The Brain

(From Oliver Wendell Holmes' ***Living Temple***)

Then mark the cloven sphere that holds
All thought in its mysterious folds,
That feels sensation's faintest thrill
And flashes forth the sovereign will;
Think of the stormy world that dwells
Locked in its dim and clustering cells!
The lightening gleams of power it sheds
Along its hollow glassy threads.
Oh, Father, grant thy love divine
To make those mystic temples thine.
When wasting age and wearying strife
Have sapped the leaning walls of life,
When darkness gathers over all
And the last tottering pillars fall,
Take the poor dust thy mercy warms
And mold it into heavenly forms.

The Bulletin

To Our Readers:

The Bulletin has started 1926 with some additions to its staff. This change has come through the recommendations of the Special Committee appointed at the Bridgewater Meeting last summer. As the organ of the Medical Society of Nova Scotia, it was thought that the Bulletin had attained so satisfactory a standing, it was desirable that a thoroughly representative Editorial Board should control its policy and keep it in intimate touch with the profession.

We have undertaken the work for this year, and we have done so because Dr. S. L. Walker has consented to act with us, and give us the advantage of his experience and ability. Single handed he has guided its course up to now. It has become too heavy a job for one man, busy with professional work, to handle alone. The new Editorial Board is composed of very busy men; but we shall endeavour to keep the Bulletin up to its standard by putting what time we can to the work. We want communications from the Branches. The Bulletin belongs to the doctors of this Province. We shall judge during the year, on the evidence of your interest and co-operation whether you wish the publication to continue and develop.

Board of Editors.

Sir William Osler

BECAUSE of the outstanding career of its subject there has been no book published in the last few years of more interest to the Anglo-Saxon medical world than Harvey Cushing's Life of Osler. While it is doubtful if anyone standing as close as Cushing did to his subject can do that subject full or final justice the fact remains that a great man's contemporary disciples do humanity an important service by putting on record certain phases of his character that are soon lost otherwise. And that is where Cushing's book is valuable. It is not a great piece of biography as biographies go—the truly great life of Osler remains yet to be written—but it contains a great deal of valuable document which will be of inestimable use to that future biographer who will do the subject final and imperishable justice.

Osler came of an Ontario family which has given other well-known names to the life of this country, and since the basis of his medical education was laid here we may truly claim him as a Canadian. A graduate of McGill he returned, after a few years of painstaking study in the European schools, to Canada and became attached to the teaching staff at McGill. He was one of the few far seeing spirits who realized that the future of medicine must rest more and more on exact clinical observation corelated to known pathological and physiological facts. To the working out of this belief he brought all the energy and enthusiasm of which he seemed to the very end of his life to possses such a store. The time spent at Montreal was the first of the three epochs into which his career naturally divides itself. It was the period of preparation. It was the period of long hours spent in the pathological museum and post-mortem room. It was the period of intense clinical observation. From it followed—as inevitably as the day the night—the American phase—the phase of expansion.

His work had attracted attention and he was called to Philadephia. Here for several years he carried on the work begun at Montreal and it was during his residence in the Quaker City that he launched on the profession his Practice of Medicine, which, when all is said and done, is his great contribution to the life of his time. By now his name was one to conjure with. His fame had gone abroad. He had, along with his many other gifts, the felicitous knack of making phrases that stuck in men's minds, catch-phrases that were tossed about in the newspapers and in the streets—of which perhaps the most memorable was the, "too old after forty". His every public statement received extraordinary attention not only in the medical but in the lay press. It is doubtful if even the Mayos are as well-known by the man in the street as Osler was some twenty-five years ago. It is quite certain that he impressed his personality on the lay imagination of this continent as no medical man has done since or before.

But his researches into the pathological and clinical side of medicine as expressed in his Practice did not constitute the full sum of his contribution to the healing art of that time. He had ideas of his own on the manner in which the embryo healers should be instructed. Under the dominant influence of the Edinburgh school it was the fashion to teach medicine principally through the medium of the didactic and clinical lecture—a crowded amphitheatre, a teacher in a frock coat standing beside a single patient from whom the nearest observer was five and the furthest forty feet distant. Osler's own experience had convinced him that the only real method of teaching medicine was by a close-up method—in the post-mortem room, and at the bedside, particularly at the bedside. While at Philadelphia he elaborated his method of teaching. Because of his magnetic personality, his marvellous grasp of pathological detail and his intimate observation of clinical facts, he made it not only a very successful method but forced it upon the attention of his contemporaries. It was not a surprise therefore when, on the founding of Johns Hopkins, he was asked to make one of that great Triumvirate whose other members were Halstead and Howard Kelly.

At Baltimore he reached his zenith. Here, as would have been impossible elsewhere, he had a unique opportunity of putting into practice those principles of teaching, observation and investigation towards whose expansion his whole energy up to that time, had been bent. Of his success the whole world knows. He was by far the most outstanding member of that outstanding Triumvirate, which fact in itself, is an indication of the essential greatness of the man. Edition after edition of the famous Practice issued from his pen; in the first five years of the present century there were no less than five, and the work was translated into French, German, Spanish—even Chinese! He was the first Physician in the civilized world. His Practice of Medicine was the physician's bible—the alpha and omega of things purely medical.

And then—like a bolt from the blue—came the beginning of the last phase—the twilight of this medical god. The Regius chair in Medicine fell vacant at Oxford. To the surprise of the English medical profession it was offered to him; to the surprise of a world of colleagues he accepted it. The Regius Professorships at both Oxford and Cambridge had been and still are honorary posts which are given as laurel wreaths to the most eminent of the English medical fraternity to crown an outstanding career which is drawing to a close. Their acceptance really spells valedictory. But why, men asked themselves, should Osler, in the very prime of his life, at the very fulness of his fame, choose to leave the busy world in which he had played and was still playing so tremendous a part for the musty Valhalla that was Oxford?

The answer lay undoubtedly, in the nicety of Osler's perception of the fitness of things. Few members of his profession have had so

finely balanced a judgment. It is writ so plainly in every page of his Practice and indeed in everything he did, that one feels he must have been a constant reader of the third chapter of Ecclesiastics. He realized that his work was done. He had blazed a trail that others were following successfully to whom without trepidation he could hand on the torch. He was a tired man. But there was another reason for his choice. All his life he had been interested in the humanities, in the cultural side of medicine. A love of old tradition, old learning, old books had been growing on him. And in what place better than Oxford could he pursue through the years that remained this bent for lore?

His appointment aroused inevitable jealousy and rancour on the part of the English doyens of medicine who felt that their claims to the Regius Professorship should not have been brushed aside. The feeling in London ran quite high. There was much unkind comment. Everyone interested wondered if Osler would be able to fill the post successfully, if his new world enthusiasm could ever become acclimated to the old world university, if he could live down the bad feeling his appointment had aroused. He conquered England as he had conquered America. There was no resisting the sweet reasonability of the man, his delightful urbanity, his obvious desire to be friendly, his magnificent scholarship. He won even those who had most resented his coming; but more than that he eminently justified his appointment. There never has been and it is doubtful if there ever will be a Regius Professor of Physic at Oxford who so adorned the position, whose influence extended so like a sweetening yeast into the cultural side of the profession whose chief adornment he was. In addition to keeping the practice up to the mark, his busy pen began to shed those delightful essays on the history and influence of medicine—Aequanimitas, et al.. He collected rare editions of the ancients, gathered about him an historical library that was the envy and admiration of the antiquarians.

There can be no doubt that his fame, while he was alive, was due in large part to his personality, to his hold on the public imagination. It is only natural, now that he is gone, to wonder if it will remain. He made no great original scientific discovery; he did not revolutionize medicine as Lister did surgery; his name is not even attached to a ligament or a disease; his essays, however delightful in the reading, have not the quality of permanency—what then of his claim upon posterity? It rests, I feel sure, in the splendid observation and organization of those facts, clinical and pathological, which made his Practice of Medicine the text book of the age. When men have forgotten his winning personality, when the Aequanimitas lies dusty on a forgotten shelf, the Practice will be his monument. Someone has said that it is one of the thirteen great books in all medical literature; if that is true he will endure—if not, he will be forgotten.

I came in touch with him personally only once. It was his custom in the years before the war to invite all Canadian medical students and

doctors, who happened to be in London at the time, to spend a day with him as his guests at Oxford. The year I went—1913, I think—Donald Armour, a Canadian who has made something of a name for himself in London as a brain surgeon and who hailed from Osler's part of Canada—conducted the party. We arrived in Oxford shortly before noon and, after a tour of New College and Christchuch, were given lunch at the latter and then met Osler at Radcliffe Infirmary where he gave a clinic. The fact that I still recall not only the subject of that clinic—Sarcoma of the Lung—but also most of what was said, gives some indication of the impression he made on my callow mind.

He first brought the patient before us, had him stripped to the waist, pointed out every clinical fact that could be observed—many, I may say, that most of his listeners would have failed to note had he not pointed them out—after which he allowed us to examine the patient. He then took us to the laboratory nearby where he had specimens of the man's sputum under the miscroscope. He showed us a bottled specimen of a similar condition. In his shrewdly illuminating way he talked about the patient for about fifteen minutes. One felt none of the pomp and circumstance that surrounds a clinical lecture by one of the great at Edinburgh or London. It was more like being in a workshop where a foreman was explaining and corelating the various mechanisms under investigation.

We had tea at his home, a place of unique charm presided over by a hostess who seemed to embody the best traditions of the American south. Afterwards Osler took us into his library and showed us and talked to us about his beloved books, displaying that fervid enthusiasm for old tomes that in the antiquarian amounts almost to fanaticism. "Gentlemen," he confessed with that rare smile of his, "the world of medical science has passed me by. . . I have become an abandoned bibliophile."

I have asked myself many a time since that memorable day if I would have been so impressed had our host not been the great Osler. It is a difficult question to answer honestly, but I cannot altogether drive away the conviction that, had the same man been called by any other name, had he been as little known as he was well-known, I would have come away from his house with the pervading and persisting memory of a gentle humanity, a delightful urbanity—a memory of what Matthew Arnold has called "sweetness and light."

H. B. A.

Medicine in Early Acadian Days

By W. H. Hattie, M. D.

IN his essay on the Pioneers of Medicine in Nova Scotia, the late Dr. D. A. Campbell stated: "Dr. Daniel Hay enjoys the unique distinction of being the first medical man that practiced in Canada." Hay was the surgeon-apothecary of DeMonts' party in the early days of Port Royal, and was a member of Champlain's famous Ordre de Bon Temps. Dr. Campbell's belief that he was the first to practice medicine in our Dominion is very generally held, but there is evidence that priority in this respect really belongs to another. It will be remembered that DeMonts spent the winter preceding the colonization of Port Royal on the island of St. Croix. This proved to be a miserable winter. "Of all Sieur de Monts' people who wintered first at Sainte Croix," to quote from the Relations of the Jesuits, "only eleven remained well. These were a jolly company of hunters who preferred rabbit hunting to the air of the fireside; skating on the ponds to turning over lazily in bed; making snow-balls to bring down the game to talking about Paris and its good cooks." And the reference in Champlain's narrative is so replete with medical interest as to justify its quotation:

"During the winter, many of our company were attacked by a certain malady called mal de la terre; otherwise scurvy, as I have since heard from learned men. There were produced in the mouths of those who had it, great pieces of superfluous and drivelling flesh (causing extensive putrefaction), which got the upper hand to such an extent that scarcely anything but liquid could be taken. Their teeth became very loose, and could be pulled out with the fingers without its causing them pain. The superfluous flesh was often cut out, which caused them to eject blood through the mouth. Afterwards a violent pain seized their arms and legs, which remained swollen and very hard, all spotted as if with flea bites; and they could not walk on account of the contraction of the muscles so that they were almost without strength and suffered intolerable pains. They experienced pain also in the loins, stomach and bowels, had a very bad cough and short breath. In a word, they were in such a condition that the majority of them could not rise nor move and could not even be raised up on their feet without falling down in a swoon. So that out of seventy-nine, who composed our party, thirty-five died, and more than twenty were on the point of death. The majority of those who remained well also complained of slight pains and short breath. We were unable to find any remedy for these maladies. A post-mortem examination was made of several to investigate the cause of their malady.

"In the case of many, the interior parts were found mortified, such as the lungs, which were so changed that no natural fluid could be perceived in them. The spleen was serous and swollen. The liver was woody and spotted, without its natural colour. The venacava, superior and inferior, was filled with thick coagulated and black blood. The gall was tainted. Nevertheless, many arteries, in the middle as well as lower bowels, were found in a very good condition. In the case of some, incisions with a razor were made on the thigh where they had purple spots, whence there issued a very black clotted blood. This is what was observed on the bodies of those infected with this malady. Our surgeons could not help suffering themselves in the same manner as the rest. Those who continued sick were healed by spring, which commences in this country in May. That led us to believe that change of season restored their health, rather than the remedies prescribed."

Autopsies and the prescription of remedies are at least suggestive of the presence of some one in the party possessed of medical training and it is scarcely to be believed that DeMont would have been permitted to leave France with so large a party and on so venturesome a mission without some one with medical knowledge as an associate. There is confirmation of the assumption in a later reference in Champlain's narrative. He tells that on returning to Port Royal from investigation of a reported discovery of copper, and evidently in the winter of 1605-06, he found "some of our men sick with scurvy though not so seriously as at St. Croix Island. Thus of the forty-five of us there died twelve, of whom the miner was one, and five men sick who recovered health on the arrival of spring. Our surgeon, named *des Champs* of Honfleur, a man skilled in his professions, opened several of the bodies to see if he could have better success in discovering the cause of the disease than had the *surgeons of the preceding year.* He found the parts of the bodies affected in the same manner as those which were opened at St. Croix Island, and was no more able to find a remedy for curing than were the others."

From this it would appear that there were surgeons with the party during the fateful winter at St. Croix Island, and that des Champs was not one of them. It is regrettable that their names should not have come down to us—and it is a bit disconcerting to our professional pride, for the names of several artisans of the party are recorded.

These references to our early history cast doubt upon the claim that Daniel Hay was the pioneer physician of Canada. Seemingly this distinction belongs to an "unknown warrior;" and the first practitioner in Nova Scotia was des Champs. Neither in Champlain's Narrative nor in Lescarbot's History is there anything said of the time at which the first medical men came over, but from the latter we learn that a carpenter in Poutrincourt's party which left France in 1606, who, while frenzied with drink, jumped overboard and struggled vigourously with would-be rescuers who followed him into the sea,

was induced to seize a rope thrown to him when Poutrincourt shouted: "John Hay, (this was his name) look at me!" The first mention by Lescarbot of either Daniel Hay or Louis Hebert is made after Poutrincourt had touched at Port Royal and proceeded to investigate what is now the New England coast, but Allison states that Hebert came out with Poutrincourt. It would seem reasonable to infer that both these men had accompanied Poutrincourt from France rather than he should have depleted the Port Royal colony of two medical men for the purpose of his short trip of exploration, and the fact that there was another by the name of Hay in the party which sailed from France may give some support to this inference in respect of the surgeon-apothecary. Moreover, there is evidence that Poutrincourt's acquaintance with Daniel Hay's personal characteristics was more intimate than that which would be gained within a few days, for we read that when the ship was found in a perilous situation, in shallow water and with broken rudder, Poutrincourt "sent Daniel Hay (a man whose pleasure it was to display his courage among the dangers of the deep) to examine the shore and see if there were no haven."

Lescarbot's reference to both Hay and Hebert give us more insight into their personal than into their professional qualifications. Hebert is spoken of as "a man who, in addition to his skill in his art, takes great pleasure in cultivating the soil." At one point touched by the expedition, Hebert had rooted up a large number of grape vines "with the intention of planting them at Port Royal, where there are none, though the soil there is well fitted for vines; but this was stupidly forgotten and neglected, to the great displeasure of the aforesaid gentleman and of us all."

In describing an attack made by savages on a party which had gone ashore, Lescarbot writes: "Then the man on guard in the long boat in great alarm raised a shout: 'To arms! To arms! our friends are being butchered! our friends are being butchered!' At this cry all sprang out of bed, and hurriedly, without taking time to dress or to light their matches, ten leaped into the skiff. Of their names I remember only Champlain, Robert Grave, son of M. du Pont, Daniel Hay the surgeon, the apothecary and the trumpeter, all of whom, following the said M. de Poutrincourt, who had his son with him, sprang on shore in their shirts." In the excitement, Poutrincourt's son had three fingers blown off by the premature discharge of his musket, and Hebert treated the injury, apparently using a native clay as a dressing.

In the following winter, according to Champlain's Narrative, there was again some scurvy, but of less severity than in the preceding years. "Our surgeon, named Master Stephen (i. e. Etienne), as had been done with others the previous years, opened some of the bodies and found nearly all the parts within corrupted." This was the winter of the "Ordre de Bon Temps." Both Daniel Hay and Louis Hebert belonged to this select fellowship, which was composed of fifteen mem-

bers of the colony. Master Stephen, therefore, must have had a lower social status, and was quite possibly a barber-surgeon.

When Chevaliere's ship appeared off Port Royal in the spring of 1607, a little boat was despatched by Poutrincourt to meet her, and Daniel Hay was in the welcoming party. This is further evidence of the prominent place he held in the community. Chevalier brought the unwelcome message that DeMonts' charter has been revoked and that the colony must disband. Hay and Hebert returned, with the others, to France. Seemingly they had spent but one winter at Port Royal. Hay's name now passes out of our history. Hebert reappears at Port Royal in 1611 with Biencourt (possibly in 1610 with Poutrincourt), and we learn that he was not only an enthusiastic advocate of agriculture but that on occasions requiring Biencourt's absence he acted as governor of the colony. Thus (Jesuit Relations) on Saussaye's arrival at Port Royal in 1613" because Hebert was taking the place of the Sieur, they presented to him the Queen's letters." He ministered to the Sagamore Memberton in his last illness (1612). Within a few years he returned to France, whence he later accompanied Champlain to Quebec. This time he took his wife and children with him, and thus gained the distinction of being the first European to establish a household in Canada. Not long afterwards he met with an accident which resulted in his death. The Bear River of to-day was originally Riviere Hebert, named after the apothecary who did so much for the early settlement at Port Royal.

Before the advent of the white man, however, there was sickness in our province, and there were those who attempted to treat it. Biard, (Jesuit Relations) gives us an account of the primitive methods of our aborigines which is worthy of quotation in full:

> "Now those among them who practice medicine, are identical with those who are at the head of their Religion, i.e. Autmoins, whose office is the same as that of our Priests and our Physicians. But in truth they are not Priests, but genuine sorcerers; not Physicians, but Jugglers, liars and cheats. All their science consists in a knowledge of a few simple laxatives, or astringents, hot or cold applications, lenitives or irritants for the liver or kidneys, leaving the rest to luck; nothing more. But they are well versed in tricks and impositions, of which I shall give you a sample, assuring you that I have not misrepresented or fabricated anything of all that I shall tell you, although it may seem incredible.
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> "A Savage, feeling very ill, stretches himself out near the fire; then they say; Ouescouzy, Ouescouzy, "he is sick." When his turn comes, they give him his share of whatever they have boiled, roasted, or dragged over the coals, just the same as the others, for they are not accustomed to seek or prepare any special food for him. Now if the sick man eats what is given him, it is a good sign; otherwise, they say that he is very sick, and after some days (if they can) they will send for the Autmoin, whom the Basques call Pilotoys; i.e. sorcerer. Now this Pilotoys, having studied

his patient, breathes and blows upon him some unknown enchantments; you would say that these chest winds ought to dispel the vitiated humors of the patient. If he sees after some days, that notwithstanding all his blowing the evil does not disappear, he finds the reason for it according to his own ideas, and says it is because the Devil is there inside of the sick man, tormenting and preventing him from getting well; but that he must have the evil thing, get it out by force and kill it. Then all prepare for that heroic action, the killing of Beelezebub. And the Autmoin advises them to be upon their guard, for it can easily happen that this insolent fellow, seeing himself badly treated by him, may hurl himself upon someone of the crowd, and strangle him upon the spot. For this reason he allots to each one his part of the farce; but it would be tedious to describe, for it lasts fully three hours. The sum and substance of it is that the Juggler hides a stick in a deep hole in the ground, to which is attached a cord. Then after various chants, dances, and howls over the hole, and over the sick man, who is not far away, of such kind that a well man would have enough of it to deafen him, he takes a naked sword and slashes it about so furiously that the sweat comes out in great drops all over his body and he froths like a horse. Thereupon the spectators, being already intimidated, he, with a frightful and truly demoniac voice, redoubles his roars and threats that they must take care, that Satan is furious and that there is great peril. At this cry the poor dupes turn pale as death, and tremble like the leaf upon the tree. At last this impostor cries out in another and more joyous tone; "There is the Accursed one with the horn; I see him extended there at bay and panting within the ditch. But courage, we must have him all and exterminate him entirely." Now the audience being relieved, all the strongest with great joy rush for the cord to raise Satan, and pull and pull. But they are far from getting him, as the Autmoin has fastened the stick too well. They pull again as hard as they can, but without success, while Pilotoys goes, from time to time, to utter his blasphemies over the hole; and making as if to give great thrusts to the diabolical enemy, little by little uncovers the stick, which, at last, by hard pulling, is torn out, bringing with it some rubbish which the charlatan had fastened to the end, such as decayed and mouldy bones, pieces of skin covered with dung, etc. Then they are all overjoyed; wicked Lucifer has been killed. Nepq. Nepq. Stop, do you see his tracks? Oh victory. You will get well, sick man, be of good cheer, if the evil is not stronger than you, I mean, if the Devil has not already given you your deathblow.

"For this is the last scene of the farce. The Autmoin says, that the Devil being already killed, or seriously hurt, or at least gone away, whether very far or not I do not know, it remains to be seen if he has given a death wound to the patient. To gues this he will have to dream; indeed he is in great need of sleep, for he has worked hard. Meanwhile he gains time to observe the crisis of the disease. Having slept well and dreamed, he looks again at his patient and, according to the symptoms which he observes, he declares that he is either to live or to die. He is

not so foolish as to say that he will live, if the symptoms are not encouraging. He will then say, for instance, that he will die in three days. Hear now in what a fine fashion he verifies his prophecies. In the first place the sick man, since he has been thus appointed to die, does not eat, and they no longer offer him anything. But if he does not die by the third day, they say that he has something of the Devil in him, I know not what, which does not permit him to die easily, so they rush to his aid. Where? To the water. What to do? To bring kettles full of it. Why? To pour the cold water over his navel, and thus extinguish all vital heat, if any remain to him. He is indeed obliged to die the third day, since if he is not going to do it of himself, they kill him.

"Father Enemond Masse once found himself in the midst of this kind of foolery, and demonstrated plainly to them the trickery and falsity of it. But it is impossible to tell to how great a degree custom and influence can prejudice, even in the presence of ocular proof. For all your arguments, and you can bring on a thousand of them if you wish, are annihilated by this single shaft which they always have at hand, Aoti Chabaya (they say), "That is the Savage way of doing it. You can have your way and we will have ours; everyone values his own wares." But in spite of these lugubrious Autmoinal predictions, we have seen some who, by the grace of God, have been saved and have recovered their health, through the good care and nursing of the French, as for instance Memberton, whom Monsieur de Poutrincourt delivered from just such a death as this; and in our time his son, Actodin; which has greatly discredited these baleful Magicians, and has opened the eyes of these poor Heathen, to the great glory of our Saviour, and satisfaction of His servants.

"In regard to the cure of sores, the Autmoins know no more; for all they can do is to suck the wound and charm it, applying to it some simple remedies at random. However, the general impression is, that they must make many and valuable presents to the Autmoin, so that he may have a more skillful hand: for they say that that counts a great deal in all kinds of diseases. Likewise the Pilotoys have also this privilege, that of receiving from all and giving to none, as a wicked old man boasted to Father Enemond Masse. This is a fine exemption from taxes, indeed: Give nothing and take all."

The earlier efforts to apply European methods to the treatment of the savages did not meet with much success. Lescarbot tells of an instance in which a savage cut his foot badly. "M. de Poutrincourt's surgeon would fain have given at once to this hurt the assistance of his art, but they would not permit this till they had first made their mops and mows around the wounded man. They laid him down on the ground, one of them holding his head in his lap, and made many howlings and songs, to which the patient replied nothing save 'Ho' in a plaintive tone. This done they entrusted him to the care of the said surgeon and made off, as did the patient also after his wound had been dressed; but two hours after he returned as jaunty as you

please, having tied round his head the bandage in which his heel had been wrapped, to look the prettier fellow." Old Memberton showed greater confidence in European skill, and on at least one occasion received treatment at Poutrincourt's suggestion, while, as has already been stated, he was under Hebert's care in his last illness. Biard tells us that, later on, the natives bought arsenic and sublimate from certain French surgeons, to poison whom they wished—and that they experimented successfully on a captive.

From the Doctor's Practice.

A well-known clubwoman was addressing a mother's meeting of poor women brought with their children into the country for some fresh air. It occurred to her that this was a fine opportunity to give some much-needed instruction to the prolific ones. She had much to say about economic and sociologic conditions and finally blurted: "The trouble with you women is that you have too many children." At this the stolid mother of a super-six group spoke right out in meeting. "Well, how can we help it?" The speaker sparred for time, but finally said: "Among other ways there is the method of total abstinence." "Total abstinence!" the stolid one said contemptuously, "I don't think much of that. They's a couple just 'cross the street from us, been married a year and got twins already, and neither of 'em touches a drop."—P. S.

Some Early Professional Recollections

By C. J. Fox, M. D., Pubnico, N. S.

HAVING been requested to give some reminiscences in line with the above heading, I have attempted to do so with the greater diffidence from the fact that I have nothing to guide me except a somewhat faulty memory.

As a first step in medical work, I spent a year in the office of the late Dr. J. A. Coleman my preceptor, who also gave the same assistance to Dr. J. A. Sponagle of Middleton and Dr. C. S. Marshall of Bridgewater.

This office of preceptor is one which seems to have entirely disappeared with the advance in the facilities for medical education. In its day it had its advantages, giving as it did a practical knowledge of the physical properties and compounding of drugs, and to a certain extent their application to disease. Now a trade catalogue and a prescription pad does the work.

Dr. Coleman, a graduate of Harvard, was a man of ability and well up to the medical standard of his day. He practiced for some years in Barrington and finally settled in Granville Ferry, where he passed away several years ago.

As one incident of his life, I may mention that, on his invitation the Nova Scotia Medical Society met at Granville Ferry about 1890 under unique circumstances, as the members were billeted in the same manner as clergymen at a yearly conference. In so far as I remember Dr. Porrier and myself were the sole representation from Yarmouth County.

Dr. L. K. Wilson of Barrington, attended to considerable of the work in Pubnico before my coming. He was a resident of Barrington from his graduation in the thirties, and enjoyed a large practice, passing through the horseback period in his early days.

In 1878 he was succeeded by his son the late H. D. Wilson, the name "Dr. Howard" was his familiar title from Woods Harbor to Black Point and Baccara, and the bearer carried good cheer wherever he went. I was associated with him to a considerable extent, and found him one with whom it was a pleasure to consult. He gave of his best, being at all times at the call of the afflicted.

On entering the field in 1876, I found Dr. W. G. Barton in Pubnico and Dr. W. H. Bent in Argyle. The former a graduate of the College

of Physicians and Surgeons of New York, formerly practising in the South, until the outbreak of the American Civil War, when finding conditions too strenuous, he made his escape in a blockade runner, commanded I believe by the late N. K. Clements.

Dr. Barton was a man somewhat out of the ordinary with an endowment of Irish wit, reported to be a good classical scholar, perhaps too busy to do much study, indefatigable, and with all blessed with a sense of humor which at times took a rather curious turn, as in one instance, when having finished a case of confinement, accompanied by the usual contingent of women, he was preparing to relax over a warm supper and hot cup of tea, he had a call which would not permit delay, but before leaving he, unobserved by the others, dropped a plug of black jack into the teapot.

As instancing the conditions under which he sometimes worked, he had a call to East Pubnico, three miles away on a dark night with the early Spring roads so bad that he demurred; reconsidered after the messenger had left and started on foot. All went well till he got near the house, where I found him just emerged from Hiprans Brook, into which he had stumbled. He got dressed in Kersey pants and jumper and returned with me to his home, where he created a mild sensation in presenting himself about one o'clock in the morning.

Dr. W. H. Bent, practised for several years in Argyle after graduating from Harvard, a genial soul, always ready for a chat especially if the subject were horses, and a welcome visitor throughout the district. I do not know whether it would construe as a panegyric if I say that he had no enemies.

He gave what he considered to everyone a fair show, as in one instance after a consultation he told me that he gave Dr. Webster's medicine one day and his own the next. As it was a case of advanced Brights' Disease, I presume the patient reached the same results.

He died several years ago at the home of a relation in Digby.

Dr. George E. Sturgis, from the Eclectic Medical College, Philadelphia, came to Argyle about thirty years ago, removed to C. S. I. and afterwards to Pubnico. He attempted the dual role of physician and clergyman and like all combinations of similar nature, did not make an eminent success of either. He passed away a few years ago at Wood's Harbour.

With this brief sketch of those with whom I have associated in the past, I must conclude my biographical notes. They have passed to the rewards for the deeds done in the flesh, and if deeds will count as a merit in the future life, they, in spite of such failings as are common to humanity, in view of their unvarying devotion to the welfare of those committed to their care, may be considered as having qualified for the "Well done good and faithful servant."

Allow me a short reference to some of the changes that have occurred in the last fifty years in medical practice. As time passed on, the changes came so gradually that they were hardly realized as

such. We simply grafted them on or assimilated them with our previous methods.

Antisepsis was in its infancy. There is a reference to Lister's Carbolic Acid Spray in Erichsen's Surgery in 1872. This did not hold the field for long; but while methods changed, the principle has remained, eventually being emphasised as preventive rather than destructive, under the term Asepsis. Perhaps it was a recognition of this principle which led Lawson Tait, the eminent English Gynaecologist of his day, to say he could get as good results with the use of Spring water as with antiseptics.

The next notable advance which I can recall, was the revolution in the treatment of Diptheria by the introduction of Antitoxin. Before that we had to grapple with the disease, with a burden of dread, as best we could, with more or less success, too often less with a capital. As late as 1884, Jacobi of New York, writing an article for Pepper's System of Medicine, says the first axiom in the treatment of Diphtheria is that there is no specific.

It was some years before Antitoxin came into its own, as the all important in Diphtheria. At the first we confined our treatment to 1000 to 2000 units, reserving it for the more serious cases. It took some time to get the public willing to bear the outlay for what they were not convinced was indispensable.

Another inovation that did not prove so successful as the preceding, though at the time it raised high hopes that at last we would be able to offer to the afflicted something with which to cope with that scourge, Tuberculosis. In so far as the Profession at large is concerned, it now has only an academic interest.

Fifty years ago we had no Appendicitis as such. Abdominal troubles, which now are grouped under that name, were variously classed as Peritonitis, Typhilitis, Paratyphilitis, etc., until gradually opinion came under the fact of the Appendix being the sole centre of the trouble. Then for some time it remained a medical problem, more especially in the country where conditions did not encourage surgical measures, except as a necessity, and the necessity did not seem to advise in a large majority of cases.

I well remember my first operation, in a suppurative case in 1893. Having had no experience in the operation, I called a medical man from the nearest town, only to find that he was in the same position. However, we went ahead as that was the only thing to do, and reached the outer surface of the pus sac; but what was that Peritoneum or bowel. A hypodermic needle fortunately revealed the pus and made the indication clear. That lad of sixteen is now father of a large family.

I might mention other advances in medicine; but this paper is already longer than I intended and I will forbear, and sum up the situation then and now by a comparison with the earlier navigators and the more recent product of technical education and instruments of

precision, the former with their compass, quadrant, log, and sounding lead only to guide them, coupled with good judgment, and a clear observation of surrounding conditions, reached their objective.

In like manner did the older or rather former practitioners work out in so far as in them lay, the bodily salvation of their patients, and where they could not cure they did what we are doing at the present allayed the pain of body and in some measure the anxiety of mind.

Thirty-Three Typhois Cases Traced to Carrier—The Michigan State Health Department announced, Dec. 26, 1925, that the thirty-three cases of typhoid fever which followed a church dinner at Eaton Rapids, Nov. 18, 1925, had been traced to an 80 year old woman, who had contributed squash, which she worked through a colander with her hands. The aged woman had typhoid many years ago; laboratory tests showed that she is a carrier. Among those afflicted are former Lieut-Gov. Luren Dickinson and Dr. Manes B. Bradley, former state auditor general. To date three of the cases have proved fatal. (J. A. M. A.).

Some Notes From the Jungle in Venezuela

(A rather interesting day's work of a young medico).

AT 6.30 p. m. on Wednesday Nov. 18th, after a hard day of trailing the elusive mosquito larvae in the three outlying camps, I gratefully stepped under my natural hot shower to remove some of the grime and sweat. It was pitch dark outside as a storm had just come up and I muttered curses that I would get wet going to the mess hall to dinner. The rain had just commenced with all its tropical vehemence and each successive gust threatened to lift the palm-thatched roof forcibly and carry it away. With a blow and a rush the door of my bath opened wide to hurl in a torrent of excited Spanish. In my soapy nakedness I glared at the intruder, but the repition of "Indians" and "a wounded man" cut short the scathing remark I had begun.

It was the work of a moment to seize a towel and jump into pyjamas. A pair of knee boots, a slicker and wide brimmed hat completed my costume and with a flashlight to guide my path I stepped out into the night and the rain. At the river bank I found the tiny launch "Caimancita" and in it a man sitting up with his right arm outstretched and 12-15 inches of an arrow head protruding from a bundle of clothing wrapped around his right shoulder. A few questions in execrable Spanish elicited the information that at 11 o'clock that morning the launch towing two bongos or barge boats, had been ambushed by Indians along the bank of the river some seventy playas down the stream, a shower of some twenty-five arrows had been directed against the craft and they had been forced to cut the bongos clear and make off with what speed the little launch possessed. They were persued for several playas (bends) but no more arrows were fired. The first arrow had struck this man who had been bending down with arms extended and the arrow had passed through his arm behind the head of the humerus and leaving the skin of the arm in the axilla, it immediately re-entered the skin of the side, passing downward for a distance of two inches.

My patient seeming in good spirits and excellent condition, I returned to my hospital and started preparations with a view to removing the arrow, sterilizing instruments, etc., and dispatching him an opiate. Leaving instructions to have him carried up to the hospital at the first let-up in the pouring rain, I sought a little food to stay me in removing the arrow. Just how big a job that was I could only guess.

Upon examination, when the patient finally arrived, I found the wounds fortunately superficial but complicated by two heavy barbs of the heavy wooden head. A local anaesthetic injected in the skin around the two openings allowed me to enlarge them, cut the strands of fibrous tissue in the notches of the barbs and finally remove the arrow head itself.

These Indians, presumably belonging to a tribe of Matolonis known to be living in the mountains of the vicinity, are accustomed to fashion their arrows from black palm—a tough heavy and exceedingly beautiful black wood. This is cut triangular in cross section rounded at the shaft end and pointed at the head. Deep notches on two or all three sides form the barbs. A long light bamboo-like reed is bound to the head which is inserted in it, a short distance and bound with fine cotton thread which they are said to grow and make themselves. This particular arrow was 61 inches long with a shaft of 30 inches and weighed 135 gms, the broader surface having three notches on either edge.

Immediately upon being wounded the man broke off, himself, the projecting shaft and said that at that time he felt practically no pain in spite of the fact that five inches of this barbed wood had entered his flesh.

After the arrow had been successfully removed, the wound cleansed as well as possible and a dose of A. T. S. given him, I rather timidly enquired in my best Spanish that, if he did not want that arrow particularly, I would like it very, very much. He expressed exceedingly great distaste for it himself and said he would give it to me gladly but not in the way in which the Indians had given it to him. When the broken off fragment was found in the launch the following day, my joy was complete, and I now have the two pieces as a very unique souvenir.

It then remained to see what was going to be done about the affair and it was decided that in order to arrive at the scene by daylight, the launch should start out at 3 a. m. with all the white men that could be armed and the Jefe Civil or representative of the civil authority. Accordingly, one man was detailed to stay in camp and as I had no patients seriously ill at the time, I was endowed with the only rifle, a Winchester 30-30 and a .45 automatic, in addition to my first-aid kit and a little extra box of surgical things in case anything should happen.

Lashing a canoe bearing the two crews of the bongos to the opposite side of the launch from the shore from whence the attack came and after putting two 12 in. pine boards along the side of the launch, we started off,—the Camp Boss, Cashier, a driller and myself, each with a double-barrelled shot gun or a pump full of buckshot and fairly bristling with revolvers. We must have resembled a landing party in the old pirate days. The last two hours of the four hour run down stream was one of watchfulness but nothing showed up in the few

openings of the dense jungle growth which came down to the water's edge. Finally, we reached the spot where the bongos had been tied up and deserted, but of them there was no sign. About half a mile below the first one was found, its awning and tiller gone and absolutely empty. Then appeared floating and stranded numbers of cases of gasoline and oil and several bends farther down the second bongo was seen stranded. Aside from three or four barrels of oil and a dozen cases of gasoline it too was empty, and not an Indian in sight. The bongo which contained something, was taken in tow, the canoe put aboard it, and we started back up river for camp.

At a small opening in the jungle bank, two fragments of tins were seen and with much caution we put ashore. There, a short distance from the water's edge we saw the remains of boxes, trunks and other belongings of the crews. Absolutely everything which they did not carry away with them was destroyed. A new pair of boots slashed with a knife—tobacco trampled in the ground and even a looking-glass broken to pieces. The tracks in the mud were of bare feet, narrow heel, wide ball of foot, spreading toes and thumb-like extension of the great toes. The reputed odor of these Indians was masked by an all pervading odor of cheap perfume which had suffered with the rest of the contents of the trunk of some poor bongo-man.

The raiders had apparently come, surprised the bongo, taken what they wanted and thrown away the rest and departed. At the end of an hour our vigilance relaxed and the long and slow journey home was accomplished without further excitement. Some distance farther up, an alligator slid off a bank with one of the arrows sticking out from his neck. When one considers that a heavy .45 slug from an automatic will not penetrate that tough hide, a new respect for their arrow prowess at once arises.

It is said that each makes his arrows as long as he is tall, and resting the bow on the ground, braced against the left foot, it is a powerful weapon.

Health Teaching

ONE of the features of recent effort by health organizations has been the endeavour to awaken the individual to the importance of caring for his own health. Official organizations have vied with voluntary organizations in this endeavour, and usually with the cordial co-operation of the medical profession. The methods adopted have sometimes been criticized, but few question the value of the results. In the hope of eliminating methods which may not be entirely rational, the great national medical associations of both Canada and the United States have actively identified themselves with this work. Every week the Canadian Medical Association issues a syndicated article on some health topic, which appears in a large number of the leading newspapers of the Dominion. Some months ago this Association took the initiative in arranging a conference on the medical services in Canada, at which much time was given to the consideration of ways in which physicians could assist and co-operate with public health agencies. In such ways the corporate profession manifests a consistently favourable attitude towards public health work.

Recently a committee composed of representatives of the American Medical Association and of the National Educational Association, which had been considering the best means of providing health instruction in the schools, presented a report in which the joint opinion of physicians and educationists is summarized in the American Medical Association Bulletin as follows:

1. To instruct children and youth so that they may improve and conserve their own health.
2. To establish in them the habits and principles of living which throughout their school life, and in later years, will assure that abundant vigor and vitality which provide the basis for the greatest possible happiness in service in personal, family and community life.
3. To influence parents and adults, through the health education program for children, for better habits and attitudes so that the school may become an effective agency for the promotion of social aspects of health education in the family and community, as well as in the school itself.
4. To improve the individual and community life of the future; to insure a better second generation, and a still better third generation, a healthier and fitter nation and race.

In recognition of the responsibility which rests upon the medical profession as a whole, the American Medical Association determined, some years ago, to undertake the publication of a magazine devoted

to the instruction of the laity in the preservation of health. This magazine, (Hygeia) is to be found on the table of the waiting room in the office of many a physician; an evidence of the sympathy of the physician in the promotion of health education.

The periodic examinations of apparently healthy persons has been popularized by the slogan "a complete medical exmaination on every birthday." This proposal has, quite naturally, been enthusiastically endorsed by leading life insurance companies, some of which arrange that their policy holders may receive an annual examination free of cost. The American Medical Association, realizing that such examination would prove of little value if done casually, appointed a strong committee to prepare a manual to assist the physicians in making the examination systematically and thoroughly. This manual is now available at a trifling cost. The Canadian Medical Association has a similar guide in preparation.

These instances of corporate action on the part of the profession may be taken as sufficient reply to the criticism sometimes made that medical men are unsympathetic towards public health work. The hostility shown by some individual members of the profession, even though they may not be distinguished by prominence in the medical world, is doubtless accountable for this criticism, which, in the light of what has been stated, is manifestly unfair. Corporate action is taken only after a majority vote, and must therefore be regarded as representing professional opinion. This thought is respectfully offered to our critics to mull over thoroughly.

"Only Pasturized Milk Can Be Guaranteed Safe."

By D. C. Lochead, M. D., D. P. H., Rochester, Minn.

(From the Northwestern Health Journal)
November 1925.

TIME was when milkmen's conventions opened with an invocation against the pestiferous health officer and closed with the singing of "Shall we Gather at the River."

Times have changed. The modern milkman knows that his product must be good milk and he recognizes the health officer as a colleague or a friend.

Milk is our most nearly complete single food and everybody should "eat more milk." Thousands of children in Minnesota are being

definitely harmed because their parents do not supply them with enough milk. Unfortunately disease, especially tuberculosis, spreads from cows to humans and every hour which elapses from the time the milk leaves the cow until it is consumed, as well as every step in the handling, adds to the chances of disease being introduced into it.

MILK MUST BE CLEAN.

The health officer, while he wants people to use more milk, also is concerned with seeing that it is pure milk, free from disease; so many years ago, the definite movement started to safeguard milk. There are a lot of things that can, and must be done. The milk must be from cows which are free from disease and kept under the best housing conditions. It must be kept clean and handled properly by people themselves free from disease. It must be rapidly cooled after milking and kept cool and be consumed within a day or two. The cows can be examined for disease, and given the tuberculin test for tuberculosis by accredited veterinarians. Proper barns, methods, equipment and utensils can be secured, and the handlers of the milk can be examined to find out if they are suffering from disease, or are disease carriers.

Unfortunately, disease conditions of the cows can escape the examiners, or occur after the examination, also the tuberculin test is not infallible; or tuberculosis may occur after the test. The best equipment and methods of handling milk are not fool-proof, and depend on the intelligence and enthusiasm of the handlers. Also, an examination of milk handlers does not always reveal those who are capable of spreading disease, or disease may occur after examination and they may milk or handle the milk while capable of spreading disease.

DR. MAYO SETS EXAMPLE.

Capable and conscientious health officers and dairymen have found out by experience that all the precautions humanly possible cannot produce a raw milk which can be guaranteed free from disease always; and so slowly but surely, they are all in turn coming to decide that after all possible safeguards have been secured, the proper pastuerizing of milk is the only way by which a safe milk can be guaranteed.

Some years ago, Dr. C. H. Mayo, who is the health officer of Rochester, Minnesota, found that the milk supply was far from good. He decided that the best way to secure a good milk supply for the city was to go into the dairy business himself and provide a clean milk; so he set an example for the other milk producers.

He established an excellent dairy, and endeavoured to secure all the precautions necessary. He kept the best registered cattle, and had them all tested for tuberculosis; tested and retested frequently, and in the last eight or nine years has had more than one hundred and thirty killed because they were found on test to have tuberculosis.

Eight years ago he decided that he wanted a satisfactory milk ordinance to regulate the quality of the milk supplied to the citizens

of Rochester. When he presented the ordinance, the Council passed it, but the mayor vetoed it. Continuing the fight he enlisted the aid of the Women's Civic League. and some months later, secured the passage of a fairly good milk ordinance. Since then, sincere attempts have been made by the health office officials to secure a safe milk, but always there were happenings which showed that this was impossible.

Cows would be found on retesting to have tuberculosis, employees would be found with disease, methods and equipment could not be kept fool-proof, and high bacteria counts were frequent.

100 PER CENT SAFE.

Last winter Dr. Mayo decided that taking all possible precautions only secured a 50 per cent safe milk. Pasteurization added would give a milk 100 per cent safe. Decision with Dr. Mayo means action. With the assistance of agents of the State Board of Health, and the United States Public Health Service, a sane and practical mild ordinance was drafted which was passed by the Council April 22, last. It is an ordinance which the United States Public Health Service is endeavouring to have established as a standard milk ordinance by as many states and cities as possible, and it has the endorsement of the National Dairy Council.

It is satisfactory to the milk producers and the health officers. It contains no freak ideas and is commercially practical. In pleading with the Council for the passage of the ordinance, Dr. Mayo told how he had tried by the use of all known methods to procure and sell a milk safe from disease. He had decided that it couldn't be done. He said "the protection of the public can be insured by pasteurization of all the general milk supply—it is the only safe way."

Because of the fact that some doctors desire a raw milk for their patients, Dr. Mayo conceded that the best grade should be furnished raw on prescription. Not satisfied with saying what should be done, Dr. Mayo again has set the example by practicing what he preaches, and Maywood has installed a model pasteurizing plant.

It is now the intention of the Rochester department of health to continue the fight for safe milk by carrying on a campaign to educate the people of Rochester to the possible dangers of contracting disease by using raw milk to the end that at the earliest possible moment, Rochester may be listed with those other modern and wide-awake cities having 100 per cent of the milk supply pasteurized. Dr. Mayo says "it is the only safe way."

Nasal Sinusitis in Relation to Focal Infection.

IN a paper read before the Philadelphia Laryngologneal Society some months ago, Faulkner of New York, a native of Nova Scotia, discusses the role of nasal sinus infection in relation to general health. He mentions among other troubles the following formidable list of general diseases which owe their origin to one or more of the varieties of focal infection. Appendicitis, Nephritis, Cystitis, Pyelitis, Arthritis, Endocorditis, simple and malignant ulcer, Retinitis, Iritis Iridochoroiditis, Myositis, and Myelitis.

While the profession at large seem at last to have become aware of focal infection arising from disease of teeth, tonsils, intestinal and genitourinary tracts, they do not so well realize that the nasal sinuses are often a potent factor in the causation of systemic infections. Faulkner is inclined to think that focal infection from nasal sinus disease is even more severe and certainly harder to eradicate than those from almost every other source.

A consideration of the anatomy of the nasal sinus will probably give a plausible explanation of this opinion. The Antrum of Highmore, the largest of the sinuses has its natural outlet, as everyone knows at the top emptying into the Hiatus Semilunaris, so that the drainage from the antrum must be on the principle of overflow. Owing to its position, one would expect that the drainage from the frontal sinuses would be very good; but the nasal frontal duct, its outlet, curves backward and continues into the Hiatus Semilunaris, so that the drainage from the antra and frontal sinuses eventually mingles. The middle and posterior Ethmoid cells, and the Sphenoidal sinuses situated in almost the centre of the head, with their openings more or less covered by the middle turbinate, present as one might expect, quite often serious problems in drainage.

It might seem superfluous to insist that in all organs giving rise to focal infection, the better the drainage, the less the chance of serious systematic disease. The experience of the abstractor however, has led him to doubt whether all of the profession realize this. To make a diagnosis for the purpose of illustration:—Every one now recognizes that the tonsil is a very important factor in focal infection. The crypts of this organ constitute its natural drainage system, and if they are open and the tonsil free and not buried, the probability is, that infection will not occur. Yet one often sees tonsils that have been partially removed, with the whole remaining surface covered by scar tissue, so that whatever infection that may remain in the tonsil is effectively sealed up. As a consequence, the latter conditions of the patient is worse than the former, as the partial operation has totally deprived the tonsil of its only natural source of drainage. The

majority of medical consultants would, one thinks, urge that if the tonsil cannot be completely removed, it had better not be touched.

The causes of chronic sinus infection are classified as predisposing and exciting. The predisposing causes are mainly anatomical. Any anatomical irregularity in the nose, by means of which the nostril is narrowed, and the drainage interferred with, makes a person more susceptible. The great offender, is the deviated septum, with the high deviation that touches or almost touches the middle turbinate. This causes chronic congestion and swelling of the mucous membrane in the region where the natural outlets of the sinuses are situated. Fortunate indeed in this climate is the person who has a straight septum and normal turbinate.

The exciting cause is, of course, the acute attack which to a greater or less extent, occurs in almost every attack of Conyza. In a well-drained nose, the majority of cases recover spontaneously. Every case of Conyza would clear up much more quickly and more comfortably if the patient were put to bed and kept quiet for a few days. One has scarcely ever seen a patient who would be willing to do this for a "mere cold in the head."

If, however, the Conyza becomes complicated with a definite attack of acute sinusitis, then if disaster is to be avoided, it is of the greatest importance that the patient be put to bed. A good saline purge and the old fashioned Dovers powder, with or without Asperin, is in the beginning the best remedy. If there is much congestion in the nose, and the patient has a great deal of headache, (an inhalation of Menthol in Rectified Spirits, grs. v to the ounce). One dram of this mixture in one pint of boiling water, will often prove very beneficial. If the pain is concentrated over the brow, a good old fashioned mustard poultice left on long enough to redden the skin almost to the point of blistering, will often give a great deal of relief. The attack may cease without any more symptoms; but often passes into a subacute stage and the secretion becomes purulent. What now can the general practitioner do? Great help can be obtained by the use of a freshly made 10% solution of Argyrol used in a definite way. With the patient reclining and the head lower than the rest of the body, about 15 drops of this solution is put in the nose with a ball pointed dropper covered at the end. The point of the dropper must be put in close to the upper wall of the nose, and the contents slowly discharged into each nostril, the solution following the course of the upper wall of the nose eventually finds its way into the middle meatus. This stimulates the activity of the mucous glands and reduces the congestion of membrane around the outlets of the sinuses and increases the drainage.

If this subacute condition does not clear up and the case becomes chronic, operative measures will probably have to be adopted. The Abstractor would then advise that the patient have the benefit of advice from a competent nasal surgeon. S. J. M.

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ONE of the four qualifications laid down by Guy De Chauliac for the successful doctor was, that he should be able to adapt himself. There is plenty meaning in this text; and its truth is as fresh and virile as it was in the days when the distinguished fourteenth-century surgeon gave expression to it. We are a long way from the old exclusive medical cults; from the mystically endowed family that hoarded jealously the art and practice of medicine and bequeathed the secret along from one generation to another. The product of such growth was the inevitable one; for when the mellow light of investigation and wholesome criticism is long excluded, rank things grow up which smother the sensitive plant. Superstition takes the place of science; and blind imperialism sees not the beckoning hand of observation and reflection.

Medicine saw many such vicissitudes; but great men arose from time to time who, appealing to nature direct, gleaned enough from her great storehouse to enable them to appraise the genuine and the spurious in the recorded and traditional medical lore of their time. They were the supermen of our art. Isolated in time and place, hampered often by a dearth of facilities for increasing their knowledge, they clung at least to the fundamental truths, enriched them with their own observation and experience and passed on to posterity the duty of further accomplishment. A surgical operation in the old days was often fraught with as much danger to the surgeon as to the patient; for failure might mean severe punishment; even death. The old Celtic physician in the Armagh and Iona days, was subject to fines and punishments under the Brehon laws if his failure to cure his patient were due to rash, ill considered treatment, or to lack of proper educational qualification. It is reasonably certain that he adapted himself to his environment; and that "unnecessary operations" were not much in vogue in those olden times.

Our profession has left its "low vaulted past." It now occupies the open spaces and the cult of Medicine and Surgery extends around the world. It has faults, to be sure, because fallible human units make up its ranks, but withal, it has won the good will of all mankind by services that reach to the very root of that process which man has been wont to call his pursuit after happiness. There are no longer secret forms of treatment to transmit to the next of kin. The discovery of to-day goes at once into the hands of the whole profession and becomes the property and pride of all the world. Sir Berkeley Moynihan in a noted address some time ago said, that the discoveries of Lister alone, saved more lives than "all the wars of all the ages have thrown away."

In recent years nothing has done more to enhance the value of the services rendered by the individual doctor than well ordered organization in the ranks of the profession. And it has done more than this. It has engendered a professional kinship and a sympathy which link together in one long chain the best efforts of the teaching clinics, the laboratories, the X-ray and the general practitioner. The general practitioner is still, and must continue to be, forever on the march. He must go into the primitive haunts of Disease, and match his art against the subtle virulence of an insiduous enemy. He is the point of contact of our professional phalanx; "the observed of all observers;" whose resourcefulness and power of adaption are ever on the strain.

Is organization doing anything for him? Surely, a great deal. In our province and the whole Dominion the bulk of an organization comes from his ranks. Through the branch society he is in direct touch with the provincial organization and through it with the national association which every true Canadian wants to see grow into a fine structure, worthy in every way of our Canadian national ideals and a true index of a sound and thoroughly reliable medical profession. Taking all in all, it is near to the truth that a country's best gauge of deep-seated intelligence is the standing of its medical profession. The urge of a high type of patriotism is, therefore, in the reckoning.

There are doctors the branch societies find difficulty in reaching, owing to their distance from the centres. Some of these men complain that organization is not of much use to them. Without debating the objection, we should say that our organization is young, and it is adapting itself as rapidly as its resources permit to meet the wants of its members. It has not reached its full stature yet; nor can it until the full force of the profession is enrolled in active and sympathetic membership. The fountains of medical organizations rise no higher than their source; and the real source lies in the heights of one hundred per cent. membership in Branch, Provincial and Dominion Societies.

G. H. M.

REPORT OF FINANCE COMMITTEE MEDICAL SOCIETY OF NOVA SCOTIA

Halifax, N. S.,
January 5th, 1926.

To the Executive of the Medical Society of Nova Scotia,
Halifax, N. S.

Sirs:

The Committee appointed at the last Annual meeting of the Medical Society of Nova Scotia to enquire into the financial affiars of the Society in general, and the future policy to be adopted in regard to the publication of the Bulletin, beg leave to report as follows:

The Committee met on several occasions and acting on our instructions decided, first, to continue the monthly publication of the Bulletin, and second, to place the publication of the Bulletin in the hands of an Honorary Board, composed as follows:

Managing Editor - - -	DR. G. H. MURPHY.
Associate Editors - - -	DR. ARTHUR BERT.
	DR. H. B. ATLEE.
	DR. H. G. MCLELLAN.
Corresponding Editors - -	the Secretaries of all the Provincial Branches of the Society of Nova Scotia.
Honorary Secretary - -	DR. SMITH L. WALKER.

The Committee have compiled the Financial Statement of the Society as dated January 1, 1926, as appended.

Accounts Payable with Cash on hand	$ 615.00
Fees from Members for 1926 (estimated)	2000.00
Advertising (estimated)	1000.00
Total Estimated Income	$3615.00

ESTIMATED EXPENDITURE:

Printing of Bulletin for 1926	$1500.00
Stenographer and Bookkeeper	180.00
Printing, Postage, Stationery and Telegrams	50.00
Expenses at Annual Meeting 1926	10.00
Safety Deposit Box Rent	5.00
Estimated Committee Expenses	100.00
	$1845.00

(Signed) H. K. MACDONALD.
J. R. CORSTON.
E. V. HOGAN.

OBITUARY

JOHN HOWARD SLAYTER, M. B., C. M., Edin. University, 1888.
Grand Pre.

NEWS of the death, at his home, St. Hilda's, Gaspereau, January 7th of Dr. John Howard Slayter, M. B., C. M., will be received throughout Nova Scotia with a sense of actual shock. To more intimate friends it was known that for about a year he had not enjoyed perfectly satisfactory health, but even within this circle none were prepared for news of his passing. Three weeks ago he had, however, a seizure which was obviously serious, although even then it was not thought that it was one to cause extreme solicitude. That it was destined to be fatal is a sorrow unspeakable to all in his family circle, and a matter of deepest regret to all his friends.

Dr. Slayter was a member of a family whose male members have attained to high rank in the British naval or military services. Born in Chicago, he was educated at the University of Edinburgh, from which he received his degree in Medicine, returning to Halifax on the death of his father, Dr. W. B. Slayter. He lived for many years in a house at the northwest corner of South and Barrington Streets, and the site of what is now the Navy League building, which, when he vacated it, was purchased by Dr. Leonard Murray, who subsequently located in Toronto.

At the outbreak of the Great War Dr. Slayter was in England, and was at first engaged in the training of nurses in a South Coast centre. Later he joined the Canadian Army Medical Corps, and still later the McGill Hospital Unit, serving gallantly in France with the latter, while in the former he was assigned to duty in a number of the English military hospitals. At the close of the war he retired with the rank of Major and the decoration of the Order of the British Empire. Some years ago he returned to Nova Scotia and took up his residence at St. Hilda's, one of the most beautiful spots in the Valley. From time to time he has visited Halifax, always to receive an enthusiastic welcome from his old friends, who rejoiced at his location in his "home" province. At. St. Hilda's these were always welcomed with abounding hospitality, for throughout his life the doctor was an incomparable host.

Dr. Slayter is survived by his wife, who was before marriage Miss Schloesser, of Chicago; two sons, and two daughters. The sons are Lieutenant Commander W. R. Slayter, R. N., D. S. O., now in England, and Lieutenant R. J. Slayter, R. N., retired, and living with his parents at St. Hilda's. The daughters are the Misses Alice and Mollie Slayter, at home.

There also survive him his mother, now living in England; four brothers and three sisters. The brothers are Admiral W. S. Slayter, R. N., England; Colonel E. W. Slayter, C. B., also in England; Major J. M. Slayter, of the Halifax Garrison and one of the most popular officers here; and C. K. Slayter, New York. The sisters are Mrs. Hartley and Mrs. Haslam both living in England, and Mrs. Lacon, of Vancouver.

A man of the utmost geniality, generous, delighting in the extension of hospitality, deeply interested in music, and possessed of fine musical gifts, Dr. Slayter's death is a sorrow to all who knew him intimately and especially for his family, who will have the sympathy of a very host of friends.

Mr. John Patton of Oxford, died at the Cottage Hospital, Springhill, December 17th. He was a successful farmer, an honest and upright man, and a good neighbor. He was a brother of Dr. W. W. Patton of Glace Bay.

R. M. Holesworth, a prominent citizen of Shubenacadie, died the latter part of December. Mrs. Whitman, wife of Dr. G. W. Whitman of Stellarton is a daughter of the deceased.

The funeral of the late Dr. F. D. Parker, whose death was noted in the December Bulletin, was held in Halifax, December 15th, interment being in Fairview Cemetery.

Robert T. Braine died recently in Hantsport. His wife, who predeceased him, was a sister of Dr. A. F. Buckley of Halifax. Dr. L. B. Braine of Annapolis Royal, is a son of the deceased.

Robert Sutherland of River John, died at his home December 13th, aged 86 years. He was a public spirited and sterling citizen. Dr. James A. of Vancouver, and Dr. R. H. Sutherland of Pictou, are sons of the deceased.

The death occurred on December 7th at Pictou Landing, of Hector MacKinnon at the advanced age of 86 years. He was widely known and respected in Pictou County. He came to Pictou with his parents from the Island of Coll in the Hebrides when a boy. Dr. A. H. (Sheriff) MacKinnon of Bathurst, a Dalhousie graduate of 1913 and a valued officer of No. 7 Canadian Stationary Hospital is a son of the deceased.

The death occurred at River Hebert, December 27th, of Warren W. Rockwell, at the home of his brother, Dr. William Rockwell. He was 76 years of age and his death was the first break in a family of nine.

The death occurred in St. Martha's Hospital, Antigonish, of Adelaide, the little daughter of Dr. J. A. and Mrs. Proudfoot of Inverness.

Dr. W. S. Pearman, died suddenly recently in Tampa, Florida, He was a former resident of Halifax and a brother of Dr. H. V. Pearman of Wolfville. He was buried in Halifax.

W. S. R. Gow of Halifax, died January 3rd aged 79 years. Dr. F. A. R. Gow, formerly ot Halifax, now in the West Indies, is a brother of the deceased.

The death occurred January 8th of Mrs. LeBlanc at the home of her son, Hon. Dr. B. A. LeBlanc, Arichat. She was sick only a few days and was 65 years of age.

Members of the profession in Nova Scotia, who know Dr. H. A. Faris of St. John, will regret to learn of the death of his father, Hon. L. P. Farris, at St. John, December 9th, 1925. He was a member of the N. B. Legislature for 16 consecutive years.

Gland Therapy.

Some medicants can be assayed, and thus standardized, by chemical means—such as belladonna, cinchona, hydrastis, nux vomica, etc.; others by physiological methods, as ergot, digitalis, aconite, convallaria, etc.; but now that gland products are coming into such extensive use, how is the physician to be assured of their activity?

Some of them, it is true, are tested by chemical or physiological means, for example desicated thyroid, adrenalin, and pituitrin; but for the majority there is no assurance beyond the care of the manufacturer in handling the fresh glands and applying suitable methods of desiccation or extraction. The hormones must be preserved; otherwise the gland product is simply so much protein. Here, if anywhere, the reputation of the manufacturer is a matter of prime importance. Physicians who are particularly interested in gland therapy should read what Parke, Davis & Co. have to say, in their advertisement in this issue about their methods of manufacture.

PERSONALS

To Dr. and Mrs. H. D. Reid, Pubnico, in October, a daughter.

Dr. J. W. Smith of Liverpool, recently spent a few days in Halifax.

Dr. V. H. T. Parker, Stellarton, spent Christmas with his mother Mrs. W. F. Parker, Bridgetown.

Mrs. Stone, wife of Dr. O. R. Stone of Sherbrooke, was recently a patient in St. Martha's Hospital, Antigonish.

Dr. Raymond Gillis, Baddeck, returned December 5th, from an extended visit to Boston, Detroit and other American cities.

Mrs. Henderson, wife of Dr. C. S. Henderson, Parrsboro, returned home December 28th, after a month's visit with her parents in Mulgrave.

Dr. S. R. Johnstone left Halifax for New York December 28th, for special study of radium treatment. He returned about the middle of January.

Dr. I. M. Lovitt and Mrs. Lovitt of Yarmouth, left for Boston, January 5th, on their way via England, to spend the winter in the south of France.

At the December 8th meeting of the Yarmouth Rotary Club, Dr. S. W. Williamson gave an address on Bovine Tuberculosis, advising the testing for T. B. of all cows in the county.

The Canadian Medical Association now being affiliated with the British Medical Association, the Canadian Branches hitherto affiliated will, it is proposed, be dissolved as from June 1st, 1926.

Dr. and Mrs. G. W. McKean of Baddeck, after visiting in Halifax and vicinity for a few weeks, left December 29th for a two month's visit in New York as guests of Rev. (Dr.) and Mrs. Norwood.

The marriage took place December 28th at the home of the bride's mother, Mrs. James Gabriel, Fox River, of Dr. D. M. Cochrane, River Hebert, to Miss Vera May Wilson. After a short bridal trip over the province, they returned to River Hebert. Dr. Cochrane was a 1923 graduate of Dalhousie.

Miss Lou Covert, eldest daughter of the late Dr. A. M. Covert of Canning, a student at Acadia College, was recently a patient in Westwood Hospital Wolfville, being operated on for Appendicitis.

Dr. Evan Kennedy of New Glasgow, has been making a very slow recovery after his recent accident, and at times his condition has been critical. Our latest advice is that he will ultimately recover.

Mrs. Campbell, wife of Dr. P. S. Campbell of Port Hood, after being in Hospital in Halifax for several weeks, has returned to her home. She is still confined to the house her many friends regret to learn.

The present Lieutenant-Governor of Alberta, is Dr. William Egbert of Calgary, a former president of the Alberta Medical Association. It is noted he has succeeded Dr. R. G. Brett, also a prominent physician.

Dr. W. F. Reid of Digby, received many compliments at the recent annual meeting of the Digby Golf Club, for his interest in the Club, and the manner in which he discharged his duties as Secretary-Treasurer. It is needless to say he was re-elected to office.

Dr. William J. McNally, a Dalhousie graduate of 1922, who was a Cooper Research Scholar in McGill, has now received a diploma in Laryngology and Otology issued by the Royal College of Surgeons, London. He has been strikingly successful in his post-graduate work for the past three years.

THE CANADIAN MEDICAL ASSOCIATION

President—J. F. Kidd, Ottawa.
President-Elect—David Low, Regina. Annual Meeting, Regina, 1925.
Vice-Presidents ex-officio—Presidents of Affiliated Associations.
Honorary Treasurer—A. T. Bazin, 836 University Street, Montreal.
General Secretary—T. C. Routley, 184 College Street, Toronto.

THE COUNCIL

A. Primrose, Toronto, *Chairman.*
J. F. Kidd, Ottawa.
David Low, Regina.
A. T. Bazin, Montreal.
A. D. Blackader, Montreal.
T. C. Routley. Toronto.
H. B. Anderson, Toronto.
J. F. Argue, Ottawa.
L. J. Austin, Kingston.
J. Bell, New Glasgow, N. S.
R. J. Blanchard, Winnipeg.
G. S. Cameron, Peterborough.
A. M. Campbell, Winnipeg.
J. G. D. Campbell, Halifax.
G. F. Dewar, Charlottetown.
W. J. Egan, Sydney.
W. J. Elliott, Brandon.
F. J. Farley, Trenton.
W. A. Gardner, Winnipeg.
W. Hackney, Calgary.
T. G. Hamilton, Winnipeg.
V. E. Henderson, Toronto.
A. W. Knox, Weyburn, Sask.
T. M. Leask, Moose Jaw.
J. H. MacDermot, Vancouver.
N. J. MacLean, Winnipeg.
A. A. Macdonald, Souris, P. E. I.
M. MacLaren, St. John, N. B.
A. F. Menzies, Morden.
H. K. McDonald, Halifax.
J. S. McEachern, Calgary.
F. W. Marlow, Toronto.
C. F. Martin, Montreal.
D. P. Miller, Prince Albert.
A. S. Munro, Vancouver.
L. R. Morse, Lawrencetown, N. S.
T. A. Morrison, Regina.
S. E. Moore, Regina.
G. H. Murphy, Halifax.
T. A. Patrick, Yorkton, Sask.
J. I. Pratt, Port Arthur.
W. D. Rankin, Woodstock, N. B.
W. N. Rehfuss, Bridgewater, N. S.
W. G. Reilly, Montreal.
W. H. Secord, Winnipeg.
H. B. Small, Ottawa.
F. N. G. Starr, Toronto.
D. A. Stewart, Ninette, Man.
W. Turnbull, Winnipeg.
J. M. Ulrich, Regina.
C. H. Vrooman, Vancouver.
S. L. Walker, Halifax.
T. W. Walker, Saskatoon.
N. W. Warner, Winnipeg.
A. MacG. Young, Saskatoon.
Geo. S. Young, Toronto.

EXECUTIVE COMMITTEE

W. G. Reilly, Montreal, *Chairman.*
J. F. Kidd, Ottawa.
David Low, Regina.
A. Primrose, Toronto.
A. T. Bazin, Montreal.
T. C. Routley, Toronto.
G. S. Cameron, Peterborough.
T. G. Hamilton, Winnipeg.
C. F. Martin, Montreal.
S. E. Moore, Regina.
J. S. McEachern, Calgary.
M. MacLaren, St. John, N. B.
F. N. G. Starr, Toronto.
S. L. Walker, Halifax.

SPECIAL COMMITTEES

Lister Memorial - - - - - - - - R. J. Blanchard, Winnipeg.
Conference on Medical services - - - - A. Primrose, Toronto.

MEDICAL SOCIETY OF NOVA SCOTIA

ANNUAL MEETING, JULY, 1926, AT HALIFAX

OFFICERS FOR 1925-1926.

President.....Dr. E. V. Hogan, Halifax.
1st Vice-President.....Dr. J. J. Roy, Sydney.
2nd Vice-President.....Dr. L. R. Morse, Lawrencetown.
Secretary-Treasurer.....Dr. J. G. D. Campbell, Halifax.
Associate-Secretary.....Dr. S. L. Walker, Halifax.

EXECUTIVE

Cape Breton.
Dr. E. M. McDonald, Sydney.
Dr. D. R. McRae, Sydney Mines.
Dr. Dan. McNeil, Glace Bay.

Eastern Counties.
Dr. J. J. Cameron, Antigonish.

Colchester-Hants.
Dr. C. H. Morris, Windsor.
Dr. E. D. McLean, Truro.

Cumberland County.
Dr. J. A. Munro, Amherst.
Dr. W. T. Purdy, Amherst.

Lunenburg-Queens.
Dr. R. G. McLellan, Lunenburg.

Valley Medical.
Dr. M. R. Elliott, Wolfville.
Dr. W. F. Read, Digby.
Dr. F. S. Messenger, Middleton.

Halifax Branch.
Dr. V. L. Miller.
Dr. J. L. Churchill.
Dr. A. R. Cunningham.
Dr. P. Weatherbee.
Dr. F. G. Mack.

Pictou County.
Dr. H. H. McKay, New Glasgow.
Dr. G. A. Dunn, Pictou.

COMMITTEES

Cogswell Library.
Dr. A. G. Nicholls.
Dr. J. R. Corston.
Dr. John Stewart.
Dr. Philip Weatherbee.
Dr. C. S. Morton.

Public Health.
Dr. A. C. Jost, Halifax.
Dr. E. Kennedy, New Glasgow.
Dr. M. E. Armstrong, Bridgetown.
Dr. J. K. McLeod, Sydney.
Dr. W. N. Rehfuss, Bridgewater.

Arrangements.
Halifax Medical Society.

Editorial Board—C. M. A. Journal.
Dr. W. H. Hattie.
Dr. G. H. Murphy.
Dr. J. G. McDougall.
Dr. K. A. McKenzie.
Dr. E. V. Hogan.

Workmen's Compensation Board.
Dr. G. H. Murphy.
Dr. E. V. Hogan.
Dr. M. G. Burris.

Members of C. M. A. Council.

Dr. E. V. Hogan (Ex-Officio)	Halifax.
Dr. J. G. D. Campbell (Ex-Officio)	Halifax.
Dr. S. L. Walker (Ex-Officio)	Halifax.
Dr. W. J. Egan,	Sydney.
Dr. L. R. Morse,	Lawrencetown.
Dr. H. K. McDonald,	Halifax.
Dr. G. H. Murphy,	Halifax.
Dr. Ross Millar,	Amherst.

Nominated to Education Committee C. M. A.
Dr. K. A. McKenzie, Halifax, N. S.

Nominated to Legislative Committee C. M. A.
Dr. J. G. McDougall, Halifax. Dr. W. H. Hattie, Halifax.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

CAPE BRETON

President.....Dr. Allister Calder, Glace Bay.
1st Vice-President.....Dr. D. A. McLeod, Sydney.
2nd Vice-President.....Dr. D. W. Archibald, Sydney Mines.
Secretary-Treasurer.....Dr. J. G. B. Lynch, Sydney.

EXECUTIVE

The Officers with Doctors McDonald, Patton and Curry. Nominated to Provincial Executive:—Dr. E. M. McDonald, Sydney, Dr. D. R. McRae, Sydney Mines, Dr. Dan. McNeil, Glace Bay.

COLCHESTER-HANTS

Officers 1924-25

President.....Dr. R. O. Shatford, Londonderry.
Vice-President.....Dr. E. E. Bissett, Windsor.
Secretary-Treasurer.....Dr. H. V. Kent, Truro.

Executive Committee

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

Nominated to Provincial Executive

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

CUMBERLAND COUNTY

Officers

President.....Dr. Wm. Rockwell, River Hebert.
1st Vice-President.....Dr. J. R. Gilroy, Oxford.
2nd Vice-President.....Dr. M. McKenzie, Parrsboro.
3rd Vice-President.....Dr. W. V. Goodwin, Pugwash.
Secretary-Treasurer.....Dr. W. T. Purdy, Amherst, N. S.
Members of Executive Medical Society of Nova Scotia:
Dr. W. T. Purdy, Amherst.
Dr. J. A. Munro, Amherst, N. S.

EASTERN COUNTIES

Hon. President.....Dr. Geo. E. Buckley, Guysboro.
President.....Dr. W. F. McKinnon, Antigonish.
Vice-Presidents.....Dr. J. J. MacRitchie, Goldboro.
Dr. John McDonald Sr., St. Peters.
Dr. M. E. McGarry, Margaree.
Dr. M. T. McLeod, Orangedale.
Secretary-Treasurer.....Dr. P. S. Campbell, Port Hood.

Executive Committee

Dr. J. S. Brean, Dr. J. A. Proudfoot. Dr. A. J. McNeil, Dr. Alex. Kennedy, Dr Owen Cameron, Dr. R. C. McCullough, Dr. B. A. LcBlanc, Dr. P. A. McGarry.
Nominated to Provincial Executive:—Dr. J. J. Cameron, Antigonish.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

LUNENBURG-QUEENS

Officers for 1923-24

President.....Dr. J. S. Chisholm, Mahone.
Vice-President.....Dr. F. T. McLeod, Riverport.
Secretary-Treasurer.....Dr. L. T. W. Penny, New Germany.

Executive

The above Officers with:

Dr. A. E. G. Forbes, Lunenburg. Dr. F. A. Davis, Bridgewater.

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

PICTOU COUNTY

Officers for 1924-25

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

Members of Executive and nominated to the Provincial Executive:—
Dr. H. H. McKay, New Glasgow and Dr. G. A. Dunn, Pictou.
Benvie, S. C. McKenzie, G. A. Dunn, C. W. Stramburg, F. B. Day.

Meetings:—First Tuesday in January April, July and October. Annual Meeting in July.

VALLEY MEDICAL SOCIETY

President.....Dr. E. DuVernet, Digby.
Vice-Presidents.....Dr. G. K. Smith, Grand Pre.
" " .....Dr. H. L. Roberts, Digby.
" " .....Dr. W. C. Archibald, Annapolis.
Secretary-Treasurer.....Dr. C. E. A. DeWitt, Wolfville.

Representatives on Executive of Medical Society of Nova Scotia:—
Dr. M. R. Elliott, Wolfville. Dr. W. F. Read, Digby.
Dr. F. S. Messenger, Middleton.

WESTERN NOVA SCOTIA MEDICAL SOCIETY

President.....Dr. C. A. Webster.
Vice-Presidents.....Dr. H. J. Pothier, for Digby.
" " Dr. C. J. Fox, for Yarmouth.
" " Dr. L. P. Churchill, for Shelburne.
Secretary-Treasurer.....Dr. T. A. Lebbetter, for Yarmouth.

Nominated to the Executive of the Medical Society of Nova Scotia.
Dr. A. R. Campbell, of Yarmouth.

HALIFAX MEDICAL SOCIETY

1925 Officers 1926

President.....Dr. F. R. Little
1st Vice-President.....Dr. P. Weatherbe
2nd Vice-President.....Dr. S. R. Johnston
3rd Vice-President.....Dr. V. L. Miller
Secretary-Treasurer.....Dr. W.L. Muir

Executive

The above Officers with
Dr. H. W. Schwartz
Dr. G. W. Grant

PROGRAMME FOR 1925–1926

NOV. 4th. Opening Meeting - - - - - - - - Carleton Hotel
President's Address

NOV. 18th. Nova Scotia Hospital.
Clinical Evening

DEC. 2nd. Victoria General Hospital.
Clinical Surgical

DEC. 16th. "Paralytic Deformities, especially in Childhood."
Dr. J. Appleton Nutter
Orthopaedic Surgeon to the Montreal General Hospital.

JAN. 13th. "Purulent Disease of the Accessory Nasal Sinuses."
Dr. H. W. Schwartz

JAN. 27th. Victoria General Hospital.
Clinical Medical

FEB. 10th. Dental Symposium—"Focal Infection, Deformities, etc., etc."
Drs. W. W. Woodbury and J. S. Bagnall

FEB. 24th. "X-Ray Diagnosis of Bone Conditions."
Dr. S. R. Johnston

MAR. 10th. Subjects to be Announced.
Dr. John Stewart
Dr. Murdoch Chisholm

MAR. 24th. "The Surgery of Putmonary Tuberculosis."
Dr. J. H. Allingham
Saint John, N. B.

APR. 14th. "Recent Advances in the Physiology of Gastric Secretion."
Dr. Boris Babkin
Professor of Physiology, Dalhousie University.

APR. 28th. Annual Meeting.
Election of Officers, Etc., Etc.

The Earliest Prescription

The earliest prescription on record was inscribed in a fragment of stone about 3,500 years ago by an Egyptian physician, and was for a bronchial affection of one of the subjects of Rameses I., according to De. LaWall. The Ebers Papyrus dating from a period several hundred years later, and possibly one of the six missing books of Hermes Trismegistus, the lecturer said, is almost entirely concerned with drugs and indicates an advanced state of knowledge of pharmacy on the part of the ancients.

The stroke across the tail of the letter R at the head of every physician's prescription, is a remnant of the symbol invoking Jupiter's aid in behalf of the patient, and dates from the time of Nero, when Christians were so fiercely persecuted and forbidden to practice medicine. Physicians used the invocation to Jove or Jupiter to indicate their conformity to the State religion, and the practice has persisted down through the many centuries to the present.