

The Nova Scotia Medical Bulletin

JANUARY, 1958

EDITORIAL BOARD

DR. H. C. STILL, Halifax

Editor-in-Chief

DR. W. K. HOUSE

DR. J. L. FAIRWEATHER

Associate Editors

DR. C. J. W. BECKWITH

Managing Editor

DR. L. C. STEEVES

Representative, Post-Graduate Division, Faculty of Medicine, Dalhousie University

DR. R. M. ROWTER

DR. D. F. MACDONALD

DR. ROLF SERS

DR. A. W. TITUS

DR. J. A. McDONALD

Representatives of Branch Societies

OFFICERS OF THE MEDICAL SOCIETY OF NOVA SCOTIA AND THE BRANCH SOCIETIES

The Medical Society of Nova Scotia

President	- - - - -	DR. A. L. MURPHY, Halifax, N. S.
President Elect	- - - - -	DR. H. J. DEVEREUX, Sydney, N. S.
Immediate Past President	- - - - -	DR. J. R. MCCLEAVE, Digby, N. S.
Chairman of the Executive Committee	- - - - -	DR. A. G. MACLEOD, Dartmouth, N. S.
Executive Secretary	- - - - -	DR. C. J. W. BECKWITH, Halifax, N. S.
Treasurer	- - - - -	DR. C. H. YOUNG, Dartmouth, N. S.

Antigonish-Guysborough Medical Society—President—DR. R. C. GRIFFIN, Antigonish, N.S.

Cape Breton Medical Society—President—DR. W. J. LAMOND, Sydney Mines, N. S.

Colchester-East Hants Medical Society—President—DR. J. A. MUIR, Truro, N. S.

Cumberland Medical Society—President—DR. G. M. SAUNDERS, Amherst, N. S.

Halifax Medical Society—President—DR. N. B. COWARD, Halifax, N. S.

Lunenburg-Queens Medical Society—President—DR. S. B. BIRD, Liverpool, N. S.

Pictou County Medical Society—President—DR. J. B. MacDONALD, Stellarton, N. S.

Valley Medical Society—President—DR. G. DENTON, Wolfville, N. S.

Western Nova Scotia Medical Society—President—DR. D. S. ROBB, Shelburne, N. S.

Nova Scotia Association of Radiologists—President—DR. J. E. STAPLETON; Halifax, N. S.

The Nova Scotia Society of Ophthalmology and Otolaryngology—President—DR. A. ERNEST DOULL, Halifax, N. S.

Nova Scotia Society of General Practitioners—President—DR. A. G. MACLEOD, Dartmouth, N. S.

Nova Scotia Chapter of The College of General Practice—President—DR. H. B. WHITMAN, Westville, N. S.

Nova Scotia Division of the Canadian Anaesthetists' Society—Chairman, Local Division—DR. R. A. P. FLEMING, Halifax, N. S.

Editorial

The John Stewart Lecture

It is with both pride and pleasure, that we publish in this issue, the ninth John Stewart Lecture delivered by Dr. Earle P. Scarlett, Chancellor of the University of Alberta, a distinguished Canadian physician and President of the Calgary Associate Clinic. Those of us who attended, and there were many, will not soon forget the arresting content and high literary quality of his oration. It is indeed a rare pleasure in this scientific and technological age, to meet a practising physician so well-versed in the classics and skilled in the art of rhetoric.

For those of the profession in the Maritimes who are not familiar with the background of this annual lectureship, we feel that a brief historical note might be interesting. For many years, Dr. John Stewart of Halifax, was Nova Scotia's outstanding surgeon. His association with Lord Lister, his technical skill and excellent judgment, along with his remarkable qualities of mind and heart, commanded the love and respect of Nova Scotians in all walks of life. He was Officer-in-Command of the Dalhousie Hospital Unit in Great War I and as Dean of Medicine, was an outstanding figure in the life of the University for many years. He was President of the Provincial Medical Board and in recognition of his outstanding services, this body felt that something should be done to perpetuate his memory in a significant fashion. As a result, it proposed that the University inaugurate a John Stewart Memorial Lecture in his memory, to be given from time to time during the Annual Refresher Course in Medicine. The Board suggested that the subject should be one of wide interest and the speaker an outstanding member of the medical profession. It promised all possible support to the scheme. As a result, the first John Stewart Memorial Lecture was given by Sir James Learmonth, Professor of Surgery and Regius Professor of Clinical Surgery, the University of Edinburgh, during the 1949 Refresher Course in Medicine. It was a very fitting choice, that the first lecture should have been given by the head of the Department of Surgery in the school of medicine from which Dr. Stewart himself graduated. The lecture was an outstanding success and has since become an annual event during the Dalhousie University Annual Refresher Course in Medicine. In the ensuing years, the memory of Dr. John Stewart has been honored by orations from a distinguished group of medical men—Mr. Rodney Maingot; Dr. W. E. Gallie; Dr. Wayne Babcock; Dr. Wilder Penfield; Dr. Waltman Walters, Dr. Everitt Murray and Dr. Duncan A. Graham.

We hope that the memory of a great Nova Scotian doctor may be long-honored in this way and the thinking of our present-day physicians enriched by succeeding orators.

JOHN STEWART MEMORIAL LECTURE - 1957

The Dance of Death

by

E. P. SCARLETT

B.A., M.B., LL.D., F.R.C.P.(C), F.A.C.P.

This fell sergeant, death. (Hamlet V:2)

I must first express my deep sense of the honourable task to which you have called me—the commemoration of the life, work and example of Doctor John Stewart, the Nestor of Maritime Medicine. Stewart was a great exponent of the liberal traditions of our profession — a profession older than Christianity and deriving from the genius of ancient Greece. In his early days Truth touched him and flowered in a singular loyalty to his master, Lister, and to the medical way of life. He thus became one of the living channels by which the surgical renaissance of the nineteenth century was transmitted to this country. I like to think that a quarter of a century after his death John Stewart may look down from the Elysian fields with a smile of approval on the way in which Medicine has continued to build on the firm structure which his generation reared.

Stewart was happy in the time in which he lived — a time in which there was still a belief in absolute and objective values, a time still largely untouched by the rotting miasma of the subjective and relative which has soaked into the minds of the men of today. His life as I read it had an almost perfect demeanor toward existence. He knew and exulted in the finest human joy — the joy of active companionship and work in a cause accounted noble.

Speaking thus of John Stewart enables me at the same time to acknowledge my debt to men and women of these Maritime Provinces with whom so much of my professional life has been spent. Osler was entirely right when he stated that the Scots-Canadians were 'the back-bone of Canada', 'all right', as he put it, 'in their three vital parts — heads, hearts and haggis.'

For this occasion I have chosen a subject remote from the immediate burning questions which are bearing down upon our profession from every quarter, a more universal theme which echoes in every corner of the globe, to which the physician is probably closer than anyone else. It is a theme which I think would have interested Doctor Stewart for, as I understand, about the cradle of every Scot there goes a hum of metaphysical divinity. I have given my remarks the cryptic title, *The Dance of Death*. In developing this theme, so much greater than the little span of an individual life, I hope that we may be able to explore something of our spiritual and imaginative heritage as men and physicians, an exercise I believe to our advantage for, as Plato said, 'to become a spectator of Time is a cure for meanness of soul.'

I suppose that the oldest, the most persistent, and the most searching question which has haunted the minds of men since the dawn of life on this planet is this: 'If a man die, shall he live again?' It is a question that men of every age have attempted to answer in their own way, from the groping superstitions of primitive man to the agnostic reasoning of the men of science of today. It is one of those sovereign questions which lie at the heart of religion and poetry and music and of all the written and animate records of man. It colors man's view of death in every age of recorded history.

Now it is not the function of the historical observer to moralize or even to philosophize. It is only seemly, that when he comes to examine some of the phases of man's reaction to death, he approach such a study with humility, and, like Montaigne, bear himself 'quietly and constantly' in the presence of one of the high themes of human life. He should at the outset remind himself that modern science and all the advances that it has brought with it have not opened any of the great seals of human destiny. We human beings of the modern world are still surrounded with dark mysteries. Strange ancestral influences move about and within us, and none more so than those that concern the impenetrable mystery of death and what may lie beyond its dark threshold. Men still beat upon the closed door, and then endeavor in their poor way to reconcile themselves to the echoes of their unanswered knocking. The secret remains sealed, the question remains. Here it is a final truth that:

What a dusty answer gets the soul

When hot for certainties in this our life.

La Rochefoucauld said that man can no more look steadily at death than at the sun. Renan expressed the same thought in another way: 'If we could have the meaning of death explained to us, only the pure in heart could stand it.' Man may, however, without harm to himself, examine the way in which death and the ideas of death have been reflected in writings and on monuments and in works of art. I know of no more worthy mood in which the observer may come to the study of such records than that conveyed in the answer of Anatole France who, when he was asked why he, an atheist, removed his hat while a funeral procession passed by, replied, 'I am saluting my own destiny.' That is the spirit in which we may proceed to examine the great folk-drama of the *Dance of Death*.

Man has been defined as the one animal who knows that he must die. The reaction to this knowledge has varied from age to age, depending upon circumstances of life, the mood of the time, and the current views and hopes of man regarding the nature of death and the human soul. The period of recorded history which reacted most violently to the idea of death was the Middle Ages. Life in those centuries was spent in the shadow of continuous war and pestilence. Men felt the primitive horror of death, dwelt upon its gruesome aspects, and developed a state of fear which expressed itself in superstitions, witchcraft, and a thousand other morbid customs. The Church endeavored to resolve such moods of despair and fear by holding out the offer of salvation through righteous living, and in order to enforce its teachings of a moral life, it laid chief emphasis upon the 'four last things' — Death, the Last Judgment, Heaven and Hell. These were portrayed in sermons and other media. Gradually, in dramatic and pictorial forms, death became personified as a skeleton accompanying the individual, and in some way, out of the mass of superstitious exercises, death became associated with a dance and music. In this way there evolved the *Dance of Death* or the *Totentanz* or *Danse Macabre* motive which for nearly six hundred years has persisted in the art and literature of Europe.

As a background and setting for the study of the origin and development of the *Dance of Death* legend we should glance at the ideas of death which prevailed in earlier times. It may be said that among the earlier civilizations the dominating viewpoint was that of the *carpe diem* philosophy. Death was regarded as the necessary converse of birth and consequently had no great terror. The Egyptians believed in an existence after death; in the case of their kings, in many instances the whole household died with the king. For most

primitive peoples death and conceptions of life after death were wrapped in superstition and magic, and so gave rise to ideas of ghosts and evil spirits, black magic, and the most varying and bizarre imagery turning about a here-after. The Chinese, while they have never denied the idea of a personal immortality, have never been very much preoccupied with it. For them a man is part of the great family — a stream of life flowing on forever, and a man's immortality is made visible in his grandchild. They always have been possessed more with the belief that the individual is mortal; that life, which has a fleeting, dream-like quality, should be enjoyed to the full; and that the equality of all in death is the very heart of the comedy of life and of philosophy. We find Too-Chien writing these lines while the hosts of the Vandals were pouring into Rome:

When you must go, then go,
And make as little fuss as you can.

an expression characteristic of the quiet, half-humorous, half-ironical common-sense of his people.

To the Greeks death was a natural law and held no terror. There were many degrees of belief in immortality. Plato believed that the soul was immortal, but with his usual clarity and honesty he adds:

Considering the feebleness of the human faculties and the uncertainty of the subject, we are inclined to believe that the fewer our words the better. In the *Apology* of Plato there is the account of Socrates addressing the judges before and after sentence. His words are probably the finest Greek expression on death:

For to fear death, sirs, is simply to think we are wise when we are not so. No one knows whether death is not the greatest of all goods that can come to man; and yet men fear it as though they knew it was the greatest of all ills

Death must be one of two things: either it is to have no consciousness at all of anything whatever, or else, as some say, it is a kind of change and migration of the soul from this world to another. (In either event, he adds, there is nothing to fear).

And you, too, my judges, must think of death with hope, and remember this at least is true — that no evil can come to a good man either in life or after death. He and his are not forgotten by the gods.

The same calm and lofty sentiments are to be found in the epitaphs of the *Greek Anthology* and in the monuments raised over the dead whether of low or high estate. Of this classical dignity and reserve F. L. Lucas writes:

Death wrings from men, it may be, more sincerity and more insincerity than anything else in their lives; never have they more, and never less, sense of reality, than face to face with annihilation. Alike in the art of their monuments and the poetry of their epitaphs, the Greek race came triumphantly through this ordeal, where even the good sense of the eighteenth century often failed. They had the calm sanity to see Death himself, not as the grimacing demon with skull and crossbones of Etruscan or medieval art, but as the lovely and immortal youth, brother of Sleep, who bears Homer's Sarpedon home to his grave in Lycia, or on a column of a temple at Ephesus gently leads Alcestis to her rest.

Anyone who has seen the funeral monuments in the National Museum in Athens must have been moved by their noble reticence. A slave puts on his mistress's sandals for the last journey; a woman dons her jewels for the last time; a boy stands beside his dog; a father gazes intensely at the son who passes

before him while a little slave weeps in the background. Here are the quiet dignity of sorrow, the beauty and poetry of the simplest gestures of daily life.

It should be noted that the Greek word *σκετερον* from which our word is derived meant a shrivelled body or mummy rather than the bony structure in the sense that we now use the word. Similarly for the Greeks death, or in their word, *thanatos*, was not personified by a skeleton. As we shall see, this idea is a creation of early Christian times. Then, too, you will remember the Greeks' mythical personification of Death in the figure of Charon, the grey old ferryman conveying the departed over the river Styx.

The Romans frequently adopted Homer's definition of Death as the eldest brother of Sleep. They sometimes symbolized the human soul by the figure of a butterfly or bird hovering over the body. Certainly the greatest of the Romans were stoical on the question of death, although usually their stoicism was mixed with a quiet irony. In a Roman lamp of the earlier period there is portrayed a philosopher lecturing on life and death. He is pointing at a skeleton, while below there lies a babe in swaddling clothes. Romans would interpret this as meaning: What does all this speculation about the riddle of life and death amount to? One practical conclusion which the skeleton tells us is,

Edite! bibite! post mortem nulla voluptas.

(Eat! drink! after death no pleasure.)

You may remember that the Emperor Hadrian on his death-bed wrote or dictated an address to his soul — lines in which the felicity of Latin in diminutives is shown.

*Animula, vagula, blandula,
Hospes, comesque corporis,
Quae nunc abibis in loca?
Pallidula, rigida, nudula-
Nec, ut soles, dabis jocos.*

English translation of these lines is difficult; the best I have found is this:

Little soul, wavering one, gentle one,
My body's long companion,
What habitation waits for you?
My pallid, shivering, naked one,
No more to jest as you used to do.

Another emperor, Augustus Caesar, in his last hour is said to have asked, 'Do you think I have played my part pretty well through the farce of life?' And one of the noblest figures in history, Marcus Aurelius, told himself with hard common-sense that fear of death was unwarranted. Nature, who brought man into the world, sent him away and he concluded with these words:

'Depart then satisfied, for he also who releases thee is satisfied.'

A curious custom at banquets in Roman times was the passing around among the guests of miniature jointed skeletons or little mannikins; the guests being charged to enjoy themselves, for after death they would be like these little images. Petronius mentions this custom in his description of the feast of Trimalchio. The custom was probably much older, as Herodotus tells of a similar ceremony among the Egyptians.

Of course the philosophy of classical times about which we hear the most is that of Epicurus, stated in the familiar sentence: 'Eat, drink, and be merry, for tomorrow we die.' The popular interpretation of this saying, regarding it as urging license and a pursuit of pleasure, not only does injustice to the real ideas of Epicurus but completely misses the mark of the spirit of his philosophy. The words really urged a noble acceptance of life because death ended all. This

old Epicurean doctrine has had its re-statement in every age. It surges in the most famous of all student drinking songs:

*Gaudeamus igitur
Juvenes dum sumus.*

(Let us enjoy ourselves while we are young.)

This song was written in the thirteenth century and had an ecclesiastical background. It is the burden of Robert Herrick's verse of the seventeenth century:

Gather ye rose-buds while ye may,
Old Time is still a-flying.

There were of course other views of death. Death, the necessary end of life, was the theme of many pictorial devices which go back to the pre-Christian era — the picture of a skull and crossed bones, a skull and an hour-glass, an urn, and — a more moving device — the effigy of a child lying on its side with its head resting on the skull, representing the allegory of life. On an early Italian statuette of this character there is the inscription below: 'Time passes; death comes.' All such symbols were in reality variations on the *memento mori* theme which later became so popular in the medieval period. They were frankly designed to remind people constantly of their mortality and frailty, and must have produced reactions of mind ranging from remorse to a dull resignation.

Death as the threshold of a future existence was to be seen in the design of a phoenix rising from the flames, or in the picture showing corn springing up around a skull. In early Christian times the pelican was regarded and used as an emblem of resurrection. This belief was based on the fable that the female pelican wounded her breast and revived her apparently dead young ones with her blood.

And finally, an eternal theme running through the writings about death, there was a recognition that from the inexorable fact of death, life draws its final sweetness, and that death is the greatest of all incentives to diligence and right living.

Teach us to remember that we must die, so that we may become wise.
(*Psalms* 90: 12).

And in *Ecclesiastes* (9:10) there is the great injunction:

Whatsoever thy hand findeth to do, do it with thy might; for there is no work, nor device, nor knowledge, nor wisdom, in the grave, whither thou goest.

This was a conception of life which appealed to Doctor Samuel Johnson for in his watch he had engraved the motto: *For the night cometh.*

During the early Christian centuries the rather noble *carpe diem* philosophy of the ancient world gradually gave way to the Christian *memento mori* — remember death. Belief in the nobility of man and faith in his destiny lapsed into superstition and a contempt for the physical body. To the ancients the symbols of the skull and crossed bones and the little mannikins meant that they should enjoy themselves in this life, for it might be the only life they would know; to the medieval people they meant something far different. To the ancients the little skeletons passed about at banquets were at best *larvae* or ghosts; the medieval men turned these *larvae* to gaunt skeletons. Under the authority of the church, which in those centuries held the keys of knowledge and salvation, man was represented as surrounded from his birth by legions of demons, and the grinning skeletons were made to inspire fear and to represent the universal power of death over all classes.

Indeed the smell of the charnel house hangs about the earlier centuries of the medieval period. The ravages of epidemic disease and famine, the illiteracy of the public — high and low — the constant wars and the inevitable hard lot of the common people produced a miasma of fear and a dull acceptance of the vanity of all earthly things. This spirit of the Middle Ages has been well reconstructed in the closing chorus of Mr. T. S. Eliot's *Murder in the Cathedral*. The time is the twelfth century; the scene the murder of Thomas à Becket at Canterbury; the refrain is 'fear.'

Forgive us, O Lord, we acknowledge ourselves as types of the common man,
Of the men and women who shut the door and sit by the fire;
Who fear the blessing of God, the loneliness of the night
of God, the surrender required, the deprivation inflicted;
Who fear the injustice of men less than the justice of God;
Who fear the hand at the window, the fire in the thatch,
the fist in the tavern, the push in the canal,
Less than we fear the love of God.

We acknowledge our trespass, our weakness, our fault; we acknowledge
That the sin of the world is upon our heads; that the blood of the martyrs
and the agony of saints

Is upon our heads.

Lord, have mercy upon us.

Death became a frightful reality to these people in the ravages of successive outbreaks of the plague, commonly known as 'the Black Death,' and it is interesting to note that it was at such times that the *Dance of Death* theme gained its greatest force. At such seasons of the plague doctors attended patients clothed in leather and wearing masks that completely covered the head and were provided with glass eye-pieces and long bird-like beaks filled with antiseptic spices — apparitions that can hardly have made the patients feel at all happier.

As the social misery increased in these centuries, fear inevitably played an increasing part in the Church's teaching and symbolism of worship. In particular a final judgment of all mankind was preached and in pictures of this last judgment hell took on terrifying form; a favorite representation showed hell as the open throat of a monster into which men and women, masters and servants, priests and people were thrust. The pervading refrain was the vast, reverberating and gloomy *Dies irae* (the wrath of God).

Now while life was stern enough in the Middle Ages, and while actual fears and those conjured up by religion played hardly upon the minds of men, there was a characteristic of the times which tempered life and made it bearable — humor. And humor of a sort which reached its high point in Rabelais. The very incongruity of these two things — fear of death and humor — produced many of the strange aspects of the Middle Ages which we find so difficult to understand. In the case of art it produced a type of composition to which we apply the term *macabre*. It is a strain that runs through all subsequent literature, art and music: Hamlet jesting over Yorick's skull in the graveyard; Tam O'Shanter watching the dance of the witches in Alloway Kirk; the well-known *Danse Macabre* of Saint-Saens portraying in music the midnight dance of the spirits which hurry back to their graves as the cock crows. This macabre strain finds its most complete expression in the *Dance of Death* theme. Here the repulsive and terrifying features of death were portrayed with sarcastic mockery in an allegorical pageant which also stressed the theme of death as levelling all distinctions — an overtone of the faintly stirring concept of

democracy. The wall paintings which were the most vivid representation of the theme showed the panorama of human life — all ranks and degrees of society from the Pope and the King down to the peasant, the fool and the little child, all called together in the common equality of death. The *Dance of Death* is thus an expression of the tortured soul of the Middle Ages and a great cultural index of several centuries of human life.

The custom and legend stemmed in part from the old morality plays which were performed either in the church or in the churchyard in the early fourteenth century. Such ceremonies usually opened with a sermon on death by a monk. Then there came forth from the charnel house of the churchyard a series of figures dressed in the traditional mask of death, a close-fitting yellowish linen suit painted to resemble a skeleton. One of the figures would address his victim who was to accompany him to the grave. There was a remonstrance on the part of the individual, but he was led away. The individuals were dressed to represent the various classes of society. At first Death and his victims moved at a slow measured pace. Later Death as a messenger became associated with fiddles and the music of the time, and in this way a dance resulted. As the painter's art developed, the dance theme was painted on the walls of cemeteries, charnel houses, churches and cloisters, and such paintings were to be found in practically all the European countries in the fifteenth century. The same motive appeared in tapestries, sculpture, stained glass windows and drinking cups. It formed the theme of verses and was especially popular in woodcuts, engravings and in the decoration of manuscripts and illuminated books. These designs were in a sense all *memento mori* to which there is a reference in *The Merchant of Venice* (II:2) where Portia says:

I had rather be married to a Death's head

With a bone in his mouth than to either of these.

It should be pointed out that the word *dance* in this context must not be taken too literally. While in some instances the representation is that of a dance in the accepted sense, more often it is a procession, and presently the conception and the term *Dance of Death* came to be used in a figurative sense, the whole a symbol portraying the inevitability and the equality of all men in death. As the fifteenth century English poet, John Lydgate, put it in his *Dance of Death* verse, it was the purpose — 'to shew this world is but a pilgrimage'.

The oldest *Dance of Death* to which an exact date can be given is the *Danse Macabre* of the cloisters of the Churchyard of the Innocents in Paris which was completed in 1425. The paintings were arranged in ten arcades facing the cemetery. These were notable works of art and in 1485 were reproduced in woodcuts together with verses in French and printed by the priest-printer, Guy de Marchand, one of the first books printed in Paris and immensely popular for over a century. The order of the figures followed the traditional medieval hierarchy from the Pope down to the poor commoners. The physician is among the lower social orders in the succession. He wears a long gown and skull cap and his hair is long and curled at the end. He is holding aloft a flask of urine, for the two professional poses of the physician of the medieval period were taking the pulse and 'urine-gazing', the latter practice a legacy of Arabic medicine. There was another famous series of paintings of the same period in the Kermaria Parish Church in Brittany, that province of the macabre.

One of the most celebrated of these medieval wall paintings was the Gross Basel painted on the churchyard wall of a Dominican cloister, dating from 1480 and finally destroyed in 1805. The physician of the group wears cloak and cap,

his face is tense and worried, and he has dropped the urine bottle. Death is represented as a true skeleton but the hands are not skeletonized. Beneath these paintings there are rhymed dialogues with the invitation of Death and the reply of the victim.

Another was the painting at Berne on the garden wall of a Dominican cloister destroyed in 1660 but preserved in water color copies. Death with a grin comes up behind the physician and is about to break the urine bottle. To the observer the physician would seem to have a rather coarse, unintelligent face.

The verses and pictures of the Paris *Danse Macabre* were taken to England as early as 1430, and in the reign of Henry VI a *Dance of Death* was painted on the north wall of the cloister of old St. Paul's. It represented all estates, with the speeches of Death and the answers of the various figures. The cloister was pulled down in 1559, and no copy of the painting is preserved. The English verses accompanying it were written by the celebrated monk of Bury, John Lydgate, and published in London in 1554.

Dance of Death paintings were also found in the Tower of London, in the Bishop's Palace at Croydon, at Salisbury, Stratford, and at Hexham Priory. In the painting at Luzern, medicine is represented by the barber surgeon (1626). One skeleton holds up a mirror behind the surgeon while another holds the bleeding basin. The barber and the patient are in the costume of the early seventeenth century. In another at Nürnberg (1493) the skeletons portraying Death are dancing wildly.

The more sepulchral note was occasionally varied by representing Death as conqueror. The most celebrated fresco in this style is the 'Triumph of Death' at Pisa. The theme is shown in a panel from an Italian casket of 1480.

Even from this brief recital it is apparent that in the fifteenth century *Danse Macabre* themes were everywhere and immensely popular. As Mr. Aldous Huxley remarks, 'To the fifteenth century artist a good death-appeal was as sure a key to popularity as a good sex-appeal at the present time.'

The mood and the motif are to be found in the writings of fifteenth century writers notably François Villon (1431-1489). In the vigor and surge, the acrid jesting and bitter realism of Villon's ballads there is the spirit of medieval Paris, its sinners and saints, its mocking laughter, its flashes of beauty, its strange pathos and preoccupation with death, its tumultuous life.

But toward the end of the fifteenth century there was a gradual breaking away from the old *Dance of Death* theme which had expressed such a grotesque view of death. The motive became more dramatic and the art incomparably better. The old stereotyped parade of various classes of society became less evident. The best representations of this period are the work of one of the great masters of art, Albrecht Dürer of Nuremberg (1471-1528). Probably the finest is one of the known of Dürer's engravings, *Ritter, Tod und Teufel* (The Knight or Rider, Death and the Devil), 1513. Here is a masterpiece represents an ideal of life — the knight fearing neither death nor the devil, but riding on his quest through the world.

We now come to the work in which the *Dance of Death* motive reached the highest point of its development — the works of Hans Holbein, the greatest master of this genre of art. The woodcuts of his cycle of the *Imagines Mortis* constitute one of the world's great masterpieces of pictorial art. Holbein, who was born at Augsburg about 1497, had Erasmus as one of his first patrons, did his first major work in Basel and later went to England where, under the patronage of Henry VIII, he rose to fame and became one of the most prolific painters

of any age. He died of the plague in 1554. Henry VIII once said of him: 'I can if I please make seven lords of seven ploughmen, but I cannot make one Holbein out of seven lords.' The subject of the *Dance of Death* had an intriguing interest for Holbein. His first work of this kind concerns the drawings of the death theme for the sheath of a dagger. Twelve figures are arranged in separate pairs, expressing a balanced and rhythmic unit.

The alphabet of the *Totentanz* is the second work. Twenty-four letters of the alphabet were designed, each with a *Dance of Death* scene, and were intended as a collection of initial letters to be used in book printing. The physician is portrayed in the letter M. He is dressed in a long robe and is examining the urine against the light of a candle. Death has his hand on the physician's left shoulder.

The third work is the so-called *Great Dance of Death*. The earliest complete edition was published in French at Lyons in 1538 by the Trechels, printers of German origin. After a verbose preface there follow forty-one woodcuts, each having its text from the Latin Bible above it and below a quatrain in French by the Frenchman, Corrozet. The designs are by Holbein, the woodcuts are presumed to have been done by the great engraver, Hans Lützelburger. The book was anonymous. It is now known that the cuts were made eleven years before, but why they were not published until 1538, and why Holbein's name was withheld is still unexplained.

The illustration on the title page is of great interest. At the side of a stone table placed vertically, Holbein appears under a curtain which Death is in the act of raising in order to show him the scenes of human life which Death is going to commission him to sketch. On seeing the dreadful spectacle, an expression of astonishment, horror and dismay spreads over the artist's face. Scattered about on the ground are many representations of grandeur, rank, riches, art and science which Death is trampling under foot. On the top of the table there is a portrait of Holbein, also three nymphs signifying the vanity of human life.

Plate twenty-six of the series represents the physician. This is a very human picture, and is one of the best plates in the cycle. The physician is sitting in his study with his dog asleep on the floor. Into this retreat Death comes leading a sick old man who is wasted with disease. The scene is really a consultation between Death and the doctor as to the fate of the patient. The verse below the plate, however, seems to indicate that the death of the physician, and not that of the old man, is at hand. The English translation:

Well knowest thou the malady,
In order to succour the patient,
And yet knoweth not, addle-pate,
The disease by which thou, thyself
are about to die.

Over the plate is the quotation from Luke 4-23, 'Physician, heal thyself.' It should be pointed out in passing that this saying which has become a proverb used to poke fun at the physician, is inaccurately translated. The original Greek which was translated into the Vulgate version as '*Medica, cura te ipsum*' meant, 'Physician, treat thyself', something quite different from the accepted version.

The escutcheon at the end of the book shows a shield fractured in several places. On it is a skull and at the top a crest as a helmet surmounted by two arm bones, the hands of which are holding a ragged piece of stone, and between them an hour glass. In one of the modern editions of this book Austin Dobson prefixes verses in which the last line of each stanza is:

There is no king more terrible than Death.

Holbein's *Dance of Death* is less a dance than a series of charming groups of persons of various classes of his time, among whom Death is introduced as an emblem of man's mortality. It is a comedy of life. The old horror and sin motive have gone. It is a product of the Renaissance period. This device which made an effective classification of human types is probably the reason for the popularity of the theme which was copied in broad-sheets and spread throughout the world. It secularized the old myth which lost its original religious significance. It was the art equivalent of the growing social consciousness which had expressed itself in the rhyme of Jack Cade's rebellion thus:

When Adam delved and Eve span,
Who was then the gentleman?

For nearly three hundred years the *Dance of Death* theme consisted mainly in imitations of Holbein. With the upward surge of the human spirit which we call the Renaissance, the tone changed. As Stevenson has said, 'It is all very well to believe in immortality, but one must first believe in life.' Renaissance man was still half in love with death, but he exulted in life. The image of death evoked the fatalism as of old but it was not a bitter nor diabolical fatalism, rather a melancholy emotion in the presence of the fragility and transience of the things and creatures of this world. This mood persisted. It was customary, for example, in the sixteenth and seventeenth centuries for emblems of man's mortality to be displayed on every occasion and in all sorts of places. In anatomical theatres, students and the attending public present at dissections were reminded of their frailty by banners hung about the room on which were such legends as:

Pulvis et umbra sumus

The edification was probably shared by the visitors and not the students. Philosophical discussions on death were introduced at anatomy lectures. This partly accounts for the pose of the skeleton in the beautiful plate in the famous *De Fabrica* of Vesalius, published in 1543. The woodcut was by Jan von Calcar.

How completely the ideas with regard to death changed in the seventeenth century may be illustrated by the following passage from *Pilgrim's Progress*. John Bunyan (1628-1688) in his younger days was tormented by the grim thoughts of death and judgment as much as any man who has lived. But he went through the deep waters of religious doubt and terror to emerge with a faith in God and man that seems centuries removed from the ugly fears of the medieval period. This passage describing the death of Mr. Valiant-for-truth is not only one of the finest pieces of prose in our language, but is, I think, the noblest passage on death which has been written by a man of our race. Its appeal is universal.

Mr. Valiant-for-truth was taken with a summons. . . . Then said he: 'I am going to my Father's. . . . yet now I do not repent me of all the trouble I have been at to arrive where I am. My sword I give to him that shall succeed me in my pilgrimage and my courage and skill to him that can get it. My marks and scars I carry with me to be a witness for me that I have fought His battles who now will be my rewarder. . . .' So he passed over, and all the trumpets sounded for him on the other side.

The theme continued to turn up on playing cards and in that curious miscellany, the almanac. It appeared in art works of Rembrandt, Tiepolo and other painters. In literature it found expression notably in the poets of the 'graveyard' school, in the *Night Thoughts* of Edward Young (1681-1765) and

The Elegy in a Country Churchyard of Thomas Gray (1716-1765) whose lines still echo down to our own day.

A curiosity in this way is so-called death's head watch, once the property of the morbid King Henry III of France, showing how the *memento mori* motive persisted.

And toward the end of the eighteenth century we note that the great English painter and poet, William Blake, in his illustrations for Robert Blair's poem, *The Grave*, uses an entirely new approach and conception which owe nothing to the works of the past. One of these plates shows the soul hovering over the body.

In the early nineteenth century the idea was taken up by the caricaturists, notably Rowlandson and Hogarth. Here death is shown for the most part in broad satire as the punishment for a life of vice. The most notable is the *English Dance of Death* from the designs of Thomas Rowlandson. Some of the plates concern the medical profession. *The Quack Doctor*, with Death the quack's assistant, below which the text reads:

Thus, as the pious Churchman prayed,
The doctor in a whisper said,
'My skill in vain its power applies,
'Tis Fate commands: the patient dies.
No call requires me now to stay:
I've something else to do than pray.
I feel my Fee. 'Then hold it fast,'
Said grinning Death, — 'for 'tis your last.'

The Good Man, Death and the Doctor; and *Doctors Three* in which three big-bellied physicians are staging a free-for-all with a nurse, the legend reading:

When doctors three, the labour share,
No wonder Death attends them there.

An interesting example of the satirical note is the design of George Cruikshank (1792-1878) for a Bank of England bill (1818). About this time many one and two pound notes were issued, and were forged widely. At the time forgery was punished by death or by transportation for life. Between 1805 and 1818 there were 207 executions in England for forgery. The last forgery execution was in 1829, somewhat more than a century ago. Cruikshank protested against this penalty and his bank-note design created a sensation. It undoubtedly assisted in abolishing the death penalty for forgery.

Another plate of this time is that of Granville, a Frenchman, showing Death in the disguise of an undertaker at the cemetery gate, shaking hands with the old, bald, and spectacled, thin-shanked doctor, and telling him that for a consultation he is always at his service.

As time went on the treatment of the death motive entirely changed as death lost the horror with which the people of the Middle Ages had invested it. This transition may be seen very well in the inscriptions on sundials. Formerly there appeared the gloomy warning: 'This is the last hour for many, and may be your last hour.' In later times the inscription was apt to run: 'I'll only count your sunny hours.' Indeed almost the only echo of the old medieval mood may still be seen today in the appearance on buildings or sign-boards of the legend: 'Prepare to meet thy God.'

In the nineteenth century Alfred Rethel (1816-1859) was the greatest artist to treat the theme. His two magnificent woodcuts which might have been done by Dürer himself, *Der Tod als Erwurger* and *Der Tod als Freund* are not only a study in contrast, but they fuse the medieval and modern spirit in a

most impressive way. The first, showing the terror of sudden death, pictures Death appearing at a masked ball, playing upon the cross-bones while the mummy figure of pestilence sits on the throne. The other shows Death as a friend, bringing release to the weary soul. The scene is the bell-ringer's room in a cathedral tower. In the distance is the broad valley of the Rhine at the hour of sunset. A little bird sits on the window-sill. The old bell-ringer sits in his armchair in his last sleep, his keys at his side. It is the hour for vespers. Death in a pilgrim's dress performs for him the friendly service of ringing the vesper bell. This is one of the most beautiful woodcuts that I know of.

This conception of death as a friend has taken many forms of expression. Death as ending the endless pain and toil of life in Swinburne's *The Garden of Proserpine*:

From too much love of living,
From hope and fear set free,
We thank with brief thanksgiving
Whatever gods may be
That no life lives forever;
That dead men rise up never;
That even the weariest river
Winds somewhere safe to sea.

Or death as a peaceful ending:

For though the day be never so long
At last the bell ringeth to evensong.

(Stephen Hawes — 16th century).

Or death as sleep. The favorite inscription on tombstones in the Victorian period was: 'He giveth his beloved sleep.' It may be pointed out that this analogy between death and sleep has long been questioned. In reality sleep is the preserver of life and not the brother of death. Edward Gibbon, on being asked shortly before he died if the idea of death as a long sleep were desirable, answered: 'Yes, provided one could be sure — of one's dreams.' Shakespeare expressed the same idea. Hamlet, contemplating death, muses:

To die, to sleep;
To sleep: perchance to dream; ay, there's the rub;
For in that sleep of death what dreams may come
When we have shuffled off this mortal coil,
Must give us pause.

Echoes and variants of the *Danse Macabre* theme appeared in other forms in the nineteenth century. In music a *Totentanz* for piano and orchestra by Franz Liszt; in several French novels and in stories by Edgar Allan Poe; in poems of Longfellow, Goethe, Scott, Browning, Baudelaire, Gautier and Anatole France. In all these works the vision of man's dark destiny is conceived in more romantic and symbolical terms. Death is not the horror represented by grinning skeletons but something desirable, an image of tranquility, a peaceful harbour. Even the bizarre and the macabre are shot through with gleams of beauty.

The modern *Dance of Death* works reflect the complexity of our world and are for the most part catalogues of the different forms in which death waits for his victims — poverty, train, motor car and airplane. Some of the more notable are these: '*Pest - cholera - typhus*,' representing skulls thrown from a giant dice-box; '*Cholera*' (Munich 1893); *Death the Apothecary* (1904) with its modern touch, jars labelled 'poverty' and 'tuberculosis'; *Death the Leech*; *The Doctor and Death* (a French print).

With the World War (1914-1918) the *Dance of Death* motive received new life. The 'death as glory' phase soon passed, and once more something of the medieval horror of death returned to the world, as man's courage pitted itself against the shambles of modern war. Three drawings of these years may be mentioned. The first is entitled *La Gloire*. A young French soldier standing in the mud of a trench and holding a hand-grenade is staring into the face of Death, who, lying beneath the barbed wire, leers at the young soldier. The second, *Death Aiding the Young Wounded Soldier* (a German print of 1918) shows Death in a monastic hood and robe lifting a boy's head and holding to his mouth a canteen. And the third, one of the most inspired works of the war, an etching by Percy Smith dated 1919, and entitled *Death Awed* from his cycle *The Dance of Death 1914-1918*. The shrouded figure of Death stands alone on the abandoned, trench-scarred battlefield. He gazes with shocked face and uplifted hand at a pair of boots from which project the broken leg bones.

There have been several *Dance of Death* studies since the First Great War, both in art and literature. One of interest, *Ein Totentanz* is by Draesner (Berlin, 1922) which uses the silhouette and shows an anatomist strangled by one of his own skeletons. The tense determined cruelty of the skeleton's face is cleverly portrayed. In a play published in 1933 and called *The Dance of Death* Mr. W. H. Auden bitterly satirizes the idiotic ways of men. Death is a dancer who leads people in various dances expressing modern movements looking for a new way of life — sun-bathing, absolute government, return to nature, and gross materialism in the chasing of wealth and pleasure.

We began this recital with the *Dance of Death* which had its origin in France in the fourteenth century. We may fittingly end in the same country. A notable expression of the modern attitude to death is to be seen in the magnificent monument and sculpture known as *Aux Morts* in the Père Lachaise cemetery in Paris. The emotion which it evokes has been beautifully put into words by Christopher Morley:

That noble *Aux Morts*, unspeakably beautiful tableau of human grief and courage, sends one away with the thoughts 'of things that thoughts but tenderly touch.' What a thrilling suggestion it gives of our poor final dignity! You see the dying as they approach the end; they come crouching, haggard, stooped in weakness and fear; but at the sill they straighten, shakingly brave, to face that shut door. The man, more sullen or more fearful, still hangs his head. But the woman's face is lifted, and her hand is gently on his shoulder.

This is an autumnal subject not unsuited to the season of the year in which I am addressing you. Under such influences we have watched the play of man's imagination on the riddle of death over a period of two thousand years. In the chronicle we have had a bizarre glimpse of the pageant of life, a part only of the vast curtain of historical events 'broidered with prince and pope, baron and bishop, physician and plebeian'. We have seen only that catastrophic part of the masque of human life in which the great chess-board of Life is periodically tilted and upset by Death. It is possible that by this time you are satiated with this venture into the borderland between pathology and theology. You are tired of looking at the gargoyles of the edifice of history. You are ready to remind me that I am a doctor of medicine, not a doctor of divinity.

That may well be. Our theme is not pleasant. It may even be repellent. But I would remind you that this discussion is not as remote as you might

think in this comfortable fastness of a prosperous continent. It still haunts civilization. This sinister *Dance of Death* theme which seems to mock man's spiritual ideals and aspirations is more than a perversion of the men of the Middle Ages. It is rather a phenomenon — a psychopathic outburst if you will — which erupts in unsettled times of fear and frustration and vast epidemic disease. Surely even the most credulous among us cannot any longer think in terms of the old straight-line view of history which assumes that human passions and human motives change and improve as material conditions improve. Rather we must believe that civilization carries forward its innate tendencies and emotions smouldering a little below the surface, but always ready to erupt in outbursts of collective madness, ever ready to find an outlet in some self-destructing movement given the proper incubating conditions. We cannot still be certain whether men today under the disintegrating influences of a score of forces will not lapse into violence or into some horror of collective insanity far more destructive than the *Dance of Death* strain or the delusions of religious mania.

If the events of the last twenty-five years have taught us anything, surely they have taught us that. Without benefit of psychological theory or deep philosophical probing, this discussion should quicken our memories and remind us that the German madness of our time had deeper and more widespread roots in the past than we had realized.

More than that, today we do not need to look on the walls of cloisters for sober paintings of the *Dance of Death*. The theme is all about us. At the moment the world is witnessing a cosmic *Dance of Death* on a scale greater than any since the *Totentanz* theme was born in the ages of the Black Death and the Thirty Years War. Violent death to a degree unparalleled in human history, wars, revolutions, concentration camps, universal pre-occupation with atomic warfare devices to the extent of using the language of madmen in calling hydrogen bombs 'clean' — these are the modern demons grinning at us on every side, ten thousand times more deadly than the spectral demons which troubled the souls of the wretched men of the Middle Ages. The front page of your newspaper is the libretto of a high tragedy. It only requires a writer or painter of genius to make it more articulate to our dulled and drugged senses.

There are other aspects of the modern scene as they relate to death that I can do no more than mention. Some of you must often have wondered at a curious paradox in our society — that at a time when the world's potential for destruction has increased to nightmare proportions and when, in the view of Freud, Spengler and Toynbee ours is a society with a marked orientation towards death, there should at the same time be such a remarkable prudery concerning the fact of individual death and the emotions and trappings surrounding it. In times past death was dealt with in a matter of fact if glowering or (in the Victorian age) sentimental way, whereas today it is almost as if people endeavored in a timid gesture to surround it with almost a taboo, smothering it in the muted respectability of funeral rites which have been transformed almost into an art of complete denial.

Part of the explanation of this attitude may be due to the altered conditions of existence in the stable societies of our world. We live more than twice as long as persons did in the fifteenth century. In our society death is less savage and brutal for the majority, the image of death has softened, the music of the dance has turned sweeter. We have nearly abolished the power of the old Captains of the men of Death, typhoid, tuberculosis, diphtheria and the scourges of infancy. Man is now marching up close to the ultimate barrier

of age. To return to our symbol, a new *Dance of Death* has emerged in which more and more Death wears the trappings of senility. The problem now is not how to live long but how to live well.

Since about 1914 a revolution unprecedented in force and extent has been going on in the world and in the minds of man. This chaotic age is reflected in modern man's viewpoint on death. It would seem that the Christian hope of immortality burns very faintly among us. Some few are hopelessly pessimistic about it all. Like Macbeth they say that

All our yesterdays have lighted fools
The way to dusty death.

Others in the mood of disillusion and despair bred by two consuming wars echo the words of Mr. T. S. Eliot in *The Waste Land*:

Son of man,
You cannot say, or guess, for you know only
A heap of broken images, where the sun beats,
And the dead tree gives no shelter, the cricket no relief,
And the dry stone no sound of water. . . .
And I will show you something different from either
Your shadow at morning striding behind you
Or your shadow at evening rising to meet you;
I will show you fear in a handful of dust.

Still others, and among them brave souls who have been bruised hard against life, fear death all their lives long. They cannot lay the spectre which terrified Claudio:

. 'tis too horrible!
The weariest and most loathed earthly life
That age, ache, penury and imprisonment
Can lay on nature, is a paradise
To what we fear of death.

There are others who are indifferent for, they say, the majority of people die as they were born — oblivious. Shelly's description fits nearly all:

Mild is the slow necessity of death;
The tranquil spirit fails beneath its grasp,
Without a groan, almost without a fear,
Resigned in peace to the necessity.
Calm as a voyager to some distant land,
And full of wonder, full of hope, as he.

There are other moods. Doctor Oliver Gogarty expresses one in his memorable sentence:

Death is life's astringent.

The knowledge of life's mortality keeps us humble and urges us to achievement.

But the majority in this age, it seems to me, have lost their fear of death and meet it with a resignation that is not unlike that of the spirit of the Greeks. Their attitude is like that of Rabelais who is said to have remarked on his death-bed (I always like to think that it was a physician who uttered these words), 'Je vais chercher un grand peut-être.'

Then, too, our scientific age has prompted a point of view which is probably best expressed in the words of a distinguished medical writer, Sir Walter Langdon-Brown:

An inexorable limit is set to man's egoism; only if blended with another personality can he go on and renew his youth. The individual who would live alone shall surely die. Nature has devised a more excellent way,

conserving individuality by handing it on, as we can clearly see in a gallery of family portraits. We may say then that death has been evolved for the good of the race, to retire worn-out structures in favor of more active ones. And death being thus merely the servant of life, life ultimately attains the mastery over death.

Here is the closest that science can come to expressing something of what the last generation called 'the larger hope.'

I suggest to the man of today, in all humility, that he can make no better gesture towards the subject which we have been discussing than by using the words which the old knight used in *Don Quixote* when he found death upon him. Incidentally these words are what is to me one of the finest endings of any book ever written. They are these:

Good sirs, I perceive and feel death to follow me at my heels. Let us leave off and quit all merriment and jesting, and let me have a confessor to shrift me, and a notary to draw my last will and testament. In the extremity whereunto I now find and feel myself, a man must not make a jest of his soul.

But life goes on. For each of us 'Time's winged chariot is hurrying near', and ever at our back urging us on. There is still courage in men, and faith and vision. The strains of the *Dance of Death* which sound like a lament over the fortunes of man on this planet for the past six hundred years are only one expression — and that a poor one — of man's spirit facing his last great adversary. Man will continue to challenge his fate, and the 'dance' theme will take on new forms in years to come.

REFERENCES

- Holbein's Dance of Death**, by Francis Douce. Reprinted from the 1833 edition. (Bell and Daldy, London, 1872).
- The Dance of Death**, printed in Paris 1940. Reproduction. (Library of Congress, Washington, 1945).
- The Physician of the Dance of Death**, by Alfred S. Warthin. (Paul Hoeber, New York, 1931).
- The Dance of Death**, by Florence Warren. (Oxford University Press, 1931).
- The Waning of the Middle Ages**, by J. Huizinga. (London, 1924).
- Aspects of Death and Correlated Aspects of Life in Arts, Epigram and Poetry**, by F. P. Weber. (London, 1922).
- The Dance of Death in the Middle Ages and the Renaissance**, by James M. Clark. (Jackson, Son & Co., 1950). (Glasgow University Publications LXXXVI).
- The Macabre in European Literature**, by L. P. Kurz. (Publications of the Institute of French Studies, Columbia University, New York, 1934).

The Atlantic Provinces Look Ahead

R. J. Rankin
Halifax, N. S.

Guest Speaker, President's Banquet, Annual Meeting, 1957.

YOU invited me to talk to you tonight about the Atlantic Provinces Economic Council. In an approach to this, I have chosen the broad subject heading "The Atlantic Provinces Look Ahead" because it's apparent the phrase "looking ahead" holds the key to future progress and development. There isn't much use in looking back, unless, of course, we find some comfort in mourning over things which might have been. Even then, there's no assurance that they would have been. And if we plan to chart the course for the future on the basis of what's happened in the past, we don't need a crusade at all. We *just* sit back and watch the rest of the world go by — or, as has been suggested in certain quarters — and under certain circumstances there is some merit in the suggestion — we move to other areas where the environment promises a greater accumulation of worldly goods in a more congenial and less demanding atmosphere.

To those of us in the Atlantic Council and, I am sure, to a great number of people in the Atlantic Provinces, the alternative, as I have outlined it, most distasteful. And it was this reaction, I believe, which was primarily responsible for the setting up of the Atlantic Council.

This organization is not the first whose aims and objects have been directed toward the improvement of the economic picture. Over the years there have been many such movements, sponsored at various times, by individuals, groups and even by governments. There have been community and area drives seeking betterment of economic conditions. The pages of old newspapers are studded with accounts of safaris to Ottawa from one province or another with the same objective. The one most similar to the Atlantic Council plan was the Maritime Rights campaign of some years back — a campaign which resulted in the formation of the Duncan Royal Commission and through its report substantial benefits came to the Maritimes generally.

All of these were commendable adventures which contributed in varying degrees to the advancement of the Maritime economy, and I think we should acknowledge our debt of gratitude to the men who worked in them. More than that, I think we might well reproach ourselves for failure to have associated ourselves with them in an active personal way.

Whatever these campaigns of past years may have accomplished, the important thing about them was the spirit which prompted their sponsors to undertake them. Without such a spirit nothing could have been accomplished then — and nothing can be accomplished today.

Perhaps I should explain what I mean by "spirit" — well, let me put it this way, starting with the question: "What's the difference between a resident and a citizen?" In the common use of the words, the definitions would seem to vary but little — a resident of the Atlantic Provinces, could well be regarded as a citizen of the area.

But in fact there's a vast difference. For instance, a resident might reside in a city, town, or community all his life and live entirely to himself — unconcerned about what happens outside his own immediate circle. He may make

no contribution to any phase of community activity, unless, of course his own interests become adversely affected by some particular development.

Citizenship, on the other hand, is a big word — a broad word, implying recognition by the individual of responsibilities, the possession of a public conscience, a sincere interest in the welfare of those about him and a desire to participate in bringing betterment to the full extent of his time and talent.

The badge of citizenship is not something that one wears automatically because he is a resident. He must qualify for it. And in qualifying, I suggest to you, he must develop some of the spirit which prompts him to share in the task of making his community, whether it be city, town or hamlet, or the broad sweep of the Atlantic Provinces, a healthier, happier place in which to live.

The crusades of past years to which I have referred, had several important weaknesses which made success questionable from the outset.

One weakness was that they were limited in both their aim and scope, embracing perhaps the interest of a community or district or even Province, but not extending to a four province region and thus inviting the more powerful asset of four province support. This weakness, I think, has been eliminated in the Economic Council plan because its Board of Directors and its membership represent all four provinces and its activities are directed to regional development embracing the four provinces.

Another improvement is that while one government, or perhaps two, may have been associated with campaigns of the past, the present Premiers' Conference, set up to provide a continuing study of economic conditions, brings the weight of all four governments in support of whatever decisions may be taken.

A further important step toward a common Atlantic Provinces front would be agreement by the Federal members to stand together in Parliament on regional issues — issues such as transportation facilities and services, freight rates, the question of the northern lands, which I will deal with later, and the like. The Council plans a meeting perhaps in the Fall with Federal members to discuss this matter.

We in the Council were delighted when the Premiers of the four provinces announced their intention of holding annual conferences and we were greatly encouraged when they extended to the Council an invitation to meet at the same time and in the same place their conference was being held. We regard this as an important link in the developing chain of unity which, when complete from the individual through the piece, will mean that the Atlantic Provinces when they speak on regional issues speak with one voice.

From time to time it has been suggested that the field of Council operation duplicates to a considerable extent the field of government operation through departments of industry, agriculture, the tourist trade and others. We in the Council do not believe this to be the case. We see a distinct difference between the obligations of government and the activities of the Council. We recognize ourselves as an unofficial supporting organization prepared to assist a man with an idea, a group with energy and initiative, a government with a plan. All up or down the line we believe the services of the Council should be available to all in any role in which it can be helpful.

The Council presently is engaged in conducting economic studies complimentary to government departments into various aspects of the economy such as agriculture, electric power, the tourist trade; making market surveys for industries planning location or expansion; and in investigating new avenues of trade which would be beneficial to Atlantic producers. We have looked at the Canadian northland closest to our region and we believe the prospects there are

encouraging. We have looked at the developing Federation of the West Indies and are studying the importance of their future relationship to this part of Canada. We have looked, too, at the United Kingdom and urged the necessity of representation in the heart of the commonwealth. We have been gratified by the fact that a committee approved by the four premiers is studying the possibility of establishing an Atlantic House in London.

The Economic Council is not concerned with accumulating credit for its accomplishments. As I see it, and I am sure that my colleagues would agree with me, its work is of the type which does not require publicity of this kind. It seeks to open doors to new development, new avenues of trade, to assist business, industry, government and all others in planning for progress—to establish contacts of value to the region — to promote the region in the outside markets of the world and to build in the hearts of the people within the region itself that spirit of aggressiveness and initiative and confidence so essential to accomplishment. Our main concern is that sound and steady progress marks the future years, and if we, through our association of business men, professional men, industrialists labor leaders, agriculturists and others, can help to bring this about we will be completely satisfied.

The big question, of course, is whether the people of the Atlantic Provinces generally are unhappy or dissatisfied with present conditions. Assuming that they are the next question is how hard are they prepared to work personally and individually to bring about the needed improvement. After all, the people who are most concerned with economic development of any region are the people who live in it. They are the ones who will reap the benefits through higher standards of living for themselves, better facilities in health, education, wider opportunities for culture and generally happier lives. It should not be forgotten however, that there are many people who feel that life in the Atlantic Provinces offers compensations which more than make up for the greater prosperity of other areas. They point to the absence of stress and strain, the temperateness of the climate, beauty of the scenery and the lure of the sea, the greater ease of living and the convenient access to the relaxation of open spaces. They say these are the true values of life, and, personally, I think they have something. But just because we have them I don't think we should stop looking for something more which will make them even more enjoyable.

If we are prepared to fight and to work for these things there is plenty of good fighting ground on which to take a stand — but it must be a united stand — one which lines up the people of these provinces, all working toward the same common objective.

One good fight can be waged on the interpretation of the phrase "national development." We in the Atlantic Provinces know perfectly well what "National development" means. It means canal systems and pipe lines and seaways and we have paid our full share as Canadian provinces to the building of these things in the national interest. We may have suggested that the gas pipeline would eliminate our coal markets in the central part of the country, or that the seaway might threaten the future of our ports which are among our biggest industries. But we went along anyway and paid our way.

I'm not so sure though that the phrase is so well understood in other parts of the nation. I seldom hear the term "national development" applied to government projects in the Maritimes. Through some mysterious process when the borders of these provinces are reached the term becomes "aid."

I'm not sure either that I understand what those who use the term "aid" mean by it. If they mean projects like the Canso Causeway, sound policies

aimed at the development of the coal mining, fishing or lumbering interests, the provision of adequate transportation services or the building of thermal power plants, then I reject it. Such projects I contend, are just as much national development as any of those undertaken by the federal authority in any of the other provinces. This is a situation which I think can be corrected by a solidly supported stand.

Then there is the question of the northern lands to which I made brief reference. I think we in the Province of Nova Scotia, New Brunswick, particularly should be thoroughly familiar with this northern land situation, because it has a direct bearing on our status in the partnership of Canadian Provinces.

Back in the years following confederation, when four provinces made up the partnership, the decision was taken to purchase vast northern territories from the Hudson Bay Company. In subsequent years the Prairie Provinces came into existence and later still the lands to the north of the Provinces from Quebec to British Columbia became parts of these Provinces.

I am not suggesting that this was not perfectly logical but what I am suggesting is that the status of Nova Scotia, New Brunswick, as original purchasers in the partnership deal, has been lost sight of. On the basis of a 4 province partnership they hold a 1/3 interest.

It is true that those northlands at the time they were turned over to the various provinces that acquired them, were not regarded as having great value, but I am sure you are sufficiently familiar with the story of Canada's expansion to appreciate the fact that within recent years they have become a source of vast development with its resulting rich revenues. Further, the future is even brighter with promise. It would be silly to suggest that today the boundary lines could be changed so that little areas of New Brunswick, Nova Scotia, and Prince Edward Island became dotted in these areas across the broad sweep of the Canadian north but I do believe that these provinces as members of the group of original purchasers are legitimately entitled to dividends from the development of the vast resources the areas contain. After all, a partnership is a partnership — it's a share and share alike proposition and it is the feeling of the Atlantic Council that these Provinces have good fighting ground in seeking to establish equality with their sister provinces of Canada on this issue.

You already know, perhaps, that the Premiers have appointed a committee to study this situation and to report with recommendations on the course to be followed.

I propose to be perfectly frank in discussing with you the future of the Economic Council. And in dealing with it I would like to make it clear I am directing my remarks not only to the members of the Medical Society of Nova Scotia but to the people of the four Atlantic Provinces generally.

The Council was formed for the sole purpose of doing something to help ourselves — uniting the thinking and the efforts of business and industry and individuals in a crusade which would build confidence in the region, encourage investment in its future and inspire the people of these Provinces themselves to take an individual active part in building for the future.

No financial aid comes from government for the operation of the Council nor are its officers or directors on any payroll. They are giving voluntarily of their time and effort even to the point of their travelling expenses which are borne by the Companies with which they are associated. Thus, it becomes clear that if the Council is to succeed it must have not only the goodwill but the financial support as well of the people within the region. It is not enough to say to those who are working voluntarily in APEC, "you are doing a good job"

or "This is just what we need and we are with you." It is encouraging to know that this confidence exists but unfortunately it will not pay expenses.

You may not regard this part of my talk as entertaining. You may even feel that I am using your organization as a whipping boy but I assure you I am not. You invited me to tell you the story of the Economic Council and I would be failing in my duty to you and to the Council if I did not place these facts clearly before you.

Public speakers, industrialists, politicians, organized groups, newspapers and individuals in all parts of the Atlantic Provinces have over the past year hailed the Council as a significant development and this has been most helpful. But we in the Council still must face the fact that while the population of the Atlantic Provinces is approximately a million and a half people the total membership in APEC — and this is, after all, the true measure of its support — is 560. You don't have to be an expert at mathematics to be able to figure that this is not adequate in a monetary sense, nor is it indicative of a reasonable degree of confidence in and support of the Council plan.

Because the membership list includes the majority of larger corporations the level of income now being received is sufficient to carry on a more or less routine operation which could, if the people who are doing the giving are satisfied to stay with it, continue over an indefinite period of years.

But surely this is not what we want for the Atlantic Provinces. Surely we have become sufficiently humiliated by being referred to as an underprivileged, under developed section of Canada. Surely, we are growing tired of hearing the sympathetic appeal voiced more frequently of late in other parts of Canada, "let's do something for the Maritimes," "let's give some aid to the Atlantic Provinces."

I am not suggesting we in the Atlantic Provinces can solve all our problems by ourselves. "Picking one's self up by one's own bootstraps" is about the silliest expression I have ever heard. I don't believe anyone ever did it.

But there are things we can do, things which will put us in a stronger position on the homefront to deal with the larger issues which require outside co-operation. As medical men you know how important it is for a patient, if he is to regain his health, to have faith and confidence and an optimistic outlook. Sometimes these qualities produce modern day miracles and if we apply ourselves earnestly and sincerely to building this type of atmosphere we may produce one of these miracles.

Certainly there is nothing to be gained in continuing to think the cards are stacked against us — the geography is an insurmountable handicap.

The Atlantic Council is not a cure-all for the ills of these provinces. It possesses no magic formula which will produce solutions to the region's problems. It can do only what the people of the Atlantic Provinces themselves want to do by supplying leadership and assistance to them in the planning for the future.

Now in a few words let me sum up my feelings about the Council — what it can mean to these provinces — what the attitude of our people should be toward it. I have said on numerous occasions that this Council properly set up and administered and adequately supported can become the greatest economic weapon we in this part of Canada ever possessed for the shaping of a prosperous and expanding future for us all. What we do with this force which even now we have in our hands is a matter for us to decide.

If we permit it to fail through lack of support or interest, or complacency with the situation as it exists today, I believe we have done a tragic thing — a grave injustice to the provinces which we call home.

If we give it our solid, enthusiastic support — our fullest confidence — our most energetic efforts, then I suggest the future is indeed bright with promise.

We on the Board of the Council are prepared to continue to give of our best so long as we have before us the evidence of general public support and acceptance of the Council plan. If it should fail — and there is no thought in our minds and I hope in yours that there is a possibility of this — we will undertake the grim task of presiding at its funeral but we will not accept the responsibility for its death.

Physicians and Dentists Indoctrination Course

Physicians and Dentists from all parts of Canada recently completed an intensive week of discussion and study on Canadian Civil Defence medical problems. The course, with 65 in attendance, was held from 25-29 November at the Canadian Civil Defence College, Arnprior, Ontario.

Guest speakers, assisted by College staff, presented such subjects as: Characteristics of atomic weapons; Target effects and damage criteria; Principles of biological warfare; Epidemiological problems in biological warfare; Radiation hazards from atomic weapons; Radioactive contamination of water, food and clothing; Health services organization and casualty services; Role of the Dentist in Civil Defence; Role of the Armed Services in Civil Defence; Emergency blood services; Medical supplies for Civil Defence; Thermal injuries in atomic warfare; Anaesthesia and Analgesia in mass casualty management; Psychological and Psychiatric phenomena in catastrophe; Ocular injuries and Hospital disaster planning.

A Casualty Simulation demonstration utilizing a basic Advance Treatment Centre was produced for the members of the course. Make-up of the simulated casualties was done by casualty simulation students also on course during this period.

In addition to panel discussions, films and papers on the medical aspects of Civil Defence, present trends in nuclear warfare were studied in syndicate group meetings. Upon completion of this, the sixth course conducted by members of the Civil Defence Health Services of the Department of National Health and Welfare over 500 Canadian Doctors and Dentists now have received detailed knowledge of the progress and plans of Civil Defence for war time and national emergencies.

Letters to the Editor

Halifax, N. S.
January 2, 1958.

The Editor,
Nova Scotia Medical Bulletin,
Halifax, N. S.

Dear Sir:

Re: Chiropractors

The approaching session of the Nova Scotia Legislature brings with it the possibility that the Chiropractors once again will be seeking legal recognition. It is highly desirable that members of the medical profession be kept informed concerning this matter.

You will remember that private Bill No. 82 of the 1957 session of the Legislature entitled "An Act Respecting the Practice of Chiropractic" was given a three months hoist by the Committee of the whole House on 13th April, 1957. The standing vote was 25 to 11. At that time The Medical Society of Nova Scotia was requested to "make its best offices available in conjunction with the Chiropractors, to frame a Bill for future consideration by this House which will safeguard the interests of all concerned.")

This request of the Legislature was accepted in the spirit in which it was intended and the whole matter was completely reviewed by the Committee on Legislation during several meetings. Re-examination of the facts, reviewed from all angles, left one fundamental principle which could not be disregarded—namely, that the chiropractors do not and cannot have attained the knowledge required for the diagnosis, management and prevention of human ills. The profession of medicine is charged with and has assumed the responsibility for the health of the public through the recognized training required for its members and the training of those in the associated fields.

As a result of this complete and searching re-examination and bearing in mind the request of the Legislature, the Committee on Legislation decided that any course other than opposition to any proposed legislation would be a breach of the responsibility which the public has placed with us.

The report of the Committee on Legislation was submitted to the Executive Committee of The Medical Society of Nova Scotia, and subsequently to a general session of the Annual Meeting of The Medical Society of Nova Scotia. Both bodies unanimously endorsed the report which was later published in toto in the November issue of the Medical Bulletin.

At that time, August 29, 1957, immediate action was taken to notify the Honorable Minister of Health and the Premier of this decision of the Society. A press interview was held and the matter put before the public through this channel.

On September 9, 1957, the following letter (dated September 6) was received:

Dr. Charles J. W. Beckwith,
Executive Secretary,
Medical Society of Nova Scotia,
Dalhousie Public Health Clinic,
Halifax, Nova Scotia.

Dear Dr. Beckwith:

Re: Chiropractic Legislation

Would you kindly refer to your letter to me of May 24th last wherein you indicated you would be writing me subsequent to the meeting of your Society to be held in August.

Newspaper accounts of your meeting would seem to indicate that your Society is not inclined to collaborate with the N. S. Chiropractors Association in attempting to draft suitable legislation governing the practice of Chiropractic in this Province. However, perhaps you would be good enough to give me official confirmation of your Society's views.

As the annual meeting, of the N. S. Chiropractors Association is close at hand, and as this matter will be then given study, I would appreciate your early response.

Yours very truly,
(Sgd.) Charles F. Longley
Solicitor for the Nova Scotia
Chiropractors Association.

This apparently crossed in the mails a letter addressed to Mr. Longley, which was as follows:

September 6, 1957.

Mr. Charles F. Longley,
Solicitor for the Nova Scotia Chiropractors Association,
Georgian Building,
349 Barrington Street,
Halifax, N. S.

Dear Mr. Longley:

Further to my letter of May 24 the report of our Committee on Legislation has now been considered by the Executive Committee and the general Session of The Medical Society of Nova Scotia at its annual meeting August 29, 1957.

The conclusions of the Committee on Legislation which were endorsed by the Executive Committee and the general session are as follows:

- (1) That there is no basis for compromise with the Chiropractors: Their training is insufficient and the "philosophy" or definition of chiropractic as set forth by them is not compatible with known and proven causes of disease.
- (2) That the Medical Act of Nova Scotia makes Chiropractic, as presently practised, illegal; recognition of Chiropractors is, therefore, not possible.
- (3) That no change be made in the Medical Act, for the purposes under review, since it provides the public the positive asset of recognized training fundamental to diagnosis and prevention of disease as well as basic knowledge for treatment. Recognition of chiropractors, under their terms, would in effect, give two standards of education for the management of human ills. This is most definitely not to be considered since it is not in the interests of the public nor in the interests of progress.

- (4) That the Chiropractors have the means of becoming legally recognized by taking the medical course prescribed, attaining recognition by sitting for the necessary exams for Doctor of Medicine and then after further training in their particular field, take the examination which will lead to legal recognition.

Furthermore, the Provincial Medical Board, through the Registrar, has written as follows reflecting the opinions of the Board in this matter:—

(1) That through legislation in terms of the Medical Act the privilege and responsibility for the diagnosis and treatment of the sick in this Province has been placed in the hands of the medical profession.

(2) That the said Act prescribes in detail the minimum training necessary to adequately perform these functions.

(3) That up to the present time no person styling himself a chiropractor has offered evidence that he has met those standards.

(4) That in providing for the registration and licensure of chiropractors by the Medical Act the legislature in the past envisaged such virtues as chiropractic possessed, to be carried out as a specialist effort after an adequate medical training had implanted the knowledge and good judgment necessary for such application. There is abundant evidence to support the wisdom of the legislature which in 1921 made this requirement.

(5) That the creation of a dual standard of necessary education and practice is extremely confusing to a public unable to exercise critical judgment in such matters.

(6) That it is a self-evident fact that the apparent refusal of the chiropractic group to seek a type of education and training, difficult and expensive though it may be, but necessary as never before in an age when daily advances in the field of prevention and cure of disease are being made, commits them to a programme which is likely to lower rather than to raise their standards as compared with those of the medical profession to the increasing detriment of the uninitiated public.

The Minister of Health and the Premier have been informed of these conclusions.

The Committee on Legislation of The Medical Society of Nova Scotia will be pleased to meet yourself and/or a committee from the Chiropractors for discussion on this matter at any mutually convenient time.

Yours truly,

(Sgd.) C. J. W. Beckwith, M.D., D.P.H.,
Executive Secretary

No request for a meeting has been received from the Chiropractors since this communication. This resumé fills in the interval between the annual meeting and the time of a meeting of the nucleus Committee on Legislation held on December 23, 1957. Doctor Donald Rice, Chairman of the Committee on Public Relations, was present on invitation. At that meeting it was decided to request publication of two communications in the Bulletin from members of The Medical Society—one in the January issue and one in the February issue.

We believe it is extremely important that members of the medical profession be well informed on this matter which holds such a potential threat to the health of the public. It is our desire that each doctor, knowing the facts, will be in a position to take a definite and informed stand in discussions which are inevitable and, indeed, be prepared to initiate discussion so that public opinion will be developed on a basis of fact and not emotion.

Yours truly,

J. McD. Corston,
Chairman, Committee on Legislation.

"Of Cabbages And Kings"*

Medicus

THE perennial bill to legalize the cult of chiropractic in this province was last spring again presented to our legislature. It was considered by the Law Amendments Committee in both public and private sessions, was later discussed in the legislature and was disposed of by that body according to its excellent wisdom.

Discussions having to do with health find in general a ready audience, and properly so. Few things are so important. People also want to talk about it; and it is not surprising that in a matter of such complexity much that is said—in the absence of even basic knowledge—is bound to be wrong. Generally that matters little, since no great matters are affected by such errors and doctors go on correcting them and spreading such medical knowledge in their practices as they may find applicable to the individual case. Medical knowledge is also, of course disseminated in many other ways—indeed through almost every medium of communication. Some of this knowledge is good, some spurious; but the sum total of all these bits and pieces so disseminated—or so received—does not qualify anyone to speak authoritatively on all matters of health.

When we come into the realm of those larger matters having to do with the development of qualifications and standards for the medical care of a people, this applies with much greater force; for to assume a competence to make important decisions without being familiar with our province's laws and the philosophy in which they were made could be disastrous, and the course of medicine be retarded rather than advanced.

Perhaps it should be no surprise that our legislators should show such lack of knowledge of the facts in the case before them this year for—and this implies no lack of respect—they are and represent average citizens to whom this has not been a matter which concerned them particularly heretofore. Now, however, they are called upon to be leading citizens—legislators—who should know all sides of a question before adjudicating in the interests of the province they represent.

However, though there are many lawyers and something like seven doctors in the House, it is a bit surprising how little the basic facts, which influence so importantly the health of this province, were adduced and dispassionately evaluated by them this year. Let us review some of those facts and give some consideration to their value.

There is on the statute books of this province, a law very similar in form to that which is to be found in most countries of any sophistication. It is known as the Medical Act. It would appear to express regard for the health of our people and primarily is designed to protect the public from being imposed upon by untrained persons. Just as a lawyer or an architect or an engineer is expected to measure up to certain standards so that the public in employing them may not be deceived by impostors, so in the most important subject of all—the care of human ills—the law requires that the education and basic training of all persons engaged in treating the sick shall be of the quality and standard generally required and accepted.

*Presented to the Committee on Legislation for such use as it chose to make of it in the interest of Medical Care in this province.

It must be made clear that that is the law and that it was made so for the protection of the people of Nova Scotia—not for its doctors. That should be better known, for there is no one who gets sick who doesn't rely upon that law—albeit often unconsciously—to ensure for him that the doctor that he calls has at least come through the discipline which the law provides, so making it safe for that person to employ him. Possessed of the qualifications so required, he simply cannot be a quack.

The question which naturally follows from that then is—*Whose business is it to enforce that protecting law?* In the matter of false advertising or of improper adulteration of a food, or in that of a false claim on a patent-medicine bottle, all civilized countries today would swiftly apprehend the offender, and conviction and penalty would follow. That, I believe, would be under federal action; but Health is provincial. Have we a corresponding provincial department to enforce our Medical laws?

If the implication of one of the last acts of this year's legislature is accepted, as it was reported in our papers on April 13th last, there is no such department in Nova Scotia; for statements made there suggest that it is *the duty of the Medical Society* to enforce the act. This clearly is as wrong as anything can be; for the members of the organized medical profession *who must conform to the requirements of the Act and must have passed through the discipline which it provides before being admitted to practice*, are in fact subject to the Act and have neither the right nor the authority to enforce it. No, despite the inference of the legislators and with all due deference to their wisdom, it definitely is *not* the job of the Medical profession. If not, then whose job is it? It must be that someone is responsible. Laws so important are not without some provision for enforcement!

Without being a lawyer, I would suggest that the government of the day is responsible for the enforcement of all our laws and, judging by the practice elsewhere, the department of Government through which enforcement of the Medical Act is effected is the Department of Justice; and the agent of, or adviser to that department in matters of Health is the "College of Physicians and Surgeons" or, as it is known in Nova Scotia, "The Provincial Medical Board". We have not had too much of precedent in Nova Scotia in this matter of enforcing the law against those who attempt a short-cut to the treatment of the sick—indeed many think the Board should have been more diligent than it has been—but at the time or two during the last thirty years in which we have seen any action taken against irregulars, the initiative was with the Board acting under the Department of Justice. Those events probably establish the Board as the enforcing agency.

Now who or what is the Provincial Medical Board? Well, it is a government agency composed of doctors, a majority of which is appointed by the Government of the province and a minority is nominated by the Medical Society. It would seem that as an agency of Government responsible for enforcing the law, it functions well in demanding the highest standards for those who would qualify to care for the sick. It sees that the medical student enters upon his medical studies equipped with a reasonably good education, and once he enters the door proper to his medical studies, they see to it that he is not let loose upon the public until they are fully satisfied by examination and report that he has been tried in the fire and discipline required by law. But against those "who enter not in by the door but climbeth up and entereth in some other way"—against those who do not get that discipline of scientific training for the practice of Medicine which our law insists is fundamental,

but who instead attempt to found a cult upon a falsehood, what has been done against them? In this province virtually nothing. The public, just as a few years ago it tolerated cancer quacks, still allows itself to be fooled and assaulted to its physical and financial harm, and the law which provides for the prevention of this has not been invoked.

“.....The grim wolf with privy paw
Daily devours apace and nothing said.”

Of course, informed members of the law amendments committee of our legislature were quite correct in asking, in connection with the Chiropractors, “why didn’t the Medical Society go after these people long ago?” Except that they didn’t ask it concerning the right people. It should have been “why didn’t the Government of the day enforce the law of the land?” They were quite right in inferring that if those people are attempting to care for the sick without going through the discipline provided by the law, it is against the best interest of the public and the law should have been enforced. In other words the imposition upon the public represented by such irregular practices should have been cleaned out at the start without thought of anything but the quality of medical care for the people of this province. *Who compromises with principle only defers the day of reckoning.*

Now it is foolish to think that any action of the doctors in opposing the Bill to give the Chiropractors the short-cut they are looking for to the practice of Medicine was dictated “solely by self-interest”, as has been suggested. The public of the province knows enough to employ only trained doctors when they are sick. The doctors however, are the people who best know the vast difference in qualification that obtains, and therefore, though they might have been remiss in reporting breaches of the law that came to their notice (which is understandable), have by virtue of that knowledge an impelling obligation to speak out and indeed to act when an attempt is made to have our laws changed so as to accept a lesser qualification—an utterly inadequate training—for the care of the sick, as being good enough for Nova Scotians. The position of the doctors was simply: as far as the law is concerned, let there be one basic standard of training for all alike; and they would be traitors to their obligation to Society were they to compromise on this point in any way.

Now in the light of all this, the action of the legislature in temporarily disposing of the bill in the way it did is very curious indeed and worthy of permanent record. The suggestion seems to have been that the “Medical Society” (meaning the Medical Society of Nova Scotia) and the irregulars, who are seeking modification of the Medical Act so that said irregulars might have a short-cut to the practice of Medicine, should sit down together and in some way show how the Act might be changed so that, *while protecting the public by demanding first class training as applied to doctors, it would take away that protection as it applied to irregulars!*

With all due respect again to the wisdom of our legislators, that is one for the book as being probably the most naive thing that has come out of a legislative assembly in our history. It would be funny if it weren’t so serious for the people of this province. Acquiescing as the enforcers of the law have done all along with quacks of different kinds, it is now suggested that the Medical profession should “compound a felony” as it were, and compromise its principles also by assisting in the legalizing of sin, no doubt with the idea of “peace in our time”.

This writer cannot speak for the Medical Society of Nova Scotia, as he holds no office in it, big or little, but were it to so compromise, foreswearing its

allegiance to those ideals under which Medicine has come to be what it is in our time, it would be to its eternal shame, and posterity in this province would forever hold it in the deepest disgrace. Nor have I any doubt but that history would hold the legislature that so changed the Act, in similarly opprobrious terms, for their responsibility for so backward a step.

O yes, some of the provinces have allowed them some privileges—Ontario for example; but look at the complications! Because of the monkeying with the Act there, the Workmen's Compensation Board has to give them some recognition too. How do they get around that? Well they can't prevent the extra cost that such recognition represents to Workmen's Compensation Board funds, but they say to the workman in effect: We will allow you two calls only to a Chiropractor, but if your condition is one of a nature sufficiently important to require more care than that, we will only take care of you if you are under the care of a qualified doctor!

Quebec on the other hand, always the realist, will have none of the sloppy sentimentalism of Queen's Park and no such legislative nonsense. For the 13th time they, this year, threw out a bill to give Chiropractic recognition. What is more, according to published reports, they have just tried and fined the head of the Chiropractors of that province for "practicing medicine" and that under circumstances not too creditable to him.

In the light of all these facts, how can either Medicine or the Legislature of this province, both of which have great obligation for the maintenance and where possible the advance of medical care in our province, honestly do anything to advance their cause? What then is the solution? How should the legislature meet their importunity? Surely the answer is simple. The man who would practice physiotherapy—which contains everything of value that Chiropractic might have and much more—the man who would specialize in eye work, or X-ray, or obstetrics or in any other medical specialty goes through the pre-medical and medical discipline provided by law and then branches off into the specialty of his choice. Such specialists are then examined by the respective specialty boards—all being doctors of course. But the law has been kind in the case of those who would practice a specialty not recognized by doctors—homeopathy, osteopathy and chiropractic. It provides—in the case of persons electing to go into such a "specialty"—that after they have come through the basic disciplines required by law for all who would treat the sick, they may then go on to their "specialty" training and be examined by a board of their own particular cult—homeopaths, osteopaths or chiropractors—who will qualify them or not for the practice of their particular philosophy.

Surely nothing can be fairer than that: that the law be respected in its basic requirements for *all* who would treat the sick, and then, once they have had those basic requirements, to make them free as the birds to specialize in anything they choose. To have the way for them to do so facilitated by the laws of the land, so that all specialties enjoy equal privileges is further evidence of the adequacy and justice of our present laws. When to this is added the self-evident fact that any reduction in the basic requirements for the training of those who would diagnose and treat the sick—any lowering of medical educational standards—cannot be for the greater good of our people, but for their greater harm, it is imperative that we conclude that those fundamental requirements which are the essence of our present laws must not be lessened under any circumstances, neither for doctors, nor for anyone else who might seek the easier way.

To say Medicine's objection to this legalized error is for selfish and mercenary reasons is as silly as it is false. To me personally, as to most of my profession, whatever is done can mean nothing, financially at least. I am interested because of the quality of medical care that has been built up in this province in recent years and that partly because I am one of the many who have made contribution to that end. All right-thinking men should rise to meet any threat that would lower that quality.

Of course, there are those who like to talk about Medicine's failures, and we confess them in all humility. All patients who die, do so because we have failed to keep them alive. We, however, confess to more than that, for in all human agencies, there are sins of omission and of commission; but even as St. Paul, who though saying that he was the chief of sinners was still able to say he had "kept the faith," so in general has the profession of Medicine "kept the faith," and the position and quality of Medicine in this province today—as indeed it is in other countries where Medicine is strong—is eloquent testimony to that fact.

We have quite properly, been very modest about this, and though we must and do have a strong sense of pride in our ideals and accomplishments with respect to Health matters in Nova Scotia, which we may compare favourably with the best anywhere, we are nonetheless disposed to say nothing about it. One may question if as a policy this is always wise. However, we have the satisfaction of knowing that there are many outside our profession who share our pride and who hope with us that qualification to treat the sick in this province will be kept securely upon that base of sound learning which is provided by our present laws and that in consequence we may expect the course of medical care to continue to go forward in our province.

Herein lies our duty as citizens; but for legislators and doctors alike, the performance of that duty requires:

(a) Conviction, that in the present state of our knowledge our present laws are the best that are possible for the protection of the people of this province and,

(b) The moral courage to stand up and insist that those laws be enforced.

December, 1957.

Rheumatoid Arthritis in a Population Sample*

This is an interesting and important survey of the incidence of rheumatoid arthritis in 10 per cent of an urban population. The number surveyed was about 400 in the 50- to 59-year-old age group.

The incidence of typical rheumatoid arthritis diagnosed clinically and performed by X-rays or differential sheep-cell agglutination tests was 1 per cent for men and 3 per cent for women. However, when atypical cases were included in the statistics, the rate increased to 11 per cent for men and 27 per cent for women.

Although the clinically-determined incidence was markedly greater in women, abnormal sheep-cell values and X-ray appearances were equally distributed between the sexes. Of 283 individuals who were considered to be free from clinical rheumatoid arthritis, 20 showed some X-ray abnormality or agglutination suggestive of the condition.

Kellgren, J. H., and Lawrence, J. S., *Annals of Rheumatic Diseases*; 15: 1957.
*Medical Abstracts August, 1957.

Society Meetings

Cape Breton Medical Society

November 1957 Meeting

The meeting was held in the cafeteria City Hospital on the 24th. There were 25 members in attendance.

Call to order at 8.40 p.m. with Doctor W. J. Lamond in the Chair. Minutes of previous October meeting approved as read.

Unfinished Business: Approval new Bye-Laws; one paragraph to be deleted.

Letter from the Secretary Defence Medical Association read. On submission by Doctor N. F. Macneil to Secretary (HRC) of eligible members the names will be submitted to Doctor Miller in Halifax.

Correspondence: Letter and telephone communications from Miss MacPherson, Secretary Mental Health Association requesting member to represent Cape Breton Medical Society on Board of Management. Moved by Doctor J. R. Macneil, seconded by Doctor J. A. McDonald, that Doctor Arthur Green be named. He was contacted by phone and advised of meeting on December 9th.

Committee Reports: Doctor J. A. McDonald stated that plans should be made for the Spring Post-Graduate Regional Course of six sessions, and any suggestions as to speakers and subjects should be left with the Secretary. It was moved by Doctor DeKoven, seconded by Doctor J. R. Macneil that Doctor Steeves be advised when we are ready for an organizational meeting.

New Business: Doctor J. A. McDonald advised the meeting that an Atlantic Branch of the Canadian Heart Association is being formed and wished the support of the Society. It was moved by Doctor J. A. McDonald, seconded by Doctor Gouthro that we give full support to this organization. A meeting with the organizers, Doctor John Armstrong and Mr. Sheplar is scheduled for the Isle Royale Hotel on the night of December 11th; the Secretary was asked to attend.

Scientific Programme: Doctor D. T. Janigan of New Waterford presented a paper entitled "Some New Concepts in Shock Therapy." He briefly outlined the action of certain drugs when used in combination and under certain conditions. He gave three case reports, two of the cases in which the results were dramatic. Doctor Janigan was thanked by the President for the very excellent presentation.

The guests for the evening were Doctor C. J. W. Beckwith, Executive Secretary, The Medical Society of Nova Scotia, Doctor Soby of the Department Marine and Immigration and Doctor Cooper our latest addition to the group of two pathologists in the Cape Breton area. Doctor Cooper is servicing St. Joseph's and the Glace Bay General Hospitals.

Doctor Beckwith presented some preliminary remarks concerning Bill 320, and as the hour was getting late, it was decided to hold a special meeting on December 17th in Sydney during which session a full discussion of this matter will take place and the Executive Secretary will be in attendance.

The meeting adjourned at 11.15p. m.

H. R. Corbett, M.D.,
Secretary-Treasurer.

The Annual Meeting

Antigonish-Guysborough Branch of The Medical Society of Nova Scotia

December 15, 1957

A meeting of the Antigonish-Guysborough Branch of The Medical Society of Nova Scotia was held in the board room at St. Martha's Hospital, Antigonish, on December 15, 1957, with the President, Doctor R. C. Griffin, acting as chairman.

Present were: Doctors P. W. Ferguson of Mulgrave, W. Guzdziol of Port Hawkesbury, R. Sers of Goldboro, G. L. Silver of Sherbrooke, J. M. Wright of Guysborough, A. Elmik of Canso, T. W. Gorman, A. E. Dunphy, T. B. Murphy, O. C. MacIntosh, C. N. MacIntosh, R. H. Fraser, J. J. Carroll, S. B. Donigiewicz, A. J. Griffiths, J. E. MacDonell, R. C. Griffin and J. A. MacCormick. Also Doctor C. J. W. Beckwith, Executive Secretary of The Medical Society of Nova Scotia was present as a guest. Doctors Krzyski of Canso and Mrs. Rolf Sers were absent.

Doctor Griffin opened the meeting by welcoming the large turnout of members and extended a particular welcome to the new members, Doctors Ferguson, Wright, Elmik and Griffiths.

The minutes of the last regular meeting were read and adopted. There was no business arising from the minutes.

Report of Committees

Doctor T. B. Murphy, Branch representative to the House of Delegates of Maritime Medical Care Incorporated reported that he had not been notified to attend any meeting of the House of Delegates during this year and had nothing else to report. He expressed some dissatisfaction that no meeting had been called and discussion followed which indicated other dissatisfaction with certain phases of Maritime Medical Care Incorporated. No conclusions were formed.

Doctor MacCormick as branch member to the executive of The Medical Society of Nova Scotia referred the members to the November issue of the Nova Scotia Medical Bulletin for details of the meetings of the executive. He pointed out the difficulties of liaison between the executive meeting and the infrequent and irregular branch meetings and that it had been recommended by the executive secretary, Doctor Beckwith, that branch societies have more frequent meetings at established dates. Discussion followed. It was moved by Doctor MacDonell and seconded that meetings be held on the second Sunday of every third month starting in March, the annual meeting to be held in December. This was defeated by an amendment by Doctor Carroll to this motion that the March meeting be held in April on the second Sunday because of usually poor driving conditions in March was seconded and passed. Thus meetings are to be held on the second Sunday of April, June, September and December.

Correspondence

A formal notice of motion from Doctor O. C. MacIntosh was read to the effect "that the Executive of the Antigonish-Guysborough Branch make representations to the Nova Scotia Medical Division and to the Medical Profession in the Counties of Richmond and Inverness, Antigonish and Guysborough, to provide for the reconstitution of the Eastern Counties Branch to include

the members of the profession in the Counties of Richmond Inverness, Antigonish and Guysborough." Seconded by Doctor Carroll, discussed, and passed.

Next a letter from Doctor Beckwith, the executive secretary of The Medical Society of Nova Scotia was read urging that an active committee be appointed by each Branch Society with the responsibility of keeping itself informed as to basic facts and developments re Health Insurance and the Nova Scotia Hospital Services Planning Commission and to inform the Advisory Committee on Health Insurance of their views and opinions. At this point the meeting was turned over to Doctor Beckwith to open up discussion on these subjects. He outlined briefly the background of the Hospital Services Planning Commission, the relation of our provincial Advisory Committee on Health Insurance to it, and certain of the actions of government in Health Insurance as drawn up in Bill 320 passed by the House of Commons on April 10th, 1957. Prolonged discussion followed on these matters and considerable attention was given to Bill 320 and its interpretation. As it stands it was considered that several clauses of the Bill are unclear, ambiguous, and not acceptable to the medical profession. Finally it was moved by Doctor Gorman, seconded by Doctor Carroll that a committee be appointed from the Antigonish-Guysborough Branch to study Bill 320 and to prepare a brief to the Health Insurance Advisory Committee of The Medical Society of Nova Scotia. Passed. Nominated were: Doctor MacCormick, Chairman, Doctors A. Griffiths and R. Sers.

Following this a small levy was moved, seconded, and passed to provide for expenses of the branch society meetings.

The meeting then adjourned to attend an excellent dinner served by the Sisters of St. Martha's Hospital.

DALHOUSIE MEDICAL RESEARCH COMMITTEE

Clinical Research Meeting Abstract Nov. 27, 1957

The Frequency of Alcohol Pain

J. O. Godden, J. Filbee and W. L. M. King.

In a recent issue of the Nova Scotia Medical Bulletin (August 1957) a survey was described of the incidence of alcohol pain among patients attending the Nova Scotia Tumor Clinic and a number of individuals hospitalized or visiting the outpatient department of the Victoria General Hospital for non-malignant disease. Briefly, the results of the survey are as follows: 20 patients with Hodgkins disease were found who used alcohol—5 of these had alcohol pain. The number of patients with other diseases who used alcohol and completed our questionnaires were: lymphosarcoma 15, reticulum cell sarcoma, 7 leukemia 26, polycythemia rubra vera 3, carcinoma of the bronchus and lung 11, other malignancies 32, non malignancies 100. None of these had alcohol pain.

Secretary's Page

SCHEDULE OF FEES

The Schedule of Fees of The Medical Society of Nova Scotia has been published and distributed. The Standing Committee on Fees, under the Chairmanship of Doctor F. M. Fraser, has devoted a tremendous amount of time and thought to its preparation. The letter to members which accompanied the schedule and the Introduction in the schedule itself should be carefully read. It will be remembered that the terms of reference for this Standing Committee, in effect, make its function continuous. The Committee will therefore welcome comments at any time from members or Branch Societies. In order to assist in the continuing study of this matter several blank pages have been placed at the back of the schedule, so that notes may be made as they may occur to you.

Department of Veterans Affairs

A communication from The Canadian Medical Association states that the Department of Veterans Affairs has accepted the provincial schedule of fees as the basis for payment to physicians rendering service to entitled veterans under the doctor of choice plan. The Treasury Board has ruled that payment be made on the basis of 90 per cent of these provincial schedules. The Advisory Committee of The Canadian Medical Association to the Federal Government has reviewed this, and referred the findings to the Executive Committee of The Canadian Medical Association. The Executive Committee of The Canadian Medical Association has accepted it, under protest, and the Minister of Veterans Affairs has been so notified with the expression of the hope that the operation of the plan will be so favourable that the discount will no longer be applied.

The following is extracted from the D.V.A. directive, issued on December 10, 1957, to all districts of the Department:

"The Department shall pay for medical services provided from non-Departmental sources on and after January 1, 1958, not in excess of 90 per cent of the amounts specified in official provincial medical fee schedules; provided that

(a) where exceptional skill is required because of complications or otherwise, or where a larger number of visits or a greater amount of time than normal in an average case is required, the Department may pay extra remuneration; and

(b) where items are not included in the provincial schedule remuneration shall be computed in equity with procedures of similar responsibility and skill specified in the schedule."

The terms "first office visits" or "major office calls" appear in certain provincial schedules. An acceptable definition as follows has been agreed upon:

"The rates set for these items will be used as a basis to pay for a visit when the patient is seen for the first time by the attending physician or when a patient, previously seen, presents himself with a new illness, when in most cases a complete physical examination, including urinalysis and haemoglobin and sedimentation rate determination, with complete history and report, is carried out."

Advice has been received from Doctor T. E. Kirk, Senior Treatment Medical Officer (Nova Scotia) that the Schedule of Fees of The Medical Society of Nova Scotia will be accepted by D.V.A. in this Province effective January 1, 1958.

Locum Tenens

It is not too early to give some thought to summer vacations and whether you will wish to have a locum tenens. Last year the Secretary's office had several inquiries for such and was able to locate a few in locating a relief practitioner. A letter from this office has been sent to the members of the graduating class in medicine which will include the question whether the graduate is available for locum tenens and if so, when. If those wishing to have a relief for practice while on vacation will write the Secretary, he will inform those who are available about such requests.

The C.M.A. Meeting

The 91st Annual Meeting of The Canadian Medical Association will take place in Halifax June 16 to 20th inclusive. New Brunswick is the host division, with the meeting to be held in Halifax because of accommodation; up to 1,200 are expected.

Meetings of Committees have been held and the programme promises to be of a high caliber from both the scientific and social aspects. In addition to the general sessions, and sections of The C.M.A., several affiliated associations are holding meetings just prior to or after the meeting itself. There will be closed colour T.V. during the first two and a half days.

The other Divisions in the Atlantic Region (Nova Scotia, Prince Edward Island and Newfoundland) are co-operating with New Brunswick so that in effect it is an Atlantic Provinces "show."

Members from Nova Scotia who are planning to attend are requested to arrange lodging with friends or relatives in the immediate vicinity in order to relieve the demand for accommodation for visitors from more distant parts. Doctor M. R. Macdonald, Assistant Superintendent, Victoria General Hospital, is Chairman of the Housing Committee.

C.J.W.B.

Meprobamate in Chronic Psychiatric Patients*

Meprobamate is a tranquilizing drug of definite usefulness. Qualitatively, the type of sedation achieved resembles, to a much lesser degree, that produced by chlorpromazine or reserpine. The drug causes few toxic effects or noxious side reactions.

Initial studies using a double-blind control indicated the therapeutic effectiveness of meprobamate in psychiatric patients. Further use of the drug resulted in significant improvement in 89 of 191 (46 per cent) hospitalized chronic psychiatric patients. The results of treatment of schizophrenics were not as good as obtained from chlorpromazine or reserpine, although occasional patients improved more on meprobamate. The results from treating patients with anxiety reactions or affective disorders were quite gratifying. In these patients meprobamate appears to be the drug of choice. Treatment of chronic brain syndromes and personality disorders was less than satisfactory.

Hollister, L. E., Elkins, H., Hiler, E. G., and St. Pierre, R., *Annals of the New York Academy of Sciences.* - 67: 1957.

*Medical Abstracts, August, 1957.

DALHOUSIE MEDICAL RESEARCH COMMITTEE

Clinical Research Meeting Abstract Dec. 8, 1957

Nutritional Factors In Mouse Virus Hepatitis

B. Ruebner, M.D., J. Bramhall, M.B., G. Berry.

While investigating human hepatitis a group of mouse hepatitis viruses were discovered by Dick, Niven & Gledhill (1956). Their strain MHV3 was employed in the present experiments. Mice of the Budd Mountain Farm Swiss Webster strain (free from *Eperythrozoon coccoides*) were used.

Three groups of mice were put on different diets. Group I was given a standard laboratory diet (Purina Chow). Group II received a choline deficient diet producing fatty livers and containing 50% lard and 15% casein (Himsworth & Glynn 1944). Group III was given the same diet as Group II with the addition of 0.5% choline which prevented the hepatic fatty change.

After eleven days on their respective diets MHV3 was injected intraperitoneally. Group I had a mortality of 29% and groups II and III had mortalities of 76 and 77% respectively. Both diets II and III, therefore, enhanced the mortality due to the virus. In group III the addition of choline while preventing the development of fatty livers had no effect on mortality.

The increased mortality therefore, appeared to be due to a factor absent from Diets II and III which was not choline. Further investigation to identify this factor is in progress.

REFERENCES

Dick, G. W. A., Niven J. S., Gledhill, A. W.: *Brit. J. Exp. Path.* 1956, 37, 90.

Himsworth, H. E., Glynn, L. E.: *Clin. Sci.* 1944, 5, 93.

Treatment of Herpes Zoster and Chickenpox with Immune Globulin*

Pooled immune globulin from persons with a previous history of chickenpox was used for the treatment of herpes zoster and chickenpox by the authors. The drug was administered to 11 patients in a dose of 20 ml. intramuscularly daily for four days. This course of treatment resulted in a dramatic relief of pain even after the first injection. Moreover, the course of the disease appeared to be shortened considerably. No complications were noted. Postherpetic neuralgia was absent. The patients in this series ranged from 5 to 75 years of age, there being nine females and two males in the group.

Rodarte, J. K., and Williams, B. H., *Archives of Dermatology*, 73: 1957.

*Medical Abstracts, August, 1957.

Personal Interest Notes

The annual staff dinner of the Victoria General Hospital was held at the Lord Nelson Hotel on the evening of November 19. The President, Doctor E. F. Ross, presided. The guests were the Honorable R. L. Stanfield, Q.C., Premier of Nova Scotia, and Mr. Manuel Zive, Chairman of the Hospital Commission. This staff dinner was well attended. There were few absentees.

The Premier, Honorable R. L. Stanfield, addressed the meeting briefly.

Mr. Manuel Zive then spoke about the contemplated new Victoria General Hospital construction. He stated that it was the hope of the Hospital Commission that the Provincial Government would be able to undertake, in the near future, the construction of an entirely new building which would be attached to the present Victoria General Hospital in the form of a wing. Mr. Zive pointed out that the plans called for the addition of 615 beds, and this together with the present number of beds would bring the overall total to 1,000. This proposed building calls for new operating rooms, much larger than the ones at present in existence. This building, in the interests of economy, calls for large wards of the public ward variety. Mr. Zive also pointed out that it would take a year to fully develop the plans, and somewhere between one and one-half to two years in the construction of this new building, if approved.

The shortage of hospital beds at the Victoria General Hospital has been in evidence for the past three years. With the advent of the National Hospitalization Insurance, a further burden of accommodation would be thrown upon the hospital. The full impact of National Hospitalization Insurance cannot at the present time be visualized, but it is the opinion of the Hospital administration that the new hospital building when completed should fulfill our requirements.

The entertainment provided by the Entertainment Committee of the Staff consisted of a showing of a number of Kodachrome slides taken by members of the staff. There was an excellent response to requests for these colour slides and some little time was taken up in the viewing of them. The judges, under the chairmanship of Doctor H. W. Schwartz, were, owing to the excellent quality of the slides, hard pressed to declare a winner. Doctor N. H. Gosse carried away top honours with his coloured slide of the "Bridge of Sighs," taken while he was in Venice this past Fall. Doctor W. D. Stevenson with the assistance of Doctor D. L. Roy, provided entertaining piano selections. All and all it was a most enjoyable evening and one that will long be remembered. The question asked by many present was, "Who put the emetic in the soup?"

Doctor John C. Wickwire of Liverpool, Nova Scotia, has been appointed Governor for the Province of Nova Scotia in the American College of Cardiology.

One other honour has been extended to Doctor Wickwire in that of his election as President of the Atlantic Branch of the Canadian Public Health Association.

The Victoria General Hospital had the pleasure of a visit early in December from Dr. R. S. Allison, lately of the Royal Infirmary, Belfast Ireland. During his visit here, Dr. Allison spoke to the staff of the Victoria General Hospital

on neurological problems. For some time now Dr. Allison has been interested in carrying out research in disseminated sclerosis and allied conditions. This research work is being conducted at Charleston, S.C., and also in the Halifax area.

Doctor Hugh N. A. MacDonald has opened an office for the practice of medicine in the Medical Arts Building, Halifax. Doctor MacDonald graduated from the Dalhousie Medical School in 1953. He spent three years at the Mayo Clinic in his specialty. The year 1957 was spent at the Montreal Neurological Institute as a Teaching Fellow. He was also successful in obtaining certification in Neurology from the Royal College of Physicians and Surgeons this year.

DALHOUSIE MEDICAL RESEARCH COMMITTEE

Clinical Research Meetings

Programme January to April 1958
(Victoria General Hospital Auditorium, 5 p.m.)

- January 8 *J. O. Godden, K. G. Ellis, H. O. Nason, R. V. Snow and P. J. Kavanaugh.* Chronic neurological disease survey: techniques and preliminary results.
- January 22 *B. Stewart, J. Stapleton and W. Morse.* Diagnostic and therapeutic experience with radion active iodine.
- February 12 *N. Nemethy and A. Graves.* Autonomic peripheral terminations in the gut.
- February 26 *W. Leslie and K. Seamans.* Some observations on polyneuritis.
- March 12 *I. A. Perlin.* Observations on post-maturity in the Halifax area.
- March 26 *M. G. Tompkins, R. B. Thompson and S. C. MacLeod.* Observations on carcinoma of the uterus and vulva.
- April 9 *G. W. Bethune.* Palliative therapy in breast cancer.

Obituary

Dr. Arthur Edwin Blackett, age 65, passed away at his home in New Glasgow on December 15, 1957. Dr. Blackett was born in Glace Bay, Cape Breton, and received his education at the Glace Bay High School and Dalhousie University. After receiving his M.D.C.M. at Dalhousie in 1915 he entered the Armed Forces as a Medical Officer and served in England, France and Belgium with the Third Canadian Division, and later was on the staff of several hospitals in England. He returned to Canada in 1919 and served for a time at Camp Hill Hospital before moving to New Glasgow where he lived for the remainder of his professional life as a radiologist. In 1940 he obtained his fellowship in the Royal College of Physicians of Canada, and in 1943 served as President of the Nova Scotia Medical Society.

During World War II Dr. Blackett maintained his interest with the active militia, and was responsible for organization of the Twenty-ninth Reserve Field Ambulance, and was its commanding officer, with the rank of Lieutenant-Colonel. In 1950 he became the Nova Scotia representative on the executive of the Canadian Medical Association. He represented the Canadian Medical Association at the Coronation of Queen Elizabeth II in 1953, at which time he and Mrs. Blackett were guests at Westminster Abbey for the ceremony. Dr. Blackett was a charter member of the New Glasgow Rotary Club, and of the Trinity United Church.

He is survived by his wife, the former Edna M. Arthur of Halifax, and a foster daughter, Mrs. Trevor Tremaine of Montreal.

Doctor Forrest Lesmere Hill, age 84, a prominent Cumberland County physician and surgeon, passed away in Parrsboro on December 10th. Born in Economy, Colchester County, he received his early education in the local school and graduated from Queen's University with the degree of M.D., C.M. in 1897. He practised in Nova Scotia for over sixty years, retiring in 1950. During the first World War he served with the Royal Canadian Army Medical Corps with the rank of Captain. He was a senior elder of Parrsboro Trinity Church, and was past master of the Minas Lodge No. 67 AF and AM.

Doctor Hill was extremely interested in the Red Cross Society and was one of the committee responsible for the establishment of the South Cumberland Red Cross Outpost Hospital.

In 1955 he was nominated to Honorary Membership in The Medical Society of Nova Scotia. He was also past President of the Cumberland County Medical Society, and past medical health officer of the County.

He is survived by his wife, the former Georgie Lent.

The Bulletin extends sincere sympathy to Doctor Arthur E. Doull on the death of his wife, and to Doctor A. Ernest Doull of Halifax on the death of his mother, Mrs. Mary E. Doull which occurred at her home on January 2nd following a lengthy illness.