

LISTER'S ANNIVERSARY

1827-1912

April 5th.

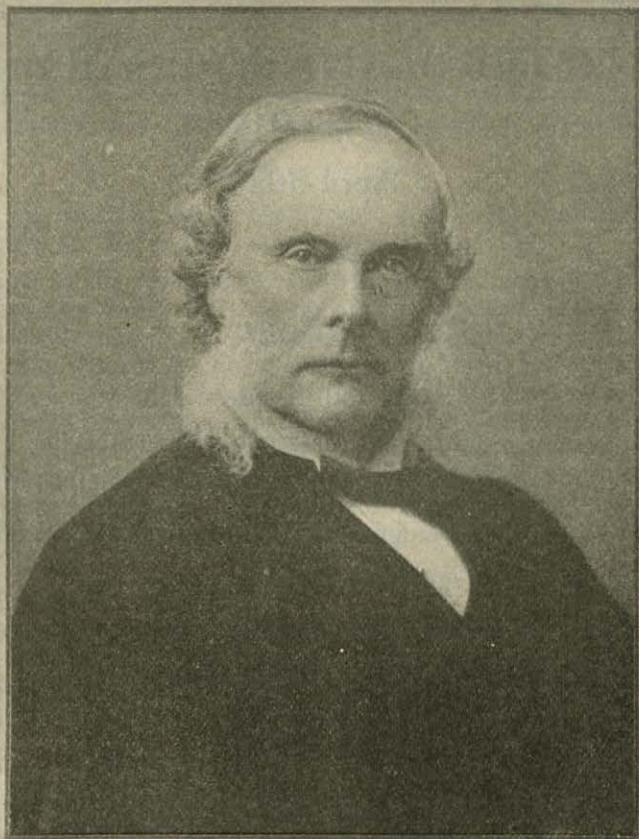


"THE CHIEF"

His brow spreads large and placid, and his eye
Is deep and bright, with steady looks that still.
Soft lines of tranquil thought his face fulfill—
His face at once benign and proud and shy.
If envy scout, if ignorance deny,
His faultless patience, his unyielding will,
Beautiful gentleness, and splendid skill,
Innumerable gratuities reply.
His wise rare smile is sweet with certainties,
And seems in all his patients to compel
Such love and faith as failure cannot quell.
Batling with custom, prejudice, disease,
As once the son of Zeus with Death and Hell.

WILLIAM ERNEST HENLEY.

(Republished from the April 1928 Bulletin).



Joseph Lister

(1827-1912)

Joseph Lister was the second son in the Quaker family of Joseph Jackson Lister. He was born April 5th, 1827 at Upton in Essex. The rurally pleasant surroundings of his father's house, in a community which prohibited indulgence in "vain sports and places of diversion," but had nothing of a dismal and frigid atmosphere often associated with the Society of Friends, fostered a happy childhood.

Sir Joseph Lister

DR. D. F. FRASER-HARRIS, London.

(*The Dalhousie Review* Vol. xi, No. 3)

JOSEPH Lister, the seventh medical President of the Royal Society, was the man who found surgery a dangerous art and left it a safe science. Lister's life was devoted to a study of two things—*why* the vast majority of wounds in healing became foul and painful, and *how* that dangerous state of matters might be prevented. Pasteur had shown in the years following 1857 (though Lister did not *then* know it), that putrefaction was only one kind of fermentation in organic matter. Decomposition of dead material was Nature's method of getting rid of corpses, but when it went on in wounds trying to heal, it poisoned the patient to a more or less serious extent. The decomposition of the pus and other discharges from open wounds (sepsis) was the perfect bugbear of mid-Victorian surgery, and nowhere so much so as in the hospitals. Lister, coming to know in 1865 of Pasteur's discoveries, at once saw that if the micro-organisms of disease could be excluded from wounds, there was nothing to prevent these healing by the so-called *vis medicatrix naturae*. Sepsis evidently called for antisepsis, and in carbolic acid Lister found an antiseptic with more to recommend in it than to condemn in it.

Joseph Lister was born of a Quaker family at Upton in Essex in 1827. His father, a Fellow of the Royal Society, was a wine merchant by day and a skilful microscopist in the evening. Young Lister never had to worry about making a living.

He took a leisurely course of study in Medicine at University College, where Sharpey the physiologist and Wharton Jones were among his teachers. Once more, Wharton Jones was lecturing to a future President of the Royal Society. At the age of 25, he graduated M.B. (London), and took his Fellowship of the Royal College of Surgeons. While still a student, Lister had done some excellent original work in histology. He was advised to go to Edinburgh and "see the practice of Mr. Syme." He saw more than that, for Agnes Syme became Mrs. Lister.

He had already begun to study the clotting of blood and inflammation, subjects the physiology of which was in the most lamentable state of confusion. In 1860 the Crown appointed him Regius Professor of Surgery in the University of Glasgow, the same year in which he was elected F.R.S. At Glasgow, Lister had charge of a ward in the old Royal Infirmary where wound diseases were accepted as a matter of course. It distressed this cultured, tender-hearted Englishman to see so much foulness, pain and death regarded as inevitable by the most enlightened surgeons of his day. He would not so regard it. Building on the sure foundation of the germ theory of Pasteur, he aimed at excluding the germs of putrefaction from every open wound, with the result that sepsis disappeared from his ward as though by magic. In the wards all round there was the same old stench, pus, pain and high death-rate. Lister's ward was just as dirty, badly ventilated and overcrowded as those of his

colleagues, but "oh the difference" to the people in the beds! Compound fractures for the first time in human history healed as perfectly as those under the unbroken skin.

In 1869 Lister was appointed Professor of Clinical Surgery in the University of Edinburgh, and in the old Royal Infirmary he repeated the successes of the Glasgow period. Here he had as a private patient W. E. Henley, the poet, who has left us a portrait of "The Chief" as faithful as it is charming.

In 1877 Lister was invited to succeed Sir William Ferguson at King's College, London. The contrast here was painfully evident: he left his worshipping students in Scotland in tears, only to find himself in the most intellectual city in the world confronted with an exhibition of the indifference of a massive professional mental inertia. But, though a gentle spirit, Lister was not a weak one; he worked away at perfecting his antiseptic system, and for the first time since the world began emancipated his fellow creatures from the haunting incubus of an intolerable plague.

Of course honours flowed in. He was made a baronet in 1883 by Queen Victoria, upon whom he had at one time operated antiseptically. In 1897 he was caused to adorn the peerage by being raised thereto with the title of Baron Lister of Lyme Regis. He completed the full term of five years as President of the Royal Society from 1895 to 1900.

As has happened so often before in similar cases, Lister's teaching was adopted abroad earlier and with greater conviction than at home. His tour through Germany in 1875 was a triumphal progress.

Of course he had forerunners, who has not? When in 1883 he heard of Semmelweis (who died in 1865), he at once acknowledged him a sapient worker in the same field. But Lister did what no one else did, built the success of antiseptic surgery *confessedly* upon the validity of the "germ theory" of Pasteur. Every child born to-day, every open wound from a scratch to an appendectomy that heals cleanly, every barber who sterilises his brushes, is a testimony to the efficacy of "Listerism." In Lord Moynihan's exquisite paraphrase, "Lister *opened* the gates of mercy on mankind."

The character of Joseph Lister was about as noble as we are likely to see embodied on this imperfect planet; for he was learned, dignified, gentle, courteous, strong, industrious and modest. Attacked by ignorance and prejudice, he never retaliated.

He died at Walmer on February 19th, 1912, and was buried by his own request in the West Hampstead cemetery.

A portrait medallion by Brock has been placed in the Abbey. As the Listers had no children, the peerage became extinct.

SORRY—BUT GRATEFUL.

Dear Dr. Walker:—

I regret to have still to remain on the resigned list of the Nova Scotia Medical Society, but it is absolutely impossible for me to raise the subscription.

I have been surprised at receiving the BULLETIN regularly since resigning in 1930, but I must confess I have always enjoyed reading it.

It really is a sorrow to me not to be able to continue.

Wishing you all success, I remain,

Yours faithfully,

A Four Month's Trip

TO THE MEDICAL AND SURGICAL CLINICS OF VIENNA, BUDAPEST AND PARIS.

DR. ALVINUS CALDER, Sydney, N. S.

IN the month of November, 1931, I left Sydney on one of the Coal Company's chartered boats, and after a rather stormy passage, ameliorated to a very large extent by a charming skipper, (Captain Crimston), landed at Bordeaux, the second most important port of France.

After spending a day in Bordeaux, I left by express train for Paris, an eight hour run through the Towns and Cities whose names recall to one's mind the various battles fought between the French and English in the middle ages. A day was spent in Paris, renewing acquaintances made during a previous visit in 1925.

I then left Paris for Vienna through Switzerland. This trip which occupies 28 hours takes the traveller through what I consider one of the finest bits of scenery imaginable. From Paris, through Belfort, famous French fortification, through Bâle, Basel, Zurich, along Lake Zurich through Innsbruck and the Austrian Tyrol, into Austria proper, arriving in beautiful Vienna after 28 hours of scenic beauty feasting. Through this kaleidoscopic panorama of nature's handiwork, one sees, on entering Belfort the majestic Alps in the distance, rising almost perpendicularly with their snow-capped peaks fusing with the moving clouds. So perfect is this fusion in places that it is often difficult to make out the line of demarkation between mountain and clouds.

Approaching Bâle the traveller views the beginning of an almost exact replica of our famous Margaree Valley (The Intervale) with the mountains on either side and the valley and river in the centre. This, needless to say, is on a very much larger scale than our Margaree, the time consumed by train in passing through this, being 2-3 hours. This leads one into Zurich famous for its lake and surrounding scenery, its beautiful silks and laces, its famous university which I had the pleasure of visiting. Here I may mention that on arrival at Bâle one discards the sooty coal engine from France and locomotion is by the electric engine, product of famous Swiss engineers. These electric engines in which there is no puffing and spluttering, take one throughout the entire length of Switzerland to the borders of Austria where the sooty engine again becomes the mode of locomotion.

It may be said, generally speaking, that sleeping comforts on these continental trains are not of as high an order as on our Canadian trains. First and second class day coaches compare favorably with our first class. In regard to cost, first class is very expensive, and second class cost as high or a little higher than our first class.

The traveller arriving in Vienna will find an old City with very few buildings over six stories high, numerous churches, and the finest examples of Gothic architecture, numerous and beautiful parks, large and small. It is somewhat difficult to get oriented, being in that respect something like London. English is heard to a less extent than in France, but no great difficulty exists for the English speaking traveller. Having arrived at Vienna, I shall confine the rest of my story to the professional side.

The medical man arriving in Vienna will find that the City is so noted as a post-graduate centre for Physicians and Surgeons that it is almost entirely presumed that every English speaking man is a medical man.

The medium between the English speaking medical man and the Professors of the University of Vienna who give post-graduate work in English, is the American Medical Association of Vienna—an organization formed some years ago by English speaking, post-graduate students in Vienna and still carried on by the members taking post-graduate work in Vienna,—with the assistance of a cashier, an orientation Secretary, a postal clerk and a librarian, who are, in the main, natives of Austria and speak both German and English fluently.

The Association's rooms and offices are situated upstairs of the Cafe Edison on the Alserstrasse about 10-15 minutes walk from the Commercial centre of the City, but almost vis-a-vis of the ALL gemeines Kraukenhaus (State Hospital), in which are to be found some of the principal clinics of Vienna, e.g. Denk, Eiselberg, Lorenz, Peham, etc.

The Association quarters consist of a large room where meals may be had at all hours of the day and social contact made with members; a business office, where all information pertaining to courses, hours of instruction, location of clinics, etc., may be obtained. There is also a library where the latest journals and medical books in English and German may be seen. The library also serves as a lecture room where didactic work is given. A room reserved for meetings of the ladies auxiliary is also provided. In addition, there are tourist, railway and steamship offices in these quarters.

My first visit, after registering and getting oriented as to the various courses, etc., was to the Rudolfspital, in which Professor Breitner, the noted European authority on Goitre works. This is an old building, or rather two buildings, but very modern in equipment, etc.

Professor Breitner operates generally at 9 A. M. All his goitre operations are done under local anaesthesia, novocain being used. He ligates the anterior branch of the superior thyroid artery on both sides but is not so fussy about ligation of the inferior artery, being often satisfied in taking deep sutures through the edges of the piece of parenchyma to be removed.

In all the surgical clinics that I attended in Vienna, the Bilroth method or technique of suturing stomach to intestine in gastro-enterostomy is still followed. It is a longer method, but they think it safer.

At the Sofienspital I visited the clinic of Professor Blum of urologic fame a Professor Glingar, his assistant, whose physical makeup gives one the impression of what the fullback on a rugby team should be like, gives the courses in urethroscopic work. He has devised an ingenious set for diagnosis and treatment of the anterior and posterior urethra by the wet and dry method. One of the problems occupying his attention at the present time, is why leucoplakia of the urethra is not followed by cancer as is often the case in leucoplakia of the tongue.

At the Peham Clinic one sees one of the largest aggregations of carcinoma of the female genitalia to be found in Europe. There the cystoscope is used to good advantage to determine the operability of cancer involving the bladder or the tissue adjacent to it. At this clinic the indigo carmine dye test is the main test for kidney function, the sulphophenothalein is not used.

Professor Frankl, the eminent pathologist, a very charming man, engrossed in pathological and serological work, is also to be found at this clinic. Here

the Meinickes cloudy reaction test for syphilis is used to a large extent. Dr. Widucr finds it as reliable as the Wassermann and not so complicated. From a diagnostic point of view, it will give result as early as two weeks after the initial sore.

I had the pleasure of attending the clinic of Professor Balah who is the international authority on fractures. He reduces all fractures under local anesthesia, even fractures of the vertebrae.

At the polyclinic I had the pleasure of meeting Professor Julius Buer, the famous endocrinologist.

From Vienna, I travelled to Budapest to visit the 1st University Clinic. The first surgical assistant, Dr. Karl Mozesaros speaks excellent English and was very accommodating. This building is the most modern hospital building it was my privilege to visit during the entire trip.

At the clinic of Professor Illyé I spent some time. He is reputed to be the finest urologist in Europe and has a hundred beds at his command. In prostatectomy he modifies the Fryers method by incising the capsule with special scalpel for that purpose and removes lobe by lobe. He then trims the prostatic fossa with scissors and long forceps, then thoroughly stops all bleeding before inserting drainage tube.

Budapest offers excellent opportunities for the medical man doing post-graduate work as it is possible there to do actual surgical work on patients at the outset, thereby gaining practical experience during ones entire stay. In the other post-graduate clinics this is not possible in surgery at least, without first obtaining an internship or hospitant which usually means a stay of at least 6-8 months before the student is allowed to do major surgical work.

In Paris I visited the Salpêtrière where Professor Gosset is the chief of the surgical clinic. He is a general surgeon of outstanding merit.

At the Broca Hospital Professor J. L. Faure, of international fame, still holds the centre of the stage as gynaecologist par excellence.

Most of my time in Paris, however, was spent at the Necker Hospital (Guyon Clinic), under the able hands of Professor Legueu, "the King's Physician."

Professor Legueu is head of this clinic where the first cystoscope was used and where Laennec first practiced. Here the urea and chloride output of the kidneys is the main kidney function test, though no one test is relied upon exclusively.

At the Curie Institute, Madame Curie still carries on her experiments. At this clinic (experimental) cancers of the tonsils and pharynx are being treated by X-Rays. This has been going on for five years with very encouraging results. I was told by a Canadian physician doing post-graduate work in X-Rays there, that this is the only place in Europe that that work is being done. They use comparatively low voltage and the tube is fully one metre from the patient and small erythema doses given.

While visiting the various clinics I had the pleasure of meeting Dr. Koressios who is collaborating with Professor Laignel Lavastine of the Pasteur Institute. Dr. Koressios claims to have discovered a specific curative hemolytic serum prepared from the red blood cells of patients attacked with disseminated sclerosis by injection through rabbits. This serum seems to act specifically on the medulla by provoking a focal reaction on the medulla. Its action has nothing to do with shock, i.e., it is not a therapeutic shock treatment. So far 150 cases of disseminated sclerosis have been treated

in which 100% cures have been obtained in the early cases, and 70% improvement in advanced cases.

Dr. Koressios has been carrying on these experiments for the past five years and has experimented in London, Berlin, Paris, Brussels, Budapest, Louvain, Turin and Padua. He has a book in the press at present, setting forth in detail his work on disseminated sclerosis and hopes in a year or two to visit the United States and Canada in connection with this work.

Surgeon Extraordinary.

This signboard was discovered in a Cornish village, England, and is now in the possession of the Horniman Museum, London.

ROGER GILES SURGIN.

Parish Clark & Skulemaster. Groser & Hundertaker respectably informs Ladys & Gentleman that he droers teef without wateing a minit. Applies Laches every hour. Blisters on the lowest tarms. & Vizicks for a penny a peace. He sells Godfather's Kordales. Kuts korns. Bunyons. Doctors Hosses. Clips Donkies wance a munth & undertakes to luke arter every bodies Nayls by the Ear, Joes-Harps. Penny Wissels, Brass Anelsticks, Fryinpans & other moozikal hinstrumints hat grately reydoosed figures. Young Ladys & Gentlemen larnes their Grammar and Langedge in the purtiest mannar. Also grate care taken off their Morrels & Spellin. Also Zarm-zinging tayching the Base Vial. & oll other zorts of fancy works Quadrils Pokers Weazels. & all country dances tort at home & abroad at perfekshun perfumery and Snuff in all its branches as times is cruel bad I begs to tell ee that I has just begunned to sell all sorts of Stashonary ware. Cox. Hens. Vouls. Pigs and all other kind of poultry. Blackin-Brishes. Herrins. Coles. Scrubbin-Brishes. Traykel and Godley Bukes & Bibles. Mise Traps Brick Dist. Whisker-seeds. Morrel Pokkerankerchers. and all zorts of Swatemaits including Taters, Sassages and other Gardenstuff. Bakky Zizars. Lamp Oyle. Tay Kittles and other Intozzzikatin Likkers. A dale of Fruit, Hats. Zongs. Hareoyle. Pattins. Bukkits. Grindstones and other aitable. Kown & Bunyon Zalve and all F.ardware. I has laid in a large azzortment of Trype, Dogs Mate. Lollipops. Ginger Beer Matches & other Pickles. Such as Hepsom Salts Hoysters. Winzer Sope. Anzetrar. Old Rags bort and zold here and nowhere else. Newlayd Heggys by me Roger Giles zinging burdes keepled such as howls Donkies Payrox. Lobsters. Crickets. Also a stock of a celebrated brayder. Itayches Gography Rithmetic Cowsticks Jimnasticks and other chyneestricks.

GODE SAVE THEE KINGE.

(University of Western Ontario Medical Journal).

All the ills that flesh is heir to
 Would not be so very bad,
 If we did not always thereto,
 Add the ills it never had.

Renal Tuberculosis*

FRANK G. MACK, M.B., Halifax.

ON being asked to prepare a paper on some urological subject for this meeting, I chose from several suggested titles that which appears on the programme, but on looking up the records of case histories at the Victoria General Hospital I was so impressed by the large and apparently increasing part played by renal tuberculosis in our operative experience that I have chosen that subject instead.

Several distressing cases of far advanced renal tuberculosis seen in private practice recently have, in addition, made me feel that there may be a real need for emphasizing the importance of this condition and the possibilities of success in its treatment if detected in time.

I have gone over the records of the past fifty nephrectomies done for all causes in the Victoria General Hospital. This covers a period of over three years. Of these 50 cases the operation was done for tuberculosis in 18. It is quite possible that some other cases classed as simple pyonephrosis and even hydronephrosis are really tuberculous in origin. At any rate the proportion is large, about 36%. Among these fifty cases were 22 of my own, and of these 11 were tuberculous. Any cases reported will be based on this experience which is admittedly small but embraces a valuable variety of cases.

Tuberculosis of the kidney, it is generally agreed, is always secondary to some primary focus which frequently is in the lungs but may be in the alimentary tract, or even in the tonsils or in the glands of the neck. At autopsy the primary focus may be found fibrotic or arrested. "The original infection is practically always confined to one kidney. When the opposite kidney is involved it is usually late, leaving a period of months or years during which nephrectomy on the affected side will have a curative effect." (H. H. Young). That is the important point which I wish to stress to-day.

Renal tuberculosis is either acute or chronic. The acute type is of no surgical importance, being merely part of a generalized miliary tuberculosis which will rapidly prove fatal. A diffuse acute tuberculous nephritis has been reported but it is very rare and not amenable to surgery.

Chronic renal tuberculosis may affect principally the pelvis of the kidney or it may originate in the cortex or it may be disseminated throughout the kidney in the form of miliary tubercles. The pyramidal portions are most commonly affected with early involvement of the corresponding calices, producing an enlargement and irregularity of the calices which may be readily detected in the pyelogram. Occasionally the lesions are confined to the cortex. In either case tubercles form, single or grouped, which become surrounded by an amount of fibrous tissue which varies with the resistance of the individual. Caseation occurs and often there is softening of the caseous areas, especially after secondary infection with pyogenic organisms, so that abscess cavities form and this may be repeated throughout the whole kidney converting it into a mass of abscess cavities, some or all of which communicate with the pelvis. In some cases calcification occurs in the walls of the cavities causing radiographic shadows easily mistaken for calculi. True calculi may, also, form in these kidneys, a circumstance which may lead to an erroneous clinical

*Read before the Nova Scotia Medical Society at the Annual Meeting held at Truro July 1931.

diagnosis, especially if a calculus be passed as occurred in a case of my own. At times fibrotic changes cause obstruction of the pelvis or ureter leading to hydronephrotic dilatation. Rarely the whole kidney becomes a functionless fibrocaceous mass—the so-called autonephrectomy.

Extension of the infection to the ureter and to the bladder takes place sooner or later. "Renal tuberculosis, ureteral tuberculosis and tuberculosis of the bladder should be studied in the same chapter" says Marion the celebrated French urologist meaning that these are not separate entities but that the two later are almost invariably part of a process which begins in the kidney.

The consensus of opinion is that infection takes place almost entirely through the blood stream. The theory that emboli containing clumps of bacilli are carried to the kidney would seem to explain unilateral infection better than that of a bacillemia. It is claimed by some authorities that tubercle bacilli pass through the kidneys and may be found in the urine without an accompanying inflammatory reaction. The prolonged search usually required to find the bacilli even in some cases of extensive renal tuberculosis makes one rather dubious about this. It may be taken as a safe rule that the finding of the bacilli means tuberculosis if any pus be present.

The age incidence is important. Marion's experience is about that of other writers. In his series of 1393 cases 185 were under 20, 933 between 20 and 40, 175 between 40 and 50, and 100 were over 50 years. There is no difference between the sexes.

There is no invariable picture of renal tuberculosis. The symptoms vary greatly depending upon the duration of the infection, the degree of involvement of the ureter and bladder and the resistance of the patient.

Frequency of urination is given by Young as the most constant symptom, occurring in 236 of his 342 cases. It is due to irritative changes in the bladder or posterior urethra and, therefore in the male may be present both in urinary and genital tuberculosis. The occurrence of frequency in a young person, especially if it produce nocturia, is a very important warning signal. With frequency may be associated dysuria, urgency and difficulty in micturition. Pyuria and haematuria may not be observed by the patient, but the first is nearly always present and the latter is not uncommon. Frequency and haematuria occurring together without previous warning are very suggestive. Loss of weight is important, but is not always found. Chills, fever and sweats were present in 22.5% of Young's cases. Pain referred to the kidney region and renal colic are the only localizing symptoms and may be entirely absent. A diffuse aching pain was present in one-third and renal colic in one-fifth of Young's cases.

Usually ordinary clinical examination gives little information. At times, in an emaciated patient an enlarged kidney may be felt but ordinarily palpation gives negative results. The examination of the external genitalia in the male may reveal epididymal or vasal nodules and thickenings of tuberculosis. Nodules in the prostate and seminal vesicles are also confirmatory of a diagnosis of tuberculosis. A thickened ureter may occasionally be felt, especially in the female.

The diagnosis must be based on the following points—the examination of the urine, cystoscopy and X-ray examination. An exploratory operation is not justifiable and may give entirely negative results even where tuberculosis exists.

The urine contains pus in varying amounts and frequently albumen is present. Red blood corpuscles are common. Tubercle bacilli must be searched for repeatedly. The percentage of positive findings varies with the skill and perseverance of the pathologist. Wildbolz gives 90%, Furniss 85%. Where negative results are constant in suspicious cases guinea-pig inoculation is called for. Here again the experience and technique of the pathologist are the factors which determine the reliability of the method. At present there is reason to hope for much help from recently developed cultural methods. It has been suggested, with reason, that an occasional false positive result in the inoculation of ureteral specimens may be caused by reflux of infected urine up the ureter up the healthy side or by tubercle bacilli being carried up from the bladder by a catheter.

Cystoscopy is, of course, the essential method in determining which kidney is infected and the functional value and healthiness of the other kidney. Tuberculous bladders are extremely sensitive and the examination may be impossible without anaesthesia. General anaesthesia is not desirable for several reasons, but spinal or preferably caudal anaesthesia nearly always allows a satisfactory examination. For several years I have been using caudal anaesthesia as a routine in nearly all male cystoscopies and in women whenever there is much irritability of the bladder. The bladder may appear perfectly normal or there may be a patchy or diffuse cystitis. Frequently actual tuberculous areas, sometimes with ulceration may be seen. In advanced tuberculosis the marked oedema, contraction and distortion of the bladder may so alter appearances and obliterate landmarks as to make the finding of the ureteral orifices very difficult. Sometimes repeated examinations are needed. The ureteral orifice on the affected side may be normal or it may be thickened and rigid, or surrounded by bullous oedema or tubercles, or it may be greatly retracted and displaced. The passage of the catheter on the affected side may be easy but often it is impossible because of tuberculous stricture of the lower portion of the ureter.

At this point it may not be amiss to state that the occasional cystoscopist is apt to fall into several pitfalls for this, like all highly specialized methods of investigation, is only reliable when performed by one of wide experience. In one case I know of a diagnosis of tuberculous ulcer was made in the presence of a papilloma. In another tumours were seen although none were present. In the most recent example pus was seen lying in the bladder but its source, a tuberculous pyonephrosis was not detected.

Plain X-ray films are of little value as they may give entirely negative, misleading or inconclusive information. The pyelogram, however, showing by radiography the outline of the calices, pelvis and ureter as shown by the shadow of a radiopaque solution is of very great value and should be part of every cystoscopic examination, with rare exceptions. Braasch and Scholl of the Mayo Clinic in hundreds of cases have seen no harm from pyelography in renal tuberculosis. In their opinion a negative pyelogram excludes tuberculosis in 90% of cases.

The diagnosis having been made, the problem of treatment presents itself at once. If the disease is unilateral, there is but one treatment and that is nephrectomy. If bilateral surgery is unwise except for the relief of severe pain or sepsis arising from the more seriously affected kidney. In such a case nephrectomy can only be palliative. Braasch and Scholl out of their large experience claim that when a definite diagnosis of tuberculosis in one kidney

is made even though guinea-pig inoculation of urine from the opposite kidney be positive and there is only an occasional pus cell in the urine from that kidney and its function is normal, removal of the definitely diseased kidney is justifiable.

Where both kidneys are definitely tuberculous, usually from delay, the only treatment is along general medical lines with rest, fresh air, sunlight and feeding. Tuberculin has seemed to be of some value in the experience of some authorities. These cases do not recover, although remarkable temporary improvement sometimes takes place. No pathologist has ever demonstrated a healed tuberculous lesion of the kidney. (Braasch and Scholl). Some patients do have periods in which pus and bacilli may disappear from the urine because of intermittent discharge from abscess cavities but cure does not take place.

Nephrectomy in advanced renal tuberculosis may be a very difficult procedure because of extensive perirenal inflammation and adhesions, but there has been no mortality in our series. The ureter is divided as low as possible by cautery after ligation. The vascular pedicle is then cleared and controlled by clamps and the kidney is removed. The pedicle is then ligated. Nitrous oxide and oxygen properly administered is the anaesthetic of choice. Ether seems particularly apt to activate pulmonary lesions. In the majority of cases the incision heals well but in some, (18% of Young's series), some breaking down occurs. This is most apt to occur in tuberculous pyonephrosis and is due to an actual tuberculosis of the wound. In time even the worst of these heal.

It matters not how well the operation be done if the after care is not carried out with equal thoroughness. I believe these patients, after operation, should be cared for along the lines of sanitarium treatment for pulmonary tuberculosis from which, indeed, many of them are suffering although often in a quiescent form. In those in whom death occurs following operation it occurs in the first year in 25%.

When tuberculosis of the remaining kidney subsequently develops it is very difficult to say whether it was diseased at the time of the operation or whether infection through the blood stream occurred later. Who can say? We can only feel that all that was humanly possible was done to prove the soundness of the second kidney.

Case Reports.

C. D. Aged 46. Complained of frequency and haematuria, loss of weight and tiredness. Two years ago after heavy lifting had slight haematuria for a day. Felt well until a similar attack a year later which was followed by some frequency and slight dysuria. Five months ago haematuria twice. Frequency varied but he became weak and had much indigestion. In six weeks he lost 28 lbs. weight. The urine contained much pus but no tubercle bacilli were found. The diagnosis of left tuberculous pyonephrosis was confirmed at operation.

C. A. Aged 22. Complained of frequency, dysuria, pain in left side of abdomen, indigestion. Frequency began eight months ago. The urine was dark brown at times and bright red twice. He was "treated all winter but did not improve". An X-ray film was taken elsewhere and a diagnosis of renal calculus was made. At operation tuberculosis with extensive caseation was found.

Mrs. R. M. Aged 29. Complained of pain in right kidney region. Appendix removed 4 years ago. One child born about two years ago. Follow-

ing this had not been well, with much frequency and dysuria. The bladder was washed for two years but without benefit. The patient was very anaemic. Temp. 96.5. Considered too ill to be cystoscoped and died of uremia in five days. At autopsy one kidney entirely destroyed and the other actively tuberculous.

Lack of space makes it necessary to eliminate other case reports which, illustrated with lantern slides, were given at the reading of this paper.

Royal College of Physicians and Surgeons of Canada.

DR. F. N. G. STARR, President.

In the days of long ago in Canada practically every doctor began life as a general practitioner. As practice developed he began to discover that he was more interested in one line than in another. As soon as his purse began to show signs of bulging, he would go abroad to do some intensive post-graduate study and practical work in his chosen specialty, returning to work as a "specialist."

In later years students have frequently decided during their college courses what is to be their chosen line, whether fitted or not. Upon graduating they begin their future training for this special work by trying for a hospital post in some special course. Failing this they proceed to some large clinic as on-lookers for from two weeks to three months, endeavoring to learn "more and more about less and less."

The question of improving the state of affairs has been under consideration by the Canadian Medical Association for many years, culminating in the formation of the Royal College of Physicians and Surgeons in June, 1929, when the College received a Royal Charter.

It is proposed that the standard of examination for the College shall be of the highest and that the diploma obtained will stand for the best that is to be found in medicine, surgery and its allied branches.

It is important that students should take the primary examination during their college course, when their anatomy and physiology are still fresh in their minds. Then when a few years later they have decided upon the line of work they intend to follow, they will be in a position to seek the diploma by taking the Final Examination. It is hoped that the various universities in the Dominion will arrange intensive courses of study in order to prepare their undergraduates, as well as their graduates, for these examinations.

(University of Western Ontario Medical Journal).

Albert Edward Wigham is responsible for this one:—"Whenever I see this ill-assorted conglomeration of hopeful youth (a class of incoming freshmen) they call to my mind the young lady who said to her physician 'How soon will I know anything after I come out of the anesthetic?' 'Well,' replied the doctor, 'that's expecting a good deal from an anesthetic.'"

An Address

By DR. H. K. MACDONALD. Halifax.

Delivered at the Annual Banquet Dalhousie Students' Medical Society, March, 1932.

Mr. President, Guests and Fellow Students of the Medical Society of Dalhousie University:—

IT is indeed a very great pleasure to be with you this evening, not because this is a banquet or a dinner pure and simple, but because it is a Medical banquet where good fellowship prevails. In addition I find myself happily situated, except that I have to make an address, surrounded by friends and well wishers, the boys whom it has been my privilege to help, in some degree, and I feel the atmosphere and environment is congenial. Moreover, it is a pleasure as well as an honor to be asked to address the Graduating Class in Medicine of 1932 and propose a toast to their past achievements and future successes.

Upon receiving the invitation to address you from a member of your Committee, I asked upon what particular subject and his reply was, "Anything you care to say." True the sky was the limit so far as choice of any subject was concerned and this was where the real difficulty arose, because I did not know what to select or what would interest you most and after turning the matter over several times in my mind, and looking at it from various angles, I decided I would try and put myself just where you are to-night and where I was some thirty-odd years ago, and talk to you as I wish I had been talked to when nearing the close of my stay at McGill, and with my years of experience try to give you some advice and something that I feel should interest you.

Those of us whose lives have been mellowed a little by time and by experience, sometimes fall into a reminiscent mood, and our thoughts run back as mine do to-night to another day when carefree, I like you, in the heyday of youth, full of ambition and confidence and with the Parchment within my grasp, stood at the threshold of a new life, the real, serious business of framing a career stood ahead of me. I then knew, or thought I knew "many things." The world was at my feet and as I looked out over the field, and indeed beyond it, I saw visions, saw much that lured me on to what I then vainly believed would lead to the professional distinction and material success which surely awaited me. Whether subsequent life and experience have perhaps more or less rudely disclosed to me that this vision was a mere illusion, and these youthful fancies mere dreams, is not now a matter into which I am sure in the kindness of your hearts you would wish me to lead you.

Speaking more particularly to the graduating class, let me remind you that there is still more to learn, you do not know it all and hence I would say to your present knowledge and wisdom add experience. Remember there is a possibility that you may be wrong in your conclusions.

How are you to obtain such *experience*? First of all let me admonish you to seek internships in the best hospitals in our country. The interne-

ship is one of the most important periods in the training of a physician. This period is the transition stage between the acquisition of the fundamentals of medicine and the practical application of this knowledge as a physician. In many instances the method employed in the diagnosis and treatment and the manner of handling the patient in private practice are those of the various men under whom the internship is served. Furthermore, the recent graduates' ideals and aspirations may in a large measure be dependent on his association during the interne period and not infrequently the development in later years may be directly attributed to the influence of some one man during the interne service. In selecting an internship the standard of the hospital, the type and the duration of the service should be carefully considered. The internship in the teaching hospital has many advantages, the staff is more carefully selected, they are usually appointed because of the position they hold in their respective fields or specialties. They represent for the most part that division of the profession that is most interested in the advancement of the knowledge of medicine.

In the teaching hospitals the equipment is in general more in keeping with the progress of medicine, a higher standard of professional services is rendered, the patients are more carefully studied and the clinical records more complete or at least should be. The attending physician or surgeon necessarily has to depend upon the interne for much of the routine work. The work of the interne is therefore supervised and must be efficient if they satisfactorily serve their function. Under these conditions the interne not only becomes familiar with the better established methods of diagnosis and treatment but forms habits of doing careful work which is essential to success in after life.

Furthermore, the interne is bound to profit by the teaching of the student. He has more opportunity of hearing the patients discussed in a detailed manner. There is perhaps a greater stimulus to obtain all the available information concerning the patients because of the teaching functions. The interne is thus in an atmosphere where teaching is emphasized and where his development is more apt to be encouraged.

Again, in order to gain experience let me impress upon you the necessity of taking and recording notes, and here let me refer you to the two volumes of the Life of Sir Wm. Osler as written by Cushing. These two books should be read by every medical student before graduation and by every medical practitioner. Speaking for myself, I have found it not only tolerable, pleasurable and interesting, but even after thirty-odd years of practice it has been an inspiration to me and I am absolutely certain that he who reads will be impressed with the manner in which throughout his entire life note taking at all times and on all occasions was his practice. It made no difference where he was, he never wasted a moment, he is credited with never having wasted a minute in his life. Whether in a train, car, express train or on the road, Osler had always his note pad and pencil. Osler said, "Observe, record, tabulate and communicate." Use your five senses, the art and science of the practice of medicine is to be learned only by experience. It is not inherited, it cannot be revealed, learn to see, learn to hear, learn to feel, learn to smell and learn that by practice alone you can become expert. Medicine is learned by the bedside largely and not in the classroom. Live in the ward and after you have seen then *read*. Our profession might be fittingly described not so much a learned profession but as a *learning* profession, turning its face more

fully and more determinedly to the great and challenging social problems and responsibilities of life.

Again, how can you further gain experience? By associating yourself with and becoming an active member of a good Medical Society. Osler is further credited with saying, "No class of men need friction so much as the physician." The daily routine tends to develop an egoism in an interne of a kind to which there is no antidote. The few setbacks are forgotten, the mistakes are often buried and ten years of successful life tends to make a man touchy, dogmatic, intolerable to correction and abominably self-centred. To this mental attitude the medical society is the best corrective and a man loses the best part of his career who does not get knocked about a bit by his colleagues in discussion and criticism. The Medical Society is the most important single factor in the formation of that unity and good fellowship which adds so much to the dignity of the profession.

Not the least among your responsibilities will be that of keeping yourself well informed in the general status and progress of your profession. Remember that your period of study instead of being completed is only about to begin, the foundation is but laid, the development of the superstructure must be progressive. There can be no standing still in your professional life, you must go ahead or go down. A live interest in your work will make it a pleasure for you rather than a task. Perfection must be your ideal though like most ideals, unattainable.

Let me further exhort you as physicians, stand true to each other. We have a code of ethics to guide us but the Golden Rule is code enough. Further gentlemen, be true to your Alma Mater. Do not lose your appreciation of the University and its Medical School, which you will always call your own. Graduating from Dalhousie Medical School to-day means something. As St. Paul said, he was a citizen of no mean city, so you may say you are a graduate of no mean University. Since the American Medical Association, an organization of international importance and significance, began its rating of Universities and the ultimate closure of inferior schools, the size of the University as a criterion of its importance has faded in its significance. In every university on the continent the schools of medicine are being limited to students of the best quality who are willing to work. For example, the University of Syracuse with an enrolment of 5,000 students has a medical student enrolment only slightly larger than our own. In this grading process, each medical school was considered and evaluated on its merits. Dalhousie was given a class A. Rating. There were certain requirements as to curriculum and number of professors, but the feature which impressed the inspectors most was that Dalhousie had most unusual opportunities to give clinical instruction in all branches of the art of medicine and moreover that such opportunities were being fully appreciated. Rarely does one find a group of hospitals so open to medical students as we find here. Rarely is it that we find a medical school giving its students a year of internship before graduation. It is in our clinical teaching that our strength lies. On that teaching you will find your chief source of strength in days to come. It is an invaluable asset and as more and more you realize this, your gratitude and affection for your Alma Mater will grow. You can hold your head in pride anywhere on this continent to-day and say "I am a graduate of Dalhousie University."

After all gentlemen of the graduating class, in this profession of yours "The battle is not always to the strong." In the last analysis you are treating

human beings and no matter how clever you are, unless you possess a big portion of the milk of human kindness and enough character to have patience and sympathy with foibles and foolish notions of the sick man or woman, you will fail in your career.

Gentlemen, just before closing these rambling remarks and asking the company present to drink to the health of the graduating class, let me quote again from an address of Osler to the graduates of McGill 1898.

"Useful your lives shall be as you will care for those who cannot care for themselves and who need about them in the day of tribulation, gentle hands and tender hearts, and happy lives shall be yours because busy and useful."

Charge your glasses and drink to the past achievements and future welfare of the Class of '32.

Education of Individual is Needed, says Physician.

Toronto, April 1—The fight for health must be won by influencing the conduct of the individual and not by asylums, sanatoria and hospitals, declared Dr. Gordon P. Jackson, Toronto medical health officer, addressing members of the Social Hygiene Club here last night. He traced the evolution of the study of health from the time of the early Egyptians.

"The education of the individual requires the creation of a new machinery," he said. "There should be an elaborate array of health bulletins, health news services, health lecture bureaus, health clinics, exhibitions, movies and talkies. These innovations would not only secure public support, he thought, but would bring into health clinics those individuals who needed their services."

(Windsor Tribune).

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"What would the average Britisher do without his umbrella?" asks a correspondent. Get wet

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A Cancer "Institute"

THE profession of this province cannot be less than pleased by the news which the press recently conveyed to us respecting the attitude of the Government of the province towards the Cancer Problem as shown in their announced intention to establish a "Cancer Institute." It will welcome it all the more since it follows upon our having stated our position on more than one occasion that some such step was desirable. In making that statement however, it is not implied that this official announcement has come because of our importunity. Dr. Murphy's progressive ideas along those lines have been known to us too long for that. But in our so putting ourselves on record we placed ourselves in the position of leadership in this movement rather than that of mere subscribers to its accomplishment.

Perhaps our action strengthened the hands of the Minister of Health and gave him additional courage to launch this project, but even if it did, nothing can detract from the appreciation which we have of his efforts in behalf of our two major Public Health problems. It is well known that he did a vast amount of work in connection with the Tuberculosis question, and even though all his plans may not be maturing as he might wish—and whose are in these poor times—he is in the happy position of having piloted through measures which should contribute more to our solution of that question than anything which had heretofore been contributed.

And now he is officially committed to a large contribution to the solution of the Cancer question. This is one which, in its final analysis—no matter how clear his course may appear—will call for a greater amount of courage on his part, if it is to be adequately met, than did the other problem. Because of this, our profession will follow his development of it with sympathetic interest. Meanwhile it is interesting to speculate upon how far this interest will carry us in the way of co-operation on this matter. Certainly, the success of any such step from the cancer patients' point of view depends almost entirely upon the degree to which medical opinion is informed as to best methods of procedure, and how conscientiously we are ready to practice them.

In the only official statement that we have seen,—that made by the learned Deputy Minister—we noted the use of the term "Cancer Institute" in connection with this matter, and later noted that our lay Press made use of the same term. We have been wondering what nomenclature he was following. At the 1930 Cancer symposium of the American College of Surgeons, Ewing used the following classification and this seems to have been very generally adopted:—

Cancer Institutes.

Cancer Hospitals.

Cancer Clinics in connection with general hospitals.

Cancer Diagnostic Clinics.

The first of these carries departments of Biology, Chemistry, Physics, etc., and organization for experimental research in all those departments as well as in the clinical. It is primarily a research institution and must be equipped at very great cost, running into millions. The others explain themselves.

We confess that this is the only nomenclature that we know, using the Deputy's term, but on the premise that uniformity in terminology should be sought for on this Continent, would submit that it should be adopted by us.

* * * * *

While in the mood for making suggestions, and apropos of this subject isn't it about time, now that our treatment centre is assured, that consideration be given to the formation of an organization that will take care of the dissemination of information respecting cancer among both ourselves and our people? No scheme for cancer control in this province will be complete without it, and since there is an infinite amount of spade-work to be done, our suggestion is that steps towards its upbuilding should be taken at once. Such an organization would be partly lay. It would be incorporated, and empowered to receive bequests in support of its work. Its prototype is "The American Society for the Control of Cancer"—an organization that is doing enormous good to both the profession and the laity and which now has the enthusiastic support of most of the best medical minds in that country. The time that elapses between the beginning of symptoms of Cancer and the beginning of treatment is—as reported from American centres—little more than half of what it is in this country, and that is attributable to the greater dissemination of cancer information, in which that society is the greatest factor.

It would be better, very probably, if in this country also such an organization were national, but because the national consciousness in this matter has not yet been developed is no reason why *we* may not put the idea into operation. Nova Scotia was pioneering in other great projects, now quite Canadian, before much of the rest of Canada was discovered, is there any reason why she may not in this? There is every reason why she should, and promptly. So, here's to the new Cancer Clinic in embryo, and to the "Nova Scotia Society for Cancer Control"—*in nebulae!*

N. H. G.

Executive Meeting

A meeting of the Executive of The Medical Society of Nova Scotia was held at the Halifax Hotel, April 6th, 1932. The principal matters for consideration were representations regarding the publication of a Medical History of Nova Scotia; recent changes in the BULLETIN; C. M. A. Lecture meetings, in all Branch Societies save Antigonish and Halifax the last week in May; delegates to the C. M. A. Council meeting in June; to complete arrangements for the Annual Meeting in Kentville in July; the appointment of a special Committee to consider the C. M. A. Report on Nursing Education in Canada; to consider the appointment of a member to the Legislative Committee of The Medical Society of Nova Scotia, etc., etc.

Notices through the Press and otherwise will give publicity to the C. M. A., meetings which will be held in May. The speakers for those meetings will be as follows:—

- Dr. F. J. Tees, Surgeon,
320 Medical Arts Building, Montreal
and
Dr. D. Grant Campbell, Internist,
1511 Mackay Street, Montreal
and
Dr. S. R. Johnston, Radiologist,
Victoria General Hospital, Halifax, N. S.
and
Dr. C. E. Kinley, Demonstrator in Surgery,
Dalhousie Medical College, Halifax, N. S.

The speakers for the Annual Meeting will be:

- Dr. R. D. Rudolf, Professor of Therapeutics,
University of Toronto,
Medical Arts Building, Toronto
and
Dr. J. W. Ross, Senior Demonstrator in Surgery and Clinical Surgery,
University of Toronto,
Medical Arts Building, Toronto.

It is expected also that Dr. Frank Lahey of Boston, will be on this programme together with a representative from The Medical Society of New Brunswick and the Medical Society of Prince Edward Island.

A full record of the business transacted appears herewith.

MINUTES OF EXECUTIVE MEETING.

Halifax, April 6th, 1932.

By order of the President, a meeting of the Executive of the Medical Society of Nova Scotia was called for 3 P. M. on Wednesday, April 6th, 1932. Those present were Doctors Dunbar, Muir, Smith (R.P.), Kinley, Burns, Marshall and Walker. As this was the first meeting of the Executive since the annual meeting, there were no minutes for approval. Various matters on the Agenda were considered as follows:—

1. *The publication of a Medical History of Nova Scotia.*

The following letter was read to the Executive:—

The Maritime Pictorial.

Halifax, N. S., April 6th, 1932.

Dr. S. L. Walker,
Secretary Medical Society of Nova Scotia,
Halifax, N. S.

Dear Sir:—

In reference to our conversation as to your compiling a history of the Nova Scotia Medical Society, or such other title as may be determined, we beg to state as follows:—

We will provide a book of high standard quality of approximately 400 pages to be illustrated with the photo engravings of such institutions as Health Centre, Colleges, Hospitals, etc., etc., suitably bound and all subject to your approval and the dignity of the medical profession.

It will also carry a complete register of all the medical profession of Nova Scotia with such personal information as each doctor may approve.

The book will require to be sold for the sum of \$15.00 each, we to assume all and every liability, directly or indirectly, in connection with the publication of the same.

Sincerely Yours,

The Maritime Pictorial,

Signed (J. D. O'CONNOR).

Copies of the Pictorial were distributed in order that the doctors might note the character of the printing and the illustrations. The opinion of the Executive was unanimous that it would be very desirable to have an up-to-date history of the medical profession, hospitals, etc., in Nova Scotia, as no Canadian publication is satisfactory from the Provincial standpoint. Moreover a number of doctors in the Province,—the late Dr. Hattie, Dr. M. D. Morrison, Dr. Farish, Dr. Kendall and others have made valuable contributions on this subject. Most of these have appeared in the BULLETIN and the entire minutes of the Medical Society of Nova Scotia from 1853 are now in the hands of the General Secretary. Thus an enormous amount of material is available for compilation. It was felt that this prospect of securing the publication of such a History and Directory should be heartily approved. In order that it shall be as complete as possible, the Secretary was instructed to correspond with each Branch Society to ascertain if the material available covers all that can be recorded regarding each particular section of the Province embraced by the Branch, and to solicit further contributions where needed.

2. A communication from Dr. Gosse was left in the hands of the President for further action.

3. Dr. R. P. Smith took his seat as a member of the Executive having completed his Provincial membership. It was pointed out that some amendment should be made to the Constitution as Article III, Sec. 1, intimates that "the members of the Society shall consist of those whose names appear in the Medical Register". The concluding paragraph of this Article was regarded by the Executive as making full time Professors, if members of the Halifax Branch, eligible for membership in the Provincial Society.

It was further resolved that the General Secretary notify all Branch Secretaries that they are required to furnish, previous to the Annual Meeting, a complete membership list of their Branch Society and a further list of those

medical men resident in their district who do not belong to the local branch. In the case of the Halifax Society the General Secretary would prepare the list of those not specified as members. It was pointed out that this was necessary as membership drafts for the Provincial Society should only be made upon those who are members of a Branch.

3. *Canadian Medical Association Post-Graduate Lecture Tours.*

The Executive approved of the proposal to hold two lecture tours each summer, the first the last week in May and the second the last week in October. Also it was approved that such meetings be arranged at any time in the larger centres whenever such speakers were available. The speakers at the annual meeting would also be additional. For the last week in May for Amherst, New Glasgow, Sydney and Truro the two lecturers would be Dr. D. Grant Campbell (internist) of Montreal and Dr. V. O. Mader, Victoria General Hospital, Halifax. For Bridgewater, Yarmouth, Digby and Wolfville, the lecturers are to be Dr. F. J. Tees (surgeon) of Montreal and Dr. S. R. Johnston, Victoria General Hospital, Radiologist. In October the Dalhousie members of the teams will be Dr. R. P. Smith and Dr. C. E. Kinley.

The Executive regretted to learn that there is a tendency for some Branches to hold meetings only when a full team of these lecturers are available. The Secretary was instructed to record in the published minutes that papers and case reports should also come from local members, and local meetings be more frequently held.

4. *Programme for Annual Meeting.*

The following tentative programme was approved.

Monday, July 4th, 8 P. M. Regular meeting of the Executive.

Tuesday A. M. Routine Business and Presidential Address.

Tuesday P. M. Scientific Papers.

Wednesday A. M. Conclusion of Business.

Wednesday P. M. Golf Tournament and Reception or Banquet.

The principal speakers will be:—

Dr. J. W. Ross, Senior Demonstrator in Surgery and Clinical Surgery, University of Toronto.

Dr. R. D. Rudolf, Professor of Therapeutics, University of Toronto.

Dr. Frank Lahey, Lahey Clinic, Boston.

Dr. F. W. Tidmarsh, Charlottetown.

Dr. E. E. Britton, Moncton.

Other papers by local men expected and all discussions opened by them.

Tuberculosis Refresher Course.

Thursday, Friday and Saturday, July 7, 8 and 9 will be devoted to tuberculosis clinics in accordance with particulars mentioned in the following correspondence which was approved by the Executive.

DR. S. L. WALKER,
General Secretary,
The Medical Society of Nova Scotia,
Halifax, N. S.

Dear Dr. Walker:—

Thanks for your letter of March 12.

The attached letter to Dr. H. K. McDonald will give your committee information on the programme we plan for the "refresher course" on tuberculosis for physicians of the Province. I note that the Nova Scotia Medical Society meetings come on July 5th and 6th. The suggestion has been made to me that the first day of the session be purely a business one, and that the remaining day or days be given over to the special work of the Sanatorium. If your committee feels that Wednesday afternoon should be devoted to golf, then our work will not start until Thursday morning, July 7th, and the course will continue, morning and afternoon, at the hours mentioned until Saturday noon, July 9th.

I may tell you I hope to have in attendance Dr. F. Maurice MacPhedran, Henry Phipps Institute, University of Pennsylvania. He is considered to be one of the outstanding men in America in diseases of the chest and childhood types of tuberculosis. In a letter received from him a few days ago, it looks as if he would be able to be on hand. Then, I hope also to have Dr. Hugh Farris and Dr. R. J. Collins, Saint John Tuberculosis Hospital, Saint John, N. B., Dr. P. M. Knox, Jordan Memorial Hospital, River Glade, N. B.; Dr. P. A. Creelman, Charlottetown Sanatorium, Charlottetown, P. E. I., in addition to our local examiners Drs. Campbell, Sieniewicz, Bayne, McRitchie. These with our own Sanatorium staff should be able to look after fifty to seventy-five physicians. I have not written any of these men as yet, until I hear from your committee.

I might say here that if this course comes about I will probably send a letter to our provincial physicians to find out what subjects they are interested in, and how many of them are likely to be in attendance.

I intend to hold myself responsible for the travelling and living expenses of those who come here to help us in giving this course. The management of the Sanatorium will, no doubt, provide entertainment so that no expense of any kind will be placed upon the shoulders of the Nova Scotia Medical Society.

With kind wishes, and trusting for an early reply from the executive,

Sincerely yours,

A. F. MILLER, M.D.,
Medical Superintendent.

Kentville, N. S.,
February 24th, 1932.

DR. H. K. McDONALD,
11 Coburg Road,
Halifax, N. S.

Dear Dr. McDonald:—

After careful thought we are prepared to give a "refresher" course on tuberculosis to physicians in this Province. The time you have selected, Thursday, Friday and Saturday morning, July 7-8-9 will be acceptable to us.

Briefly, we plan to have eight to ten examiners, specially trained in tuberculosis, who will take a group of six men for demonstration work and individual attention. Thursday will be devoted entirely to the subject of "Diagnosis". Instruction will be given in (a) Clinical examination of the chest; minimal, moderately advanced and far advanced types of tuberculosis; (b) X-ray interpretation, comparison of films and physical findings in cases examined; (c) Fluoroscopy (d) Tuberculin in diagnosis; (e) X-ray diagnosis—gastro-intestinal tuberculosis; (f) Lipiodol, or other opaque oil technique, and its value in demonstrating affections of the bronchial tree. Friday will be given over to "Treatment" (a) Hygienic-dietetic, (b) Artificial pneumothorax,

(c) Phrenicotomy, (d) Thoracoplasty, (e) Oleothorax, (f) Light treatment. Saturday morning: Rounds through the new infirmary and other buildings of the Sanatorium.

The hours of work will be 9.30 a. m.—12.30 and 2.30 p. m.—4.30 p. m. The two evenings, 8.00—10.00 will be given over to special addresses, one of which, I feel, should be on the public health, including tuberculosis, in Nova Scotia. Entertainment of some kind will be provided after the evening sessions. In the late afternoon, 4.45—7.00, there will be opportunity for golf or motor drives. This, you see means steady work for visiting physicians.

I will be pleased to have you bring this matter before your committee, and I will welcome any criticism and suggestions you may have to offer.

With kind wishes,

Sincerely yours,

(Sgd.) A. F. MILLER, M.D.,
Medical Superintendent.

5. The Executive had formerly approved of the C. M. A. suggestion of sending to the meeting of the Council representatives several times so that they would be familiar with the Canadian problems. It was thought, however, that this be not attempted this year, largely for financial reasons.

6. The President's nomination of Dr. K. A. McKenzie and Dr. S. L. Walker as a special committee to study, in conjunction with two members of the N. S. Nurses Association, the report of Prof. Weir on Nursing Education in Canada, was confirmed. Also the appointment of Dr. Keddy on the Legislative Committee, in place of Dr. Hattie, deceased, was confirmed.

7. Attention was drawn to the continuance of irregular practice. The Secretary was instructed to advise the public that there is no compulsion upon them to pay for the services rendered by irregulars. The attention of the Provincial Medical Board and the Department of Health to be again called to this matter.

8. The attendance of the Secretary at the recent Jubilee of three Sydney doctors was approved.

9. The Secretary was instructed to renew the correspondence in the matter of attendance of sick mariners.

Meeting adjourned at 5.30 P. M.

S. L. WALKER,
Secretary.

Official.

A health officer received the following notice from a resident of his district: "Dear Sir—I beg to tell you that my child aged 10 months is suffering from measles as required by city by-laws."

Helpful Advice.

"When in crowds keep a good watch out for pickpockets" read a signpost.—In other words, wear the best you possess.

Disquieting Symptoms.

It has been said that when a man no longer grumbles he ought to consult a doctor.

CASE REPORTS

For the material for this month's section, we are indebted to the visiting staff of the Children's Hospital, Halifax.

We have sincere regrets that certain courtesies were neglected in last month's Section from some of the surgical cases reported. The first case was from Dr. Murphy's Service, the second from that of Dr. H. K. MacDonald, the fourth and fifth from that of Dr. J. G. MacDougall and the eighth from that of Dr. Hogan, temporarily covered by Dr. MacDonald. As shown in last month's number, the notice given was very short, and in the material submitted no one seems to have thought of this, and only those names were identified that handed in material. We did not realize this until the material was in the press and since some of these men are very active in their services—particularly Dr. MacDonald, and either directed or performed some of the operations reported, we hasten to repair this defect.

Ed.

CHILDREN'S HOSPITAL, HALIFAX.

SERVICE OF DR. CARNEY.

Wilson's Disease.

Clayton M., aged 15.

Complaints: mentally backward, physically weak.

What history we got was that the birth was normal; much stomach trouble as an infant, after which he was frail and backward, no mental abnormality noted. He talked at two years and was late walking; no convulsions or fits during infancy or since. He has never gone to school, he learned the alphabet and a few small words. His physical strength was greatest at seven to ten years of age, when he was able to play about some and once walked a mile; since then he has gradually become more crippled and enfeebled.

F.H. Parents normal mentally and physically. This is the oldest child of eight; 1 still born, 1 died of stomach trouble, 5 living.

Curtis, aged 13, normal mentally and physically; Pearl, aged 10, normal mentally and physically; Raymond, aged 7 and Carl aged 5, are able to walk and run, but are weak and clumsy; Audrey 3 yrs. talks well for age and plays about, but does not seem to have good control over limbs.

Present condition: a thin underdeveloped boy, there is marked stiffness of the muscles, so that patient half sits in a semiflexed position in bed, reduced to almost utter helplessness; if touched forcefully he tumbles about, unable to assist himself to maintain or to recover his balance to any appreciable extent. The face is almost completely expressionless, the muscles set, giving an almost true picture of a fully developed Parkinson's mask. His eyes are freely mobile and alert, and now and again an attempted smile is represented by a feeble unattractive grimace. There is marked hypertonicity of the muscles of the body and extremities. Winking is infrequent. There is well marked contractures of the joints of the extremities especially the lower. Involuntary movements, especially tremors and sudden jerking movements of muscle groups are common, especially on attempted voluntary movements. The tremor is coarse and increased by drawing attention to it and by excitement, and disappears during sleep. Then there are irregular purposeless movements of the hands, which for the most part are held in extreme extension. Every few seconds there is a peculiar tic like movement of the head and neck. Dys-

arthria is marked, he speaks in a few guttural jerky syllables, only a few of which can be interpreted. There is marked dysphagia, and this and the voluntary tremor, the spasticity and contractures of the extremities and face precludes any attempt at self feeding, when given a spoonful of food or drink, the nourishment must be put into the mouth; then one sees a sort of struggle going on to get control of it, and finally in a jerky irregular way, the head is thrown backwards and upwards, somewhat like a hen drinking, and then after more apparent struggling the food is managed by the pharyngeal and tongue muscles and swallowed with a peculiar gulp much like a person with a quinsy, but without apparent pain.

There is marked wasting of the muscles, and also weakness but not as much loss of strength as one would expect from the amount of emaciation, and contracture.

No sensory changes are noted. No superficial reflexes are obtained and the deep organic reflexes are normal.

Mentally, the patient did not seem to be greatly abnormal; one had to judge his reactions largely by his eyes, which were alert and quick in response; he seemed to readily understand when spoken to, and to respond quickly and willingly to the best of his ability when asked to perform an act. His sense of propriety is present and his habits are clean.

The liver and spleen are not palpable, and no evidence of any alimentary disturbance or abnormality is noted.

Special tests: shows negative Kahn on blood and spinal fluid. The spinal fluid is normal cytologically and chemically. Urine normal, Blood normal except for a mild secondary anaemia, differential on blood normal.

Blood chemistry; sugar, .085%; T. N. P. N., 21.43; Urea, 9.88; Uric acid, 2.247; creatinin, 1.574.

Temperature, pulse and respiratory rate normal.

I would describe the picture in brief as an articulate ape-like human with an advanced paralysis agitans syndrome.

In this particular case, with the disease so well advanced, and so clearly cut, and the definite evidence in other members of the family, one of whom I also had the opportunity to study, a diagnosis of progressive lenticular degeneration can be confidently made.

This is a rare disease, that attacks several members of the same family without being congenital. It begins at a very early age and slowly progresses to a fatality. In U. S. A. it often goes by the name of Wilson's Disease, when Post Mortem examination shows, as is generally the case, cirrhosis of the liver, though seldom are there any signs or symptoms of liver involvement during the life time of the patient.

SERVICE OF DR. WEATHERBE.

1. Inguinal Hernia in Children.
2. Appendicitis of Oxyuris Vermicularis Origin.
3. Burns treated by Tannic Acid.

Hernia in children are usually of the Inguinal or Umbilical variety and occur as congenital conditions, but are aggravated by straining usually from phimosis. The Inguinal variety occurs on the right side (due to the later

closure of the processes vaginalis) three times oftener than the left. It occurs nine times more frequently in the male than the female. Phimosis causes straining and produces or aggravates the condition. It also prevents cure of both Inguinal and Umbilical varieties. Strangulation is a rare complication. Only a few, if any, inguinal herniae can be cured permanently by any form of truss treatment, after three months of age. The operative treatment is permanently satisfactory in all inguinal herniae, but is usually not necessary in the umbilical variety, if a circumcision is done and a pad applied over the opening. The operative treatment of all inguinal herniae after three months of age is advisable, as few if any can be permanently cured by any form of truss treatment, as the risk is practically nil and the time occupied in curing the hernia less than a fortnight. There is practically no disturbance to the child's welfare, but on the contrary it is usually improved, as the accompanying phimosis being corrected improves the digestion, overcomes the reflex irritability and crying and allows the child to sleep. The mother's worry is reduced from three years to two weeks and the child is permanently benefitted. The technique of the operation and after cure is important in order to overcome the possibility of sepsis, which is usually fatal in such cases. No dressing is used and any possibility of contamination from urine or faeces obviated by applying Whitehead's Varnish to the wounds of both hernia and circumcision, keeping the bedclothes a foot away from the child's body by means of a cradle and a clove hitch on ankles and wrists, tying the child on the back to the bed or crib. The operation itself is a simple one as the cause is the patent sac and not a lack of musculature. Freeing and emptying the sac with its transfixion and tying is usually sufficient without closure of the canal. A mattress suture obliterating the dead space prevents oozing of serum and facilitates healing.

2. *Appendicitis of Oxyuris Vermicularis Origin.*

There appears to be a type of appendicitis with its main origin and symptoms referable to the mechanical irritation of thread worms within the lumen of the appendix. A recent case and others were treated in hospital. The main feature was the marked systemic disturbance, with only slight pathology, and rapid recovery. The appendix was found with bunches of live oxyuris within its lumen, but little other macroscopic abnormality. The cases when examined in Hospital suggested the onset of one of the exanthemata or "flu". Temperature 103. Pulse 135. Respiration 50. Headache. There was absence of abdominal pain, tenderness, distension or rigidity. The bowels had acted, the rectum being empty and no tenderness could be elicited with the rectal finger. The leucocyte count was 36,000 and urinary examination omitted for lack of a specimen. The history elicited important information—eighteen hours previously the child of four woke at three a. m. complaining of pain in "stomach" with vomiting of a clear fluid. A laxative was administered with a satisfactory result before admission to hospital. A Doctor visited the child's home and found abdominal tenderness. Pneumonia and Pyelitis were excluded. An exploratory operation was justified upon the character of early morning pain, followed by vomiting clear fluid, the Doctor's say-so and the apparent exclusion of other maladies, without at the same time being able to exclude absolutely the appendix being at fault. The results justified the diagnosis and treatment adopted. In such cases the severity of the systemic symptoms overshadows those of the abdominal and the curious feature

that the child should appear so ill with a higher temperature (105 degrees F. in one case) than normally occurs in the acute appendix.

The Pathologist reported a simple acute catarrhal appendix.

3. *The Tannic Acid Treatment of Burns.*

The relief to child, mother and doctor, since the introduction of Tannic Acid for Burns, justifies a repetition, in case the revolutionary effects, have been missed by any. The outstanding feature is the relief from toxæmia and pain. The necessity of early application is encouraged by its convenience and simplicity, as well as its inexpensiveness. A stoppered bottle with four oz. of tannic acid and a De Vilbis Spray is all the armamentarium required. Six level teaspoonfuls of the powder mixed in one-half pint of warm water and sprayed over the burnt area hourly or oftener until a dry crust or scab has formed completes the treatment in the initial stages, and usually for the first fourteen days. The case remains without further treatment, unless or until the scab comes off, when danger of death from toxæmia is over and the problem of the case resolves itself into one of simple ulcer. The case is treated under a crate or ropes extended from one end of the bed to the other over which the bed clothes are thrown in the form of a tent. The patient kept warm by an extension electric bulb one or more as necessity arises. Compresses of tannic acid may be used. Suppuration is a difficult problem to be solved upon established lines.

PHILIP WEATHERBE.

SERVICE OF DR. ACKER.

Volkman-Leser Ischaemic Contracture.

L. MacL., Female, Age 5 years.

December 1, 1931. Admitted to H. C. H. History in brief given by father, is seven weeks ago fell, fracturing arm in vicinity of elbow. Bandaged in acute flexion; wrist supported by sling; no splints applied by family doctor. Following this, arm was very uncomfortable and painful. Marked swelling and discoloration of hand and fingers next day. Taken to hospital and X-rayed. Given anaesthetic there and arm again put up in flexion; bandaged in this position and fore-arm supported by sling. Still considerable swelling and pain in hand and fingers. The wrist and fingers were bent and patient was unable to straighten them. Transferred to another hospital where further X-rays were taken of the elbow. Sling removed and splint applied to attempt straightening fingers and wrist. Fore-arm supported in sling. Transferred to Halifax Children's Hospital.

Local Examination: Right wrist in position of flexion deformity 120 degrees. Fingers 20 degrees extension at metacarpophalangeal joints; 120 degrees flexion at proximal interphalangeal joints and 75 degrees flexion at distal interphalangeal articulations. No movement in the wrist or fingers. Thumb adducted under the palm. Skin shiny. Sensations absent over slight area ulna portion palm of hand. Definite disturbance of circulation. Muscles fore-arm below elbow joint on flexor aspect firm and board-like. Elbow held in position 130 degrees and fore-arm pronated. Flexion prevented by boney block. *Diagnosis:* Volkman's Ischaemic Paralysis, with possible ulnar nerve involvement. Fracture lower end of Humerus into elbow joint.

Treatment: Gradual stretching with splints. Baking and massage for correction of deformities. Then to question exposure of the ulnar nerve and freeing it, stripping the muscles and transplanting their attachments, removing bony block into the elbow joint.

December 5, 1931. Palmar malleable splint applied from below elbow to ends of fingers for stretching contractures at wrist and flexors of fingers.

December 12, 1931. Some improvement in position of fingers and wrist. Continuing stretching by means of splint, and daily baking and massage.

December 23, 1931. Stretching fingers by means of palmar splints, wrist flexed. Considerable difficulty with swelling of fingers and hand. Skin glossy. Definite evidence of nerve involvement. Very resistant to correction, but slowly improving position. Hand and fingers are very sensitive.

January 10, 1932. Decided no further correction can be gained by application of splints. First day preparation to be commenced tomorrow for operation.

January 13, 1932. Operation. Anaesthetic Dr. Minshull. Incision along inner border of upper fore-arm exposing the internal condyle and anterior and inner border of the ulna. Internal condyle removed with muscles attached, allowing them to slide down over the ulna where internal condyle again re-attached. All muscles attached to upper one-third of ulna removed sub-periosteally and allowed to slide down the arm. The ulnar nerve exposed and found to be bound down by the fibrosis in the muscle. The muscles were greatly fibrosed and contracted, the fibrous tissue predominating. The anterior portion of the elbow joint was opened and a spicule of bone projecting from the humerus into the joint was excised, removing the bony block which was interfering with the flexion of the elbow. The ulnar nerve was buried in superficial fatty tissue. Incision closed in layers. Dressing applied. Fingers stretched to slight over-correction and wrist joint stretched to hyper-extension. Separate splints applied to fingers and fore-arm splint applied to hyper-extend the wrist joint.

January 15, 1932. Excellent recovery following operation. Circulation of fingers appears to show signs of improvement already. Just slight swelling of fingers.

January 23, 1932. Sutures removed. Primary union of incision. Definite improvement in circulation of hand and fingers. There appears to be less tenderness and not so sensitive to touch. Continuing stretching with splints on fingers and extension splint on wrist.

January 28, 1932. Arm to be soaked in hot saline bath twice daily. Palmar hyper-extension splint extending from tips of fingers to elbow made up and applied. Miss Wolfe to start massage and stretching.

February 1, 1932. Splint comfortable and efficient. Miss Wolfe reports hand and fingers quite sensitive. There appears to be no anaesthesia now and glossiness suggestive of nerve involvement has disappeared from the fingers.

February 9, 1932. Elevation of temperature and appearance of rash with sore throat and ear ache. Transferred to isolation. Rash suggestive of scarlet fever. Treatment to hand temporarily discontinued.

February 23, 1932. Recovered from recent condition. Treatment again started by Miss Wolfe. Hot soaks augmented by radiant heat twice daily. This may lessen the tenderness.

March 1, 1932. Fingers are now straight. Wrist hyper-extended. Good active and passive flexion and extension in wrist with evidence of active muscle control in the fingers. Still quite sensitive to touch and stretching.

March 15, 1932. Circulation excellent. No evidence of nerve involvement. Wrist motions quite free and under control. Fingers, all muscles active but with little ranges of motions. Some adhesions which I stretched to-day in metacarpal joints. Improvement is gradual and satisfactory. Elbow allows flexion to 70 degrees; extension to 125 degrees; pronation and supination to about 20 degrees. Patient to return home in a few weeks. Treatment to be continued at Red Cross Clinic in Charlottetown.

March 25, 1932. Discharged. Returned home. To report to Clinic at Charlottetown for treatment April 1. To report to Red Cross Clinic the end of April for check-up by me. Condition is about the same as noted in examination of the 15th. The solid rigid feeling of the muscles in anterior aspect of fore-arm is gradually disappearing. The present result is excellent. Should there be no further improvement would consider the result quite satisfactory, but it is my opinion that if treatment is continued for four or five months yet, this patient will have very little disability from this most deplorable condition.

T. B. ACKER.

BRITISH MEDICAL ASSOCIATION.

Head Office, British Medical Association House, Tavestock Square,
LONDON, W.C.I., 4th March, 1932.

The Editor,
Nova Scotia Medical Bulletin,

Dear Sir:—

I have for some time been receiving regularly copies of the BULLETIN, but I have never up to now had the grace to acknowledge them, and I want you to know that they are by no means wasted. I look over them every month with great interest and have got from them many hints which have been useful to me in my work for our Association. I know many of our problems differ greatly from yours in detail, but most of the difficulties of medical practice are universal. The fact that most of the governments of the world have now been compelled to introduce some system of health insurance is an outstanding proof of this, and these systems have raised new problems which are giving all of us considerable concern.

I wish to extend to you my fraternal greetings and to say how much I appreciate the BULLETIN. Particularly should I like to present my compliments to Dr. Schwartz for his most interesting address entitled "Spiritual Adventures" which appeared in the February issue. This is one of the most stimulating and interesting things I have read for a long time and, if I may be allowed to say so, it does great credit both to Dr. Schwartz's head and his heart.

Yours sincerely,

(Signed) ALFRED COX,
Medical Secretary.

Hospital Service

AFTER many days of effort the Sydney Council has at last awarded the contract for the Annex to the City Hospital for cases of Tuberculosis. The Stewart Construction Company, Sherbrooke, Quebec, will construct the building, the cost being \$72,146. The building is to be completed by October 1st. It is stated that the Federal and Provincial Governments will contribute \$65,000.

457 Patients Treated at N. S. Sanatorium During Year.

457 patients were treated at the Nova Scotia Sanatorium in Kentville during the past fiscal year according to the Report recently presented to the Legislature by Hon. Dr. G. H. Murphy, Minister of Public Health. On September 30th, 1930 there were 206 patients in the Sanatorium and during the following year 168 new patients were admitted. In addition to these, there were 83 patients readmitted during the year bringing the total number of persons treated to the figure given above.

The annual report of this important Government hospital refers to the new infirmary which was under construction during 1931 and the Medical Superintendent expressed the view that the Government is to be congratulated upon its progressive public health policy and its desire to keep the Sanatorium abreast of the times, so that any worth while treatment after careful investigation may be at the disposal of tuberculosis sufferers throughout our Province.

The Superintendent also refers to the employment of patients at work arising at the institution. 30 whose health warrant activity along certain lines are employed. This number comprises, nurses 4, telephone operators 3, stenographers 1, librarian 1, canteen clerk 1, barber 1, physician 1, orderlies 4, maids 3, clerks 3, Light department 1, X-ray technician 1, laboratory technician 1, postmaster 1, freight and ambulance driver 1, laundry manager 1, messenger 1, garage 1.

Recent graduate nurses from the Royal Victoria Hospital, Montreal, from Nova Scotia were:—Margaret Brady, Sherbrooke; Eva Dewar, Springhill; Marjorie Hall, Bedford; Isabell Lewis, Bedford; Electa MacLennan, Brookfield; Mary McRae, Nyanza; Eileen Potts, Halifax; Mary Romans, Bear River; Molly Stevens, Amherst; J. Elizabeth Stewart, New Glasgow.

Report of Annual Meeting of All Saints Hospital Board, Springhill.

The annual meeting of the All Saints Hospital Board was held at the hospital recently. There were present the Rev. John M. C. Wilson, President; Dr. M. J. Wardrope, Secretary; George Hopkins, Dr. H. L. Simpson, and John Gottenden. The president's report showed the number of patients treated in 1931 was not quite as large as the number treated in 1930 due to fewer industrial accidents, a slightly smaller field to draw from and the general depression

which caused many people who ordinarily would come to the hospital to stay at home for their illnesses. The only department which showed its normal increase during the year was the maternity wing in which 138 babies were born.

The president reported that in spite of the difficulties of the times the financial situation of the hospital had still improved during the past year and that the board might look forward to being free from debt by the end of the next financial year.

He stated that owing to prevalent hard times the sum of \$4,340.70 stood on the books as unpaid by patients since the first of March last year. Had all the patients paid their bills during this past year, which probably would have happened had times been normal, the hospital would to-day be free from debt.

The president reviewed the progress made during the decade which has passed since the death of the founder and pointed out that capital expenditures had been incurred to the extent of \$35,000 to take care of the increase in the number of patients during that time.

He also pointed out that the endowment had been increased from \$180,000 to \$270,000. The hospital has to-day some \$340,000 invested for the benefit of the sick of Springhill.

The statistical report was presented as follows: Report for year 1931—Patients remaining January 1, 1931, 36; patients admitted during year, 1,020, total number admitted during year, 1,056; men, 295; women, 419; children 168; births, 138; major operations, 120; minor operations, 298; total, 418 X-rays, 176; deaths, 40; death rate, 3.1 per cent.; total number of patients treated, 1,056; nursing days, 11,803; average time per patient, 10.2 days; average patients per day, 32; patients discharged during year, 1,038; patients remaining, January 1, 1932, 18.

THE CHILDREN'S HOSPITAL.

THE Children's Hospital is the only one designed exclusively for the care of children east of Montreal. In response to a widely felt need, the first unit was erected in 1909 with provision for fifteen cots. An act to incorporate The Children's Hospital of Halifax, Nova Scotia, was passed in 1910, and associated with it are the following names: Benjamin Russell, William Dennis, G. W. P. Irving, Jacob A. Johnson, Alexander McKay, George W. G. Bonner, Peter O'Hearn, Obed. E. Smith, R. M. Hattie, Marion L. Morrow, Everett Blois, Edith J. Archibald, Mary E. Fletcher, Elinor M. Armitage, Emma Pennoyer, Mary Corbett, Lois Longley, Joseph A. Chisholm, Florence Bowes, Joseph B. Kenny, Louise K. Stearns, Helen Uniacke, Bessie Egan, Emily C. Rosenberg.

In 1912 a sun room was made into a ward providing for ten additional cots. In 1919 a new wing was built, bringing the bed capacity up to fifty-five. A residence for nurses was completed in 1931, thus releasing part of the hospital building hitherto used for living quarters for the nursing staff, and enabling the Board to open a new ward of twenty-five beds, and at the present time some eighty-five or more patients can be accommodated. At the same time the operating rooms were remodelled and newly furnished with standard operating room equipment.

Pathological examinations are done at the Pathological Institute which is close beside the Children's Hospital and where the work is done under the best possible conditions. X-ray examinations are all made in that department of The Victoria General Hospital, also easily accessible. This arrangement is very satisfactory since it insures that the work is done with the best of equipment and under specially qualified medical direction.

A school of nursing is organized in connection with the hospital. There are now some 20-25 student nurses with a staff of six graduates and one dietitian.

The medical staff of the hospital is a closed one. New members are elected by the Board of Management on recommendation of the Medical Staff and with the approval of the Faculty of Medicine of Dalhousie University. Public ward cases are admitted under members of the staff only, and allotted to the service indicated. Other duly qualified physicians may admit private cases under their own services at any time.

Final year medical students enter the hospital for special experience with children's diseases for periods of three or six months according to the schedule arranged for them by the University. Regular clinics are held in the wards and lecture room for the fourth year students throughout the college year.

Patients are admitted from all parts of the province and as well from New Brunswick, Prince Edward Island, Newfoundland, and at times from the smaller islands in the Gulf of St. Lawrence.

A large number of patients are unable to pay anything but for those who can contribute, a charge of \$1.00 per day. It will be readily understood that this in no way covers the actual cost of treatment. The services of the Medical Staff are free to all public ward patients and no charge is made for X-ray, pathological examination, medicine, operating room, anaesthesia, massage or any of the many extras.

The hospital is operated under a private corporation through their Board of Management. Small grants are received from the Provincial Government, the City and County of Halifax, but the hospital depends largely for maintenance on private subscriptions. The members of the Board and the medical staff give freely of their time in the interests of the patients and no member of either staff receives any financial remuneration for services given.

V. I. W.

Oh, what can ail thee business man,
Content and blithely whistling so,
Though rates are due and taxes too,
And funds are low?
Last week you backed an also ran,
And heard the news with such good grace
That soon you'll be for some M.D.,
An urgent case.

Too Enthusiastic.

The flapper who wanted to stroke the Cambridge crew.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

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Deputy Minister of Health - - - DR. T. IVES BYRNE, Halifax

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	DR. C. M. BAYNE - - - Sydney
	DR. J. J. MACRITCHIE, - - - Halifax
Pathologist - - - - -	DR. D. J. MACKENZIE - - - Halifax
Psychiatrist - - - - -	DR. ELIZA P. BRISON - - - Halifax
Supt. Nursing Service - - - - -	MISS M. E. MACKENZIE, R.N., Halifax

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(No Report), Halifax, N. S.
 Forrest, W. D., Halifax (County).
 Payzant, H. A., Dartmouth.

HANTS COUNTY

Bissett, E. E., Windsor.
 MacLellan, R. A., Rawdon Gold Mines,
 (East Hants Mcpy).
 Reid, J. W., Windsor, (West Hants
 Mcpy).
 (No Report), Hantsport M. H. O.)

INVERNESS COUNTY

McLeod, J. R. B., Port Hawkesbury.
 LeBlanc J. L., Cheticamp, (County).
 Ratchford, H. A., Inverness.

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 Bishop, B. S., Kentville.
 Burns, A. S., Kentville (County).
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Davis, F. R., Bridgewater (County).
 Stewart Dugall, Bridgewater.
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 Zinck, R. C., Lunenburg.
 Zwicker, D. W. N., Chester (Chester
 Mcpy.).

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 Chisholm, H. D., Springville, (County)
 McMillan, J. L., Westville.
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 Whitman, G. W., Stellarton.

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Smith, J. W., Liverpool (Town and Co.)
 Smith, F. P., Mill Village (Mcpy.).

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELburne COUNTY

Brown, G. W., Clark's Harbor.
 Churchill, L. P., Shelburne (County).
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VICTORIA COUNTY

Gillis, R. I., Baddeck.

YARMOUTH COUNTY

Blackadar, R. L., Port Maitland, (Yar.
 Co.).
 Lebbetter, T. A., Yarmouth.
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 Siddall, A. M., Pubnico (Argyle Mcpy.)

"The Public Health Laboratory provides free diagnostic services on public health problems for the entire province. It is, however, to be regretted that misunderstanding exists among physicians as to the scope of this work. Generally speaking, this free service includes any examination that has a direct bearing on any problem of infectious diseases. At present this includes examinations of blood for Kahn test, widal test and culture for the Typhoid group; Cerebro-spinal fluids; smears for Gonococci; sputum, pleural fluid and pus for tubercle bacilli; throat and nasal swabs; urine and faeces for tubercle bacilli and typhoid; water and milk. Physicians desiring this service should address their communications to Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax, N. S.

Physicians desiring serums and vaccines should address their communications to the Department of Public Health, Halifax, N. S.

All specimens of tissue sent through Government owned or aided hospitals, shall be examined free of charge at the Pathological Institute, Morris Street, Halifax, N. S., under the auspices of the Department of Public Health.

Specimens should be addressed to Dr. Ralph P. Smith, Provincial Pathological Laboratory, Morris Street., Halifax, N. S."

PUBLIC HEALTH NURSING SERVICE.

WE are pleased to inform the readers of the BULLETIN that the Department of Public Health has decided to establish an increased nursing service to be effective from the 1st of May.

When the Hon. Dr. G. H. Murphy, Minister of Public Health for Nova Scotia, took over the reins of office some fourteen months ago he stated that his first efforts would be directed towards the control of communicable disease and especially tuberculosis. With this end in view he went exhaustively over the situation with the medical profession of the province and after listening to their evidence and getting their opinions it was decided the best plan was to endeavour to build annexes in connection with certain of the local General Hospitals of the province with the Government supplying financial assistance. He then proceeded to approach the Hospital Boards and Municipal Councils with regard to putting these plans into action. The response attending these efforts has been satisfactory. One annex is now functioning, others are to follow and the extension at the Kentville Sanatorium is ready to open its doors to tuberculous patients. Care of patients at these centres is not sufficient however. It is a well-known fact that disease must be fought in the home as well as in the centralized institutions, and so we have the increased nursing service filling a void which has ever been present in the annals of the public health history of Nova Scotia. Up to the present time there have only been three nurses attached to the provincial government staff, but shortly nine nurses will enter the field to assist in the suppression of disease. They have been allotted to various territories under the able direction of Drs. P. S. Campbell, C.M. Bayne, and J. J. MacRitchie, and we are confident that this step will bring to the people of Nova Scotia that education which is necessary before any appreciable headway can be made. It is only by instruction in hygiene and the elementary principles of the value of fresh air and sunlight to the human body that we can ever hope to stem the tide of disease which is every day taking its toll of life from our very midst.

Many of the ills of the adolescent age and later are traceable to the environment of previous years and one of the main functions of the augmented nursing service will be to attend more thoroughly to the inspection of the rural school children that has hitherto been possible with the limited staff. It is hoped in this way that disease of all kinds will thus be discovered and treatment commenced before the causative germs have had time to marshal their forces and sap the lifeblood from the children of our province.

It has been decided that these nurses shall come to Halifax for a week or ten days intensive instruction in the work they are expected to do and this we are sure will be of great value to them.

**Report on Tissues sectioned by the Provincial Pathological Laboratory
of the Department of Public Health, from 15th February
to 15th of March, 1932, inclusive.**

The total tissues sectioned are 82 which compares favorably with the monthly average of 66 specimens for 1930-1931.

In addition to the above figure 22 tissues were sectioned from 6 autopsies

An analysis of the nature of the biopsy tissues from the histological reports reveal:—

Tumours—Malignant.....	12
Simple.....	18
Other conditions.....	46
Awaiting section.....	6
	—
	82

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

Miss Mary Elizabeth McCormack of Kentville has been appointed Deputy Issuer of Marriage Licenses in place of Daniel McCormack, deceased.

Powers the Provincial Department of Public Health gives to the Local Boards.

The Provincial Department in turn gives far reaching powers to Local Boards so that each Local Board has power to deal with all ordinary health matters within its territory.

The powers of local boards are as follows:—

22. (1) If any infectious disease, plague or distemper has been introduced or there is imminent danger of its introduction into any place, the local board shall assemble immediately, and shall make such regulations as occasion requires, not inconsistent with this Chapter or any law of the Province, and may appoint persons to enforce the same, and may fix penalties for the violation thereof, and copies of such regulations shall be forthwith transmitted to the Minister of Health and the same, until altered or revoked by the Governor-in-Council shall continue in force. Every person appointed under the provisions of this section shall, for the purpose of enforcing any regulations made thereunder have all the powers and authority of a constable appointed by the municipal council. 1924, c. 43, s. 7., 1927, c. 47, s. 7.

(2) A local board may make regulations, not inconsistent with this chapter, relative to the inspection of the premises in which foodstuffs of any kind are prepared or offered for sale within the territorial jurisdiction of the local board, and may prescribe the conditions under which the sale of such foodstuffs will be permitted whether such is produced within the district over which the local board has jurisdiction or elsewhere.

(3) A local board may make regulations not inconsistent with this Chapter relative to:—

- (a) Protection of any water supply.
- (b) Plumbing and draining of buildings and premises.
- (c) Provision and maintenance of public comfort stations.
- (d) Scavenging and disposal of garbage and refuse.

- (e) Control of nuisances of any kind.
- (f) Burial of the dead.
- (g) Sanitary conduct of laundries, barber shops, meat and provision shops, bakeries and confectionery shops.
- (h) Street vending of foodstuffs of any description.
- (i) The prevention of overcrowding and unsanitary condition of tenements used as dwelling houses.
- (j) Requiring the Owner, agent lessee of any such tenement to make such statement or return respecting the character, occupation, rentals or other matters and particulars respecting such tenement as the local board sees fit.
- (k) Relative to any matter relevant to the public health.

(4) Regulations made under sub-section 2 and 3 of this section when approved by the Governor-in-Council, shall have the force of law. 1918, c. 6, s. 19; 1919, c. 70, s. 1. 1919, c. 72, s. 12.

23. The local boards shall superintend the carrying out of such regulations or shall carry out or aid in carrying out the same within their respective districts, and do and provide all such acts, matters and things as are necessary for superintending or aiding in the carrying out of such regulations, or for executing same as occasion requires. 1918, c. 6, s. 20.

24. (1) A local board may order any person suffering from a contagious or infectious disease to be removed from any house or other place to a suitable house or place, and if such person cannot be removed without danger to his life, to be certified by a duly qualified medical practitioner, the local board may cause such house or place to be vacated by the other occupants for such time as the Board deems necessary for the safety of the public or may prohibit or regulate in respect of such house or place the egress of any person or persons.

(2) No person suffering from an infectious or contagious disease may be removed from any district to another district unless and until the consent of the Medical Health Officer having jurisdiction in the district to which it is proposed to remove such person has first been obtained in writing.

(3) A local Board may by regulation restrain residents of districts in which any infectious or contagious disease is prevalent from entering the territory over which such local board has jurisdiction. 1918, c. 6, s. 21; 1919, c. 72, s. 13.

25. (1) When it appears to any local Board that any tenement used as a dwelling house is so unfit for that purpose that the public health is endangered thereby, the local board may order in writing that it shall be vacated within a reasonable time, to be therein prescribed, and such order shall be served on the inmates or left at such dwelling house, and in case of disobedience thereto or of a re-occupation of the dwelling house without a permit, the local Board may direct a warrant to the sheriff or a constable or a sanitary inspector to enforce compliance with the terms of such order.

(2) In place of ordering any premises to be vacated under the section the Board may, in its discretion, declare such premises to be in an unsanitary condition and that no rent shall thereafter become or be payable by any occupant thereof until such unsanitary condition has been remedied to the satisfaction of the Board. Upon such declaration being made and served upon,

the owner agent or lessee of the premises, no action, distress or other proceedings for the recovery of any rent accruing after such declaration shall be taken or be legal nor shall any tenant be evicted or expelled for nonpayment of any rent claimed for such period, and in addition to any remedies or defences at law possessed by any person any such owner, agent or lessee attempting to put in force any warrant of distress or to evict any such occupant for nonpayment of any rent accruing after such declaration, shall be liable to a penalty not exceeding fifty dollars, and in default of payment to imprisonment for a period not exceeding one month. 1919, c. 70 s. 2.

26. (1) When it appears to the local Board that any tenement, house, building or construction of any kind used as a dwelling house is so unfit for that purpose that the public health or the health of the occupants is endangered thereby, the local board shall cause a notice to be given to the Owner or the occupant if any, requiring such owner or occupant to remove such cause of complaint as in such notice prescribed, and in case of neglect the local board shall cause the same to be removed. 1924. c. 3, s. 9.

(2) If there is no occupant and the owner or owners do not reside within the jurisdiction of the local board, such notice may be given by advertisement in one or more newspapers published within such jurisdiction, if any are there published, or if not by posting the same publicly.

(3) The members of the local board or any of them, the health officer, or any sanitary inspector, may as often as they think necessary, enter into and upon any house building or premises in the district for which they hold office and examine such house, building or premises. 1928, c. 6, s. 23.

27. The Local Board may make regulations for prohibiting the introduction into any city, town or district, and the offering for sale, of any article intended for consumption, human or otherwise, where the same is likely to be offensive or to be dangerous to the public health, and from preventing persons from throwing offal into any place where the same is likely to be offensive or to be dangerous to the public health. The several local boards may from time to time make regulations fixing the extent and limits within which the slaughtering and dressing of animals for food shall be prohibited or permitted. 1924, c. 43, s. 8.

28. (1) If any person coming from abroad or residing within the province is infected or lately before has been infected with or exposed to smallpox, diphtheria, scarlet fever, cholera or any infectious malady, the local board of the district in which such person is, may make effective provision in the manner which to it seems best for the public safety, by removing such person to a separate house or by otherwise isolating him, if it can be done without danger to his health, and by providing nurses and other assistants and necessaries for him at his own cost and charge or the cost of his parents or other person or persons liable for his support if able to pay for same; otherwise at the cost and charge of the municipality.

(2) The cost and charges of providing nurses, assistants or necessaries aforesaid may be recovered from such person or from his parents or other person liable for his support as aforesaid in an action by the local board or by any person who provides such nurses, assistants or necessaries in like manner as if the same were a private debt.

(3) When the necessity arises for the isolation of a person suffering from or recently exposed to infection by an infectious or contagious disease, a local

board may use for this purpose any available and suitable unoccupied house, and shall make reasonable compensation therefor. 1918, c. 6, s. 25; c. 66, s. 12.

29. Every local board shall require each owner to provide an abundant supply of wholesome drinking water for the occupants of all houses, either on the premises of each householder or tenant, by a public water supply or otherwise, and the local board may order the owner of any property to provide a well, suitably situated where feasible and necessary. 1918, c. 6, s. 26.

30. (1) When any local board has authority to direct that any matter or thing shall be done by any person or corporation, such local board may, in default of its being done, direct that such matter or thing shall be done at the expense of the person in default, and in case of nonpayment of such expense, the same shall be recovered in like manner as municipal taxes or may be recovered by an action brought in the name of the district in any court of competent jurisdiction.

(2) The refusal or neglect of any person to do such matter or thing when directed by the local board as aforesaid, shall constitute a violation of the provisions of this Chapter within the meaning of section 107 thereof, 1918, c. 6, s. 27; 1919, c. 72, s. 14.

31. Every local board in a municipality shall, before the annual meeting of the municipal council cause to be transmitted to the council in duplicate, a report of the sanitary work done during the year, and of the sanitary condition of the district, and one copy of each of such reports shall immediately after such annual meeting be transmitted by the warden or clerk to the Minister of Health. The local board in every incorporated town shall make an annual report in duplicate in January to the council of the town, and one copy of the report shall immediately be transmitted by the Mayor to the Minister of Health. 1918, c. 6, s. 28.

32. (1) Subject to section 28 hereof, in every municipality and in every incorporated town within the territory limits of the county or district of which such municipality is formed, all necessary expenses incurred by a local board in suppressing any infectious or contagious disease shall be a charge upon the municipality.

(2) Expenses so incurred and for which the municipality is liable shall be a municipal expenditure for the joint benefit of the municipality and the incorporated towns, which, before incorporation, formed part of the county or district.

(3) All expenses incurred by a local board, including the allowance to any sanitary inspector except those incurred for suppressing infectious or contagious diseases, shall be a charge upon the town or the polling district or union of polling districts over which the local board exercises jurisdiction; in case of a union of districts under one board, the municipal council shall apportion the part of such expenses which shall be charged upon each district.

(4) The supply of disinfectants, of vaccines and of antitoxins, insofar as they may be deemed advisable by the Medical Health Officer to provide against the spread of infectious or contagious diseases, shall be regarded as necessary expenses within the meaning of this section. 1918, c. 6, s. 29.

Retiring from office on Saturday, the 30th January, after forty-two years of service as Issuer of Marriage Licenses and Registrar of Births and Deaths

at Halifax, John H. Barstead was presented with a silver-topped ebony cane on Saturday morning. The presentation was made by Hon. Dr. G. H. Murphy, Minister of Health, on behalf of, and in the presence of the staff and officials of the Department of Health. Dr. Murphy referred to the long term of efficient and faithful service rendered by Mr. Barnstead, and spoke feelingly of the cordial relations which had existed between Mr. Barnstead and the other staff members and officials of the Department. Mr. Barnstead spoke fittingly in reply, expressing his appreciation of the gift, and of the kindly feelings that had prompted it. He valued the co-operation which he had always received from the staff of the Department, and would always remember the pleasant relations which had existed during his long term of office.

Communicable Diseases Reported by the Medical Health Officers for the Period February 20th to March 17th, 1932.

County	Infantile Paralysis	Meningitis	Chicken Pox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever.	Typhoid	Tuberculosis, pul.	Undulant Fever	Whooping Cough	V. D. S.	V. D. G.	Smallpox	Encephalitis
Annapolis.....	1	1	26	2	..	3	3	..	..	..	1	1	1	..	..
Antigonish.....
Cape Breton.....	12	9	3	..	55	..	13	..	..	..	..	..	..	1	..
Colchester.....	1	..	100	..	1	3	5	..	1	..	..	1	1	..	1
Cumberland.....	4	..	19	..	190	..	..	..	..	..	..	..	..	..	..
Digby.....	1	10	..	..	2	..	..	..	..	..	..	..	..	..
Guysboro.....	4	..	..	..	..	..	2	..	2	..	..	..	..	..	..
Halifax.....	3	11	..	..	..	..	19	..	2	3	1	..	..	..	..
Halifax City.....	1	..	..	..	..	..	..	..	..	..	..
Hants.....	10	..	..	..	1	..	..	..	45	1	..	..	..
Inverness.....	2	..	10	..	..	..	..	..	2	..	..	..	..	8	..
Kings.....	68	..	20	..	1	..	..	..	..	..	2	..	..
Lunenburg.....	2	..	..	..	..	2	..	..	..	..	..	..	..	..
Pictou.....	2	..	..	4	10	..	1	..	1	..	3	..	..	..	..
Queens.....	1	..	..	1	2	..	..	..	..	2	1	..	..
Richmond.....
Shelburne.....
Victoria.....
Yarmouth.....
TOTAL.....	29	23	249	6	277	9	49	..	8	3	50	5	13	1	1

RETURNS VITAL STATISTICS FOR DECEMBER, 1931

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis.....	12	6	7	7	3	0
Antigonish.....	9	7	4	9	4	1
Cape Breton.....	85	79	40	52	34	15
Colchester.....	22	27	10	16	10	5
Cumberland.....	28	28	18	23	19	1
Digby.....	23	14	8	6	9	0
Guysboro.....	10	12	10	6	5	1
Halifax.....	97	74	52	47	41	5
Hants.....	17	30	11	14	6	1
Inverness.....	20	20	13	12	7	0
Kings.....	38	43	11	36	24	6
Lunenburg.....	28	30	13	22	24	3
Pictou.....	26	34	12	12	15	8
Queens.....	9	7	10	4	4	3
Richmond.....	7	13	6	4	4	0
Shelburne.....	6	7	5	7	4	0
Victoria.....	5	4	3	0	3	0
Yarmouth.....	15	19	9	14	11	2
	<u>457</u>	<u>454</u>	<u>242</u>	<u>291</u>	<u>227</u>	<u>51</u>
TOTALS.....	911		242	518		51

A Michigan Osteopath has this on his professional card:—"House calls made—Tonsils and piles removed without pain, bleeding, loss of meals or time from work. Voice left normal."

The optimist fell ten stories,
As he passed each window bar,
He shouted to the folk inside,
"I'm quite alright so far."

Choir Boy:—What made you give up singing in the choir?
Former Colleague:—I was absent one Sunday and someone asked if the organ had been mended.

Postman:—Here's the label of two grouse that were sent you from Scotland.
Householder:—Where are the grouse?
Postman:—I buried 'em for you.

A hiker claims to have caught a fish with a walking stick. I don't believe any fish carry walking sticks.

Branch Societies

CAPE BRETON MEDICAL SOCIETY.

Three Cape Breton Doctors Honored.

ON March 15th, 1932, Cape Breton Medical Society honored itself by tendering a Banquet the three of its distinguished members. These members were Dr. W. McK. McLeod who graduated at Bellevue Hospital Medical College in 1875, Dr. E. J. Johnstone and Dr. A. S. Kendall who graduated fifty years ago.

The banquet in connection with the function was held at the Isle Royale Hotel, seats were taken at 8 p. m., and were not abandoned until midnight. As Doctor's McLeod and Kendall were honorary members of the Medical Society of Nova Scotia and as the function was of a general character, the General Secretary was instructed to attend the function and convey the greetings of The Medical Society of Nova Scotia to these confreres of theirs who had for many years born the burden and heat of the day.

The programme of the function and the bill of fare were as follows:—

MENU

Consomme Julienne en Tasse	Olives a le Reine	Lobster Patties Newburg
Roast Native Turkey	Dressing	Cranberry Sauce
	Chatteau Potatoes	
Jumbo Canadian Peas	Apple Pie a le Mode	Hawaiian Salad
	Crackers Demi-Tasse	Cheese

TOASTS

Chairman, Dr. D. McNeil

THE KING

Orchestra.....	O Canada.
Our Guests.....	Dr. A. Calder.
Responded.....	Dr. Wm. McK. McLeod.
	Dr. E. J. Johnstone.
	Dr. A. S. Kendall.
Presentation.....	D. A. Cameron, K.C.
Sister Professions.....	Col. J. A. McDonald.
Greetings from the Medical Society of Nova Scotia.....	Dr. S. L. Walker.

GOD SAVE THE KING.

It was rather an unusual gathering for a community to tender a banquet to three graduates of one College who had lived all their lives in the community where they were now residing and had been in practice for more than fifty years, Dr. McLeod having graduated several years previous to the other two members. A number of prominent citizens and members of other professions joined in this tribute to these medical men.

While, of course, there was a similarity in the remarks of those who proposed the honorary toasts each of the three responded in his own personal manner.

Dr. McLeod, who had just returned a couple of days before from the Victoria General Hospital where he had been for observation and treatment for several weeks, was particularly interesting in his references to early methods in practice in that section of the province. Dr. Johnstone in his own inimitable manner referred to many instances that had occurred during his fifty years of general practice. Dr. Kendall gave an interesting account of changes that had occurred in the fifty years or so since he graduated.

Not the least interesting number on the programme of speeches, etc., was that of the Secretary of The Medical Society of Nova Scotia who in addition to his references to two of these guests as honorary members of The Medical Society conveyed the personal greetings of Dr. M. E. McGarry, M.L.A., who had expected to be able to attend at the function. At various times during the course of the banquet the following messages were presented:—

“Toronto, Ont.

DR. M. J. MACAULAY,
Sydney, N. S.

On behalf of Canadian Medical Association I desire to extend heartiest congratulations and good wishes to Drs. McLeod, Kendall and Johnstone of Sydney on occasion of celebration of fiftieth anniversary of graduation. We earnestly hope the Association may long continue to benefit by their experience and co-operation in medical organization. May each be blessed with many years of Health and Prosperity.

T. C. ROUTLEY.”

“DR. E.J. JOHNSTONE,
Hotel Isle Royale, Sydney, N. S.

Heartiest congratulations to you and Doctors A. S. Kendall and W. MacK. McLeod. Sisters and Nursing Staff of St. Rita Hospital.”

“DR. F. O'NEILL.

Please extend to Doctors Kendall, Johnstone and McLeod our heartiest congratulations and best wishes for continued Good Health and Service. It is indeed delightful to know that they are being honored by their confreres and I only wish that I could be present to represent their Alma Mater.

Dean University and Bellevue Hospital Medical College.”

“The Jubilerians
c/o DR. M. J. MACAULAY,
Isle Royale Hotel, Sydney, N. S.

You have upheld the best traditions of our calling for half a century. You have kept the faith. The Department of Public Health for Nova Scotia extends cordial felicitations. May your cup of happiness and usefulness remain full and overflowing.

G. H. MURPHY, M.D.”

“Heartiest congratulations on your fifty years of noble labour in the cause of Medicine; that you may enjoy many years of continued good health is my sincere wish.

MRS. M. T. SULLIVAN ”

"The brethern of The Standards Lodge No. 7 GRNS wish to extend hearty congratulations on you having successfully completed fifty years of administering to the ills of humanity.

St. ANDREWS."

DR. E. J. JOHNSTONE,
Isle Royale Hotel, Sydney, N. S.

Hearty congratulations on your anniversary. Beware of the cup.

A. C. JOHNSTONE."

Chairman Medical Banquet,
Isle Royale Hotel, Sydney, N. S.

Congratulations and best wishes to our three veterans of the Medical Profession.

M. G. TOMPKINS."

"TO DOCTORS:

MACLEOD, KENDALL and JOHNSTONE:—

However full days or weeks or years have been of labor, trouble, hardships or worry, may this, your Golden Jubilee, be the morning which marks the lifting of all the unrest, the trials, the sorrows,—and your souls be caught up to the ineffable joy and life and light, is the sincere wish of your fraternal friend.

M. E. MCGARRY."

"WILLIAM MCKAY MACLEOD, M.D.
ARTHUR SAMUEL KENDALL, M.D.
EDMUND JAMES JOHNSTONE, M.D.

Gentlemen:—

The Ladies Auxiliary of the City of Sydney Hospital wish to extend greetings and congratulations on the fiftieth anniversary of your service in the Medical Profession.

While practicing medicine you have also practiced the Golden Rule, and in this, have stored up treasures far beyond earthly possessions. In the years of ministering to the sick you have been a blessing to humanity, and may the Divine Healer bestow upon you many blessings and spare you for years to come to carry on the work so faithfully done in the past.

Yours very sincerely,

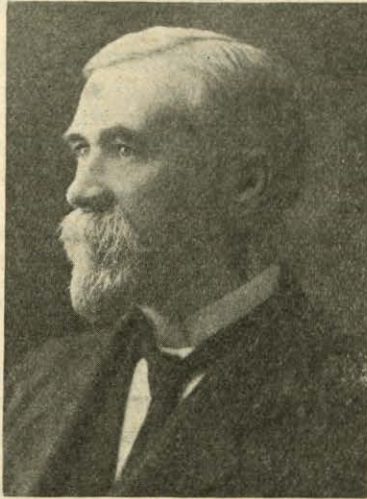
BESSIE E. INGRAHAM,
Secretary."

In connection with this the *Sydney Post* in a recent issue writes as follows:—

FIFTY YEARS OF SERVICE.

Fifty years ago, three young Sydney students, William McK. McLeod, Arthur S. Kendall and Edward J. Johnstone, received diplomas from their Alma Maters, which certified them Masters of Medicine qualified to practice the arts of healing. They hung out their shingles and set to work. With brief intermissions they performed the daily round, bringing relief to the suffering and honor to themselves.

Appreciating their worth, members of the medical and other learned professions, assisted by the citizens of Sydney, tendered Drs. Kendall, Johnstone and McLeod a banquet on their attainment of half a century of service. The profession of medicine has seen many changes and advances since this veteran trio commenced their work of healing. They, however, have kept pace with the times, and are still practicing. Each guest was presented with a gold headed cane, accompanied by felicitations in which all who enjoy the acquaintance of the three physicians heartily join."



THE LATE DR. DONALD MACKINTOSH OF PUGWASH



THE FIRST MEDICAL CLASS OF DALHOUSIE

The late Dr. Donald Mackintosh of Pugwash was a member of this class. His Christian name was then Daniel and he is seen above in the second row, next to the last, reading left to right.

OBITUARY

DONALD MACKINTOSH, M.D., Harvard University 1871, L.R.C.P. Edinburgh. 1873 Honorary Member Medical Society of Nova Scotia, Pugwash, N. S.

FORMERLY known and so remembered by his many friends, he was Daniel MacIntosh, but for a number of years he had been using Donald Mackintosh as his legal name. He was born October 26th, 1846 at Springville, East River, Pictou, a son of John Mackintosh and Mary McKenzie. He died at Pugwash, February 10th, 1932. From the Pictou County Schools he entered the Dalhousie Arts Course, in 1867, taking but one year in Arts. He entered in May, 1928 the first class of the Halifax Medical College and was, previous to his death for some years the only surviving member. He shortly after transferred to Harvard from which he graduated in 1871.

Dr. Mackintosh began practice in Stellarton and after three years put in a term at the Royal Infirmary where Lister was then developing his theory of antisepsis. Thus in 1873 he obtained his L.R.C.P. Returning he practised in Stellarton for another three years then at the solicitation of a friend he started for British Columbia. Passing through St. Louis he stopped to see a friend and was persuaded to stay in Evansville. However, after two years he suffered repeated attacks of malaria and was forced to return home. He located in New Glasgow, but in a short time in 1879 he located in Pugwash where he practiced continuously until a year before his death.

Dr. Mackintosh was an ardent attendant upon medical society meetings both local and provincial. On July 5th, 1899 he was elected President of the Medical Society of Nova Scotia and presided at the next meeting of the Society at Amherst in 1900. In 1923 he was elected to Honorary Membership in the Medical Society of Nova Scotia. Since this latter date he has frequently contributed to the pages of the BULLETIN, chiefly in the form of interesting personal reminiscences. He sat one year in the Municipal Council; was a strong supporter of the Presbyterian Church and was a greatly loved and respected citizen.

His wife, formerly Miss Sara H. Corbett, predeceased him by a number of years and he is survived by a daughter at home and one son, Dr. A. E. Mackintosh of Amherst. A floral tribute from the Medical Society of Nova Scotia indicated the esteem in which he was held and conveyed to the bereaved the Society's sincere sympathy.

About a year ago the Free Press of London, Ontario, in a descriptive article on picturesque Pugwash paid the following tribute to Dr. Mackintosh:—

"If you go to this old town, I hope you will meet 'a doctor of the old school' who has stepped right out of the pages of 'The Bonny Briar Bush'. He has practised there for fifty-one years. He officiated at the birth of the man who has returned to spend some money in his old home town. The doctor did a good job that day. Quite fittingly he is the chairman of the committee on town improvements. There is nothing he doesn't know about the people and the place. For half a century he has served them faithfully and well. Imagine, if you can what he has contributed to that community! Can you realize his joy in seeing a veritable resurrection from the dead enacted before his eyes, with himself elected to perform one more

great duty for his children? To talk to such a man is an inspiration. I wonder if we have ever fully valued the contribution to the life of this nation made by such servants who have been content to "stay put". The old-fashioned general practitioner, the family doctor is a vanishing type. Perhaps he is no longer needed. I do not know. But we shall be much poorer in the country when the last one has died."

28 South Street,
Halifax, N. S.

Dear Doctor Walker:—

Herewith a letter I have had and cutting from paper which may aid in writing a notice of our good old friend.

Mackintosh was very dear to me. I would like to write but don't feel able—I was mostly in bed since middle of February, but, now improving.

I *think* we may be able to get a photo of the doctor.

(Signed) JOHN STEWART.

DR. JOHN STEWART,
Halifax, N. S.

My dear Doctor Stewart:—

I am enclosing a clipping from the New Glasgow *Evening News* in re the death of our dear and mutual friend, Dr. Mackintosh.

I received a letter recently from Rev. J. A. MacKenzie in which he told me that you were at Pugwash for the funeral services. As you may remember I spent some years in Dr. Mackintosh's home during Oswald's illness and knew the Doctor more intimately than many of his friends. I knew of his great admiration of and friendship for you. I presume there will be something appear in the Nova Scotia Medical *Journal* in re his death and possibly some of the information contained in the clipping may be useful.

Dr. Mackintosh wrote several articles for the *Journal* one of which entitled, I think "The Two Wheeled Gig," was very humorous and I have been wondering to whom I might write to obtain a copy.

I trust that you are enjoying a good measure of health. With sincere regards and every good wish, I am,

Yours truly,

(Signed) W. F. SUTHERLAND.

200 Elmwood St.,
North Attleboro, Mass.

The conclusion of Mr. Sutherland's tribute in the *Evening News* is as follows:—

The late Dr. Mackintosh had a host of friends and the news of his death will carry sorrow to hearts of men all over this country. All the good things that one man can say of another, Dr. Mackintosh's many friends would say of him and speak from their hearts. Dr. Mackintosh, was a faithful, loyal friend. In spite of his rugged and sometime stern aspect, his friends felt for him the sincerest and deepest affection. Many and many of them will regret bitterly to-day that they could not say goodbye; that they could not take his hand at the last and tell him of their sorrow at his going. His strong face, kindly smile and piercing eye are clear in the memory even of those who have not seen him for years. How much will he be missed by those who met him daily, whose lives were bound up with his, who found

in his enthusiasm, courage and determination, even in failing health, an inspiration and example that put to shame younger men about him! A noble and honest heart stopped beating when Dr. Mackintosh left this life. He was a fair man, respected, admired and loved by those that were associated with him in whatsoever capacity. Few can say of him in the words of the immortal Shakespeare:—

“He was a man, take him for all in all,
We shall not look upon his like again.”

W. F. SUTHERLAND.

200 Elmwood St.,
North Attleboro, Mass.
Feb. 25, 1932.

This was also accompanied by the following suggestive lines:

“O little bulb uncouth,
Ragged and rusty-brown,
Have you some dew of youth?
Have you a crimson gown?

Plant me, and see
What I shall be—
God's fine surprise
Before your eyes!

O body wearing out,
O crumbling house of clay!
O agony of doubt
And darkness and dismay!

Trust God and see
What I shall be—
His best surprise
Before your eyes!”

The BULLETIN regrets to announce the passing on March 31st, at the early age of 36 years, of Gertrude, beloved wife of Dr. F. L. Hill of Parrsboro. The *Truro News* says,—“Mrs. Hill had been in poor health for the past 18 months, which she bore bravely and uncomplainingly. She was a daughter of Jacob and the late Mrs. Urquhart of Highland Village, Colchester County. She leaves to mourn their loss her husband, father, one brother and two sisters. The funeral was held Saturday morning with services at her late residence. From there the remains were taken to Portapique and laid to rest beside her mother.”

The medical profession in Nova Scotia will extend to Dr. Hill sincere sympathy at this time.

The late H. K. Fitzpatrick of New Glasgow was an uncle of Dr. R. H. Sutherland of Pictou.

In the passing on April 5th of Mrs. Eville, widow of the late Major Eville, at the home of her daughter Mrs. Carter of Halifax, Mrs. Morris, wife of Dr. C. H. Morris of Windsor mourns the death of a sister.

Personal Interest Notes

IN accordance with information recorded by the Press the BULLETIN intimates that Dr. M. B. Whittier who has been physician and part time teacher on the staff of The Maritime Home for Girls in Truro for the past two years is preparing herself for medical missionary work and in the course of a few months will join the missionary staff of which a sister of hers is a member in the Central Indian Mission. Personally, we are of the opinion that the work of Dr. Whittier at the Truro Home is just as valuable missionary work as any that she will be able to do in India.

The Secretary of The Medical Society of Nova Scotia came across recently a copy of *The Maritime Baptist* which contained in it an obituary notice of the late Rev. John A Ford a retired Baptist minister living in Seattle, Washington. When Ford first came to Acadia University he was next door to the Secretary and that Secretary asked him where he was from. He replied "from the Island". The next question was "What Island." The question gave rise to the remark. "Prince Edward, of course what the 'll other Island is there?" This was, of course, a long time ago as we graduated from Acadia in 1885.

Dr. Bruce Archibald of Glace Bay has been elected Health Officer in the largest town for the coming three years. In view of the generally small salary paid to this officer we wonder that there is ever any competition for the office.

Many members of the medical profession will regret to learn of the retirement from active duty of Dr. Helen McMurchy. Her work in the interests of Public Health and chiefly along the lines of maternal mortality has been very greatly appreciated. It is exceedingly hard to find such an enthusiastic worker as Dr. McMurchy, but we all admit that their work is absolutely essential in our joint campaign for the prevention of disease. We are not quite sure that the ruling of the Civil Service Department (for which at present we have little respect) is altogether justified in discharging some of their officials when they reach a certain age. There have been several instances of this kind in connection with the medical services. The retirement of Dr. Chipman from McGill University, of Dr. Primrose from Toronto University and we are not convinced that either of these had outlived their usefulness. A very striking illustration of this is mentioned in the BULLETIN this month of the retirement of Mr. John H. Barnstead at a very advanced age from the Department of Public Health, Statistics.

Dr. and Mrs. Daniel Murray of Tatamagouche had their home recently invaded by a large number of friends and were the recipients of presents and an address in celebration of their twenty-fifth wedding anniversary. Dr. Murray was President of The Medical Society of Nova Scotia last year and was a graduate of Dalhousie in 1903. After a considerable hospital internship he located in Tatamagouche in 1906 and the following year was married to Miss Mona Carson. The BULLETIN extends sincere congratulations.

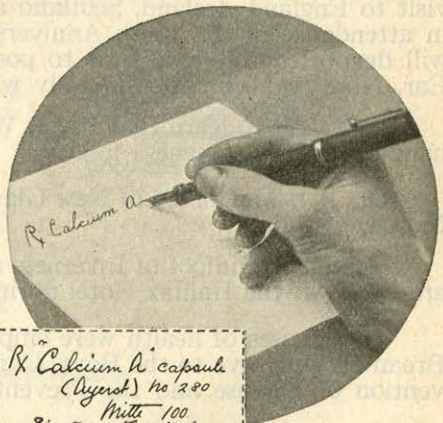


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The BULLETIN regrets to learn that Dr. A. A. Dechman of Bridgetown was under the weather for much of the month of March.

Dr. L. J. Lovett of Bear River was a very sick patient in the Victoria General Hospital in the month of March—we are glad to know he has greatly improved.

A recent issue of the *Annapolis Spectator* has reports to the Municipal Council from Dr. Dechman, Medical Attendant of County Institutions; Dr. H. E. Kelley, Medical Health Officer and Dr. Braine, Physician to County Jail.

Dr. M. M. Brauenstein of the Nova Scotia Sanatorium, spent a week in March visiting his friends in Halifax.

At a recent meeting of the Rotary Club at Kentville, Dr. A. S. Burns was their speaker and gave humorous and clever sketches of a number of other members.

The Annual Banquet of the Bridgewater Board of Trade was held at the Fairview Hotel on March 23rd, Wednesday evening, Dr. W. H. Rehffuss as President was Toastmaster and the principal speaker. He embodied in his address the statement that the function of any Board of Trade, being composed of representative citizens was three fold in character, educational, social and industrial. Educational striving to develop a higher citizenship where people think nationally rather than individually and selfishly. Industrially, that Boards of Trade should assist and support governments, both town and otherwise, in the development of all industrial activities supporting local administration in all things which predispose towards future betterment to the community in which they live.

To be Captains:—Lieut. N. H. Gosse, and Lieut. F. F. P. Malcolm.

Dr. J. Knox McLeod of Sydney entered the City Hospital the latter part of March as a patient. He is reported as making a good recovery.

Dr. W. J. Egan of Sydney, accompanied by Mrs. Egan and the Misses Charlotte and Mary, expect to sail from Montreal, June 10th, for a summer's visit to England, Ireland, Scotland and the Continent. The Doctor will be in attendance of the 100th Anniversary of the British Medical Society and will devote considerable time to post-graduate work in his specialty,—Eye, Ear, Nose and Throat, especially while on the Continent.

We regret to learn that Dr. J. W. Smith of Liverpool is still considerably handicapped by lameness following his accident of several months ago.

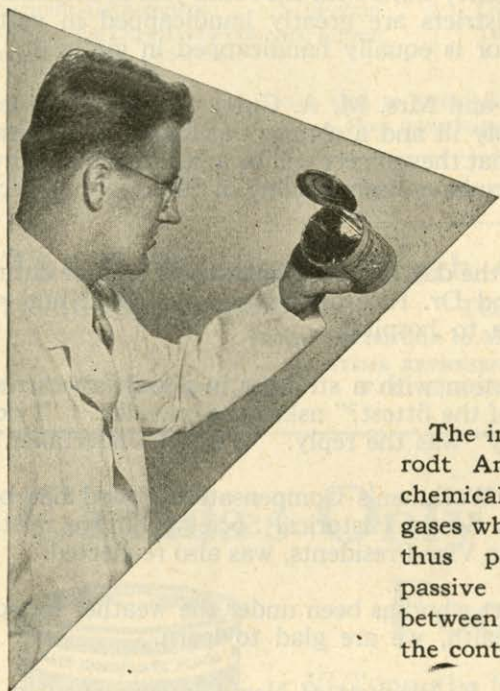
Dr. J. J. McDonald of New Glasgow spent a few days in Halifax early in March.

Doctors Proudfoot of Inverness and McGarry (M. E.) of Margaree Forks are guests at the Halifax Hotel during the session of the House.

Two phases of health were emphasized in a recent address by Dr. J. S. Brean of Mulgrave to the Boys' Club of the local United Church,—The Prevention of Disease and the Prevention of its spread.

The way to keep young, says Dr. Mayo, is to live with young people. And the way to grow grey is to try to keep up with them.

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To be Major: Capt. J. W. McKenzie, 18th Feb., 1932.

Reserve General List: Lt. Col. S. L. Walker is retired and is permitted to retain his rank on retirement, April 1st, 1932.

Lt. Col. J. R. Millar, V.D., is transferred to the Reserve Officers, 1st April, 1932.

Through snow and muck for a dozen miles Doctors Braine and Sutherland of Annapolis, accompanied by two nurses, coaxed a light car to a home where they performed an emergency appendectomy. This was quite an experience, but there are still places in Nova Scotia where one doctor without any nurse is compelled to do this kind of emergency work with the roads just as impassable. The people in scattered rural districts are greatly handicapped in getting medical attendance and the doctor is equally handicapped in giving it.

The many friends of Doctor and Mrs. M. A. Curry will regret to learn that Mrs. Curry has been seriously ill and a change of climate is necessary. They left the middle of April on what they expect will be a year's trip to Europe and England. Dr. and Mrs. Curry have been residing in Saint John in recent years.

In spite of so many hospitals the day for home operations has not entirely passed. Dr. Weir of Freeport and Dr. Rice of Sandy Cove could not very well remove an appendicitis case to hospital.

A traveller got into conversation with a stranger in a railway carriage. "Do you believe in the survival of the fittest?" asked the traveller. "I don't believe in the survival of anybody" was the reply. "I'm an Undertaker."

Dr. M. D. Morrison of the Workmen's Compensation Board has been re-elected President of the Nova Scotia Historical Society. If we mistake not Dr. M. A. B. Smith, one of the Vice-Presidents, was also re-elected.

Dr. J. E. Pollard of Hantsport who has been under the weather for some time has greatly improved in health, we are glad to learn.

Mrs. Blackett, wife of Dr. A. E. Blackett of New Glasgow, spent a few weeks in March and April in Halifax, on account of the serious illness of her mother.

A young preacher came to one of the distant settlements, and started in to reform the natives. Among other things to which he objected was smoking by women. He stopped one day at old Nancy's cabin and found her enjoying an after-dinner smoke on her corn-cob pipe.

"Aunt Nancy," he said, "when your time comes to go, and you apply for admission at the gate of Heaven, do you expect that St. Peter will let you in if he detects the odor of tobacco on your breath?"

The old woman took the pipe out of her mouth, and said:

"Young man, when I go to Heaven, I expect to leave my breath behind."—

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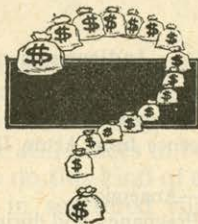
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Harvey Clare, M. D.
Medical Superintendent

Dr. L. R. Meech of North Sydney arrived in Halifax, April 1st after spending two very profitable months in London. He has promised to give some of his impressions to readers of the BULLETIN.

Dr. Perley R. Little, Dalhousie 1926, practicing in Grand Falls, Nfld., recently spent a short vacation at his former home in Belmont, Col. Co.

Dr. A. Calder of Glace Bay spent a week end in Halifax early in April visiting his daughter, Kathleen, who was a patient in the Infirmary. She has made a good recovery.

Dr. E. J. Johnstone of Sydney, shortly after being *caned* at the banquet tendered to Doctors McLeod, Kendall and himself, was compelled to enter the City Hospital for observation and treatment. The BULLETIN trusts no serious trouble will be found.

Dr. J. W. Smith of Liverpool in the local newspaper warns the people of his district of the danger of spreading disease through the agency of flies. We believe that all health officers should follow his example, especially in the smaller towns and rural districts.

"Who gave you that black eye?"

"Nobody gave it to me; I had to fight for it."

Dr. E. O. Hallett of Weymouth spent an extended Easter vacation in Boston visiting his daughter, wife of Dr. T. W. Harmer.