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"The roll of honor knows no distinctions of any sort. On it every man and woman may win a place; for service is open to all

To some comes the opportunity to do great things for the community or the nation, in which genius and high motive play their parts. To such tablets are uncovered or cenotaphs erected.

For most of us, however, it is but practicable to translate the brotherhood into simple deeds from day to day, and the grateful memory of a neighborhood may be all that lives. That is enough. It records the fact that we did our best.

In the final reckoning, the name of some humble and obscure woman who came with ministering hands and words of comfort when her neighbors were in trouble,, may shine with the brightness of burnished gold."

# Dalhousie Post Graduate Course

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The recent Post Graduate Course carried out by the Faculty of Medicine of Dalhousie University was unusually successful. This is a matter for sincere congratulation, especially when similar efforts of other Universities have been only partially successful. This success was of course largely due to the ability and personality of those who held clinics, gave demonstrations or delivered lectures. But this was by no means the entire reason. This Course was one of vital interest to the general practitioner. Unlike the National or even Provincial annual meetings, it was not for specialists, nor to announce new discoveries, or to appeal to the ultra scientific. It was every day work, of the every day doctor, conducted by every day workers in our profession.

The Associate-Secretary wondered how the profession in Nova Scotia could be best informed as to the value of this kind of practical instruction. Talking it over with a doctor who was in attendance, the suggestion was made of preparing some report to be published in the Bulletin. "I have not been so long in practice, nor so long out of college, that I have lost all my skill in taking notes. If you like I will hand my notes over to you and you can use them as you like."

The following report is therefore to be credited to one of the Doctors registered at this course, and all who read it will realize, what has been intimated above, its very great value to the general practitioner. Moreover the reader will doubtless resolve to be in attendance at this Course next year.

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The Post Graduate course given by the Faculty of Medicine of Dalhousie University opened on the morning of September 1st. Dr. Luther McKenzie at the beginning of his lecture at a later date, remarked that hitherto medical schools had been accustomed to graduate their students and then ignore them except for calls for financial assistance at various times. Dalhousie, on the other hand, was for the third successive year giving an opportunity to all physicians in the Maritime Provinces no matter what their Alma Mater, of freshening up on general clinical matters and hearing lectures by leading men of the profession from the larger centres.

The first item was a surgical operative clinic by Dr. E. V. Hogan.

Next Dr. A. G. Nicholls reviewed the history and physiology of Diabetes up to the discovery of Insulin.

In the afternoon Sir Henry Gray lectured on "Stagnation of the Contents of Colon, its Effects, Causation and Treatment." Sir Henry by means of slides, of diagrams and actual drawings, showed the development of adhesions, Lane's kinks and coloptosis, etc., which produce the symptoms of chronic appendicitis so often unrelieved by ap-

pendectomy, of chronic constipation and a host of other symptoms due to absorption of toxic material from stagnant colonic contents. He then outlined his operative treatment, the operation of caeco-colo-plicoxey whereby the colon is fixed by the parietal peritoneum. This operation caused a complete cure in a surprisingly large percentage of cases.

*TUESDAY, SEPT. 2nd.*

Sir Henry Gray and Dr. H. K. McDonald gave an operative clinic in the main operating room of the Victoria General Hospital. The subject being cholecystitis and cholelithiasis and the removal of the gall bladder.

Dr. M. J. Carney followed with a discussion of the cardiac kidneys. He showed very plainly that the healthy kidney with the ability to concentrate urea to 3 per cent could function perfectly as long as the urinary output remained normal. The failing heart's first sign is oliguria, and with lessened output, there is retention and piling up of urea in the blood, and symptoms of uremia, although no nephritis exists. In other words, the heart requires treatment rather than starvation and purgation. The estimation of urea in urine is easily done and the more difficult blood urea is not so essential. Thirst and anaemia common in kidney disease, not so in heart conditions. Measure daily output of urine, watch for fixation of specific gravity and estimate urea concentration.

Dr. Frank Mack proceeded to show very convincingly how nearly Urology had approached to an exact science following the perfecting of instruments of precision, Blood chemistry and Renal function tests. The estimation of amount of urea, uric acid and creatinine in the blood was of great value to determine extent of kidney damage and especially so in prosaic cases. Renal function tests are urea concentration and the phenol red test. The instruments of precision, the cystoscope and the X-Ray, were admirably illustrated by close to a hundred plates shown, in which the wide variation of the normal was clearly pointed out, and then the definite pathological processes demonstrated. The use of ureteral catheters and the pyelogram have now become essential for the accurate diagnosis of a large number of the kidney conditions.

At 3.00 p. m. Sir Henry Gray gave a second lecture upon "Intestinal Obstruction" a subject which he covered very thoroughly. He pointed out particularly that pain is not necessarily of a colicky type after the condition has existed for a few hours; that the cessation of pain is due to paresis or paralysis of the bowel, and that the first enema may be effectual although the constipation is absolute. He advised the washing out of the stomach before operation even though local anaesthetic is used. The body fluids should be restored, especially chlorides, and intravenous saline should be given. While examining the bowel outside the abdomen he uses warm dry towels which hold the heat better than moist ones.

WEDNESDAY, SEPT. 3rd.

Dr. J. G. McDougall gave a clinic on Spinal Tumors showing a case having had a signet-like fibroma on the dura over the segment opposite the 8th thoracic spine. He emphasized the importance of eliminating the spine in all cases where there is pain in one side of the abdomen, and also the fact that, although these conditions were relatively rare, the good that could be done by their early recognition and treatment warranted everyone to be continually watching for them.

Dr. K. A. McKenzie followed with five medical cases of interest; spleno-medullary leukaemia the treatment of which was reviewed, but no satisfactory one has been arrived at; complete arrhythmia or auricular fibrillation. Also a case of Henoch's purpura (purpura haemorrhagica) in a girl of 11 years in which the presenting symptoms were vomiting and acute abdominal pain and it was the presence of a few small petechiae that decided against a laparotomy; a male, aged 31, with blood pressure 200 systolic considered as a cardio-renal; and lastly a boy of fourteen sent in with a lay diagnosis of sunstroke, in which a c. s. f. containing 200 cells chiefly lymphocytes, clinched the diagnosis of T. B. meningitis.

From 12-1 p. m. Dr. D. J. McKenzie gave a demonstration of the Folin-Wu method of the estimation of Blood sugar, and briefly outlined the laboratory aspect of Diabetes. The diagnosis of early Diabetes is a matter for the laboratory only and to know that there is sugar in the urine is not enough. Where the blood can reach the laboratory in 8-10 hours, 5cc. blood, kept from clotting by oxalate, is sufficient for the test. On account of the many varied reactions given by Fehling's test, sugar in the urine is best detected by Benedict's qualitative solution which is easier to handle and equally cheap.

Between eighty and ninety were present for Sir Henry Gray's last lecture, which was natural, considering the subject was the Treatment of Fractures. Taking fractures of the lower extremity particularly Sir Henry outlined the lessons learned from the war with regard to their handling, and by means of demonstration showed the application of the Thomas splint, also of his own pet box splint, made with two pieces of board and a towel.

In thanking him for the series of lectures Dr. Hogan in a few glowing remarks referred to his overseas work from a first hand knowledge

At 4.30 p. m. Dr. Luther McKenzie from Bellevue, New York, spoke on the subject of "Lung Abscess." His paper, which was replete with many statistics, gave some interesting data;- that lung abscess was an autopsy finding in 1-40 cases and that out of 400 such abscesses only 65 were recognized; none were due to foreign bodies; and that inhalation, embolism and tonsillectomy were the most fruitful causes. An inter-lobar empyema was frequently mistaken for lung abscess. As to treatment he mentioned inhalations, etc., simply as deodorants, the bronchoscope has not been successful leaving postur-

al drainage, early pneumothorax or lung fistula after adhesions are formed or lobectomy.

#### THURSDAY, SEPT. 4th.

Dr. G. H. Murphy gave a surgical clinic during which he showed a case of Pott's disease with paraplegia one year ago which had been treated conservatively with a Bradford frame with good fixation and only a suggestion of what was at one time a very large lumbar abscess. Also a case of fracture of upper third femur put up with long Liston's splint and extension, in which the X-ray showed excellent position after 5 days. The method in which an ununited fracture of the neck femur in a young adult was fixed with a bone graft was shown and discussed; old osteomyelitis knee in a 29 year old man, and two cases T. B. testis and epididymis.

Those in attendance then proceeded to the X-ray department on the ground floor of the new pavilion and were much impressed with the completeness of its equipment. Talks on X-ray subjects were given by Dr. Eagar and Dr. S. R. Johnson.

In the afternoon, Dr. L. J. Rhea of the Montreal General Hospital spoke on the clinic-pathological aspect of disease especially as regards Tuberculosis of the Kidney. In his easy conversational, yet dramatic way of talking, he told how important early recognition of T. B. of the kidney was, how the open and closed type of lesion were blood borne from some old focus, and that there was no relation between the size of the lesion and the extent of the symptoms, and with specimens and slides he went rather fully into a case occurring six years after a pleurisy.

Dr. K. A. McKenzie finished the series of talks on Diabetes by taking up the treatment explaining the relative ease with which a basal diet is determined, and the use of Insulin in those cases where it is indicated. He warmly advised everyone to secure the pamphlet on Insulin, published by the Connaught Laboratories, University of Toronto, which will be mailed to any practitioner upon application.

#### FRIDAY, SEPT. 5th.

Dr. W. Alan Curry presented four surgical cases, a periosteal sarcoma in a boy of nine of six months duration, and what was thought to be a giant celled sarcoma, also of the femur, in a boy of 14. Next came a typical Charcot's knee in a case of tabes, and lastly a pathological fracture of the femur in a woman 67, secondary to an ulcerating carcinoma of the breast.

In a brief but interesting hour, Dr. John Cameron ran over the most important topographical points in relation to the anatomy of head, chest, back, abdomen and hand. His concise clever diagrams making easy everything he chose to illustrate.

Anaesthesia was discussed by Dr. J. F. Lessel and Dr. W. L. Muir. The former dealing chiefly with the first and second stage. For preparation he advocated purgation two days before operation and then patient is well fed, with food having little residue and given plenty of water, then, one hour before, a hypo of 1/6-1/4 of Morphia with Atropine. Many difficulties are due to "waves of recovery" during induction, while the non-reacting pupil and long sighing respirations indicate onset of third stage. Where the tongue is troublesome it may be packed in position with gauze. Mucus, too great a concentration of ether vapour, and cyanosis are the chief cause of post-anaesthetic pneumonia.

Dr. Muir dealt with the choice of anaesthetic, after taking into consideration the age, sex, temperament, accompanying disease and the operation to be done. Children up to 10 years take ether badly on account of excessive mucus, but as chloroform is difficult and they stand atropine well (1/150 gr.), ether is the choice, as it is in acute infections, myocardial disease, and cranial surgery. Chloroform in empyema and nephritis, and nitrous oxide in the old, in shock diabetes and before ether in T. B. In the p. m. Dr. Rhea talked of the Bone Injuries of War, the lessons to be learned from them for use in civil practice. Showing a large number of slides, photographs of specimens, prepared for the most part by himself, he demonstrated how bone grew even in the presence of severe infection and even when greatly comminuted.

#### SATURDAY, SEPT. 6th.

At the Children's Hospital Dr. P. Weatherbee presented along with cases of tuberculosis of hip, knee and spine, a case of necrosis capitis femoris which was shown for its unusual interest. Also a case thought to be Still's disease. Dr. P. A. McDonald showed a number of cases of fracture dislocation of the elbow with their X-rays, and the cases with the greatest amount of bone injury and displacement seemed to get the best results. His treatment consisted of marked hyperflexion and passive movements initiated as early as can be done without pain.

At the Tuberculosis Hospital Dr. H. G. Grant presented cases of pleurisy and T. B. peritonitis, and demonstrated the mercury vapour lamp. Dr. Sieniewicz showed a case of right lung diseased in which artificial pneumothorax had been begun. Also a case of spontaneous localized pneumothorax in a boy of 14, in whom a cough had continued since Whooping Cough last Sept., and on examination showed involvement of both lungs. He then demonstrated D'Espine's sign which causes whispered bronchophony to be heard below the level of the third spine and indicates enlarged bronchial glands.

At 3 p. m. Dr. Rhea completed his series of three lecture demonstrations with a consideration of Carcinoma. At the conclusion of this lecture he was given a cordial vote of thanks in a most enthusiastic manner.

### MONDAY, SEPT. 8th.

An operating clinic by Dr. E. V. Hogan with a case of osteosarcoma of the femur initiated the second week of the course, followed by Dr. J. G. McDougall with a case of sarcoma of glands of groin. At the request of some of those in attendance the remainder of the morning was taken up with surgical ward rounds with Dr. H. K. MacDonald.

At 3 p. m. Dr. R. D. Rudolph of Toronto gave his first lecture on the Treatment of Chronic Cardiac Failure, and by means of the Martius' diagrams showed the various degrees of heart failure, pointing out that a slight dilatation is compensatory, physical tests are good only for the immediate prognosis, and that cardiac failure is really failure of the myocardium, especially of the ventricles. He considers every case and its treatment under five headings:- diagnosis, environment, diet, specific and symptomatic treatment. So in the bad cases complete rest in the most comfortable position, even sitting up, is essential, and a small table in front of the patient allows him to rest his arms on it and even sleep that way. In the less severe cases, such as those known in the Army as D. A. H. suitable exercise short of causing distress is indicated. Diet in bad cases, no food for 2-3 days and then the Karrel diet followed by small frequent meals.

Digitalis is of value in heart failure especially when oedema is present, and a regular or irregular heart with broken compensation requires digitalis. In auricular fibrillation it causes first a rise in pulse rate at the wrist, but soon rate at apex begins to fall, and when the two approach one another diuresis results. Theosine, grs. V. q. 4. h. to forty grains, is given when no diuresis follows.

Nausea and vomiting give the first sign to stop the digitalis; which should be given in full doses; but do not be confused by the nausea due to the disease, or when the true pulse falls below 60-70, or if there are double beats and urine is scanty. Quinidine is begun 4-5 days after compensation has been restored 2. gr. twice, 4 gm. three times, and 4 gm. 4 doses for 1 wk. Atropine in full doses 1/5 gr. speeds up the heart.

At 4.30 in the lecture room of the new Health Centre Dr. A. G. Nicholls gave a talk on Arterio-sclerosis with pathological specimens. He showed the three types,- the nodose atheroma of large vessels, the Monckberg type of medial sclerosis of small blood vessels, and the endarteritis obliterans. He said there was no proven relation between arterial degeneration and high blood pressure, age influence, was not

marked but heredity occupation, "wear and tear changes" worry, gout and typhoid and improper diet, especially one high in lipoids, might be contributing factors.

Dr. D. J. MacKenzie followed with a short talk on allergism and immunity.

### TUESDAY, SEPT. 9th.

Dr. H. K. McDonald held an operating clinic, hernia and second stage of a removal of prostate.

Dr. G. H. Murphy took charge of the surgical ward rounds.

In the afternoon, Dr. Rudolph's second lecture was on the Treatment of Pneumonia. Pneumonia, the friend of the aged, and frequent terminal infection, causes 10 per cent of all deaths. Increased respiratory rate with fever are the commonest and only constant signs. Good nursing is essential and REST as complete as possible, roll over occasionally, do not examine frequently and supply plenty of cold fresh air (in lobular pneumonia not so much cold air as lobar). Leave them where they are, they do not travel well.

The diet should be ample and mixed, milk glucose and alcohol because there is no digestion of these two. 10 cc. per hour is the maximum amount of alcohol burned by the body therefore 20 cc. whiskey, etc. given. 10 per cent pure glucose intravenously may be given where patient is very weak, also nutrient enemata, in which it is foolish to put eggs, because they are not absorbed by the large bowel, but one such as glucose 50, alcohol 50, Soda Bicarb 4, Salt 3, and Calcium Chloride 3 parts to 1 litre, caloric value 550, and 250cc., given every 4 hours. Specific treatment he dismissed; salicin very questionable, quinine of doubtful value, vaccines dangerous, sera only of value as non-specific proteins.

Symptomatic treatment however is more extensive. For hyperpyrexia, tepid sponging and Reid's prescription, Aspirin 5 Phenacetin 2 1-2 Pulv. Ipecac. Co. 2 1-2 grs. in one powder every 4 hours. Cyanosis and dyspnoea-venesection and with Cheyne. Stokes breathing, oxygen, but using a Muzler apparatus or a catheter in the nostril, no funnel.

For circulatory failure, given either at the beginning of the disease or as the cardiac signs begin to show. Pituitrin slows the pulse and drops the B. P., 1 cc. p. 4. h. intravenously or intramuscularly. Tympanitis—diet, stupes, pituitrin, eserine sulphate 1/40 gr.. milk and molasses enema, digitalis by rectum 2-3-4 drachms. Insomnia, bromides, veronal with aspirin, paraldehyde drachms II in delirium, then morphia.

Empyema should be treated with repeated aspiration and then operation.

Dr. A. F. Miller of Kentville Sanatorium, by means of many charts and plates gave a very thorough outline of the Diagnosis of Tuberculosis. As a synopsis of his paper was handed around and more



are likely available on application, any notes here are superfluous.  
(This will be published in the Bulletin.)

WEDNESDAY, SEPT. 10th.

Dr. J. G. McDougall gave a clinic on Embolus especially blocking the lower extremities. They follow abdominal operation, a severe illness and mitral stenosis. There are small premonitory and mild attacks, which should be watched for, and then sudden onset, tingling numbness, no marked pain, the limb is of a lower temperature and bloodless, followed by a peculiar, dark mottling. Operation successful up to 6-8 hours after onset because a longer time shows the beginning of the formation of secondary thrombus. He then upon request outlined the method of operation and told of two cases in which complete recovery was obtained.

At 11 o'clock an Obstetrical clinic was held at the Grace Hospital. Dr. H. B. Atlee discussed the treatment of Eclampsia involving the use of Veratrone, when B. P. above 190 1 cc, above 160 1-2 cc. Dr. P. A. MacDonald talked about the pre-natal care of the mother and the necessity for a complete and careful physical examination when she first presents herself, with frequent visits to allow general condition, blood pressure and urine to be watched, as well as the position of the head etc. Dr. E. K. MacLellan gave a demonstration of the manner in which the pelvic measurements are made and the diagnosis of the position and presentation of the child by external abdominal examination.

Dr. Rudolph in the afternoon gave his third lecture, The Classification and Treatment of Diarrhoeas. Increased peristalsis may be brought about by bulk, fluid and irritation. Diarrhoea may arise from stomach and duodenum, jejunum and ileum, giving small formed or fluid stools with no distress, or from the large bowel frequent watery and bloody stools, tenesmus and no relief. The diarrhoeas are of three types, 1 Nervous-psychic, lenteric and alimentary crisis as in tabes; 2 Purgative tract normal but irritation due to drugs, ptomaines, green fruit etc. These two are functional while the 3rd is organic and constitutes an enteritis, from venous engorgement, catarrh or ulceration.

Type 1. is usually of the second division and requires nerve sedatives, bromides, and 1-2 min. Lid. Arsenicals t. i. d. is useful. 2, is also of ileum and jejunum. Rest and warmth, remove cause with Castor Oil and 1 drachm is sufficient dose, then diet,—first none and then boiled milk and things prepared from it. In achylia gastrica, the undigested food acts as a purgative and this may be remedied with dilute HCL. Group 3 is of the lower bowel chiefly. In typhoid and acute diseases OL. Richini drachm 1 guarded with T. Oppii min XX. Salol, B. naphthol and dimol are intestinal antiseptics and useful where stools are fetid. Kaolin is innocuous, an adsorbent for toxins. Seda-

tives, such as bismuth subcarbonate and chalk, may be used, and astringents in the more chronic cases, as Tan album, Tannogen 5-10 grs. Creolin and boracic douches, enema opii made with starch and at proper heat, also zinc sulphate and lead acetate; 1 per cent astringent enemata are also effective.

Dr. W. H. Hattie reviewed the history of medicine in reference to state control of medical practice, from the code of Hammurabi in 1224 when the first examinations were first held to the present day. He showed that the medical curriculum of any college was not dictated by the college itself, but rather made to conform with the requirements of the state boards which license the physicians.

#### THURSDAY, SEPT. 11th.

Dr. G. H. Murphy gave an operating clinic, appendicitis and cholecystitis being the conditions demonstrated.

Dr. Alan Cunningham read a paper regarding Focal Infections about the Head. These he described as the cause of much chronic arthritis, acute rheumatism, facial and other neurites, iritis, nephritis, anaemia and general debility. Teeth and tonsils are the worst offenders and pus under pressure has toxic and metastatic effects. The eyes seem most frequently affected from the teeth. Tonsils should be removed if pus is present. He urged every one examining tonsils to use an anterior pillar retractor, pressing the tonsils with it expresses the pus. Devitalized teeth should be suspected in eye conditions, and an immediate exacerbation of the condition, following removal, is a sign that such is the right treatment. He also showed a small simple instrument a small copper ball, a pasteurizer, for applying heat to the area of a corneal ulcer which gives marvellous results in the most obstinate cases. Dr. Mathers then showed two eye operations, and Dr. Doull removed a nasal polyp.

In the afternoon a full house greeted Dr. W. W. Chipman of the Royal Victoria Hospital and Chief of the Montreal Maternity Hospital. His topic was the Puerperal Uterus and its Infections.

There are three kinds of pelvic infection, gonococcal, pyogenic and tuberculous. The grafting on of a secondary pyogenic infection to a gonococcal gives its exacerbations, similarly with T. B. which is usually blood borne and of the tube. In the parturient woman it is chiefly the pyogenic that are concerned, streptococcus, and the colon group. The vulvo vaginal orifice is the port of entry and on account of the proximity of the anus extremely prone to contamination. The best obstetrical statistics give a mortality of 5 per thousand and three of these are due to infection. A good technique therefore is more important than operative skill as infections are preventable. The puerperal woman is a wounded woman, wounded at the placental site, the cervix and the perineum, and he who says he never had a tear is either myopic or a liar.

Cleanliness transcends godliness in the last three weeks. During labor the use of gloves is to be preferred and a mask if the operator has a cold, wash the skin surface and leave the vagina alone. It is the management of the third stage that is important. As you know the three stages of labor are,—the first, hardest on the physician, second, hardest on the child and third, hardest on the mother. "Thou shalt not hurry"; never mind the clock, "the uterus itself is the only trustworthy timepiece." Blood loss should not be excessive, the placenta and membranes should be intact, and where there has been an artificial delivery examine for a deep tear of the cervix, and if more than half an inch deep repair at once with No. 2. iodized catgut., as an early repair protects and prevents later trouble. Go after a cotyledon but not a fragment of membranes. At the end of the fourth day the internal os should not admit the finger and at 17 days the placental site is covered with epithelium if all goes well. Always make a discharge examination at the end of six weeks and any necessary repairs to the perineum at the end of a year when lactation is finished.

Saprophytic infections are not always safe as their toxins may lower local and general resistance. There is no routine for interference. If one has delivered the case himself, is sure the uterus is empty, leave strictly alone; if there be bleeding pack the uterus with gauze soaked in Tr. Iodine or 60 per cent alcohol. When seen p. p. and you are not certain that the uterus is empty, if a foul lochia, large moveable uterus, patulous cervix, abdominal tenderness but no rigidity, give an anaesthetic and go in with the finger only. Afterwards, Fowler's position ice bag, ergot and strychnine,—“feed her and sleep her,” alcohol and morphia for the latter.

Vaccines are of little use but for their protein reaction. 1-3 large 30 cc. doses every three days. Small amounts of whole blood, boiled milk; mercurochrome is dangerous and its use should be reserved to hospitals. A method which Dr. Chipman himself found useful consisted of anti-strep. serum and quinine 30 cc., anti-strep. serum each day for three days. The bihydrochloride of quinine, 5 grs in 1 cc of water, intramuscularly each day for ten days, rest three days then repeat. Or the quinine may be given intravenously in 10 cc. water on the 4th, 6th, and 8th days.

After Dr. Chipman's lecture Dr. Murdoch Chisholm arose to announce a specific for Pneumonia in Wine of Ipecac 20 mins. every two hours which in over 100 cases in Whycoomaugh was found to hasten the crisis or abort the course of the disease.

Dr. Gibbs, the new professor of Pharmacology closed the day with a discussion of Disinfectants and Antiseptics. He reviewed the various drugs used and showed how it was impossible to get a drug of sufficient toxicity for organisms which would not be equally toxic to body cells. He also stated that hexamine hasn't much action in the human as it is too irritating; Bip acts only mechanically, and salol is absorbed in the intestine, and of value only in the G. U. tract.

Dr. H. B. Atlee gave an operative gynaecological clinic in the O. R. of the Victoria General doing an anterior and posterior colporrhaphy and ventral fixation in one case, and a similar operation in another. He noted that in doing a ventral fixation if the uterus is caught low on the anterior surface there is little difficulty experienced in subsequent pregnancies.

Dr. K. A. McKenzie took the medical clinic which followed with a case of very large aortic aneurysm, lymphatic leukaemia, and an unusual upper motor neurone lesion which was probably an old luetic pachymeningitis or gumma at the base. Then followed a discussion of anterior poliomyelitis, and Dr. Chisholm of the Dept. of Health quoted the statistics at his disposal. There were four deaths in 1917 and forty five cases reported in 1923. He urged the importance of every practitioner notifying the existence of all such cases if the disease is to be adequately combatted.

Over 120 greeted Dr. Chipman in the afternoon, the final year in medicine being in attendance, when he spoke on the subject of Abortion. The term abortion is now applied to the expulsion of the contents of the pregnant uterus up to the thirtieth week of gestation after that it is called premature labor. It is stated that one in every seven pregnancies abort and 1-4 in women over thirty. Many early ones are unrecognisable and at about ten days when the change takes place from the vitelline to the allantoic circulation the danger is greatest. Many theories and causes are given, and Lues is not likely a cause of early abortion. A hypertrophic condition of the endometrium, the so-called "running uterus," uterine displacements especially backward, tumor growths and markedly so when the cervix has been amputated, any acute or chronic disease of the mother as a temp. of 103 for three days. Heart disease is not as important as once was thought. Trauma, shock and maternal impressions are mere coincidences. Trauma questionable; if a week elapses following the injury before the bleeding occurs it is not likely trauma. "Keep her out of the motor car." Then come paternal causes and syphilis.

The three cardinal symptoms of abortion are pain, haemorrhage and a dilated or dilating cervix, except in the case where the uterine bleeding persists for one week which means a dead embryo. When any two of the above are present the abortion is "Threatened" when all three it is "Inevitable." The treatment of threatened abortion—Rest, empty the bladder and bowel, rest the uterus with morphia, heroin or pantopon, uterine sedatives such as Elix. Viburnum Co, drachms 1 q. 4. h., and bed for one week after signs have disappeared, and again at time next menstrual period would have appeared.

Inevitable abortion is either complete or incomplete early, more likely to be complete, 10-20 weeks incomplete and the uterus must be completely emptied. Avoid the excessive haemorrhage and infection

and relieve the pain, bed, bowel emptied, cleanse the vulva and perineum with biniodide and apply sterile pads which must always be saved and inspected for fragments of the gestation. 1-2 cc. pituitrin is given where there is uterine inertia, and it should be complete in 12 hours. Always carefully examine the contents thrown off. If there be excessive haemorrhage. swab out the vagina with biniodide 1-2000, pack with gauze watch the bladder and leave twelve hours. If no sac at the end of that time pack again and also the cervix. In missed abortion with dead embryo the woman often knows when the embryo dies, keep under observation at home and leave two weeks to note any change in size of uterus. There is little danger of infection if the membranes are intact.

Infected abortion is not so serious as post partum infection, as the uterus is thicker walled, smaller placental site and less damage done to tract. If a saprophytic infection there is a large uterus which is soft and mobile, irregular contractions, abundant and offensive lochia, cervix is patulous, there is intermittent fever and irregular chills.—Go in with the finger and clean out. But in the pyogenic infection, the patient is toxic, there is a large sensitive and fixed uterus, rigidity, infiltration of the broad ligaments and lymphatic infection. The treatment is REST, leave them alone and the general treatment of infection.

Therapeutic abortion is done to conserve health and to save life as in pernicious vomiting with pulse to 100—a rapid dilatation and evacuation is indicated 12-20 week, is difficult, and a vaginal hysterotomy is perhaps the best method. Criminal abortion, get a consultant and treat as any other. Habitual abortion see that the cervix is intact, repair tears then give a course of bromides, grs XV t. i. d., bed with massage to improve muscle tone.

Dr. E. G. Young then lectured on the Relation of Biochemistry to Nephritis. The four functions of the kidney are the elimination of nitrogen as urea, creatinine etc, maintenance of water and salt balance, maintaining the reaction of the blood, and the elimination of toxins from the blood stream. The function of the kidney was measured by four chief tests, the first of which he demonstrated; the diastase coefficient, normally 6-20 empiric units in nephritis below 6. The urea concentration where 2 per cent urea should be found in urine 1-2 hours after the ingestion of 15 gms of urea. Blood urea 12-15 mgm per 100 cc., uric acid and creatinine normal 1.5 mgm., are all increased in nephritis; the uric acid indicates the immediate prognosis and the creatinine the more remote prognosis. Lastly the phenolsulphothalein test where 40-60 per cent of the dye is excreted the first hour and 15-20 per cent the second.

At 9 a. m. a clinic was held at the Grace Maternity Hospital. Dr. P. A. MacDonald presented a very unusual case, a primipara, aged 19, normal history, physical examination and pelvis; admitted in labor one week before expected date with a temperature of 104 and pulse 130, delivered the following day spontaneously, a severe haemorrhage 12 hrs. pp.—no pus in urine, blood culture negative. The leucocytes at end of 1 week 11,000, temp. continued. There was pain and distention of the right side of abdomen, and at the end of two weeks a left sided paraplegia set in. Now two months since delivery, temp. and paraplegia not disappeared yet. No adequate explanation was offered by anyone for this case. Dr. E. K. MacLellan showed three cases p. p. one which had been twins, both breech presentation, with forceps applied successfully to the aftercoming head. Dr. H. B. Atlee read a case report of dermoids from right ovary to vagina. Ovarian cysts may cause obstruction during labor or twist during the puerperium,—should be replaced before labor by frequent use of knee chest position or with an anaesthetic. or, if very large, by puncture with a trochar.

Dr. Chipman gave a general gynaecological clinic at 11 a. m. at the Victoria General Hospital, cases of pelvic infection and one of gonorrhoea and syphilis in the same woman.

On Saturday afternoon Dr. Chipman delivered his final lecture. In referring to one of his morning cases he emphasized the value in tubal abscess of vaginal puncture. The subject of his lecture was "Obstetrical Forceps"—"How many injuries have been inflicted in thy name!" He traced the history of its invention and early use. "The iron hands" should always be covered by the "velvet glove",—have been a great blessing, but their application has been, as Mark Twain says, "Sometimes too frequent and too free."

The ideal labor is the spontaneous one; 75 to 80 per cent will be if only left alone. In Montreal Maternity only 11.5 per cent needed forceps. Proper pre-vision will dispense with the need of forceps. Antenatal care, a branch of Preventive Medicine, is the share of Obstetrics in Prevention. The pelvis should be measured at the 30th week. Chiefly measure the head and the transverse of the outlet. If head does not engage in pelvis by the 30th week, you still have plenty of time to decide what to do. High forceps is practically never justified. The price to pay is too high. Consider first the Power—then the Passage, then the Passenger. If much distress give Heroin 1/2 to 1/6, and not forceps.

Malpositions of head prolong and complicate labor, and are chiefly posterior. A 2nd stage unduly prolonged with sharp ineffective pain is due to posterior positions. Verify diagnosis by Anaesthesia; then press or tip the occiput or cinctiput promoting flexion; forceps to be applied laterally when head is midway, and pull down and let the head rotate itself.

"Let the woman do it herself," is a good motto, and the part of wisdom is "masterful inactivity." In anaesthetics nitrous oxide is for hospital cases. Watch the pulse.—"the pulse rate never lies, the tongue often does." Pregnancy and labor are the supreme tests of woman's fitness for natal athletics in which all women should be trained.

This last lecture was much appreciated, and the audience, after a vote of thanks, heartily sang, "Will ye no come back again."

#### DOCTORS REGISTERED (Outside of Halifax)

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|------------------------------------|------------------------------------|
| R. C. McCullough, Guysboro,        | B. H. Calkin, Stellarton.          |
| Henry M. W. Gray, Montreal, P. Q.  | T. R. Johnson, Great Village.      |
| J. A. McPhee, Summerside, P. E. I. | R. R. Withrow, Springhill.         |
| D. S. McCurdy, Truro.              | T. W. McLean, Scotsburn.           |
| W. F. McKinnon, Antigonish.        | M. R. Young, Pictou.               |
| M. G. Archibald, Kamloops, B. C.   | T. E. Granville, Elmsdale.         |
| E. W. MacDonald, Sydney.           | D. F. McInnes, Shubenacadie.       |
| H. S. Dolan, Montreal, P. Q.       | D. Drury, Maccan.                  |
| J. W. Davis, Berwick,              | E. R. Hicks, Camberland, B. C.     |
| M. E. Armstrong, Bridgetown.       | J. S. Tait, St. Johns, Nfld.       |
| L. H. Fraser, Lima, Peru.          | W. N. Refhuss, Bridgewater.        |
| R. D. McLaughlan, St. Peter's Bay  | A. R. Rind, Newport.               |
| P. E. I.                           | M. G. Patterson, Dartmouth.        |
| R. M. Benvie, Stellarton.          | A. M. Hebb, Dartmouth.             |
| L. P. Churchill, Shelburne.        | A. S. Burns, Kentville.            |
| H. H. Grant, Whycomomaugh.         | R. O. Bethune, Berwick.            |
| Z. Hawkins, South Ohio.            | H. E. Killam, Kinsman's Cor.       |
| F. J. A. Cochrane, Seabright.      | A. F. Miller, Kentville.           |
| D. W. N. Zwicker, Chester.         | G. W. Fleming, Peticodiac, N. B.   |
| W. C. Archibald, Lawrencetown.     | S. Bezanson, Aylesford.            |
| John Macdonald, Sydney.            | G. A. Dunn, Pictou.                |
| C. L. Gass, Sackville, N. B.       | A. F. Weir, Freeport.              |
| W. N. Cochrane, Mahone Bay.        | H. C. S. Elliot, Up. Musquodoboit. |
| F. G. MacAskill, Glace Bay.        | W. H. Gosse, Canning.              |
| P. S. Cochrane, River Hebert.      | T. D. Lavers, New Ross.            |
| Ross Millar, Amherst.              | L. L. Crowe, Bridgetown.           |
| R. Shankel, Hantsport.             | L. R. Morse, Lawrencetown.         |
| Dan Murray, Tatamagouche.          | C. E. A. Dewitt, Wolfville.        |
| F. T. McLeod, Westville.           | M. R. Elliot, Wolfville.           |
| G. A. Barss, Rose Bay.             | B. Davis, Bridgewater.             |
| R. A. McLellan, Rawdon Gold Mines. | B. S. Bishop, Kentville.           |
| B. W. Skinner, Hubbard's.          | J. P. McGrath, Kentville.          |
| F. R. Davis, Bridgewater.          | G. K. Smith, Grand Pre..           |
| W. A. McLeod, Hopewell, N. B.      | W. W. Chipman, Montreal, P. Q.     |

# The Bulletin

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Dr. S. L. Walker, Associate-Secretary

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This issue of the Bulletin will, we think, be very pleasant reading. In particular the scholarly paper of Dr. Murphy's will appeal to the members of the Profession. It is quite in keeping with the policy of the Bulletin to recall the days of old, that these Medico-Historical papers should be presented in full. Too often we are content with the humdrum of every day practice, and too few of us read other than Medical Journals and the daily newspaper.

The very full report of the recent Dalhousie Post Graduate Course will give some idea of the wealth of material available for the physicians of the Province who were fortunate enough to be present. With so much good material there is no wonder that a number of physicians spent the entire two weeks in the city. In this day of easy motor travelling, a number of physicians were present on different occasions, but it was very hard to select certain days that promised better than others. While of course the lecturers and clinicians from outside were especially good, and what they said carried the weight of authority with it, still very many of the physicians in attendance commented upon the splendid clinics that were given by the Halifax members of the Dalhousie Staff. As intimated in the report, the splendid attendance this year indicates without question a larger attendance next year.

The proposed district meetings to be addressed by prominent members of the Canadian Medical Association have been cancelled. Under date of July 30th the Secretaries of the Valley Medical Society, the Halifax, the Pictou County Society, and the Cape Breton Society, were addressed with the request to ascertain from their executives if they would assist in arranging for these proposed meetings. It may be a matter of interest to note that but one Society acknowledged receipt of this communication. Under date of September 9th the same Societies were again advised in the matter.

Under date of September 30th, the itinerary for these meetings was sent to all the physicians of the Province. On October 10th, the Associate-Secretary received a wire from the Secretary of the Canadian Medical Association which reads as follows:

"Doctor Leonard Murray greatly regrets that unforeseen circumstances make it impossible for him to be in Nova Scotia on dates arranged. Impossible now to find suitable substitute. Doctor Bazin has been ill and later date would be very acceptable to him. Stop. Under circumstances and bearing in mind your letter would it not be better to postpone visit to more convenient date. Please be assured that we are not weakening at this end but Doctor Murray's inability to make trip alters situation greatly, wire reply."



Thus, although all arrangements had been made for all the meetings, and a splendid attendance was promised, there was nothing to do but to cancel same, a later meeting being quite out of the question. All of which only goes to show what trials and tribulations one can meet while endeavoring to do their best for the general good.

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The Valley Medical Society holds its regular semi-annual meeting at Annapolis on Tuesday, October 21st. It had been intended that the whole programme should be taken by the Canadian Medical Association representatives, and notices were sent out to that effect. The amended programme includes papers and addresses by Doctors Atlee and Acker of Halifax, Dr. Campbell and Dr. Lebbetter of Yarmouth, and Dr. Jost Provincial Health Officer, and Dr. S. L. Walker, Associate-Secretary. A full account of this meeting will be available for the next Bulletin.

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Speaking of Society meetings, one would not know that we had any Branch Societies of the Provincial Organization, in view of the failure of local Secretaries to report anything regarding their activities.

This is not playing the game fair, it is not team work, and team work is the only thing that will get us anywhere as an organized profession. There is moreover another very important reason why the several Societies should report their meetings fully in the Bulletin. It is difficult for a small society to secure very full programmes from its own membership. It is also desirable that they should have members of the Profession from other Societies at some of their meetings. The published programme of the other Branches will then give the Executive of other Societies an opportunity of knowing those who are presenting papers, and the subject of same. They can then invite them to attend their meetings.

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The Eastern Counties Medical Society met in regular session October 7th in Antigonish. There was an afternoon business session when the Uniform Schedule of Fees received a thorough discussion. The evening was spent at the hospitable home of Dr. J. J. and Mrs. Cameron, which was in gala attire, as it had been the scene of the wedding that morning of their daughter Mona. A clinical session was held at St. Marthas hospital the next forenoon. A full report will be available for a future issue of the Bulletin.

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### *Safety First*

What precaution do you take against microbes?

First I boil the water—

Yes and then—?

Then I sterilize it—

That's right, and then?

I drink nothing but beer.

# The Legacy of the Celt

Dr. G. H. Murphy, Halifax, N. S.

(Written for The Sir William Osler Club, and read at a meeting of the Halifax Club, March 29th, 1924.)

I trust my title may not seem too ambitious. I wavered long between essaying a biography of one of the great in medicine and surgery, or something with a broader field where I could patch together various stray bits of knowledge that, from many sources and in many ways, have found a biding place in my thoughts. I decided on the latter course.

I must crave the indulgence of this club, if, in this paper, I put considerable strain upon its essential object—namely, that of the distinctly medico-historical. To it I shall give what attention I can; but in the main, I shall try to call up from the silent sanctuaries of the long ago some of the free spirit and action of the ancestors of most of us; and thus roam at will through the kingdoms and the courts, the universities and the camps, the high places and the low, in order to ascertain what manner of men were they that gave the Celtic race its soul and ordained that its unfettered spirit, rising alike from palace and dungeon, should spread its influence across the world.

It may be put down as an axiom, that medicine is high or low, according as education in its highest and best sense is high or low. Medicine was practised in some form or other by every known race or tribe. And no wonder. If to live is an instinct stronger than any which springs from the workings of the mind, it should follow that even the barbarian would seek means to cure his ills and thus prolong his life. He is thus in line with the essential object of our art. His methods are necessarily crude, his observations admit of no classification, and reasoning by induction has no place. Investigation is the mark of a more ordered intelligence, and therefore not for him. The conception of cause and effect is inborn, and he has to reckon with it; but he meets the difficulty in his own way. He fashions out of his fancy some extrinsic entity which has power to inflict mortals with disease and death. Placating this being, and perhaps humbugging him in some way or other, becomes part of his therapeutic armamentarium. The stage is set for those weird and superstitious practices so often found mixed up with the early history of medicine. It has lasted longer than that; it has been the snake in the field of true progress. Its head has been crushed many times, but like the old fable, the tail lives till sundown. An occasional wiggle of this appendage in our own day reminds us that the actual obsequies are still in abeyance. And yet this type of medicine has served a useful purpose. Its fundamental impulse was right; and it provided enough contrasts to emphasize the symmetry and beauty of the truer structure.

Wherever there has been great intellectual development, there medicine found its most congenial habitat and rose to its greatest heights. One looks with confidence then, to the Greeks, and his best hopes are realized. In this land of the epic; the dramatic and the didactic; of poetry, history and oratory; of the highest conceptions of art, one finds the first great medical literature. It is a system built up on observation, investigation, induction and deduction. It sprang out of a great intellectual development of a wonderful people, and has stood the test of the centuries intervening between then and now. It not only furnished methods and inspiration which guided the progress of later centuries, but to the collection of Hippocrates, the student of today may turn to freshen his mind from the crystal waters of Hippocratic thought and strengthen his powers of seeking truth among the manifold manifestations of disease. He will find many of the same problems that exercised the mind of the great Father of Medicine. "Judgment is still difficult." "Art is long and life is short." "Yet we must be prepared not only to do our duty ourselves, but also patient, attendants and external circumstances must co-operate."

With one's mind thus attuned to the glories of Greek learning, it may seem like a rude transition to turn to that of the early Irish and Scotch Celt. Yet, I think it may be done without hardship to the general fitness of things. There were some points, at least of resemblance with the Greeks. The love of learning was strong in the Irish Celt as far back as the first century, Anno Domini, and further. Poetry, oratory, art, romance and the sciences of medicine and astronomy, seem to have had a high place. The poetry of the early Celt, the narratives telling of the stirring deeds of the kings and warriors; the quieter tales of domestic life; all the intellectual and spiritual activities of an extremely aggressive and imaginative people, filtered down from the very early times from one family or generation to its successor through the ballad, the fireside tale, the camp story, the narratives of the courts of the kings, and in other ways, forming a chain of tradition richer in the Celt than in any other race. It ought to be said that the early history of most races rests on tradition for its evidence. The time antedating the keeping of written records and the production of a literature in some form must do its part towards the far off "Divine Event", by speaking its virtues and follies through the only medium it has, namely the memories and the words of the people through succeeding generations. This is tradition in its essence; and history built upon well formed tradition is reasonably secure.

The art of writing existed in Ireland long before the coming of Patrick in the fifth century. Many of the books and manuscripts themselves have passed from existence, but they are vouched for by Gaelic writers in succeeding centuries. As further evidence, Joyce quotes from Ethicus of Isturia, who wrote of his wanderings in a book called the *Cosmography of the World*. Of his visit to Ireland in the 4th century,

Ethicus speaks of the books and writings he found there. What form of letters they used are supposed to be the Ogham, or some other they brought with them from the East. That pagan Ireland then was a land of some culture, must be admitted on the evidence. All the authorities I consulted in preparing this paper are of one mind on this. The Druids were apparently men of some education, and they were the teachers and leaders of the intellectual and spiritual life of the people. It is interesting to note in the Confessions of St. Patrick, (the authenticity of which no one questions) that he is obliged to assume an apologetic mood because he found his own educational attainments to suffer in comparison with at least some of the people he came to instruct. The passage in the Confession referred to is this:

"For this reason I, Patrick, have long been thinking of writing, but up to the present I hesitated; for I feared lest I should transgress against the tongue of men, seeing that I am not learned like others who in the best style have drunk in both laws and sacred letters in equal perfection; and from their infancy never changed their mother tongue, but were rather making it always more perfect.

"My speech however, and my style, was changed into the tongue of the stranger as can easily be perceived in the flavour of my writing; how I am trained and instructed in language, for as the wise man saith: 'By the tongue of wisdom will be discerned and understanding and knowledge and learning of the truth'."

"It is certain," says the English poet Spencer in his "State of Ireland," "that Ireland had the use of letters very anciently and long before England; that they had letters anciently is nothing doubtful, for the Saxons of England are said to have had their letters and learning and learned men from the Irish."

Says the Medievalist, Arsene Darmesteter: "The classic tradition to all appearance dead in Europe, burst into full flower in Ireland. The renaissance began in Ireland seven hundred years before it was known in Italy, and Armagh, the ecclesiastical capital of the Island, was at one time the metropolis of civilization."

The late Professor Zimmer, most eminent of Celtologists, makes this statement: "Ireland can lay claim to a great past; she can not only boast of having been the birthplace and abode of high culture in the fifth and sixth centuries, at a time undermined by the alliances and inroads of the German tribes which threatened to sink the whole Continent in barbarism, but also of peoples, forming the actual foundation of our present continental civilization."

The Venerable Bede, the Saxon Ecclesiastical historian, writing in the very shadow of the time of which he spoke, describing the great plague of 664, says: "Many of the nobility of the English nation were in Ireland at that time, having made strenuous efforts in the seventh, and up to the tenth century, to spread her learning among the German

and Roman. Forsaking their native land, they had retired thither in order to apply themselves to study, going about from one master to another." He also says these seekers after knowledge were hospitably received, were supplied with food and books and their teaching gratis.

It is too big a subject to dwell long on the number or relative standing of these Celtic schools. A few reliable records of the number of students attending some of the leading ones may suffice. The school at Armagh, the greatest, was attended at times by as many as seven thousand students. It was a favorable educational resort for the Anglo-Saxon students who had their own quarters established there called the Trian Saxon.

The school at Clonmacnois, equally large, seems to have been more national in its scope than the others, and was attended by the leading families of Ireland. Many of these families and clans had each its own church, mortuary chapel and burial place, and like in the historic burying place of Iona, the dust of them that were great in those old days now commingle. This is commemorated in an old Gaelic poem by an Irish bard, O'Gillan; since translated into English by Rolleston. I am going to quote it, because I think it has a very pretty touch, even in English: in the soft expressive language of the Gael, I am sure its quiet pathos and its historic associations would stir the deeper chords:—

In a quiet watered land, a land of roses,  
Stands St. Kierman's city fair;  
And the warriors of Erin, in their famous generations  
Slumber there.

There beneath the dewy hillside sleep the noblest  
Of the clan of Conn;  
Each below his stone with name in branching Ogham  
And the sacred knot thereon.

There they laid to rest the seven kings of Tara.  
There the sons of Caibre sleep,  
Battle banners of the Gael that in Kiernan's plain of Crosses  
Now their final hosting keep.

And in Clonmacnois they laid the men of Tiffia  
And right many a lord of Breagh;  
Deep the sod above Clan Crede and Clan Conaill  
Kind in hall and fierce in fray.

Many and many a son of Conn the Hundred Fighter,  
In the red earth lies at rest:  
Many a blue eye of Clan Colman the turf covers:  
Many a swan-like breast.

### The Founding of Iona

A great centre of learning came into being in the sixth century at Iona on the coast of Scotland. The story of its founding is full of interest. It was the fruit of the powerful educational impulse arising from such schools as I mentioned, and the missionary zeal of that renowned personage in Celtic history and story, Colmcille. From this centre the light of learning spread. The warring spirit of the Highlands and lowlands felt its benign touch. The marauding sea rovers, men of rough and bloody deeds, seem to have left unsullied this sanctuary of the mind and soul, as if loath to lay unhallowed hands upon this unwonted activity which was beginning to illumine the darkness of the glens and valleys of Alba. Out from Iona went many of the most renowned Gaelic scholars. They taught as they roamed. Wandering school-masters, they were establishing schools wherever they found pupils. There were no endowments, consequently they lacked modernity. They had no books but those they wrote with their own hands. But there was a vitality and soul in their pedagogy that our own time and generation might do well to emulate. The teacher knew his pupils. It was his business to know them. There was human sympathy and affection between teacher and student which remained throughout life. The student didn't get knowledge alone. He got an abiding inspiration; he received the intellectual and spiritual essences of his school master, not as through a glass darkly, but face to face. Not through the cold and darkly medium of a lecture which we may easily imagine to be delivered in the class room of some modern university by a learned professor who, having given his piece, turns on his heel, mentally remarking—"We shall know if they understood what I told them when the examinations come round." The old school-master taught rather than lectured; consequently the teachers were picked. The Brehon law gave the teacher his status and defined his rights.

A passing reference only may be made to this wonderful system of laws in a paper like this. MacManus says, "It has proved amazing to modern scholars in other countries to find such a great and such a just and beautiful judicial structure reared up in the dim centuries of antiquity in one little island, seated on the waters of a wide ocean far off on the rim of the world. The Irish term, Brehon, means lawyer; hence the name. They were the laws of the early Irish; and they run back for their origin into shadows of the first century and earlier. They were codified in 438 A. D., at a great convention of jurists presided over by St. Patrick. The product of this great gathering is still in existence in five large volumes called the Senchus Mor. There seems to be no relation between man and man which the statutes of this memorable work do not cover. These were the laws of Ireland before the English invasion; and it seems quite within the limit of probability that many of the best of them may again find their way into the jurisprudence

of the present Free State. They went into Scotland with Colmcille and his associates; and the scholars that went out from Iona, and Armagh, through Britain and every part of the Continent, taught the laws of the Brehon, and achieved incalculable good in restoring to an appreciation of law and justice the people of a continent, who were rapidly falling under the barbarian influence which followed the downfall and dismemberment of the Roman Empire. One distinguished writer on the Brehon Laws says this system was the foundation of Alfred's English Code and of the Common Law of England and America.

Gaelic and Latin were the languages of the schools. Greek too was taught very early in Ireland, and it is probable enough that some of the early scholars know something of Hippocrates and his works. It is said by at least one Celtic writer, that the Hippocratic Book of Aphorisms reached England through Ireland; which suggests the reflection, if true, that the Irish had learned it by heart before passing on the good thing to the Anglo-Saxon.

Not all the people could attend the centres of learning and the wandering school-master, despite his ubiquity, could not hope to meet the educational needs of all the children of the Gael. Books there were, but they were not for distribution among the people on account of the incalculable labor of writing them. Hence there was necessarily much illiteracy among the masses. A system that to some extent lightened this handicap was found in the poets. They were a body of men that stood high with all classes. The matter of their songs was found in historical data, the stirring deeds of warfare, and, in fact, in every activity of the people great and small. To the courts of the kings, the camps of the soldiers, the market places, the fairs, and wherever there were gatherings of the people, they came in ever increasing numbers, reciting their poems and singing their songs. The love of home and family of the homely virtues of the lowly, of a deep seated faith in God, was carried in the wings of poetic expression to the remotest corner of the Celtic land. Great men had their good deeds broadcast in this way. Bad men feared the satire and the lampoon of the poets more than they feared physical torture. The poets thus became a powerful rectifying force. They were entitled by the Brehon Law to hospitality wherever they went and to certain fees and rewards, which we are told, had the effect in time of producing a horde of mediocrities, who thought more of their fees than they did of the "subtle whisperings of the gentle muses." So great did the abuse become, that the kings of Ireland, acting under the advice of Colmcille in the fifth century, trimmed down their number, and set a standard of excellence to which an aspiring poetic genius should have to attain. It is a reasonable inference, then, that the importance and popularity attaching to the Celtic ballad quite likely had its source and inspiration in what at one time was a regular profession in the educational fortunes of the Gael.

In the pure and physical sciences, the early and middle age man of science was versed in what was then known in Europe. In the Irish schools one finds records of the teaching of Astronomy, which seem to indicate a rather striking advance for the time. Ancient treatises in the Celtic language prove this. Joyce extracts the following from one collection of Gaelic papers called the *Saltair na Rann*; "The earth is round like to an apple, goodly, truly round. The names of the seven planets are given, (Saturn, Joile, Mercurie, Mars, Sol, Menir, Luna). The distances are given of the moon and the sun and the firmament from the earth. The firmament is round the earth as the shell is round an egg; the signs of the Zodiac with their names in order, and the correct month or day when the sun enters each. The sun is 30 days, 10 1-2 hours in each sign; the five Zones—North and South Frigid, and two Temperate with the Torrid Zone between."

When one considers that this scientific data was known and taught many centuries before Copernicus, Galileo and Columbus, it seems a fair inference that our Celtic ancestors of those olden times had their power of observation not only well developed, but had knowledge of mathematics sufficient to enable them to compute with exactness the coming of eclipses and comets and to define in mathematical terms relationships between the planets, which modern scientific authorities have found to be correct.

#### Medicine and Surgery in Early Ireland

The first reference one finds to anything approaching the practice of surgery occurs in the account of the wounding of Conor MacNessa, King of Ulster, in the first century. A rhyming ballad translation from an old Irish tale describes it thus:

"Let Ulster remember the day  
When Conor MacNessa went forth,  
To war with the tribals of Connaught,  
Who failed to bring spoils of the North,  
"But they brought him home on a stretcher  
With wounds that were gaping and red,  
And the brain-ball of Cet MacMagash  
Three fourths sticking into his head."

The brain-ball was some type of missile hurled by warriors from a sling, probably much after the fashion of the David-Goliath incident. The king was attended by his own physician, Faih Liag. This treatment is interesting. He advised against the removal of the brain ball. He counselled the king that henceforth he must avoid all excitement, must sleep regular hours, moderation in eating and drinking, and emphasized particularly the avoidance of sudden emotion or violent anger—a severe



trial, in truth, for a warrior king in the old days. By observing these rules, he might live long. The king's wound healed and under the observation of his physician, and heeding his admonitions, he continued to live on for some years. The sequel has all the old Celtic legendary flavor. Perhaps his enforced quietness gave him time for meditation, so that the erstwhile savage pagan warrior became a subdued, thoughtful and charitable man. At last, there visited his court, an officer of the Roman legions then stationed in Britain. The king made a great feast for his guest; and while, following the repast, the assembled company sat before the blazing hearthstone, the Roman soldier told of a wonderful man he had known in Jerusalem while he did service there in the army of the Caesars. He described him as a singular man, more noble of character, more lofty of mind and more beautiful of soul than the world had ever before known, or ever would know; a God-man who spent his life lifting up the lowly and leading the ignorant to light and giving new hope to a hopeless world; one who loved mankind, healed the sick and raised the dead to life; that through jealousy and spite he was seized by an ignorant rabble and nailed to a cross where he died a most ignominious death.

Fired to rage by the thought of the terrible injustice meted out to so noble a man, Conor MacNessa, snatching down the sword which had lain unused for many years, rushed out into the night, and hewing down the branches of the trees shouted, "Show me the accursed wretches who did this base deed, and I will treat them thus." And in this frenzy of violent passion, he suddenly dropped dead.

There are many references to the Caesarean operation and trephining in the traditional and recorded history of the early centuries. Very likely accounts of operations were not a very inspiring or popular subject either for the poets to sing of, or the analyst to record; consequently, only very exceptional personages had their ills and treatment handed along through the recording medium of the times. When distinct medical records began to be kept, these found, as now, their proper place; and we are told by Joyce in his chapter on medical history that there is an immense number of medical records or papers written in Gaelic and still in existence, constituting, he says, the largest medical literature which has come down to us in any one tongue.

O'Curry writes of the case of Ceannfaelad. In his early days he was a great warrior, and was wounded in the head at the battle of Magh Rath, in 634. He was borne unconscious from the battlefield to Armagh then the greatest educational centre in Ireland. There he underwent the operating of trephining. He gave up the pursuits of war, and betook himself to study; and afterwards became one of the most brilliant intellectuals of his time. There are still preserved three of his works, a very ancient grammar of the Gaelic language, a book of laws and primer of poetry. His memory, we are told, was extraordinary and one of the old writers, with true Celtic directness, explained the phenomenon by

saying that his brain of forgetfulness had been removed at the operation.

The early Irish, like the Greeks, had their great mythical physicians, of whom the most distinguished was Dedannan or Dranket. The name means great power, and the stories of his skill were like those of some of the old Greek mythical physicians. He is mentioned in some of the old Irish Glosses and Incantations for health. He was regarded as a god belonging to a very remote period of antiquity. He had a son, Midach, and a daughter, Airmeda, of whom it is told in one of the old tales, that they became so skilful in treating disease that they aroused their father's envy with the result that he slew Midach. After a time there grew from the young's physician's grave 365 herbs from the 365 joints, and sinews and members of the body, each herb with mighty virtue to cure diseases of the part it grew from. His sister Airmeda, recognized the miraculous significance of the herbs, plucked and sorted them in her mantle. But the jealous old Doanket discovered them and mixed them all up so that their source and application was lost; and hence all the failures of physicians since that time had their source in the mad envy of one old man, who could not bear to be overshadowed by the superior professional skill of a rival.

In the tales of the wars of the Tain, one of the oldest Celtic epics extant, there is much about medicine and doctors. A large medical corps under one head physician, followed each army in the field. After the battle, and between lulls in the fight, they came forward and dressed the wounds, applying their salves and remedies. Each leech, or doctor, carried a bag slung from the waist in which medicants and surgical equipments were carried.

In Christian times, the first mention of an individual physician refers to the death of Malodar O'Tinnri in the Eight Century, who is described in the annals as the "best physician in Ireland." From this time, and on through the centuries, is a long line of medical men who seem to have kept well up to the standard of education set by the schools in other departments of thought and action.

Van Helmont of Brussels, in a book on medical history, written in the Seventeenth Century, refers to the medicine of the Irish Celt thus:—"The Irish nobility have in every family a domestic physician who has a tract of land free for his remuneration, and who is appointed not so much on account of the amount of learning he brings away in his head from colleges, but because he can cure disorders. These doctors procure their medical knowledge chiefly from books belonging to particular families left them by their ancestors, in which are laid down the symptoms of the various diseases, with the remedies annexed; which remedies are the productions of their own country. Accordingly, the Irish are better managed in sickness than the Italians, who have a physician in every village."

Again the resemblance to the Greeks is manifest. Apparently, college education formed some part of the curriculum, but apprenticeship to a physician was considered most important. Here the student not only studied disease at first hand under a master, but had also to assimilate the medical records which had come down as the exclusive property of the family through many generations.

Speaking generally, the best physicians were those attached to courts or families of the nobility. They commanded the highest stipend and their social status was high, and living on large estates, with staffs or servants, one would be inclined to regard them as particularly well off.

The unattached physicians lived by their fees—these fees being set and regulated by the Brehon Laws. These laws also took into account the possibility of a patient being imposed upon by an unqualified or unskilled physician, and ordained that a doctor who, through carelessness, or neglect, or gross lack of skill, failed to cure a wound, had to pay the same fine to the patient as if he had inflicted the wound with his own hand; and if he had received his fee he should return it.

It comes strangely to the minds of most of us who have been in the habit of thinking that almost everything of a humanitarian character belongs to our own, or at least very recent times, to learn how well these old Celts protected the rights of the sick and the afflicted. If a person wounded another or brought about his illness in any way, he came under the sick maintenance law, which provided that the patient's expenses in a hospital, including doctor's fees, should be paid by his assailant. It was, moreover, the duty of the aggressor to see that the patient was properly treated, that is, that his physician should be a properly qualified man, and that the hospital in which he received treatment should meet the sanitary requirements of the Brehon laws. Does our Workmen's Compensation Act exercise more zeal for the welfare of its clients than this? Is the American College of Surgeons, in its newly opened propaganda to discover some means of penalizing the rash, untrained, unconscientious surgeon, quite unconsciously perhaps, calling up from the long ago that same protection for the sacred rights of the individual patient which, in supposedly unenlightened centuries the Celt had observed and practised, as one of the humanitarian laws under which he lived?

A word about hospitals. One finds from the annals relating to disease and the sick, that hospital treatment was in vogue in Ireland from pagan times. In some of the tales of the Táin, a Gaelic epic already referred to, it is stated that in the time of the Red Branch Knights there was a hospital for the wounded at Emain called Broinbherg, meaning, "the house of sorrow." Along through the centuries, hospitals were numerous. Special ones were set apart for lepers. These leper houses are mentioned frequently in the annals. The special, and many of the

general hospitals, were in control of the monasteries. But there were also secular institutions. These came under the Brehon laws, and, as in every other public utility under these laws, the regulations and standard were not left to haphazard. It was prescribed that the hospital must be free from dirt, should have four open doors, and should have a stream of water running across it through the middle of the floor. Only the food and medicine prescribed by the physician should be given; the patient should be properly nursed and "dogs and fools and talkative noisy people should be kept away." There were also regulations governing the maintenance of paying and non-paying patients—much like our own. We can see here at least the rough quartz from which the refined metal of our present day sanitation has been extracted;

"Science moves, but slowly, slowly  
Creeping on from point to point."

Among the instruments in use in medical practice was the cupping horn, or *gipne*, as it was called. It was carried by all doctors, and seemed to have been in as frequent use as the stethoscope of today. One at least of its functions was to extract poison from wounds by suction. In one of the old tales, the actual technique is described. In this case, the female leech, or doctor, drew the venom from an old unhealed wound on *Cailte's* leg. Two suction tubes were used, and we are told the treatment ultimately cured the patient. Today we would likely not attribute the good result to the extraction of the venom, but rather to the production of a local congestion. In an old wound, such as the one mentioned, the good result was undoubtedly through this agency. Thus was *Bier's* treatment anticipated by many centuries.

There is a similar case of the Greeks, described by *Homer*, where the physician, *Machaon*, healed an arrow wound on *Menelaus* by sucking out the noxious blood and applying salves. Suction to extract poison from wounds was common enough with all primitive races. But the production of suction tubes or cups was a marked advancement, and using them successfully on an old wound touch closely the heels of a modern treatment of ulcers by means of *Bier's* suction cups.

In the *Materia Medica*, *Joyce* says that some of the medical manuscripts describe a fairly extensive variety of herbs and mineral substances. The names are in Latin, and in the case of the native herbs, the Gaelic name is also given. The action of each herb is described and its application and uses.

In an old tale of a battle of the Seventh Century, it is stated that the warrior lady *Scathach* gave *Cuculain* a sleeping draught to keep him from going into the battle. It was strong enough to put any ordinary person asleep for twenty-four hours but *Cuculain* woke up in one hour. The inference that opium was in use in those early centuries is, I suppose, warrantable.

I have already referred to the large volume of medical literature, both in Gaelic and Latin, still in existence in the Royal Irish Academy—systems of medicine such as the Book of the O'Lees, the O'Hickey's, etc. Besides these, which may be called the inheritance of a long line of medical ancestors, there are other books and manuscripts, some of them translations of Greek and Latin medical literature. The lofty motive of the compilers and authors of these works may be gathered from the prefatory statement in Irish Gaelic of a book written in 1345, and still in existence in the Irish Academy. It runs thus:

"May the merciful God have mercy on us all. I have here collected practical rules from several works for the honor of God, the benefit of the Irish people, for the instruction of my pupils and for the love of my friends and of my kindred. I have translated them into Gaelic from Latin books containing the lore of the great leeches of Greece and Rome. These are things gentle, sweet, profitable and of little evil, things which have often been tested by us and by our instructors. I pray God to bless those doctors who will use this book; and I lay it on their souls as an injunction, that they extract not sparingly from it; and more especially that they do their duty devotedly in cases where they receive no pay (on account of the poverty of the patients.) I implore every doctor that before he begins his treatment, he remember God, the Father of health, to the end that his work may be finished prosperously. Moreover, let him not be in mortal sin, and let him implore the patient to be also free from grievous sin. Let him offer a secret prayer for the sick person and implore the Heavenly Father, the physician and balm-giver of all mankind, to prosper the work he is entering upon."

There are certain reflections which the foregoing necessarily sketchy story of education and the Celt gives rise. One could pick up only a link here and there to escape making the paper too long. I tried to get my information from the most reliable sources possible. Naturally, Gaelic scholars, who have devoted lives to what to them is a labor of love, are the men to lean on. Some of these scholars have been caught up in the turbulence of recent years, and have paid the penalty that so often throughout his history, the Celt has willingly paid as tribute to the sincerity and devotion of his ideal. One of the foremost of present day writers of this class is Joyce, and much of my information is from him. "You shall not budge" says Hamlet "till I set you up a glass wherein you see the inmost part of you." Be patient awhile, says the Celtologist, in effect; and I will set you up the glass of the literature of the Celt, wherein you see him as he was in his intellectual and spiritual evolution; holding at one time the civilization of Europe intact, and bequeathing the inspiration of his genius adown the rugged slopes of time.

Most of the events of history we read have occurred since the days of Armagh and Iona. The evolution into a world power of another race, rendered insecure the political integrity of both Irish and Scotch Celt.

War and suspicion and turbulent politics and national humiliation turned the Irish Celt from the pursuits of learning. The schoolmaster could no longer teach because the laws of the conqueror decreed otherwise. A well educated Irish enemy was not the type of antagonist the gentle, discerning conqueror of the time desired. He had decided on the complete extermination of the Celt, and degradation of his mind was an effective means to that end. Success, however, was only partial. Much ignorance and misery strewed the way of the years, but the soul of the Celt lived on. "That which the fountain sent forth returned again to the fountain." It went back to happier times; refreshed and revived itself in the intellectual and spiritual pabulum of another day, and brought back the impulse of hope and strength to a stricken people in Goldsmith's words:

"Hope, like the meteor's trailing light,  
Illumines bright the way,  
As dark and darker grows the night  
Emits a brighter ray."

From the buffeting ocean of the centuries, the Scotch Celt made an earlier and safer landing. He experienced many trials and hardships since the days when his beloved Iona sent her scholars throughout Europe to keep alight the lamp of learning. He had to fight for his very existence with marauding tribes and the ever increasing aggressiveness of the Anglo-Saxon. He had to betake himself into the Highlands where for his defence he could link his strong heart and arm with the kindly ruggedness of his environment. Like his brother of the neighboring Isle, he found himself in time, seeking new lands and new homes. He joined the great army of Celtic immigration, and the new continents soon began to feel the impulse of his enthusiasm, his adaptability and the wide resource of his mind. So that it is an axiom today that wherever there are Celts there you will find education. What he has done for learning in our own fair land is one of the best chapters of this great history.

What Young said of patriotism may be said of the Celt and education. It was "part and parcel of himself," and could not be rent from the fibre of his being without destroying him altogether. The same instinct enabled Sir James Earle to say two years ago: "Great are the universities of Scotland, and they will prevail. But the greatest of your universities are the poor homes from which many of you come. Homes that have said in the past: "Theer shall be education in the land. These are the real universities of Scotland, and all the others are her whelps."

The legacy of the Celt is like the grain of mustard seed. Planted many centuries ago, it has grown into a great tree and bears good fruit.

Its branches, heavily laden, bear the fruit of science and literature, of theology and medicine, of poetry and art, of practically all the activities of humankind. Or it may be likened to a great river which, flowing down the centuries, spread out and fertilized the Valleys of the World, causing them to burst forth into the rich vegetation of the mind and soul.

Some years ago the rich fertility of the Valley of the Nile was a good deal of a mystery. Then there came intrepid explorers who set out to determine the source of the fertile waters which rendered the soil so productive. Their efforts were rewarded by the discovery of two lakes many hundreds of miles back in the mountainous interior to which the flood and flow of river owed their origin. They called them the Albert Nyanza and the Victoria Nyanda.

Exploring the River of the Gael is a more difficult undertaking. There are many rapids to overcome, many windings, and many obstructions which the crumbling centuries have cast into its bed. At times, it harrows almost to the verge of disappearance, and then widens out into goodly proportions with rich profusion of vegetation along its banks. At times the waters are turbid, at times clear. It goes back into the mountains of the past, and we reach at last the two crystal lakes from which the river takes its origin. Their names and story are written in stange letters in old ruins and monuments, and in ancient manuscripts. Their names are Armagh and Iona.

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### *The Evidence*

Suitor—Pardon me, doctor, but last night your daughter accepted my proposal of marriage. I have called this morning to ask if there is any insanity in your family.

Father—There must be—Pickup.

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Mrs. DePeyster—"I wish to say, Doctor, that the prescribing of a mustard plaster for a woman of my social position is nothing short of impertinence."

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"How did you get that cut on your head?" asked a man of his slightly inebriated friend. "Must ha' bit myself" was the reply.

"How could you bite yourself up there?"

"Must ha' stood on a chair."

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Canadian physicians are considerably puzzled over the case of a Mrs. Day, who has given birth to twins, one being white and one black. One never can tell what a Day may bring forth.

## Personals

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Dr. P. S. Cochrane of Halifax has been appointed House Surgeon of Inverness County Memorial Hospital. This hospital has been open about one year, and was under the direction of Dr. Hugh McKinnon. Dr. McKinnon has purchased the home of the late Dr. George J. McNally and will practise in Berwick.

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Dr. Charles K. Fuller of Yarmouth, who has been in Edinburgh for a considerable time, has obtained his F. R. C. S. from that University. He has also spent considerable time on the Continent visiting Clinics in Paris and Vienna.

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Professor John Cameron of Dalhousie, recently gave his lecture on "Ancient Egypt" before the ladies of the Fortnightly Club of New Glasgow, Dr. John Bell presiding.

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Mrs. Wm. Keddy, Mother of Dr. O. B. Keddy of Windsor, was recently taken seriously ill while on a visit to Prince Edward Island. It is hoped she will be able to return home at an early date. Dr. Keddy spent several days at her bedside.

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Dr. Gordon Wiswell of Halifax, was recently in attendance upon Clinics at Johns Hopkins and in New York.

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Dr. G. W. and Mrs. McKeen of Baddeck have returned to Newfoundland, after spending the summer at their old home.

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The famous Westminster Hospital in London was founded in 1715, when four philanthropists met in a Fleet Street Coffee Shop to discuss a means of caring for the sick.

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Dr. John Stewart of Halifax, accompanied by his sister, spent a very pleasant holiday at Elderbank, during the month of September.

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Dr. W. T. Purdy, of Amherst, with Mrs. Purdy, spent a few weeks recently in Montreal and Toronto.

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Dr. F. E. Bourdeau of Amherst, accompanied by his family, have left for Paris, where they will spend the next year. He will take the Post Graduate Course that is being provided by the L'Assomption Society.

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Dr. G. W. T. Farrish of Yarmouth, and Dr. S. L. Walker, of Halifax, were recent visitors to St. John's, Nfld. The ostensible purpose of the visit was to the Rotary Club of that City, which extended to



the Rotarian visitors a very cordial welcome. Doctors Farrish and Walker spent the greater part of one day visiting the several hospitals in the City. Some time ago Dr. McKeiggan wrote to the Associate-Secretary for information regarding the organizing of a Medical Society. This was successfully carried out last July. The two Doctors accepted an invitation to attend their Annual Meeting next summer.

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We regret to know that Dr. C. H. Morris, of Windsor, suffered a stroke of Apoplexy September 28th. He is convalescent and it is hoped a complete recovery will be made.

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Dr. Margaret Chase after spending a pleasant vacation in Nova Scotia, has returned to her position in Philadelphia.

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Dr. R. St. J. MacDonald, McGill University, whose marriage was noted in a recent issue of the Bulletin, has purchased a farm at his home in Baileys Brook, Pictou County, and will spend his summers there.

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Birth notices announce a son born to Dr. Charles and Mrs. Donkin. Dr. Donkin and his family recently moved from Upper Musquodoboit to Bridgewater.

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Dr. E. O. Hallett of Weymouth, recently visited Boston. He has a daughter married to a physician in that city.

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A recent visitor in Windsor, which was her old home, was Dr. Laura Bennett, Director of the Los Angeles City School Health Department.

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Dr. S. J. Turel, Halifax, left recently for New York, where he will spend the next year in Post Graduate work.

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We are glad to learn that Jordan Smith, son of Dr. J. W. Smith, M. P. P. Liverpool, is making satisfactory progress at the Nova Scotia Sanatorium.

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Dr. George E. Buckley, of Guysboro, has recently been spending a very pleasant vacation in Toronto, the guests of his daughter, Mrs. Tory. He returned to his home October 7th, accompanied by his son, who will visit him for a few days.

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Dr. J. S. Brean of Mulgrave, who has recently been visiting the West Indies, returned September 29th, very greatly improved in health.

Viligant in a recent issue of the Evening Mail, has the following: "They tell me that a Dartmouth physician was flabbergasted the other day when, after telling a convalescent patient "You owe your very remarkable recovery to your wife's tireless care," the man replied: "It's vey kind of you to tell me, Doc, I shall make out the cheque to my wife."

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Dr. Frank Mack, Halifax, is spending several weeks visiting hospitals in Montreal, Toronto and New York.

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The death occurred at Windsor, October 9th of Frederick Fox, aged 60 years. Mrs. Goodwin, wife of Dr. B. E. Goodwin, Amherst, is a daughter of the deceased.

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The marriage took place October 8th in Montreal, of Ethel Mildred, daughter of Dr. Milton Heresy, to Dr. John A. Davis. Dr. Davis is the son of Mr. and Mrs. D. C. Davis of Pictou, N. S.

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The loss of time due to sickness, most of it preventable, costs the country at least ten times more than it loses through strikes—Sir George Newman.

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Tuesday, October 7th, at Antigonish, Rev. Lewis MacLellan, rector of the Cathedral, officiated at the marriage of Miss Mona Cameron, elder daughter of Doctor and Mrs. J. J. Cameron, to Robert E. MacLeod, son of Mr. and Mrs. S. W. MacLeod. The bride who was given in marriage by her father, was daintily attired in a French gown of razor-pleated white georgette crepe and lace, with poke hat of pearl and silver. She carried a shower bouquet of ophelia roses and lilies of the Valley. She was attended by her sister, Miss Zina Cameron, who wore a dress and hat of pastel shades of orchid and blue with touches of silver, and carried a bouquet of columbia roses. Dr. Lister H. Cameron acted as best man. The ceremony was followed by a reception at the home of the bride's parents. Later in the day Mr. and Mrs. MacLeod left by motor to spend their honeymoon in Montreal, Boston and New York. On their return they will reside in Antigonish.

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### *Internal Plumbing*

I cannot feel that it is a very safe proceeding to turn anyone but an expert loose in the rectum with a pile clamp and a hot soldering iron.

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Father, said my bright son the other day, "When I dream of running water I wake up too late."

# CANADIAN MEDICAL ASSOCIATION

ANNUAL MEETING, REGINA, SASK. JUNE 1925

## OFFICERS

President—J. F. Kidd, Ottawa.  
President-Elect—David Low, Regina.  
Vice-Presidents **ex-officio**—Presidents of affiliated Provincial Associations.  
Chairman of Council—A. Primrose, Toronto.  
Honorary Treasurer—A. T. Bazin, Montreal  
Director General—T. C. Routley, 184 College St., Toronto.

## THE COUNCIL

(We have not yet received appointments from Provincial Associations).

## EXECUTIVE COMMITTEE

W. G. Reilly, Montreal, <b>Chairman</b>	F. N. G. Starr, Toronto
J. F. Kidd, Ottawa, <b>ex-officio</b>	S. E. Moore, Regina
David Low, Regina, <b>ex-officio</b>	S. L. Walker, Halifax
A. Primrose, Toronto, <b>ex-officio</b>	G. S. Cameron, Peterboro
A. T. Bazin, Montreal, <b>ex-officio</b>	J. S. McEachern, Calgary
T. C. Routley, Toronto, <b>ex-officio</b>	T. Glen Hamilton, Winnipeg
C. F. Martin, Montreal	Murray Maclaren, St. John

## STANDING COMMITTEES

Legislative Bureau	W. D. Rankin, Woodstock, N. B.
Medical Education	N. J. Maclean, Winnipeg
Necrology	H. B. Small, Ottawa
Constitution and By-laws	J. H. Mullin, Hamilton
Canadian Intra-Provincial Relations	D. A. Stewart, Ninette
Ethics & Credentials	H. B. Anderson, Toronto
Public Health	J. M. Uhrich, Regina
Economics	A. S. Monro, Vancouver
Pharmacy	V. E. Henderson, Toronto

## SPECIAL COMMITTEES

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

# MEDICAL SOCIETY OF NOVA SCOTIA

## DIRECTORY AFFILIATED BRANCHES

### CAPE BRETON MEDICAL SOCIETY

President ..... Dr. W. T. McKeough, Florence  
1st Vice-President ..... Dr. Allister Calder, Glace Bay  
2nd Vice-President ..... Dr. D. A. McLeod, Sydney  
Secretary Treasurer ..... Dr. J. G. Lynch, Sydney, N. S.

#### Executive

The above Officers with Drs. L. W. Johnstone, P. McF. Carter, E. C. McDonald

#### Nominated to Provincial Executive

Dr. Dan McDonald, North Sydney  
Dr.  
Dr.

### COLCHESTER-HANTS MEDICAL SOCIETY

#### Officers 1924-25

President ..... Dr. A. R. Reid, Brooklyn, N. S.  
Vice-President ..... Dr. O. Shatford, Londonderry,  
Secretary-Treasurer ..... Dr. H. V. Kent, Truro.

#### Executive

Dr. D. F. McInnis, Shubenacadie Dr. E. E. Bisset, Windsor.  
Dr. J. B. Reid, Truro.

#### Nominated to Executive of the Provincial Society:

Dr. K. O. Shatford, Londonderry, and Dr. O. B. Keddy, Windsor

### CUMBERLAND COUNTY MEDICAL SOCIETY

#### Officers

President ..... Dr. Wm. Rockwell, River Hebert.  
1st Vice-President ..... Dr. J. R. Gilroy, Oxford.  
2nd Vice-President ..... Dr. M. McKenzie, Parsboro.  
3rd Vice-President ..... Dr. W. V. Goodwin, Pugwash.  
Secretary-Treasurer ..... Dr. W. T. Purdy, Amherst, N. S.

Members of Executive Medical Society of Nova Scotia:

Dr. F. E. Boudreau, Amherst.  
Dr. J. A. Munro, Amherst, N. S.

### EASTERN COUNTIES MEDICAL SOCIETY

#### Officers

Hon. President ..... Dr. Geo. E. Buckley, Guysboro  
President ..... Dr. J. J. Cameron, Antigonish  
Vice-President ..... Dr. J. S. Brean, Mulgrave  
Secretary-Treasurer ..... Dr. P. S. Campbell, Port Hood

#### Executive Committee

The Officers and—

Dr. J. A. Proudfoot, Inverness Dr. M. E. McGarry, Margaree Forks  
Dr. J. A. McDonald, St. Peter's Dr. B. A. LeBlanc, Arichat  
Dr. J. J. McRitichie, Goldboro Dr. E. F. Moore, Hazel Hill  
Dr. J. F. McIsaac, Antigonish Dr. R. F. McDonald, Antigonish  
Nominated to Provincial Executive: Dr. W. F. McKinnon, Antigonish.

# MEDICAL SOCIETY OF NOVA SCOTIA

## DIRECTORY AFFILIATED BRANCHES

### LUNENBURG-QUEENS MEDICAL SOCIETY

#### Officers for 1923-24

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

#### Executive

The above Officers with:

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

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

### PICTOU COUNTY MEDICAL SOCIETY

#### Officers

President ..... Dr. Evan Kennedy  
Secretary-Treasurer ..... Dr. John Bell  
Member on Executive of N. S. Medical Society, Dr. John Bell  
Meetings:—First Tuesday in January, April, July, and October. Annual Meeting in July.

### VALLEY MEDICAL SOCIETY

President ..... Dr. S. F. Messenger, Middleton.  
Vice-President ..... Dr. L. B. Braine, Annapolis.  
Vice-President ..... Dr. N. H. Gosse, Canning.  
Vice-President ..... Dr. H. L. Roberts, Digby.  
Secretary-Treasurer ..... Dr. C. E. A. DeWitt, Wolfville.

#### Representatives on Executive Provincial Society

Dr. G. J. McNally, Berwick,      Dr. M. E. Armstrong, Bridgetown  
Dr. W. F. Read, Digby

### YARMOUTH COUNTY MEDICAL SOCIETY

President ..... G. W. T. Farish, M. D.  
Vice-President ..... Z. Hawkins, M. D.  
Secretary-Treasurer ..... F. E. Gullison, M. D.

#### Executive

Town:—W. C. Harris, M. D.

County:—Dr. R. L. Blackadar, Port Maitland.

Nominated to Provincial Executive:—Dr. S. N. Williamson.

### HALIFAX MEDICAL SOCIETY

#### 1924 Officers 1925

President ..... Dr. E. V. Hogan, 100 College St.  
Vice-President ..... Dr. F. R. Little, 454 Robie St.  
Secretary-Treasurer ..... Dr. W. L. Muir, 245 Robie St.

#### Executive

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

# MEDICAL SOCIETY OF NOVA SCOTIA

OFFICERS FOR 1924-1925.

PLACE OF MEETING—BRIDGEWATER, N. S. JULY 1st, 2nd. 1925.

President ..... Dr. W. N. Rehfuß, Bridgewater.  
1st Vice-President ..... Dr. E. V. Hogan, Halifax  
2nd. Vice-President ..... Dr. L. W. Johnstone, Sydney Mines.  
Secretary-Treasurer ..... Dr. J. G. D. Campbell, Halifax  
Associate-Secretary ..... Dr. S. L. Walter, Halifax

## EXECUTIVE

### Cape Breton Branch

Dr. D. McDonald, N. Sydney  
Dr.  
Dr.

### Colchester-Hants

Dr. R. O. Shatford, Londonderry  
Dr. O. B. Keddy, Windsor

### Cumberland County

Dr. F. R. Boudreau, Amherst

Dr. J. A. Munro, Amherst

### Lunenburg-Queens

Dr. R. G. McLellan, Lunenburg  
Dr. L. W. T. Penny, New Germany

### Valley Medical Society

Dr. M. E. Armstrong, Middleton  
Dr. W. F. Read, Digby

### Eastern Counties

Dr. W. F. McKinnon, Antigonish

### Halifax Branch

Dr. V. L. Miller  
Dr. A. R. Cunningham  
Dr. P. Weatherbee  
Dr. F. G. Mack

### Pictou County

Dr. H. H. McKay, New Glasgow  
Dr. G. A. Dunn, Pictou, N. S.

### Yarmouth Society

Dr. S. N. Williamson

## COMMITTEES

### Cogswell Library

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Dr. J. R. Corston  
Dr. John Stewart  
Dr. Philip Weatherbee  
Dr. C. S. Morton

### Editorial Board—C. M. A. Journal

Dr. W. H. Hattie  
Dr. G. H. Murphy  
Dr. J. G. McDougall  
Dr. K. A. McKenzie  
Dr. E. V. Hogan

### Arrangements

The Executive Committee, with the Members of the Lunenburg-Queens Medical Society.

### Public Health

Dr. A. C. Jost, Halifax  
Dr. E. Kennedy, New Glasgow  
Dr. M. E. Armstrong, Bridgetown  
Dr. J. K. McLeod, Sydney  
Dr. L. W. T. Penny, New Germany

### Mental Hygiene (Special Committee)

Dr. W. H. Hattie, Halifax  
Dr. J. J. Cameron, Antigonish  
Dr. F. E. Lawlor, Dartmouth  
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### Workmen's Compensation Board

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### Annual Fees P. M. B. (Special Committee)

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### Members of C. M. A. Council

Dr. W. N. Rehfuß (Ex-Officio) Bridgewater  
Dr. J. G. D. Campbell (Ex-Officio) Halifax  
Dr. S. L. Walker (Ex-Officio) Halifax  
Dr. L. R. Morse, Lawrencetown  
Dr. G. H. Murphy, Halifax  
Dr. W. J. Eagan, Sydney

Dr. H. K. McDonald, Halifax  
Dr. John Bell, New Glasgow, N. S.

### Nominated to Education Committee C. M. A.

Dr. K. A. McKenzie, Halifax, N. S.

### Nominated to Legislative Committee C. M. A.

Dr. J. G. McDougall, Halifax Dr. W. H. Hattie, Halifax

# Halifax Medical Society

## OFFICERS

President Dr. E. V. Hogan, Vice-Pres. Dr. F. R. Little, Secretary-Treasurer, Dr. W. L. Muir, 245 Robie St.

## EXECUTIVE COMMITTEE

Dr. V. L. Miller D. J. L. Churchill, Dr. P. Weatherbee, Dr. F. G. Mack, Dr. A. R. Cunningham.

## PROGRAMME FOR 1924-1925

Oct. 15—Opening Meeting, St. Julian Room,  
Halifax Hotel.

### PRESIDENT'S ADDRESS

Oct. 29.....Victoria General Hospital

### CLINICAL SURGICAL

Nov. 12.....Paper on Therapeutics

### DR. MURDOCK CHISHOLM

Nov. 26.....Discussion on "Hemorrhage"

DR. A. BIRT, "Etiology."

DR. M. J. CARNEY, "Medical."

DR. A. R. CUNNINGHAM, "Nose and Throat."

Dec. 10—Continuation of Discussion on "Hemorrhage."

DR. F. G. MACK, "Genito-Urinary."

DR. W. ALAN CURRY, "General Surgical."

DR. A. I. MADER, "Gynaecological."

Jan. 14—Medical and Surgical Conditions in West China.

DR. W. R. MORSE, Dean of the Faculty of Medicine,  
Western China Union University.

Jan. 28—Discussion on "Everyday Obstetrical Problems."

DR. E. K. MACLELLAN, "Accidental Hemorrhage;  
Placenta praevia."

DR. M. G. BURRIS, "The First Stage of Labor."

DR. P. A. MACDONALD, "Exclampsia."

DR. A. McD. MORTON, "Management of the Third  
Stage of Labor."

Feb. 11—Continuation of "Everyday Obstetrical Problems."

DR. H. B. ATLEE, "Abortion—Uninfected."

DR. V. L. MILLER, "Septic Abortion."

DR. G. H. MURPHY, "Indications for Caesarean Section."

Feb. 25.....Victoria General Hospital.

CLINICAL MEDICAL.

Mar. 11—Discussion on "Blood Chemistry."

DR. V. N. MACKAY.

DR. K. A. MACKENZIE, "Diabetes." !

DR. J. L. CHURCHILL, "Kidneys."

Mar. 25—"A Quarter of a Century of Practice Among the Mining Population of Cape Breton."

DR. M. T. SULLIVAN, New Aberdeen, N. S.

Apr. 8.....Childrens Hospital

CLINICAL EVENING

Apr. 22.....ANNUAL MEETING

Members are urged to take advantage of the opportunity to discuss the various papers.

Time will be allotted to speakers as follows:

Symposia—First Speakers, 15 minutes.

Discussion—Each Speaker, 5 minutes.

Others, 10 minutes.