Pioneers of Medicine

(By the late Dr. D. A. Campbell of Halifax, and published in the Maritime Medical News 21 years ago,—1904).

PART III. (*Continued*).

KING'S.

King's county has produced more medical men and has sent more doctors to Parliament, than any other county in Nova Scotia. The first practitioners in this part of the province have been already mentioned, viz., Drs. Samuel Willoughby and Edward Ellis.

DR. GURDEN DENNISON,

probably a native of the Province, was elected to represent Horton in the House of Assembly in 1785 and again in 1791. I do not feel sure that he was a medical man, my only authority being Hamiltons "History of King's County."

WILLIAM BAXTER.

Roscoe, in his "History of King's County," says that Dr. William Baxter was born in 1753. He joined the British army in 1776 and came to Cornwallis at the close of the war, where he settled and engaged in practice. He had a diploma from a Medical College, and soon acquired the reputation of being a skillful practitioner.

He was noted for his wit and for his many eccentricities. Roscoe relates that a man named Jackson, an English settler, who had suffered from some of the Doctor's biting remarks, sought revenge in this way. One dark night he sent for Baxter in a great hurry. The roads were very bad, but the Doctor came. He was ushered into the supposed sick room, where lo! a goose lay panting with her leg broken. The Doctor attended to the broken leg, and left the goose comfortable. When the cure was completed, a bill for eight dollars was sent to Jackson, and he could not evade payment.

To get square with Baxter, Jackson composed some verses hitting off many of the Doctor's peculiarities, and especially his fondness for the bottle. The first two verses ran as follows:

"The Doctor is a tanner by trade,
I believe his name is Baxter,
He prescribes both physic and pills,
And makes them of men's bones and wax, sir.

He heals all their putrified sores,
And cures all their drunken consumptives.
At length he makes out a long bill
And takes for it a cartload of pumpkins."

These verses were widely circulated and, it is said, greatly injured and annoyed the doctor.

Somewhat later a Doctor Walton settled in the same district. He was a young man and did not have a diploma or license of any kind, a circumstance not pleasing to Baxter. A neighbor asked Baxter if Walton was a good doctor. The reply was—"He may be. A pig may whistle, but his mouth is not well formed for it."

Dr. Baxter represented Cornwallis in the House of Assembly for some years. Roscoe says,—"Dr. Baxter will be long remembered in Kings county. He was kind in the extreme never denying anyone, poor or rich, the relief which his skill could afford."

DR. R. WALTON

commenced practice in Cornwallis about 1795. He acquired a good practice, was highly respected, and reached an advanced age.

DR. ISAAC WEBSTER

was a lineal descendant, in the fifth generation, of Governor John Webster, the fifth governor of Connecticut. He was the son of Moses Webster, of Mansfield, Windham Co., Connecticut. He came to Nova Scotia in 1791 and settled at Kentville. He married Prudence Bentley of Cornwallis in 1794. He died in 1851, at the age of 85. Roscoe says,—"He was a stern man and a skilful doctor." Two of his sons studied medicine. Another became a lawyer.

W. B. WEBSTER.

Was born January 18th, 1798. He died April 4th, 1861. He practised at Kentville, and was regarded to be one of the best surgeons in Nova Scotia at the time. He was also well versed in geology. For many years he was a member of the House of Assembly, and took a prominent part in promoting measures designed to advance the interests of the profession.

F. A. WEBSTER.

Was born in 1807. He died at Yarmouth, in 1879. He graduated at Edinburgh and Glasgow. He settled at Yarmouth in 1834.

JOHN L. R. WEBSTER,

Son of F. A. Webster,—1835-1885—practiced at Yarmouth. Charles A. Webster, son of John Webster, born 1864; practiced at Yarmouth. Henry B. Webster, M. D., of Kentville, is a grandson of Isaac Web-

ster. His father was a lawyer at Kentville. Dr. Arthur Webster, now practicing in the vicinity of Edinburgh, G. B., is a descendant of Isaac Webster.

HANTS.

I can find no record of any medical man in Hants County prior to the advent of the Loyalists, except Michael Head, who practiced for about twenty years, or possibly longer, at Windsor, between 1776 and 1796. Dr. Joseph Prescott was at Windsor between 1791 and 1800. The constant presence of a Garrison surgeon at Windsor probably explains the scarcity of physicians in that town and in the adjoining districts of Newport and Falmouth.

JOHN BOYD.

A Loyalist, who first came to Shelburne, was Garrison surgeon at Windsor from 1792 until 1817. His duties would be light, and he would have plenty of time to attend to the wants of the sick in and about Windsor. His son appears to have practiced in Windsor for a short time.

SAMUEL DENNISON,

a retired Naval Surgeon, settled at Newport at about the beginning of the nineteenth century. He had an extensive practice, and was highly esteemed for his many excellent qualities. He seems to have been a very good surgeon. He read a paper on "Placenta Praevia" at the first meeting of the Medical Society of Nova Scotia. This is the first record we have of a paper on a strictly professional subject being presented at an assembly of medical men in Nova Scotia. Dr.Dennison died at about 1856.

Two of his sons became physicians, and also practiced at Newport. They were Drs. William Dennison and James Dennison.

The district of East Hants was settled by Loyalists and disbanded soldiers, and there is no account of any medical men in this district before 1800.

CUMBERLAND.

Prior to 1784, settlement in this county was confined to the fertile territory about the Isthmus of Chignecto. Here we found that Michael Head began his professional career in Nova Scotia, and that his successor was Dr. Parker Clark, whose memory is preserved in the 'Courts of Justice."

The Loyalists settled in great numbers in different sections of the county.

DR. RUFUS SMITH

came with the Loyalists in 1784, and deserves notice by reason of his connection with a prominent Halifax family. A native of New York, he settled as a physician in Westmoreland, and was several times

elected a member of the New Brunswick House of Assembly. His daughter, Fannie, married Martin Gay Black (eldest son of Rev. William Black), and the father of Dr. Rufus Smith Black, so well-known in Halifax during the latter half of the 19th century.

Dr. Rufus Smith died in 1844.

DR. ELIJAH PURDY

was the eldest son of Colonel Henry Purdy, a staunch Loyalist who came with his family to Cumberland and settled at Fort Lawrence. Dr. Purdy settled in Amherst and was for many years the only physician in that locality. He died at about 1852.

COLCHESTER.

DR. JOHN HARRIS.

Came to Truro in 1778, and died there in 1802. He has been referred to elsewhere.

DR. EATON.

Came from New England to Onslow at about 1789, and practiced medicine for some years. He was skillful as a physician, and was noted for his gentlemanly bearing. He went to Boston either on business or for his health, and there he died. His widow died at the advanced age of 105.

JOSEPH MURRAY UPHAM.

Was a son of Judge Upham, a distinguished New Brunswick Loyalist. He came to Colchester at about the time that Dr. Eaton left. The date of his death is unknown. His descendants still live in Colchester.

DAVID B. LYNDS.

Was born in Colchester in 1781. He studied medicine with Dr. Head, of Halifax. He spent a year, or perhaps a longer time, in Philadelphia, attending the University of Pennsylvania. Dr. Page says: "Dr. Lynds was celebrated as an accoucher, and in that branch was called very lucky.' He made no pretensions to skill as a surgeon and indeed the results of his attempts at bone-setting would not indicate that he was at all brilliant in that department. He was a most expert phlebotomist. He was most persevering in his efforts to rid his patients of their 'pesky fangs,' though not always 'lucky' enough to get the right tooth. Chloroform and ether were altogether unknown to him. He died on June 9th, 1871, in his ninetieth year, and probably did as little harm during his long life and practice as any physician who ever lived, and that is high praise. His only daughter was the first wife of Dr. Waddell, of Truro.

He amassed considerable wealth. His notes of lectures at the University of Pennsylvania were very carefully written, and were preserved in bound volumes. When his effects were sold, these note-books were secured by the late Dr. D. H. Muir. It was said that in cases of fever, he rarely entered the sick room, and generally carried on the consultation through the most accessible window. For many years he was the only Baptist in Truro, and suffered, in consequence, petty persecutions from his Presbyterian neighbors.

PICTOU.

DR. JOHN HARRIS.

was one of the first settlers of Pictou, and he remained there until 1778 when he removed to Truro. His practice must have been very limited. There is no record of any medical man settling in Pictou prior to 1800, except Dr. Harris.

Drs. John Burton and James Skinner came to Pictou early in the last century.

DR. JOHN BURTON.

No information is extant beyond that he was a magistrate and a Militia Surgeon.

DR. JAMES SKINNER

was a native of Scotland, a son of the Rev. Donald Skinner of Ardnamurchan. He came to Pictou probably soon after the year 1800. He was for many years active, not only as a physician, but in the public business of the county, being Clerk of the Peace, and Prothonotary. He died in 1836.

ANTIGONISH.

The County of Antigonish was settled mainly by disbanded soldiers and Scottish Highlanders, the latter predominating. There is no record of any medical man living among these settlers prior to 1800. At about 1804 a small group of settlers from New Hampshire came to Antigonish, at the instance of Jonathan Blanchard, of Truro, who was, to some extent, entrusted with the disposal of Crown Lands. These settlers all had means. One of them, Benjamin Stearns, built the first frame house in the county. Another, Thomas Symonds engaged in business.

BENJAMIN STEARNS.

Possessed considerable medical knowledge, and, during the six years which he spent in Antigonish his services were eagerly sought for by the settlers. Dr. Page says that he came to Truro at about 1810, and that he practiced medicine in Colchester while able to do so. He died at the residence of his son, Henry, in Pictou. He lived, while

in Truro, on Biblehill, and there raised a family of nine children. Many of his descendants live in Nova Scotia.

ALEXANDER MACDONALD, M. D.

Dr. Alexander Macdonald was the most notable of the pioneers of medicine in eastern Nova Scotia. He was born in 1784 on the Isle of Skye, and graduated at the University of Edinburgh in 1805. Prior to studying medicine he was an officer of the 42nd Highlanders (Black Watch). His brother was a captain in the same regiment, and was with Sir John Moore in his famous Spanish campaign. He was later engaged at Quatrebas, where only Captain John Campbell was unwounded.

Dr. Macdonald was never in actual service, for after joining the regiment as ensign in Edinburgh he broke his leg on parade, and the surgeon attending him said he never would be able to march, so he resigned and took up medicine with the intention of joining the service as a surgeon. Soon after graduation, through the influence of the Macdonald of Armdale, he was appointed surgeon aboard ship coming to Charlottetown, P. E. I., with emigrants. Doctor Macdonald and a Colonel Rankin were the only cabin passengers. The master of the ship was an awfully brutal man, and he misused the highland emigrants in every way, and there was a perpetual row on between him and Dr. Macdonald in which Colonel Rankin took the part of the Highlanders and the Doctor. The captain again and again threatened the Doctor, saying, "Wait my young cock, you will not have your d—d Highlanders and Colonel Rankin with you going back home," as the Dr. had no intention of staying in America. Dr. Macdonald had a bill of exchange when he landed of £150 and the conditions of the country were such that he could not actually cash it. At last a man named Bannerman, a fellow countryman, told the Doctor he could fix it all right for him, and it was handed over, and that was the last he ever saw of Bannerman or his money. He was afraid to return with the captain and was consequently at the end of his tether when he heard of the Rev. Alexander Macdonald, P. P., of Arisaig, N. S., whom he knew in Skye. He went to him, was treated as a brother, and remained in Antigonish for some time. He went to Jamaica and remained there three years. While in Jamaica he had a severe attack of fever, in the delirium of which he tore up his diploma. He returned to Antigonish with the intention of going to Scotland, but fell in love and married Charlotte, the eldest daughter of Daniel Harrington, and never returned to his native land. In the early part of his practice he had many hardships to endure. It often happened that the roads, which were only bridle paths through the forest, were in winter so blocked up that he had to travel to distant parts of the country on snowshoes. Often, too, he ran into great dangers, and he had many narrow escapes. One stormy night in winter he set out on horse-back to visit a patient at Cape George.

Between the north and south lakes at Morristown the road, at that time, wound along the top of a cliff overhanging the sea, and, as the snow had been drifting, the road was so narrow that his path lay along the very brink of the precipice. Missing the track at this point, he and his horse were precipitated over the cliff, and fell a distance of sixty feet. The horse was killed, but the Doctor was only slightly hurt. The cliff over which he had fallen was a perpendicular wall, and, as the sea washed up to the foot of it, escape from the place seemed impossible. He walked along the shore until he found a place up which he was able to climb, and after wandering all night through the snow, arrived at a house at about daybreak.

When he came to the county there were scarcely more than a half dozen primitive bridges, and the danger in crossing streams was sometimes very great. On one occasion, going to Bayfield on the ice, he had a very narrow escape. The harbour ice was strong enough, but when he reached the bay ice a strong wind had sprung up from the westward, and it was beginning to move out to sea. By the time that he was nearing the shore, the ice had fairly separated from the land, and it was by only a hair's breadth that he escaped being carried out into the bay.

His hardships were, perhaps, increased by his absentmindedness and his consequent neglect of comforts in travelling. Coming home from the Gulf Shore one cold winter's day he remarked to his wife on entering the house that one of his feet was quite warm, while the other was almost frozen. On pulling off his boots it was found that he had put both stockings on one foot, and left the other bare. This peculiarity of absentmindedness led to much practical joking at his expense. On one occasion, his friends, finding his horse ready saddled at his office door reversed the saddle and awaited results. Out came the Doctor, and without noticing what had been done, he mounted and rode away.

On another occasion, when he was leading his horse up the street, three friends thought it a good opportunity for a practical joke. Two of them walked beside him engaging him in conversation, while the third, slipping the bridle from the horse's head, led the animal into a yard. The doctor, all unconscious, walked on until he reached his patient's house, which he entered after tying the bridle reins to a gate-post. On coming out he was surprised to find that his horse had slipped the bridle and gone off.

The Rev. Mr. Trotter, the Presbyterian minister, and a very clever man, often assisted the doctor. He had studied medicine at Edinburgh, before taking up theology. Dr. Macdonald died at about 1859. He was a man of high professional attainments and sterling character. His memory will long live in the county of Antigonish. The well-known W. H. Macdonald, commonly known as Doctor 'Bill," is a son, and Doctor W. Huntley Macdonald, the secretary of the Medical Society of Nova Scotia, a grandson of Alexander Macdonald.

Dr. Alexander Macdonald, in addition to his large practice, filled public positions. He was Justice of the Peace, Judge of the Inferior Court of Common Pleas, Prothonotary, Surgeon to the Militia, etc., etc.

GUYSBOROUGH.

Settl ments in Guysborough were made by Loyalists and disbanded soldiers, and among them were at least two medical men.

DR. LUDOVIC JOPPE.

Dr. Joppe came to Guysborough in 1784 and received a grant of 250 acres of land on the shore of Chedabucto Bay. Mrs. Hart, in her history of Guysborough, when relating some incidents about the cemetery at Manchester, says: "Here also at a later date was laid to rest, the little old German, Dr. Ludovic Joppe. He was surgeon to the 60th regiment. Wonderful accounts of his skill in the healing art are yet told of him and of his pony 'Lively", that so often carried him over the rough wood paths on his successful missions, by the older people. He lived at Clam Harbor and died at Thorn Hill. He probably practiced nearly forty years in the county.

DR. J. F. STICKELLS.

Or Steichels, came to Guysborough with the first settlers. He built the old McColl house on the property now owned and occupied by W. H. Cunningham. It was he who had the picture of Robe Roy McGregor painted on the wall of one of the rooms. His family were said to be notoriously extravagant, an incident having been cited where one of them, wanting a duster, used an expensive silk handkerchief for the purpose.

DR. INCH.

Followed Doctor Stickells and married his daughter. When returning from the house of a friend late in the evening he was murdered. He practiced in Guysborough about twenty-five years.

DR. CASSIMIRE MEYER.

Of Pownalborough, Maine, cannot be assigned to any county. Halifax may claim him, but a reference to the "Banks of the Sydney" would indicate that he may have lived somewhere in Guysborough or Antigonish counties. Sabine relates that he was at Halifax in 1779, and that while there he was accused of concealing deserters from the ships of war and that he was acquitted.

In 1781 he was at the British post at Penobscot. In 1789 he was again in Nova Scotia, where he had "built him a hut on the banks of the Sydney" and lived quite in the hermit's style. It is said that he was the queerest of mortals. When he landed at Halifax in 1777,

he marched along in all the pride of poverty and majesty of rags and patches, which exhibited the various hues of the rainbow, while his broad, Dutch face, opened at the mouth from ear to ear. Over all, he wore a thread-bare scarlet cloak which had been brought from Germany nearly thirty years before.

In concluding this paper which embodies all the information I could glean respecting the pioneers of medicine in Nova Scotia, I must express my feeling of indebtedness for assistance to J. J. Stewart, Esq., President Forrest, Prof. Walter Murray, the late Senator Almon, J. S. Macdonald, Esq., Dr. Hibbert Woodbury, Rev. Dr. Willets, and Dr. Geo. E. Buckley of Guysborough.

Another Epitaph.

Observed on the grave of Ruth Sprague, Hoosick Falls, N. Y.

RUTH SPRAGUE

Died January 11, 1816

Age 9 yrs. 1 mo. 3 days

She was stolen from the grave by Roderick B. Clow and dissected at Dr. P. M. Armstrong's office in Hoosick, N. Y., from which place her mutilated remains were obtained and deposited here.

Her body dissected by fiendish men,
Her bones anatomised.
Her soul we trust has risen to God,
Where few physicians rise.

"Miss Curley," murmured the office manager to the stenographer, "I don't wanna be harsh. Nothing like that. I really don't."

"Let's have the answer," said the damsel nonchalantly. "What's gone wrong now?"

"I just wanna ask you not to write your young man during business hours. Letters are apt to get mixed. Herb & Blurb report that we have sent 'em a shipment of love and kisses instead of the axle grease they ordered."—M. E. H.

A Resume of Cardiology

Dr. W. R. Dickie, Barton, N. S.

MY subject is a review of Cardiology. My idea is to go into the subject much as we find it in our daily practice, and more or less review certain phases of the heart. Our ideas are changing as we get older, and perhaps a few of the ideas I will express here, might give you a little food for thought.

It seems to me that the most important change which has taken place in professional opinion in regard to Cardiac disease, is the full recognition that valvular lesions are of comparatively little importance in prognosis and treatment, and that the condition of the heart muscle, is the problem which is presented in nearly every case.

Another point which is worthy of attention is the recognition that a high blood pressure, while abnormal in one sense, is often an attempt on the part of the body to maintain adequate circulation, whereby the various organs will receive their normal blood supply. In other words the patients have established a pathological normal pressure for their own particular case. In these cases, if the physician by the use of nitrites etc., is successful in reducing the blood pressure, he is only robbing certain organs of their normal blood supply, and in thus doing is complicating matters rather than helping them.

Of course, in certain cases, there is a degree of hypertension which must be modified, but the problem always is what is the blood pressure which is essential for the proper functioning of the individual. Is it really too high for his needs, and should an attempt be made to lower it. Naturally a consideration of the state of the heart muscle as to fatigue and myocardial degeneration has to be taken into consideration when determining whether an attempt should be made to alter a high blood pressure. Whether there be murmurs or not, disturbed rhythm and quality indicates an enlarged heart, and calls for a real cardiac tonic. Of course the cause of the heightened pressure must be sought and if possible eradicated.

One of the most practically important truths brought out by recent work in cardiology, and one that cannot be too strongly emphasized, is the utter unreliability of murmurs as a diagnostic or prognostic factor in heart disorders. They are unreliable for several reasons, of which we shall here cite the three most obvious and influential.

1. Their incidence is inconstant and indefinite, and their differentiation often difficult, if not impossible. Analysis of cases shows that murmurs are present in many cases other than heart

disease. No dependable conclusions can be reached from either the presence or absence of cardiac murmurs. Such murmurs may be present in well functioning hearts, and they may be absent in hearts that are badly embarassed and in sore need of assistance.

2. Even when murmurs are markedly present, and when they unquestionably indicate organic lesions, they are significant only as evidence of a diseased condition of the heart, and since it has damaged the valves is, at least, a potential menace to the cardiac muscles. In and of themselves, the murmurs have no diagnostic or prognostic value. They neither indicate nor contradict therapeutic murmurs.

3. The most serious and help-demanding conditions of the heart are now known to be those which have no necessary connection one way or the other with murmurs, or indeed with valvular defects at all, namely, disturbances of rhythm. Arrhythmias may be associated with co-existent murmurs or they may not. For clinical purposes it is immaterial. The arrhythmical heart, murmurs or no murmurs, is always a clinically pathological and disabled heart, calling for therapeutic aid.

These three prime reasons for the clinical unreliability of heart murmurs, as a diagnostic or prognostic sign, give rise to a fourth psychological reason; and it is for this fourth reason that I have called renewed attention to the matter, even at the risk of apparent importunity. Undue attention to and dependence on murmurs has the mischievous effect of lending a false sense of diagnostic and prognostic security, which the facts do not warrant, and misleading as to the true situation. Better to eliminate these from the equation altogether than thus to overrate them. An estimate of the heart which is based upon the rate, regularity and quality of the heart beat can rarely be wrong.

We have been taught of the adaptability of the heart; that power of the heart to adapt itself to conditions other than normal,—the placing of the incompetent heart to that place of competence where it can carry on its work. Some other authors call this power, the flexibility of the heart. All efficient machines mechanical have a certain reserve power which they can exert if called upon to do so. The heart is no exception to this rule and very readily adapts itself to many an abnormal condition. One abnormal condition ,of course, is leaky valves. How does the heart overcome this pathological condition? Again we have to go back to the heart muscle. The muscle must enlarge and take on added tonicity to grapple with this problem. The incompetency is overcome, and the circulation is carried on in the ordinary manner, but we still have the murmur. Clinically and therapeutically this makes the problem a relatively simple one, so far as the heart itself is concerned. There are to be sure, collateral and underlying aspects of every case of heart disturbance which make a thorough canvas of all the circumstances and conditions exceedingly necessary. But so far as the heart itself is concerned, the one all important question is, how is the musculature reacting to the situation.

Keep the muscle properly toned up and give the muscle its fair due amount of rest, and you have done all in man's power to help the poor exhausted organ to carry on its continued and ever increasing grind.

At this point we might look at the heart from a little different angle. We, as physicians, are all confronted with numberless patients complaining of numberless vague and real and definite pains in and about the chest. In nearly every case the patient blames these pains on the poor old heart for the offending organ. Let us classify the different cardiac pains as we understand them in the new light. I will give you White and Hood's classification, as found in the Journal of the American Medical Association.

1. Simple fatigue pain.—Muscle fatigue is without much doubt, responsible for the great majority of heart pains. Any muscle when exhausted tends to become painful. This fatigue pain may be the result of a number of different factors. It may occur in the case of hypertrophied hearts of chronic hypertension, or of aortic regurgitation, or aortic stenosis, or of adherent pericarditis, as a sign largely of left ventricular fatigue. Dr. James P. O'hare in a recent analysis of one hundred cases of essential or vascular hypertension, found that in these patients, cardiac pain is most commonly found as a dull ache in the region of the apex and lower precordia. Pain at the base of the heart, apart from the classical angina pectoris, is less common. Typical angina occurred in only three of his cases.

2. Nervous heart pain.—Just how far the heart pain of effort syndrome may be included under the heading of the fatigue type is uncertain. It seems more likely that it should be classed separately. In the absence of extreme over-exertion, it is found in nervous high-strung individuals, old or young, but more likely the latter. It is the result of excitement as often as effort. It would seem to be the result of overaction of the heart in a person of a low sensory threshhold. Then, too, there is an exaggeration of the importance of even a slight pain, if it happens to be in the region of the heart, particularly if the physician consulted by the patient is also doubtful about it, or considers it definite evidence of heart trouble.

Both the ordinary fatigue pain and that of the nervous heart, vary much in intensity. Generally the pain consists in a precordial ache, but at times it may be so severe that there is a sharp and knife-like stab in the precordia with radiation to the back, left shoulder and axilla, and down the left arm to the finger tips, and even to the right side of the body. In the case of fatigue pain, exertion is always the exciting factor. In the case of the pain of the so-called nervous heart (or effort syndrome) excitement may produce more pain than effort. While rest and digitalis act to relieve or to diminish the likelihood of the fatigue pain, reassurance and nerve sedatives act best in the case of the "nervous heart" pain. Nitroglycerin is of no avail.

3. Paroxysmal heart pain.—Altho we do not yet know the mechanism of the production of the paroxysmal heart pain, called

angina pectoris, it is a definite symptom of heart disease and should be classed separately. Most of the cases of the so called pseudo angina pectoris belong in this group, the others falling into one of the other groups, fatigue, nervous or aortic pain. The misleading term "pseudo angina" should be dropped entirely.

Paroxysmal heart pain may be brought on in susceptible hearts of older people by any stimulus, whether exertion, excitement, cold air, food in the stomach or gas in the bowels, and when severe, may occur when the patient is quiet in bed without any obvious exciting factor. It is essentially of paroxysmal nature without pulse disturbance substernal or precordial in site of origin, and dramatically relieved by the nitrites, and not by digitalis. It is important, as Heberden pointed out, to remember that pain and not disturbed rhythm is characteristic of this condition. We have seen a number of cases of older people with paroxysmal auricular fibrillation wrongly diagnosed and unwisely warned and treated as angina pectoris.

Neither of the first two types of pain appears to have any definite relation to the pathology of the heart itself, and cannot therefore be assigned any special diagnostic or therapeutic significance. In regard to the paroxysmal type which may be regarded as a true cardiac pain, we wish to call attention to just one point made by the authors, namely, that it is relieved by nitrites and not by digitalis. The inference is plain; nitrites relieve because they dilate the arterioles; digitalis fails because it contracts and makes them rigid. The general supposition is that the pain felt from the angina is due to anaemia of the heart muscle caused by spasmodic contraction or mechanical obstruction to the flow of blood in the coronary arteries.

Since we are taught that rhythm is very important in making our diagnosis or prognosis with reference to the heart itself, let us briefly consider the arrhythmias or irregularities of the heart itself. Some nine or ten different types of arrhythmia have been demonstrated in the heart cycle under the investigational processes made possible by the invention of the electro-cardiograph. With the exception of the heart block, however, (which is not really an arrhythmia at all, but an interruption to conduction), the differences between them are those of detail rather than of kind; for essentially they all consist in the same functional pathology, namely, an ectopic origination of the contraction stimuli. In some cases the ectopic stimulus is single as in nodal rhythm, in others it is multiple as in extra systoles and auricular flutter. But the essential abnormal element lies in the fact that the stimulus originates, and the pace of the cycle is therefore set at points other than the normal point of origin, the sinus node. Hence the irregularity in the cycle.

That this is in truth the Essential Element in arrhythmia is borne out by the fact that no pathological arrhythmia ever originates in the sinus node itself. There are, to be sure, so-called sinus arrhythmias, such as characterize all human phenomena, and, so far from indicating

any cardiac pathology, are regarded as pledges of a normal, healthy heart. There is also a condition of block at the sino auricular node, so that stimuli are not received, which results in a condition of arrhythmia. But the arrhythmia here again occurs, not because of the sinus block, but, because stimuli originate at the sinus block there can be no pathologic arrhythmia because that origination of stimuli is what constitutes cardiac rhythm.

Nor is that the whole story. When arrhythmia of any type exists, there is but one way in which rhythm can be restored, and that is by means of the sino auricular impulse intervening, and reassuming the pace making role. This can be effected in one or two ways. (1) By increasing the force of the sinus impulse, so that it overwhelms the ectopic impulse; for instance, practically all arrhythmias disappear under exercise and under the stimulus of high fever. (2) By slowing the beat of the entire heart, i.e. prolonging its normal period of rest so that the sinus impulse may both gather strength and be given better opportunity to strike into the cycle and resume its dominance.

The latter mode of treatment, of course, is especially applicable to those forms of arrhythmia in which there is more or less rapid fluttering of the heart and, particularly, when the myocardial muscle is weakened; and this must be regarded as the prime indication for a true cardiac tonic in cases of arrhythmia. However, even in cases where the heart is not rapid, but perhaps slower than normal, if it is not too slow, and if you first rule out a condition of heart block, the use of a cardiac tonic, provided it has no untoward action, would still appear to be rational and scientific therapy.

In closing, let me speak a few words on heart block. This is a condition which we do not often come across, but we all have to examine many hearts, both normal and pathological, and at times come across some very distressing incidents. When we get to know and be able to diagnose these different heart conditions, the heart and the patient and the work are all made so much more interesting. Patients suffering from heart block very frequently are symptoms free, and relatively few develop symptoms of Adams-Stokes syndrome. Symptoms of valvular or myocardial lesions may be associated with Adams-Stokes syndrome; the most of these are dyspnoesa, palpitation, fatigue and precordial pain on exertion.

In Adams-Stokes syndrome, the patient usually has no knowledge of an impending attack. During the seizure, consciousness is lost with twitching of the muscles or even convulsions. The patient may have very frequent attacks. Observations indicate, that when the ventricular stand still is greater than from sixteen to eighteen seconds, convulsions occur. Stertorous breathing with pallor or cyanosis is usually present during the attack. The convulsions are more often confined to the face and upper limbs. Control of the bowels and bladder is maintained during a seizure and the tongue not bitten.

Adams-Stokes syndrome is easily recognized; marked infrequency

of the pulse rate associated with rapid pulsation in the jugular veins, and the symptoms described furnish a clinical picture which is characteristic and easily diagnosed. The graphic methods, electro cardiographic and polygraphic examinations yield true information of the conductive system of the heart.

It is doubtful if there is any drug known that will be of material help in the treatment of Adams-Stokes syndrome, except when the disturbance is vagal in origin, in which atropine sulphate is the drug indicated for use. During the attack the patient may be allowed to inhale oxygen, and should be watched so that he does not fall or suffer any injury. Epinephrin, ether, camphor, strychnine, caffein, and digitalis have been administered subcutaneously during the attacks with doubtful value. Between the attacks, if syphilis is the etiological factor, treatment along these lines should be used vigorously. Thyroid extract has been used between attacks in some cases of Adams-Stokes syndrome of unknown cause with variable results.
(Read before the Valley Medical Society Oct. 2, 1925, at Digby, N. S.).

Workmen's Compensation Board

AT the annual meeting of the Ontario Medical Association, held at Toronto in May 1925, a special committee submitted a Resolution regarding the Workmen's Compensation Board, which will be of interest to the Profession in Nova Scotia.

Whereas the purpose of the Workmen's Compensation Act is to alleviate the ills arising from injury or industrial disease by furnishing efficient medical aid to the workers and to compensate them during their period of disability or to provide recompense in case of partial or complete permanent disability; and

Whereas the estimation of the amount and probable period of disability is founded upon medical opinion arrived at through professional study, observation and experience; and

Whereas the assessment of percentage disability of a protracted or permanent nature if obviously a matter in which experienced medical opinion must be taken into consideration; and

Whereas many inconsistencies in the awards by the Workmen's Compensation Board have come to the attention of the medical profession of Ontario and such have been the result of the failure of the Board to take medical opinion into account; and

Whereas though medical reports are available in each case for the guidance of the Board, under the present system of administration the interpretation of these reports is largely governed by legal or clerical opinion.

Therefore Be It Resolved That:—

1.—For the proper interpretation and administration of the Workmen's Compensation Act, selection for appointment to the Board should be founded upon previous employment, citizenship and general suitability.

2.—There should be at least one medical member on the Board.

3.—Such medical member should be carefully selected. His experience in medical and surgical practice should be such as to ensure his ability to correlate and interpret medical reports in such a manner that he may bring to the Board logical opinions arrived at as the result of professional experience, study and scientific knowledge, without which the Board will often fail to do justice to the workers on the one hand, and on the other may over-estimate disability or unduly prolong compensation.

4.—His professional standing and ethical integrity should be of such a high degree as to command the confidence and co-operation of the medical profession of Ontario.

5.—His administrative ability should be of a high character and he should have supervision over the organization of the

medical services of the Board and should see that all medical matters are relegated to the medical staff.

6.—The medical staff of the Board should be reorganized so as to promote (*a*) Recognition of authority. (*b*) Cohesion and co-operation. (*c*) High standard of ethics. (*d*) Cordial and more intimate relation with the medical profession and medical institutions. (*e*) The attainment of more exact reports on the condition of the workers. (*f*) More personal knowledge of such, in association with the medical attendant, where circumstances and distance permit; and adequate arrangements to offset distance. (*g*) Efficiency, which, without proper organization, it is impossible to attain.

7.—The senior medical officer employed by the Board should be director of the medical services of the Board and should be responsible for the organization and administration of the medical services.

8.—He should have a sufficient number of medical and clerical assistants to adequately and efficiently carry on the work of this department, and members of his staff of medical officers should be largely relieved of clerical duties.

9.—His supervision of medical work for the Board should extend throughout the province, and in areas not easily accessible, he should be represented by well selected medical referees, remunerated in accordance with the services performed.

10.—In cases of extraordinary difficulty of importance, in which the usual medical reports or specialists' reports are not conclusive it should be in order to assemble a medical board of three to conduct an examination and forward their opinion before final disposition of the case is arranged. Such a board should not be permanent but its members should be chosen in each case because of their particular qualifications and ability to advise conclusively in the case under consideration.

11.—The medical services of the Board should be brought to such a high standard of efficiency as to promote: (*a*) Adequate and well recognized scientific treatment for all workers coming under the provisions of the Act, so as to eliminate disability and hasten recovery and return to work, and in cases in which there is permanent disability, to minimize this to the greatest possible extent by suitable measures and appliances. (*b*) The attainment of such records and reports as will supply, through the medium of medical opinion, the basis for reliable assessment of disability, both as to duration and amount.

Be It Further Resolved, that a copy of this resolution be sent to the premier of the province of Ontario, and also to the attorney-general, and that it be intimated to them that if any changes in the Act or the constitution of the Board are contemplated, the Ontario Medical Association would appreciate the opportunity of appearing before the government, in a small representative deputation, to present this resolution in person, and to discuss the matter in greater detail."

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Mental Hygiene and School Children

IN the paper "Making School Safe for a Developing Mind," Dr. Rice of Indiana University School of Medicine, comments upon some o our present school methods. The subject is pertinent when we recal the reported remark of a young boy that 'if father makes me go to school I'l drown myself,' a week later his body was found in a nearby creek.

There is something wrong at home and school, if such a mental attitude develops. The attitude of very many children towards attendance at school varies from indifference to open hostility. It is altogether probable that this is a phase of our present school work which has been more or less overlooked. It is a problem that should be dealt with by the teacher, or by those concerned with the medical inspection of school children in consultation with the parents. This means more individual study of each child than perhaps a teacher feels she has time and energy for, even if she were qualified. School inspection by trained nurses concerns itself largely with obvious physical defects, and gives little attention to Mental Hygiene for which probably they have had little training. But both these agencies should have the time and the ability for this. There is too much machine work in connection with the mental school education to-day. It is a machine feeding of facts and figures to facilitate passage from one grade to another, that too often characterises our present teaching methods.

Dr. Rice points out that the principles of Mental Hygiene should be brought to bear upon the study of school children, and that any system of general Hygiene is incomplete without attention being given to that of the mind. He adds,—"So long as the laws of suggestion and imitation play an important part in a child's mental development, it must be evident that it is a serious mistake to allow children with mental defects to go to school with normal children. Even though the normal children may not ape the defective, the presence of the latter is liable to cause strife, teasing, morbid thoughts, and divided attention. Mental Hygiene urgently insists that abnormal persons

should, as far as possible, be removed from the presence of normal children. Parenthetically I may say, as one having had experience, that the mental hygiene of the teacher makes the same demands."

The mental hostility of the child to school and school work, must be on account of its unattractiveness. Dr. Rice suggests that perhaps we are taking our education too seriously, and goes on to say,—"Show me a text book with a joke in it. And yet what a large part of our life is a joke, a jolly, happy laugh. To laugh, to love, to live. That is life! What is there about a history lesson that should cause a child of twelve to worry, and stew, and fret, and eventually have a nervous breakdown, as I have recently known one to do? Who of you has not worn himself out studying a poem which was meant to be enjoyed? Have you not known children, and high school, and college students to cram, and worry, and cheat in order to get high marks? As if marks were an education! Have not our teachers taken summer courses in normal schools many times when they needed for their own mental health, and the mental health of their children, to have taken a summer rest or a summer vacation? Which is better for teacher and child, a rested, happy teacher with less pedagogy, or a tired teacher with more of it? Can such a careworn face teach you, or me, or a boy or girl anything? I doubt it, mightily." In conclusion he says, "School days should be joyous days, "and adds, "Above all else the physician would insist in the interest of mental hygiene that school days be happy, happy days,—not happy-go-lucky, and perhaps not happy every minute of the time—but days that can be met with a song and a bright and smiling face.

"School is life, buzzing, bubbling, bustling life, happy, wholesome, healthy life, serious but not heavy; gay but not frivolous; busy, oh yes, very busy, but not nerve racking. And that school which is most natural, which is most free and spontaneous, which is least given to arbitrary standards and dogmatic methods and precepts will meet best the demands of mental hygiene and insure to the coming generation a healthy and unspoiled heritage."

Colchester-Hants Medical Society

THE regular meeting of the Colchester-Hants Medical Society was held at Truro, September 29th, 1925. The programme was largely devoted towards recognition of the completion of Dr. Robinson Cox of Upper Stewiacke of fifty years of practice. Dr. R. O. Shatford of Londonderry was in the chair. On motion of Dr. McCurdy, seconded by Dr. McKinnon, the following Resolution was passed:—

"*Whereas*, from sources which must be considered as reliable, there have been, during the last three and one half years, at least, over 7,000 cases of Smallpox with 74 deaths in the Canadian Provinces, not including Nova Scotia, and

Whereas, in Nova Scotia during the same period, the disease has been relatively infrequent, and the loss of death nil, and

Whereas, the extremely favourable position occupied by the Province in this respect must be connected with, though it may not be wholly due to, the effort being made to bring about the vaccination of our population, especially the vaccination of our school children.

Therefore Resolved, that this Association place itself on record as appreciating the efforts which have hitherto been made in this Province towards limiting, by vaccination, the number of persons susceptible to smallpox, and,

Resolved further, that we would deplore any attempt which might be made which might result in the development in this Province of a population not protected against Smallpox."

Dr. Robinson Cox was expected to present a paper entitled "Reminiscences of fifty years' practice" but as he had addressed the Society about a year before on reminiscences of forty-nine years' practice, he asked to be excused. Instead, however, he related particulars of a case of Hydrophobia he attended in 1882. The patient was the Presbyterian minister of Springside, a man always jovial and full of fun. He was with a few friends spending the afternoon, but was quiet and distant in manner, ate no supper, but was very thirsty. He went home early, and he sent word to Dr. Cox that he felt uneasy, thirsty and fearful that something was going to happen. A Dover's Powder was sent to him, but the doctor was called in the next morning. The patient sat on the side of the bed, eyes staring, voice strange, he had not slept. Evidently a sedative was indicated and bromide and chloral hydrate was given in water. As he reached to take the glass and saw its contents he had a slight convulsion. He was given a quarter grain of Morphia hypodermically which quieted him in half

an hour and he slept two hours. Then he again became restless with some delirium and was given a half grain of Morphia, but without effect. He became delirious, hard to manage, his pulse became weaker, convulsions were violent, he became comatose, and died within 48 hours from the first appearance of any symptoms. Hydrophobia was diagnosed the second day and a history obtained of a very severe dog bite over two years previously, the laceration taking some months to heal.

Dr. W. B. Moore of Kentville congratulated Dr. Cox upon the completion of his fifty years of practice. He emphasized the value to the community of the general practititioner, the relation of the doctor to the public should be more intimate. He should know when to call for the services of the Specialist. Dr. Moore recalled the names of many medical men, especially in western Nova Scotia who are or were, Octo-, or nouo-.

Dr. John Stewart of Halifax, spoke of his acquaintance with Dr. Cox 62 years ago at the Normal School in Truro. He recalled some fellow students of Doctor Cox who have all passed on. In particular, he paid tribute to the character, ability and service to the profession of the late Doctors A. W. H. Lindsay, D. A. Campbell, W. S. Muir, P. N. Balcom and others. He felt that every Specialist should first have some years in general practice. Physicians should make more friends among their patients. He described himself as a heretic as regards our present system of medical education. A general education with a course in the humanities for mental training, and four years in Medical College, should qualify for a medical degree. The rural practitioner works alone, he carries his worries alone, his remuneration is poor, there is a tendency to get into a rut, and he does not develop. Rural practice is a large problem. Regarding diagnosis it is noticeable that the patients are the first to diagnose their troubles.

Dr. J. G. McDougall made reference to the wonderful experience of a man fifty years in practice when he took a mental panoramic view of the progress of medicine in such a period. Medical education to-day is far too much along the line of creating specialists. There is not sufficient practical bedside work, the laboratory is used too much as a short cut to a diagnosis. On this account, recent graduates shun rural districts. It is bedside work that trains the senses of the student.

Dr. E. V. Hogan presented the congratulations of the Medical Society to Dr. Cox on his splendid record of community service. He announced himself as strongly in favor of Maritime Rights, referring especially to the movement for a General Canadian Council. Nova Scotia should never waive her provincial rights in the matter of medical education.

At 8 P. M. some thirty-five doctors sat down to a splendid banquet in the New Learment Hotel, at which Doctor Cox was the guest of honor. The menu was good as may be noted:—

MENU

Consomme.
Radishes. Olives. Celery.
Boiled Halibut, White Sauce. Macaroni and Cheese.
Roast Chicken, Cranberry Sauce. Fried Potatoes.
Roast Rib Beef, Dish Gravy. Green Peas. Mashed Potatoes.
Ice Cream. Fancy Cakes. Cheese and Wafers.
Nuts. Raisins. Fruit.
Coffee.

The music furnished by a local orchestra was fine and was freely applauded,—

1. Overture - - - - - "Consecration" - - - Keler-Bela.
2. Caprice - - - - - - - - - - Mercadante.
3. Waltz - - - - - "Morning Glory" - - - - Thayne.
4. Scotch Melodies - - - - - - - - Arr. by Mackie-Beyer.
5. Gavotte - - - "Les cloches de St. Malo" - - - Rimmer.
6. Opera Gems - - - - - - - - Arr. by Mackie-Beyer.

After the toast to the King, the Secretary-Treasurer, Dr. H. V. Kent, read letters and telegrams, from a number who were unable to attend. He then read the Society's Address to Dr. Cox and presented him with a suitably engraved gold headed cane. This address was as follows:—

Robinson Cox, M. D.

Dear Doctor:—

The members of the Colchester-Hants Medical Society, esteem it a great privilege to have you as their honored guest this evening.

We meet to-night to celebrate the fiftieth anniversary of your graduation from Dalhousie University, and of your admission to the medical profession. To-day, you are with one exception, the oldest living graduate.

As you have all these years been actively engaged in the practice of your profession, it seemed fitting that your fellow practitioners should show their appreciation of your devotion to duty and of the high professional standing which you have always maintained.

It falls to the lot of very few members of the medical profession, to be thus actively engaged for so many years.

During all these years you have been closely identified with the organization and growth of the medical profession in Nova Scotia.

Identifying yourself with the Nova Scotia Medical Society in the early days of its history, you must have watched with keen interest its growth and ever-increasing usefulness.

Ever since the organization of the Colchester Medical Society in 1883 and its amalgamation with the Hants County Medical Society in 1907, you have always been closely identified with everything pertaining to its welfare; a regular attendant at its

meetings, your contributions to the work of the Society have always been marked by that keen knowledge of one skilled in the art and science of medicine.

We venture to think that your success in medicine has been largely due to the routine and system which have always characterized your work.

You have been the ideal student practitioner, and your work has been characterized by the conviction that the work in which you were engaged did not end with your college course, but was a life course.

The late Prof. William Osler said "The student practitioner begins early to make a threefold category, clear cases, doubtful cases, mistakes."

It is only by getting your cases grouped in this way that you make any real progress in your post-graduate education; only in this way that you can gain wisdom with experience.

It is a common error to think, that the more a doctor sees the greater his experience and the more he knows.

Cowper drew a most skilful distinction in his oft quoted lines—

> "Knowledge and wisdom, far from being one have oftimes no connection. Knowledge dwells in heads replete with thoughts of other men; wisdom in minds attentive to their own. Knowledge is proud that he has learned so much; wisdom is humble that he knows no more."

Although busily engaged with a large general practice, you found time to devote to the civic welfare of the community in which you lived, as well as those of your own province and of the Dominion generally.

We beg of you to accept the accompanying gift as a slight expression of our appreciation of your skill and ability, and of your unfailing courtesy to your confreres, and of your arduous and self-sacrificing labours in the public interest.

Will you convey to Mrs. Cox our sincere congratulations with the hope that you may both be spared to enjoy many years of usefulness.

On behalf of the Members of the Colchester-Hants Medical Society.

(Signed) R. O. Shatford, *President.*
(Signed) H. V. Kent, *Secretary.*

In responding Doctor Cox spoke very feelingly of his appreciation of the many kind words that had been spoken. He recalled the formation of the Colchester Medical Society in the old Prince of Wales Hotel on March 21st, 1883. Of the doctors present, at that afternoon and night session, he was the sole survivor. In 1907 the doctors of Hants County united with the doctors of Colchester, and formed the present Society.

In conclusion he said,—"The question occupying the minds of leading medical scientific and business men in all countries in these latter days is not so much, how disease shall be treated and cured, as how it shall be prevented. This idea is being kept prominently to the front by discussions at the various conventions and conferences, which have met within recent years to consider in its widest sense the whole subject of Public Health. Disease knows no boundaries and respects no flag. It is a common enemy of mankind which can be conquered only by united action. As modern methods of travel bring all parts of the world into closer relationship, such action become imperative. A fairly determined effort to bring about this object is being made throughout Canada, and the United States. The Public Health work in our own province, the National Health Congress in St. John, and the Public Health League in Montreal a few months ago, as well as the almost universal operation of the Red Cross Societies, are all indications that the civilized world is awakening to the importance of community action, to educate the public generally upon the whole question of Public Health. All of these movements register the new emphasis of to-day, which is to *prevent* rather than to *cure* disease and are, we hope, harbingers of that glad day when preventable diseases will be a thing of the past. The doctors of the past were with us to *cure* disease, the doctors of the future will be with us to lead and organize the community in the prevention of disease. A man's health is no longer merely his own private concern, but is a thing of very great public interest. Community action is called for, but Community action in matters of Public Health to be successful, must have for its motive that age-long Divine Law "Thou shalt love thy Neighbour as Thyself."

The toast list brought out a number of speeches crisp and practical, and of much interest. "Parliaments Federal and Provincial" was proposed by Dr. S. L. Walker and responded to by Harold Putman, M.P. Dr. W. R. Dunbar proposed "Towns and Municipalities" the response being by Warden Brenton and Mayor Murphy. Dr. D. S. McCurdy proposed "The Medical Society of Nova Scotia" to which the President Dr. E. V. Hogan responded. "Our Universities and Colleges" proposed by Dr. Patton, was responded to by Dr. John Stewart, Dean of the Medical College. Dr. Shankel of Windsor proposed "Our Guests" which brought response from Dr. W. B. Moore. Dr. Murdoch Chisholm and Dr. K. A. MacKenzie, Dr. Dan Murray of Tatamagouche, proposed "The Press" and Mr. W. B. Foster of the Sun-Citizen replied. "Auld Lang Syne" came at 11.30 P. M. closing perhaps the most enjoyable session the Society ever held.

Valley Medical Society

THE Valley Medical Society met in its regular semi-annual meeting in the Court House, Digby, Friday October 2nd, 1925, at 3 P. M. Dr. E. DuVernet of Digby, the President, in the Chair. The President extended his thanks to the members for his election at the annual meeting May 12th, 1925, at Middleton. The Minutes of the Annual Meeting were then read and approved. A letter from the President of the Medical Society of Nova Scotia with reference to membership of Digby County doctors in the newly organized western Nova Scotia Medical Association was read. After statements by the Secretary of the Valley Society and the Associate-Secretary of the Medical Society of Nova Scotia, and a general discussion, it was moved by Dr. H. L. Roberts, seconded by Dr. J. A. M. Hemmeon and passed:— That the Medical Society of Nova Scotia be advised that the Medical men of Digby for geographical reasons, have the privilege of joining either, or both, the Valley or Western Nova Scotia Societies.

A letter was read from Dr. T. H. McDonald, formerly of Meteghan, now located in Somerville, Mass., asking to have his membership continued in the Valley Society. The Secretary was instructed, and all members were to assist, to secure the new men locating in the Valley to join the local Society. It was decided unanimously to hold the Annual Meeting in May in Wolfville.

On motion of Dr. M. R. Elliott, seconded by Dr. W. F. Read, and passed after discusssion, that the Society approve of a Resolution in favor of a more thorough enforcement of vaccination of a'l children attending school. (This Resolution appears in full in the report of the Colchester-Hants Society). It was pointed out that the first vaccination before entrance to school, could be practically universal, but a second vaccination seven years later was more difficult to secure.

The first scientific paper, a "Resume of Cardiology" was then presented by Dr. W. R. Dickie of Barton. As will be seen from the paper published in this issue of the Bulletin, this paper gave a very complete statement of our present knowledge of heart disease or symptoms. The discussion was opened by Dr. W. B. Moore, who emphasized that the real question was the state of heart musculature. Dr. J. H. Allingham of St. John, pointed out that Insurance Companies still placed undue emphasis upon the existence of heart murmurs, despite their general lack of significance. The discussion was further carried on by Dr. DuVernet and others.

"Problems of interest to the general practitioner" arising from eye, ear, nose and throat conditions was the subject of an excellent paper by Dr. J. A. M. Hemmeon, of Wolfville. He first considered many conditions which were classed under eye strain, explaining clearly the production of squint, and the frequency of sight defects in the children of to-day. Small errors of refraction may have important symptoms or effects, and larger errors may not be of such importance.

Nasal obstruction, or any interference with free respiration, is to be carefully dealt with. Increasing deafness, often first noticed at afternoon teas, is an early symptom, and successful treatment depends upon early recognition. A properly performed operation for a deviated septum give greatest relief. Tonsil and Adenoid operations are essential often for free respiration and will be successful if nasal troubles are treated if present. In mouth breathers, these conditions will recur.

Acute Otitis Media calls for early recognition. There is no harm in puncturing the drum and using irrigations. Mastoid operations are not required if the Naso Pharynx is cleared out and the drum incised. Infection of the nasal sinuses exists in all cases of Rhinitis and other nasal discharges. They may form a focus for an infection developing elsewhere. In opening the discussion, Dr. W. F. Read emphasized the relieving of ear conditions by cleaning out the nose and throat.

Dr. V. L. Miller of Halifax, presented a paper on "Abortion" dealing with its frequency, causes, classifications, symptoms and treatment. He concluded with a separate discussion of Septic Abortion. It is hoped this latter paper may be available for the Bulletin. The paper was very much appreciated and its discussion was general Dr. Elliott described it as comprehensive and practical. He felt that the treatment was more difficult in private homes than in the hospital. Dr. L. R. Morse thought the Curette should be forgotten.

Dr. J. H. Allingham of St. John, addressed the Society on "The Surgery of Pulmonary Tuberculosis" illustrated by X-Ray films. Pulmonary Surgery is rapidly on the increase. There is first Pneumo-Thorax; second, Phrenectomy; third, Extra Pleural Thoracoplasty. The first should be attempted before the second or third is performed. The latter operations were first done in 1907 and Dr. Archibald of Montreal did his first in 1913. The indications are (1) When Pneumo-Thorax treatment has failed. (2) When on account of certain conditions or circumstances it cannot be given. (3) When after this treatment, the lung does not re-expand. (4) Where there is much fibrosis. (5) In Atalexis of lung. Dr. Allingham described the operation and showed X-Rays illustrating 14 cases. This pioneer work of Dr. Allingham marks a forward step in the surgical work in the Maritime Provinces.

It being 6.30 P. M. adjournment was taken to the Travellers' Inn, where dinner was served. The menu was a good one as can be readily seen,—

Cream of Tomato Soup.
Baked Fresh Digby Scallops, Lemon Tips.
Roast Dressed Chicken, Apple Jelly.
Cold Boiled Ham.
Sliced Tomatoes. Pickled Beets. Sliced Cucumbers.
Creamed Potatoes. Hubbard Squash.
Green Apple Pie. Hot Mince Pie.
Steamed Fruit Pudding, Hard Sauce.
Tea. Coffee. Milk.
Cheese. Crackers.

There were no toasts, but several speeches were in order. Dr. W. B. Moore called the attention of those present to the sample packages of "Appo Krisps" at each plate, the new breakfast cereal of apples and wheat, now being manufactured in the Valley. The value of apples he illustrated by the story of the man from Gaspereau who drank 67,000 gallons of cider in his lifetime, and died at the age of 84 years, just when prohibition came into force in Nova Scotia.

Dr. S. N. Miller, who has been 50 years in practice, and looks as if he were well set for a second fifty, spoke briefly. Mrs. Miller was also at the banquet. Dr. S. L. Walker spoke of the necessity of local societies supporting the work of the Provincial Society. Its success depends upon active local branches in co-operation with the Provincial Body. Referring to the paper by Dr. Hemmeon, he pointed out that it was quite evident that he had been a number of years in general practice, as his paper appealed strongly to the general practitioner. Dr. Allingham conveyed greetings from the medical men of St. John, and earnestly advocated the getting together again of the three Maritime Provinces, with a common publication in their interests.

Dr. Rice of Sandy Cove, Dr. DeWitt and others spoke briefly. The President and Secretary were complimented upon their arrangements for this very successful meeting, which closed at 10 P. M. with the National Anthem. Dr. W. B. Moore agreed to be the Society's contributor of a monthly letter to the Bulletin.

The Use of Alcohol.

In Edinburgh 40 years ago, every patient cost on an average $10.75 a year for drink as a part of treatment; last year every patient cost 10 cents. In 1900 every patient admitted to the London hospitals averaged 19 tablespoonfuls of brandy; last year the average was three tablespoonfuls. Contrast this, if you please, with Nova Scotia, where in 1924 it cost in salaries and wages alone, $45,000 to dispense the alcohol required for medicinal purposes, and the business gave a profit of $306,000. It may be noted that the vote for the Department of the Public Health is but little more than half the above salary amount. Why shouldn't this dispensing be taken over by the Health Department.

OBITUARY

THE death took place September 18th, at Musquodoboit Harbor, where she was visiting, of Mrs. Isabel Lyle Lawlor, Widow of the late Alexander Lawlor of Dartmouth, aged 83. Mrs. Lawlor was well-known in Dartmouth and Halifax. She is survived by one daughter Mrs. Martin of Cumberland County, and one son Dr. F. E. Lawlor, Superintendent of the Nova Scotia Hospital.

Recent auto accident victims were Dr. F. G. Zwicker of Port Williams, and Mr. A. F. Haliburton of Halifax. Dr. Zwicker died in a few hours and Mr. Haliburton after about 10 days. Dr. Zwicker was a graduate of Queens' University, but never registered or practised in Nova Scotia.

The death occurred in September at the Masonic Home, Windsor, of Alfred K. Barss. He was a brother of the late Dr. A. DeW. Barss of Wolfville. He was 76 years of age and was a Mason for over 50 years.

F. J. Cragg, a prominent Halifax business man, died at his Country Home, St. Margaret's Bay, October 2nd, 1925. He was the father of Dr. Grace Cragg, Dalhousie 1922, now on the staff of the New Hampshire State Hospital.

The death occurred recently at Lunenburg, of an old and respected citizen, in the person of Kenneth K. Duff. The deceased was a brother of Mrs. John Forrest of Halifax and an uncle of Dr. W. D. Forrest of Halifax.

The death occurred recently at New Westminister, of Katherine J. McKay McKenzie, of Port Coquitlan, B. C. from Septicemia. She was a graduate of Dalhousie Medical School of 1895.

PERSONALS

IN the latter days of September, a wedding was solemnized in St. Andrews Church, Lawrencetown, when Grace Parnall, daughter of A. T. Jefferson, was united in marriage to Dr. Wm. Charles Archibald. Dr. Archibald was a graduate of McGill University in 1922. The Bulletin extends congratulations.

At 186 Robie St. to Dr. and Mrs. Gordon Wiswell, September 16th, a daughter.

Dr. Dan Murray, Tatamagouche, was the first doctor to get a moose this year.

Dr. Freeman O'Neil and Mrs. O'Neil were visitors in Halifax for several days recently.

Dr. Evan Kennedy of New Glasgow, recently visited Boston and other cities for a short time.

Miss Ethel Hemmeon, niece of Dr. J. A. M. Hemmeon of Wolfville, is spending some six weeks in the West Indies.

Mrs. Gosse, wife of Dr. H. N. Gosse of Canning, was for a time recently, a patient in the Victoria General Hospital.

Willoughby M. Phinney, son of Dr. W. S. Phinney of Yarmouth, is now a medical student at the Edinburgh University.

Dr. George W. McKeen and Mrs. McKeen have returned to Baddeck after spending the past year in Newfoundland.

Dr. P. S. Campbell, of the Public Health Department, recently addressed the Rotary Club of Yarmouth on Tuberculosis.

Dr. E. T. Granville, now of Bedford, was seriously ill at the home of his mother in Halifax. He has now resumed his practice.

Dr. and Mrs. P. D. McLarren of Halifax, spent their annual holiday in September, in Tatamagouche, the former home of Mrs. McLarren.

Dr. W. W. Chipman of Montreal, spent a few days in Nova Scotia in September. While in Halifax he was the guest of Dr. John Stewart.

Mrs. Gannon, widow of the late Dr. J. W. Gannon, Reserve, with her young son, Allister, has removed to Boston, where they will reside.

Dr. C. S. Morton was seriously ill the latter part of September, and the early weeks in October. We are glad to know he is now convalescent.

Dr. and Mrs. C. B. Cameron of Petite Riviere, spent a few weeks recently in Montreal. Dr. K. P. Hayes, Dalhousie 1925 supplied for him during his absence.

Dr. C. R. Baxter, Dalhousie 1925, who has been doing supply work for several doctors during the summer, has located in Moncton, N. B., his home for many years.

Dr. and Mrs. W. H. Chase, after an extended honeymoon, and a short visit to the Doctor's home in Wolfville, went to Montreal the latter part of September, where they will reside.

Dr. A. Lloyd McLean, Dalhousie 1922, of Pictou, who has been on the staff of the Royal Victoria Hospital under Dr. McKenzie has gone to the United States for post-graduate special work.

Dr. Alex McPhedran, Toronto, Dr. H. B. Small of Ottawa, and Lieut. Gov. Brett of Edmonton, were made Senior Life members of The Canadian Medical Association at its June Session in Regina.

The Medical Council of Canada, at the 13th Annual Session, recently concluded at Ottawa, elected Dr. O. McG. Young, ex-Mayor of Saskatoon, its president. Dr. Young was formerly of Pictou County.

Mrs. Penny of New Germany, widow of the late Dr. L. T. W. Penny, was recently a patient in Dawson Memorial Hospital, Bridgewater, being operated on for appendicitis. She has now recovered.

Dr. Eliza Brison of Halifax, is doing post-graduate work in Psychiatry in Boston. When one or more psychiatric clinics are established in Nova Scotia, Dr. Brison would be well qualified as Chief or Consultant.

Dr. Donald Webster, Dalhousie 1925, after spending the summer as surgeon on the C. G. S. Arras, the hospital ship on the banks, has gone to the Royal Victorial Hospital under the service of Dr. McKenzie. Dr. Webster is a son of C. O. H. Webster, D. D. S. of Pictou.

The cornerstone of the new St. Martha's Hospital at Antigonish, was well and truly laid August 29th, 1925, by his Lordship, Bishop Morrison, who addressed the very large number who were present to witness the ceremony. Dr. M. T. McEachern, Associate Director of the American College of Surgeons, also addressed the gathering.

Dr. J. W. McIntosh of Georgetown, P. E. I. was in attendance at the Dalhousie Post-Graduate Course. He and Mrs. McIntosh were guests of Professor and Mrs. McIntosh, at their home on Henry St., Halifax.

Dr. Abraham Medjuck, formerly of Glace Bay, now of New York, was recently married in that city, to Miss Dorothy Shaffer, a graduate of Hunter's College, and a talented musician. Dr. Medjuck's parents reside in Glace Bay.

The Community Club of Port Maitland, devoted its opening meeting of the season to "Health." The addresses were given by Miss, Watson, Superintendent of the Yarmouth Hospital, Miss Anderson, County Health Nurse, Dr. R. L. Blackadar M. H. O., and Dr. T. A. Lebbetter of Yarmouth.

Dr. Gass, house physician in Aberdeen Hospital, New Glasgow, supplied for Dr. S. G. McKenzie of Westville early in October. What with the closing of the baseball season, and the opening of the Moose season, Dr. McKenzie surely needed a short holiday.

Dr. Wilfred G. J. Poirier, Dalhousie 1924, house physician at St. Mary's Hospital, Inverness, was married September 29th, 1925, to Miss Yvone Doucette, daughter of Mr. and Mrs. Vincent Doucette of Grand Etang. Daniel McLellan, D.D.S. was best man and Miss Antoinette Poirier, sister of the groom, was bridesmaid. They spent the honeymoon in a motor tour of the Maritime Provinces. Congratulations.

Four doctors have been nominated to contest Federal seats in the election now under way. These are Dr. A. N. Chisholm, Port Hawkesbury for Inverness; Dr. L. W. Johnstone, Sydney Mines, for North Cape Breton and Victoria; Dr. John A. McDonald, St. Peters, for Cape Breton West, and Richmond; Dr. L. J. Lovett, Bear River for Digby-Annapolis. Doctors Chisholm and Lovett were members of the last house.

The Sign Post.

A party of tourists, who wanted to get to Aberdeen, had lost their way. Finding themselves on the outskirts of a large city they asked a boy on the road what the name of the town was. "I'll tell ye if ye gie me saxpence," replied the boy. "Drive on," said the head of the party, "we're there."

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

CAPE BRETON

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

EXECUTIVE

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

COLCHESTER-HANTS

Officers 1924-25

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

Executive Committee

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

Nominated to Provincial Executive

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

CUMBERLAND COUNTY

Officers

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

EASTERN COUNTIES

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

Executive Committee

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

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

LUNENBURG-QUEENS

Officers for 1923-24

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

Executive

The above Officers with:

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

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

PICTOU COUNTY

Officers for 1924-25

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

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

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

VALLEY MEDICAL SOCIETY

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

Representatives on Executive of Medical Society of Nova Scotia:—

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

HALIFAX MEDICAL SOCIETY

1924 Officers 1925

President.....Dr. E. V. Hogan, 109 College St.
Vice-President.....Dr. F. R. Little, 454 Robie St.
Secretary-Traesurer.....Dr. W. L. Muir, 245 Robie St.

Executive

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

WESTERN NOVA SCOTIA MEDICAL SOCIETY

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

Nominated to the Executive of the Medical Society of Nova Scotia.

Dr. A. R. Campbell, of Yarmouth.