and inquire—"Are you a Canadian?" "Yes." "A Nova Scotian?" "Yes." "Pictou County?" "Yes." "Sunny Brae?" "Not exactly but Eureka!" "With a name like that how is it you did not come to Dalhousie?" "Well, my father was of the opinion that Dalhousie was a godless institution!" Of course, you and I cannot agree to that.

On another occasion I called at a hospital in town and to my amazement found that the Superintendent had practised at Riverside, New Brunswick, and had attended Dalhousie Refresher Courses. The one teacher whom he remembered distinctly was Doctor H. B. Atlee being permanently impressed by his astonishingly forceful handling of the English language. Needless to say the subject of flies prompted the visit. This institution was aware of the existence of insect life but dealt with it by thorough spraying with D.D.T. or such like preparation twice a year. Termites seemed to be a source of more worry than flies.

Did you ever hear of a Public Health Service, particularly the Division of Sanitation, spreading disease? You haven't! That is not surprising and it does sound incredible, if not downright silly. The exception that proves the rule is well illustrated by the following told me by Doctor C. Bernard Lewis, Director of The Institute of Jamaica.

Grand Cayman, one of a group of islands that lie 175 miles west of Jamaica, and a dependency, is only a few feet above sea-level. Prior to the activities of a new administrator or commissioner, appointed by the Home Government in London, the people had been exceptionally healthy. In fact these islands were a veritable haven for the victims of malaria or dysentery. Conditions were changed because of failure to make clinical observations. To the officer trained in sanitation open latrines were anathema and could not be tolerated. Open latrines, however, possessed the all redeeming feature that they permitted the land crab (Gecarcinus ruricola) to destroy all faecal matter within a few hours. In fact people protected them in the vicinity of their homes. On the other hand, the closed pit latrine prevented the crab from exercising its function of scavenger. The faecal matter was carefully preserved in tropic warmth and away from free ventilation and direct sunlight. When the rain descended and the floods came and winds blew and beat upon these crab excluding receptacles the filth was spread far and wide infecting wells and gardens. The old stand-byes fingers, food and flies carried on to the appalling degree that after some storms nearly 100% of the population suffered from dysentery.

Speaking of unusual forms of disease control we were reminded of the instance of the hum of the turbine which was exactly like that of the female mosquito and lured the males to their destruction in quantities sufficient to put the electrical equipment out of order. There are many varieties of mosquito, both harmless and disease inoculation, but all are probably equally exasperating to the human ear. A love tune trap would be a welcome addition to Canadian as well as to homes in the tropics. In fact the further north the larger, healthier and more vigorous the mosquitoes become if the reports of the prospectors are accepted.

Malaria has not been completely stamped out in Jamaica, although probably not of much interest to the tourist. As you drive through the country, local Post Offices have a sign on display—"Quinine for Sale." The mountains are composed in large part of limestone and conglomerate, and this porous type of rock becomes in time dissolved away and great irregular caverns result and can be seen as one drives along the highway, particularly where the road has been widened by removing the side of a hill. In the inaccessible depths the mosquito is said to breed. The irrigated sugar-cane plantations are other areas difficult to control, and the dwelling places of the help are screened.

During our stay we had an opportunity to visit one of the great sugar-cane plantations measured in square miles rather than in acres. The cane is brought to the factory by narrow gauge railroad or bullock cart. There car or cart-load is picked up by a great crane and deposited on a travelling belt which feeds it to a series of steel choppers and crushers, water being added enroute until all the sap has been squeezed out and the whole resembles thin porridge. The solid matter is separated and becomes the fuel used in the

furnaces to run the factory. The solution is passed by vacuum through tubes in a series of great tanks, more and more of the water being drawn off. Then the juice goes to the evaporating pans—they appeared to me as more like tanks than pans—it is in these that the balance of the water is removed and the sucrose crystallizes and floats about in the glucose or the noncrystallizing element of the cane juice which is called molasses. These two products are separated by centrifugal force. The raw brown coloured sugar is fed into bags for shipment to refineries in the north. Part of the molasses is exported, the balance is used in the making of rum.

If a tank truck is seen approaching it may be delivering gasoline, molasses or rum. The latter is aged in oaken vats which hold 5,000 to 10,000 gallons. In the warehouse and bottling works visited several million gallons were in the process of aging from five to fifty years. The people faithfully support home industry. The poet has written "streamlets gurgle tunefully" and probably rum does the same at the "Peace and Love Bar" on the Windward Road.

Before I forget—I am keeping the same Doctor.

Bamboo Lodge,
Irish Town (no Irish, no Town—just a little English whimsey)
Jamaica, B.W.I.

Plan now to attend the Annual Meeting at Sydney, September 6, 7, 8 and 9.

At the Annual Meeting of The Medical Society of Nova Scotia at Sydney Doctor A. L. Wilkie, Assistant Professor of Surgery at McGill, will speak on "Biliary Tract Surgery."

If you plan to attend the Annual Meeting of The Medical Society of Nova Scotia to be held at Sydney, Monday, September 6th through the 9th, you are urged to get your reservations early. All reservations should be made directly with the Manager of the Isle Royale Hotel, Sydney, Cape Breton.

Doctor J. F. McCreary, Professor and Head of the Department of Paediatrics at the Medical School of The University of British Columbia, will speak on "Prenatal Care and the Infant" at the Annual Meeting to be held at Sydney at the Isle Royale Hotel, September 6th to 9th.

Studies On Acute Methyl Alcohol Poisoning[1]

D. J. TONNING, M.D.[2] J. G. ALDOUS, Ph.D.[3]

THE clinical observations of the effects of methanol in man have been presented in detail elsewhere (1, 2), and may be summarized here as follows:

After consuming methanol man will experience an inebriation which is similar to that produced by ethanol and is accompanied by the characteristic odour of alcohol on the breath. This is followed by a latent period of 19 hours during which the patient may complain only of a "hangover". It is of practical importance to realize that this period can be prolonged by giving the victim ethanol. This procedure which is advocated by Zatman ([3]) and Roe ([4], [5]) is not without danger because methanol, although partially excreted via the kidneys and lungs, is still present in the body and will later produce poisoning. It appears from clinical and laboratory studies that tissue enzymes oxidize ethanol first and leave methanol in its original state. Roe has fully realized this situation and feels it may be used as an emergency treatment only until proper treatment can be obtained.

At the end of the latent period, headache, nausea, vomiting, abdominal pain and fatigue become the outstanding symptoms. This is followed by generalized muscle pains, photophobia, painful eyeballs with intense redness of the retina, slight edema of the optic disc, central scotoma and blindness. At this time there is evidence of dehydration; the skin and tongue are dry, and the turgor of the skin is poor.

The clinical evidence of acidosis which becomes apparent at this time is characteristically accompanied by dyspnoea with deep respiration. The CO_2 combining power (C.P.) of the blood will at this stage be in the vicinity of 30 volumes per cent. With the approach of severe acidosis the C. P. will be about 15 volumes per cent. A further drop in the C. P. to 10 volumes per cent is invariably revealed as a state of peripheral vascular failure. A patient in this state, unless treated intensively, will die, but if recovery occurs, the experience of most workers in this field shows that blindness is a sequel.

Roe[5] noted the elevation of blood lactic acid in cases of acute methanol poisoning. His observation in this respect was questioned by many who thought it might well be due, for example, to the violent struggle for life that occurs in acidosis. Branch and Tonning[6] found the lactic acid concentration of the blood to be in the vicinity of 70 mg. per cent during the latent period when there was no clinical evidence of acidosis or increased muscle activity.

Methanol or its metabolites may be demonstrated in the blood, urine, gastric washings and spinal fluid. Of importance is the finding that low concentrations of methanol (0.023 per cent) may persist for 14 to 21 days after ingestion.

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(1) Paper read at the Dalhousie University Refresher Course, 1952.

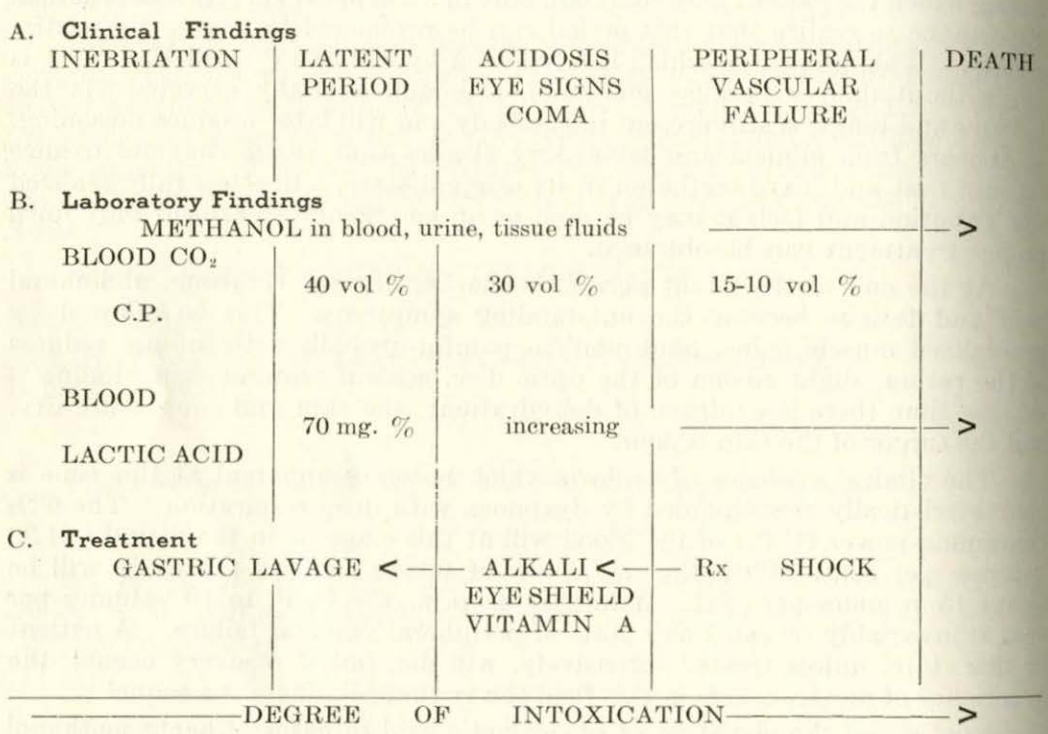
(2) Department of Medicine, Dalhousie University and Victoria General Hospital, Halifax, N.S.

(3) Department of Pharmacology, Dalhousie University.

The approach to the management of our cases is presented diagrammatically in Figure 1 where treatment is correlated with the clinical and laboratory findings.

FIGURE I

The relation of treatment of acute methanol poisoning to the clinical and laboratory findings.



The effect of methanol in man is considered as an important guide to treatment:

1. Prevention: the source of poisoning must be removed.

2. Gastric lavage may prevent or diminish the degree of poisoning *if such procedure is carried out early.*

3. During the latent period, or when acidosis has developed, the patient is given alkali *per orem* or intravenously. Vitamin A is given orally or intramuscularly. The eyes are completely shielded.

4. If the patient is first seen in a state of peripheral vascular failure, emphasis is placed momentarily on this state, followed by the management as outlined in No. 3.

In brief, the management depends upon the state in which the patient is first seen, and the intensity of medication is governed by the clinical picture and the carbon dioxide combining power of the blood.

Experimental Study

In seeking the mechanism whereby the clinical manifestations of methanol poisoning arise, it is logical to direct one's attention first to the fate of alcohol in the body. This information as it applies to ethyl alcohol is known in great detail. Only about 2 per cent of the ingested ethanol appears in the urine and expired air; the remainder undergoes oxidation, particularly in the liver where it is converted successively to acetaldehyde, acetic acid and finally to carbon dioxide and water. The oxidation is catalyzed by an enzyme known as alcohol dehydrogenase, and so efficient in this process that a 70 kg. man may "burn" 8-10 gm. of alcohol per hour.

The mechanism of methanol oxidation largely parallels that of ethanol but differs from it in two respects: (a) the oxidation is incomplete (i.e. it is not burned to carbon dioxide and water)—the end products being formaldehyde and formic acid, and (b) the rate of methanol oxidation is very slow.[7] It would seem to follow from the above considerations that if the toxicity of methanol is due to one of its metabolites, this substance must be effective in quite low concentrations.

In order to obtain a measure of the toxicity of methanol and its metabolites, alcohol dehydrogenase was prepared from fresh rabbit liver according to the method of Lutwak-Mann.[8] The enzyme was tested against ethyl alcohol as substrate and using methanol, formaldehyde and formic acid as inhibitors. The colour developed after incubation at 37°C. with triphenyltetrazolium chloride was used as a measure of enzyme activity.[9]

Table 1 indicates the results of one of the experiments in this series. It should be noted that the concentration of methanol in the above experiment was chosen to conform with that found in the blood in cases of methanol poisoning. The fact that Table 1 indicates an increased enzyme activity in the presence of methanol suggests that this enzyme also uses methanol as a substrate. Formic acid produces a small inhibition of activity when used in the same concentration as methanol but formaldehyde totally inhibits this oxidative process even at 0.001 per cent. If methanol is normally oxidized in the liver through the mediation of alcohol dehydrogenase, the fact that formaldehyde is as toxic would seem to point to the possibility that methanol limits its own rate of oxidation. These experiments then appear to implicate formaldehyde rather than formic acid or methanol *per se* as the toxic agent in methanol poisoning.

TABLE I

The activity of alcohol dehydrogenase (rabbit liver) in the presence of methanol and its metabolites.

Tube *	Inhibitor	Concentration %	Activity	Inhibition %
1	none	——	290	0
2	methanol	0.01	335	0
3	formaldehyde	0.001	0	100
4	formic acid	0.01	240	17

* Composition of tubes: enzyme 0.5 ml. 25 mg. per ml.; Coenzyme I 1 ml. 0.5 mg. per ml.; ethyl alcohol 0.1 ml. 95%; triphenyltetrazolium chloride 0.5 ml. 0.1%; phosphate buffer (M/15, pH 7.6) to 4 ml. All reagents as well as inhibitors dissolved in phosphate buffer. Color extracted with ether and read at 420 mu. in Coleman Junior Spectrophotometer.

From the clinician's point of view one of the outstanding findings in methanol intoxication is the acidosis and accompanying elevation of the blood lactic acid. Lactic acid, arising through the normal channels of carbohydrate metabolism, is part oxidized to provide the energy from immediate metabolic requirements and part re-synthesized to glycogen. The fact that in methanol poisoning it accumulates, suggests that either one or both of these pathways has been blocked. Lactic acid is a strong acid and excess of it must be neutralized by the available alkali in the body. This in all probability is responsible for the observed low C.P. of the blood. It thus became of interest to learn whether formaldehyde is as potent an inhibitor of lactic acid oxidation as it is of alcohol oxidation. Lactic dehydrogenase was prepared from rabbit liver following the method of Ogston and Green.[10] The activity of the enzyme, determined in the manner indicated previously was measured in the presence and absence of 0.001 per cent formaldehyde. The results of one of several experiments shown in Table 2 leave little doubt as to the potency of formaldehyde as an inhibitor of lactic acid oxidation.

TABLE II

The activity of lactic dehydrogenase (rabbit liver) in the presence of formaldehyde.

Tube *	Inhibitor	Concentration %	Activity	Inhibition %
1	none	——	290	0
2	formaldehyde	0.001	67	77

Composition of tubes: As in Table I with the exception of sodium lactate 0.1 ml. 0.1 M being added in place of ethyl alcohol.

The identification of formaldehyde as the probable toxic agent in methanol poisoning has some interesting implications, which may be of clinical importance. One of the most serious results of the ingestion of methanol is the damage done to the retina. Wald[11] has been able to show that the reaction which results in the synthesis of rhodopsin in the retina is catalyzed by a dehydrogenase enzyme. Watery extracts of the retina as well as alcohol dehydrogenase prepared from liver will catalyze this reaction *in vitro*. In the light of our findings that this enzyme is sensitive to formaldehyde, it is tempting to ascribe the retinal damage to an interference with the normal pathway for synthesis of the visual pigment. Wald also notes that under acidic conditions there is a tendency toward an outward diffusion of Vitamin A from the retinal tissue into the systemic circulation. Methanol poisoning may thus involve not only an inhibition of the production of rhodopsin, but also a loss of one of the precursors of this pigment.

Two factors of prime importance to the clinician would seem to be indicated by the above considerations.

(a) Due to the slow oxidation of methanol and the extreme potency of formaldehyde, any treatment which is designed to correct the metabolic derangements (acidosis, low CO_2 combining power) should be carried out continuously and for as prolonged a period as is necessary to establish the fact that the patient is able to "hold his own" metabolically. Even though the C.P. can be brought back to normal values fairly quickly by the administration of sodium bicarbonate or sodium lactate, as long as methanol is still in the body there is danger of reversion to acidosis.

(b) Since prolonged acidotic conditions may lead to the loss of Vitamin A from the retinal tissue it would seem advisable to attempt to replace this constituent along with the concurrent supportive therapy.

(c) The use of intravenous ethyl alcohol in the treatment of acute methanal poisoning rests on the observation that it interferes with and retards the oxidation of methanol. This, however, leaves methanol still circulating throughout the body and therefore presenting a potential source of poisoning. It would seem preferable to allow methanol oxidation to proceed rapidly if it were possible to trap and remove the formaldehyde as fast as it arises. The testing of such measures will be the object of future investigations.

Summary

1. Experiments have been performed to test the inhibitory action of methanol and its metabolites upon the enzymatic oxidation of ethyl alcohol and lactic acid.
2. The results of this investigation show that formaldehyde is at least ten times more toxic then methanol or formic acid.
3. The importance of this finding to the clinical treatment of acute methanol poisoning is indicated, particularly as it applies to the derangement of the metabolic and visual processes.

Acknowledgement

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Sensitivity To Bacterial Antigens—The Basic Cause Of Many Dermatoses

K. A. Baird, M.A., M.D.
Lancaster, N. B.

THIS paper is an attempt to show that it is reasonable to suspect hypersensitivity to bacteria or their products as a fundamental cause of a considerable number of so-called skin diseases, and to bring to the attention of the profession a degree of success which the author has had in treating these "diseases" on that basis.

It is only in the last few years that the idea of bacterial allergy has been accepted by many, although VonPirquet[1] included bacteria among the numerous causes of hypersensitivity. Quoting various workers he concluded, "Immunization and hypersensitivity therefore can be connected most intimately with one another.

"We require a new general term which prejudices nothing, a term to designate the alteration which occurs in the organism when it comes in contact with any organic living or lifeless poison.

"For this general concept of the *changed capacity to react* I suggest the term allergy."

The intimate connection between immunization and hypersensitivity is today considered to be the fact that both involve an antibody-antigen reaction although under different conditions. Perhaps the discoveries and studies concerning ACTH and steroid hormones are giving us a glimpse of what some of these conditions may be.

In light of numerous recent expressions of opinion it is not unreasonable to say that hypersensitivity to bacteria and their products is a common occurrence. But is this true of the skin cells? Various writers seem to think so, and certain investigative work seems to have corroborated the clinical idea of bacterial skin allergy.

When he found that psoriasis, like rheumatoid arthritis, seems to be related to lessened production of steroid hormone, Reiss[2] suggested a bacterial cause. He has since stated the relationship is probably an allergic one.*

Norrlind[3] of Sweden found that those who have psoriasis usually show a higher degree of agglutination against streptococci than others. Coupling this with his clinical observations he concludes "It is probable that infections; e.g., of the respiratory tract, may promote the outbreak of psoriasis. This may possibly take place through the effect of bacterial toxins on the skin in the same manner as mechanical or chemical irritabilities may cause psoriasis."

Storck[4] of Zurich, after extremely extensive and detailed studies by means of autogenous bacterial cultures, and skin tests on patients with eczema and on normal persons showed that there was usually a specific hypersensitivity of the skin of the eczema patient to products of bacteria from his own body, and suggested it might prove possible to hyposensitize or immunize such a patient.

*Private Communication.

Stokes[5] and associates have investigated and discussed what they term the virus-pyogen sequence or flare and have called it "an allergic or sensitization affair."

The immunity reactions of the skin,—furuncles, carbuncles, impetigo, pyodermas, and so-called "secondary" infections of eczematous lesions,—are so evidently related to the presence of bacteria, that they have overshadowed the less conspicuous role of bacteria as allergens in numerous other skin affections. This is particularly true in those cases where the bacteria are in some other part of the body, and the sensitized skin cells are reacting to circulating products. Even when the bacteria are actually present in the affected skin, entire attention has usually been given to treating the bacteria, to the neglect of the more fundamental activity of treating the body cells, so as to reduce their sensitivity, as Storck suggested in the case of eczema. Clinical observation reveals that there is not necessarily a sharp line of division between immunity and sensitivity reactions. They may and do occur together, and one may merge into the other.

For about nine years the author has been using a combination of bacterial antigen and antibody for the treatment of the skin reactions (diseases) which could be or may be due to bacterial allergy. The product has been manufactured for many years under the name "sensitized vaccines" but the author uses much larger doses than are recommended by the makers. His good and sometimes dramatic results have been reported in a number of publications.[6,7] Similar results have been obtained by a considerable number of general practitioners, especially in referred cases which were returned to them for continuation of treatment. The writer has had a few failures, and has knowledge of a number of practitioners who have read his articles, used an entirely different bacterial antigen or used the one he recommended in entirely inadequate doses, and then said the method of treatment was no good, because they saw no beneficial results.

It is extremely difficult to properly evaluate one's successes in such a matter because under clinical conditions (unlike the controlled conditions of the laboratory) so many other causes are concerned which tend in some cases to aid and in others to hinder. If we as clinicians wait until we have available a laboratory type of statistical proof of the benefit of a given line of treatment, we will not accomplish much for our patients. That error seems quite as serious as to accept *everything* which some commercial house or university laboratory tells us is good.

The author believes he has stumbled upon a method of successfully treating such conditions as eczema (including atopic), psoriasis, pustular bacterids, seborrhoeic dermatitis, and various erythematous and papular skin reactions. The method must not be thought of as a specific, but rather as a means of altering the patient's type of reaction. It is a *process*, not an *event*. But the process seems to reach the fundamental cause of many cases of the diseases mentioned. If, as seems likely, these are related to a relative deficiency of steroid hormones, it may well be that the process corrects the cause of such deficiency.

The evidence to date can be stated briefly.

The fact of improvement of long-standing skin rashes, when sensitized vaccine was being given for other conditions, was first called to the author's attention *by the patients themselves.*

Many hundreds of cases have improved and been cured where sensitized vaccine was used in addition to various standard procedures, but the improvement seemed to be at a more rapid rate and the cure of a more permanent nature than the standard treatment usually gives.

In many cases the curative process has continued after all local treatment was stopped, so long as the inoculations were continued.

In others the improvement stopped when the sensitized vaccine was discontinued, although the local treatment was still being used, but resumed when the vaccine was again administered.

In some cases areas which were intentionally left with no local treatment improved as much as those which had it.

Although the author's local treatment may have differed in minor details from that previously used by other practitioners, including dermatologists, he does not think it was particularly better; but in a goodly number of cases he has been able to effect a cure with vaccine and local treatment where his peers had failed with local treatment only.

In a number of cases, including some where the improvement was very dramatic, no local treatment was applied.

Cases of continued rash for many years had been known to clear in two or three weeks under sensitized vaccine therapy. Granted that these were not numerous, nevertheless they indicate that a cause-and-effect relationship between treatment and result is probable.

In medicine it may not be true that "The customer is always right"; but it is worthy of note that a great many patients say their skin feels differently soon after beginning a series of inoculations with sensitized vaccine. Such expressions as "The fire has gone out of it", "It doesn't itch so much", "I don't need to use ointment to relieve it now", etc., are fairly common.

A number of cases whose eczema-dermatitis was obviously brought on by a food or a contactant improved only partially when that allergen was entirely removed. Many of these cleared up entirely when given sensitized vaccine therapy. The rash could still be produced by renewed contact with the offending substance, but would disappear promptly after its removal.

In the author's publications, previously mentioned, case reports have been given. Those of eczema-dermatitis were chosen from several hundred chiefly on the basis that if and where any treatment was used other than sensitized vaccine, it was not considered sufficiently important to have effected the result obtained. For example, some cases required a soothing treatment, especially in children, to avoid the mechanical irritation of rubbing and scratching, which can keep a dermatitis active even without any allergic phenomenon. Over 90% of eighty-four such cases of eczema were cleared up to the satisfaction of the patient. Some had endured their rash for as much as fifteen years. The most intractable were practically cured in two to three months. The number includes several cases of atopic dermatitis, some so diagnosed by other dermatologists. Several cases of infantile eczema cleared up very

promptly with no other change in the treatment. Eczemas in such special locations as the ear canals and around the rectum were often somewhat slower to respond than in other areas, but they did get better. Some had had weeks or months of standard treatment without benefit.

Almost exactly similar statements can be made about cases of erythematous and papular rashes. There were a wide variety of appearances and locations. 96% of fifty-seven cases selected on the same basis were cleared to the patients' satisfaction, within an average time of less than two months. Most of these had been present several months, and some for several years.

Seborrhoeic dermatitis, even of two or more years duration, seems to clear up in about a month and a half, but the author's group is small, about a dozen cases in all.

Several general practitioners have treated a number of cases of psoriasis with sensitized vaccine at the author's suggestion with good results. On two occasions a number of cases from his own records have been reported.[6b,c] The whole twenty cases seen during one period responded with marked improvement. There were several failures during the next year. Of thirty consecutive cases, twenty-eight were improved—most of them cured. As a matter of theory, on the basis of Reiss' work the author wonders if the failures and partial successes are due to irreversible damage to the adrenocortical system, and if these patients should have some Cortone in addition to immunizing treatment.

Treatment with sensitized vaccine seems to be almost specific for pustular bacterids (pustular psoriasis). Twenty consecutive and unselected cases have all been cured, some very promptly and some with no local treatment. Two of the twenty had some concurrent psoriasis.

A few cases of lupus erythematosis, acne rosacea and exfoliative dermatitis seem to have been arrested by the antigen-antibody therapy.

It should be emphasized that the results described have been obtained by using antigen plus antibody, and in much larger doses than seem to have been used in any other report of vaccine therapy. While a few cases have improved (even dramatically) with smaller doses, this has been the exception. Benefit is obtained in so large a percentage of cases only when the product is used boldly in large doses, beginning with 1400 to 2000 million killed organisms and in six or seven doses reaching 18,000 to 25,000 million. There is some evidence to show that there are fewer uncomfortable reactions with this method of rapid increase than with slower rate of increase, and certainly one has no right to expect good results with too small doses.

A detailed description of the author's method follows:—

For most skin diseases Staphylo Serobacterin Vaccine Mixed (Sharp & Dohme) is used, on the assumption that staphylococci or streptococci are most likely to be the causative organisms. Where such localizing symptoms as pharyngeal irritation, post nasal drip, and a "blocked" quality to the voice indicate the sinuses as the probable source of bacterial toxins, the respiratory mixture known as H. influenzae Serobacterin Vaccine Mixed (Sharp & Dohme) is often used. Whichever mixture is used it is important to give the inoculations subcutaneously, not intramuscularly, and it is also important to ignore

the directions at present advocated by the makers, and give doses of approximately the following magnitudes: 0.2 c.c.; 0.4 c.c.; 0.8 c.c.; 1.2 c.c.; 1.8 c.c.; 2.5 c.c. Intervals of three to five days are sufficient between the smaller doses, and five to seven days between the larger. The 2.5 c.c. dose may need to be repeated several times at one or two week intervals, and each of the last three doses can be divided so as to give one-half in each of two places. The front of the chest is a suitable place for hypodermics. If the arms are used one should be sure not to go too deeply. Occasionally a patient reports a general reaction (chilliness, temperature, or slight nausea). In that case the next inoculation should be the same size as, or slightly less than, the one causing the reaction. Severe reactions are exceedingly rare and never serious—only uncomfortable. In a number of cases doses of 3.0 c.c. or 3.5 c.c. are required to give maximum benefit.

Summary

Immunity and hypersensitivity both involve antigen-antibody relationships, but sensitivity to bacteria and their products is a somewhat recently accepted idea. Some modern writers have suggested such an allergy may be a basic cause of a number of skin diseases. Certain recent investigative work makes this explanation seem probable in psoriasis and eczema. For nearly a decade the author has been having successful results in treating these conditions as well as pustular bacterids, seborrhoeic dermatitis and various erythematous and papular eruptions, with large doses of bacterial antigen plus antibody. This seems to alter the patient's sensitivity type of reaction, possibly by removing the toxic cause of a relative lack of steroid hormones. Failures may be due to inability of the body cells to resume production of these hormones. Some of these results have been published elsewhere from time to time, including case reports. This paper summarizes these reports in order to emphasize that it seems possible to successfully treat the conditions named by a method which is described in detail.

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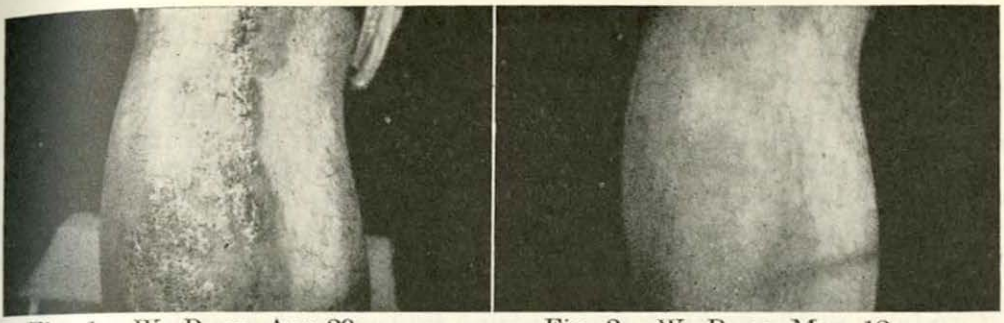


Fig. 1. W. P. on Apr 29. Fig. 2. W. P. on May 12.
Show results atter 13 days' treatment of a case ot psoriasis of several years' duration.

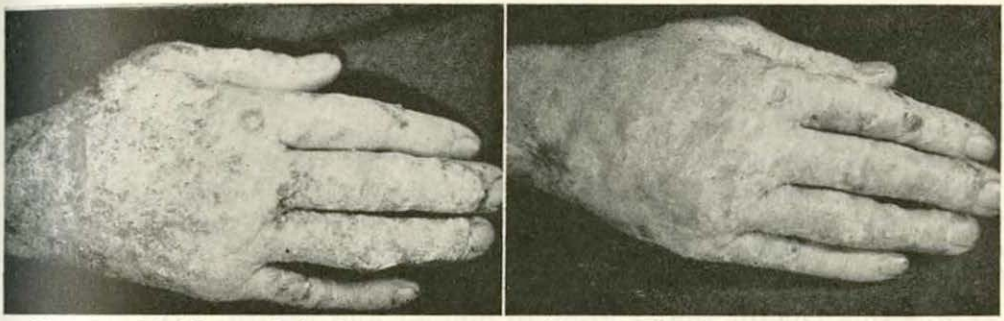


Fig. 3. R. H. on July 27. Fig. 4. R. H. on August 1.
Show results after 5 days' treatment of a severe acute dermatitis with pustulation and crusting.

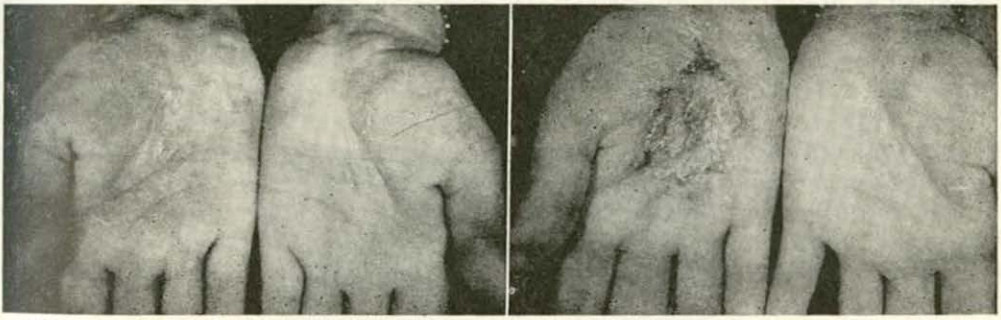


Fig. 5. Mrs. L. S. on May 27. Fig. 6. Mrs. L. S. on Sune 5.
Show results after 9 days' treatment of a case ot pustular bacterid.

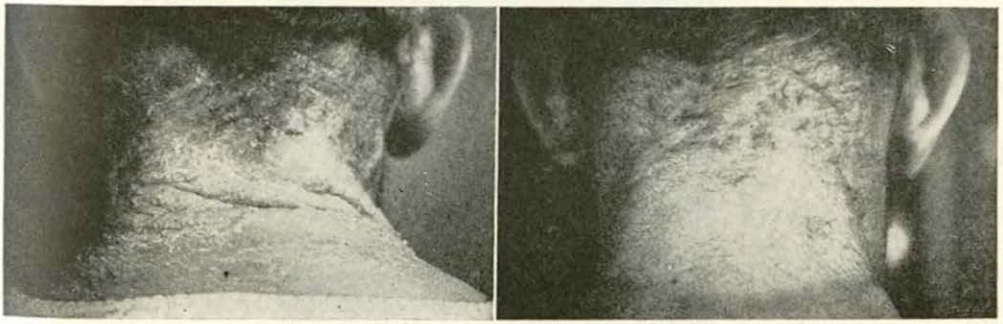


Fig. 7. J. C., initial condition. Fig. 8. J. C., after fifteen days of treatment.
Show results after 15 days' treatment of a weeping crusted dermatitis on back of neck which followed an acute attack of pimples and boils.

Our Family Physician

Bertha Ogilvie Archibald

ONCE I had decided to study Pharmacy, in accordance with the requirements of the Maritime College of Pharmacy, I sought service in a drug store. My choice was the Bedford Pharmacy, close to my home. Its owner was our family physician, Doctor Angus MacDonald Morton, who practised in Bedford for many years, and had his office in the inner part of the drug store. It was there that I had my first experience in practical surgery.

Two boys at Beaverbank were cutting up turnips for cattle fodder and the younger had the fingers of one hand nearly severed by the cleaver. Their father harnessed the horse and drove as quickly as possible to Bedford. It was late in the evening when they arrived. It was my duty to prepare the instruments, sutures and dressings for the operation, but who was to give the anaesthetic? Mr. Andrew Robb, then of the Halifax Herald and Mail came into the store by chance and was at once elected to the task. Of course it was chloroform. A kerosene lamp was our only source of illumination. After Doctor Morton started the anaesthetic, Mr. Robb "took over" most efficiently. The repair was proceeding nicely when the Doctor looked up and noticed the father of the lad, a very tall, stout man, was deathly pale. "Go out and stick your head between your knees, John", said Doctor Morton, and John did so just in time.

It was this Doctor that I grew to honour and regard. He graduated in 1898 from the old Halifax Medical College, and after a year as a ship's surgeon he settled in Bedford. He was a tall, well built man, astute, urbane, and possessed of a genial personality. His practice covered a very wide area including the districts from Rockingham to Bedford, the village itself, the three Sackvilles, the three Hammond's Plains, the two Beaver Banks, Pock Wock, Kearney Lake Road, Yankee Town, Windsor Junction, Cobequid Road, Waverley, Fall River, Lucasville, and even to Mount Uniacke. In the earlier years this was all travelled by horse and carriage. In Spring and Autumn the mud made the roads almost impassable, and Winter with its deep snowdrifts was equally bad. It was difficult to get patients to the hospital in Halifax, and frequently the surgeon came by team to Bedford, then to the patient along with Doctor Morton, and the operation was done on the kitchen table.

During his years at Bedford all obstetrics were done in the home. He delivered two sets of triplets. Quite an experience for a country doctor.

In 1907 he was elected President of the Halifax and Nova Scotia Branch of the British Medical Association. The meeting was held at the old Belleview Hotel in Bedford, the first time it had met outside of Halifax and Dartmouth. The Presidential Address was the feature of the Banquet It was entitled "Some of the Mistakes We are Apt to Make." He spoke of the "fads" in medicine, and how a new Therapeutic Agent was often used to the exclusion of all others until it fell, in its turn, into disrepute. The Opsonic Index was finding its way into medical thinking, and Doctor Morton in referring to it took occasion to admonish his hearers to cultivate clinical diagnostic methods and use laboratory findings as an aid.

Those were the days when tuberculosis in all its forms was rampant in Nova Scotia. The Presidential Address dealt with it at length. "I think it is shameful that we have no system of Vital Statistics in the Province of Nova

Scotia. I believe that we have more tuberculosis in Nova Scotia, particularly of bones and joints, than any other country of the same population in the world. During this year thousands of dollars have been spent in Halifax, and thousands and thousands of dollars through the Province of Nova Scotia to put down the epidemic of smallpox in which there was scarcely a death, but little has been spent on the prevention of tuberculosis. I am glad to see that an Anti-Tuberculosis League is about to be formed in Nova Scotia."

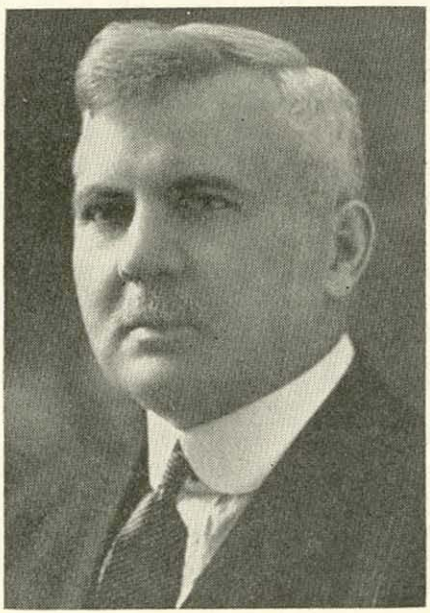
Prevention of disease was next dealt with. Physicians should be educators, teaching rules of health, and putting less faith in drugs. The public must be informed. Then he quoted Burrell: "Keep hammering the tenets of preventive medicine into them on every possible occasion and finally we shall reach the golden age when disease shall be the exception, and our efforts shall be largely spent in regulating the living conditions of the healthy and vigorous."

It is feared that this golden age is still in the future, but even before his death Doctor Morton saw many of his dreams and hopes fulfilled, at least in part.

In 1916 Doctor Morton moved to Halifax and lived on Quinpool Road where he soon built up a large practice. During World War I, as he was unable to serve in the active forces he acted as Medical Officer to the Royal Canadian Garrison Artillery, one of the last regiments stationed in the Halifax Citadel.

First as a County Councillor and later as a Member of the Legislature for Halifax, from 1928 to 1933, he served the Community at large and at the time of his death in 1944 he was Health Officer for the County of Halifax. And faithfully as he served man so also he served his God.

He sleeps his long slumber in the little cemetery at Bedford, near the scene of some of the most fruitful years of his life, and in a community where he was universally beloved and respected.



Case Report

Massive Spontaneous Haemopneumothorax

HAEMOPNEUMOTHORAX is a complication of spontaneous pneumothorax in which there is bleeding from the walls of a ruptured emphysematous bleb or tearing of a vascular adhesion between the lung and the chest wall. The onset may be sudden and dramatic with the patient rapidly developing acute distress and shock, or there may be gradual accumulation of blood in the pleural cavity. The diagnosis is made when air and blood are withdrawn on chest aspiration. This condition is not common; there have been fewer than one hundred and fifty cases reported in the literature. The mortality has been about twenty per cent of the total. Spontaneous haemopneumothorax has been attracting attention because of the role of surgery in treatment and the use of enzymes to carry out "medical debridement" of the pleural surfaces.

Cases have been reported recently in which the treatment has been immediate thoracotomy with arrest of the bleeding by ligation or cauterization and removal of the blood and blood clot.[1] Operative treatment is indicated in those cases where continued bleeding threatens life, and in those where organization of the blood in the pleural cavity threatens the functional efficiency of the lung.[2],[3],[4] Lately streptokinase and streptodornase, injected into the pleural cavity, have been useful in effecting resolution of the clotted blood. The use of these enzymes may result in a reaction with fever and an increase in the effusion with a shift of the mediastinum, occurring within twenty-four hours of injection. Further application may be necessary if this should occur. Occasionally one or two injections only are required, although usually several are necessary.[5]

The following case, in which blood loss and mediastinal displacement were sufficient to cause acute respiratory distress, was treated medically.

L.P. A twenty-one year old white male was admitted to the Medical Service of the Victoria General Hospital October 8, 1953, complaining of sharp pain in the left side of his chest and upper abdomen, with shortness of breath. He had noticed the pain the day before admission but it had passed off, only to recur later in the day accompanied by shortness of breath. During the night the severity of the pain increased. Breathing and coughing aggravated the pain, and sleep was impossible. He was seen by a physician the next morning and referred to hospital.

The family history was non-contributory and the past history revealed that the patient had been in good health prior to the present illness. He had pneumonia at the age of six but could not remember which side was affected.

Examination on admission revealed a well nourished white male of slight build, perspiring freely, and in acute respiratory distress. The left side of his chest did not move with respiration and the trachea was markedly deviated to the right. The percussion note over the left side of his chest was resonant in the upper half but dull inferiorly. His temperature was 101 degrees F., heart rate 132 per minute, and blood pressumre 110/80. Fluoroscopic examination was done on admission. There was marked shift of the mediastinum

to the right; the left lung was completely collapsed, and the left side of the chest was half full of fluid with air above it.

Treatment included chest aspiration, oxygen and penicillin. At first air was aspirated and the shift of the mediastinum was relieved, but finally dark unclotted blood was withdrawn. Aspiration soon proved distressing to the patient and seemed to increase his respiration embarrassment. It was found that even with a large gauge needle only a few hundred cubic centimeters of blood could be removed at one time. Intercostal drainage with a large rubber catheter was started and within a short period of time twelve hundred cubic centimeters of dark unclotted blood were drained off, and breathing became much easier. After twenty-four hours the catheter was withdrawn and there was no further attempt to remove fluid from the chest. The total volume of fluid drained during the first thirty-six hours was over two thousand cubic centimeters. An equal volume of blood was given intravenously during this period.

Fever and tachycardia persisted for a week but gradually subsided. Four more transfusions of five hundred cubic centimeters each were needed to restore his haemoglobin to a normal level. X-rays were taken during the illness and showed variable amounts of fluid in the chest. Three weeks after the onset of the haemorrhage there was almost complete resolution of the effusion with thickened pleura at the base and at the apex. No evidence of parenchymal disease was seen.

Investigation: Urinalysis negative, Kahn negative. Haemoglobin on admission 65 per cent. The haemoglobin of the blood aspirated from the chest was 67.8 per cent. Culture of the sputum did not reveal any pathogenic organisms and the sputum was negative for tubercle bacilli on concentration. The second strength intradermal P.P.D. tuberculin reaction was negative. An electrocardiogram taken a few days after admission showed sinus tachycardia and low T waves. The tracing was repeated two weeks later, and at this time the T waves were well defined and there was elevation of the S-T segments two millimeters above the isoelectric line in leads 11, 111, AVF, V-4 -V6.

At the time of discharge from hospital, three weeks after admission there was some restriction of movement of the left side of the patient's chest, there were loud pleural friction rubs at the left base, and the X-ray showed crowding of the ribs on this side. Instruction in breathing exercises was given to the patient.

The case was reviewed three weeks later and at this time the chest was normal on examination and expansion was equal bilaterally. X-rays showed continued improvement with only slight pleural thickening at the left apex. Fluoroscopy revealed some restriction of movement of the left diaphragm posteriorly. Complete blood picture and electrocardiogram at this time were within normal limits. Plumonary function studies were carried out and there was slight to moderate reduction in ventilatory capacity. It is felt that this should improve following more active chest and diaphragm movements.

Comment

This case of massive spontaneous haemopneumothorax was treated conservatively with blood transfusions, antibiotics and catheter drainage of the affected hemi-thorax. There did not seem to be any indication for thoracotomy when catheter drainage of the space resulted in such marked improvement. The residual blood, which was apparently kept fluid by the defibrinating effect of the action of the heart, absorbed well, and the movement of the chest was encouraged by physiotherapy to prevent fibrothorax and diminished respiratory efficiency. Recurrence of the condition is not likely, due to the occurrence of pleural symphysis when organization of the exudate takes place.

Acknowledgement. I would like to thank Doctor C. W. Holland for permission to publish this case report.

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C. D. CHIPMAN, M.D.

The Cape Breton Medical Society have already made very extensive plans to entertain the visitors at the Annual Meeting of The Medical Society of Nova Scotia to be held at Sydney, Monday, September 6th through the 9th. On Tuesday, September 7th, there will be a reception following in the evening by a dance and bridge party. On Wednesday, September 8th, there will again be a reception following by the annual dinner. Also plans are in progress for an elaborate entertainment of the ladies and children—make your plans now to attend the Annual Meeting and bring your wife and children with you.

At the Annual Meeting of The Medical Society of Nova Scotia to be held at the Isle Royale Hotel at Sydney, Monday, September 6th through the 9th, Doctor Alec M. Agnew, Professor of Obstetrics and Gynaecology at the Medical School of The University of British Columbia, will speak on "Obstetrical Shock."

When you come to the Annual Meeting of The Medical Society of Nova Scotia which is to be held on Monday, September 6th through the 9th, bring your golf clubs along with you. The regular golf tournament will be held on Wednesday afternoon, followed by a tea at the Gold Club for the participants, their wives and families.

At the Annual Meeting of The Medical Society of Nova Scotia to be held at the Isle Royale Hotel, September 6th to 9th, there will be two meetings of the General Practitioners' Society, the first on Monday, September 6th, the second on Thursday morning, September 9th.

Doctor G. F. Strong of Vancouver, President-elect of The Canadian Medical Association, will speak on "Newer Concepts of the Treatment of Heart Failure." At the Annual Meeting of the Nova Scotia Medical at Sydney.

Correspondence

MANITOBA MEDICAL ASSOCIATION
CANADIAN MEDICAL ASSOCIATION, MANITOBA DIVISION
604 Medical Arts Building
Winnipeg

May 12th, 1954

Dr. M. G. Tompkins, President,
The Medical Society of Nova Scotia,
Dominion, Nova Scotia.

Dear Doctor Tompkins:

The Manitoba Division of the Canadian Medical Association has learned with regret of the sudden passing of Dr. H. G. Grant who for so many years combined with his other duties the offices of Dean of Medical School at Dalhousie University and Secretary of the Nova Scotia Medical Society.

It was my privilege to know Dr. Grant for a number of years and when I last saw him in Toronto in February he appeared to be in excellent health.

Kindly convey to the members of the Nova Scotia Division and to members of the family, my expression of sincere sympathy.

Yours very truly,
(Sgd.) M. T. MACFARLAND, M.D.,
Executive Secretary

MINISTER OF PUBLIC HEALTH
NOVA SCOTIA

Halifax, Nova Scotia
April 28th, 1954.

Dear Doctor Tompkins:

I have to-day signed an Agreement as between the Government of Nova Scotia on the one part and The Medical Society on the other in respect to treatment of Blind Persons and persons covered by the Mothers' Allowances Act.

This Agreement will consummate the arrangements made with the Economic Committee of your Society and I cannot let the occasion pass without saying to all the members of the profession, through you, how much I appreciate their splendid co-operation in the matters referred to.

It is not possible for me, as you will readily know to convey my thanks to every member of the profession, which I should very much like to do, and I would be grateful therefore if you could find some means of expressing to them my personal thanks and gratitude for what I consider to be a magnificent demonstration of good citizenship.

Yours very truly,
(Sgd.) HAROLD CONNOLLY,
Minister.

Doctor M. G. Tompkins,
President,
The Medical Society of Nova Scotia,
Dominion, Nova Scotia.

A Canadian Medical Association Statement

of

Policy And Principles Relating To Health Insurance

(Published to refresh the memories of the profession)

POLICY

1. The Canadian Medical Association, recognizing that health is an important element in human happiness, reaffirms its willingness in the public interest to consider any proposals, official or unofficial, which are genuinely aimed at the improvement of the health of the people. (St. Pol. 1).

2. The Canadian Medical Association will gladly co-operate in the preparation of detailed plans or programmes (schemes) which have as their object the removal of any barriers which exist between the people and the medical services they need and which respect the essential principles of the profession. (St. Pol. 4).

3. The Canadian Medical Association approves of the adoption of the principle of health insurance, and favours a plan which will secure the development and provision of the highest standards of health services, preventive and curative, provided the plan be fair both to the insured and to all those rendering the services. (Prin. 1)

4. The Canadian Medical Association, having seen demonstrated the practical application of this principle in the establishment of voluntary prepaid medical care plans, recommends:

   (a) The extension of these plans to cover all Canadians. (St. Pol. 62)

   (b) That governments assume responsibility for those unable to pay the premiums in whole or in part. (St. Pol. 6c)

5. The first and most urgent stage in the development of health services for Canadians is the meeting of the cost of hospitalization. (Std. Pol. 7)

Personal Interest Notes

Mr. and Mrs. Prentiss Shepherd of Boston, Mass. have announced the engagement of their daughter, Ellen Williams, to Doctor David James Sieniewicz, son of Doctor and Mrs. T. M. Sieniewicz of Halifax. Miss Shepherd is a graduate of Windsor College and Bryn Mawr College. Doctor Sieniewicz graduated from Dalhousie Medical School in 1950, and since that time has been doing post-graduate work at the Peter Bent Brigham Hospital in Boston, and is now at the Toronto General Hospital. A fall wedding is planned.

Doctor J. S. Robertson, Deputy Minister of Public Health, Halifax, is at present in Geneva attending a meeting of the World Health Organization as one of the representatives of the Dominion Council of Health. He intends also to visit a number of the Public Health Departments in the United Kingdom.

Doctor R. O. Jones and Doctor J. F. Nicholson of the Department of Psychiatry of Dalhousie University attended the annual meeting of the American Psychiatric Association in St. Louis, Missouri, during the first week of May. Doctor Jones took part in a round table discussion on "The Development of Departments of Psychiatry in Universities and General Hospitals."

Doctor W. A. Murray and Doctor Harold C. Read of Halifax attended the annual convention of the American College of Physicians and Surgeons in Chicago early in April. They were both honoured as associate members.

Doctor Harry S. Morton, O.B.E., F.R.C S., F.A.C.S., Assistant Professor of Surgery at McGill University and associate surgeon at the Royal Victoria Hospital and consultant in surgery at Queen Mary Veterans' Hospital, has been invited to be Hunterian Professor of the Royal College of Surgeons, England, and deliver the Hunterian Lecture in London in June, the third Canadian to be given this honour.

The Hunterian lectures were established in 1799, by the British Government, six years after John Hunter's death, to honour this famous pioneer surgeon, who founded the museum of the Royal College of Surgeons. The title of Doctor Morton's lecture is the "Potentialities of the Electrogastrograph."

Doctor Morton is the son of Doctor C. S. Morton of Halifax.

Doctor Jane Heartz Bell of Halifax was presented with a citation by the Y.W. Board in recognition of her work in the many welfare agencies in the city, most particularly the Y.W.C.A. on May first.

Doctor and Mrs. L. M. Morton of Yarmouth returned home in April after spending the winter months in Florida.

Doctor and Mrs. H. W. Schwartz of Halifax returned home in April after a winter vacation spent in Florida and Jamaica.

The Bulletin extends congratulations to Doctor and Mrs. T. Harvie Earle of Upper Stewiacke on the birth of a son on February 15th; to Doctor and Mrs. A. J. Shaw (Lillian R. Flemming, R.N.) of Sydney on the birth of a son on February 21st; to Doctor and Mrs. J. Avery Vaughan of Windsor on the birth of a son, Gary Allison, on February 26th; to Doctor and Mrs. Bruce St. C. Morton of Montreal, on the birth of a daughter, Judith Lynn, on March 22nd; to Rev. Frank and Mrs. Lawson (Jean Macdonald, M.D.) of Halifax on the birth of a son on April 10th and to Doctor and Mrs. H. C. Still of Halifax on the birth of a daughter, Janet Elizabeth, on May 3rd.

Doctor R. O. Jones, Professor of Psychiatry at the Dalhousie Medical School, has been appointed to a Royal Commission which will study possible changes in the Canadian Criminal Code dealing with the question of insanity given as defence against criminal charges. The other members of the Commission are Chief Justice J. C. McRuer of Ontario, who will head the Commission; Doctor Gustave Desrochers of St. Michel Hospital and Laval University, Quebec City; Judge Helen Kinnear, Judge of Haldimand County Court, Ontario and Joseph Harris of Winnipeg, President of the Great West Life Assurance Company.

Doctor H. B. Ross of Halifax was invited through the courtesy of the Lederle Laboratories of New York to attend a one day post-graduate course of instruction to be given by the Regina and District Medical Society at Regina in May. The purpose of Doctor Ross' visit was to make a study of this meeting as the Lederle Laboratories plan to underwrite a similar course in Nova Scotia under the auspices of the Post-Graduate Committee of the Dalhousie Medical School.

Hon. Paul Martin, Federal Health Minister, has announced that Nova Scotia's plan for improved maternal and newborn infant care is to be assisted by a Federal grant of $9,257 under terms of the Child and Maternal Health Grant in the National Health Programme. The grant will contribute to the provision of special case-room and nursery equipment for the hospitals in Nova Scotia.

Research grants totalling more than $35,000 have recently been made to members of the Medical Science Departments of Dalhousie University from the National Research Council in Ottawa. Eleven separate research projects on many aspects of Medical Science are receiving financial support from this source.

Federal aid, totalling $14,400 in operating a Mental Health Clinic for Children at Halifax, has been announced by the Department of National Health and Welfare.

Another grant of $3,000 to the Nova Scotia Sanatorium at Kentville was announced at the same time.

Provision of modern quarters for a Provincial Polio Clinic at Halifax is being assisted by a federal health grant, has been announced by the Depart-

ment of National Health and Welfare. This is part of a provincial programme involving also a modernly-equipped branch clinic at Antigonish and another branch clinic at Sydney.

The new facilities at Halifax have been made possible through remodelling of a brick building on grounds of the old Victoria General Hospital.

Doctor W. D. Stevenson of Halifax, Assistant Professor of Surgery in Neurology, Dalhousie Medical School, recently returned from attending a meeting of The Harvey Cushing Society in Santa Fe, New Mexico.

Doctor W. I. Morse of Halifax, who graduated from Dalhousie Medical School in 1945 has been awarded an extension of the travelling and research fellowship by the R. Samuel McLaughlin Foundation. Doctor Morse will study metabolic diseases at the Peter Bent Brigham Hospital in Boston.

Doctor V. D. Schaffner, Doctor J. J. Quinlan and Mrs. Quinlan (Doctor Helen Holden) of Kentville attended the annual meeting of the American Association of Thoracic Surgeons held in Montreal in May. Following the meeting Doctor and Mrs. Quinlan left for Philadelphia where they took post-graduate courses.

Doctor and Mrs. L. E. Bashow of Hantsport were guests of honour at a public reception held for them the end of April by the citizens of Hantsport and surrounding district on the eve of their departure for Toronto following seven years' service to the people. Doctor Bashow was presented with a gold watch and a purse of money and Mrs. Bashow was presented with a boquet of red roses. Doctor Bashow graduated from the Dalhousie Medical School in 1943 and during the next three years will study at the Workmen's Compensation Sunnybrook and Toronto General Hospitals.

The following received the Degree of M.D., C.M. from Dalhousie Medical School at the Convocation held at the Capitol Theatre in Halifax on May 11th.

Robert Norman Anderson, St. Peter's Bay, P. E. I.; Martin Bandler, Alberton, P. E. I.; David Harry Blinkhorn, North Sydney; James Allan Brander, Wallace; Lieselotte Brown, Dartmouth; John McCurdy Burris, Upper Musquodoboit; Joseph Cairn, Iona, P. E. I.; Alexander Newell Campbell, Yarmouth; William A. Condy, George Harvey Cook and Louis Vincent Cullinan of Halifax; Ralph John Day, Gaultois, Nfld.; George Everett Eddy, Bathurst, N. B.; Frederick Ralph DeProfio, Sydney; Charles MacNeill Dewar, Brudenell, P. E. I.; Lionel Gordon Clement Dockrill, Halifax; James Alexander Gibson, Fredericton, N. B.; Maurice Glickman, Sydney; Harold Grant Good, Fredericton, N. B.; Charles Horace Graham, Charlottetown, P. E. I.; Clarence Maze Hardy, Halifax; James Frederick Harrigan, Edmunston, N. B.; Tremaine Edmund Heffler, Halifax; Aubrey Densmore Hudson, Moncton, N. B.; Percy Hugh Kirkpatrick, Aylesford; Irving Herdsall Koven, Grand Falls, N. B.; Paul Lois Landrigan, Cambridge Road, P. E. I.; William Mitchell Larsen, New Glasgow; James Hugh Lounder, Moncton, N. B.; Eldred Hugh MacDonell, Port Hood; Lennis Ralph McFayden, Cornwall

P. O., P. E. I.; Adrian MacKenzie, Stellarton; Donald Irving MacLellan, Moncton, N. B.; David Everett MacLeod, Pictou; Lionel Russell McMaster, New Waterford; Carl Joseph Mader, Mahone Bay; Margery Una Morris, Dartmouth; Hazel Jones Murphy, Hantsport; Raymond Mary Murphy, Jamaica Plains, Mass.; Winston Blair Orser, Hartland, N. B.; Stanley William Potter, Westville; Eva Gilchrist Powell, Pictou; Ruggles Bernard Pritchard, Ottawa, Ont.; Wallace Boyd Rendell, Hearts Content, Trinity Bay, Nfld.; William Allen Richards, Fredericton, N. B.; Athol Leith Roberts, Southport, P. E. I.; Walter Sharman Anandpati Singh, Demerara, British Guiana, S. A.; Kevin Patrick Smith, Curling, Nfld.; Marjorie Lorraine Smith, Pictou; James Murray Snow, Halifax; Walter Sulvanis Totten, Sydney Mines; Dennis Wolfson, Sydney; William Grant Worthylake, New Glasgow.

The Bulletin extends its sympathy to Doctor Donald M. Grant of Halifax on the death of his mother, Mrs. Christena Grant of Eureka, Pictou County, who passed away on April 26th in her eighty-second year. The Bulletin also extends sympathy to Doctor Wilfred J. Dyer, formerly of Halifax now in Montreal, on the death of his father Mr. James William Dyer, who died in Halifax on April 15th at the age of seventy-four.

PRACTICE FOR SALE

The practice of the late Doctor Morris Jacobson, 290 Gottingen Street, Halifax, is for sale. For further information contact Mrs. Jacobson at 438 Quinpool Road, Halifax, or telephone 3-5641.

LOCUMS WANTED

Wanted a locums for a period of one year beginning in June of this year for general practice in British Columbia. For further particulars apply to the Secretary.

DOCTOR WANTED

Doctor in Ontario wishes either an assistant or partner. Will consider this year's graduate or one who has been in practice for a year or two. For further particulars apply to the Secretary.

Obituary

DR. ARTHUR EMERSON MACKINTOSH

DR. Arthur Mackintosh of Amherst died suddenly at Smyrna Beach, Florida, where he had been spending the winter, on April 7th.

He was born at Pugwash, Cumberland County, on October 17th, 1886. His father, Dr. Donald Mackintosh, a native of Pictou County, established a large practice in Pugwash soon after graduation, and was very well known to the older generation of physicians in this province. Arthur graduated from McGill University in Medicine in 1910, and after post-graduate work in New York, and a year as a ship's surgeon, he registered in his native province in 1913. After two years of practice in Glace Bay he came to Amherst, but almost immediately joined the Royal Canadian Army Medical Corps in which he served in Canada and overseas in World War I. On his return to Amherst he developed his interest in surgery, which through time constituted the major portion of his practice. He was a Fellow of the American College of Surgeons, and of the Royal College of Physicians and Surgeons of Canada.

Dr. Mackintosh was a Scot, proud of his Highland tradition, though not inclined to be demonstrative on the subject. Like all Highlanders he loved music, and as a young man he played competitive games, and supported them in the community when he could no longer engage in them actively. Like all good physicians his name had become a community byword for skill and reliability, and despite the fact that he was decreasing his professional activities in a voluntary way, he will be greatly missed by the people of Amherst and a wide surrounding country.

To Mrs. Mackintosh, and to all members of his family, The Bulletin extends sincere sympathy.

H. L. S.

DR. MORRIS JACOBSON

DR. Morris Jacobson, a well known general practitioner in Halifax, died at the Halifax Infirmary, on April 13th, after an illness of five days.

He was born in Lithuania in 1899, the son of Mrs. Ella Jacobson now of Halifax, and the late Zachariah Jacobson, and came as a child to Saint John, New Brunswick. He was educated in the public schools of that city, at Mount Allison University, and graduated from Dalhousie University in Medicine in 1927. Following graduation he carried on a general country practice for a short time, and then did extensive post-graduate work in Winnipeg and in New York. His aim was to be an allround practitioner. On his return to Canada he carried on successfully in Halifax until the outbreak of Great War II, when he joined the Royal Canadian Army Medical Corps, and served until the close of hostilities in 1945. At the time of his death he was Medical Officer for the 36th Heavy Ack-Ack Battery, reserve force, with the rank of Major.

Few physicians have been able to accomplish so much for the welfare of the community at large in addition to the constant demands of his profession as did Dr. Jacobson. He was a member of the United Services Institute, ounder of The Young Men's Hebrew Association, member of the Young

Men's Christian Association, of the Commercial Club of Halifax, and for many years was the head of the Jewish Community Council of Halifax. His deep interest in education was manifest as Chairman of the Jewish Board of Education in this city, and as a director of the Nova Scotia Opera Association from its foundation.

As a classmate in Medicine at Dalhousie, it was my privilege to know and appreciate his fine qualities of mind and heart. He had a sturdy independence of character that asked no help but was always ready to extend it to those in need. He was the soul of tolerance, and while he bent every effort to promote the welfare of the Jewish Community, he gave his support to every good cause regardless of its origin or objective. In his professional relationships he was the soul of honour, and no man strove harder to uphold its finest ideals and traditions. It is sad indeed that his life should end at a time when he was beginning to see some of the ideals he strove to attain approaching reality.

To his aged mother, to his wife and young family, and to his brothers and sisters, The Bulletin extends its sincere sympathy.

H. L. S.