
Presidential Address, 1933

DR. K. A. MACKENZIE, M.D., C.M., F.R.C.P. (C.)

IN choosing a subject for this address my thoughts turn to medical education. I am not thinking particularly of such men as Dr. F. G. Banting and his co-workers, who, by a wonderful discovery, have focused the eyes of the world on Canada and given us such a prestige that we can with pride use the term Canadian Medicine, side by side with British, French, German or American Medicine. I am thinking of the weapon which they have provided, and how it can be used most effectively by the rank and file of our profession. I am not thinking of that great Canadian, Sir William Osler, who by native ability, untiring industry and personal magnetism endeared himself to the people of three great countries, Canada, United States, and Great Britain, and by his profound influence on the medicine of the world has added so much to the glory of Canada. I am thinking of the means by which he attained such pre-eminence and the great lessons which he has taught our profession. I am not thinking of the few specialists, who by ability, industry and a bit of luck have risen above their fellows, and achieved fame at home and abroad. I am thinking of ten thousand five hundred qualified physicians in Canada and four hundred annual recruits, whose great responsibility is to administer, in the most effective manner, the greatest legacy the world has ever known, to the public who are the beneficiaries. Proud of our discoverers, our specialists, and especially our world ambassador, Sir William Osler, my pride would be greater if I could truthfully say that we had the highest average of practitioners in the world. The war was not won by Sir Douglas Haig or Lloyd George, although both played an important part; it was won by the British soldier. The war against disease will not be won by our discoverers, or our specialists, although they play an important and essential part; it will be won by establishing a high standard of efficiency in the rank and file. The function of medical education is not only to train specialists and produce a few discoverers but also to raise the standard in all ranks. Medicine is becoming more complicated and more fascinating each year. It has made marvellous strides in the last half century and is still undergoing change. Medical education must adapt itself to these changes, not only within the profession, but also to the changes and demands of society in general. It follows that systems of training are not fixed and must undergo frequent revision. In spite of honest efforts directed to improvement one is always conscious of defects, and criticism, constructive and destructive, frequently heard, is proof that we are not fully satisfied. Hitherto medical education has been left too much to the Universities and governing bodies; the profession generally has been content to sit back and has failed to lend the helping hand to those on whom responsibility rests. No one is so humble that he cannot do something to push the caravan on to its desired goal.

The first question which I wish to discuss is medical legislation. Under the British North America Act all the provinces have complete autonomy in regard to education, including medicine. Each province has complete control

over licensure and guards it jealously. Fifty years ago Osler, in no uncertain terms, deplored the fact that there should be, in a country such as Canada, eight distinct licensing bodies, and that a man fully qualified in one province could not legally practise in another. We in Canada are a united people and yet a doctor in Amherst cannot legally attend a patient across a small river called the Missaquash. Provincialism has resisted all efforts to bring about a clearly desirable change. The Dominion Medical Council, now twenty years old, is still striving to bring about this change and is yet far from completing its task. It is travelling in the right direction, making slow but definite progress. There are now 4,000 names on the Dominion Medical Register. The annual increase is about equal to the yearly output of graduates. In a few years over fifty percent of practitioners in Canada will be registered by the Dominion Council and it is only a matter of time until we have a one portal entry for this country. New Brunswick and British Columbia, who resisted the earlier attempts for union, have swung around and now accept Dominion Council Registration as the only qualification for practice. An obvious injustice of the present system is that many recent graduates are obliged to take three examinations, one after the other, at great inconvenience in time and money, at a time when they can ill afford it. The problem is not simple. A satisfactory scheme must consider the rights of the provincial governing bodies, the Universities, and above all the students. It must be fair, efficient, and radically different from the present system. There is no good reason why some scheme satisfactory to all interested parties cannot be worked out.

Medical education in a narrow sense is synonymous with a college course. In a broader sense it covers a much longer period, from the cradle to the grave. Nor must we forget that the education of the public in medical problems is an important factor in raising our standards. The public must know and appreciate what we have to offer. We are their teachers as well as their servants.

Medical education may be divided into three periods; premedical, undergraduate, and post graduate.

The premedical period begins with a wise selection of our ancestors. Few realize how much they owe to the hereditary characteristics transmitted from their forbears. Honesty, integrity, love of service to fellow men, and capacity for work are inherited qualities, and with early training play an important part in the personal make-up of an individual and so contribute to the making of a good physician. Arbitrary requirements for admission to medicine are necessary and, at the present time, are controlled by governing bodies and universities. They have undergone important changes in the past fifty years. Formerly a student entered medicine with scanty preparation. Gradually requirements grew until to-day most universities demand a minimum of two years general university training. Many students go beyond the requirements: at present over fifty percent of medical graduates have university degrees;—B.A. or B.Sc. Up till now a student's fitness for medicine has been estimated on purely academic qualifications, frequently by laymen. The time has come when other considerations must count, character, personality, ability, and resourcefulness. Dalhousie has just adopted a system by which all applicants are scrutinized by a committee of medical men who will judge of their fitness to enter medicine. It is felt that the standards for admission have been, in the past, too rigid, and this is an effort to remedy this defect.

The undergraduate period, so vital to the welfare of the profession has undergone many changes in the past fifty years. Formerly apprenticeship

was the only qualification for practice. Then followed in succession, a two year, three year, four year, and finally a five year course. It is probable that the limit has been reached in regard to time. Important changes have taken place and are still going on in the curriculum and methods of teaching. Not so long ago Anatomy, Physiology, and Pathology were taught by practising physicians. To-day we have full time specialists and subspecialists in these subjects as well as in the newer subjects of Biochemistry and Pharmacology. What has happened at one school has happened at others, only at a different speed. Twenty-five years ago Dalhousie had no full time professors; to-day there are twelve. This is all in the direction of progress. With the rapid accumulation of knowledge and the increase of specialists, who as a rule are only trained and interested in their own particular subject, there is a real danger of overstepping the mark, with disastrous results to the student. It is somewhat difficult for a man specially trained in one branch to adapt his teaching to the mental capacity of the student. Control and co-ordination are very important, and it cannot be too strongly emphasized that principles, not a vast array of confusing facts should govern all teachers in an honest attempt made to teach what is most useful. Overcramming with technical knowledge, especially at the expense of fundamentals, may defeat the main object of a good undergraduate course. Advanced work, while stimulated in the undergraduate period, belongs to the post graduate period. What is true of the so-called scientific subjects is equally true of the clinical subjects. In these days of a highly specialized profession we must guard the interests of the student, who at best can only absorb fundamentals. The problem of adjusting the curricula to the needs of the students is not easy. No one is wholly satisfied with conditions at any one time, and necessary changes are made each year. It is here that some help or criticism may come from the organized profession who may see things in a slightly different way from the teacher. Medical teaching in Canada owes a great deal to the close co-operation of the medical schools. Twenty-five years ago each school went its own way; they were strangers. Provincialism was evident in a pernicious form. McGill had nothing good to say for Toronto; Toronto had nothing good to say for McGill; both despised and belittled the smaller schools. All this has changed. Universities have come closer together, ideas are exchanged at conferences, and a wonderful spirit of co-operation and helpfulness prevails. One may refer here to an event of immense importance to undergraduate education, which occurred in 1910, when the Carnegie Foundation made an exhaustive survey of medical schools in the United States and Canada. Methods of teaching were fearlessly criticized and while there was quite a sting, it was followed by very beneficial results. The smaller schools in Canada, including Dalhousie, were roughly handled. It is gratifying to note that not a single school was obliged to close its doors in contrast to the United States, where fifty percent of the schools ceased to function. Instead of closing, the Canadian schools took on a new lease of life and no one is ashamed of them to-day. It is agreed that the small school has a definite place in medical education and no better proof can be offered than the results of the Dominion Medical Council examinations, in which the small schools hold the highest records. It would be a real loss if any one of them had ceased to function. While the larger schools are admittedly better equipped in men and material it is possible that the personal contacts of teacher and student has some advantages. A feature of undergraduate training adopted at Dalhousie and two other schools, Manitoba and Montreal, is the final clinical year. A student is relieved of all written examinations at the end of his fourth year and devotes

the final year of twelve months, instead of nine, as formerly to clinical work. Under this system a student may not be quite so expert in academic work, but he gets a sort of training which gives him great confidence in practical work and makes him a good physician. It appears to work out satisfactorily, and I fully expect to see it adopted in other schools. The student of the future will have less hours of work, studies will be simplified and the amount of clinical work will be increased. The study of the specialties will be undertaken in postgraduate periods where it properly belongs.

Post Graduate Period.

There is much truth in the statement that medical training only begins when the student gets his degree. Fires latent in youth, fanned into flame in the premedical and undergraduate years must be kept burning brightly throughout all the active years ending with death or retirement. Success or failure in practice depends on continued training. How often does one see a student with high academic attainments lag behind his fellow, who with a poorer start, slowly and persistently forges ahead and like the tortoise passes the hare in the race for supremacy. The lesson is obvious. Training must be continued with unabated zeal. Various means of self development are wide open to all who have the will and ambition to use them. The following are worthy of mention.

1. Interneships:—Notwithstanding the fact that a student legally qualifies himself for practice at the end of his college course, interneships are becoming more and more popular. Ninety percent of graduates now take interneships for a period of one to three years before settling down to active work. This is a healthy sign and the result will be increased efficiency in the profession of the future.

2. Post Graduate Courses:—This has been a common practice for a long time. Facilities for such work, well developed in Europe and the United States lag behind in Canada. It is not, however, a disadvantage to our profession that a great many men go abroad for such courses, and bring back new ideas which are assimilated by those at home. A few men take advanced degrees which are only valuable when they indicate that hard work has been necessary for obtaining them. The F.A.C.S. is not only valueless, but it has lessened the values of degrees in general. Canada has taken a forward step. The F.R.C.S.C. and F.R.C.P.C. have no value to charter members, who have only made a gift to the future of Canadian Medicine. The high standard adopted by the Royal College of Physicians and Surgeons of Canada will have a beneficial effect on the generations to come. A type of post graduate course of great value to the masses is one which has been adopted here—the Dalhousie Refresher Course, now functioning in operation for ten years. A programme of general interest is arranged for a period of from six to twelve days. Doctors may come for any number of days; there are no fees; all are welcome, regardless of residence, college affiliation, race or color. Friends from other schools have given us valuable assistance and are the main drawing cards. Our first doubts concerning the success of the venture have been dissipated. Each year brings a satisfactory attendance and many expressions of approval with a keen desire that they be continued. It is felt that this course has made a distinct contribution to the welfare of our profession.

3. Medical Associations:—The value of medical gatherings is impossible to measure. We are fortunate in Canada in having one of the best national

associations in the world with a Journal which has no peers as an all round publication. In 1921 an event of great importance took place in the City. The Canadian Medical Association was loosely organized and found itself with a debt of \$12,000.00. Many felt that the situation was hopeless, but more optimistic minds prevailed and suggested a bold scheme. The profession was asked for \$20,000.00 to pay off the debt and start anew. Bonds of \$100.00 were issued and promptly taken up, many thinking that the money was a gift to the Association. Under the direction of our able General Secretary, Dr. T. C. Routley, the society entered on a new lease of life, all bonds were redeemed by 1927 with 5% interest, and to-day there is a surplus of \$75,000.00. With a membership of about 4,000 scattered over 4,000 miles, one is impressed by the intimate relationship between the members who fraternize at the annual meeting as if they were next door neighbors. It is doubtful if a similar situation exists in any other country. The post graduate instruction made possible by the munificence of the Sun Life Assurance Co. for a period of seven years is quite unique in the history of medicine. Leaders in teaching have carried instruction to the doors of almost every physician in Canada, and much has been done to cement the friendship of physicians in various parts of Canada.

Next we have well organized provincial and branch societies in affiliation with the national society. Our own provincial society, the oldest in Canada, has been very successful and at one time had the largest percentage of members of any province in Canada. Much of this success is due to Dr. Walker and his BULLETIN, the best provincial publication in Canada. For our programs we have never appealed in vain to our colleagues in the New England States, Montreal, Toronto, and other parts of Canada. Such aid has been a striking feature of our meetings and very valuable in maintaining an interest in our societies. We should remind ourselves here that the scientific part of our program, however excellent, is really the minor part. Personal contact with colleagues, exchange of ideas, finding out the various viewpoints, learning what the others are doing, and the discussion of various problems concerning the welfare of the profession have the greatest value. Much besides new stories is learned on the golf course, in the hotel corridors, and at the convivial gatherings. It is a real asset to any medical man to support his medical societies, not only for what he gets, but for what he gives. Osler on one occasion asked a young doctor if he were going to the medical society that evening. The reply was in the negative, and the reason was that there was nothing that they could teach him. Osler retorted, "Well, I am going and what do you think they will teach me?" Even that master mind Osler always got something from a medical meeting in exchange for what he gave. Doctors who keep aloof from their colleagues to-day are disloyal to the profession, ungrateful for what they have received, and are not giving their patients the maximum of good service.

4. Medical Literature:—Medical books and journals are essential to every doctor and constitute a post-graduate training of the highest order. Every new discovery and every new technique is handed out early and unselfishly to the profession in journals and books. This post-graduate course costs comparatively little, and you may have a daily ration in your office or your bedroom. As there are no secrets in medicine a man's stock of useful knowledge is only limited by his capacity to absorb or assimilate.

5. Internships, postgraduate courses, medical associations, and libraries all have a distinct value in post-graduate education and cannot afford to be

neglected. The most important factor (more difficult to define) still remains? It is easy to understand if one reads some of the addresses of our distinguished Canadian, Sir William Osler. In his early days Osler was undecided about his future, and at one time planned to become an oculist. What a loss to medicine if this great Canadian had limited his activities to diseases of the eye. In one of his literary pilgrimages he ran across this quotation from Carlyle, "Our main business is not to see what lies dimly at a distance, but to do what lies clearly at hand". This thought dominated him throughout his life, and in an address in later years he said, "If I had any measure of success at all, it has been solely because of doing the day's work that was before me just as faithfully and honestly and energetically as I could". What a text for a medical sermon. To attack every problem which comes one's way with energy and determination is the biggest factor in the post-graduate training of any individual, doctor or otherwise. Other factors are contributory only. Most of us can see clearly that this is the method of those who have attained the high peaks in the medical world, and it is also the method by which scores of physicians in remote corners and unknown to history, not endowed with high scholastic equipment, have served in a wonderful manner the communities in which they have labored. I know of no greater stimulus or source of inspiration than a study of the lives of our great leaders. Who can read the biographies of Osler, MacKenzie, Pasteur, Lister, Laennec, Stokes, Sydenham, Hunter, Bright, Harvey, and scores of others without a lesson, and without being a better physician for having read? Who can read the story of Dr. McClure and not realize that something had been added to his store of practical knowledge. I would, therefore, urge all to give up some time to the reading of medical biography, and I will guarantee that the time spent will not be wasted.

When a subject is difficult to define it is frequently clarified by a simple illustration and for my purpose I shall take the game of chess. You may read all the books published on chess from cover to cover and you may look over the shoulders of expert players for years and still be unable to play a good game of chess. Efficiency in this ancient and fascinating game comes only by playing the game yourself; by meeting the problems and difficulties as they arise; by observing the tactics of your opponents and by profiting by your foolish mistakes. Books and experts will give you invaluable assistance but efficiency comes only by playing the game earnestly and frequently. Medicine, more fascinating than chess and a thousand times more complex has many points of similarity. You may study hard at college and attain a high academic standing; you may take post-graduate courses and look over the shoulders of experts; you may read books and journals until your eyes and your mind are weary; you may attend medical societies and listen to addresses and discussions of the highest order. From all these sources you will get useful and stimulating assistance but in the end you must play the game yourself, earnestly, honestly and energetically. The perfect game of chess is a draw. In medicine there are no draws; you win or lose every time. When you win be exultant but not boastful; when you lose be humiliated but not discouraged. Always resolve to do better next time. My final word is;—Whether you are a specialist or a general practitioner; whether you have attained a high place in your profession or whether your lot is cast in humbler places, you will add glory to a noble profession every time that you earnestly, honestly and faithfully,

PLAY THE GAME.

Minutes of the Annual Business Meeting

The 80th Annual Meeting of The Medical Society of Nova Scotia was held at "The Lord Nelson Hotel" Halifax, on September 4th, 1933 at 8 p. m.

The meeting was called to order by the President, Dr. K. A. MacKenzie.

The President suggested that Dr. C. J. W. Beckwith act as Secretary pro-tem in the absence of Dr. Walker and asked for the approval of the meeting, which was granted.

Re Minutes Annual Meeting, 1932.

Moved by Dr. H. K. MacDonald, seconded by Dr. W. R. Dunbar.

"that the Minutes of the Annual Meeting at Kentville, July, 1932, as published in the BULLETIN October, 1932 be taken as read." Carried.

Re—Associate Members.

Moved by Dr. N. H. Gosse, seconded by Dr. W. R. Dunbar.

"that the Constitution and By-Laws of this Society be changed to admit Associate members of branch societies becoming members of this Society." Carried.

Re—Letter from Dr. Routley concerning Medical Relief in Canada.

The President called attention to the fact that this letter was published in the BULLETIN with a covering letter requesting that members of the Society come prepared to discuss it at the Annual Meeting.

Moved by Dr. H. K. MacDonald, seconded by Dr. J. E. LeBlanc.

"that the letter from Dr. Routley re Medical Relief in Canada be produced and read at the next general meeting, so that the Society shall know what it is about."

Moved as an amendment by Dr. J. Knox MacLeod, seconded by Dr. M. A. B. Smith.

"that the letter be referred to the Advisory Committee and taken before the Government either at Ottawa or Halifax."

After some explanation by the President regarding the Advisory Committee Dr. MacLeod withdrew his amendment.

Dr. MacDonald's motion was put and carried.

Re—Naming of Committees.

Moved by Dr. O. B. Keddy, seconded by Dr. W. R. Dunbar.

"that the order of business be suspended in order for the President to name his several Committees, namely: Nominating Committee. Committee on the Presidential Address. Committee on Acts of Courtesy." Carried.

The President asked for approval of the following Committees:

Nominating Committee.

Dr. W. R. Dunbar, Truro; Dr. D. A. MacLeod, Sydney; Dr. L. M. Morton, Yarmouth; Dr. A. B. Campbell, Bear River; Dr. H. K. MacDonald, Halifax.

Committee on Presidential Address:

Dr. M. J. Wardrope, Springhill; Dr. G. A. Dunn, Pictou; Dr. Freeman O'Neill, Sydney.

Committee on Acts of Courtesy.

Dr. G. W. T. Farish, Yarmouth; Dr. Dan Murray, Tatamagouche; Dr. O. B. Keddy, Windsor.

The members gave their approval of these Committees.

Re—Resignation of Dr. S. L. Walker.

Moved by Dr. J. R. Corston, seconded by Dr. A. B. Campbell.

“that Dr. Walker’s resignation be accepted.” Carried.

It was further decided to pay Dr. Walker’s salary up to the 30th September, 1933.

Re—Provincial Medical Board.

Moved by Dr. N. H. Gosse, seconded by Dr. H. K. MacDonald.

“that the Legislative Committee be instructed to take such steps as will change the constitution of the Nova Scotia Medical Board so that all appointments to it shall be made on the recommendation of this Society and that our Constitution be then changed accordingly.”

Dr. Sponagle proposed that the members be appointed from The Medical Society and its Branches. Six societies would be benefitted and more representation thus procured.

Dr. Atlee—“How are the appointments made now?”

Dr. Little—“Nine by the Government and six by the Society, each appointed for a period of three years. I am of the opinion that if any change were made the Government would have to change its Acts.”

Dr. Corston—“I think it would be just as well to instruct the Legislative Committee that we are deprived of some of our members and should get them back.”

Dr. Little—“The Act was changed at the request of the late Dr. Norman E. MacKay.”

Dr. Corston—“I think this is a good time to get back some of the things we were deprived of at that time.”

Further remarks were made by Drs. M. G. MacLeod and Sponagle.

Dr. Atlee suggested that certain members ask the Government to make their appointees from the names that were submitted to them by the Society.

The motion as given was then put and Carried.

Re—Selection of new Secretary.

The President stated that Dr. H. G. Grant had been interviewed by some members of the Society and would consider the Secretaryship if it were the wish of the Society. He told the meeting they had the privilege of bringing other names forward and that this was a very important matter for the future welfare of the Society.

Moved by Dr. J. K. MacLeod, seconded by Dr. G. W. T. Farish.

“that the Committee suggested by the Executive consider the question fully and report at the next session.” Carried.

Committee: Dr. W. R. Dunbar, Truro; Dr. J. C. Morrison, New Waterford.

Re—Honorary Members.

Moved by Dr. Freeman O'Neil, seconded by Dr. Eric Macdonald.

"that the following be accepted for honorary membership in this society: Dr. J. A. Sponagle, Middleton; Dr. E. O. Hallett, Weymouth; Dr. M. A. B. Smith, Dartmouth; Dr. J. Knox MacLeod, Sydney." Carried.

Dr. J. A. Sponagle, Dr. J. Knox MacLeod and Dr. M. A. B. Smith responded thanking the Society for the honour conferred on them Dr. E. O. Hallett was not present.

Re—Appointment of Auditor.

Moved by Dr. H. B. Atlee, seconded by Dr. L. M. Morton.

"that an Auditor be engaged at a salary not to exceed \$50.00 a year. This Auditor to audit the books of the Treasurer and General Secretary." Carried.

Re—Appreciation of Dr. Walker's work in connection with the Bulletin.

Dr. H. B. Atlee suggested that the Society express their appreciation of the work done by Dr. Walker. He said it would be a mistake to let this meeting go by without showing our recognition of his services, as he brought the BULLETIN into being and during many years carried it on alone."

Moved by Dr. H. B. Atlee, seconded by Dr. A. B. Campbell.

"that this Society go on record as expressing their appreciation of the splendid work that Dr. Walker has done in editing and bringing the BULLETIN to its present high standard." Carried.

Moved by Dr. H. K. MacDonald, seconded by Dr. F. O'Neil.

"that a copy of the resolution and suitable letter be sent to Dr. Walker. Carried.

Re—Report of Committees.

Read by Dr. C. J. W. Beckwith in the absence of Dr. S. L. Walker.

There seems to have been a multiplicity of duties assigned to various Committees. As for instance, the Public Health Committee of which the Secretary has already received no report, The Health Publicity Committee which also had no report last year or this year because nothing was done in either case. The Advisory Committee appeared to be a very necessary and useful Committee yet it simply amounted to an endorsement of the doings of the Minister of Health.

The question naturally arises as to whether or not we need all these Committees. It is quite evident that we should have a report as to the Crippled Children in the Province, the work of the V. O. N., the general Public Health Work of the Community or Obituary or Bulletin. It seems that these Committees should be very considerably reduced and then perhaps more of them would make annual reports.

Respectfully submitted,

S. L. WALKER, M.D.,

Chairman,

The Health Publicity Committee.

Moved by Dr. W. R. Dunbar, seconded by Dr. O. B. Keddy.
 "that this report be received." Carried.

Advisory to Department of Health.

Dr. G. W. T. Farish reported verbally that nothing had been done. The Government has not asked any advice from the Advisory Committee this year.

C. M. A. Editorial Committee.

The work of this committee, or rather its purpose, would seem to consist of two functions:

1. To send news items to the C. M. A. Journal.
2. To encourage local members of the profession to send papers and case reports to the Journal.

Since function No. 1 had been dealt with satisfactorily in the past by Dr. N. B. Dreyer, it was thought advisable not to interrupt this procedure. Last year therefore Dr. Dreyer continued to send notes and news items.

As for function No. 2, some attempt was made to encourage various members to send scientific articles and case reports to the Journal, but this met with scant response. There seems to be an impression abroad here that the editorial policy of the Journal is not prompt either in accepting papers for publication or, when accepting them, of publishing them. Besides this several members who have sent papers have had them rejected.

As a result of my year's experience of this work, I feel that this Committee is a useless appendage, and might well be discontinued. The news items for the C. M. A. Journal could quite well be prepared, by the secretary of the editorial board of the BULLETIN. Indeed, he seems the logical man to supply this material. I suggest, in addition, that members be left to their own discretion in the matter of sending in material to the C. M. A. Journal, and deal direct with the editorial board of that journal, and that this Committee forthwith go out of business.

H. B. ATLEE,
 Chairman of Committee.

Moved by Dr. A. B. Campbell, seconded by Dr. MacLeod.
 "that this report be adopted." Carried.

Workmen's Compensation Board.

Report of the Workmen's Compensation Board Committee for the year 1932-33.

To the President,

Medical Society of Nova Scotia.

The activities of the Workman's Compensation Board Committee have this year been limited to correspondence and interviews with the Board with reference to a claim of insufficient medical fees, referred to the Committee by one of our members.

Although, in this case the increase of fees was obtained, the Committee in its enquiry met with every courtesy and consideration from the Medical Officer of the Workmen's Compensation Board, and is in receipt of a note from the claimant expressing his appreciation of such efforts on his behalf as were made.

It would appear from the fact that no other complaints were received during the year, that the relations between our membership and the Board have been fairly satisfactory, within the limitations of the Act.

Respectfully submitted,

J. R. CORSTON, Chairman.

Discussion:—Dr. Charles Herbin had during the last four or five months 14 streptococcus infections in fishermen and the Compensation Board had not allowed him more than \$1.00 a day and he did not think that any man could clear up an infection of this nature on one dressing a day. The Board refused to give him more.

Dr. A. I. Mader—"It does not pay to complain. We are at their mercy."

Dr. Corston—"I feel that any member should make use of the machinery of this Society and give a statement of his case to the in-coming Workmen's Compensation Board Committee with reasons stated."

Dr. Dan MacLeod—"I think that a schedule of fees should be fixed and some latitude allowed re time. I have had three compound fractures of the femur, and allowed no extra fees. We should find out the practice in vogue in other provinces regarding fees paid for compound fractures of the femur."

Dr. H. K. MacDonald expressed the opinion that the members have not taken full advantage of the methods adopted by the Society and he said "I feel that if their complaints had been made it would have more effect on the Workmen's Compensation Board. The in-coming Committee can do a great deal. The fees paid by other provinces are some 20% or one-third higher."

Moved by Dr. H. K. Macdonald, seconded by Dr. MacLeod.

"that the in-coming Executive bring to the attention of the Board that the fees paid in other provinces are higher." Carried.

Moved by Dr. S. R. Johnston, seconded by Dr. McKiggan.

"that every man who has a grievance send it to the Workmen's Compensation Board Committee." Carried.

Moved by Dr. M. A. B. Smith, seconded by Dr. Dan MacLeod.

"that this report be adopted." Carried.

Report on Narcotic Drugs.

Read by Dr. C. J. W. Beckwith in the absence of Dr. D. W. Archibald.
To the Secretary,

Nova Scotia Medical Society.

Dear Sir:—

We beg to submit the following report of the Committee on Narcotic Drugs.

By an order in council dated the 7th day of March, 1931, the Nova Scotia Hospital at Dartmouth was designated as a hospital to which drug addicts may be admitted in accordance with the provisions of the Act providing for the treatment of patients addicted to the improper use of narcotic drugs.

Any addict may voluntarily enter the Nova Scotia Hospital and be cared for as long as it is considered necessary. This makes it possible for an addict who is refused admission to any local hospital to be cared for at the Nova Scotia Hospital. The Department has been asked to admit only two patients to the Nova Scotia Hospital during the last four years.

At a conference held at Geneva in 1931 under the auspices of the League of Nations, an endeavor was made to limit the manufacture and distribution

of narcotic drugs. Recognizing the highly dangerous character of Heroin as a drug of addiction, and the possibility of replacing it by other drugs of a less dangerous character this conference

"Recommends that each Government should examine in conjunction with the medical profession, the possibility of abolishing or restricting its use."

A great number of the medical profession of our Province are in full accord with this recommendation, but we suggest that the matter be discussed at a general meeting of the Nova Scotia Medical Society in September, 1933.

Respectfully submitted,

DAVID W. ARCHIBALD,

Chairman.

Moved by Dr. W. R. Dunbar, seconded by Dr. MacLeod.

"that a Committee be named to report on this matter at the following meeting." Carried.

The following Committee was appointed:—Dr. J. R. Corston, Dr. A. B. Campbell.

Legislative Committee:

Read by Dr. C. J. W. Beckwith in the absence of Dr. J. G. MacDougall.

Your Committee beg to report that on several occasions conversations were held regarding contingencies which might arise, calling for attention and action.

Nothing of this nature arose, but your Committee felt strongly that we should again point out to the Legislature that simple justice to the members of our profession called for an amendment of the Statute of Limitations, setting the limit at one year, and that our case should be adequately presented and strongly pressed. Originally the Statute gave a five year limit for the bringing of an action for malpractice.

At the Session of the Legislature in 1932 our request for a reduction was met to the extent of reducing the limit from five years to three.

Your Committee brought the matter to the attention of the Provincial Medical Board and it was fully considered, and the contention that a one year limit was adequate was unanimously supported and a Committee of the Board composed of Dr. F. R. Little and John Rankine was appointed to arrange to bring this matter before the Legislature during the session of 1933.

The result of their efforts, together with the loyal support given by the Medical members of the Legislature, and the profession at large was successful and the "Statute of Limitations" is now one year.

Your Committee acknowledges with thanks these valuable services.

In closing, it is with sadness, and a deep sense of the loss to our profession, that one refers to the death of Dr. E. V. Hogan, who loyally and zealously served on this Committee, as in all matters pertaining to the welfare and progress of our profession. It is with affectionate regard, and the consciousness of cherished memories of him, which abide that these lines are written.

Respectfully submitted,

J. G. MACDOUGALL,

Chairman.

Moved by Dr. LeBlanc, seconded by Dr. M. G. MacLeod.
 "that this report be adopted." Carried.

Tuberculosis Commission.

To the Members of the Medical Society of Nova Scotia.
 Ladies and Gentlemen:—

Again it is my privilege to present a report on the Nova Scotia Tuberculosis Commission. It was pointed out last year that the Department of Public Health had taken over some of the activities formerly carried on by the Commission. Two of the original aims have been accomplished in a satisfactory manner, Hospital accommodation for tuberculosis patients is now adequate in this Province, and a nursing service of twelve and an examining service of three medical men are functioning under the Department of Health. Nova Scotia now spends more per capita on tuberculosis than any other province in Canada.

Opinion was expressed last year that there was still a place for the Commission in tuberculosis work. A grant from the Canadian Tuberculosis Association supplemented by a grant from the Government enabled us to carry on last year. Further activities depended on the raising of money and the matter was placed in the hands of the Finance Committee who made an effort to raise money, but without success. At the last meeting in August, 1933 it was felt that the Commission must cease to function unless aided by the Government. In order to enable the Commission to complete their scheme for an adequate programme for the treatment and care of tuberculosis patients aid from the Government should be provided for two years.

During the year the Seal sale amounted to \$10,202,00 a decrease of about two thousand dollars mainly due to financial depression. The Commissioner continued his efforts to interest public bodies in the care of tuberculosis patients, addressed clubs and conducted exhibits at some of the Exhibitions. He also supervised a certain amount of publicity. Municipal care for needy patients has increased each year and this feature of tuberculosis work is the main reason for the continuation of the Commission.

Respectfully submitted,

K. A. MACKENZIE,

Chairman

Moved by Dr. A. B. Campbell, seconded by Dr. Dan Murray.

"that this report be adopted." Carried.

Report on Historical Medicine. No report.

Report on Crippled Children. No report.

Report on Provincial Medical Board. Read by Dr. C. J. W. Beckwith in the absence of Dr. H. L. Scammell.

The Spring Meeting of the Provincial Medical Board of Nova Scotia was held in the Pathological Institute, Morris Street, Halifax, on May 2nd., 1933. The following members were present:

Dr. J. G. MacDougall, President, Dr. Allister Calder, Dr. C. S. Morton, Dr. J. R. Gilroy, Dr. Fuller, Dr. O. B. Keddy, Dr. F. R. Little, Dr. John Rankine, Dr. J. J. Cameron, Dr. J. J. Roy, and Dr. R. M. Benvie.

The purpose of the meeting was mainly to conduct routine business and pass upon Examination Results. The Examinations of the Board in conjunction with Dalhousie University had that day been completed in a satisfactory

manner. There were twenty-nine candidates, all successful, less than half of whom secured the License of the Nova Scotia Board (See last issue of Register). In the Fourth Year thirty-three candidates had presented themselves. In this group a small number of failures appeared in Surgery, Medicine, and Obstetrics and Gynaecology. Provision was made by the Board to grant Supplementary examinations to these in September prior to the opening of the University.

The Registrar was instructed to notify the officers of the Medical Society of Nova Scotia that the term of office of their appointees to the Board having now expired, a further group should be appointed at their next annual meeting.

The Board had at its last meeting appointed Dr. J. G. MacDougall and Dr. E. V. Hogan as its representatives to the Medical Council of Canada. Dr. Hogan, having since died, the Board was entitled to appoint a successor. Dr. C. S. Morton had been appointed an Examiner of the Council, but on being questioned by the Board, signified his willingness to resign as an Examiner if appointed to the Council as the Board's representative. His appointment was then regularly made.

The Board recorded its sincere regret at the death of two of its members, Dr. E. V. Hogan and Dr. W. N. Cochran. The Registrar reported that he had sent a wreath on behalf of the Board on each occasion. He was further instructed to write to Mesdames Hogan and Cochran expressing the sympathy of the Board and its appreciation of the splendid services rendered by its two deceased members.

The Legislative Committee of the Board reported that its efforts had been successful after considerable opposition in securing the passage through the House of Assembly of an Amendment to the Medical Act whereby the period in which a patient could bring action for damages against a qualified, licensed practitioner in Nova Scotia, was reduced from three years to one year, from the date of last attendance of the Physician on the patient. The Board thanked its Committee for this work and considered that in securing this legislation the Physician could more adequately protect his interests than he could have done in the past without prejudice to the interests of Justice.

After a large amount of routine business had been considered and dealt with the Board adjourned.

(Sgd.) H. L. SCAMMEL, M.D.,
Registrar.

Moved by Dr. Gerald R. Burns, seconded by Dr. Eric Macdonald.

"that this report be adopted." Carried.

The meeting then adjourned.

(To be continued in Oct. Issue)

The question has been asked as to what extent the various clinics in Nova Scotia affect the private work of the physician? How can the clinic work and that of the private practitioner be best co-ordinated? There is no question but that we must have the services of both! They must not constitute an unfair discrimination against the profession at large and thus ultimately operate to the disadvantage of the public. Moreover nearly every medical graduate should look forward when the day would come that he would be a substantial earner by private practice. This is a matter for thought.

Medical Society of Nova Scotia
Dinner at the Lord Nelson Hotel

PROGRAMME

Toast to:
THE KING.

Remarks by:
THE PRESIDENT.
THE MAYOR.
DEAN GRANT.

THE NEW MINISTER OF HEALTH.

Song: DR. L. M. MORTON, Yarmouth, N. S.

Address: "P's and B's."—PROF. A. STANLEY WALKER.

Song: DR. J. C. WICKWIRE, Lkverpool.

Address: "Golfitis" and presentation of Golf Prizes.
DR. G. W. T. FARISH, Yarmouth.

Musical Saw: DR. CHAS. BCKWITH, Kentville.

Song: Cape Breton Quartette.

Song: Halifax Medical Society Songsters.

Accompanist:—DR. TABBY BETHUNE.
Victoria General Hospital.

Medical Society of Nova Scotia
Golf Tournament at Ashburn

Best Gross Score, 76—Dr. P. A. MacDonald, Cup.

Runner-up Best Score, 84—Dr. L. M. Morton. Prize donated by Maritime Surgical Supplies.

Best Net Score, 61—Dr. P. A. MacDonald. Prize donated by Imperial Publishing Co.

Runner up, Best Net Score, 68—Dr. C. W. Holland. Prize donated by National Drug & Chem. Company.

Sealed Hole Prize, Score 18—Dr. J. J. MacDonald. Prize donated by Walsh's Drug Store.

Consolation Prize, Score 123—Dr. Howatt. Prize donated by Dr. W. L. Muir.

Historical Section

TESTIMONIALS—MAINLY MEDICAL

IT is not our purpose to quote this article in full but there are three outstanding preparations that deserve to have their history given if only as a warning to physicians and the public generally.

First, Peruna, Paine's Celery Compound, Buffalo Lithia Water.

In general it may be stated that much of the vogue of these quack remedies was due to their alcoholic contents. It was the custom in twenty odd years for prominent people to be not only solicited but to put themselves in the way of being asked to give testimonials in favor of these preparations. The author of this article, Mr. J. C. Cramp, whose ancestors or some of them were prominent in Nova Scotia many years ago, says in part, referring to 1904, that Peruna and Celery Compound is of the same category and we quote from him in full.

"Then, it was part of the day's work for bucolic statesmen and other notables to testify to the virtues of Peruna, Paine's Celery Compound, Duffy's Malt Whiskey, et al. Those with long memories may remember the half-page newspaper advertisements that the Peruna people published about 1904, containing the famous testimonial of Admiral Schley. It is but fair to say that the admiral was not in such bad company—if the Peruna peoples' testimonials of that period are to be believed—for there were to be found among the endorsers of this alcoholic nostrum many names more or less notable."

"Old Doc Hartman, who manufactured Peruna, claimed that he had testimonials from fifty members of Congress, and he published many of them. He claimed, also, that twenty-five American generals had sent him letters of endorsement and he published the entire twenty-five, giving the names and addresses of the individuals to whom they were credited. Hartman declared, too, and published the testimonials to prove it, that "prominent admirals and captains of our Navy recommend Peruna". In addition, he gave special prominence to the testimonials (with pictures of the Governor) of an ex-Lieutenant-Governor of Ohio, of a United States Senator from South Carolina, of a superintendent of Public schools at Washington, D. C., of a national chaplain U.V.U., of an ex-treasurer of the State of Wisconsin, and of a Congressman from Ohio. There should also be recorded the testimonials of five physicians who were described as "prominent", but whose only eminence in the medical field was that gained by their connection with Peruna. There was the usual proportion of testimonials from gentlemen of the cloth; a Kansas City, Mo., pastor who was also State Superintendent of the Missouri Christian Endeavor Society, a pastor of the First Spiritual Society of San Francisco, a rabbi of an Albany, N. Y. synagogue, a pastor in Greensborough Ga., and others.

Paine's Celery Compound compare favorably in alcoholic potency with Peruna. Its manufacture was discontinued a few years ago for the reason, as the makers put it, that "it was impossible to prepare this product without an excessive amount of alcohol". The Celery Compound makers also presented some highly respectable evidence—with names, dates and pictures—for the

value of their products in the closing years of the last century. Not the least among their endorsers was Madame Bernhardt. The Divine Sarah was quoted as stating that she was convinced that Paine's Celery Compound was "the most powerful nerve strengthener that can be found". This was backed up by testimonials from an LL.D. of Chicago, who, with his name and picture, was described as that city's "most prominent clergyman"; a mayor of Lowell, Mass., who took pleasure in recommending the Paine product; a Congressman from Virginia, who was so much pleased with it that he persuaded his brother to use it; the wife of a United States Senator from Wyoming, who testified to the great benefit she received from its use, and a reverend doctor of divinity, editor of what was described as one of the most influential Methodist newspapers in the South, who expressed the opinion that it was the best nerve tonic that he had ever tried. There could be added to the Paine's Celery Compound testimonial list, also, a United States Senator from North Carolina, whose testimonial was reproduced in facsimile; an endorsement from an Attorney-General of Kansas; a full-page photographic reproduction of the endorsement, dated July 5, 1897, of the Governor of Vermont—the Nostrum was a Vermont product—and, to cap the climax, one from the alleged father of the Blue Ribbon movement, who thus strongly endorsed a preparation which contained 20% of alcohol and an insignificant amount of other drugs!"

He prefaced this essay on Peruna and Paine's Celery Compound with a reference to Nuxated Iron and he says,—“This preparation, which the chemists of the American Medical Association reported, contained practically no “nux” and but a negligible amount of iron, was advertised intensively by the testimonial route. First came endorsements of physicians, some of whom were described in the advertisements as noted, well-known specialists, but who on investigation proved to be superannuated advertising quacks. Then there were testimonials by retired generals and judges and the well-remembered ones of the late William E. Mason and of the Silver-Tongued Orator of Minnesota, Charles A. Towne, both former United States Senators. The Nuxated Iron people even published one advertisement in 1921, bearing a picture of Pope Benedict XV, and headed in large, black-faced type; “The Vatican of Rome Recommends Nuxated Iron”. Two years previously, during the trans-Atlantic unpleasantness, large advertisements announced “Sarah Bernhardt Sends Nuxated Iron to the French Soldiers to Help Give them Strength, Power and Endurance.”

But the nuxated endorsements that really touched the popular fancy were those from the sporting fraternity. These led off with a signed testimonial from Ty Cobb, whose come-back to the baseball world was ascribed to the renewed life with which Nuxated Iron had filled him. Then came the pugilist series, opened by Jess Willard, who told how Nuxated Iron helped him to whip Frank Moran. When, in the course of events, Jess was knocked out by Jack Dempsey, the world learned, via the Nuxated Iron advertisements that it was this nostrum that put Jack “in such superb condition” and helped him whip Jess. As Dempsey continued his successful career, each victory brought a testimonial from the champion ascribing his success to the marvels of Nuxated Iron: “How Nuxated Iron Helped Me to Whip Carpentier”. “How Nuxated Iron Helped Me to Whip Tom Gibbons”, and, following the pyrrhic victory over Firpo, —“How Nuxated Iron Helped Me Win Four Great Battles”. When Mr. Tunney finally retired Mr. Dempsey, one looked

in vain for a nuxated testimonial from Gene. The best that could be found was one from the new champion endorsing Nujol as a "regulator" and "external rub-down".

He says regarding another exceedingly largely advertised preparation Buffalo Lithia Water:—

"Consider, for a moment, the case of Buffalo Lithia Water. While not a medicine in the usually accepted sense of the term, this product was for years recommended as a therapeutic agent and was widely used as such by the medical profession. Its popularity with the profession rested on two fallacies. The first was the theory evolved many years ago and engagingly exploited by Alexander Haig, that most diseases are due to excess of uric acid in the body; the second was that lithium salts would dissolve such excess uric acid. Here was a good working formula for the exploitation of a product supposed to contain lithium salts; here, too, was a widely advertised potable water, excellent in itself, which was said to be a lithia water. G.E.D."

In conclusion he pays special attention to Buffalo Lithia Water; this, of course, may be applied to nearly all the preparations of this nature that are presented to the public.

"A former physician-in-ordinary to the Pope and a member of the Academy at Rome deposed:

"Buffalo Lithia Water—by its richness of composition of lithia, is of marvellous efficacy, in cases of gout, of chronic, articular, and muscular rheumatism."

And this is but a sample of many, many testimonials given by physicians of unquestioned honesty and standing for Buffalo Lithia Water. One wonders whether these same physicians would have given these testimonials had they known that, in order to get a single therapeutic dose of lithium, it would have been necessary for their patients to drink 100,000 gallons of Buffalo Lithia Water!"

TOO MUCH MEDICAL SECRECY

The lay press gives prominence to this quotation from Dr. G. A. B. Addy's address at the late C.M.A. conference.

"At the recent conference of the Canadian Medical Association Dr. G. A. B. Addy, the President, stated that "stupendous progress" has been made in medicine and surgery during the last 50 years, but unfortunately, the advances are only known to the medical profession". He urged that the code of medical ethics be relaxed so that the public should know more about these things.

To a certain extent, it is right that laymen should not know much, because a little knowledge is a dangerous thing. It might make people scared or venturesome and prone to doctor themselves to their own harm.

But there are stronger reasons for enlightening the public on the advances of medicine and surgery along general lines than for keeping them always in the dark.

Progress in medicine and surgery is one of the most vital events of human existence, and this hiding of the facts, by which the public is prevented from knowing about it, is carried too far. The old adage about hiding one's light under a bushel applies to the medical profession just as surely as to any other business."

We have tried the middle course.

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VOL. XII

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No. 9

“The old order changeth giving place to the new.”

OF the events of the past week it seems appropriate that at this juncture I should single out one that is of very considerable interest to us. It is a double-barrelled one. The retirement of our venerable secretary, Dr. S. L. Walker, and the appointment of his successor.

There is scarcely to be found a member among us, from the veteran to the veriest tyro, who is not familiar with the very valuable services which have been rendered by Dr. Walker during his tenure of office. They were not always without criticism, it is true, but that didn't matter. He had the happy faculty of sailing serenely above that, and so successfully, that it must be regarded as one of his strong points; for who can be aggressive and not be criticized? And who can accomplish much and not be aggressive?

For some three or four years now, Dr. Walker's health has not been what it might have been, and of late he has been more or less continuously indisposed. It did not come as much of a surprise to many of us then, that the time had come when he felt that he should lay down his arms and retire from the field of active service.

Readers of the BULLETIN everywhere who knew of his work will join us in sending with him into his retirement our sincerest wishes that the evening of his life may hold for him the pleasantest of memories and enduring peace.

* * * * *

That Dr. Walker will be missed there is no doubt but the humiliating thought keeps clamouring for recognition that none of us are so indispensable that our cause, be it what it may, would suffer irreparable loss by our leaving it. Perhaps the sudden retirement by death of Lord Kitchener during the war is an excellent example of that. Perhaps too, coming nearer home, the decapitation of important departmental heads by the ebb of political power is an equally good one, for, in spite of all, the solar system still performs its beneficent work. When we come to the secretaryship of our Society it seemed for a long time that the principle of dispensability did not apply, so difficult did the task appear of finding a suitable successor to Dr. Walker, for of course, he must not be a man of smaller calibre! But such a person has been

found in the person of Dr. H. G. Grant, Dean of the Medical Faculty and Professor of Public Health of Dalhousie University.

Recommending him to the recent meeting the President, Dr. MacKenzie, indicated that in consultation with a group of our Confers it was felt that Dr. Grant would be the right man for the position of Secretary, and as well for the editing and improving of the BULLETIN; the Editorial Board meanwhile to be retained as an advisory board.

While the formality of rescinding the 1932 measure having respect to the status of the Editorial Board was not taken up, we are delighted, in the circumstances, to relinquish into such capable hands the burden which for months has been unduly heavy.

Dr. Grant brings to his new duties such industry and ability as, I feel sure, will fully justify our President's suggestion, that he is the right man. Meanwhile as this is the last BULLETIN under the old system I would bespeak for Dr. Grant, both in BULLETIN and other Society matters, such a measure of your support as will secure for his efforts the success which I am sure they will merit.

N. H. G.

POSTLUDE.

"Full many a gem of purest ray serene
The dark unfathomed caves of ocean bear,
Full many a flower is born to blush unseen,
And waste its sweetness on the desert air."

She is only a stenographer, employed by the late General Secretary in the office of the Nova Scotia Medical Society, and in the march of progress is no longer with us. For some months past, her loyalty must have been put severely to the test, for conditions were trying beyond description. Yet, she stuck it to the end, rendering invaluable service to the organization. I submit, and I believe Dr. MacKenzie will agree, that such an exhibition of industry, patience and faithfulness, probably possible only in a woman—is unusual and is entitled to this tribute.

In the heaven of stenographers such qualities will, of course, find reward. What a pity though there isn't something more tangible!

N. H. G.

THE REFRESHER COURSE.

From the standpoint of attendance the Dalhousie Refresher Course this year passed all previous records. Probably this was due in some part to the fact that it was combined with the annual meeting of the Nova Scotia Medical Society. Which brings up an important problem: should these two organizations not continue to meet together?

Undoubtedly there is much to commend a single getting together of the profession in this province. On the two occasions on which it has happened the attendance was most satisfactory, and the general opinion seemed to be that the gatherings were a decided success. Except on these two occasions

the Nova Scotia Medical Society has met at one end of the summer and the Dalhousie Refresher Course at the other, and a man who could attend one meeting often could not find time for the second. The opinion was expressed this year by several members of the profession from various parts of the province that the combined meetings were of much greater value than when separated.

The program put on by the Dalhousie clinicians followed in most of its details the one that proved so successful last year. There were the general surgical, medical and specialist clinics, the small group courses, and the afternoon symposia. Two moving pictures were shown. Generally speaking the attendance was excellent at all the clinics, but in the case of one or two of the small groups it was not all that could be desired. One man had a splendid group of cases ready for an 8 a. m. group course, and only one practitioner turned up, out of the six who had put their name down for the course. This is very disappointing to a clinician who has gone to a great deal of trouble to prepare for his hour.

From out of town we were fortunate in having Drs. Goodall and Keenan of Montreal to help us with clinics, and to lead the afternoon symposia. Both these men are outstanding Canadian clinicians, and were listened to with the interest which their contributions deserved.

While the golf tournament and the annual dinner really belong to the proceedings of the Nova Scotia Medical Society, they might well be mentioned here, as both functions seem to have been complete successes. Dr. P. A. MacDonald of Halifax performed the most striking series of major operations on the little white pill, just nosing out that chronic contender for first place Dr. L. M. Morton of Yarmouth. It is not yet ascertained who won the nineteenth hole. The annual dinner was unique for several reasons. In the first place it was a stag affair—which doubtless conduced to a certain freedom of expression and *joie de vivre*. In the second place, except for Dr. Stanley Walker's humorous address, the entertainment was provided entirely by certain talented members of the profession. Drs. L. M. Morton and J. C. Wickwire made vocal melody. Dr. Beckwith drew luscious strains from his saw. Dr. Farish described the symptoms of a disease called golfitis in a manner that brought down the house. And the Halifax Medical Society Songsters parodied several of their number to the tune of John Peel.

But to return to the Refresher Course. The Committee in charge feel that they have pretty well exhausted their ideas with regard to this course. If changes are to be made in the future that will add to its efficiency they must come as a result of the criticisms of those attending—those for whom the course was designed. Within a short time you—if you attended the course this year—will receive a letter asking for your opinions and criticisms. The Refresher Course Committee beg that you will take five or ten minutes off to answer this epistle. Only by constantly keeping our aims in touch with your needs can this annual event continue to improve. What are your needs?

H. B. A.

CANCER

CANCER IN MAN*

By STANLEY P. REIMANN

(From the Lankenau Hospital Research Institute, Philadelphia).

WHAT I say in the few minutes allotted to Cancer in Man is to be interpreted in the knowledge of to-day, and with the definite understanding that any or all of the statements may be modified at any time, in principle or in detail, by new knowledge as it is accumulated and correlated. Obviously it can only be very sketchy and can touch only a few points of this many-angled subject. Practical and theoretical, i.e., clinical and laboratory phases will be blended, as they should be, for no one knows how soon a theoretical consideration and a laboratory experiment will be used clinically, nor how quickly a seemingly academic question can become of the utmost practical significance. And on the other hand, no successful clinical procedure can be based on false theory.

The definition of cancer for to-night is simply this: any malignant tumor. But it might include any tumor, benign or malignant.

1. It is a mistake to single out cancer in man as a separate and distinct entity. Just as man is an animal and as such is related in most of his functions to all other animals and plants as well, so are the cancers which afflict man related to the cancers which afflict all other animals and plants. Since, therefore, man, at least from the strictly physical side, is a unit in the biological system of this earth, he is a problem in biology and so are his diseases. And so information about cancer in any living thing somehow is applicable to man.

2. And, therefore, it is a mistake to single out certain peculiarities in the habits of man and make them responsible for his cancers. Thus he gets cancer because he eats canned foods or because he does not eat enough grapefruit, etc. This idea comes from loose thinking or none at all; more particularly it comes from confusing the immediate or exciting causes of cancer with the deeper, more fundamental ones. This leads to the statement that:

3. It is a mistake to say that the cause of cancer is unknown, for many causes are known. If jagged teeth and syphilis were annihilated, many cancers of the mouth would disappear; if lacerated cervixes were all properly repaired, many carcinomas of the uterus would never develop. If certain occupations were properly safe-guarded, another group would disappear; if all of certain benign tumors, ulcers, blemishes, etc., were removed, still another group would never be harvested, etc.

But proper thinking groups all of these chronic irritations, using that term in its broadest sense, under exciting or immediate causes. The fundamental underlying reasons why cells should multiply as cancers after such stimuli

*Read before the Philadelphia College of Physicians and Surgeons, May, 1932, and published in their "proceedings" for that year.

is not known. Nor will it be known until we know much about what makes cells multiply in an orderly manner. But then, also, in spite of the satisfaction often expressed, we know just as little about the fundamentals of other diseases. Which leads to the next statement.

4. It is a mistake to compare cancer with any other disease—except for the differences. Especially is this true of infections like tuberculosis or syphilis. Actually, although we glibly say the cause of tuberculosis is the tubercle bacillus, that of another infection is the streptococcus, etc., we know little more, if any, of the reasons why the tissues react in a certain way to the presence of these organisms than we know why the tissues react to form a cancer in the presence of an agent similarly as definite, like tar or a jagged tooth.

No one who has studied both cancers and the infections can fail to appreciate the much greater complexity of the latter.

5. It is a mistake to consider cancer as a single clinical entity. It is a disease with protein clinical manifestations. Under this name are grouped many conditions with widely different exciting causes, clinical manifestations and symptoms indicating different details of treatment. If the comparison is made at all, it should be not with one infectious disease such as streptococcus septicemia or tuberculosis, but with the whole group of inflammatory diseases. Just think of the abysmal ignorance if all inflammatory diseases were considered one and the same. From which it follows that:

6. It is a mistake to think that one specific organism causes cancer for then its manifestations, more varied by far than any other group of diseases, would be more mysterious than ever. In spite of filtrable viruses, etc., thought to be causes of certain very special growths like chicken sarcomas, etc., if they are the causes at all, they are the exciting ones and not the fundamental ones. From this again it follows that:

7. It is a mistake to believe that cancer can be properly controlled by the use of toxic materials such as lead, selenium, gold, etc. At most they inhibit in but few cases and do damage in many.

The ideal to be attained is to remove the exciting cause, if known, and so rearrange the internal chemistry of cells and environment that they themselves stop their own growth or guide it into useful channels. This is so complex, so intimately connected with the attributes of life itself that:

8. It is a mistake to believe that the ultimate cause and cure of cancer will be found by some amateur or dabbler, or well-meaning shoemaker, clerk, etc. "Chance favors the prepared mind", and when finally understanding is reached, it will be based on the labors of many sung and unsung workers with the patience of Job, the insight of a Bacon and the good nature of a saint working under the difficulties and discouragements of that poorly rewarded profession, cancer research.

9. It is also a mistake to believe that a long-time practitioner can suddenly become creative in experimental cancer research. But a clinician can, should and must carry on his part of the job; not regard cancer patients as entirely hopeless, for much can be done to relieve suffering and despair, and withal, study and record every phase of the manifestations presented to him by the disease. And, of course,—

10. It is a mistake to be premature in drawing conclusions, especially as to the efficacy of a remedy. Cancer is often a long-drawn-out disease and ten years' duration of untreated cancer is no rarity.

11. It is a mistake to regard morphology as the end of a study in cancer. Important as morphology is, and it is the foundation of our knowledge—would that there were more expert morphologists both of the gross and microscopic fields, competent tissue pathologists are certainly relatively few in number—morphology is, nevertheless just the beginning of the study. Control of natural phenomena is obtained by a knowledge of the dynamics of a process, mostly of its physics and chemistry.

It is, therefore, not enough to merely look at a cancer, give it a name, describe it and then pigeon-hole it in a table of classifications. This remark is made for those who worry excessively about specific names and is a gentle jibe at those who are cluttering up the literature and inexperienced minds with new labels for old bottles.

To pick out one last thought from the many which clamor for recognition; in a subject so long known to be vital to humankind, there has naturally been an enormous outpouring of ideas and work, so that:

12. It is a mistake to expend much energy on an idea until at least a cursory survey of cancer history has been made. To many of our forefathers, ideas came as brilliantly as to us and had they our present equipment and apparatus, perhaps, they would do better than we. It does not take a very comprehensive knowledge of music to recognize the ideas of old masters dressed up as modern jazz. Similarly in cancer, the old ones seem to be the best judged by their popularity. Not the least harm that the old ones do when dressed up and presented as new, is to render still more unbearable the already unbearable burden of hunting through the literature for the divine spark of originality.

Finally, to remind you once more that cancer is a biological problem, and in spite of my remarks that it is not a single clinical entity, there is, nevertheless, a single phenomenon, a least common denominator in all cancers, and that is cell multiplication. If we study this we are certain of studying at least one of its fundamentals and I turn you over to a biologist, Dr. Hammett, for this part.

This has recently been the period of a plethora of Annual Reports and among them are some from which we can gather considerable information while others seem to be made up largely of figures and statistics which practically no one in the profession ever looks over or reads. In this same connection we are somewhat disappointed with the recent 75th Annual Report of the Nova Scotia Hospital. There appears to be something lacking in this report regarding the excellent services which have been rendered by the late Medical Superintendent of that institution. It was not for Dr. Lawlor or those immediately associated with him to make this report but we honestly are of the opinion that the experience that he has gained in the many years he has been associated with that institution should in some manner come in readable form to the medical profession of Nova Scotia.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

Office—Metropole Building, Hollis Street, Halifax, N. S.

MINISTER OF HEALTH - - - - HON. F. R. DAVIS, M.D., F.A.C.S., Halifax.

Chief Health Officer - - - - DR. P. S. CAMPBELL, Halifax.
 Divisional Medical Health Officer - - DR. C. M. BAYNE, Sydney.
 Divisional Medical Health Officer - - DR. J. J. MACRITCHIE, Halifax.
 Director of Public Health Laboratory - - DR. D. J. MACKENZIE, Halifax.
 Pathologist - - - - DR. R. P. SMITH, Halifax.
 Psychiatrist - - - - DR. ELIZA P. BRISON, Halifax.
 Superintendent Nursing Service - - - MISS M. E. MACKENZIE, Reg. N., Halifax.

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President - - - - DR. A. E. BLACKETT, - - - - New Glasgow.
 1st Vice President - - - DR. F. O'NEIL, - - - - Sydney.
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MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

Hall, E. B., Bridgetown.
 Braine, L. B. W., Annapolis Royal.
 Kelley, H. E., Middleton (County) (No report from Town).

ANTIGONISH COUNTY

Cameron, J. J., Antigonish (County).
 MacKinnon, W. F., Antigonish.

CAPE BRETON COUNTY

Densmore, F. T., Dominion.
 Miller, B. F., New Waterford.
 MacKeough, W. T., Sydney Mines.
 Archibald, B. C., Glace Bay.
 McLeod, J. K., Sydney.

O'Neil, F., Sydney (Louisburg & C. B. Co.).
 Murray, R. L., North Sydney

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Dunbar, W. R., Truro.
 Havey, H. B., Stewiacke.
 Johnson, T. R., Great Village (County).

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 Drury, D., Maccan (County).
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 Jeffers, Edward, Parrsboro.
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 Withrow, R. R., Springhill.

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DeVernet, E., Digby.
 Rice, F. E., Sandy Cove (County).
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(Clare Municipality)

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 Smith, J. N., Guysboro (County).
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McLeod, J. R. B., Port Hawkesbury
 LeBlanc, L. J., Cheticamp (County)
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Cogswell, L. E., Berwick.
 Bishop, B. S., Kentville.
 Burns, A. S., Kentville (County).
 DeWitt, C. E. A., Wolfville.

LUNENBURG COUNTY

..... (County).
 Reh fuss, W. N., Bridgewater.
 McKinnon, C. G., Mahone Bay
 Zinck, R. C., Lunenburg.
 Zwicker, D. W. N., Chester (Chester Mcpy.)

PICTOU COUNTY

Blackett, A. E., New Glasgow.
 Chisholm, H. D., Springville (County).
 Bagnall, B. O., Westville.
 Stramberg, C. W., Trenton
 Sutherland, R. H., Pictou.
 Whitman, G. W., Stellarton.

QUEENS COUNTY

..... Liverpool.
 MacLeod, A. C., Caledonia (County).

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELburne COUNTY

Brown, C. Bruce, Clark's Harbour.
 Churchill, L. P., Shelburne.
 Fuller, L. O., Shelburne (County).
 Densmore, J. D., Port Clyde (Barrington
 Mcpy.).

VICTORIA COUNTY

Gillis, R. I., Baddeck (County).

YARMOUTH COUNTY

Blackadar, R. L., Port Maitland (Yar. Co.).
 Burton, G. V., Yarmouth.
 O'Brien, W. C., Wedgeport.
 LeBlanc, J. E., West Pubnico (Argyle Mcpy.)

Those physicians wishing to make use of the free diagnostic services offered by the Public Health Laboratory, will please address material to Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax. This free service has reference to the examination of such specimens as will assist in the diagnosis and control of communicable diseases; including Kahn test, Widal test, blood culture cerebro spinal fluid, gonococci and sputa smears, bacteriological examination of pleural fluid, urine and faeces for tubercle or typhoid, water and milk analysis.

In connection with Cancer Control, tumor tissues are examined free. These should be addressed to Dr. R. P. Smith, Pathological Institute, Morris Street, Halifax.

All orders for Vaccines and sera are to be sent to the Department of the Public Health, Metropole Building, Halifax.



DEPARTMENT OF PUBLIC HEALTH
NOVA SCOTIA

OFFICE OF THE MINISTER

HALIFAX, N. S.
14th September, 1933.

To the Medical Profession of the Province:

Gentlemen:

On assuming the duties of Minister of Public Health, one of my first thoughts is to come before my fellow practitioners in the medical profession to seek their aid and co-operation in the many problems that lie before me.

The value and necessity of securing the participation of private physicians in all public health endeavours is realized at the beginning, and I know, full well, that much of the progress already made would have been impossible without that participation. In any public health effort, co-operation between the practising physicians and the health department is essential to success, and in all their relations they should strive to keep that end in view. It follows then that whatever health schemes are projected, they should be the joint product of the health department and practising physicians.

The physicians have given generously of their time towards the development of the department, and I ask their continued interest and assistance in a whole-hearted way for its further development. In helping to increase the efficiency of the department, the doctors are taking their rightful place in promoting that science which has for its objects disease prevention and good health for all the people.

In conclusion permit me to say that it will always be my endeavour, while serving the interests of all the people, to advance the cause of the medical profession to the extent of my ability.

Yours faithfully,

F. R. DAVIS,
Minister of Public Health.

Communicable Diseases Reported by the Medical Health Officers for the Period Commencing July 20, to August 20th, 1933.

County	Chicken Pox	Diphtheria	Influenza	Pneumonia	Scarlet Fever	Tuberculosis, (pul.)	Typhoid Fever	Whooping Cough	V. D. G.	V. D. S.	TOTAL
Annapolis.....	2	..	..	..	..	..	..	..	2
Antigonish.....	1
Cape Breton.....	..	1	..	..	..	..	..	..	..	..	1
Colchester.....	1	..	..	..	..	..	1
Cumberland.....	..	1	..	..	..	..	..	..	..	..	1
Digby.....	1	..	..	..	..	..	2	3	3	..	9
Guysboro.....	1	..	..	..	..	1
Halifax City.....	..	4	..	..	18	..	..	..	..	..	22
Halifax.....	..	1	..	..	..	..	..	..	..	..	1
Hants.....
Inverness.....	1	..	7	3	..	..	1	4	4	..	16
Kings.....	12	..	..	1	..	4	4	2	19
Lunenburg.....	1	..	..	..	..	..	1
Pictou.....	1	1	..	..	..	..	2
Queens.....
Richmond.....
Shelburne.....	1	..	1
Victoria.....
Yarmouth.....
TOTAL.....	2	7	21	3	21	3	2	4	11	3	77

RETURNS VITAL STATISTICS FOR JULY 1933.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis.....	9	14	14	6	5	2
Antigonish.....	6	15	6	4	6	1
Cape Breton.....	65	85	27	30	27	6
Colchester.....	20	23	15	10	13	7
Cumberland.....	46	29	29	12	20	2
Digby.....	13	13	10	4	4	2
Guysboro.....	9	21	8	9	3	0
Halifax.....	72	97	57	42	42	10
Hants.....	13	16	7	5	6	1
Inverness.....	11	19	2	10	6	2
Kings.....	29	28	14	16	9	0
Lunenburg.....	21	16	13	16	9	3
Pictou.....	32	24	20	8	16	2
Queens.....	11	15	10	5	9	1
Richmond.....	3	2	2	4	3	0
Shelburne.....	7	12	9	7	7	1
Victoria.....	9	4	3	1	3	1
Yarmouth.....	4	6	3	8	5	2
TOTALS.....	380	439	249	197	193	43
	819		249	390		43

Report on Tissues sent for examination to the Provincial Laboratory, from August 16th, to September 15th, inclusive.

The total number of tissues sectioned is 123. In addition to this, 22 tissues were sectioned from 4 autopsies, making 141 tissues in all.

Tumours, malignant.....	35
Tumours, simple.....	9
Tumours, suspicious.....	1
Other conditions.....	68
Post Mortem tissue.....	0
Awaiting section.....	10—123

Unfortunately the giving of an accurate Diagnosis is hindered by many of the specimens arriving at the Laboratory unaccompanied by any history whatever. Often the source of the growth is omitted. A short note of the sex and age of patient, duration of tumour and any other relevant points in the history of the case would be much appreciated and would be of considerable help in the giving of a fuller report on Diagnosis and Prognosis.

It is a serious matter for the Canadian Department of Health to be met with such an epidemic of typhoid fever as occurred near Montreal in a Convent. The Department should give us full particulars in the matter.

Pablum—Mead's Pre-Cooked Cereal.

Mead Johnson & Co. are now marketing Mead's Cereal in dried pre-cooked form, ready to serve, under the name of Pablum. This product combines all of the outstanding mineral and vitamin advantages of Mead's Cereal with great ease of preparation.

All the mother has to do to prepare Pablum is to measure the prescribed amount directly into the baby's cereal bowl and add previously boiled milk, water, or milk-and-water, stirring with a fork. It may be served hot or cold and for older children and adults cream, salt and sugar may be added as desired.

Mothers will co-operate with physicians better in the feeding of their babies because Pablum is so easy to prepare. It gives them the extra hour's rest in the morning and saves bending their backs over a hot kitchen stove in summer. Please send for samples to Mead Johnson & Company, Evansville, Indiana.

Hospital Service

The following letter is published for the benefit of those interested in the Nova Scotia and Prince Edward Island Hospital Association.—Editor-in-Chief.

August 18th, 1933.

Dr. K. A. MacKenzie,
President,
Nova Scotia Medical Society,
Halifax, N. S.

Dear Dr. MacKenzie:—

The meeting of the Nova Scotia and Prince Edward Island Hospital Association was held in Antigonish on June 27th and 28th. Fine weather prevailed and accommodations were ideal. The hospitality of the Sisters of St. Martha's and the citizens of the town added greatly to the enjoyment of the gathering. There was an excellent representation from Nova Scotia and a particularly fine one from Prince Edward Island. The latter Province is particularly interested in Hospital affairs and the three General Hospitals are generously backed by public spirit, as shown by the enthusiasm of their delegates. Business and pleasure at these meetings were agreeably blended. The banquet on the evening of the first day proved a most enjoyable feature.

The new Tuberculosis Annex of St. Martha's Hospital was inspected and is undoubtedly a well planned and excellently constructed unit. At the business meetings matters of interest to Hospital trustees were this year featured. Topics of common interest were freely discussed.

The Canadian Medical Society was represented by Dr. Harvey Agnew and the American College of Surgeons by Dr. Malcolm T. MacEachern. Both these men are so well known in Nova Scotia that their visits are looked forward to with great pleasure. Both played a prominent part in the meetings. The Department of Public Health was represented by Dr. P. S. Campbell. After listening to portions of the programme, Dr. Agnew remarked that he considered Nova Scotia was one of the bright spots in Canada in the hospital field. Here he made particular mention of leaving small profits at the end of a Hospital year, with all the services being maintained. Hospitals in other Provinces were showing deficits and not only deficits but decreased expenditure on maintenance. Some Hospitals had not done any painting for three years.

A feature of the meeting was the outspoken opinions of Hon. Dr. MacMillan, Acting Premier of Prince Edward Island, regarding the responsibility of Physicians to keep adequate case records of their patients in hospitals whether internes were available or not. He said the responsibility had legal and moral as well as professional bearings, and maintained that it was a Staff responsibility in every hospital, and that the Staff should see to it that good records were kept.

Medico legal matters received considerable attention. It was announced that Mr. L. D. Currie, of Glace Bay, was preparing for the Canadian Hospital Council an analysis of the cases heard before Canadian Courts, in which Hospitals were involved as defendants. The President, Mr. R. W. Wright,

announced that through the efforts of the Association the liability of Hospitals for action for negligence was limited to one year from the date of the patient's discharge from Hospital.

The sessions closed most agreeably with an afternoon tea, served by the Sisters of St. Martha's, at the Hospital.

Yours truly,

H. L. SCAMMELL, M.D.,
Medical Ass't Superintendent.

RESIGNATION OF DR. WALKER

Halifax, N. S., Sept. 2nd, 1933.

To The Medical Society of Nova Scotia,
Halifax, N. S.

Dear Sirs:—

I beg leave herewith to tender to you my resignation as General Secretary of The Medical Society of Nova Scotia for various reasons which may be considered. In view of the accumulation of matters this should become effective on the 15th of November, 1933.

Yours truly,

S. L. WALKER.

OBITUARY

Clyde Straughn Hennigar, M.D., C.M., Dalhousie 1909, Liverpool, N. S.

Another brilliant graduate of Dalhousie has passed along the road from which there is no return. While his passing was not entirely unexpected yet the call came suddenly while he was motoring with his brother-in-law, Dr. Hebb, to the home of Dr. Hebb's father, Dr. A. M. Hebb.

Dr. Hennigar was born at Chester, December 14th, 1883, he died August 8th, 1933, being thus in his 50th year. He was the son of the late Burton and Annie Hennigar of Chester. He received his early education at the High School there and upon graduation entered Dalhousie Medical College. In 1923 he was married to Marguerite Uhlmann who survives him with three children.

Among other things, Dr. Hennigar annexed during his stay at Dalhousie the honor of being the Gold Medalist of his class. He at once settled in Liverpool, and after having been in practice for a short period took an extended Post Graduate Course in New York. He has been in continuous practice in Liverpool for some twenty years. Recently Dr. Frank Hebb, Dalhousie 1932, has been associated with him in practice. Dr. Hennigar was more than a medical practitioner, for he took his share of all the activities of local social life and was most efficient in everything he undertook.

Among other things he was prominent in the Free Mason body. He could not be otherwise than active in the local Baptist church in view of his name and relations.

Besides his widow there are also surviving seven brothers and sisters. To all these the members of the Medical Society of Nova Scotia will extend its sincere sympathy.

Very many people were grieved to learn of the death of Mrs. Enos Churchill of Dartmouth, N. S. Although Mrs. Churchill had been an invalid for a number of years she maintained until the end of her life, a very active interest in local affairs and particularly in matters relating to education and general literature. As a matter of fact, Acadia University has very recently published one of her volumes of poems. Mrs. Churchill besides being accepted as a literary authority has a claim upon the medical profession in that she is the mother of Dr. L. P. Churchill of Shelburne and the sister-in-law of Dr. J. L. Churchill of Halifax: to these members of the Medical Society of Nova Scotia we extend our sincere sympathy.

The death occurred on August 6th at Millville, Pictou, at the advanced age of 85 years of Mrs. Jane Fitzpatrick Young. She was a resident of Millville, excepting for one year, all her long life. She is survived by two sons and two daughters. Her life was remarkable for her very extensive knowledge.

To Dr. M. R. Young of Pictou, a son of the deceased sincere sympathy is extended by all members of the medical profession.

Archibald MacMechan, LL.D., Halifax.

It becomes the duty of the BULLETIN very often to make a record of the decease of others than members of the medical profession. This applies particularly to close relatives of the doctors or those closely related to the profession otherwise. Among the latter Dr. Archibald MacMechan, of Dalhousie, who died August 7th, is certainly one of the outstanding figures. He would thus be classed if he had but served his long term of years as one of the Professors, that of English. But he was more than a Dalhousian; his name is familiar all over Canada, in England and also in the United States of America. Indeed at this date, we hardly think of him as a retired professor of English but as a national figure in Literature. He wrote the following notable contributions to literature:—

- “Sagas of the Sea”
- “There Go the Ships”
- “Headwaters of Canadian Literature”
- “Old Province Tales”
- “Nova Scotia Chap Books”
- “That Book of Ultima Thule”
- “The Life of a Little College”.

One of the most recent of his publications was “Red Snow on the Grand Pre”, issued within the past two years.

His services at Dalhousie were greatly appreciated as is shown by the actions of the professional and student body.

THE OVERPRODUCTION OF MEDICAL GRADUATES.

And now it is the A. M. A. Journal correspondent from Japan who joins the chorus to curtail the number of medical graduates. He says:—

“Nineteen medical universities and eleven medical colleges have had 3,143 medical graduates this year. The deaths of physicians last year numbered 933, and those who gave up practice 23. The real actual increase of physicians during the twelve months was 2,187, which is a record increase of physicians in this country. It is due to the sudden increase in the number of medical schools in 1928 as the after-effects of prosperous times. The first graduates came from the new schools this April. There was 1 physician to 1,297 people in 1930. The average annual increase of population for the five years following 1925 was 884,052, while the average increase of physicians was 891 for those years; that is, there was 1 physician to 1,078 of population. This year the proportion was greatly changed. If this increase in graduates continues, in ten years there will be 1 physician to every 500 people. Far sighted men are earnestly emphasizing the need of emigration to the continent, especially to the new republic of Manchukuo.”

Our Exchanges

MEDICAL SCHOOL INSPECTION

NOW we can write of something we know something about or, of which, we have had some experience, having started the first systematic inspection of schools in Nova Scotia. A recent extract in the *Canadian Public Health Journal* takes also into consideration the Pre-school Child, in fact that is the chief topic in the article. Emphasis is placed on what was at first our conception of duty in this particular matter, the finding and correction of defects. That has lately been relegated to the past as greater attention has been placed on the control of communicable diseases and the promoting of hygiene, mental and general. But although we have been engaged in this work for 25 years there has been little or no change in the number of percentages of defects that are existing. That does not mean we have not made any progress, but the quota is being added to annually by those at the age of six years who at this age come to school for the first time. The writer says:

"The emphasis is on the wrong note. All school medical work with which I am familiar has laid great stress on securing the correction of defects. Obviously, existing defects must be corrected; but is this the only message we have to offer the anxious parent? Have we been able to give any assurance that the younger children coming along would be subject to early examination and treatment and be spared, if possible, the inconvenience of dangers of corrective measures? It seems to me that we have read to the parents only the last chapter of the story and have sat back satisfied. I have often wondered if the public is as satisfied as we are self-satisfied.

"Let us at this point consider some of the salient features of school medical inspection and how it originated. Its origin was slow and simple and evolved from several facts; namely, that groups of children housed together for teaching purposes were found to facilitate the spread of infection; that they were found to possess defects both physical and mental; that they were grouped together in a suitable place and under such discipline as made physical examinations possible, and by a slight encroachment on school time hygiene could be taught. It looks like an excellent plan, and up to a point it is. Behavior problems, hygiene and the control of contagion properly belong to the school.

The Pre-School Group

"If we could wipe the whole slate clean, and, before making a new start, ask those fitted by experience to give an opinion as to what age groups would yield the best results from the standpoint of preventative measures, I think the consensus of opinion would strongly favour the one to six year group. In other words, the examination of the school age group was a matter of expediency and opportunity, rather than a selection based on the ideal.

"However, the experience of Sir George Newman should be quoted when he says,—

"The data provided by the inquiry confirm the experience of every school doctor—that it is the physical impairment of the pre-school child which mainly creates the problems of disease in school life."

“Again the author undertakes to tell us what we are to find as to the needs of the pre-school child.

The Needs of the Pre-School Child

“If we review the difficulties that have arisen in the past, and those that still confront us, in respect to carrying corrective and preventive work to the children of pre-school age as a whole, then any plan that would offer a solution, however imperfect at the outset, should be given earnest consideration. It has been amply demonstrated that the pre-school group cannot be reached through the baby and infant welfare clinics, and another approach must be tried. Someone aptly described this period of life as “the neglected age”. In many communities the public health authorities are almost prepared to acknowledge defeat. They state that certain small groups can be reached and examined and that a few progressive mothers come forward of themselves. I think, therefore, that it can be safely stated that in the gross the problem of the pre-school child is, at present, inadequately explored and until it is thoroughly explored, who can forecast the amount of good that can be accomplished by sound preventive measures?

“Due to lack of information on the subject, it is difficult to estimate what proportion of pathological conditions as found in school could be prevented, but one might ask a few questions such as:

(a) Does faulty nose breathing in the toddler predispose to that chain of conditions which starts with mouth breathing and goes on to hypertrophy of the tonsils and involvement of the sinuses and middle ear, or possible chronic bronchitis?

(b) Why does the hypertrophied tonsil bulk so large in the physical findings? Everyone questions the wisdom of and deplors the necessity for wholesale tonsil enucleation. In a recently published survey, Dr. J. T. Phair has pointed out that if the hypertrophied tonsil was eliminated from the list, there would be little left. I wonder if we have accepted this fact too complacently.

I think that there is no need to stress further the desirability of examination early in pre-school life; it is well known. The problem always has been, *How can it be accomplished?*”

How can this condition be remedied? As far as we can learn it can only be done by the co-operation of the doctor, the school nurse and the family physician.

Even this brings up the ogre of our new phase of State Medicine.

No one will make the first move in this direction as far as we are concerned. Will anybody start it in a way that will give evidence to the public that they are getting full returns for their endeavors along this line which cannot be other than large.

Reviewing much of the material the author writes,—

“If such a scheme as the above were inaugurated, we might forecast the results as follows: every mother would be seen in the privacy of her own home and, no doubt, every medical skeleton would be brought forth for review. The secluded Mongolian and Cretin, as well as all cripples and helpless invalids, would be located and influences likely to stain or mar the coming generations might, in time, be combated successfully.

“It is only by knowing the conditions that exist in the home, in respect to

health, mental or otherwise, of every member, that worthwhile advice can be given to the potential mother and such knowledge imparted to her as will lead her to seek the safest and wisest course in relation to the bearing of children.

"We have camped on the well-broken trail of the handicapped school child long enough. Let us now break a new trail for awhile, and see whether it will not decrease the number of handicaps now found in that brave, wee champion of the future—the school child."

S. L. W.

The BULLETIN presents this abstract from a recent number of the A. M. A. Journal as showing one of the recent trends of medical practice on this continent.

"The ideals of medicine in this country have been clearly stated again and again. Opposed to those ideals are attempts to commercialize medical practice through exploitation of the services of physicians by corporations which consider medical ethics merely a hindrance. Such corporations do not hesitate to evade the obstruction, soliciting patients by newspaper publicity, the radio and other methods of indirect advertising and also by direct announcements in the press.

"Some of the leaders in the field of social service whose experience should have taught them better do not hesitate to encourage these promoters in their plans. The scheme proposed by J. G. Berkowitz and his associates has a tacit endorsement in the public and printed utterances of E. A. Filene and of Michael M. Davis. Notwithstanding any of the arguments that may be offered in support of such plans, they strike at the very basis of sound medical practice, they will interfere seriously with the advancement of medical science and they will hasten, if not precipitate, the coming of government schemes of medical practice.

The physicians who have considered seriously the acceptance of full time salaried positions with corporations of business men who propose to exploit such service for profit may consider well what happens when economic stress, personal relationships, differences of opinion as to scientific methods, or similar complications necessitate separation of the employed from the employer. The employer of the physician in private practice is his patient. In times of stress these patients may not be able to pay him as much as previously, perhaps not at all. During the present emergency most physicians are continuing to care for their patients and are waiting patiently for the period when a return of prosperity will permit the settling of debts. These physicians still have their practices. The physician employed by a corporation has no practice of his own. The patients are not his patients—they are the patients of the clinic, institute, group or other corporation that employed him. When he severs his connection with his employer, for any of the reasons that have been mentioned, he must remove most frequently to another community, there to begin as he might have begun years before, to develop the relationships with individual patients that have been the very basis of medical practice since the beginning of time. And what of the patient? In the clinic, institute or group lies the record of his medical care, but such a record is far removed from the human understanding that is fundamental between patient and physician. Michael Davis cites as one of the qualities which patients may rightly expect in medical service 'a sense of personal responsibility for each patient on the part of the physician and a sense of individual attention from the physician on the part of each patient.' Is there the slightest reason to believe that any

In Convalescence When Feeding Is Difficult



WHEN appetite lags, digestion is impaired and the patient balks at the very foods most needed to rebuild strength and vitality, the question of feeding the patient adequately often becomes a problem.

Here is where Ovaltine can be used to excellent advantage. Clinical experience of its use over many years shows that it can often be taken and well tolerated when other foods are rejected by the patient. It has an enticing flavour and appetite appeal and imposes no strain upon the digestive function.

Ovaltine, too, enhances the nutritive value of the diet. It adds to it vital food elements, including the essential minerals, iron, calcium and phosphorous, as well as reinforcing the diet with important vitamin such as the appetite producing and anti-neuritic vitamin B.

OVALTINE

The Supreme Food Beverage

Ovaltine, too, considerably increases the digestibility of milk by breaking up the heavy curd of cow's milk into a light, easily digested coagulum.

Where nervous irritability, pain or worry interfere with sound sleep, a drink of warm Ovaltine often works wonders and lulls the patient into refreshing slumber without the use of drugs.

Why not let us send you a trial supply of Ovaltine? If you are a physician, dentist, or nurse, you are entitled to a regular package. Send coupon together with your card, professional letter-head or other indication of your professional standing.

This offer is limited only to practicing physicians, dentists and nurses

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Please send me, without charge, a regular size package of OVALTINE. Evidence of my professional standing is enclosed.

Dr.

Address

corporation of business men vending medical service through salaried physicians will ever be able to meet this expectation?"

It has been for years the policy of the American Medical Association that the interest of the public is first. The Journal opposes such schemes not only because they are bad medical practice but also because they must inevitably result in an inferior type of medical practice for the people of this country.

The laws of the state of Delaware and of Illinois are quite clear in opposing the practice of law or of medicine by corporations. The suitable committees of the state medical societies in these states may well consider carefully whether or not it is advisable to set in motion at once the necessary legal machinery to oppose the establishment of such corporations as being directly opposed to the laws of the state.

J. Am. M. Ass., 1932, 99: 264.

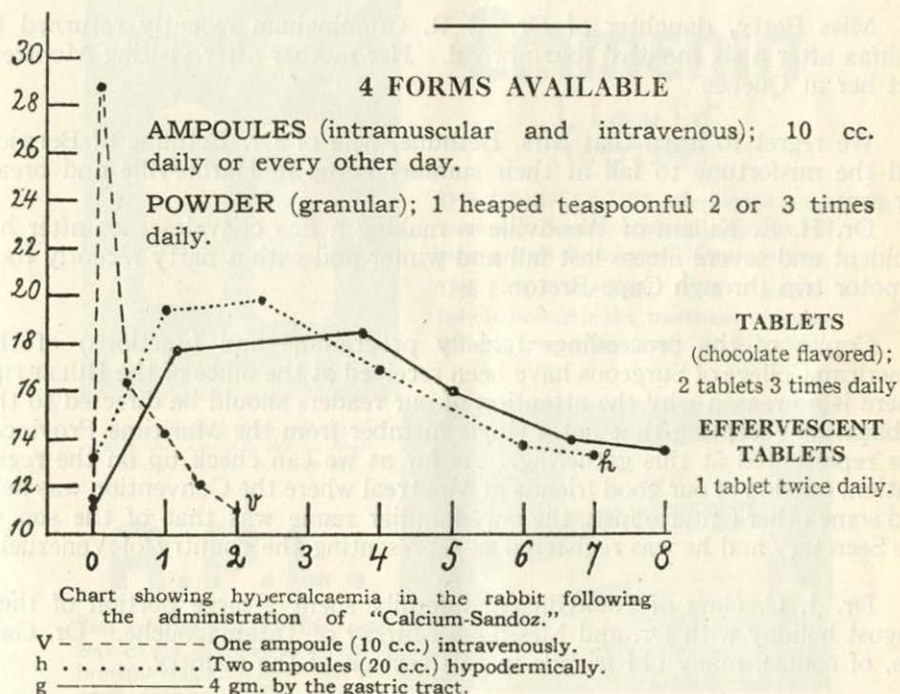
A LAY MEDICAL DIRECTORY.

- Abdominal Section—The region below the navel.
- Accommodation—A hotel room.
- Ankylosis—Disease of the ankles.
- Autointoxication—A drunken driver.
- Bougie—Something to frighten children with.
- Breech Presentation—A form of insult.
- Cachexia—The noise of a chicken.
- Catarrh—A musical instrument.
- Chorea—A country near China.
- Cloister—Where monks live.
- Colon—The end of Panama.
- Coma—Something like a period.
- Comedo—Something dramatic.
- Cornea—A hard growth on the knee.
- Felon—Criminal.
- Heroin—A brave woman.
- Itch—German pronoun, first person singular.
- Joints—Where you can buy liquor.
- Mamma—The opposite pappa.
- Parturition—A separation between others.
- Presbyopia—A religion.
- Prostate—Lying on the ground.
- Prussic Acid—A German poison.
- Pyelitis—Stomach ache from pastry.
- Tampon—A fish.
- Tartar—A Russian.
- Tibia—What prize fighters get.
- Urotropin—You're another!
- Yaws—A way of saying yes.

When Calcium is indicated prescribe "Calcium Gluconate Sandoz"

"Calcium Gluconate Sandoz" strikes a new note in safety and ease of administration of calcium because;

1. Suitable for painless intramuscular injection.
2. Safe for intravenous injection (much better tolerated than calcium chloride).
3. Pleasant and effective for prolonged oral use.



THE WINGATE CHEMICAL COMPANY LIMITED

183 Front St. E.,
Toronto, Ont.

378 St. Paul St. W.,
Montreal, Que.

Personal Interest Notes

DID you give a cordial greeting with best wishes to the last pharmaceutical traveller who called upon you? The BULLETIN feels that its clientele who read carefully the advertisements that appear in its pages should get the habit of giving these callers a friendly reception when they put in an appearance. There are very many doctors, who contribute nothing to the BULLETIN either in news or scientific articles. This is one thing at least that they can do and it will do a great deal to popularize the BULLETIN particularly with the advertising people. Perhaps medical men have not realized that they had a distinct obligation along this line. Perhaps this reminder will be sufficient to have more than one advertising agent say "Well, I like to go down and talk to those men down in Nova Scotia because they always are nice to me and give me a good send off. Even if they are Scotch and do not buy very much".

Miss Betty, daughter of Dr. A. R. Cunningham recently returned to Halifax after a six months' tour abroad. Her mother after visiting Montreal met her at Quebec.

We regret to learn that Mrs. Bethune, wife of Dr. Bethune of Berwick had the misfortune to fall at their summer home in Harborville and break her arm.

Dr. H. E. Killam of Woodville is making a fine convalescence after his accident and severe illness last fall and winter and with a party recently took a motor trip through Cape Breton.

Copies of the proceedings (chiefly programme and functions) of the American College of Surgeons have been received at the office of the BULLETIN. There is no reason why the attention of our readers should be directed to the publication excepting that not a single member from the Maritime Provinces was represented at this gathering. As far as we can check up on the registration, outside of our good friends in Montreal where the Convention was held and some other Ontario men, the only familiar name was that of the son of the Secretary and he was registered as representing the country of Venezuela.

Dr. J. C. Gass of Sackville, and family spent a large portion of their August holiday with Dr. and Mrs. Dan Murray of Tatamagouche. Dr. Gass has, of course, many old friends in this section of the country.

We see by the newspapers that Dr. and Mrs. Freeman O'Neil were recent visitors in Halifax. It is quite evident this was one trip he made that he did not devote all his time to military matters.

Dr. and Mrs. A. K. Roy of North Sydney and family have recently visited the latter's parents at their former home in Maitland.

It is rumored that steps will soon be taken to start a hospital in Liverpool.

The treatment of
MENSTRUAL DISORDERS
 with *Emmenin* and *A.P.L.*

The recent presentation of these two hormones offers definite advantages in the treatment of functional menstrual disorders. The permanent character of the results obtained justifies the belief that Emmenin and A.P.L. offer a superior therapy to that of the substitution type. Outstanding indications are dysmenorrhea (when pain precedes the flow), migraine (based on endocrine disturbances), menopausal symptoms, amenorrhoea (secondary types) menorrhagia and metrorrhagia.



Emmenin Liquid is available in original, specially sealed four ounce (120 c.c.) bottles only.

A.P.L.

This anterior pituitary-like hormone of the placenta is indicated in menorrhagia, metrorrhagia and amenorrhoea. For subcutaneous injection.

Emmenin

Liquid

(TWO TYPES)

THE COMPLEX TYPE is indicated in the treatment of dysmenorrhoea, migraine and menopausal disturbance. *Orally active.*

THE ETHER-WASHED TYPE is particularly indicated in the treatment of amenorrhoea (secondary type). *Orally active.*



A. P. L. is available in ampoules of 1 c.c. (six in a box) and in 5 c.c. rubber stoppered bottles.

These oestrogenic placental hormones are prepared and biologically standardized in accordance with the technique of Dr. J. B. Collip, Department of Biochemistry, McGill University, (C.M.A.J. 22: 761, 1930). Descriptive pamphlets mailed on request.

Well, the limelight is a great thing—Besides Forrest, Dunbar, McKinnon and candidates—quite a few others managed to become well-known persons.

Beside the Grave! “Poor Rastus, I hope he’s gone where I ’spect he ain’t?”

Dr. J. J. MacRitchie recently visited his old home in Englishtown. Mrs. McRitchie spent the holiday chiefly with her parents, Mr. and Mrs. O. B. Saunders, Caledonia Street, Sydney Mines.

Mr. and Mrs. C. E. Creighton of Halifax have recently been enjoying a visit from their son T. M. Creighton of England who will remain with them some months.

The engagement is announced by Mr. and Mrs. R. A. Wood of their daughter, Gertrude to D’Arcy Sullivan son of Mrs. M. T. Sullivan and the late Dr. Sullivan of Glace Bay.

The BULLETIN regrets to learn that Dr. H. L. Simpson of Springhill was, early in August, admitted to the Victoria General Hospital suffering from acute appendicitis. The members of the profession trusts he will make a rapid and complete recovery.

Dr. Donald Webster of Montreal recently spent a short vacation with his father and mother at Pictou. Dr. Webster’s father is one of the leading dental surgeons in the province.

Dr. Clarence Miller of New Glasgow in August was a patient in Aberdeen Hospital suffering from an infection.

Dr. O. R. Stone of Bridgetown recently spent a week visiting his friends and former patients in Guysboro and adjoining counties.

After a three months’ service at Aberdeen Hospital, Wm. John Stewart, son of Hon. David Stewart, Minister of Public Works of New Brunswick will complete his internship at hospitals in Halifax.

A marriage of more than local interest took place on August 9th, when Miss Lydia Turner, for a number of years, Superintendent of Harbor View Hospital, Sydney Mines, was married to Constable John A. McDonald, R. C. M. P., of Glace Bay. Miss Turner is not only a great favorite of the general public, but is greatly liked and highly respected by the entire medical profession in all the Cape Breton Mining Districts. Congratulations!

Mr. and Mrs. Norman A. Currie announce the engagement of their daughter, Mary Barbara, to Dr. Bernard F. Miller, son of Dr. and Mrs. Alexander W. Miller, New Waterford, N. S., the wedding to take place early in September.

Kentville: This town has at last supplied a long felt need in that it has a modern ambulance available for its patients.

Preventing NUTRITIONAL ANEMIA in Infants through a Normal DIETARY REGIMEN

NUTRITIONAL anemia was present in 45% of the breast-fed and 51% of the bottle-fed in a group of more than 1,000 infants studied by Mackay.¹ Although this anemia was of mild degree, it was sufficient approximately to double the morbidity among the artificially fed.

Anemia Prevalent

Commenting on this work, the British Advisory Committee on Nutrition writes, "This form of anaemia is prevalent among infants, especially those living under conditions of city life, and is attributed to a deficiency of available iron and possibly also of copper. Its most important feature is susceptibility to infection, particularly a liability to colds, otorrhoea, bronchitis, and enteritis, and a tendency for infections to become chronic."²

Iron, incorporated in powdered milk, should be given as a routine to bottle-fed infants, according to the recommendations of this committee in a report to the Ministry of Health.

Milk Deficient in Iron

Stored in the liver of the full-term infant is a supply of iron and copper theoretically sufficient for the first six months of life. But actually the reserve is subject to wide variation,¹ probably because of variations in the iron content of the mother's diet during pregnancy. Hill, for example, says, "If the mother is anemic herself, or if she has eaten little iron-containing food during the last months of pregnancy, her offspring is born with an insufficient iron deposit. . . ."³

The trend is also toward the introduction of iron-rich solid foods at an early age. The iron content of many foods is variable, however. Leichsenring and Flor⁴ found that children's diets planned to contain 5 and 8.5 mg. iron actually contained only 3.25 and 6.5 mg., respectively. Pabulum, higher than most foods in iron and containing

	IRON	COPPER
Cow's Milk, 20 oz.	1.44 mg.	0.24 mg.
Dextri-Maltose with Vitamin B, 1½ oz.	3.60	0.855
Mead's Cereal (dry), ¼ oz. or Pabulum	1.70	0.09
Daily Requirement*	6.74	1.185
	4.18	"traces"

When ¼ oz. of Pabulum is fed to the 3-months-old infant receiving 20 oz. cow's milk and 1½ oz. Dextri-Maltose with Vitamin B, a significant increase in iron and copper takes place.

standardized amounts of this mineral can be administered as early as the third month. Clinical studies by Summerfeldt⁵ show that Mead's Cereal (of which Pabulum is the pre-cooked form) is capable of increasing the hemoglobin percentage of growing children.

* The desirable iron intake for children, according to Rose *et al.*, is 0.76 mg. per 100 calories. Infant of 1 month (8¼ lb.) and infant of 3 months (11¼ lb.), both require 50 calories per lb.⁶ ¹⁻⁶ Bibliography on request.

MEAD JOHNSON & CO. OF CANADA, LTD., BELLVILLE, ONT.

Dr. A. A. Giffin and his sister recently spent two weeks holidays at Hall's Harbour.

Many friends in Halifax and Dartmouth will be interested to learn that Dr. and Mrs. C. W. MacMillan, now of New Brunswick, are visiting in Halifax, and are the guests of Mrs. MacMillan's brother-in-law and sister, Stipendiary Magistrate and Mrs. Ian Ross, Dr. MacMillan is connected with the Department of Public Health in New Brunswick.

We understand that Mrs. E. V. Hogan and Miss Anna Brennan left recently for the Pacific Coast and will spend some time in Vancouver, B. C.

Congratulations are due to Dr. S. N. Miller of Middleton, upon reaching his 83rd birthday. The BULLETIN recently gave his picture—but he is even better looking than his picture. A graduate of New York University in 1875 he has practiced in Middleton ever since. It was very fitting that three years ago he was made an Honorary Member of the Society.

The Annual Sanatorium Picnic took place with its usual success the latter part of July. It was naturally under the direction of Doctors Miller and Beckwith and from the report of those present the old refrain could be very well repeated "a good time was had by all".

We learn that Dr. J. W. Robertson who has been for some time located at Amherst has removed from there to Trinidad which, we understand, is very likely to be a permanent move.

We are still of the opinion that Dr. J. L. McIsaac of Antigonish, will come to grief some day with his automobile. His last narrow escape was an effort to run off the concrete top of the bridge at Doctor's Brook. He got a bad scare and had to wait until help came to help him out but he met with no further disaster.

Dr. Mayo speaks out. A newspaper despatch credits him as follows:—"Rochester, Minn., Aug. 4—Guards told by one of the distinguished Mayo brothers to 'shoot first and make explanations afterward', patrolled the family estate to-day after what he said was an attempt to kidnap one or more of his grandchildren.

"Dr. Charles H. Mayo gave the order after a nursemaid said a man tried to force entrance into the nursery in which slept the three children of his son, Dr. Charles W. Mayo. The children range in age from two and a half to six years.

"In cases like this I recommend shooting first and making explanations afterwards," the eminent surgeon said.

Miss Margaret McLean, R.N., of Montreal is enjoying a well earned vacation at the home of her parents Dr. and Mrs. J. W. McLean of North Sydney.

NOVARSENOBENZOL BILLON

"The product with a tradition behind it"

To the physician conversant with the technique of intravenous injections, it provides the ideal and most energetic treatment of syphilis, particularly in its primary and secondary stages.

Offered in powder form only, in vacuum sealed ampoules to maintain its chemical integrity and its full potency.



Laboratory Poulenc Frères of Canada Limited

Canadian Distributors:

ROUGIER FRÈRES

350, Le Moyne Street, - MONTREAL

PROPRIETARY OR PATENT MEDICINES

(By L. P. T.)

Don't Believe Testimonials.

The American Medical Association has repeatedly and continuously exposed the fallaciousness of testimonials, even when honestly given. Nevertheless, their appeal still holds strongly with many people, and the reason is easy to understand. They speak the language of the man in the street. They are written, or at least purport to be written, by some one just like the reader, an average person, making the average person's struggle to earn a living and a little more, to conquer the attacks of ill health and to attain a measure of happiness.

But that is not all. They offer an easy and royal road to health. Do they enjoin you to change your unwise habits of life, to get more exercise, to eat more wisely, and not so well, to sleep more, to have your teeth attended to? They most emphatically do not. They advise you instead to buy a bottle of this or a package of that, and be a new man or a new woman. Unfortunately, health is not attained or maintained that way. Health is a precious asset, for which we must work and fight if we would have it.

The charlatan is quick to take advantage of the trend of the times. Is there an epidemic of influenza? His nostrum will cure it. Is infantile paralysis prevalent? Take Bogus Elixir and laugh at germs. Does your gallbladder growl at your dinner? "Fear not, I will cure you with my prescription." Are you fat? Are you thin? Have you an unattractive skin? Perhaps your legs are bowed? Do you yearn to bend iron bars and swing 40 pound dumb-bells—not the human kind? Clip the coupon. Do you have rheumatism, asthma, cancer, stomach trouble, flat feet? Write for the free booklet, in plain wrapper—no obligation.

Who are these people holding in their hands the secret of eternal health and offering it to you for a consideration? Perhaps their names will tell. They are prodigal in the use of words of good repute; "medical," "scientific," "research," "laboratory," "institute," "foundation," "chemical," are to be found in their titles. All too often they are false, and even when occasionally we find them using a legitimate title, we discover that they have long since fallen from repute and are debauching an honorable name for a nefarious end.

Only quacks will promise cures.

There is one characteristic by which you can know them all. The word "cure" cautiously and sparingly employed by reputable practitioners of the healing art, is for them a word to conjure with. Medical science cannot cure cancer, but it is a simple matter for the faker. Physicians can successfully treat diabetes under most conditions, but they cannot cure it; quacks find cure easy if you have the price. Your doctor cannot reduce your excess weight without diet, exercise or drugs, and being an honest man, he tells you so.

Not so with these mail-order purveyors of scented epsom salt, a dollar for a nickel's worth, plus instructions for diet and exercise. Increasing intelligence of mothers has driven the diphtheria cure and the "baby-killer" soothing syrup to more profitable fields. Many of them now exploit the flapper, with spurious and sometimes deadly treatments for retaining the fashionable figure.

The safeguard against them, one and all, is discrimination, skepticism, a "show me" attitude. Make them show their cards. What support have their



ACCEPTED FOR
N. N. R. BY COUN-
CIL ON PHARMACY
AND CHEMISTRY
OF THE A. M. A.

Your Patient's Ventriculin

is part of a manufactured lot which has been clinically tested and found to be potent. Counterparts of the medicament which patients everywhere receive have been given to patients at the Thomas Henry Simpson Memorial Institute for Medical Research of the University of Michigan. Here in this great research institution expert hematologists are studying the erythrogenic response of pernicious anemia patients to Ventriculin (desiccated, defatted hog stomach)—part of the same Ventriculin which will be dispensed on your prescription.

Though remote from clinical centers, physician and patient may benefit by

the precision methods and the integrity in manufacture which guarantee the potency and stability of Parke-Davis Ventriculin.

New Package An Important Saving

In addition to packages of 12 and 25 vials, each containing 10 grams, and a 100-gram bottle, we now have a large package of 500 grams. The new 500-gram package, sold at an especially attractive price, reduces the cost of Ventriculin treatment to the patient almost one-half.

PARKE, DAVIS & COMPANY

THE WORLD'S LARGEST MAKERS OF
PHARMACEUTICAL AND BIOLOGICAL PRODUCTS

claims other than testimonials? What does your doctor say about them? What can your health officer tell you? Are they to be found in the pages of the best magazines? Do they belong to professional associations of good standing? When and where did they get their medical training? Have they by any chance ever been convicted of violation of the laws safeguarding the practice of healing? Has the Post Office Department excluded them from the mails for fraud? Are they licensed? If you can't get this information, do the safe thing and let them alone.—(*Hygeia*.)

THE CANADIAN FORMULARY

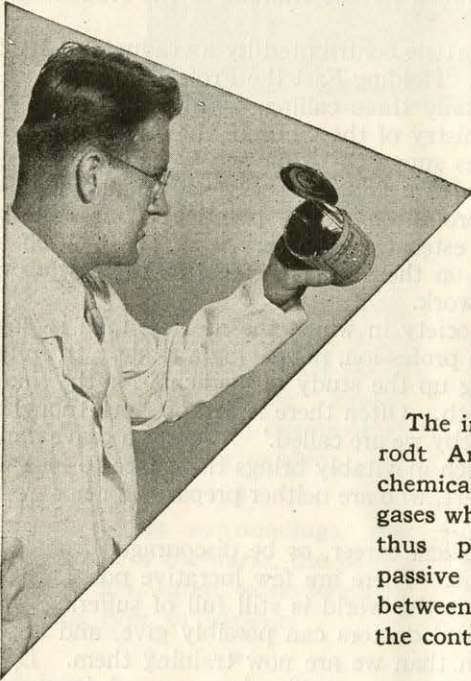
It has been known to many members of the Medical Profession that a modern Pharmacopoeia has been for several years in preparation—a gigantic task—for Great Britain and the United States. But Canadian Pharmacology has so developed that a Committee of two or three members has been working on a Canadian formulary for two or three years, and a summary of their work appears in the latest Journal of May 1933, page 407. The findings are vouched for by Doctors Henderson and Lucas although many others, so to speak, had a finger in the pie. The section that will most appeal to Canadians is thus described:—

“But perhaps to physicians the most interesting section of the book is the Formulary Section, in which is given a wide variety of formulae intended to meet many of the daily needs of the physician. These have been compiled with care in regard to flavour and appearance and suitability for extemporaneous dispensing. The physician will find it as easy to write the Latin name of one of these as to write for a proprietary, and it will assure that he knows exactly what his patient is getting, and save the patient paying unduly large prices. For example, the physician will find a collection of antacid powders and mixtures which should make unnecessary for him to employ any of the expensive proprietaries of this type. This also is true of the Nebulae and iron mixtures. The readers of the Journal will recognize some of the formulae as having appeared in a recent series of articles.

The Reference Companion was compiled largely as a source of information for pharmacists, who frequently receive orders to prepare preparations known by some common or personal name, such as Brown Mixture, Whitfield's Ointment, Unna's Paste, etc., but the physician will also find it of value for the same purpose, and it includes not a few formulae of well established merit.”

From the C.M.A. Journal, May 1933.

Ether Protected by "Chemical Sterilization"



Surgical instruments are sterilized to protect the patient against infection. Mallinckrodt Anesthetic Ether containers are chemically sterilized to protect the patient against irritation caused by deterioration products, the result of catalytic action between the ether and the untreated container.

The inner surface of every Mallinckrodt Anesthetic Ether container is chemically sterilized with oxidizing gases which form a metallic oxide film, thus producing a noncatalytic or passive surface, retarding interaction between the ether and the metal of the container.

An air-tight mechanical closure prevents contamination from soldering flux.

One of
1500

Mallinckrodt

Fine
Chemicals

For Medicinal Use

"The Purer the Ether the
Safer and Better the Anesthesia"

Holding Fast the Profession.

The February, 1933 *Medical Journal* of the University of Western Ontario, London, Volume 111, Number 3 came to our desk in March, but too late to be mentioned in our April issue. This Journal is published quarterly by the undergraduate body of this Western Ontario Medical School, but its scientific articles are nearly all contributed by medical men who speak and write with very greatly recognized authority, yet the entire editorial staff are undergraduates. It has never been our policy to refrain from what we regarded as constructive criticism and we believe such a Journal should have more articles like that one by Mr. Mosser, *Meds.* 33, "A Synopsis of the History of Tuberculosis." This would be as much for the training of the student as for the benefit of the reader.

But we must quote the short article contributed by a graduate of 1932 in the Editorial Department, entitled, "Holding Fast the Profession."

"Some years ago there were only three callings in life which were considered to be 'professions'; the ministry of the Church, the study of law and the practice of medicine. One was supposed to have a 'vocation' or a call, a sort of inner urge towards knowledge and the service of mankind, before entering upon any one of these professions. The practice of medicine was thus held somewhat in the same esteem as the service of the Church and physicians were expected to carry on their art of healing as those who were commissioned by God to do this work.

"We live in a day and in a society in which the medical man is sorely tempted to forget he is practicing a profession, not plying a trade. In spite of disillusionment men are still taking up the study of medicine for the sake of financial or social advantage, or both. Often there is little serious thought of being 'worthy of the vocation whereby we are called.' There is a grave danger of men going into a life's work which inevitably brings them face to face with the deepest needs of the human heart, who are neither prepared for nor worthy of such a supreme responsibility.

"Let no one enter upon a medical career, or be discouraged from doing so for financial considerations alone. There are few lucrative positions open for the young doctor it is true; but the world is still full of suffering which appeals to the best that our medical doctors can possibly give, and appeals for doctors in larger numbers even than we are now training them. Do we wish to give our lives in service to meet an appalling human need, irrespective of the monetary gain or personal comfort involved? If so we are realizing the highest ideals of our profession in the true meaning of that word; we are following in the footsteps of One Who came into this world to show men that life was lost which was spent in the service of self; but that life was truly found which was poured out before God in service of man. Even as Jesus Christ, the Great Physician, 'came not to be ministered unto but to minister and to give His life a ransom for many,' so may we to-day undertake a ministry of healing in the same Spirit, and show the world the way out of the impasse selfishness and pride have created."

A. S. HILL, '32.

We note that this Journal often quotes something from the BULLETIN of the Medical Society of Nova Scotia as witness this issue to which we are referring.



“INSOMNIA MINDED”

MANY patients are merely “insomnia minded.” They have “sold” themselves, perhaps from some past experience, that sleep won’t come. They can be “unsold” on the idea. For such patients drugs are not indicated—or needed.

Pleasant, quiet surroundings, the kindly smile of the nurse, the power of suggestion, often work wonders with this type of patient.

And if, in addition, the patient is given a light, warm, easily digested repast, such as a cup of delicious Ovaltine, sleep is induced even more readily.

Such simple means as these have brought sleep to thousands of

patients, in homes and hospitals, who did not need drugs. They have banished the fear of insomnia and created a sense of extreme comfort. Relaxation of mind and body have followed with natural, refreshing and lasting sleep in their wake.

Why not let us send you a trial supply of Ovaltine? If you are a physician, dentist or nurse you are entitled to a regular package, which can be obtained by filling in and mailing the coupon below. Send it in together with your card, professional letterhead or other indication of your professional standing.

This offer is limited only to practicing physicians, dentists and nurses

A. Wander, Ltd.,
Elmwood Park,
Peterborough, Ont.

Dept. No. H. M. 2.

Please send me, without charge, a regular size package of OVALTINE. Evidence of my professional standing is enclosed.

Dr.

Address

OVALTINE

The Supreme Food Beverage