



*Call Him Not Old.*

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*Call him not old, whose visionary brain  
Holds o'er the past its undivided reign,  
For him in vain the envious seasons roll  
Who bears eternal summer in his soul.  
If yet the minstrel's song, the poet's lay,  
Spring with her birds, or children with their play,  
Or maiden's smile, or heavenly dream of art  
Stir the few life-drops creeping round his heart,  
Turn to the record where his years are told,  
Count his gray hairs,—they cannot make him old!*

O. W. HOLMES.

## Addison's Disease

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A woman aged 26, married 14 months, nulliparous, was seen on emergency with Dr. Murdoch Chisholm, and two days later with Dr. V. L. Miller, whose patient she was. The presenting symptom was persistent vomiting of projectile type and hiccough after every attempt at feeding, and also when the stomach was empty. This symptom was of recent origin. At first glance one was struck by the patient's peculiar colour. Her face, neck and forearms were very dark and 'bronzed', giving the appearance of long exposure to the sun which had not been the case. The conjunctivae and under surface of the tongue showed no trace of jaundice, and there was neither cyanosis nor oedema.

Her history afforded the following points. Fair health up to marriage. *Progressive asthenia*, moderate loss of weight, anorexia for about twelve months, *discoloration of skin* began about the same time. No acute illness except Influenza (?) during the spring of 1926.

EXAMINATION. Showed well-built woman somewhat emaciated, with rather flat chest and well marked supra-clavicular depressions. In the lower lumbar spine was a small kyphotic irregularity where the spines of the two vertebrae were apparently fused; there was no tenderness or limitation of movement, no heat, and no signs of any active disease. This was attributed to an accident years before. The chest examination gave negative results as regards the heart, except for sounds deficient in tone and a short systolic whiff maximum at apex. The pulse was about 100, very small, regular and of low tension. B. P. later 90-60. The pulmonary signs suggested old quiescent tubercle at the apices—no rales were heard. The abdominal wall was thin, rather scaphoid, and moved normally. Liver and spleen were not enlarged. On palpation the whole abdomen gave a curious resistant doughy impression that rendered accurate definition difficult. There were points of deep, but indefinite and apparently variable tenderness—one over the gall-bladder region, one under the left hypochondrium and one over the caecal region. The examination was otherwise negative. Constipation had been the rule, but a recent dose of Eno's Fruit Salt had given 6 liquid movements with symptoms of collapse. More complete investigation of the skin discoloration demonstrated that it was more or less generalized, but much more marked on the exposed surfaces face, neck, forearms and hands. The axillae and genitalia were not abnormally dark, though the nipples were very black, and

in either groin where blisters had been applied some time before, the sites of these were deeply pigmented, as were also two long scratches on patient's arms. Here and there on the paler parts of the trunk were isolated dark smoky looking spots and patches. Careful scrutiny of the buccal mucosa revealed no discolorations.

Examination of the N. S. was practically negative, except for the very *marked and general asthenia*. Reflexes and pupils were normal, as were the ocular fundi. Later examination of the urine and blood showed no pathology and no leucocytosis. Unfortunately there was no test made for "Sergent's white line".

**SIGNS AND SYMPTOMS.** The disease usually starts in the third or fourth decade of life. The onset is gradual, with debility and muscular weakness, pigmentation of the skin, vomiting, and a weak poorly sustained pulse. The pigmentation is most characteristic; it varies from light yellow to deep bronze; it is most marked on the exposed parts, such as the hands and face, on the parts that are normally inclined to be pigmented, such as the genitals, nipples etc., and where there has been constant pressure, such as the corset area in women and those parts in contact with the braces in men. The mucous membranes do not escape and pigmented areas should always be searched for in the mouth and conjunctiva and, if necessary, in the vagina. The muscular weakness is so marked as in time to prevent walking about. Giddiness and syncope are common. The blood pressure is extremely low, often from 60-80 mm of mercury. The disease runs a course of varying length; patients who suffer from persistent vomiting sometimes die in a few months, others may survive for several years. Death is usually from exhaustion or from the supervention of tuberculosis elsewhere.

**THE DIAGNOSIS,** may be very difficult in early stages. In the present case the skin pigmentation, profound generalized muscular weakness, the severe gastro-intestinal symptoms with persistent vomiting, the low blood pressure and the strong suggestion of chronic adhesive peritoneal tubercle made the direct diagnosis of Addison's Disease secondary to wide-spread tuberculosis process reasonably assured. It was inferred that the upper zone deep tenderness might be due to the thickened and retracted omentum lying athwart the upper abdomen.

In the *Differential Diagnosis* of this disease the following conditions giving rise to skin pigmentation are to be borne in mind.

*Argyria*,—history of silver and the discoloration more grey.

*Arsenic*,—especially in cases of pernicious anaemia; this can be diagnosed by the history and the blood picture.

*Nephritis*,—Patients with red granular kidney may become very deeply pigmented indeed. The high blood pressure and the absence of pigmentation in the mucous membranes will prevent a diagnosis of Addison's disease being made.

*Chloasma uterina*, e. g., in pregnancy or uterine disease, can be detected by appropriate examinations.

*Cirrhosis of the liver* in the later stages is often accompanied by extensive pigmentation, but it is usually due to obvious jaundice as shown by the sclerotics and urine.

*Exophthalmic Goitre*,—may be accompanied by considerable pigmentation, but the characteristic signs of the disease will be present.

*Pediculosis and Dirt* may produce extreme discoloration of the skin, (not the mucous membranes). This is only met with in tramps and the lowest social grades.

*Abdominal Tumours* may be accompanied by deep pigmentation, but careful examination will reveal the tumour and the history will not be that of Addison's disease. Bronzed diabetes and cachectic states (Syphilis, malaria and malignancy) must be borne in mind. Certain women, especially brunettes, become pigmented for no apparent reason and without impairment of health; more often slight pigmentation in women may be attributed to constipation and auto-intoxication or, if the age is appropriate, to the menopause. In cases of doubt the special tests for tuberculosis may be of assistance. This applies particularly to those cases where pigmentation is absent.

*Sergent's test* for adrenal deficiency.—

With a blunt pointed instrument (not the finger nail) lightly trace a geometrical figure (triangle) on skin below umbilicus. A white pattern appears shortly which persists for a little while. The test should be carried out in all cases suspected of hypo-adrenalism, which may occur in various acute and chronic infective conditions.

Addison, in his original description, called attention to the following characteristic features of this condition;—*anaemia*, general languor and debility, remarkable feebleness of the heart's action, irritability of the stomach, and a peculiar change of color in the skin. In seventeen cases observed at the Mayo clinic definite anaemia was found only once, and four others showed a doubtful tendency thereto. None was apparent in the present case. Addison's disease is in the great majority of cases due to tuberculosis of the supra-renal glands. Very rarely it may be produced by simple atrophy, syphilis, malignant disease, or pressure from without. There are two theories as to the pathology of the disease.

1. That it depends on a loss of function of the adrenals, with the result that the body is deprived of their internal secretion.

2. That it is an affection of the abdominal sympathetic nervous system.

The view taught in Edinburgh in the writer's day was that all the symptoms were due to the adrenal affection, except the pigmentation which was referred to the sympathetic semi-lunar ganglia. The elder Sajous regards the whole syndrome as of adrenal origin.

In the last autopsy seen by the writer (in the service of the late Dr. Theodore Janeway at St. Luke's Hospital, N. Y.) tuberculous

carries of lower dorsal vertebrae was found from which a sinus ran to the adrenal on either side, both glands being a mass of caseous material, The young female patient was admitted in a prostrate condition, with lips and buccal mucosa darkly discolored and pronounced general bronzing. She died within two days of admission.

Hypotheses regarding the functions of the Internal Secretion of the Chromaffin System.

1. *The tonus theory*, which assumes that the Epinephrin, in one way or another, maintains a constant state of tonus in smooth muscle innervated by the sympathetic nervous system.

2. *The emergency theory*, which regards the supra-renal glands as an apparatus for discharging epinephrin in emergencies only.

3. *The Anti-toxin theory*, according to which the supra-renal products neutralize poisons; or its variation, which assumes that the supra-renal products are themselves detoxicated substances.

4. *The metabolic theory*, which postulates the presence of minute quantities of epinephrin as necessary for the metabolic activity of the tissues including the oxygenation of the blood. (Nelson's System Vol. 3)

TREATMENT. Only recently has any effective remedy been devised. The use of adrenal products is strongly indicated. Judson Daland's case (1918) lived six years under treatment by adrenalin solution 1-1000 administered hypodermically, three times daily, in gradually increasing doses. He survived attacks of pleurisy and pneumonia. He relapsed whenever he suspended treatment, improved again on its resumption, and finally died from asthenia following neglect of the therapeutic measures prescribed for him.

Grote has reported a case of severe Addison's disease in which supra-renal treatment failed until the blood sugar was raised by *extra glucose feeding*. Grote claims that the blood sugar is abnormally low in two-thirds of the cases of pronounced Addison's disease examined up to the time of his report. (1916).

Raymond and Francis (1917) believe that thyroid combined with supra-renal preparations is superior in results to the latter alone.

The whole gland should be administered in doses of 2-3-5 grains thrice daily; or adrenalin 1-1000 by repeated hypodermic injection as used by Daland.

All the accessory measures for the generalized or local tuberculosis present, e. g. aeration, feeding, absolute rest, &c should be carefully carried out. The use of purgatives, owing to the hypo-tension, is risky, several fatalities having occurred in this way.

In the present case the patient was put on adrenalin therapy, but she died in a syncopal attack about a week from the time she was first seen. Unfortunately no autopsy was obtainable. A. B.

# Medical Education

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Dr. Philip Weatherbe, Halifax, N. S.

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(Being the Presidential Address delivered before the Halifax Medical Society,  
October 13, 1926).

ALTHOUGH I have chosen Medical Education as a fitting topic for presentation to you this evening, I fully realize the difficulty in dealing with such a question, especially in the time at our disposal. But at least I may be permitted to draw your attention to the importance of the subject, and would advocate further discussion at a later date and by more competent informers than myself.

Much has been written in the journals during the past years upon Medical Education and all that relates thereto. Books have been published, dealing fully with the matter, but I think the main facts and ideas of Medical Education have been fully and ably expressed by the late Sir William Osler in former journals and published works.

This Society should assume a certain responsibility, as the representative of the medical practitioners of the city, in directing medical matters of the community. Because of our affiliation with the parent body, the Canadian Medical Association, we should be cognizant of their movements.

Some of us do not read the Journal, and, to those who do not, I would like to be permitted to draw their attention to two numbers, one the March number, 1925, dealing with Medical Licensure, and last month's number, September issue, 1926, the latter containing a report of the Association's Committee on Education, which report was considered by the Society and after consideration, "It was duly moved, seconded and agreed that the complete report of the Committee on Education as amended be received and adopted."

I think, as the report has been adopted by the Association as a whole, we should be familiar with its contents, with the object of giving our stamp of approval or disapproval.

It is proposed in this report to try and bring about legislation to discriminate between the General Practitioner and the Consulting Physician and Surgeon.

Quoting from this report:

"Your Committee feel that in these days when both the science and art of surgery are developing at a pace hitherto undreamed of, a real need exists for a discriminatory registration of the consulting internist and of the consulting and operating surgeon. Such discrimination under our existing machinery

would probably have to lie with the various licensing bodies, Provincial and Dominion. If those bodies have not the necessary powers at present, the same should be sought, by appropriate legislation."

A further quotation:

"There is probably no member of this Association who does not know of lives being endangered or lost through the essaying of major surgical operations by practitioners, who, though legally qualified under our present licensing laws, nevertheless, for lack of special training and of surgical experience, are absolutely and fundamentally incompetent in matters of surgical diagnosis and treatment."

"Whereas it seems desirable to the Canadian Medical Association that higher standards and qualifications in the practice of medicine and surgery in Canada should be recognized by properly constituted Canadian authorities."

These quotations require our careful consideration and thorough digestion.

These remarks from our parent representatives on Medical Education and the remedies they suggest are rather staggering to me, but that may be because of my lack of intelligence upon such matters. They suggest a higher qualification for the internist and operating surgeon, but how will that remedy the surgical diagnosis of the incompetent practitioner who has to make his diagnosis before the consulting and operating surgeon can have the case submitted to his superior judgment and treatment which may, and often does, result in death.

But why not include Obstetrics along with Internal Medicine and Surgery because of the still appalling loss of life to both mother and child which continues under our present system.

It may be presumption upon my part to offer any suggestion.

A remedy for any existing incompetency in our ranks, will not, I am sure, be overcome by direct legislation or through any higher degrees, but we can bring about great improvement in our future practitioners by a very definitely needed revision and improvement in our under-graduate curriculum. And I think, by tackling the problem at its source we will accomplish all that is to be desired.

The proposal for a discriminatory registration for consulting internists and surgeons appears to me ridiculous and impracticable, at least in this country at the present time.

The present proposal to create a College of Physicians and Surgeons of Canada may not be out of place, although it is a question whether the time is yet opportune; personally I do not think so.

Another movement on foot is to bring about a method whereby the British Fellowship may be taken on this side of the Atlantic so as to obviate the necessity of travel and expense.

It appears to be forgotten that "a bookish man may never succeed; deep versed in books, he may not be able to use his knowledge

to practical effect, or, more likely, his failure is not because he has studied books much, but because he has not studied men more."

One cannot obtain the same advantages upon this side of the water on account of the lack of the enormous clinical material to be found in Britain, with demonstrations by teachers of ability, their equal to be found nowhere else in the world, who have had basic educational advantages and thus are able to express themselves in a lucid, terse manner in correct English.

A Fellowship gained on this side, however high its standard, would lack the weight of its original. It is not the examination or the diploma which gives the true value to its recipient; it is the work which he has done in order to obtain it which counts.

I presume that we in this Province can consider ourselves exempt from such inferences as is contained in our journal, because our standing in the profession is exceptionally high, and our Medical School—Dalhousie—equals or surpasses the others on this Continent.

There is no doubt our recent graduates, as well as our past, from the old Halifax Medical College, compare favourably with the best in the profession.

Dalhousie is fully alive to the requirements of revision of the curriculum, and the authorities that be, are improving the course every year by leaps and bounds, and I know they are open to suggestions from anyone who can improve matters.

The present course is somewhat handicapped, I believe, by the necessity to conform to American requirements. It is sometimes forgotten that when a student enters a medical school, he passes from boyhood to manhood, and he should be considered mature and entirely responsible to himself for all his actions. Every trust should be placed in him. Less organization and more individual liberty should be allowed both to the student and to his teacher as well. There is too much of the "School Marm" and "School Boy" carried into university life upon this side of the Atlantic, to the detriment of all.

The object of Medical Education and its ultimate good should be the turning out of Medical Doctors to treat the sick, as over 80% of our population are looked after by the general practitioner, and his training should be based upon a study of the common maladies which he will meet, from confinements and teething to broken bones, appendicitis and brain tumours.

It is the general practitioner and not the consulting physician and surgeon who must be most efficient in diagnostic methods, and it is he who sees all cases in their incipient form when they are least recognizable.

The medical student upon graduation, is placed in a position of adviser in all family matters, apart from medical advice. His training should be such as to allow him to cope with the situation in which he will find himself.



These things should be impressed upon the student upon entering his course.

The attitude towards the practice of medicine is the attitude of a practical man of sense engaged in practical affairs.

Courses in special training should be left to the Graduate Medical School.

Many writers have pointed out the necessity of instilling the principles of a subject into the student's mind and allowing the student to take care of the working out of that principle in detail.

In the teaching of medicine, the personal equation of the teacher is all important.

We should insist upon directing the students attention emphatically to the objects to be sought rather than to the detail of subject matter and to urge him to focus on the problems that confront the practitioner.

There are easy and difficult tasks to perform. One must realize what is to be done, and then plan to do it effectively.

The candidate for licensure should be made deeply conscious of his forthcoming duty. If he develops a conscientious appreciation of his work, there should be no worry about the details of the medical curriculum.

To do one's duty well, one must first see where it lies.

To quote Osler:

"As the practice of medicine is not a business and can never be one, the education of the heart—the moral side of man—must keep pace with the education of the head. Our fellow creatures cannot be dealt with as man deals with corn and coal."

"The human heart, by which we live, must control our professional relations."

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### So They Should.

"Poor Martha Snell! Her's gone away,  
Her would if her could, but her couldn't stay;  
Her'd two sore legs and a badish cough,  
But her legs it was as carried her of."

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### The Spirit of Resignation.

She once was mine  
But now, O Lord,  
I her to Thee resign  
And remain your humble and obedient servant.

Robert Kemp.

## “Arma Virumque Cano”

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M. G. Burris, B.A., M.D., Dartmouth, N. S.

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IN the words of this title Vergil began his immortal epic in celebration of the virility, the endurance and the heroism of the founders of the Imperial City and the Latin Race. No such stately epic has been written of that race from whom many of us are descended, and the only men whom Rome, at the maximum of her power, could not subdue,—the warrior tribes from beyond the Rhine who harried and decimated the proudest legions of Augustus Caesar—these men and their descendants must be content with more modest praise!

But the stirring events of our past have not been forgotten or gone unrecorded. Many men have labored in this cause with whose works the writer of these notes is not familiar and to whom, perhaps, their very names are unknown. However it cannot be doubted but that the Anglo Saxon world will always be indebted to the industry of one man—Richard Hakluyt, who wrote in the 16th century his “Principal Voyages of the English Nation.” It surely must have been in spirit akin to that of Vergil, and with equal appreciation of the greatness of the race from which he sprang, that this man set himself to gather up the sailor traditions of the past, and to record the stories which he heard from the masters and seamen of his own time, as they come straggling back to their home ports, often with crews diminished to a mere skeleton of their original numbers, or broken by warfare, scurvy and famine after months and, in some cases, after years of heroic effort in the far distant seas.

All of these stories are interesting, often inspiring. Some of them have been immortalized in our language by the efforts of poets and writers of fiction of more recent times. But excepting in a general way, the writer’s only excuse for offering any one of them to a medical journal is that, here and there, items may be found of particular interest to our profession. At the same time he would wish to bring out some, at least, of the thoughts which came to him when reading these stirring tales of long ago.

The earlier accounts collected by Hakluyt do not seem to contain any matter of medical interest, but of the many voyages undertaken by his contemporaries, perhaps the one most interesting to us, is that of “The Last Voyage of the Worshipful M. Thomas Candish Esquire intended for the South Sea, The Philipines and the Coast of China, with three tall ships and two barks; Written by M. John Jane a man of good observation employed in the same and many other voyages.”

This voyage was one of tremendous hardship almost from the day of sailing. Weeks, months and years of battling with furious storms while attempting to pass the Straits of Magellan,—sometimes reaching the great South Sea only to be driven back again into or beyond the Straits; loss of sails, anchors and cables; warring with the savage elements of storm and sea while afloat; assailed by savage men when ashore; horrible suffering and death from famine and disease; but at all times the unconquerable will to proceed or die in the attempt,—all combine to make this account an epic of the sea, which must surpass in everything but literary style even the Aeneid of Vergil, and in addition it is the more interesting to us, in that it is written of men who are removed from us by a comparatively few generations. No legendary heroes, Anchises, Aeneas, Orontes do we meet on this voyage, but face to face, almost as if they looked at us from the pages of some old family record, we see John Davis, Charles Parker, Matthew Stubbs and others of those good English names which we know so well in our own time.

But to the account itself:—"The 26 of August, 1591 we departed from Plimmouth with three tall ships and two barks. The Galeon wherein M. Candish went himself being Admiral, The Roebucke vice-admiral whereon M. Cooke was Captain, The Desire Rear-admiral whereof was Captain M. John Davis (with whom and for whose sake I went this voyage), The Black Pinnesse and a bark of M. Adrian Gilbert whereof M. Randolph Cotton was Capitaine."

Shortly after reaching the coast of South America a violent storm separated The Desire and her pinnesse from the rest of the fleet, and, though they made every effort to do so, they could not rejoin their comrades but continued the voyage alone. This ship (The Desire) left England with a crew of 76 men. She was none too well provisioned as subsequent events proved, and after more than six months had passed she had arrived only at Port Desire near the Eastern end of the Straits of Magellan. The selections given below are from a separate account which we have of her eventful voyage.

The following is the report of but one of the many storms which they encountered.—"The fourth of October 1592 the storm growing beyond all reason furious, the pinnesse, being in the winde of us, strake suddenly ahull, so that we thought she had received some greivous sea, or sprung a leake, or that her sails foiled her because she came not with us, but we durst not hull in that unmerciful storme. This night we lost the pinnesse and never saw her againe. The fift our foresaile was split and all to torne. Then our master took the mizzen and brought it to the foremast to make the ship worke, and with our sprit saile we mended our foresaile, the storm continuing without all reason in fury, with haile, snowe, raine and winde such and so mighty as that in nature it could not be more, the seas such and so lofty with continual breach that many times we were doubtful whether our ship did sink or swim."

Not once or twice but actually dozens of times destruction seemed certain.—“We perceived that we fell more and more to leeward and could not double the Cape. Then the footrope of our foresaile broke so that nothing held but the oglet holes. We were now within half a mile of the Cape, and so near the shore that the counter surf of the sea would rebound against the shippe’s side, so that we yielded ourselves to death without hope of succour; but whether it was by some current or by the wonderful power of God, as we verily believed it was, the ship quickened her way and shot past the rock by about the length of our ship, where we thought she should have shored.”

Within six months of sailing from Plymouth their supplies of food had become seriously depleted, and already it was necessary to supplement them as best they could. Thus we find,—“We departed from Port Desire the 20 of March, 1592 saying for the Streights of Magellan in poor and weak estate. In which time we had great store of snowe and we were compelled for the preserving of our victuals to live the most part upon muscles so that many of our men died in this hard extremity.” On May 24th an inventory of their supplies showed “only five hogsheads of porke within bourd with meal three ounces for a man a day with water for to drink.”

The following months were full of discouragement and hardship. Could they but reach the South Sea their troubles would be over but this proved impossible, and sailing back and forth to the east of the Straits “we remained in the most miserable calamite until August, and so great was our vexation and anguish of soule as never flesh and blood endured more.” Falling back to Penguin Isle “we salted twenty hogsheads of seales as much as our salt could doe” and once more they headed up for the Strats “the poorest wretches that were ever created.” Reaching Cape Froward near the Pacific end of the Straits they anchored there for three weeks “in the deep of winter our victuals consuming (for our seales stunk vilely) and our men died pitifully through cold and hunger.” In another of the Nor’Westers which sweep those Straits their cable parted. The storm continued for ten days driving them beyond the Straits and because their lost cable was gone they could not again attempt to pass into the Pacific. Accordingly they set saile for Penguin Isle arriving there at the end of October. This time they found the Isle inhabited by numberless flocks of penguins, gulls and other sea fowls” from which they supplemented their supplies “drying the flesh in the sun.” A significant item follows,—“In this place we found an herbe called Scurvy grasse which we fried with eggs using traine oyle instead of butter. This herbe did so purge ye blood that it took away all kinds of swellings of which many died and restored us to perfect health of body.... Thus God did feed us as if with manna from heaven.”

They were now fourteen months out from Plymouth. Their objective had not been gained. Not being able to rejoin the main fleet, without cables or anchors, with sails badly torn, the ship herself

strained and leaking and with food supplies practically exhausted, no other course was left but to return to England. Some few of the crew, indeed, debated sailing for the coast of Brazil and giving themselves up to the "Portugals;" "but being thus perplexed the greater number made choice rather to fall into the hands of God than into the hands of men, for of his exceeding mercies we had tasted and of the other's cruelty we were not ignorant."

This then was the attitude of the men as they set sail on their perilous voyage to the Homeland, and in it they did but follow the common tradition of their time. Hakluyt gives us the original of Sir Richard Grenville's "Fall into the hands of God—not into the hands of Spain" and from another quarter we hear Sir Humphrey Gilbert's cry, as he faced his last storm out beyond the Azores,—“We are as near heaven on sea as on land.”

"Nowe our captains rated our victuals and brought us to such allowance as our victuals might last for six months for our hope was that within six months we might recover our country." The rations were pitifully small and consisted almost entirely of dried penguin meat,—“and every day 5 penguins for 4 men.” The course was set for the coast of Brazil where they hoped to obtain fresh supplies before attempting the long voyage home. One month later January 30, 1593 they arrived at the "river of Jenero" where they were fated to suffer further calamity of the most serious nature.

Whether or not there is any ground for rational belief in what in a general way is called "superstition" is a question which may be argued (but perhaps never quite decided) by those who may care to do so. The belief is one which has attracted the attention and excited the marvel of many ages and peoples; but however absurd or irrational it may be declared, it seems necessary here to relate another instance of this "phenomenon" from the remarkable experiences of the crew of "The Desire" as they lay off Rio Feb. 5, 1593.

On the morrow it had been decided to send a boat's crew of twelve men ashore to capture, if necessary, but in any case to obtain fresh fruits and other much needed supplies. "This night many of our men dreamed of murther and slaughter. In the morning they reported their dreams one saying to another—This night I dreamed that thou wert slaine; another answered and I dreamed that thou wert slaine; and this was general through the ship. The Captain hearing this, who likewise had dreamed very strangely himself, gave very streight charge that those who went on shore should take weapons with them and sent some of purpose to guard the laborers." The sequel came some hours later when one man came back in a boat with the report that, while ashore, they had been attacked by Portugals and Indians and that all, himself excepted, had been slain. In hope that the survivor might have exaggerated the event, "with all speed we manned our boat and landed to succor our men but we found them slaine and laid naked on a ranke, one by another, with their faces to the

sky and a cross set by them." More than a suggestion of pathos there is in this event and report—not that which softens the tragic climax of disappointed love, as in the Latin epic, but rather that surrounding the defeat of high endeavor against overwhelming odds. Without any effort of comparison, or of memory, one thinks of many other such events in the history of our race.—On the ramparts of Corunna, in the Arctic and Antarctic wastes, by the shores of the blue Aegean or off Coronel, but "hear what the sea wind saith"

"Their bones are white on many a shore  
They sleep with Admiral Death."

On the afternoon of that day "The Desire" was further threatened "by three great pinnesses filled with souldiers which came out of the river of Janero, so concluding to depart the 6 of January we were off in the channel with our ordnance and small shot in readiness for any assault that should come and with a favourable wind we recovered the sea in deep distresse." Not only in the matter of food were they in great danger but their water casks were now almost empty but this was remedied "by a great raine so that we were well watered an in some comfort to returne. . . . Off Cape Frio the wind was contrary and for three weeks we were grievously vexed with crosse windes." Thus struggling Northward they reached and passed the Equator, when the last and most hideous calamity of all overtook them. "But after we came neare into the sun our dried penguins began to corrupt and there bred in them a most lothsome and ugly worme of an inch long. This worme did so mightily increas and devour our victuals that there was in reason no hope howe wee should avoid famine but be devoured of these wicked creatures. There was nothing they did not devoure, only yron excepted: Our clothes, boots, shoes, hats, shirts, stockings; and for the ship they did so eat the timbers as that wee greatly feared they would undoe us by gnawing through the ship's side. Great was the care and diligence of our Captaine, master and company to consume these vermin but the more we labored to kill them, the more they increased; so that at the last we could not sleep for them but they would eat our flesh and bite like Mosquitos. In this wofull case after wee had passed the Equinoctial towards the North, our men began to fall sick of such a monstrous disease, as I thinke the like was never heard of; for in their ankles it began to swell; from thence in two daies it would be in their breasts, so that they could not draw their breaths, and then fell into their cods; and their cods and yardes did swell most greivously and most dreadfully to behold: so they could neither stand, lie, or goe. Whereupon our men grew mad with griefe. Our Capitaine with extreme anguish of his soule was in such a wofull case, that he desired only a speedy end; and though he was scarce able to speak yet he persuaded them to patience and to give God thanks and like dutiful children to accept his chastisement. For all this divers grew raging mad and some died in most lothsome and furious paine. To be short all our

men died except 16 of which there were but 5 able to move. . . . Upon us 5 only the labores of the ship did stand. . . . At last our miserie and our weaknesse was so great that we could not take in or heave out a sail so our topsailes and sprit sailes were torn all in pieces by the weather. . . . Thus as lost wanderers upon the sea the 11 of June, 1593 it pleased God that we arrived at Bear-haven in Ireland and there ran the ship on shore; where the Irishmen helped us to take in our sailes and to moor our ship for floating."

There is in this account very little of scientific value to the modern physician, but to the student of history and to one interested in the earlier efforts of our forefathers to explore the distant lands and seas—to open up new avenues of trade and commerce, or simply to seek stirring adventure, it is important. If we prefer to regard it from a humanitarian or a patriotic standpoint, it then assumes first rank. It is said that Sir Philip Sydney once exclaimed "I never read the old story of Percy and Douglas but that my heart is moved as by a trumpet blast." And so perhaps an occasional turning aside to the study of our sea-faring past may bring to the Anglo-Saxon of to-day some degree of that enthusiasm which carried the hero of Zutphen to his glorious death. Nor is the immediate occasion for enthusiasm lacking for there must go forward into the future those ideals which we have inherited, that they may play their destined part in that greater world state which is to be. Let others talk, if they will, of the decadence of Britain and the downfall of that empire which her sons have fashioned, but the true Anglo-Saxon can never entertain such ignoble doubts!

Even in such a fragment as this it is imperative not to overlook the contribution made to our national welfare by that race which a fortunate succession of events has allied with us. No thoughtful man would wish to take from the Celtic peoples one iota of the credit which is justly due them for the present greatness of our empire. But their gifts are of a different nature. Always for the Anglo-Saxon there will be, as objects of especial pride, his sea faring history, his sailor heroes and the beacon lights which they have placed in the world's highways; and in song and story his heart must ever be moved by the high lights of the past.—By that unwilling tribute of the Latin poet of well nigh two thousand years ago, when the Anglo-Saxons first appeared within the Roman walls; "They seize with careless glee either sword or oar—A nation fierce beyond all others. The sea is their school of war—the storm their dearest friend." By the pages of Hakluyt and other national historians, but perhaps with deeper emotion than would be experienced from any other source, by the clarion call of his great Celtic interpreter,—

"The spirits of your fathers  
Will start from every wave;  
For the deck it was their field of fame,  
And ocean was their grave."

# Treatment of Tuberculosis

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(The following communication, addressed to the Provincial Health Officer, has been sent to the BULLETIN by its author, Dr. S. N. Miller of Middleton. It is published because it is a valuable contribution to the literature of Tuberculosis in this province. Nor does it appear, upon study, to condemn the work of the Tuberculosis Commission. On the contrary it contains suggestions which will meet with general approval).

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MIDDLETON, N. S.  
Oct. 13th, '26

A. C. JOST, ESQ., M.D.,  
Provincial Health Office,  
Halifax, N. S.

Dear Dr. Jost:

Yours of the 6th came to hand and I regret that I have not until now had time to answer. I have gone carefully through the plans of the Nova Scotia Tuberculosis Commission and while there are in them some things I admire, as trying to rid the province of Tuberculosis, an object for which we all work and pray, yet there are many things on which I do not look favourably.

In Article I, Sect. A. 1, 2 and 3 (Assistance will take the form of:

1. Provision of clinic service if required.
2. Such nursing or follow-up work as may be possible.
3. Financial Assistance).

This is very well covered by the different municipalities. Where a patient is found without means to pay for his care, the case is reported to the Board of Health: they refer it to the overseers of that district and the Medical Attendant is directed to care for the patient and to render the bill for the same to the town or municipality. This seems to cover the ground with a minimum of expense.

Article III: (This calls for a Diagnostic Clinic Service, two examiners from the Dept. of Public Health, two nurses employed for the Commission by the Canadian Tuberculosis Association).

This is not practicable in the County at present.

1. The family physician, knowing the history, is in the best position to examine.
2. Nurses provided to nurse the sick could do good work.
3. Too much machinery under the system outlined.

Article IV. (The making of a Tuberculosis Survey of the Province).  
Good: the work of family physicians.



Article V. (Increase of the Treatment Facilities of the Province)

Article V. A. suggests that the local hospitals shall be encouraged to provide for some of the cases by additions to the bed capacity "especially for the care of advanced cases of the disease."

I do not think Tuberculosis should be under the same roof with general hospital cases and certainly not near operating rooms.

Article V. B. considers rendering assistance by the erection of sleeping porches or out-door shelters where this means of treatment seems best.

Tents, summer and winter, are, in my experience, the only safe place.

In direct answer to your letter let me say that I have been treating Tuberculosis, Pulmonary and others forms, for over fifty years. My first case was in April, 1875, and I began then with the direct rays of the sun, not through a shingle or tarred paper roof or through glass but with nothing between the patient and the sun. This is the first and to my mind the most essential part of the treatment. The next is *fresh air* plenty of suitable nourishment and rest. Before we had tents I placed my patient outdoors when the weather was suitable, in chairs and couches, but for the past twenty-five years I have been using square tents and have put my patients in them summer and winter, not allowing them to go into a house for six months or a year if that was needed.

In the summer I use a simple square lean-to tent about 7 x 8 ft. or 8 x 9 ft. ground space. The rear posts  $5\frac{1}{2}$  ft. above the ground, the front posts  $7\frac{1}{2}$  ft. which gives good clearance for the head of patient and attendants and sufficient slope to carry off the water. This makes a roomy tent. A foot space is left at the top of the foot wall which is filled with mosquito netting. The duck covering of the roof is long enough to come down over and to cover this space so that it can be closed at night or when the wind blows in too freshly from that direction. At the high side of the tent there is a two foot opening for a door, filled by mosquito netting, to swing inside the tent and a hanging curtain or part of the cotton that forms the wall, to close over it at night, (as at the foot). I cover the ground in the tent with spruce or fir boughs as we used to do during our Annual drill at Alder-shot. These I change about once a fortnight. This keeps the tent free from dust and fills with a balsamic odour. In the cold weather I have an outside tent made six inches larger at the foot and sides and two feet larger at the head, so as to make a walk into the door of the inner tent. This hallway prevents winds or storms from blowing directly into the inner tent.

I have taken patients from hot rooms in zero weather, placed them in tents and if their temperature was above  $102\frac{3}{5}$  given them a cold sponge bath in the tent night and morning until I got the temperature down.

The above kind of tent is very comfortable summer and winter. I never heard a patient in one complain of cold. Give them plenty of clothes and the colder it is the better they do. Never any artificial heat. This kind of tent gives them the benefit of the whole of the sun's rays as it passes through cotton or duck unobstructed. If they pass through window glass the ultra violet rays are strained out, the ray we use to kill the tubercle bacillus. We are told that if sputum laden with T. B. bacillus is placed in the direct rays of the sun for three minutes the bacilli are killed. If some of the same sputum be placed in a corner of the room where the wind can blow over it for eighteen months a live culture can be made from it, showing that it is the sun's rays, not the wind, that we need in treatment. Again, a skiagram or picture of the bone of the leg can be made by converging the rays of the sun upon it. If the sun's rays will penetrate the tissues sufficient to skiagram the bones of the leg, who is to say how deeply it is to penetrate the tissues of the body and kill T. B. bacilli.

The tents described above cost about fifteen dollars for single tents and thirty for double and you have your patient under the best possible conditions of treatment. A few moments after the sun's rays strike the tent the air in it is perfectly bacillus free and the patient is not re-infecting himself. By placing the patient in a tent you prevent him from infecting his family, and thus stop the spread of tuberculosis.

If the province, or the different counties of the province, would provide these tents (at a cost of \$15 for single, \$30 for double) ten to a county, 160 to the province, it would only cost \$2,400 (single tents) or \$4,800 (double). Let these be placed at the disposal of the medical men throughout the province so that a T. B. case could be isolated immediately on discovery. This would avoid the delay of ten days or a month which I have often had to put up with, losing valuable time and endangering the rest of the family. This plan would be the shortest cut to reducing the death rate from T. B. in this province.

I have a number of living witnesses to the value of tent treatment. One man I put in a tent in July, 1907, an apparently hopeless case. Consultants said he could not live until frost came. He is living in this town a comparatively healthy man, doing a fairly good day's work, usually goes to the woods in the fall, gets his moose and enjoys life. Perhaps you may say it was a mistaken diagnosis. Here is another case. A young lad was taken to the Sanatorium, June 7th, 1919 and his mother tells me that she was told to take him and put him to bed as he did not have three months to live. She brought him to me and I told her that if she would put him in a tent such as I have described, where it would not be shaded by trees or buildings, I would see what I could do for him. She did so and now I am trying to have him pick my apples, a smart young man doing a good day's work. He ate and slept in a tent a whole year not going into the house or near artificial heat. He now sleeps on the verandah. I could mention many such cases.

A *tent colony* in my opinion could be run more economically and certainly more scientifically and the patients would likely get better care on the whole than in the single tent system. This could be run at a minimum of cost. The only building needed would be an administration building for an examining room, nurses rooms, a room for cooking, etc., NO room in it for patients; theirs must be the tent.

Middleton, Annap. Co., presents the most advantageous location for such a colony of any place I know of. I do not claim this because it is my home town but because it is a fact that it has the lowest death rate from T. B. of any place of one thousand inhabitants east of the Rockies that have vital statistics. We have less than one death per thousand inhabitants in ten years, less than one tenth of one per cent. per thousand. If we go by the records of the registry of the town it will give as high a figure as almost any other place in Nova Scotia but the births and deaths, not only of Middleton, but of the Bay of Fundy shore northwards, and to Albany, southwards, are put down as being from Middleton and across the river from Middleton to the mountains north of Middleton you find T. B. as prevalent as in many other districts. I once made this assertion in a Medical meeting and I was asked how I could account for the fact. I told the meeting that Middleton had splendid natural drainage, a brook on the east, another on the west and one in the centre, that there was good sewerage with the river between thirty and forty feet lower than the town. The town's water came from a spring lake on top of the mountain, without any inlets: the prevailing wind is northwest and it blows over forty-five miles of salt water, the Bay of Fundy, and comes to us tempered through the pine, spruce and fir on the top of the mountain and does not blow over one foot of boggy or marshy land. Nothing could be purer. East or West of Middleton we find marshy lands but Middleton is ideally situated for a colony for three or more counties. It would seem to me best, if suitable locations could be found, to have three or more such colonies, outside of the cities, in the pure country air.

The foregoing constitutes the most essential part of the plan for the care and treatment of the T. B. patient. Medical treatment must be added according to the condition of the patient.

I remain,

Yours truly,

(Signed) S. N. MILLER.

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In London a tombstone bears this statement, "important if true,"—

Sir John Strange.

"Here lies an honest lawyer—that is Strange."

## New Malarial Specific

*Plasmochin.*

RECENTLY there appeared in the newspapers the announcement of a new synthetic body which has remarkable anti-malarial properties. This is stated to be the work of scientists employed by Bayer, the well-known German firm. Naturally the medical men of this province have desired further information regarding this new specific, especially as in the cases of old-standing malaria, such as are seen here, quinine frequently fails to cure. Unfortunately no further information is as yet available regarding this new drug, which has, however, been stated to act not only on animal malaria, but also on the naturally occurring human disease. Time and much investigation alone will either support or condemn these claims.

The history of practically all modern specifics is similar; very brilliant early results, followed by reports of numerous failures or toxic symptoms. Salvarsan for example, when first introduced was to cure syphilis with one dose, later reports however were of poisoning and relapses. Salvarsan, or one of its many modifications, is still immensely valuable, but even the most optimistic hardly claims that it will cure all cases of syphilis even with repeated doses.

Not many years ago another body known as "Bayer 205" was claimed as a cure for trypanosomiasis. Brilliant cures were effected, and faith in this drug was so pronounced that attempts were made to give it a political significance. Further investigation, although confirming its value as a therapeutic agent, showed it to be by no means a certain cure in this disease.

Other bodies have recently been described which would cure septicaemia, or disinfect the genito-urinary tract, such bodies as acriflavine, mercurochrome, or hexyl-resorcin. No doubt these substances have a place, even valuable, in therapeutics, but the original claims have in no case been completely realized.

Although this note has greatly exceeded its legitimate length may I take this opportunity to remind my readers of a few of the "snags" encountered in testing drugs for therapeutic value.

Firstly human diseases are exceedingly difficult to imitate in animals, and these experiments although of immense value cannot be taken alone and in the absence of further evidence must be regarded with suspicion. No pharmacologist argues that because a drug acts,

say in a frog, in a certain manner that it will repeat this action in man. He very well appreciates the lesson learned from morphia, which while sending a dog or a man to sleep causes wild excitement in cats, and gives frogs convulsions. In the same way an animal may be infected and cured of a human disease, yet the same applied to man is useless. A beautiful example of this is in the treatment of pneumonia with certain quinine derivatives. Thus a mouse injected with fifty times a lethal dose of pneumococcus can be completely protected by optochin, the same drug however proving valueless in man.

On the contrary emetine is unquestionably of great importance in the treatment of amoebic dysentery in man, and yet is powerless to save kittens infected with the disease.

A still more remarkable fact was discovered in treating animals infected with trypanosomes (e.g. as used for standardizing salvarsan and similiar bodies) in which if repeated sub-trypanicidal doses of the drug be given the trypanosomes rapidly acquire tolerance to normally fatal amounts. This finding long since known gave rise to much discussion as to its meaning, indeed the biologists became much perturbed since this was apparently a clear case of inheritance of acquired characteristics. Happily for them, but less so for diseased beings, it was discovered that these same trypanosomes are normally susceptible to the drug if they are placed in another species of animal. Thus the relation of a drug to the parasite and host may undergo change.

Even where ideal conditions are obtained, namely the inoculation of human beings with the disease in definite dosage, and under standard conditions, the results are not always strictly comparable with the disease as it occurs naturally. This is emphasized by the finding that quinine uniformly and readily cures malaria induced in cases of G. P. I., even if the disease be caused—as is now frequently practised—by allowing infected mosquitos to bite the patients.

Clearly, therefore, enormous difficulties attend the testing of the therapeutic value of drugs, which indeed can only be finally determined by prolonged clinical use, it is not therefore surprising that the early, and usually optimistic reports of new substances so very rarely, if ever, are completely justified by further investigation.

In view of these facts, and the history of so many therapeutic agents it is well to keep, as the late Professor Cushny used to say, "an open but very sceptical mind" regarding this latest novitiate into the list of therapeutic substances.

O. S. G.

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## On Learning To Be a Doctor

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IT is at this time of year that my heart goes out to the young fellow coming up for the first time to sit at the feet of learning that he may become a *hakin*. Before him stretches a *via dolorosa*, made the more dolorous by the many sciences over which he must stumble, before he reaches that final science of diagnosis-and-healing to achieve which he started so hopefully on his long journey. It seemed to me twenty years ago that the four year medical course which lay ahead of me was interminably long, and made unnecessarily so by the amount of chemistry and physics I had to learn. But what must it seem to the medical student of to-day who faces two pre-medical and three preliminary scientific years before he sees the inside of a hospital? To become a doctor now one must go seven years to college. The load has been laid on grievously, and surely the time is near when our profession should look at this matter of curricula seriously and ask itself where the halt is to be called, since if the years of training lengthen in the next twenty years as they have in the last the student of 1947 will be spending the best part of his early adult life in our halls of learning.

The first thing that strikes one is that while our medical course has lengthened the lengthening has been for the most part in the pre-clinical portion. While the student of to-day gets very little more clinical instruction than I did, he gets over twice as much pre-clinical instruction. Is this as it should be? As I see it the prime requirement the public makes on the medical school is that it shall turn out doctors properly qualified to diagnose and cure disease. But with the boundaries of clinical knowledge extending at an unprecedented rate it is absolutely impossible for a student to learn in two—or even in ten

years—more than a smattering of diagnosis-and-treatment. When a genius like the late John B. Murphy, who had given a lifetime to the study of but the surgical side of our lore, acknowledged at the end that he had still much to learn of surgery, what can we expect of the student who in two years must attempt to cover not only the field of surgery but those of medicine, obstetrics, pediatrics, and a half dozen others? If, therefore, the clinical field is so vast; if it is impossible for the student in the time allotted to gain more than the merest smattering of it; if the public expects of our profession diagnosis-and-healing rather than scientific erudition, would it not seem that in lengthening our medical course at the expense of the clinical and in favor of the pre-clinical that we had allowed the horse to run away with the cart?

The second thing that strikes one is that the pre-clinical subjects taught should be very definitely preparatory for the clinical, and that they should be taught to the very minimum necessary to a proper appreciation of what comes after. The weight of total instruction being so heavy, even at the lightest, this preliminary instruction should be stripped of all redundancies, in order that the student's mind be not so overcrowded when he comes to his clinical instruction that he is unable to properly grasp it. We should not teach preliminary subjects—though we do—which even the most intelligent student learns merely to pass an examination and then promptly hastens to forget. Let us look at these preliminary subjects. They are English, History, Physics, Chemistry, Biology, Anatomy, Physiology, Pathology, Bio-chemistry and Histology. With the last six no one will quarrel—except that they are still taught too much from the standpoint of the Biologist, Anatomist, Physiologist, Pathologist, Bio-chemist and Histologist rather than that of the Clinician. There should be some instruction in Chemistry; but that a knowledge of Physics—except a most elementary one—and a knowledge of History and English beyond the High School requirements are essential to a proper appreciation of our clinical instruction I fail to see. Nor can I see that so detailed a knowledge of inorganic Chemistry as our students get, or I myself got, is essential. But what are the facts of the case? At present at Dalhousie—and the same is true of many other medical schools—there is as much time given to instruction in Physics as in Gynecology and Obstetrics combined. There is more instruction in Chemistry than in Surgery; there is as much instruction in Chemistry and Physics combined as in Surgery, Gynecology and Obstetrics, Children's Diseases and Ear, Nose and Throat combined; and twice as much instruction in each of History and English as there is in Children's Diseases. If you don't believe me send for a calendar. The point I wish to make is this: Is it necessary that there be as much instruction in a subject like Chemistry, which is a preliminary to Physiology and Bio-Chemistry, as in Medicine—to which all these are preliminary?

It was suggested in an article in a late issue of the Bulletin that a knowledge of Physics was a necessity in medical instruction so that our

doctors would be able to see through the wily pretensions of fake apparatuses. But I would point out that no less a Physicist than Sir Oliver Lodge was fooled for some years by the medium he first employed in holding communications with the dead. If such is the case can we hope to so enlighten our medical students through the knowledge of physics gained at college that they will be able to find the catch in the famous electrical machine of the late Dr. Abrams? I will take a wager that there is not a medical man in Nova Scotia—unless he has learned it through tinkering with his Ford—who, if presented with one of Dr. Abrams' machines, could tell why it is a fake. Nor is it necessary. When something goes wrong with the bathroom we call in a plumber. When we are confronted with an Abrams' masterpiece we can call in a physicist. We have other business to attend to. As for History and English as pre-medical subjects, these—while undoubtedly of cultural value—seem to be somewhat excess baggage to the student faced with the immense subject of clinical medicine. What would we say of the farmer who insisted that his hands spend the morning at physical culture as a preliminary to a day's work in the hay-fields?

Where does it get us? There are men being turned out of our medical schools who have found an unknown in the Sodium group and yet have never given an enema. There are men going out into practice who have examined carefully the spectrum of hemoglobin who have never seen the fundus oculi. Which are the essential needs? Life is short. It is no longer possible for one man in a lifetime to learn all there is to know. We must take a great deal on faith. We must take the word of the chemist and physicist on faith—accept his facts without proving them for ourselves—for we have a great science of our own, the science of diagnosis-and-healing, to cover the tithe of which there is not time. If the Physiologist tells us that because of a law of physics human tissue acts thus and thus, we must take his word without going through a long investigation into pure Physics, for we have to hurry through even Physiology to get into the wide world of ailing men and women, where the question is not: Do we know certain laws? but: Can we apply them? And one can apply any law without knowing its sanctions. Was there ever a man graduated into the world of sick and suffering who did not wish from the bottom of his soul that he had learned less of physics and chemistry at college and more of surgery and medicine? Then why don't we say so?

The public does not want physicists, chemists, *litterateurs* in the sick-room; it wants healers.

H. B. A.



## OSLERISMS.

There are incurable diseases in medicine, incorrigible vices in the ministry.

Probability is the rule of life—especially under the skin. Never make a positive diagnosis.

Raynaud's disease and chilblains are Tweedledum and Tweedledee.

Who serves the Gods dies young—Venus, Bacchus, and Vulcan send no bills in the seventh decade.

Commonsense nerve fibres are seldom medullated before forty—they are never seen even with the microscope before twenty.

Believe nothing that you see in the newspapers—they have done more to create dissatisfaction than all other agencies. If you see anything in them that you know is true, begin to doubt it at once. (Bedside Epigrams, 1902).

## THE GENERAL PRACTITIONER

Papers and addresses at society meetings, in medical journals and the lay press, mourn the departure of the G. P. or family doctor, or are praying for his preservation. One is tempted to ask if this outburst should not be regarded as a warning to medical educationists rather than a statement of what is actually occurring. Twenty-four years ago Osler said,—“It is amusing to read and hear of the passing of the family physician. There never was a time in our history when he was so much in evidence, in which he was so prosperous, in which his prospects were so good or his power in the community more potent. . . He still does the work; the consultants and specialists do the talking and writing—and take the fee. By the work, I mean that great mass of routine practice which brings the doctor into every household in the land and makes him, not only the adviser, but the valued friend. . . A well-trained sensible family doctor is one of the most valuable assets in a community, worth to-day, as in Homer's time, many another man.”

But then Osler goes on to point out his needs and some influences that are apt to impair his efficiency; so perhaps the ‘danger of his passing’ must always be a warning to the doctor and to his teacher.

*Ease of manner* is not always characteristic of doctors when reading a paper or speaking. Occasionally some quite distinguished medical men worry their audience by unnecessary mannerisms. It is reported that when Osler was delivering the Ingersoll Lecture at Harvard in 1904, Mrs. Osler, who was present, was quite worried over his fidgetting and remarked, she wished, “Willie would not rub with his foot the calf of the other leg to stir up his ideas.”

Douglas Jerrold, noted Victorian wit, was at a public when his partner called his attention to a striking couple,—a very tall cadaverous man dancing with a short and very plump lady in blue. “Yes” said Jerrold, “A black draught waltzing with a blue pill.” (A. B.)

## VALLEY MEDICAL SOCIETY.

The Valley Medical Society met in its regular semi-annual meeting, on Tuesday, Oct. 12, 1926, at the Town Hall, Berwick, N. S. About twenty-five members were present, and two visiting doctors from Halifax, Dr. Murphy and Dr. MacIntosh of the Victoria General Hospital. The meeting opened with the President, Dr. Grant in the chair, the minutes of the last meeting were read and adopted. The Secretary read a letter from the Workmen's Compensation Board, moved and seconded that this matter be laid on the table until our Annual meeting. Dr. DeWitt gave notice that he had written a letter of sympathy, on behalf of the Valley Medical Society, to the family of the late Dr. Robinson, one of its oldest and most beloved members. Expressions of regret were expressed on all sides on the passing of so old and cherished a practitioner, and yet all felt glad that he was able to continue his life's work up to such a ripe old age.

The Secretary then brought in two new names for membership in the Valley Medical Society, Dr. G. R. Forbes of Kentville and Dr. J. W. Davis of Berwick. These physicians having complied with the regulations and bylaws of the society, it was moved and seconded that they be elected to membership, which was unanimously carried.

As there was no further business of importance to bring before the Society, the President called on Dr. McGrath, to give his case report on Infantile Paralysis. He explained in detail a case he recently had in a boy age 14, which presented some unusual symptoms, especially in regard to the late onset of paralysis. This case brought up a very interesting discussion, which was led by Dr. Elliott. Two chronic cases were brought in at this time, showing results following diseases of the nervous system, one a marked atrophy of the infra-spinatus muscle, the other was one of Spastic paralysis. Dr. Burns, deWitt and Morse, illustrated cases they had of an interesting nature. Dr. Murphy of Halifax spoke of his experience during the great epidemic in Cape Breton in 1908.

Dr. L. R. Morse next presented an exceptionally good and instructive case of Hydrocephalus, showing the Society a very fine specimen, the details of this and the other case reports we hope to have published in the BULLETIN.

Dr. Bezanson brought before the meeting a case of Actinomycosis, this case which was seen in consultation by Dr. Murphy, was explained in detail by the latter, speaking of its etiology, signs, treatment, etc., this case was confined to the side of the nose, and responded well to surgery, cauterization, and Potassium Iodide.

Dr. Spongle then presented two very interesting cases, one of Appendectomy, and the other a case of Pregnancy with Intra peritoneal tumor.

Dr. Killam next described a case he recently had of Acute Malignant Pemphigus, which ended fatally after a short illness, this brought

forth a very instructive discussion with this rather rare and usually fatal condition.

Dr. G. H. Murphy of Halifax was then called upon to present his address on Fractures in and about the Hip, the speaker first explained, with the aid of a Pelvis and Femur the Anatomy about the Hip joint, and then by having a patient on the table, explained and illustrated the various positions of the leg following fractures, and also in a clear manner the methods of reduction and stressed the importance of getting the fragments in as perfect a position as possible. He then spoke regarding the great value of the Whitman Plaster, explaining just how to put this on and of the great importance of keeping the patient off the leg for a long time. Dr. Murphy illustrated his address by showing some excellent plates, and his remarks brought up a lively discussion by a great many of those present. Dr. MacIntosh of the Victoria General Hospital expressed his great pleasure of being able to be present, and congratulated the members on such an excellent programme.

The meeting adjourned at 6.15 P. M. and then went to the Western Kings Memorial Hospital, where a delightful dinner was served by the Lady Superintendent, Miss Ivey and her efficient staff. After dinner speeches were given by Mayor Chute, Dr. Murphy, Dr. MacIntosh, and Dr. deWitt, and a very hearty vote of thanks was given the nurses for the excellent dinner served.

C. E. A. DEWITT,  
Sec'y-Treas.

OPENING MEETING AND DINNER,  
HALIFAX BRANCH, MEDICAL SOCIETY OF NOVA SCOTIA.  
OCT. 13, 1926.

**T**HE Opening Meeting and Dinner of the Halifax Branch of the Medical Society of Nova Scotia was held this evening at the Halifax Golf and Country Club, Ashburn. There were fifty-two members and guests present.

After an excellent meal and the Toast to the King, the President, Dr. Weatherbe, called the Meeting to order. The Secretary read the minutes of the Annual Meeting held last April, which were duly adopted.

Dr. H. K. MacDonald moved that the minutes of the Special Meeting held on June 9th, at which Dr. Leonard Murray and Dr. Frank Patch addressed the Society, be taken as read. This motion was seconded and passed unanimously.

Dr. Walker, Associate-Secretary of the Nova Scotia Medical Society, brought to the attention of the Meeting that the Cape Breton Medical Society intended to invite Doctors Little and Gordon, of Montreal, to address them towards the end of October or early in November. It had been suggested that these well-known men make a tour of the Province, and Dr. Walker asked the Society what time would be most suitable for us to have them. The President pointed out that Dr. Eberts and Dr. Gordon had been invited to address the

Society in April, and that possibly some arrangement could be made by which Dr. Eberts could come with Dr. Gordon and Dr. Little. Moved by Dr. Rankin and seconded by Dr. Mathers, that the matter of this meeting be left to the Executive. Carried.

Dr. Corston gave a report of the Committee of arrangements and entertainment for the Meeting of the Nova Scotia Medical Society held in Halifax last summer. He stated that the Meeting had been a great success.

The financial report of the Committee showed that a subscription of about \$400 had been raised from the members of the Halifax Society, and that the expenditures amounted to \$360, leaving a balance of about \$40. He suggested that the surplus should be dealt with now. Moved by Dr. Hogan and seconded by Dr. Corston, that these funds be handed over to the general funds of the Society. Carried.

Five new members were unanimously elected: S. A. Morton, M.D.C.M., Dalhousie, 1926. H. E. Kelly, M.D.C.M., Dalhousie, 1926. R. F. MacLatchey, M.D.C.M., Dalhousie, 1926. H. H. Corbin, M.D.C.M., Dalhousie, . C. S. Marshall, M.D.C.M. Dalhousie, 1922, for re-election.

Two suggestions made by the Executive were brought up for consideration. These were, first, the amending of the Tariff of Fees and the amending of the Constitution and the By-Laws. Moved by Dr. MacIntosh and seconded by Dr. Little, that a committee of three be appointed by the President to deal with these matters. Carried.

At the time of the death of Dr. Allingham of Saint John, a telegram of condolence was sent to Mrs. Allingham. Her reply was read to the Society.

At the time of Dr. Daley's death, a wreath was sent to Mrs. Daley.

Dr. Weatherbe then delivered his Presidential Address on "Medical Education." (See page 9.)

#### PRELIMINARY REMARKS

"Before inflicting upon you my Presidential address, I wish to thank you for the honour you have conferred upon me in electing me as your President for the ensuing year. I appreciate the honour and fully realize the responsibility it entails.

"My responsibility is greatly lessened and the Society's activity ensured, by your appointment of such an efficient executive and Secretary.

"The programme which the executive have provided for the year will, I think, meet with your approval, and compares favorably with those of the last few years although they were exceptionally good ones.

"Our meetings should be successful if the members turn up for discussion."

The Address was excellently received, and greatly applauded. Dr. Mathers in moving a vote of thanks to Dr. Weatherbe for his Address, suggested that it would be printed in the Nova Scotia Medical Bulletin. This was seconded by Dr. Walker. And the formal meeting adjourned.

## OBITUARY

EMANUEL OSCAR MCDONALD, M. D., G. M., Trinity University 1900, F. T. M. C. 1900, New Aberdeen, N. S.

**D**R. E. O. McDonald, New Aberdeen, died October 6th. was the sad news wired the Secretary by Dr. J. J. Roy, President of the Medical Society of Nova Scotia, and upon instructions the sympathy of the Society was extended to the bereaved family. The following obituary is from the *Glace Bay Gazette*:—

Dr. Emmanuel O. MacDonald died at his home at New Aberdeen at 11.30 o'clock this morning after a long illness. He was one of Nova Scotia's foremost medical practitioners, and a physician who made a high place for himself in the present generation of Cape Breton doctors.

He rose through his own efforts from a humble beginning to the top rungs of the ladder of material and professional success. Dr. MacDonald was born 53 years ago, his birthplace being St. George's, Prince Edward Island. He was a son of James MacDonald and Elizabeth Walker whose grandparents emigrated to P. E. I. in the early pioneer days, locating at Leunchrif Place, in King's County, where many of their descendants continue to reside.

### Early Days.

After his district schooling he attended Prince of Wales College, after which he taught school in his native Province and the Canadian West. He began studying medicine in the meantime, later entering Trinity Medical College and University, graduating from the medical department of that institution in 1900 with the degree of Doctor of Medicine and standing at the head of his class.

He then went to Port Williams and acted as assistant to Dr. Williams, C. P. R. physician at that point, continuing there for about a year. The latter part of 1900 he came to Glace Bay, and was assistant to the late Dr. R. A. H. Mackeen. He continued with Dr. Mackeen for three years and then began practising independently. He remained alone until 1907, when he went to London and took up post-graduate work in the Middlesex Medical School and Hospital and the University of London.

### Resumed Practice Here.

Returning to Nova Scotia he again resumed practice at Glace Bay and in 1913 left for New York City where he took a special course in the eye, ear, nose and throat, at the Manhattan Eye, Ear, Nose and Throat Hospital.

After his course there, and also after taking a post-graduate course in that city, he came back to Glace Bay, where he continued practising up until his illness this year obliged his retirement. In addition to his public practice he was one of the district colliery doctors having a large clientele among the mine workers with whom he was very popular.

The late doctor was also a member of the American College of Surgeons and was considered one of the leading practitioners of the Maritime Provinces.

In 1904 he was married to Colina Frances Cameron, a daughter of the late Dr. Hugh Cameron, Mabou. Besides Mrs. MacDonald, seven children survive to mourn their

sad loss. They are Eunice, Frances, Elizabeth, Mary Theresa, Margaret Tephyrim, Catherine Etheltrude and Emmanuel Cameron.

Fraternally Dr. MacDonald was a member of the Glace Bay Council of the Knights of Columbus while in politics he was a strong and active Conservtive. He was a member of the British, Canadian and American Medical Associations.

The community will deeply regret the passing of this highly esteemed citizen and physician who during his twenty-five years of residence endeared himself to all in the community. Much sympathy will be felt for the bereaved widow and family.

The remains will lie at his late residence to-day and to-morrow. The body will be taken to Prince Edward Island where interment will take place.

The Cape Breton Medical Society has forwarded to the Bulletin the following copy of a letter sent to Mrs. McDonald:—

MRS. DR. E. O. McDONALD.  
GLACE BAY, N. S.

My dear Mrs. McDonald:—

At a meeting of the members of the Cape Breton Medical Association, we were asked to express to you the very sincere sympathy of the Society in your recent great bereavement.

Dr. McDonald is remembered as a quiet, unassuming gentleman, courteous to everyone with whom he came in contact. He was highly respected and esteemed by the Society of which he was a valued member.

We all regret that ill health for the past year or two prevented him from regularly attending the meetings of the Society.

Will you and your family, therefore, accept on behalf of the Cape Breton Medical Society our very sinceret sympathy in the great loss you have sustained in the death of a kind and affectionate husband. The Society place on record the following resolution:—

“The Cape Breton Medical Society has heard with deep regret of the death of a valued member, Dr. E. O. McDonald and desire to place on record the high esteem in which he was held by the Society.”

Yours very truly,

JOHN K. MCLEOD,

J. W. MCLEAN,

Committee Cape Breton Medical Association.

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### MRS. A. I. MADER.

Many people in Nova Scotia were greatly shocked when they learned that Mrs. Mader, so fully identified with many religious, philanthropic and social welfare activities, had passed away, October 1st 1926, at the Victoria General Hospital after an illness of but twelve days. Mrs. Mader was a daughter of the late Mr. W. H. Waddell, and a grand-daughter of the late Hiram Blanchard M. P. P., both of whom were prominent in educational affairs in Nova Scotia.

It is only necessary to name the organizations concerned with community welfare to find that one of the most zealous, hopeful and capable members was Mrs. Mader. For many years she has been a constant worker in the war against Tuberculosis, and her friends were

hoping that the crown of glory would come to a beautiful life as she directed the present campaign for the eradication of Tuberculosis in Nova Scotia. Indeed there may be some connection between this work and her untimely death in that she was putting into this campaign all she had of energy and enthusiasm.

A writer says,—“Personally she was possessed of a kindly, generous nature, and a breadth of viewpoint and outlook which made for a delightful personality. She made many close friends in her social and welfare work and her passing removes from the public life of the community a kindly and noble woman.”

Her passing is also to be noted as she was the wife of Dr. A. I. Mader of Halifax, indentified with the practice of medicine and, especially, surgery, in the city since 1891. Also she was the mother of Dr. Victor Mader, 7 Spring Garden Road, Halifax, and Mr. Ivan Mader now taking his final year in Medicine at Columbia University, N. Y. Two daughters, Eva and Madeline, and her mother, Mrs. Waddell of Boston also survive. The profession will extend sincere sympathy to the bereaved.

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#### DR. DANIEL WEBB, Harbor Bouche, N. S.

Dr. Daniel Webb died suddenly at Scranton, Pa., September 26th 1926, and was laid to rest October 1st. in St. Paul's Cemetery, Harbor Bouche, in the family lot.

An obituary in the Casket states,—“The parish church of Dr. Webb's boyish days received him on Friday for the last time. The stirrings of affection, the sympathy between mind and mind among the large congregation assembled to pay its last tribute of respect, bore testimony more impressive than words of Dr. Webb's hold on the affections of those who knew him. Dr. J. S. Brean of Mulgrave and Dr. D. J. McMaster of Antigonish were two of the pall bearers. Referring to the funeral address by Bishop MacDonald the Casket adds:—“His Lordship made touching reference to his acquaintance with Dr. Webb as a pupil of his many years ago at College, where as a young man he gave evidence of those qualities of mind and heart which won for him distinction and eminence in his chosen profession.” Again the Casket adds:—

Dr. Webb, who was 56 years old, was a distinguished surgeon, and was regarded as the greatest student among the members of his profession in Northeastern Pennsylvania. He went to Scranton shortly after he had completed his college course and entered the state hospital as an interne in 1894. He obtained his M. D. from Georgetown University and later studied at the Chicago Hospital under a famous surgeon. He also studied with the Mayo Brothers and put in several years' work in New York hospitals, besides doing extensive post-graduate work in Johns Hopkins.

Early in 1916 Dr. Webb offered his services to the Canadian government and enlisted with the C. A. M. C. He went to the front a short time later, and went through

the famous gas attack at Ypres with the Canadians. Subsequently he was wounded in the hand, and while convalescing spent a short time on this side of the Atlantic. Returning to England he was a passenger on the *Armenia* when in March 1918 she was torpedoed off the coast of Ireland, and he is said to have distinguished himself during and following the disaster.

Dr. Webb was one of the organizers of the Lackawana County Medical Society, serving a term as president, and of the Scranton post-graduate school. He was the author of a number of works and had begun to write the life of the famous Dr. Osler of Johns Hopkins.

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#### It was in the Bulletin months ago.

"A specialist is one who has his patients trained to become ill only in his office hours. A general practitioner is likely to be called off the golf course at any time." (*Pharmaceutical Advance.*)

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#### Fine Swimmers but Frugal Minds.

The old city of Aberdeen put on a grand swimming gala. A prize of *sixpence* was offered for the competitor who would stay under water the longest. There were two entries—both from Aberdeen—both were drowned. (A. B.)

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#### Early Surgical Anaesthesia.

A provincial newspaper has the following which medical historians are asked to confirm or refute:—"Ancient Egyptian surgeons had a way of hitting the patient on the head in just the proper place and then operating while he was unconscious from the blow."

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#### Sensitization.

Proteins in the food or even floating in the air are capable of causing no end of trouble to people who are sensitized to them. And this is an alarmingly common experience. Protein sensitization has leaped into prominence as a pathologic entity within the past decade or two. Prior to that time it was scarcely suspected. Now the two questions which patients and physicians are asking are: What particular protein is it that is responsible for the symptoms? And: What can be done about it?

Attenuated protein extracts are available for testing individual susceptibility. They come in powder, liquid and paste form, but are in all cases intended for subdural or epidermal application. Placed just under the outer layer of the skin, they excite a definite reaction when the patient is sensitized to the particular protein represented in the extract.

The ideal extract for the purpose is one that is, in the first place, reliable, and, in the second place, easy to apply. The diagnostic pastes offered by Parke, Davis & Co. strike us as a commendable line; the only apparatus the operator requires is a needle and a few sterile toothpicks. See the Parke, Davis & Co. ad. in this issue.



## PERSONALS.

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**M**RS. Brean, wife of Dr. J. S. Brean of Mulgrave, made an extended visit to friends in Montreal and Ottawa in October.

Miss Gladys Butler, daughter of Mrs. Martha Butler of Weymouth, was married early in October at Everett, Mass. to Dr. Samuel A Dibbons of Roxbury. Doctor Dibbons is a graduate of Tufts College 1925 and is in special practice, nose and throat, in St. Louis, Mo.

The marriage took place in St. Patrick's Church, Halifax, Sept. 29, 1926, of Miss Louisa Ross, for several years on the staff of G. M. Smith & Company, to Dr. Charles Herbin of St. Peters. Dr. Herbin is a graduate in Arts at Dalhousie and took his M.D., C.M., in 1925. He has been located at St. Peters for over a year.

Dr. C. G. Marsters of Bass River on Oct. 4th, 1926 suffered a broken left arm in an auto accident on the Portapique Mountain road. He collided with a team driven by Mrs. Corbett. Both the Doctor and Mrs. Corbett were admitted to the new Colchester County Hospital.

Dr. S. R. Young, now on the staff of the N. S. Sanatorium, had his Ford Coupe overturned, Oct. 5th, going over a twelve foot embankment. The car was badly damaged but the occupants escaped without injury.

Dr. Dan. Murray of Tatamagouche gave the address on Tuberculosis at a recent special service in the Sharon Church, Tatamagouche.

Dr. T. W. MacLean of Scotsburn, Pictou Co., was married recently to Miss Vera J. Kennedy of 99 Lyman Street, Truro, N. S.

Dr. B. H. Calkin of Stellarton sailed as Ship's Surgeon on the R. M. S. P. liner Chaleur, Oct. 8, 1926, for the round trip to the West Indies.

Dr. Charles Spiro of New Glasgow, who has but recently completed a special post-graduate course at the Manhattan Eye, Ear and Throat Hospital, has gone to Vienna for further study, sailing from Halifax October 2, 1926.

A wedding of interest to several medical families occurred in Sedgewick Memorial Church, Tatamagouche, when Miss Christena Clarke, third daughter of Mrs. Sarah Clarke, widow of the late Dr.

James Clarke of Tatamagouche, was married to Dr. Harry Whitely of Montreal. Dr. Philip McLarren of Halifax, a brother-in-law, gave away the bride, while Dr. Wilkinson of Montreal was best man. Their future home will be in Ottawa where the Doctor is in practice.

Dr. W. F. Read of Digby was operated on at Brooks Hospital, Boston, on September 27th. For some months he had suffered from symptoms indicating obstruction at the Pylorus. His preliminary investigation and preparatory treatment was carried out under the direction of Dr. John Dewis, and the surgeon was Dr. Archibald McK. Fraser, both of Boston and well-known in this province. The operation confirmed the diagnosis of non-malignant obstruction of the Pylorus. A gastro-jejunostomy was done and an old diseased adherent appendix removed. Mrs. Read is in Boston and their daughter was in the city at the time of the operation. Dr. Read is expected to, and his friends all hope he will, make a speedy and full recovery.

A Resolution passed by the St. Mary's Hospital Board, Inverness, expressive of the value of the services of Dr. W. G. J. Poirier during his residence as chief medical officer in the hospital, has appeared in the papers in Sydney, Glace Bay, Port Hood, Inverness and Antigonish. The publicity is wholly the work of the Board. Dr. Poirier is now located at New Waterford.

On October 9th the Pictou Golf and Country Club held its final season's competitions. The prizes were awarded by the President, Dr. R. H. Sutherland. According to the newspaper report he appropriated the Men's Championship Cup to himself. (The news item, however, does say he won this by one stroke at the 18th hole over Mr. D. B. Scott, the score being 77 to 78).

Dr. Margaret Chase, Dalhousie 1923, spent her October vacation at her home, Church Street, Cornwallis. She is at present engaged in hospital work in Philadelphia.

At Church St., Truro, Oct. 10, 1926, to Dr. and Mrs. F. H. Alexander, a daughter.

The accommodation of the City of Sydney Hospital has been recently very much increased and improved, both in attractiveness and efficiency. A much better arrangement has been made for the X-Ray equipment and for private rooms. The Nurses' Home has quite properly shared in the renovations and improvements.

Dr. Robinson Cox of Upper Stewiacke, Honorary Member of the Medical Society of Nova Scotia, celebrated his 85th birthday

on Oct. 4, 1926. They call him the "Grand Old Man" of the Stewiacke Valley. All who know him extend birthday greetings and best wishes.

A wedding of much interest took place in Sharon Church, Stellarton, Oct. 7, 1926, when Jean Eva Claire, daughter of Alfred D. Barry of Stellarton, was married to Dr. Vernon H. T. Parker of Stellarton, son of Mrs. W. Fletcher Parker of Bridgetown. The honeymoon includes a motor trip through New Brunswick and the Eastern States. Dr. Parker is a McGill graduate of 1917 and will continue to practise in Stellarton. Congratulations.

Dr. and Mrs. T. W. McLean of Scotsburn received an enthusiastic welcome when they returned home October 8th from a short honeymoon.

A coroner's jury at Sydney October 13th, 1926 exonerated Lewis Johnstone for any responsibility in the death of Mrs. Joseph Briand, who was instantly killed by his auto the evening before. Lewis is a son of Dr. L. R. Johnstone, M. P. of Sydney Mines.

The wedding took place in Saint John, Oct. 14, 1926 of Miss Effie Pauline Bonnell, daughter of Mr. and Mrs. Charles H. Bonnell, 49 Main St., Saint John, to Dr. Ira R. Sutherland of Annapolis Royal, N. S. Dr. Sutherland is a son of Mr. and Mrs. Walter Sutherland, Pictou, and is a graduate of Dalhousie Medical College of 1925. Mrs. Sutherland is a graduate nurse of the Saint John City Hospital and was very kindly remembered by her former associates of the hospital by valuable wedding presents. After a short honeymoon auto trip they will be at home in Annapolis Royal where the Doctor settled a few months ago.

Dr. C. M. Bayne of the N. S. Sanatorium, Kentville, gave the address at a recent meeting of the Kentville Rotary Club, speaking on the "Preservation of Health."

Dr. J. I. O'Connell of Placentia, Nfld., spent a week in October visiting his mother at his former home in Sydney, N. S.

Among recent graduates who have passed the Medical Council of Canada are Doctors J. C. Acker of Halifax, H. E. Kelley of Yarmouth, R. A. McKeen of Glace Bay and G. G. Miller of Middleton.

Dr. A. I. Mader, Morris St., Halifax, purposes taking a month's vacation starting in December; he will probably spend Christmas with his brother Victor L. Mader, Denver, Colorado.

Dr. H. K. McDonald, Halifax, was the chief speaker at the fourth annual meeting of the King's Memorial Hospital Berwick, held Oct. 19th, 1926. His subject was "The Community Aspect of the Small Hospital." In closing he is reported as saying,—

"The Community Hospital can be made a wonderful centre for radiating health, for giving the physician, the surgeon and the nurse opportunity for education and for caring for diseased bodies and minds, for instigating, making and maintaining laws in sanitation and hygiene and for making the community in which it is situated, a better, happier and healthier place in which to live."

In this Dr. McDonald has struck a high and full note and the call is clear for these small hospitals to become, in reality, centres for the Promotion of Health in their community as well as a nursing home for those who are sick. Only on this high plane can the increase in the number of small hospitals be justified.

Dr. D. W. Archibald of Sydney Mines and Mrs. Archibald spent two weeks recently in Montreal. They made the trip by auto.

Dr. A. A. Schaffner, 109 Jubilee Road, Halifax, spent a considerable portion of October in the Victoria General Hospital suffering from pneumonia. We trust his convalescence will be speedy.

Dr. and Mrs. L. L. Crowe of Bridgetown motored to Montreal the last week in October. The Doctor was in attendance at the meetings of the American College of Surgeons.

Dr. S. P. Young, recently on the staff of the N. S. Sanatorium, has located at New Germany, Lunenburg Co., N. S.

Dr. G. R. Burns of Halifax has been added to the staff of the N. S. Sanatorium.

Dr. Gosse of Canning was the recent speaker before the Sheffield Mills Women's Institute. It was an informative talk on the prevention of tuberculosis, high blood pressure and cancer.

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## THE CANADIAN MEDICAL ASSOCIATION

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### OFFICERS

1926-1927.

*President*—DR. FORREST LEEDER, Victoria.  
*President-Elect*—DR. F. N. G. STARR, Toronto.  
*Chairman of Council*—DR. A. PRIMROSE, Toronto.  
*Honorary Treasurer*—DR. A. T. BAZIN, Montreal.  
*General Secretary*—DR. T. C. ROUTLEY, Toronto.

### EXECUTIVE COMMITTEE

DR. FORREST LEEDER, Victoria.	DR. J. S. MCEACHERN, Calgary.
DR. F. N. G. STARR, Toronto.	DR. S. E. MOORE, Regina.
DR. A. PRIMROSE, Toronto.	DR. T. G. HAMILTON, Winnipeg.
DR. A. T. BAZIN, Montreal.	DR. G. S. CAMERON, Peterborough.
DR. T. C. ROUTLEY, Toronto.	DR. C. F. MARTIN, Montreal.
DR. J. G. FITZGERALD, Toronto.	DR. H. H. MURPHY, Kamloops.
DR. G. S. YOUNG, Toronto.	DR. LEON GERIN-LAJOIE, Montreal.

DR. J. G. MACDOUGALL, Halifax.

**MEDICAL SOCIETY OF NOVA SCOTIA**  
**ANNUAL MEETING, JULY 1927, AT SYDNEY**

**OFFICERS FOR 1926-1927.**

President.....	Dr. J. J. Roy, Sydney.
1st Vice-President.....	Dr. L. R. Morse, Lawrencetown.
2nd Vice-President.....	Dr. H. K. MacDonald, Halifax.
Secretary-Treasurer.....	Dr. J. G. D. Campbell, Halifax.
Assistant-Secretary.....	Dr. S. L. Walker, Halifax.

**EXECUTIVE.**

<b>Cape Breton Branch.</b>	<b>Valley Branch.</b>
Dr. D. McNeil, Glace Bay.	Dr. R. O. Bethune, Berwick.
Dr. Dan McDonald, North Sydney.	Dr. L. L. Crowe, Bridgetown.
Dr. L. J. Johnstone, Sydney Mines.	Dr. A. B. Campbell, Bear River.
<b>Cumberland Branch.</b>	<b>Pictou Branch.</b>
Dr. J. A. Munro, Amherst.	Dr. S. G. McKenzie, Westville.
Dr. W. T. Purdy, Amherst.	Dr. G. A. Dunn, Pictou.
<b>Halifax Branch.</b>	<b>Eastern Counties Branch.</b>
Dr. J. V. Graham, 51 Coburg Rd.	Dr. W. F. McKinnon, Antigonish.
Dr. W. L. Muir, 240 Jubilee Rd.	<b>Colchester-Hants Branch.</b>
<b>Lunenburg-Queens Branch.</b>	Dr. F. D. Charman, Truro.
Dr. W. N. Rehfuss, Bridgewater.	Dr. F. R. Shankel, Windsor.
Dr. W. N. Cochran, Mahone Bay.	<b>Western Counties Branch.</b>
	Dr. A. R. Campbell, Yarmouth.
	Dr. C. A. Webster, Yarmouth.

**COMMITTEES**

**Committee of Arrangements.**

The Cape Breton Medical Society.

**Cogswell Library Committee.**

- Dr. A. G. Nicholls, Chairman.
- Dr. J. R. Corston.
- Dr. John Stewart.
- Dr. Philip Weatherbee.
- Dr. C. S. Morton.

**Public Health Committee.**

- Dr. A. C. Jost, Chairman.
- Dr. R. L. Blackadar.
- Dr. J. K. McLeod.
- Dr. W. N. Rehfuss.
- Dr. C. W. Bliss.

**Editorial Board of C. M. A. Journal.**

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|-----------------------|----------------------|
| Dr. W. H. Hattie.     | Dr. K. A. MacKenzie. |
| Dr. G. H. Murphy.     | Dr. E. V. Hogan.     |
| Dr. J. G. MacDougall. | Dr. H. B. Atlee.     |

**Workmen's Compensation Board.**

- Dr. G. H. Murphy.
- Dr. M. G. Burris.
- Dr. E. V. Hogan.

**Cancer Committee.**

- Dr. John Stewart.
- Dr. D. J. MacKenzie.
- Dr. E. V. Hogan.

**Members of C. M. A. Council.**

- |                       |                 |                    |
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| Dr. J. J. Roy.        | } (Ex-Officio). | Dr. L. R. Morse.   |
| Dr. J. G. D. Campbell |                 | Dr. E. D. MacLean. |
| Dr. S. L. Walker.     |                 | Dr. O. B. Keddy.   |
| Dr. W. J. Egan.       |                 | Dr. Ross Millar.   |

**Members of Narcotic Drugs' Committee.**

Dr. V. N. MacKay, Halifax.

**Committee for Radio Broadcasting.**

Chairman, Dr. A. C. Jost, with power to appoint his own committee.

**Nova Scotia Representative on Board of Governors of the Victorian Order of Nurses.**

Dr. C. S. Morton, Halifax, N. S.

**Members of the Provincial Medical Board.**

- |                       |                      |
|-----------------------|----------------------|
| Dr. G. H. Murphy.     | Dr. John MacDonald.  |
| Dr. J. G. MacDougall. | Dr. H. K. MacDonald. |
| Dr. G. W. T. Farrish. | Dr. Jordan Smith.    |

## MEDICAL SOCIETY OF NOVA SCOTIA

### DIRECTORY AFFILIATED BRANCHES

#### HALIFAX BRANCH

President .....	Dr. P. Weatherbee, 316 Barrington St.
Vice-President.....	Dr. G. H. Murphy, 28 Carleton St.
“ “ .....	Dr. S. R. Johnson, 54 Inglis St.
“ “ .....	Dr. A. E. Doull, 34½ Morris St.
Sec.-Treas.....	Dr. V. O. Mader, 7 Spring Garden Road.
Executive.....	The Officers and Drs. Graham and Muir.

#### PROPOSED PROGRAMME FOR THE SEASON.

- Oct. 13th, 1926. Opening Meeting.... Ashburn Presidential Address.
- Oct. 27th, 1926. N. S. Hospital, Dr. Lawlor and Staff.
- Nov. 10th, 1926. Room 11 Medical Science Building "Arthritis and Arthropathies."  
Discussion opened by Dr. Philip McLarren, followed by Dr. Lyons  
and Dr. D. J. MacDonald.
- Nov. 24th, 1926. Victoria General Hospital, Surgical Clinic.
- Dec. 8th, 1926. Room 11 Medical Science Building, Dr. Lawlor.
- Jan. 5th, 1927. Victoria General Hospital, Medical Clinic.
- Jan. 19th, 1927. Room 11 Medical Science Building.  
Dr. Babkin—"The exogenous and endogenous chemical stimuli of  
motility of the alimentary canal.
- Feb. 2nd, 1927. Childrens' Hospital. Clinical Evening.
- Feb. 16th, 1927. Room 11 Medical Science Building.  
Dr. Evatt Mathers—"Corneal Ulcer."
- Mar. 2nd, 1927. Room 11 Medical Science Building.  
Dr. Hector McKay, New Glasgow.
- Mar. 30th, 1927. Room 11 Medical Science Building.  
President McKenzie—"Medical Education."
- Apr. 13th, 1927. Room 11 Medical Science Building. "Goitre."  
Doctors Eberts and Gordon, Montreal.
- Apr. 27th, 1927. Annual Meeting. Election of Officers, etc.

**MEDICAL SOCIETY OF NOVA SCOTIA**  
**DIRECTORY AFFILIATED BRANCHES**

**LUNENBURG-QUEENS**

**Officers 1926-27**

President.....Dr. F. R. Davis, Bridgewater.  
 Vice-President.....Dr. G. A. Barss, Rose Bay.  
 Secretary-Treasurer.....Dr. C. A. Donkin, Bridgewater.

**Executive**

The above Officers with:

The officers and Dr. W. N. Cochran, Mahone Bay and Dr. A. E. G. Forbes, Lunenburg.

**Nominated to the Executive of the Medical Society of Nova Scotia**

Dr. W. N. Reh fuss, Bridgewater and Dr. W. N. Cochran, Mahone Bay.

Annual Meeting is held on the second Tuesday in June of each year, and other Meetings on the second Tuesday of August and January, the time and place of the two latter Meetings to be decided by the Executive.

**PICTOU COUNTY**

President.....Dr. Clarence Miller, New Glasgow.  
 Vice-President.....M. R. Young, Pictou.  
 Secretary-Treasurer.....Dr. John Bell, New Glasgow.

**Executix**

Medical Society of Nova Scotia.. Dr. S. G. McKenzie, Westville.  
 Dr. G. A. Dunn, Pictou.

Date of Annual Meeting—July 1927.

**VALLEY MEDICAL SOCIETY**

President.....Dr. William Grant, Wolfville.  
 Vice-President.....Dr. W. R. Dickie, Barton.  
 “ “.....Dr. A. A. Deckman, Bridgetown.  
 “ “.....Dr. J. P. McGrath, Kentville.  
 Secretary-Treasurer.....Dr. C. E. A. DeWitt, Wolfville.

**Executive**

Medical Society of Nova Scotia.. Dr. R. O. Bethune, Berwick  
 Dr. L. L. Crowe, Bridgetown  
 Dr. A. B. Campbell, Bear River

Date of Annual Meeting in May.  
 Semi Annual in October.

**WESTERN NOVA SCOTIA MEDICAL ASSOCIATION**

**Officers 1926-27**

President.....Dr. W. C. O'Brien for Wedgeport, Yar. Co.  
 Vice-President.....Dr. S. H. Thibault for Digby County.  
 “ “.....Dr. L. O. Fuller for Shelburne County.  
 “ “.....Dr. A. R. Melanson for Yarmouth County.  
 Secretary-Treasurer.....Dr. Thomas A. Lebbetter, Yarmouth.

**Representatives to the Nova Scotia Medical Society Executive:—**  
 Doctors A. R. Campbell and C. A. Webster, of Yarmouth.

## MEDICAL SOCIETY OF NOVA SCOTIA

### DIRECTORY AFFILIATED BRANCHES

#### CAPE BRETON

President.....	Dr. D. W. Archibald, Sydney Mines.
Vice-President.....	Dr. M. G. Tompkins, Dominion.
	Dr. J. C. Morrison, New Waterford.
Secretary-Treasurer.....	Dr. Ray Ross, Sydney.

#### Nominated to the Executive of the Medical Society of Nova Scotia

Dr. D. McNeil, Glace Bay; Dr. Dan McDonald, North Sydney; Dr. E. J. Johnston, Sydney.

Annual Meeting 2nd Thursday in May.

#### COLCHESTER-HANTS

##### Officers 1926-27

President.....	
Vice-President.....	
Secretary-Treasurer.....	Dr. H. V. Kent, Truro.

##### Executive Committee

Dr. J. B. Reid, Truro. Dr. F. R. Shankel, Windsor.

#### Nominated to Provincial Executive

Dr. C. H. Morris, Windsor, and Dr. E. D. McLean, Truro.

#### CUMBERLAND COUNTY.

##### Officers 1926-27

President.....	Dr. Ross Millar, Amherst.
Vice-President.....	Dr. M. J. Wardrope, Springfield.
Secretary-Treasurer.....	Dr. W. T. Purdy, Amherst.

#### Nominated to the Executive of the Medical Society of Nova Scotia.

Dr. J. A. Munro, Amherst, and Dr. W. T. Purdy, Amherst.

#### EASTERN COUNTIES

Hon. President.....	Dr. G. E. Buckley, Guysboro.
President.....	Dr. J. L. McIsaac, Antigonish.
1st Vice-President.....	Dr. J. J. McRitchie, Goldboro.
2nd Vice-President.....	Dr. R. F. McDonald, Antigonish.
Secretary-Treasurer.....	Dr. P. S. Campbell, Port Hood.

##### Executive Committee

Dr. D. J. McMaster, Dr. M. E. McGarry, Dr. A. N. Chisholm, Dr. C. Aikins, Dr. Poirier, Dr. J. A. McDonald.

#### Representative on Executive of Nova Scotia Medical Society:—

Dr. W. F. McKinnon, Antigonish.