

Cancer and the Clinician*

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THE oft-quoted statement "it pays to advertise," is of course, accepted as an axiom. I want to question it however, by suggesting, what if you aren't ready for the rush? That, it seems to me, is apropos of our position in the cancer question. It is fairly recent history that the profession undertook to stir up our people on this question by intensive propaganda and advertising, when it was preached at us from pulpit, press, and platform—the microphone was not so prominent then—when it was paraded before us with a wealth of lurid detail, culminating in a burst of white heat as the fire was concentrated in our "Cancer weeks."

There is no doubt that the campaign was in some respects most fruitful. It did direct people more to the existence of the question awakening them from a state of indifference—for a time at least—but was that sufficient? We cast out the unclean spirit of lethargy, but from some of the things we are called upon to read and hear, it would appear that seven others more wicked than that have replaced it, for in some places we seem to have stirred up a veritable hornet's nest. In the vernacular we "started something." We stimulated interest in this subject, induced in our people a receptive state of mind, created mouths that are now clamouring to be fed, and we just aren't ready for the rush. As Dr. Johnson said, with equal aptness and greater dignity, in a similar connection in his presidential address to this society a year ago, 'they ask of us bread and we offer them a stone.'

Of course not all are vociferous, but an increasing number is becoming so, and most influential journals are open to those who are. And what is the picture presented at this moment? Is it not that the Profession—the only ones to whom should be entrusted the feeding of the multitude—having offered only a stoney silence, false prophets have risen up among us and such as speak lies? Do you question that? Then I would ask you to take note of the McCoys, the McFaddens, the Bulkeleyes et al, and tell me why they have been enabled to cumber the earth with their presence to insult our intelligence with their vapourings.

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But there is another class of infinitely greater importance. From it I should like to deal with one example more specifically. I take it from that very excellent journal, *The New Statesman*, and from the authorship of *Lens*, its scientific correspondent. He has written many articles on many medical subjects, some of which have been very favorably commented on by our own *C. M. A. Journal*.

His articles on Cancer, I know that some of you are familiar with, but partly because I wish others to know them, and partly because I wish to use them as a background for some further remarks, I must crave your indulgence while I read a few excerpts from them. Some of these you will admit are at least picturesque.

Excerpt I: "These . . . are enough to indicate that ere long we shall be treating cancer . . . in some social or communal way which supersedes in toto the hitherto accepted idea of the medical profession as a number of individualists dependent on their success in attracting to themselves as much as possible of the available supply of disease."

II: "Hitherto cancer has been the monopoly of the surgeons. Year by year they have made their operations more complete, and year by year the death rate has risen. The person who has not yet got cancer is of no interest to the surgeon, the person who has is of intense interest. . . . The surgeon's interest begins and ends with the operability of the case. He does not interest himself in the years of chronic irritation of the womb which was lacerated during childbirth. He is interested, so long as perchance he can do a Wertheim's operation, but he loses interest as soon as the possibility of operation is past; then and not till then he will send the patient to the radiologist, . . . but first, if possible he must have his pound of flesh."

III. "The time has come for a systematic campaign, of which this is the first blow, to discredit and destroy the surgery of cancer, in all cases whatsoever, in which the X or gamma rays. . . . are applicable."

IV. (I mention this one simply to expose his ignorance of the properties of radium). "Radium continuously produces a radio-active emanation which can be collected and sent anywhere for use; but it does not avail against cancer."

V. "Already at this early stage in the development of the new method, we may say that not less than one half of all cases of cancer should be definitely removed from the desperate and frequently disastrous efforts of the surgeon, and this proportion will rapidly increase."

VI. "Whether this matter can be left to private charity, to financial interests, or to any but responsible and authoritative control by some organ of state, I seriously doubt."

VII. "Already wherever radium is to be had the surgeon ought to be prevented from cutting out any more tongues or wombs, or amputating any more breasts. Already all medical students should be required to study radiology, even if they have to discard a tenth or so of the vast mass of rubbish triviality and irrelevance now loaded upon them, and already we begin to see more than the beginning of the end of the surgery of cancer, but for this long delayed escape from hell, we must have radium."

One's first reaction after reading these articles is "A little knowledge is a dangerous thing." But as one reviews them again, and sees the other factors involved, it gives one furiously to think; for running through his bluster is a rich vein of truth; and this brings me to the rather paradoxical position, that though I have definitely associated myself with surgery, I find myself very considerably in accord with much that he says. However, on some of the more fundamental points he manifests a colossal ignorance, by virtue of which his statements are at times dangerously misleading, when made in the public press; and it is because of that that I lay down my first dictum: The

public should be advised of our position, but only by the voice of authority.

Pertinent to that then is the question What is our position? And the answer is not one that we can be particularly proud of. Our position as the thoughtful public sees us, is shown in this matter by the appreciation which "Lens" has of us, and in the fact that such articles as his find a public ready to accept them with avidity. This shows, obviously, a weakening of our position, and the passing of the initiative from our hands.

And what of our position as we see ourselves? After fully discounting the iconoclastic tendency of the age, do we see any justification for their attitude? Let me answer that indirectly.

The cancer problem is to-day the greatest challenge in the whole field of medicine, and our reactions to that challenge are varied and interesting. To the rank and file of the profession, the challenge is to early diagnosis.

Here the challenge is more insistent than ever but the reaction of it is deplorably weak. Think of the cases of abnormal uterine bleeding, for example, carried on for months without investigation; of the results of the failure to recognize that uterine cancer is so frequently a disease of *young* women; think of the tumors of the breast that are carried on for months on the damnable advice to rub them with hot olive oil or some other fool thing; think of the cases of carcinoma of the stomach treated for months and months for indigestion without being properly investigated—and there are none of us associated with this work who do not see plenty of this sort of thing—and let us ask ourselves if we have not need to check up our reaction to the challenge for better diagnosis.

In what other ways are we meeting response to the challenge? Some, like our local Cancer Committees, report progress from year to year leaving us to wonder what the progress was made in. Some are responding in the cloistered life of research into its biologic, pathologic, biochemical or radio-biological aspects; some are employed in research into the actions of the various physical agents employed in the treatment of the disease; while the challenge to the surgeon is responded to by groups of men here and there who are gleaning up the bits of knowledge from the different departments mentioned and by patient application and observation over many months and years sift the chaff from the wheat so that the best may be made available to the sufferer and so that true science may be advanced.

Unfortunately such groups are not as numerous as they should be and more unfortunate still is the fact that in many quarters they have not been given the consideration and support which they deserve. That is true of every country and particularly of the more conservative ones; where died-in-the-wool surgeons for a long time have refused to recognize the superiority of radiological methods over the knife in certain malignant conditions.

Now there was a time when they could not be blamed for such refusal. Unfortunately the introduction of radiology to medicine was associated with gross empiricism and too often charlatanism and quackery which, of course, is so frequently associated with failure, or even with positive harm. Even to-day are men with a tiny bit of radium undertaking to cure breast tumors for example, and treating them for months until all chance of a cure by accepted methods has gone. Charlatanism? Quackery? Gentlemen, *there* is the "pound of flesh" deliberately hacked off with a dull knife—and even Shylock whetted his!

In this connection too, I am not so sure that some of our newer institutions—those handling emanation on a commercial basis—are not tending to perpetuate those undesirable qualities by making supplies of that commodity available to absolutely untrained men whose courage exceeds their scruples.

Now it is not here suggested that empiricism should always be adversely criticized. Philosophy has frequently pointed the way for science, and so, frequently, has empiricism to rational therapeutics. We can only "scorn the baser steps by which we did ascend" when we, or someone, have found those superior steps advancing to rationalism, and it has been possible for us to become familiar with them. Steps have been uncovered leading to a better, if still incomplete, knowledge of the *modus operandi* of the various therapeutic rays. Indeed a very great deal is now known regarding them and a practical knowledge has been made available to us by the scientific research which I have mentioned in the departments of the physicist, the radiologist, and the pathologist, co-related and amplified through the clinician.

Let us now for a moment turn the spot-light on each of these several gentlemen: To the pathologist we have long ago accorded a place on the team chiefly in the matter of diagnosis, and more lately in the matter of checking histologically the effect of radiation on cell morphology and tissue reaction, but one is inclined to wonder how often we may, and for one reason or another do not, avail of his potential value in prognosis and treatment. Not that he usually makes suggestions as to treatment (there are one or two notable exceptions to this) but the report which he furnishes can so influence our plan or type of treatment, and our prognosis, if our knowledge of tumor pathology is sufficiently profound. Let me illustrate that. Brodeur, as you know, instituted a method of dividing tumors into grades of malignancy—Grades I, II, III, IV. Now if I submit a piece of tissue from a cervix that I believe to be cancerous, for examination, and get a report "Squamous Carcinoma" I only have my own diagnosis confirmed but it is otherwise of no value to me in the light of modern knowledge. And what is that? That a comparison of figures of early cases of Grade IV Epidermoid Cervical tumors treated radiologically, with similar cases treated surgically alone, show a 46% of 5 year cures for radiology and none for surgery, while a comparison of figures

for Grade I tumors shows practically a 50-50 result. I shall hope to show the reason for that later, but wish to show this much here as the challenge of the question to the pathologist.

I should like to give the radiologist a little crack as I go along but he has done so much pioneering work, and in the face of such lack of support or open hostility, that I find that I have nothing but sympathy for him and appreciation. However, he is rapidly coming into his own, indeed he has already arrived there. He is, in too many instances, the only man on the team who knows anything about radiology. I am not just now, however, concerned with that condition of affairs but with his place in a well-balanced cancer clinic or hospital. His position there is of the greatest value, first in a diagnostic way and secondly, in the application of x-radiation, when, as in most instances, and especially in the absence of a large supply of radium, it is necessary to prescribe that.

The physicist—non-medical though he or she usually is—has contributed an invaluable quota, without which our knowledge of the action of these rays would be very closely circumscribed.

These men, as has been said, have taught us much in their several departments but their different contributions would be valueless could they not be co-related and made applicable to clinical conditions. This has necessitated the clinician as the co-relating intermediary, who, by virtue also of his researches, into the clinical effects of the various therapeutic measures upon the different pathological structures, is the one best qualified to make the decisions and to prescribe the remedy.

Now the clinician in the case is finally the surgeon, and far from holding the knife to be his sole armamentarium he holds that all legitimate fields of rational therapy are his province. He would then postulate that the treatment of cancer is essentially surgical treatment and that radium, x-ray, the knife, the cautery, zinc-chloride paste, and all other similarly acting therapeutic agents are to be regarded as surgical instruments.

That obviously gives the surgeon *carte blanche* in the treatment of malignancy, and if it appears for him an extravagant claim, few will be found to begrudge it to him if with it, he is willing to assume, as he should be, all its associated responsibility. The matter of making decisions has been mentioned, let us look at some of them. The first of course, is diagnostic. In this he may be helped by the pathologist or the radiologist or both. In some instances, however, there can be no help from either, when he must decide for himself, and with clinical experience as his sole guide. Then experience has also shown him that in malignancy, as elsewhere, certain fundamental laws obtain, such as, for example, "the sensitiveness of cells to radiation is inversely proportional to their degree of differentiation." It is by such a law that the result of radiation on cervical tumors previously mentioned is explained: the undifferentiated, hyperchromatic, highly malignant

cells of the Grade IV tumor being much more sensitive to radiation than the mature, fully differentiated and less malignant cells of the Grade I tumor.

With a knowledge of such laws, and with a knowledge of the histo-pathological structure of the tumor, however gained, his next question in natural order is, is this a radio-resistant or a radio-sensitive tumor? Then, contingent upon that is: shall he excise or radiate, or is it a case for combined treatment? Having decided on the latter, and that he will irradiate preoperatively, what kind, and what dose of radiation shall he prescribe? Shall it be irradiation and if so what dose; or radium, and if so in what form and what dose? Then, having irradiated, what is the optimum time between irradiation and operation? Or, having decided not to operate at all, but that irradiation alone is indicated, the next decision demanded of him is on the question of whether he must look for recession or cure of the tumor on the one hand, or palliation only on the other, and that in turn involves, to some extent, the necessity for a further decision on the question of fractional or maximum dosage.

Then with the procedure respecting the growth so considered, surrounding all is found another most important question—one which by common consent has not been given the consideration which it merits. It is that of the general condition of the patient. Is the reduced physical condition of the patient, resulting from the malignant process, or from any other cause, a contra-indication to intensive irradiation? If it is, can the depressed state be raised by transfusion of blood, or by a series of such transfusions, to the point where it would be safe to irradiate? Or again, are the results upon the tumor which may be reasonably be expected, such as would warrant the imposition upon the patient of that degree of asthenia and debility which, to a greater or less degree is a natural concomitant of intensive irradiation?

These are some of the problems in the question which may assume tremendous proportions to even the well-trained worker in malignancy. How much more may they be to the untrained, except in the case of the fools who walk in where angels fear to tread? For those who would deal with them it necessitates a deepening of their knowledge of pathology, a working knowledge of radiology, and the keeping themselves informed of the results of research in those institutions in which intensive research has been made possible by adequate clinical material, adequate facilities, and especially adequate funds.

But, you may well ask, after you have met those conditions have you in consequence, a definite concept of improved therapy susceptible of practical application? I think so, unquestionably. Clinical research has shown us that in cancer of the uterus, radiology is superior in general for cervical tumors; while radiation and hysterectomy is the best combination for adeno-carcinoma of the corpus.

It shows the danger of incising for biopsy, and the folly of continuing to irradiate osteogenic sarcoma where early operation gives best

results, bad though they are, but equally well the advisability of radiating endothelial myeloma, which is apparently so sensitive to radiation. Even here however, such an ardent protagonist of radiology as Professor Ewing admits the advisability of surgery after irradiation.

It shows us that epithelioma of the lip should not be excised where proper radiological methods are available, while block dissection of one or more triangles of the neck, for excision of involved lymph nodes, which have previously been intensively irradiated should still be regarded as an essential part of our therapy.

It shows us that at the present time radiology alone is quite inadequate for carcinoma of the breast, in spite of many efforts to prove the contrary, and that at the present time radiation followed by radical mastectomy and further radiation offers best results.

These are but a few examples, but they represent a position in which we may assure ourselves, and if need be our public, that we are abreast of the advance of science in the treatment of these conditions. And how did we attain to such a position? Let us not pride ourselves that it was by any merit of our own in cancer research, rather was it by virtue of the sweat of other men's brows, of work done in other countries.

Fifteen years ago Sweden, possessing some farsighted medical men and a government alive to suggestions of value for the public health purchased a large amount of radium—they are now said to have 18 grammes—and got down to work to study the question. It established an institution for the diagnosis and treatment of cancer, and went further, practically making it compulsory for her people to go to it for treatment, and assisting them financially to do so where that was required. They also furnished an excellent follow-up system without which research efforts would be futile. The results of such a far-sighted public health policy may well be imagined. She is well in the fore-front, and we, as well as most other countries have had to look to her for our most valuable statistics on this subject. She has given the world a wonderful lead, and it is interesting to see how other countries have been following it. Norway is at her heels, Denmark is developing rapidly, France and other continental countries are doing excellent work. Australia, working from a fund subscribed by her own citizens and with the addition of half a million dollars worth of radium purchased for them by the Commonwealth government, has developed a first class organization, lay, radiological and surgical—The Cancer Research Committee of the University of Sydney—and it has within the year begun the publication of a journal of no mean order, which bears its name.

In America, whether because in this modern age it is considered that no good thing can come out of Nazareth, or because different conditions necessitate different methods, the European idea of a central organization is not found. It does not follow from that however that good work is not being done there. The Memorial Hospital

of New York City, where I had the good fortune to have served some months, is devoted entirely to the treatment of cancer and allied diseases, and is of first class order as a research institution, in all of its several departments—clinical, physical, biological, pathological, chemical—Ewing is its pathologist and that in tumor work, says enough.

The Massachusetts General, the Philadelphia General, and the Buffalo City Hospital are among those which have taken or are taking their cancer cases from the general surgical or special surgical departments, and have provided a special cancer service to which they are admitted or transferred.

From the public health side, Massachusetts is the only State that has so far come to recognize it as a public health problem, and I draw upon Ewing again for the suggestion—as I have done so shamelessly in this matter—that the lead which Massachusetts is taking in this connection, has not come about because of pressure by the medical profession so much as by the force of public opinion. Now there is indication that that force is being felt in other parts of that country, and that before long other States will be following her lead.

I have left consideration of England's development of the matter to this point because it is worth a chapter all by itself, and also because certain similarities, contrasts and suggested possibilities light up our own position the better.

Four years ago, the position there was pretty much as it is in Canada to-day, and do you know what happened? The British Ministry of Health made a survey of the conditions which obtained in the treatment of malignancy in the British Isles, and their findings were such as to cause them to take the profession by the back of the neck and give it a good shaking. Virtually it was that. Actually, it took the form of a statement that "*it was a matter of grave concern to the Ministry that English physicians were so backward with regard to new methods of diagnosis and treatment of cancer, and that this was a matter of grave concern to the people.*"

Then followed a period when "the people's" mind must have been simply seething, but with an occasional outburst in the public press such as those of "Lens" from which I have here quoted, because the organized profession, and particularly the surgeons, who appeared to have a strangle hold upon the supply, did not seem disposed to give the matter any serious thought. That brings us up to the end of 1928.

I must pause here to answer a question which I know that someone would like to ask me. In all Great Britain, was there nothing being done along those lines? Oh! yes, there are always the few actuated by higher motives than bowing the knee to Baal. But what did they have to work with? $2\frac{1}{2}$ grammes of radium collected from various war stocks, entrusted to the Medical Research Council in 1920, and divided among no less than twelve centres three of which were non-

clinical; and of clinical material? such hopelessly incurable cases as were thrown to them. I believe it is a fact too, that their radium and x-ray centres were not connected, at least in many instances.

The next incident that I would have you note was the appearance in February 1929, of the report of The Medical Research Council together with the report of the Committee of the Privy Council for Medical Research, which submitted the former to the King's Most Excellent Majesty in Council. They are most informing documents, especially on the subject of "radium and cancer." It establishes the position that "in place of random empiricism definite technical methods have been worked out for the treatment of cancer by radium for almost every region of the body except the stomach." It acknowledges the backward position of the country as compared with Sweden or France and makes a pass at accounting for it. It avoids the censure involved in the statement of another very able observer made three or four months later, that England has been very backward in this matter, *owing probably to the strong entrenchment of old notions about the diagnosis and treatment of cancer*, preferring rather to appeal to the national pride as it says "Men speak familiarly of the 'Stockholm' or 'Paris' methods but not yet of the London or Manchester or Glasgow methods. Why is this? If it be so it becomes a matter of national concern to answer the question."

The report of the Committee of the Privy Council submitting the above, also determines the place of radium in our scheme of things, in the statement that in radium *surgeons* possess an invaluable auxiliary weapon by which much pain and mutilation can be avoided and by which life may be prolonged or saved. It says that the present supply of radium is wholly insufficient, and that in view of the results already achieved and the high probability . . . of still further gains, *the claims of the people* for an increased supply of radium become paramount.

This may be said to represent just the roaring of the old lion, His activity becomes apparent when four months later a fund for £250,000 of which the government was to contribute £100,000 was oversubscribed by the public and £300,000 provided for the purchase of radium. His wisdom also is shown in his subsequent action, in establishing all of the ten new, or newly organized radium centres in connection with teaching institutions.

Now, let us come back home, singing "O Canada," and secure in the thought that in our country, bursting as it is with nationalism, we shall find our foundations firmly secure in the matter of the public health. Unfortunately however, we are fore-doomed to discover some unpleasant realities. One of them is that we are, obviously, not as old, and consequently not as wise as we thought; that while Australia has been engaged in cancer research, we have been playing "hookey"—or politics:

"But," you ask, "Have we not a Ministry of Health at Ottawa that is as much alive to our needs as is the British Ministry of Health?" We have a Dept. of Health at Ottawa but it apparently isn't interested

in the cancer question. While collecting some data for this effort during the fall, I wrote that department asking for information as to the quantities of radium held in Canada and their distribution, and also as to places in this country where cancer research was being done. They did not have that information. They, however, very kindly turned my letter over to the Bureau of Statistics, which gave me the valuable information that from 1925 to 1929—the period of greatest activity in this field, radium to the value of roughly \$100,000 had been imported into Canada. That would be less than two grammes.

I then turned to the organized profession of Canada, surely they would have learned the very obvious lesson from the procrastination of other countries and be up and coming. They also regretted, but went one better. They suggested that it would be a good opportunity to make such a study and they undertook to make it. In a few weeks they had the information, which they very promptly and very kindly sent me and for which I am indebted to Dr. Agnew's department.

But Canada is showing signs of feeling how ridiculously badly off she is in the lack of any active National cancer policy, and her deplorable weakness in cancer research. Occasionally are found men who give evidence of that as their views of the subject are published. Not long ago, one of our men, speaking at Winnipeg advocated a chain of cancer centres from the Atlantic to the Pacific, and that of course is the idea—nationally connected or directed. Oh! yes, there *is* some evidence of life in the protoplasmic mass, but it is without form and void, and if darkness is not upon the face of things, there is but the veriest glimmer of light.

Now let me anticipate another question. Why all the fuss about cancer, or if you justify that why all the fuss about research? For answer to the former let me direct you to the figures which I have here set up for your perusal, and particularly to those which indicate our position in Nova Scotia.

DEATH RATES PER 100,000 POPULATION.

(a) NOVA SCOTIA:			(b) CANADA		
Year	Cancer Rate	Tuberculosis Rate	Year	Cancer Rate	Tuberculosis Rate
1918-19	81	176	1919	55	92
1921	92	135	1924	77	84
1923	101	124	1926	81	85
1925	103	117	1928	88	81
1927	106	122	(c) UNITED STATES:		
			1913	79	148
			1917	82	147
			1921	86	99
			1925	93	87
1928	571	571	1927	96	81
	—	—			

So that their value may the better be appreciated I have placed side by side with them those for tuberculosis. Compare first their relative positions as causes of death. Observe that for Canada and U. S. A. Cancer holds the higher place, and that while the figures for Nova

Scotia are higher for cancer than those of either Canada or U. S., they were the same for the last figures published, but must far exceed that to-day.

I believe that this alone is sufficient justification for making a fuss about the cancer question, but if that does not satisfy, I would ask you to observe more closely the cancer rate alone. Note the persistent increase in this rate in each of the groups shown. Note its progressive character and ask "what are we doing about it?"

And what of research? "Research and education are closely linked." There is no one who has conscientiously approached this question but realizes that. The Medical Research Council in the report which I have here quoted from suggests that "the rate of progress abroad has depended upon the work being done at centres where the whole organization on both its laboratory and clinical side has been so arranged as to keep progress by research, that is by systematized and controlled trials, as the *prime object* in view." In its concluding paragraphs, also, it makes this statement. "But there is still no such thing as 'radium treatment' in a final form as there is say, anti-toxin for diphtheria or insulin for diabetes. Sound treatment for many years to come must depend from day to day on maintained research work, and research work can proceed only as treatment is practiced. Every treatment centre must be a research centre, and *vice versa*."

Now one other phase of this matter. We have seen that more are dying yearly from cancer than from tuberculosis. We have seen that while the tuberculosis rate is improving rapidly, the cancer rate is becoming, almost as rapidly worse. Will you now compare the physical suffering involved in the two conditions? Compare the difference in the mental attitude—the general hopefulness of the tuberculous, the dismal despair of the malignant. Compare too, if you will, the skilled, special, expensive treatment required in cancer as against that required in the usual tb. case, and are you not impelled to agree with me that we have been blindly led into what is almost criminally unfair discrimination in favor of tuberculosis, with its consequent neglect of malignancy?—to tremendous annual outlay in the one case against *no* expenditure in the other? This is wrong. It is an injustice in our public health activities which should be righted, and which will, some day, be righted whether *we* will or not; and to my mind, there has never been an opportunity like the present. Our profession has been asked by our provincial government for our impressions on the public health activities of the province, and I believe we have a committee busy on the making of recommendations. It is most devoutly to be hoped that they will seize upon this unusually fine opportunity to make such recommendations in this regard as will correct this injustice and at the same time put us in the company of progressive people.

I believe that we have good reason to congratulate ourselves on the fact of our having in our midst a very excellent emanation plant

and satisfactory diagnostic and therapeutic X-ray equipment. Our defects are those which are, or which have been, common to so many, but which so many are now hastening to repair, viz., the lack of a proper cancer organization and the lack of an adequate amount of radium.

It would appear that the best that can be hoped for in such a relatively sparsely settled country as this is that cancer centres or hospitals should be thoroughly equipped at relatively great distances from each other, since economy demands that the radium be employed as continuously as possible—night and day—, and so that this may be made possible as large a population, and hence as large a territory as possible should be drawn upon. An institution so equipped should have as a minimum, two grammes of radium in solution, utilized through an emanation plant. It should have satisfactory record and follow-up system, and a staff obligated to clinical research. It should, wherever possible be in association with a Medical School, for if it would do effective work, each years graduates should know what is going on in this department of Medicine, must be made keen to diagnosis and early disposal of his cancer cases, and to render that co-operation in the field, in the matter of follow-up etc., which is so essential in this work.

Now whether you would consider the Maritimes as its constituency or just Nova Scotia alone, it at once becomes obvious that Halifax is the place, par excellence, in which to locate it; not only because of the physical plant which it already possesses, not only because of the presence of the medical school, but because also of its central position and of the potentialities that lie in its possible connection with the university with its departments of physics, chemistry and biology. Indeed one can see in this the wisdom of our Australian confreres in making their main cancer organization "The Cancer Research Committee of the University of Sydney."

One more thought and I shall have finished. The suggestion has been made that we should hesitate to commit ourselves to any considerable expenditure in this connection because of the possibility of something being discovered, sometime, which would render our equipment obsolete. Of course, the fact that other countries are increasing their commitments to the extent to which they are, should not in any way affect that suggestion. *We only* should be ultra conservative. But if I must allow that that is good and sufficient for us to continue in our evil ways, I might as well be generous and support that suggestion—if you will consider it support—with an equally valuable parallel. Astronomers declare that this old planet of ours is on a long voyage, though I am not so sure that they know where it is going. The great Dr. Millikan—you, of course, know that he is one of the greatest living scientists—has conceived the idea that we are continuously being irradiated with what has been termed "cosmic radiations." It is suggested that this continuous bombardment is the great factor in

effecting that control of our cells, the relaxing of which means cancer, and that the increasing incidence of cancer is explained by the earth's passing out the "atmosphere" where these radiations are more effective. Now, since most planetary voyages bring them back to the point from which they started, it would be reasonable to suppose that we should again find ourselves back to that region of influence where cancer is impossible. Should we not, therefore, defer any anti-cancer activities and await the coming of that day?

But seriously, gentlemen, the way to cancer control is a hard way, beset with many difficulties and much discouragement. It is one that demands that our best be contributed to it, if it is to be negotiated effectively. It is necessary, therefore, that we should resist all temptation to flirt with any suggestion for delay, rather must we press onward, doing whatsoever our hands find to do, that is dictated by knowledge and wisdom. That does *not* consist in putting on another public preaching campaign, at least not as a first measure; rather does it consist first in pulling the beams out of our own eyes, so that we may the more clearly and more confidently address ourselves to the motes in the eyes of the public. It is easy enough, relatively, to prepare the public, is it so easy to prepare ourselves? And obviously we have need to, before we invite them to come to us. We have need to cleanse our Augean stables, and now, when it is possible for us to catch some of the enthusiasm which is permeating other lands, is the time for us to assume that task. If we wait, it will become a Herculean labour indeed, and we shall still defer doing it until the river of public opinion is let in upon us. If that is allowed to happen, not only will it sweep away the undesirable accumulation of years, but with it much that is desirable of our professional heritage.

Broadcast your propaganda, advertise if you will—it pays—but let us, in all honesty, first be ready to "produce the goods."

The list of members of the Medical Society of Nova Scotia, as published in the June BULLETIN, is to be amended by adding the following names:—Doctors H. E. Kelley, Middleton; R. R. Withrow, Springhill; James Bruce, Sydney; J. L. Churchill, Halifax; S. P. Young, New Germany.

YET THERE IS ROOM.

"Mother, is our new maid a German?" "Why, no dear: why do you ask?" "Well," said the little girl, "I heard papa speak to her in the hall last night, and he said, 'Good night, Hun'."

Diagnosis of Syphilis

Müller's Conglobation Reaction.*

ZEBUD M. FLINN, Halifax, N. S.

IN presenting this paper on Müller's conglobation reaction, we are simply attempting to make a comparison between this test, which we believe is little known in this country, and the well-known Kahn test. So much literature has appeared in the journals in recent years concerning the relative merits of flocculation tests as compared with the complement-fixation tests that it has become definitely apparent that the flocculation test is rapidly supplanting the complement-fixation reaction as a routine laboratory measure. Few laboratories have adopted the newer test without first having convinced themselves of its practical value by running long series of parallel tests with the complement-fixation system in use. The choice of the flocculation test to be used is a matter to be determined in the same manner, and it was with this view in mind that the series presented was undertaken. It is sufficient to say here that the only differences in the various flocculation tests so far brought forth, and they are legion, are the variations in the concentrations of the complex reagents under study. The physical and biologic principles involved are identical in all cases.

The technic presented here is the same as used by Müller himself in Vienna, the only variation being in the matter of readings. Müller makes a reading after the incubation period and again after the racks have stood at room temperature for eighteen hours, and averages the two. We made one reading only at the end of the total period, which seemed preferable for purposes of comparison. The readings of the three tubes were averaged to give the final report of the strength of reaction.

The antigen is prepared by adding one part of ox heart (removed from the apex of the heart, all free fat cut away, and macerated in a food chopper) to thirty parts of 96 per cent. alcohol. The heart muscle is added slowly, a small bit at a time, while the beaker containing the alcohol is kept in constant motion to obtain as much extraction as possible. The flask is stoppered with a rubber cork and placed in the incubator for eighteen hours at 56° C. and is shaken from time to time during the day. After the incubation period has elapsed, the

*This article was prepared by Mr. Flinn of the staff of the Pathological Laboratory of Dalhousie Medical College. It was originally published in the April 1930 Journal of Laboratory and Clinical Medicine

flask is allowed to stand at room temperature for forty-eight hours. The contents are now carefully filtered, placed in a brown bottle and allowed to stand at room temperature for at least two months. At the end of two weeks if there is any visible sediment on the bottom of the bottle, the contents must be again filtered. When the antigen is fully matured, it is cholesterinized by adding $7\frac{1}{2}$ c.c. of $\frac{1}{2}$ per cent. cholesterin in alcohol to each 30 c.c. of the extract. This amount (approximately 38 c.c.) is evaporated to 8 c.c. in a boiling water-bath, this extract constituting the finished product. Such a process is not so laborious as it would seem if one has been accustomed to making the similar alcoholic extract used in the complement-fixation tests. In any case, it is advisable to purchase the antigen, that is, the final extract, from a reliable maker. It may be obtained from Schering in Berlin, but we are not advised if it is possible to obtain it in this country.

The only difficult phase of the test is in making the dilution of the standard extract with saline solution for use in the test proper. The dilution is carried out as follows: Eight c.c. of the standard extract are placed in a test tube and incubated in a water-bath of 56° C. for one-half hour. The heating causes the resolution of any flaky particles. Five c.c. of saline solution (0.9 per cent) are placed in a small glass bowl about 45 mm. in diameter (No. 1), and 50 c.c. of saline placed in a second bowl of the same size (No. 2). The salt solution in both glass bowls must be brought to a temperature of 17° C., accurate to within half a degree. When this has been done the contents of the test tube, previously incubated for one-half hour, are poured into glass bowl No. 1 and as quickly as is possible the contents of glass bowl No. 2 are added to this mixture. The colloidal solution thus obtained is poured into test tubes 18 to 20 mm. in diameter, sealed with India-rubber stoppers and placed in an incubator (56° C.) for twenty-four hours. It is then ready for use. In order to obtain a good conglotation reagent, the directions given here should be strictly adhered to; especially in regard to the temperature of the salt solution, period of maturing, size and sealing of the glass vessels, temperature of the water-bath, incubator, etc.

These physical data have been very carefully worked out by Müller to ensure an optimum dispersion of the colloidal antigen.

The Test Proper.—The sera are inactivated for one-half hour in a water-bath at 56° C. Three small, thoroughly cleaned test tubes (Widal tubes) with an inner diameter of about 8 mm. are set up for each case to be tested. To these are added 0.15 c.c. (3 drops), 0.2 c.c. (4 drops), and 0.25 c.c. (5 drops) of the sera, respectively. The antigen in the test tubes is shaken once or twice to ensure that any flocculi are resuspended, and to each tube is added 0.5 cm. of this matured antigen. The racks are shaken by hand for a few seconds and then placed in the incubator (37° C.) for six to eight hours, when they are moved and left to stand at room temperature for from nine to fifteen hours before the final reading is made.

In the case of a positive reaction one obtains a free suspended, globular compound of a white or yellowish-white gelatinous appearance, in the middle of the cylinder of fluid, usually with a more dense, rather darker colored center, and surrounded by a soft veil-like covering. If the antigen has not been properly prepared, the conglobation has often a more dense, crumbly appearance. The various degrees of strength of reaction are read according to the completeness of the formation of the "conglobat" and to the amount of flocculation visible. The occurrence of nonspecific reactions is extremely rare. When they do occur, a dense precipitate of large flakes is visible which are so different in appearance from the specific reaction that they cannot be mistaken. It is characteristic of nonspecific reactions that the lower serum doses often react more strongly than the higher dose, this being in the nature of a zone phenomenon.

Analysis of Results.—In the whole series investigated, the two tests were in absolute accordance in the frankly negative and frankly positive cases. These we shall not consider further. Table I shows the relative strengths of reaction of the two tests in a series of selected, untreated, "border-line" cases.

The cases in Table I were selected at random from the series to present the types of reaction met with in the weakly positive cases. In this class of cases, for the whole series the Müller test gave a stronger

TABLE I

CASE	KAHN				MULLER			
	TUBE NO. 1	TUBE NO. 2	TUBE NO. 3	TUBE RESULT	TUBE NO. 1	TUBE NO. 2	TUBE NO. 3	RESULT
1	-	+	++	+	-	-	+	-
2	-	++	+++	+	++	++	++	++
3	-	+	+++	+	+	+	+	+
4	-	+	++++	+	-	-	+	-
5	-	+	++	+	-	-	+	-
6	-	+	+++	+	+	+	+	+
7	+	+	++++	+	++	++	++	++
8	-	-	++++	+	+	++	+++	++
9	-	+	++++	+	-	++	++	+
10	-	+	++	+	-	++	++	+
11	-	+	+++	+	+	++	+++	++
12	-	+	++	+	-	+	++	+
13	-	+	++	+	+	++	++	++
14	-	+	++	+	+	++	++	++
15	+	+	++	+	+	+	+	+
16	-	+	++++	+	+	++	+++	++
17	+	+	++	+	+	++	+++	++
18	-	+	+++	+	+	++	+++	++
19	-	+	++	+	+	++	++	++
20	+	++	++	+	+	++	+++	++
21	-	+	+++	+	+	++	+++	++
22	-	+	+	+	+	+++	+++	+++
23	+	+	+++	+	+	+	+	+
24	-	+	+	+	-	+	+	+
25	-	+	+++	+	+	+	+	+

reaction in 80 per cent of the sera examined, complete agreement in 15 per cent, and disagreement in 5 per cent. The latter are composed principally of cases which gave a one-plus or a plus-minus reaction to the Kahn test and a negative reaction to the Müller. From this it would appear that the Kahn test was more sensitive in these faintly positive reactions, but it must be pointed out, however, that the Müller test is very much easier to read and especially where there is only the faintest amount of flocculation present. This factor must be taken into account, in spite of the fact that the Kahn tests were all read by an expert with a very considerable experience. Again the Kahn tests showed little reaction in the first two tubes in the tests and quite a strong reaction in the third tube, which brought the average of the three tubes up to a much higher level than would have been the case if each individual tube was taken as a criterion of its own sensitiveness. This was not so in the Müller test; a gradual increase in the degree of the reaction being the general rule, which shows quite conclusively that the Müller antigen is the more sensitive of the two. Coupled with this fact we have already seen that in no case did the Müller test give a positive reaction where the Kahn test remained negative. The converse was true in 5 per cent of the 300 cases examined. This would be interpreted by us as an additional indication that the Müller antigen is even more sensitive than the Kahn. That it is not too sensitive is borne out by the fact that in no case did we get a "false positive" reaction.

Table II is composed of cases selected in the same manner as those in Table I and represents reactions of a stronger nature. Here, too it will be seen that the Müller test gave a stronger reaction than the Kahn. In 85 per cent of the cases in this group the Müller test gave a stronger reaction than the Kahn test; in 12 per cent there were agreement and in 3 per cent the Kahn test gave a stronger reaction than did the Müller test. Although the strength of reaction in cases of this type is not so significant as that in Table I, it is additional evidence of the sensitiveness of the Müller antigen.

In the 3 per cent of cases in this group which gave a stronger reaction with the Kahn test than with the Müller test, 2 per cent of the Kahn reactions were of the type shown by No. 13; that is, sera which gave a stronger reaction in the higher dilutions than in the lower. Although this type of serum is not often met with, it is significant that the Kahn test gave a descending degree of reaction to the higher dilutions, where the Müller gave an ascending degree, as was the case in the weak positives.

We were not in a position to make a detailed study of treated cases and will, therefore, not attempt to analyze results of those we have done in this series.

TABLE II

CASE	KAHN				MÜLLER			
	TUBE NO. 1	TUBE NO. 2	TUBE NO. 3	RESULT	TUBE NO. 1	TUBE NO. 2	TUBE NO. 3	RESULT
1	+++	+++	+++	+++	+++	+++	+++	+++
2	+	+++	+++	+++	+++	+++	+++	+++
3	++	+++	+++	+++	+++	+++	+++	+++
4	++	+++	+++	+++	+++	+++	+++	+++
5	++	++	+++	++	++	++	+++	+++
6	++	++	+++	+++	+++	+++	+++	+++
7	++	+++	+++	+++	++	+++	+++	+++
8	++++	+++	++	+++	+++	+++	+++	+++
9	+	+++	+++	+++	++	+++	+++	+++
10	+++	+++	+++	+++	+++	+++	+++	+++
11	++	+++	+++	+++	++	+++	+++	+++
12	++	+++	+++	+++	+++	+++	+++	+++
13	++++	+++	++	+++	+++	+++	+++	+++
14	+	++	+++	++	+++	+++	+++	+++
15	++	++	+++	+++	++	++	+++	++
16	++++	++	++	+++	+	++	+++	++
17	-	+++	+++	++	++	+++	+++	+++
18	-	++	+++	++	+	++	+++	++
19	+	+++	+++	++	+++	+++	+++	+++
20	++	+++	+++	+++	++	++	++	++
21	+	+++	+++	++	+	++	+++	++
22	-	++	+++	++	++	++	++	++
23	++	+++	+++	+++	+++	+++	+++	+++
24	-	+++	+++	++	++	++	++	++
25	-	+++	+++	++	++	+++	+++	+++

CONCLUSIONS

1. The technic of the Müller reaction is as simple as that of the Kahn, with the exception of the preparation of the antigen, which is both more complicated and time consuming.

2. The Müller reaction is considerably easier to read than the Kahn. This reduces the personal element of error and makes for more uniform interpretation of results.

3. The Müller reaction is more sensitive than the Kahn reaction in weakly positive cases and gives a stronger reaction in cases with a higher degree of positiveness.

4. Although the antigen is more sensitive than the Kahn antigen we did not encounter any "false positives," which are easily detected by the marked differences in the flocculi.

The tests were carried out in the Public Health Laboratory of Nova Scotia under the direction of Dr. D. J. MacKenzie. The Kahn tests were done by Miss M. L. Low, chief technician in the same laboratory. My thanks are due to them both.

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Scientific or Clinical Medicine

FROM a Booklet of Practical Medicine such as many Pharmaceutical Houses publish we make some extracts from one issued by Rougier Freres of Montreal (see inside cover of the BULLETIN). Their answer to the question "How well do we practice Medicine?" also prompts our heading of this little article.

"In the International Journal of Medicine and Surgery, for February, 1930, Dr. Ray Lyman Wilbur, of Stanford University, makes the following remark:

'We do not practice medicine well in the United States; we cut freely but we do not practice medicine well. We might just as well face the issue. We are not training our people to do this job well—this job of getting people back into "A" class. That is too much trouble.'

These very arresting remarks from a man as widely known as Dr. Wilbur deserve serious consideration. They were made at the American Conference on Hospital Service held in connection with the Congress on Medical Education, Hospitals, Medical Licensure and Public Health, Chicago, February, 1929, in a symposium devoted to convalescent care. All the speakers in this symposium brought out the fact that, in hospitals at least, our provisions for dealing with the convalescent and for bringing the patient back to complete functional restoration are woefully inadequate. While in England, for instance, there are twenty-two convalescent beds for every hundred acute beds, there are in the United States none or a maximum of 8 per cent. in a few large communities only. This whole situation links up, as Dr. Wilbur points out so vigorously, with our national characteristics of activity and impatience. To this we may add an intolerance of the opinions of others and a perhaps too greatly fostered laboratory frame of mind that sends the young medico out into the world with a general contempt for drugs except a few active principles that he can count on his ten fingers and even these he uses with a certain lofty tolerance.

The result is unfortunately that we have perhaps a more scientific medicine, but one that is strangely enough often less productive of results, than the more plodding ways of the older men we see in practice and of our colleagues in France and Germany.

Now all this is perfectly true. Your editor has sent patients to some of the large and widely advertised (yes they are, though they won't admit it) medical institutes in New York and seen them go through a week or ten days and \$300 or \$400 worth of tests, only to emerge with a vague general diagnosis and absolutely nothing worth while in the way of satisfactory treatment. This kind of thing drives a great many patients into the arms of the cultists who at least seem

to do something for them. On the other hand, of course, it is equally indefensible for the physician to look the patient over, maybe poke around a little bit and then diagnose nervous indigestion or hepatic disorder without assuring himself by the use of modern methods that there is no possibility of a more serious condition such as cancer. Between the two there lies a happy medium, which to our mind, represents really good medicine as we can practice it to-day. This type of practice is seen at its happiest and best in France and to some extent in Germany. Here often the first thought is operation—if something is wrong, cut it out. In France on the other hand, the collateral risks are given far more serious consideration. Even though the operation will be successful in overcoming the particular ailment will there not perhaps result indirectly from it a condition of ill health that may be chronic and worse for the patient? Then again, the French doctor uses his diagnostic methods just as much as we do but he is not content to stop with the diagnosis. In the first place, he knows his *materia medica* which some American physicians begin to learn only from manufacturers' detail men or literature. In the second place, the French physician is more concerned with the health and recovery of his patient than he is with the degree of science his methods of treatment display. He has no objection to multiple prescriptions because they have not been proved scientific on rats or guinea pigs. He knows from experience and from his schooling that there is such a close interrelationship of functions and organs within the human organism that one is rarely affected without involving others and vice versa—that the direct action of a drug on one may be considerably supported by others that will stimulate or inhibit other functions of the human economy.

There is no reason why our patients should not receive the benefit of equally good medicine rather than the superior scientific brand. If the physician elects to be a scientist pure and simple, let him confine his activities to laboratory work or research in the institutions devoted to such purposes. They are of paramount importance. Without them no measured progress is possible. But, on the other hand, there is only one sociological reason for the existence of the medical practitioner. That is the health of the public in general and his patient in particular. It is time we stop talking so much about the correct scientific attitude and devote more attention to utilizing every means science has given us towards the complete rehabilitation of our patients. As we have said our only *raison d'être* is the public health, the patient's health. If we don't willingly make this our chief endeavor, the time will come—and it appears not far off,—when the state will step in and take over medical practice as a measure of social welfare."

Status Lymphaticus

STATUS Lymphaticus or Lymphatism, a condition of infancy and childhood, marked by hyperplasia of the lymphatic structures, spleen and bone marrow, and persistence of the thymus gland. Sudden death, especially when the child is under the influence of an anaesthetic, is not unusual in subjects of this affection. (Steadman's Medical Dictionary 1922).

A condition found especially in children and young persons marked by hyperplasia of the thymus, spleen, lymphoid bone marrow and of the lymphatic glands and vessels throughout the body and associated with diminished powers of resistance to infections, injuries and narcotics, with liability to sudden death from trifling causes, as an operation for adenoids, etc. (Lippincott's Dictionary 1910).

"In 1889 Paltauf drew attention to cases of sudden death occurring in infants, who were found post mortem to have a general hyperplasia of the lymphatic structures throughout the body. During the last ten years many articles on the subject have been published in America, England, and on the Continent dealing with the subject, but it cannot be said that any light has been thrown upon the causes which lead to the condition. In the absence of this knowledge, a definition of what is meant by the term "lymphatism," or "status lymphaticus," must of necessity be based upon the appearance met with at the post-mortem examination. Lymphatism is said to be present when the lymph glands and the lymphatic structures of the tonsils, pharynx, and alimentary tract, are obviously enlarged, and when the spleen and the thymus gland are hypertrophied. In marked instances of the condition there is no difficulty in its recognition, but the dividing line between what is physiological and what is pathological is obviously obscure depending upon the individual experience and judgment of the pathologist."

"The chief sufferers from the condition are children between the ages of one and four years, but lymphatism has been said to exist in persons considerably older, past the age of puberty, and even in adult life. There does not appear to be any sex or race predominance, nor any seasonal or geographical factor common to the cases. The condition has been found in children who have died in the course of other diseases, and also where no other sufficient cause of death could be traced. Of late years it has acquired considerable importance both from the medico-legal point of view and from the liability of patients affected to death while under the influence of an anaesthetic." (H. Thursfield, D.M., F.R.C.P. in Diseases of Children 1913).

Now our good colleague Dr. A. Stanley Kirkland, of Saint John, presents a paper on the same subject at the recent meeting of the

Ontario Medical Association, and the Associated Press gives the following report:—*

"Toronto, May 29th—Descriptions of a *strange disease, unexplained by medical science, which causes apparently normal men and women to suicide or bring sudden death under anaesthetic*, were made by Dr. A. Stanley Kirkland, of Saint John, N. B., before delegates to the Ontario Medical Association convention here to-day.

The disease is known as Status Lymphaticus, Dr. Kirkland stated, and is a condition brought about by the enlargement of the thymus gland.

"It is more common, especially in males, than is commonly thought," he said. "It may persist through life and has been noted among neurasthenics, epileptics and the insane. In one large series which was studied, over 80 per cent of suicides showed evidence of status lymphaticus at autopsy. However, it is often found in individuals otherwise perfectly normal."

This is an illustration of how futile it is to expect the average reporter to cover scientific meetings and report them with any degree of accuracy. It also indicates how the laity will snap up such items and comment intelligently (?) on the subject when next they meet their family physician. It also gives the author of the paper on the subject a publicity founded on misapprehension. It is no wonder that doctors are the poorest subjects for the eager reporter, be he ever so anxious to be fair and accurate in his interview. All reports of scientific papers should be given by the writer or visèd by the Secretary of the Society. The Secretary seldom has anything much to do at these gatherings (?), hence the duty should be his.

S. L. W.

*With exception of the italics this item is exactly as it appeared in daily papers in Nova Scotia.

Perhaps Dr. R. P. Smith or Dr. O. S. Gibbs would desire to comment on this church notice that recently appeared in a Nashville, Tennessee, newspaper:—

You Are Cordially Invited to Attend
REVIVAL SERVICES

At the

VINE STREET CHRISTIAN CHURCH

This Morning from 12:20 to 1:00

Topic To-night at 7:30

"The First Five Minutes After Death"

Sermons by Dr. Claude E. Hill

Large Chorus Choir, Led by LeRoy St. John

"I've just been reading some statistics here—every time I breathe a man dies."

"Gosh, man! Why don't you use Listerine?"

- (d) Naming of three members to act with the Auditors as a Finance Committee.
- (e) Naming of Nominating Committee.
Routine Business as per constitution.
- 11.30 a. m. Address in Surgery and Discussion—"The Surgery of the Wrist,"—Dr. T. W. Harmer, Boston, Professor of Anatomy, Harvard University, Clinical Surgeon Massachusetts General Hospital.
- 12.30 p. m. Adjournment.
- 2.30 p. m. Routine Business.
- 3.00 p. m. Paper "Cancer of the Rectum"—Dr. R. M. Benvie, Stellarton, N. S.
- 3.30 p. m. Paper "The Cancer Problem"—Dr. N. H. Gosse, Halifax, N. S.
- 4.15 p. m. "Orthopedic Symposium"—Doctors Acker, Morrison and Murphy of Halifax, N. S.
- 5.00 p. m. Adjournment.
Golf.
- 8.00 p. m. Informal Dinner Dance.
Address of Welcome—Mayor T. C. G. Lynch, Digby, N. S.
Presidential Address—Dr. E. O. Hallett, Weymouth.
Address—Dr. A. T. Bazin, of Montreal, Subject—"The Canadian Medical Association."

Thursday, July 2nd, 1930

- 9.30 a. m. Routine Business, Reports of Committees.
- 10.30 a. m. Periodic Health Examinations:—Doctors A. T. Bazin and H. H. Murphy of Montreal.
- 11.30 a. m. "Report Tuberculosis Commission"—Dr. K. A. MacKenzie, of Halifax, N. S.
- 12.00 noon. "The Canadian Pensioner"—Dr. Ross Millar, Ottawa.
- 12.30 p. m. Adjournment.
- 2.30 p. m. Paper, "Malarial Treatment of G. P. I.," Dr. Gerald R. Burns, Halifax, N. S.
- 3.00 p. m. Address—"Hospital Medical Staffs"—Dr. G. H. Agnew, Associate Secretary, C. M. A., Toronto.
- 3.45 p. m. Paper—Dr. W. R. Dickie, Barton, N. S. "A Resume, of Cardiology."
- 4.15 p. m. Unfinished Business.
- 6.00 p. m. Adjournment *Sine Die*.
- 8.00 p. m. Meeting of new Executive.

INSTRUCTIONS.

There is ample accommodation at The New Pines Hotel for over 150, besides 26 cottages suited for parties from 4 to 6 persons in each. Every room in the hotel has a bath and each cottage a bath with running water in the rooms. The situation of the hotel offers a wonderful view of the beautiful scenery around Digby. Swimming facilities are provided by a salt water pool immediately in front of the hotel. Table d'hote meals will be served and the Orchestra will play at Luncheons and Dinners. There will be no additional charge for the Dinner Dance save for gratuities.

The rate per day, three meals and room, will be Seven Dollars (\$7.00). Arriving Wednesday morning and leaving Thursday afternoon would be a day and a quarter.

The meeting of the executive will be held in a small dining room and the business and scientific meetings of the Society will be held in the Concert Hall; Registration will be in this hall; in order to register the annual fee must be paid.

A medical golfing enthusiast will arrange a tournament, playing the first nine holes before breakfast and the second nine before dinner.

As the ladies of Digby will desire to extend courtesies to the visiting ladies please advise early in June as to the number coming.

The Secretary had the nerve to ask Dr. Benvie of Stellarton to bring Mrs. Benvie with him and she has promised to bring her violin

The Provincial Medical Board.

A meeting of the Provincial Medical Board, held May ninth, Doctors J. G. MacDougall, (President), R. M. Benvie, J. J. Cameron, A. Calder, W. N. Cochran, J. R. Gilroy, E. V. Hogan, O. B. Keddy, F. R. Little, John Rankine and J. J. Roy, were present. A large amount of routine business was dealt with, including the consideration of results of the final professional examinations which had just been concluded. Eighteen graduates of Dalhousie University were admitted to registration in the Medical Register. It was decided that hereafter the final professional examination may be taken in two parts, should a candidate so elect. The first part, covering written examinations in Medicine, Surgery and Obstetrics and Gynaecology, may be taken at the end of the fourth year of the medical course. The second part, comprised of clinical and oral examinations in these subjects, may not be taken before completion of the fifth year. A candidate who prefers to do so may take the entire examination after completion of the fifth year.

Association of Medical Health Officers Sixteenth Annual Meeting

Digby, Nova Scotia, July 1st, 1930.

OFFICERS.

President	-	-	-	-	Dr. A. S. Burns, Kentville.	
1st Vice-President	-	-	-	-	Dr. W. F. McKinnon, Antigonish.	
2nd Vice-President	-	-	-	-	Dr. A. K. Roy, North Sydney.	
Secty.-Treas.	-	-	-	-	Dr. T. Ives Byrne, Halifax.	
Council	-	-	-	-	}	Dr. T. R. Johnston, Great Village.
	-	-	-	-		Dr. N. McDonald, Sydney Mines.
	-	-	-	-		Dr. F. E. Rice, Sandy Cove.

PROGRAMME.

Tuesday, July 1st, 1930.

Morning Session—10.30 o'clock.

Minutes of previous meeting.

Committee Reports.

Correspondence.

Appointment of Nominating Committee.

Paper—"The Importance of Reporting All Cases of Communicable Diseases." Dr. J. K. McLeod, M.H.O., Sydney.

Paper—"Comments on the Recent Epidemic of Scarlet Fever." Dr. A. E. Blackett, M.H.O., New Glasgow.

Afternoon Session—2 o'clock.

Presidential Address—Dr. A. S. Burns, Kentville.

Public Health—Dr. T. Ives Byrne, Provincial Health Officer.

Paper—"Notes on a Study of Tuberculosis Overseas." Dr. P. S. Campbell, D.M.H.O.

Routine Business.

Unfinished and New Business.

Evening Session—7.30 P. M.

Tuberculosis Symposium—Dr. Farrel, Rockefeller Foundation, New York. Dr. R. E. Wodehouse, Ottawa.

When a Medical Health Officer attends the Annual Meeting of the Association of Medical Health Officers of Nova Scotia, and presents a certificate to that effect from the Secretary of the said Association, he shall be entitled to reimbursement from the town or municipality of the expenses incident to such attendance. (Sub. sect 9) Sec. 33, Ch. 157, R. S., N. S. This certificate of attendance may be procured from Dr. Byrne, the Secretary-Treasurer.

The American College of Surgeons

A MOST successful meeting of the American College of Surgeons was held in Halifax on June 13th, 1930. While the three Maritime Provinces are united to form a Maritime section of the College, for this meeting Fellows in Prince Edward Island and Nova Scotia were required to attend, the meeting for New Brunswick being held in Saint John on Monday, June 16th.

The College Officers making the visitation were Dr. Philip H. Kreuschner, of Chicago, Vice-President-Elect, of the College, Professor of Clinical Orthopedic Surgery, Loyola University School of Medicine. Dr. Bowman C. Crowell, Chicago, Associate Director of the College and Director of Clinical Research; and Dr. M. T. MacEachern, Director of Hospital Activities, Chicago. The scientific Programme was further aided by addresses by Dr. Burton J. Lee, New York City, Clinical Professor of Surgery, Cornell University Medical College, Clinical Director Memorial Hospital, and Member of Committee on Treatment of Malignant Diseases, American College of Surgeons.

Dr. Geo. H. Murphy President of the Maritime Section of the American College of Surgeons occupied the Chair at the several functions.

There was a meeting of the Credentials' Committee at the Lord Nelson Hotel, where all meetings and functions were held throughout the day, just before Luncheon when the names of several were considered for membership in the College.

Dr. Kreuschner spent Thursday in town and operated at the Halifax Infirmary for one of the local surgeons. All the visiting doctors remained in the city over Saturday; we think both for the purpose of rest and recreation. They were very enthusiastic about the Province it being the first visit of some of them to Nova Scotia; pleased with the bright sunny weather and more than delighted with the hospitality shown by local surgeons.

The first official function was the Luncheon given by the College to those fellows of the College in Nova Scotia who were in attendance.

The luncheon party consisted of about 20. The menu was especially planned for the edification of people living in the central part of this continent who know little or nothing about good fish. The following has at least, a very fishy sound:—

AMERICAN COLLEGE OF SURGEONS.

Lord Nelson Hotel.

Halifax, Canada.

LUNCHEON.

Sprawn Cocktail.

Chezzetcook Clam Chowder.

Grilled Haddock, Steak, Squid Butter.

Steam Trawler Spuds.

Timbale of Seaweed.

Herring Choker Ice Cream.

Gaspereau Cake.

Galley Slave Coffee.

Fo'csle Rolls.

June 13th, 1930.

At the conclusion of the luncheon, the President introduced each of the speakers to the Fellows present; each replying in a very pleasing manner. At the afternoon session the following programme was presented:—

- (a) The Management of Fractures Near Joints (illustrated).
- (b) The Management and Treatment of Osteomyelitis, Based on a Study of Two Hundred and Twenty-five Consecutive Cases (illustrated) by Philip H. Kreuschner, M.D., Chicago.
- (a) Indications for Surgery or Irradiation in the Treatment of Cancer (illustrated).
- (b) The significance of Radio Sensitivity in Tumors (illustrated).
By Burton J. Lee, M.D., New York City.
Bone Tumors (illustrated). By Bowman C. Crowell, M.D., Chicago.

The reporter regrets he is unable to give any fair account of the addresses and, as they were all fully illustrated by lantern slides of fine quality, no copy of the addresses is available for publication.

There was a characteristic note to the several addresses of Dr. Kreuschner, particularly in his afternoon addresses. It was a plea for conservative surgery. There should be very careful consideration of the patient from every standpoint; the suitable time for operation and the special operation indicated in each case. Again in his paper on Osteomyelitis, he emphasized the early diagnosis, conservative treatment and ample drainage. Perhaps the addresses of the day which caused the greatest discussion were those given by Dr. Lee of New York City. All three addresses centering upon the subject of Cancer.

Treatment of Cancer was considered to be by Surgery, some by x-ray or Radiology, and some by a combination of x-ray, surgery and radiology. No one form of Cancer treatment gives equally good results in all cases. He pointed out that this required, however, that the

final consulting surgeon in cases of Cancer should be a man of very great experience. His address on Radiology was essentially technical and highly instructive to the surgeon conversant with the use of Radium.

Dr. Crowell (who, by the way, was born in Yarmouth, his father having been born in Barrington where some of the doctor's relatives are still living and whom he visited for several days prior to coming to Halifax), in his address on Bone Tumors, presented conclusions based upon a collection of material by the American College of Surgeons from nearly all hospitals and laboratories on the North American Continent. This survey was held for the express purpose of making more uniform our present methods of treatment of Bone Cancer.

The evening session of the College began with a Dinner at which some 35 Fellows and Surgeons were present. The Northern half of the Georgian Room at the Lord Nelson Hotel was set with a head and two side tables facing the stage and was beautified much in decorations by flowers, both in pots, baskets and bouquets. Before the Dinner was over the Lord Nelson Hotel Orchestra under the direction of Miss Marjorie Payne, came to the Room and delighted those present with several charming numbers. This courtesy was extended by the Hotel and Miss Payne to the visitors and was very greatly appreciated by them.

The scientific addresses in the evening were as follows:—

Hospital Standardization by Dr. Malcolm T. MacEachern,
Chicago.

The Surgical Treatment of Arthritis by Dr. P. H. Kreuschner,
Chicago.

Cancer as a Specialty by Dr. Burton J. Lee, New York City.

There is very considerable loose talk these days, even among medical men, as to the value of Hospital Standardization. Much of this is rather foolish when one considers that it is openly recognized that the College has been a strong influence towards the betterment of Hospital Staffs in both the North and South American Continents. It is furthermore pointed out that where the most criticism appears against an effort to have a hospital standardized it is often because the medical staff of the hospital are not willing to do their share in bringing that hospital up to standard. It was quite fitting that Dr. MacEachern should make an effort to show what advantages accrued to the hospital from its efforts to maintain the set standard. As a number of Senior Nurses were present, he also pointed out that Nurses taking Post-Graduate Courses or applying for positions are always required to state whether or not the Nursing School from which they graduated is that of a Standardized Hospital. A few hospitals on this Continent, although in financially good position, are refused recognition by the College because arrangements exist in such hospitals for Osteopaths, Chiropractors, et al., to give their patients hospital care. The College stands out firmly that it will only consider hospitals that confine

their staff to duly qualified and recognized practitioners of Medicine and Surgery.

It was indeed a treat for those who listened to Dr. Kreuzschner, when he gave a splendid lecture, finely illustrated, on the Surgical Treatment of Arthritis. He dealt with its relation to, or its confusion with, rheumatism. At one time, and it still is the concensus of opinion, was that Arthritis arises from some focus of infection. This swung the practitioners to the adopting of ways and means to locate the source of the infection and find some means by which to rid the system of that infecting focus. Thence arose the many operations upon the many possible sources of infection, teeth, tonsils, etc. There is now developing, however, a feeling that this does not fully discharge the Surgeon's obligations. It is, therefore, the duty to-day in the treatment of Arthritis to not only find and remove the focus of infection, but also to so carry on treatment as to build up in the individual antibodies that shall make the treatment effective.

The illustrations on the screen for this lecture were most applicable; attention being directed, also, to certain conditions not Arthritic but simulating it.

As intimated previously, the attention of the audience was very definitely directed to the general subject of Cancer. Dr. Lee, of New York City, has been singularly successful in arousing the interest of not only members of the American College of Surgeons but of the profession generally, to the necessity of treating rationally the ravages of a disease which to-day is almost equal to that of Tuberculosis. In this province the care of the tuberculous receives a very great deal of attention, yet we have not a single institution devoted to the study, care and treatment of cases of Cancer, although we have an alarmingly high death rate.

There does not appear to be any necessity to interest the public in this matter. As a matter of fact, the laity in general is nagging the medical profession because its members are not doing, as it appears to them, anything to check the wastage of our people by Cancer. The speaker did intimate that this attitude did not apply in *particular* to Nova Scotia, although it is certainly applicable to conditions here as well as elsewhere.

Dr. Lee, with the support of the American College of Surgeons behind him, made the business like suggestion that the medical profession in Nova Scotia should plan for and inaugurate a Cancer Clinic. This Clinic would be under the direction of Specialists. The Board including two or more leading Surgeons supported by Specialists in Medicine, Neurology, Urology, Abdominal Diseases, including also, of course, Pathologists and Radiologists. An immediate advantage would be the gathering together of a large number of cases of Cancer which would be seen and studied by all members of the Clinic Staff and their findings would be available for the information of the physicians sending the patient to the Clinic without any cost to him.

Presumably, as far as the patient goes the attitude adopted by other Health Clinics would be observed here. It was brought out also that Halifax, with its present Hospital and University equipment, is especially fitted for the starting of such a clinic. It was furthermore brought out that many cases of Cancer, incurable, are being permitted to die, perhaps in some farm house in a room isolated, not on account of the disease, but on account of its characteristic odor. Proper provision should be made for these people, many of whom, if properly cared for, could be made very comfortable and continue to move in their usual sphere of social life almost to the end.

At the conclusion of the three addresses Dr. Murphy expressed on behalf of the audience, the appreciation of the matter presented and believed that definite action would be taken by the Medical Society of Nova Scotia looking towards the establishment of a Cancer Clinic in the near future.

Following these clinical lectures a moving picture of the Diagnosis and Pathology of Appendicitis was shown. Then there came another film dealing largely with the Pathology of Goitre. In this connection Dr. Crowell outlined the efforts of the College of Surgery as made during the last four or five years to secure moving pictures of the highest order and of the best objective quality. He also emphasized very definitely what action the College, its members, and the profession could take towards making the Cancer Clinic a successful undertaking. A third moving picture was shown representing operation and treatment in Appendicitis.

On behalf of all present Dr. MacDougall commented upon the success of the meeting due largely to the sterling character of the addresses given by the distinguished visitors. He moved that the thanks of the meeting be extended to them. This was seconded by Dr. H. K. McDonald who also expressed very keen appreciation of this particular meeting of the College.

Dr. Murphy presented the vote of thanks in his usual graceful manner and Dr. MacEachern responded for the visitors. In doing so, he took occasion to particularly thank the General Secretary of the Medical Society of Nova Scotia, who had undertaken considerable of the detail of arranging the meeting which they had just held. All who were present at the meetings, visitors as well, agreed that the meeting was certainly one to be recorded as highly satisfactory and something that should be repeated oftener in the future than has been done in recent years. The visiting doctors left Halifax Saturday or Sunday and attended a further meeting of the College in Saint John on Monday.

S. L. WALKER, M.D.

The BULLETIN greatly regrets that lack of space compels us to omit our usual Hospital Notes which, though brief and incomplete, constitute an important feature of our Journal.

The Treatment of Burns

DR. G. A. WINFIELD, Akron, Ohio.

SITUATED as we are in an industrial city, a large number of our accident cases consist of burns of varying degree. For some time these cases presented a problem. We employed several lines of treatment, but were far from satisfied with the results. Accordingly we began to experiment in the hope of finding some treatment that would not only relieve the pain, but would result in a minimum of scarring. The following treatment has been finally employed and has proved very successful in the short time it has been in use. It was worked out by the Resident of the Hospital, Dr. C. F. Brady, and myself. I do not know that there is anything original in this treatment. It is a combination of several methods. Since it has proven so satisfactory, I am passing it along for what it is worth.

As soon as the case is admitted we administer morphine to combat shock and relieve pain. Usually then, or later antitetanus serum is given. The burns are then sprayed with a 10% solution of tannic acid until there is noticeable coagulation, the burned area turning white in color. At the same time any loose necrotic tissue is removed. The case is sprayed with the above solution (aqueous) at intervals of ten to fifteen minutes for about twenty four hours. At the end of this time the periods may usually be lengthened to an hour. When the burned areas are well tanned, black in color and hard, a solution of Dichloramine 5 1/2% in olive oil is sprayed on at intervals of half an hour. This is continued until the tanned areas begin to separate, usually one to three days. Then warm moist packs of magnesium sulphate solution 50% are applied and renewed three to four times a day until the areas easily separate without bleeding. They are then removed. Finally vaseline gauze is applied over the areas of new skin and kept on until the areas are healed.

As regards general treatment. We keep the patient comfortable with morphine. Fluids are forced, by mouth where possible. Where this cannot be done we use subcutaneous salines, to which a 5% solution of glucose may be added if necessary. By this means we are able to give as much as 3,000 c.c. a day. Three to four drams of 2% novocain added to the solution much relieves the discomfort. If the patient is unable to absorb fluids so readily, we use the continuous Mayo saline apparatus, which administers continuous saline subcutaneously in small amounts, by syphon. We seldom have to resort to this. The bowels are kept open by catharsis and enemata.

We have found this treatment very successful. The pain is relieved after three or four applications of tannic acid. We have found that scarring is much reduced. The Dichloramine T. solution is very effective as an antiseptic, and after two or three days the temperature drops to normal and remains there. We have had no infections of serious nature. The treatment is used only in cases where the skin only is burned.

In his second annual report to the provincial legislature, Dr. Clyde Marshall, Provincial Psychiatrist, analyses his investigation of the mentality of a large number of children referred to him by Juvenile Courts. Children's Aid Societies, Orphanages, Schools and other agencies. Of the total, 49 per cent. were classed as feeble-minded and 11 per cent. as doubtful. The remainder were listed as backward, dull, or average, with the exception of one boy, found in a county home, who was found to be of superior intelligence—a sad commentary on a system which permits of such a child to be cared for in so doubtful an environment. Dr. Marshall gives a detailed description of the unit of the Nova Scotia Training School now being constructed near Truro, which is expected to be ready for occupancy about the first of June. The plans for the completed institution are such that Dr. Marshall considers it "will be one of the best in Canada, and one of which we may well feel proud."

"You Are Always Thinking of the Doctor's Viewpoint."

This was an expression frequently voiced at the Mead Johnson exhibit at the recent A. M. A. session. The unique showing of ancient feeding spoons and nursing bottles was the special attraction this year.

At a previous exhibit, the feature was a motion picture of the cod liver oil industry as related to the doctor's interest in vitamins A and D.

A few years ago, when the breast pump was new, Mead Johnson & Company demonstrated one of these useful devices. "What?" exclaimed many doctors, "You make infant diet materials, and yet you demonstrate something that promotes breast feeding and destroys your own business."

Then we explained that from the beginning, we recognized the superiority of breast feeding, that it was we who coined the slogan "First Thought Mother's Milk, Second Thought Dextrin-Maltose, Cow's Milk and Water."

Invariably the reply was, "You have the right idea. You're always thinking of the doctor's viewpoint. You are working for the doctor. That is why we're for Mead Johnson."

Correspondence

THROUGH the courtesy of Dr. W. H. Hattie, BULLETIN readers will enjoy this letter from Dr. W. B. Moore, formerly of Kentville, only a few personal lines being omitted.

“Leinster Court Hotel,
Leinster Gardens, Hyde Park W 2,
April 18, 1930.

Dear Dr. Hattie:—

Your letter of 26th ult. which reached me in Dublin a short time ago was a real delight in its evidence that you were still going fairly strong, with continued improvement.

The pleasure of its receipt was somewhat marred by the news of Mrs. Hattie's affliction, but I was glad to know that her injuries were not serious, and hope she is now quite well. Wherever I have travelled, the motor traffic difficulties and dangers seemed to be increasing, and here they are simply appalling, and I think they are the worst in the world. Like the low standard franchise in Democracy, Power is given to the unqualified and the irresponsible, with obvious resultant evils. I have seen a number killed and very many injured on the streets here during my many visits to the British Isles in a period of less than five years, and have personally had some “close calls” in motor cars and walking, with a fairly way-wise experience and continued caution and activity. In writing a short letter to the Press some time ago, with reference to the relative solution of the problem, I referred to the old saying, “Let a beggar on horseback and he'll ride to the Devil,” and modernized it somewhat by saying “Put him in a motor car and he'll get there quicker.” In France and Italy the general motor car speed is very high, but every driver is qualified by rigid training and test examinations, and we always felt reasonably safe; while here there is no qualification test whatever. The semi-blind, deaf, one armed and generally unfit types of the poor and rich are turned loose in the modern Juggernaut, after buying a license at the cost of a few shillings, and only penalties of a few shillings or pounds are inflicted, with very rare suspension of license in the most serious cases. My relative cure of the evil would be, first, thorough examination for fitness before issuance of license on conviction of criminal recklessness on the part of driver, drunk or sober. While the reckless fool driver will always be produced, yet the per centage, could be rapidly lessened in motor cars, and relative safety of others assured. However, under the boasted “freedom” of Democracy the evil continues, and even in old England, where a sane and efficient system of law enactment and

enforcement is supposed to exist, the law makers under the infection of the speed mania, rapidly become law breakers and a vicious circle is established and continues, with neither enactment nor enforcement of restraining laws.

Pardon this long expression of my personal views upon the motor question but I feel rather enraged because my wife and I recognize the utility value of the motor car, and thought of buying an economical make, and journeying at our leisure through the beautiful parts of the British Isles, but under the conditions described there could be no pleasure in it, and now we either walk or travel by rail, the latter, being in the old country, about the best and safest mode of travel in the world.

Two years ago we visited the North of Ireland going over from Scotland, but didn't go south to the Irish Free State. Last autumn I felt like old "Nesimuk" the Iroquois Indian, and the call of the woods and open spaces led me to send to Kentville for my gun. On its arrival in perfect condition I went to the I. F. S. authorities for a permit to add it to their collection in that land of offensive and defensive activities, and, on payment of two pounds, that privilege was granted together with permission for the possession of sufficient shot cartridges to use on the winged game and hares of the country, with no liberty granted to use them on the natives, even for defensive needs. A rather one sided proposition and our English friends tried to dissuade us from the risks of attempting to explore the wilds of such a country, but the call was too strong for a Darwinian follower to resist, and we started. I was solemnly warned by old English friends to avoid the mention of religion or politics especialy, but was reckless enough to discuss both with all classes quite freely, and still was able to keep all my cartridges for their permissible use. The snipe and woodcock shooting is probably the best in Europe, and it was a great delight to me to be able to renew my earlier pleasures with dog and gun. After some years lack of practice at wing shooting with increasing senility, I felt that I might make a sorry exhibition of the vanity of age in the attempt to repeat the exploits of Youth. Much to my amazement, and to the confusion of my old guides who seemed to think their own safety was more doubtful than that of the birds and, therefore, kept carefully in the rear, I shot better than ever from the first, due I suppose to the fact that I had been free for sometime from the strain of night and day work in general practice for years with little rest. During all my years of shooting only when I had a little spare time, I always felt that I should get back to my work, the nervous tension was so great that I never felt satisfied with my shooting, although the best shoots among my companions rarely did any better. One day when my old guide had found a section of the bog where the birds were plentiful and his red Irish setter worked to perfection, I shot better than ever; and with wonderfully quick and powerful cartridges, which I got from a Scotsman in Cork, it seemed to me that the instant

I touched the trigger birds were electrocuted in the air and were dead before they hit the ground. After making two consecutive doubles on wild birds at long range doing their best zig-zag and corkscrew twists, we took refuge in an old castle to escape a terrific wind and rain storm which often strikes you without warning in Southern Ireland. It was about lunch time and we took advantage of the opportunity. After refreshing ourselves and the faithful dog, the old guide enjoyed another drink and after lighting his pipe, expressed himself as follows. "Begorra I'm a thruthful man, and niver told a lie in me loif, and I'm too ould to begin now, and I'll teel ye this, I've guided hundrids of shooters from all over the wurld for forty years an there was only two av thim could equal ye and they fired thousands av shots ivery year, and I'm a thruthful man an niver told a lie in me loif, and I'm too ould to begin now, and that's the truth" said he. This, of course, was unction to my soul and pabulum to my senile vanity until a rapidly growing fly in the ointment originated and grew in the belief that, if I gave the old fellow another drink of my strong and expensive liqueur, Irish whisky, he would eliminate the two fortunate experts who had been placed on an equality with myself, and I would reign supreme. Whatever my doubts however, with regard to the origin of his flattering reminiscences, I decided that I could not risk the responsibility of giving him another drink and thereby possibly saved his soul as well as my best whisky.

We found the Irish country with its wonderful scenic beauties and historic features really delightful and the people most kind and hospitable. While as you know so called religion and politics make rather a dangerous mixture when the former's exponents, under its camouflage, have for their objective the acquisitions of Political and Temporal Power, and this is obvious in Ireland, yet the troubles in that turbulent country in my opinion have been largely created, intensified, and continued by the same English arrogance and stupidity, which lost the British Empire the great section of North America, now the powerful and alien United States.

My ancestors were English and lived quite near where I am living now in this old city of London, and I am proud of the accomplishments by which Englishmen have created and justified their traditions. But long continued almost world wide domination, has created a curious complacent vanity of superiority, and a lack of knowledge or interest in the viewpoint or psychology of others, which, in spite of its resultant blunders and many rather rude jolts therefrom, still exists. The English Landlords and Rulers of Ireland for generations knew nothing, and apparently cared nothing, regarding the conditions under which their tenantry existed, the latter it is true being the victims largely of the rascality of their fellow countrymen, agents and managers, but the onus of cause falling upon the complacent English owners, with increasing hatred for the latter from generation to generation. The Irish nature seemed to me what I might call hyper-

responsive to good or bad treatment, the former producing pronounced friendship and the latter malignant and dangerous hatred, the latter of course, being intensified by the Romish antagonism to Protestant England. It is a complex problem however, and I mustn't bother you further with my fancies regarding it.

My son Hugh, who has been a Major in the R. A. M. C. for several years, has recently arrived in Bombay with a large contingent of troops leaving here some weeks ago. Conditions in India are not satisfactory just now, but it is hoped that things will improve soon. He expected to join me for a couple of weeks' shooting in Ireland last autumn, but could not leave Germany where he was with the British Army of occupation for two years. We visited Germany to see him last summer, and had a very pleasant time seeing many of its most attractive features, including about 150 miles travel on the Rhine. The Germans were exceedingly nice to us, but I still have no faith in them, and fear that some day their so-called civil aviation development, combined with their scientific development of destructive agents, will at least dominate Europe.

You will have this consolation if you wade through this rambling epistle, that such an infliction has not often to be borne and I hope you will pardon its author.

Sincerely yours,

(Signed) W. B. MOORE,

P. S.—We are wandering from place to place most of the time and my permanent address is c/o Royal Bank of Canada,
Prince's Street,
London, E. C., 2.

Dr. Smith L. Walker,
Nova Scotia Medical Bulletin,
Halifax, N. S.

Dear Doctor:—

We have had a large number of burns admitted through our accident service here. There are so many various ways of treating such cases that one is almost at a loss to know which to use. During the past six or eight months we have been working on this problem, and have formed a line of treatment which has proved very successful. Thinking it might possibly be of some value I have made a copy and am enclosing it.

I am receiving my copy of the BULLETIN regularly, and enjoy it very much. Wishing you every success, I am

Yours very sincerely,

(Signed) GORDON A. WINFIELD.

P.S.—After July 1st my address will be, 12785 Cedar Road, Cleveland Heights, Ohio.

VITAMINS.

For comparatively newly recognized essentials required in the maintenance of health Vitamins are glibly spoken of by the profession and the laity. One wonders when the list will finally be complete, and if the number increases in the future, as in the past four or five years, will the alphabet be sufficient without recalling our early days in Algebra? Also, when completed and our food is definitely prescribed by specially trained dietitians will we have any more use for drugs? The Health Officer of a neighboring province almost suggests such a result when he says:—

"It is said that a man is only as good as his digestion, but his digestion depends for the most part on his general well-being, and his general condition depends largely upon the correct variety of food that he eats. Therefore food is worth serious consideration. In fact so powerful is its control over certain of the body functions that drugs lose their importance in comparison."

The following is a simple, yet comprehensive, table showing the function and best source of our present five Vitamins:—

VITAMINS.	
Use	Best Source
A. 1.	Promotes growth—Butter; Cream.
2.	Protects the body against infection—Milk (whole); Cheese (whole milk).
3.	Prevents Xerophthalmia (eye disease)—Cod Liver Oil; Eggs; Liver; Carrots (raw); Spinach; Lettuce; Green Turnips.
B. 1.	Stimulates appetite—Wholegrain breads; Wholegrain cereals.
2.	Aids action of stomach and intestines—Yeast; Tomato; Beans.
3.	Promotes general health—Peas; Potatoes.
4.	Prevents beri-beri (nerve disease)—Milk.
C. 1.	Promotes normal growth in children—Grape-fruit; Lemons.
2.	Promotes good tooth and bone development—Oranges; Leafy vegetables.
3.	Protects the body against infection—Cabbage (raw); Lettuce.
4.	Prevents scurvy—Spinach; Tomatoes (cooked or raw).
D. 1.	Prevents rickets—Cod Liver Oil; Liver.
2.	Prevents dental decay—Egg Yolk.
E.	Anti-sterility—Vegetable oils; Lettuce.

Shorter Hours.

Glover's Review is authority for the following:—

Casey met Kelly attired in his Sunday clothes.

"Are ye wurrkin' to-day? questioned Casey.

"No," said Kelly. "We declared a shtrike yissitiday."

"For more pay?"

"No. For shorter hours."

"Oi don't blame ye! Oi always maintained that sixty minutes wuz much too much for an hour—an, Oi hopes ye wins!"

What we want to know, in all this labor talk of shorter hours, is just where would Casey and Kelly put the general practicing physician who is *on call* twenty-four hours of every day and each hour is 60 minutes and then some! What a row it would make if some or all of them went *on strike!*

Recoveries from Leprosy.

In the popular mind chiefly, but also in that of not a few of the profession, leprosy is looked upon as an incurable disease. That this is not so is borne out by the content of a paper dealing with cases under treatment at the United States Government leprosarium at Carville, La., during the past ten years.

In this period, 65 cases are reviewed clinically in which it is shown that there was cessation of the evidences of active disease in all of them, using the modern means of therapeutics based upon the administration of crude chalmogra oil, or its derivatives, and in combination with a variety of other drugs, such as arsenic, in the form of Fowler's solution, salvarsan, and tryparsamide, or mercurochrome, and even smallpox vaccine given intramuscularly.

In addition to the foregoing therapeutic types of treatment, important adjuvant measures were called into use, such as good hygienic life and environment, good food, surgical and dental care, psychotherapy and physiotherapy, and the results of these aids contributed greatly to the cure of the cases reported.

The outlook for curing a considerable number of lepers by use of modern methods of treatment is most encouraging.

Your Own Insurance Company

The Maritime Life was started by Maritime Capital to fill the gap caused by the fact that there was no life insurance company with headquarters in the Maritime Provinces.

It is staffed by Maritime men.

It invests its funds so that they benefit the Maritime Provinces while in other cases these are largely drained away.

It has unsurpassed record of low premiums, attractive policies and prompt settlements.

Other things being equal, give the home company the preference.

THE MARITIME LIFE ASSURANCE COMPANY

Head Office: - Page Building, Halifax

President, Hon. E. A. Reilly, K.C.;

Vice Presidents, Dr. J. G. MacDougall, H. R. Silver;

Sec. Treas. and Actuary, Bernard Lockwood, F.F.A.

OBITUARY

HENRY BENTLEY WEBSTER, M.D., College of Physicians and Surgeons, New York, 1872, Kentville, N. S.

DR. H. B. Webster of Kentville, after an illness of over two years died June 5th, 1930, aged 78 years. He is survived by his second wife, formerly Miss Maloney; two daughters, Mrs. A. E. H. Chesley of Kentville and Mrs. A. T. McDonald of Montreal; one brother Dr. Arthur Webster of Edinburgh, Scotland, also two sisters, Deaconess Alice Webster and Mrs. Annie Coleman, both of Kentville. The late Judge Barclay Webster was a brother of the deceased. His first wife predeceased him by many years.

Dr. Webster was a son of Henry Barclay Webster an early pioneer of Kings County. He was a grandson of Dr. Isaac Webster, a Loyalist from Connecticut, who was the first doctor, if we are rightly informed to settle in Horton as the place was named, in 1790. The name Kentville was adopted in 1800 in commemoration of the stay in the place for several days of the Duke of Kent, en route, in command of troops, from Halifax to Annapolis. The meeting which advised the change of name was held in Dr. Isaac Webster's office.

In this connection Dr. Webster was fond of telling a story of an old man, 93 years of age, who, in his youth had been attended in Yarmouth by both the grandfather and an uncle, Dr. Fred Webster. Yet, in spite of being relieved of a distressing dropsy by the younger doctor, he discounted the services of the younger man by saying "Not a damn one of you is as good as the old man." Immediately upon his graduation in 1872 he settled in Kentville and for over fifty years he had a large practice and his services were greatly appreciated in Kings County.

These were the days when a year's apprenticeship in a doctor's office was required of medical students. Dr. Webster had six such students, at different times, all of whom made good. Of them he said, "Besides having a good professional standing they have excelled even their Preceptor in that they have all made money." In his early years of practice he was associated with such excellent members of the earlier School as Doctors Henri Shaw, Chipman, Barss, Brown, Miller, Marsters, Field and Bowles.

Not only was Doctor Webster regarded as a safe and capable physician, but he was one of Kentville's most prominent and public spirited citizens. He took a keen interest in public affairs and in 1891 he was elected the Town's third Mayor, which office he again held in 1908. Owing to ill health he retired from practice five years ago. His very comfortable home was part of the Webster Estate which

was recently acquired by the Dominion Atlantic Railway and upon which a very fine hotel is now in course of construction.

The funeral services were held in the United Church on the afternoon of June 7th; the interment being in the beautiful Oaks Cemetery, this service being conducted by members of the Masonic Order.

In recognition of his many years of faithful service to the sick and distressed, Dr. Webster was made an Honorary Member of the Medical Society of Nova Scotia in 1923, an honor which he greatly appreciated. The Society sent a message of sympathy to Mrs. Webster which was accompanied by a floral tribute. To Mrs. Webster and other members of the family the members of the Society extend sincere sympathy.

S. L. W.

Members of the Nursing Profession will sympathize with Sister St. John of Grenada, Sydney, Sister Rita, Superior, St. Joseph's Hospital, Glace Bay and Miss Selina MacGillivray, Nurse in training at Mt. St. Vincent Hospital, New York City, in the recent passing at their home, South Side Cape George, Antigonish County, of their father, John MacGillivray, aged 70 years. He was a successful farmer and a highly respected citizen of Antigonish County.

After an illness extending over four years, Alexander McKinnon of Antigonish died at his home on May 28th, 1930, at the age of 86 years. He taught school for many years and was postmaster in Antigonish for a period of 40 years. He is survived by his widow and three sons and four daughters who are all well known in Nova Scotia. One of his daughters is Mrs. MacDonald, wife of Dr. R. F. MacDonald of Antigonish.

The death occurred on May 29th, 1930, at Whycomagh of Mrs. MacDonald, wife of Dr. Hugh N. MacDonald, aged 72 years. She had been married and resident in Whycomagh for 34 years and was most highly respected for her many good qualities. She is survived by her husband, who has been practicing his profession in this district for nearly fifty years one step-son and one nephew. Their only two sons died some six years ago. The BULLETIN has referred to some incidents in the life of Doctor MacDonald and our readers will sympathize with him in this bereavement.

The passing on May 15th at the Victoria General Hospital of the widow of the late Judge Barclay Webster, removed one who graced her position in society and the community life of Kings County in a very capable and charming manner. The name Webster has been associated for many years with the medical practice in Kings County

and Dr. H. B. Webster of Kentville, now a retired invalid is the only remaining medical representative of this distinguished family. (H. B. Webster, Honorary Member of The Medical Society of Nova Scotia, (since deceased.) Mrs. Webster was the daughter of Col. Leverett DeV. Chipman and Nancy Moore. She was thus very closely identified with the medical profession on both sides of the house.

The proposed new hospital for Kentville will be enriched by a considerable contribution from Mrs. Webster's estate. \$5,000 being held in trust for the endowment and maintenance of a bed and \$1,000 in trust to aid poor patients at the Nova Scotia Sanatorium. Many members of the profession will remember Mrs. Webster for her graciousness of manner and her kind hospitality.

Dr. C. L. Gass, Dalhousie 1914, of Sackville was in Trenton recently called home by the death of his mother, Mrs. George Gass, aged 73 years. Mrs. Gass had been in ill health for a year or more and her passing was not unexpected. She will be greatly missed as she had much influence in the social and intellectual life of the community.

Periodic Medical Examination.

The following paragraph is from the *Bulletin of the Medical Society of the County of Kings, New York*. It is hoped that the doctors in Nova Scotia will exhibit none of this indifference when afforded similar opportunities.

"Again there is still another new development in medicine which will act as a substitute for some of the loss to the practitioner, as well as return wonderful benefits to the community and to the individual—the periodic health examination. It was only the other day that a man told a physician friend of his that he had been to five physicians near his home for such an examination with the following results:—The first physician did not even ask him to take off his shirt but listened through it with his stethoscope. The second doctor did not so much as use a stethoscope. The third asked a few questions and said, "you feel all right, don't you?" to which the man replied "certainly," and the doctor rejoined, "you *are* all right." The fourth physician was a personal friend, and when he was asked for a health examination, said "Hell, Bill, what do you want an examination for?" These statements are facts. They go to show the lack of interest and co-operation of some of the men in practice when it comes to the preventive and health-giving issues of medical practice, which eventually will be the strongest weapons we have at our disposal to guard against disease.

Locals and Personals

DR. J. Murray Beardsley, son of Captain S. M., and Mrs. Beardsley of Halifax, who graduated from Dalhousie in 1928 was seriously ill at the Hospital in Providence, Rhode Island with septic poisoning in April last. His parents were sent for and only returned to Halifax the middle of May when he was safely convalescent.

The Women's Missionary Society of Canning was recently enlivened by a musical programme besides the usual address. The number that met with great applause was a vocal solo by Miss Valerie Chute, a daughter of Dr. and Mrs. F. F. Chute, a wee tot of five years, singing with unusual sweetness and expression.

Born:—To Dr. G. R. Forbes and Mrs. Forbes of Kentville on May 6th, 1930 a daughter.

Leading his class in his fifth and final year of Medicine at Dalhousie and winner of the Clara Olding prize is the honorable record secured by Dr. Ronald Ian MacDonald, son of Dr. D. J. MacDonald, South St., Halifax. Congratulations to the Doctors MacDonald, both Senior and Junior!

Dr. Eva Mader of Halifax, now on the staff of the Pathological Laboratory in Toronto University, came home recently to assist as one of the bridesmaids at the recent wedding in Halifax of Miss Schon and Mr. J. W. Baldwin.

The BULLETIN's Social Reporter was greatly exercised by reading that Dr. T. B. Acker was about to be married. It only goes to show you cannot believe all you see in the papers these days. The facts, as we had previously intimated, are:—

“The wedding took place at St. Andrew's Church on June 7th, 1930, of Dr. J. C. Acker, son of the Collector of Customs to Miss Dorothy Jean, daughter of Mr. and Mrs. R. B. Scriven. Dr. T. B. Acker was groomsman and Dr. Cecil Kinley was one of the ushers. After a wedding trip to Montreal the newlyweds will reside at 38 Larch Street, Halifax.”

An advertiser in the BULLETIN writes, “**The Nova Scotia Medical Bulletin** is interesting and, to my mind, is constantly improving.” If some of our many admiring members would write in similar terms we would call them by name and publish their letters and, provided the local dailies will loan the cut, insert a limited number of photos!

Miss Kathleen Killam of Kinsman's Corner, Kings County is to be congratulated upon her graduation in Arts at Dalhousie with highest honors in English and History. Naturally Dr. H. E. Killam and Mrs. Killam are pleased with their daughter's success.

Prof. Bean, Assistant Dean, of the Medical College of Dalhousie accompanied by Mrs. Bean and daughter will spend the summer at their former home in the United States.

Mrs. Blackett, wife of Dr. A. E. Blackett of New Glasgow, was the recipient at the recent Dalhousie Convocation of her Degree of Master of Arts.

Mr. Jack Miller, son of Dr. Clarence and Mrs. Miller, New Glasgow, stood very high in his third year in Arts as shown by the published pass list. In Science, Miss Jean Love, daughter of Mrs. Love and the late Dr. Andrew Love, also successfully completed her third year.

It is stated in the press that Mr. James Doyle of "Doyle's," Newfoundland, was present at the recent convocation of St. Francis Xavier College and was presented with an LL.D. degree. This is noted because the recipient was 91 years of age, probably the oldest person present on that occasion. He further had the distinction of being a student in 1853 of the Arichat Assembly, which was established in 1853, and which was removed to Antigonish in 1855 and was named Saint Francis Xavier College. Mr. Doyle was thus a student of the first class and its oldest living Alumnus^t. This is some record for both the recipient and the University. Of course, Mr. Doyle was born and raised in Margaree and was for many years a school teacher.

Dr. Ross Faulkner of New York will spend the summer as usual at Chester. Mrs. Faulkner has already been down to see about the renovation of their cottage for the season's occupancy.

During the last session of the Legislature, a Bill to amend the Medical Act, was introduced, to provide that legal action for alleged malpractice may not be instituted after the lapse of one year from the date when, in the matter complained of, medical services terminated. The Legislature fixed the time at three years instead of one year. The Board decided that an effort should be made to have the next Legislature re-consider this and establish the time at one year.

Dr. C. H. Smith, Dalhousie 1930, has located at once in Berwick. There are several districts in Nova Scotia where the people are asking for a doctor to locate. We hope more of the 1930 class will stay in this province of theirs and ours.

Dr. J. W. McLean of North Sydney left the last of May for an extended visit to Toronto.

Special Notes by W. H. H.

Work has been commenced on the nurses' residence for the Halifax Children's Hospital.

Sixteen years to the day after a needle entered the hand of a Dartmouth lady, it recently made its reappearance below the knee and was removed—blackened but intact.

A special meeting of the Halifax Branch of the Medical Society of Nova Scotia was held at the Dalhousie Clinic on the twenty-first of May, when the members were favoured with an address on "Some Recent Advances in our Knowledge of Tuberculosis," by Dr. John W. Flinn, of Prescott, Arizona. Dr. Flinn formerly practiced in Nova Scotia, and was heartily welcomed by his friends of the old days and by the new friends which he has made on visits to his home province. His address was most interesting and instructive, and was much enjoyed by those in attendance.

The Refresher Course for Physicians offered by the Faculty of Medicine of Dalhousie University is to begin this year on the eighth of September and will continue five days. While the programme has not yet been fully arranged, it will be fully as interesting and instructive as that of any previous year. This course has become very popular with physicians of the Maritime Provinces, and has, in fact, attracted attendants from places much farther afield. It is given without charge, and is open to any physician, irrespective of the college from which he graduated.

On the evening of May tenth, the members of the Faculty of Medicine of Dalhousie University bade farewell to Dr. John Cameron, who has been Professor of Anatomy at Dalhousie for fifteen years. In deference to Dr. Cameron's wishes, the function was very informal. For a few minutes, Dr. A. Stanley MacKenzie, President of the University, assumed the chairmanship and expressed the regret so generally felt that the University and the City were to lose one who had entered so largely into the life of both, and had won the esteem and affection of his colleagues, his students, and his associates in many activities. On behalf of the faculty he presented Dr. Cameron with a memento which his colleagues hoped would bring frequent happy recollections of his associations at Dalhousie. Dr. E. V. Hogan followed in an address which abounded in wit and effectually dispelled any disposition to undue emotion. The health of Dr. Cameron was drunk with enthusiasm, and was suitably acknowledged by the guest of the evening. After supper, the company joined in singing a series

of Scottish melodies dear to Dr. Cameron's heart, with the doctor himself presiding at the piano. A spirited interpretation of Lochiel's Warning, by Doctors Burris and Murphy, added to the pleasure of the evening. Everyone endeavoured to eliminate the note of sadness, but Auld Lang Syne could not be sung without the realization that Dr. Cameron's departure means much more than the creation of a vacancy in the Dalhousie faculty.

The Eastern King's Memorial Hospital, at Wolfville, was dedicated and officially opened by Dr. F. W. Patterson, President of Acadia University, on the twenty-seventh of May. Construction work was commenced in September last, and has been pushed steadily forward. Accommodation is provided for thirty patients. The cost is approximately \$93,000.00. Among the speakers at the dedication service was Dr. J. G. MacDougall, of Halifax, who contrasted the hospital situation in Nova Scotia to-day with that at the time he began medical practice, and declared that a hospital was the finest thing a community could have.

It is reported that the Brett Hospital at Banff has been taken over by the Order of the Sisters of St. Martha, and that Reverend Mother Faustina has left Antigonish for Banff to complete arrangements for the enlargement of the hospital. This Order originated in Antigonish, and the first hospital to be administered by it is the St. Martha's Hospital of that town. Several other Nova Scotian hospitals have since come under the Order, and it may be considered good evidence of its success that it should now be asked to extend its activities to a field so distant from its initial venture.

Dr. Dan McNeil of Glace Bay is the newly elected President of the Liberal Organization in our largest Town.

The Canadian Pensioner is the title of Dr. Ross Millar's address to be given at the July 1930 meeting of the Medical Society of Nova Scotia. Apropos of this is an item from a recent issue of the *Glace Bay Gazette* not entirely unbiased:—

"World war veteran...has returned from Camp Hill Hospital, Halifax. He isn't enamoured of his treatment. Dr....he claims, recommended him to Ottawa as a one hundred per cent. disability. Ottawa authority reduced this to eighty per cent. disability and awarded him a twenty per cent. disability allowance. He will now draw the munificent pension of \$27 for himself and five children. Our local D. S. C. R. officer, Dr....has taken up his case and will see that he gets some measure of justice. His case is in good hands."

Dr. Robert Ross, Dalhousie 1930, began practice immediately after graduating by supplying for Dr. Patton of Port Morien and then relieving in Glace Bay.

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Medical prescribing by radio in one instance has incurred the wrath of the A. M. A., to which the doctor has replied by a \$600,000 damage suit. Well, this is about what the A. P. broadcasts to the newspapers!

Dr. A. R. and Mrs. Campbell of Yarmouth recently entertained as a guest, Mr. Albert Messaury, Vienna, Austria, a world famous Opera singer. He delights in the excellent fishing in the vicinity of Yarmouth town.

Doctors from Sydney, Glace Bay, New Waterford have been frequent visitors to Margaree and other places where the kindly salmon and the elusive trout are supposed to abound. Perhaps some stories will be available for the enlightenment of the less fortunate doctors on the mainland at our coming meeting in Digby.

Dr. O. R. Stone, Medical Doctor, and Rev. Howard Hamilton, pastor of St. John's United Church of Sherbrooke, are training together as leaders in Safety First work. They took part in the proceedings of Safety Week in Halifax and are largely responsible for the organization of local Safety Committees in rural districts. An appropriate mission for both of these professional representatives.

Hospitals in Nova Scotia will be polling booths on election day this year. There is nothing to keep one nowadays from voting in elections; nothing, save death. In the days of old that was not always effective.

The *Sydney Post* states that Dr. Bruce Archibald of Glace Bay has already been seen in action on the St. Mary's tennis courts and although a heavy weight is as fast as the light weights. Doctors Wiswell, DeWitt and others will have to look to their laurels this year.

The Press generally and the Publicity Department of the Canadian National Railway in particular have given particulars of how some catch salmon in the Tusket River. In Yarmouth, Liverpool, Bridgewater, Halifax and way down east in Port Morien, Glace Bay and Sydney there are some ardent disciples of Walton and this is to warn them not to emulate this example even to vary their usual hard luck stories.

Dr. Clyde Marshall, Provincial Psychiatrist was the speaker at a recent meeting of the Commercial Club of Halifax, indicating many phases of present day activities in which psychological tests may be applied as to capabilities and aptitudes of employees. Psychologic tests plus common sense may be of material assistance in finding the right man for the right job.

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Whereas

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After being out of College some three years owing to ill health we note that Malcolm MacAulay, son of Dr. J. J. Fraser MacAulay, of Sydney very creditably completed last May his third year in Medicine at Dalhousie.

It is pleasing to note that an increasing number of graduates from the Nova Scotia Technical College are remaining in the Province. We hope the same may be also true of graduates in Medicine. They need encouragement in both occupation and remuneration.

While in Sydney Mines recently Dr. T. B. Acker was the guest of Dr. D. R. MacRae, whose son Russell is making good progress in overcoming his disability.

Dr. Perry Cochrane of Wolfville, recently spent a week end with his brother Dr. D. M. Cochrane, River Hebert, Mr. C. and Dr. H. of Wolfville and the G. S. of the M. S. of N. S. trust he improved the time.

The many friends of Dr. A. S. and Mrs. Burns, of Kentville will be glad to learn that their daughter Evelyn has, after a stormy and protracted convalescence, fully recovered from her recent illness. Her term work in the Freshman year at Acadia was so fine that she was awarded her passing certificate *in absentia*.

Dr. D. R. McRae of Sydney Mines attended the last Dalhousie Convocation when his son Donald received his B.Sc. degree.

Dr. H. T. Townsend of New Glasgow, Dalhousie 1930, will take his post graduate internship at the Montreal General Hospital.

He had a Separator. Pierre, S. D. April 26.—One of the most unusual appendicitis operations in South Dakota was performed here when physicians removed thirty-six shotgun pellets from the appendix of a patient. The presence of the pellets was thought caused from eating pheasant meat.—(*A. M. A. Journal*).

The equipment of the Dental School at Dalhousie University has been very recently augmented by the gift of a new model Heidbrück gas and oxygen machine of the latest pattern, presented by Mr. Charles Bell and his son Mr. E. A. Bell.

The installation of this apparatus will facilitate instruction in the best methods of gas and oxygen administration and will be of the greatest value to students in the School. Not only is this gift heartily appreciated by both professors and students for the useful purpose which it will serve, but also for the spirit which prompted its presentation.

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The departure of Dr. John Cameron from Halifax is nowhere regretted more than at Dalhousie University where he has been Professor of Anatomy since 1915. For many years it has been his custom to present the "Dr. Cameron Prize," an award of books to the student, in the first year of medicine, making the highest marks in the Anatomy class. Not wishing to let this lapse, Dr. Cameron has presented the University with an endowment fund, so that this prize may continue in perpetuity.

This kindly action on his part is greatly appreciated by the University and is significant of his continued interest in the future classes which will come into the Medical School. Dr. Cameron has also made a gift to the University Museum of some valuable Egyptian curios.

The exhibit consists of a number of small stone figures ranging from $2\frac{1}{2}$ to 4 inches in length, representing the "Reapers," which were placed in the tombs of the ancient Kings of Egypt to cut the grain crops in the After World; bead necklets made of small flat circles of colored stone with amulets attached; a carved stone charm representing the sacred eye of the god Horus; and a piece of mummy cloth woven of coarse linen on which is drawn a procession of women. The colored glaze which covers the figures is still smooth and bright, the yellow, red and black pigment on the linen is unfaded.

All of these objects were taken from tombs in which they had lain for three thousand years, and considering their antiquity are in a most excellent state of preservation, and form a very welcome and highly interesting addition to the Museum collection.

Dr. F. L. Moore, Dalhousie 1924, familiarly known as "Dinty" began practice at once in his former home in Economy, Colchester County. After several years he suffered a severe and protracted siege of pneumonia with its sequelae and was obliged to seek a warmer climate. Recently he was appointed Supervisor and Director of Public Health for the County of Sullivan, Tenn. This is one of the Southern areas for which County and State grants are made, supplemented further by a grant from a New York Foundation Fund. Many graduates of Dalhousie since 1920 are engaged in this service in various Southern States.

Dr. F. G. McAskill of Glace Bay had his new Graham-Paige stolen one night recently and when it was found next day in the nearby woods, it was considerably damaged.

Dr. Lalia B. Chase, Dalhousie 1924, of Wolfville sailed from Montreal May 10th, 1930, for England and an extended European tour.

Following his illness in the early Spring, Dr. Meahan of New Aberdeen went to his home in Bathurst for a few weeks of convalescence.