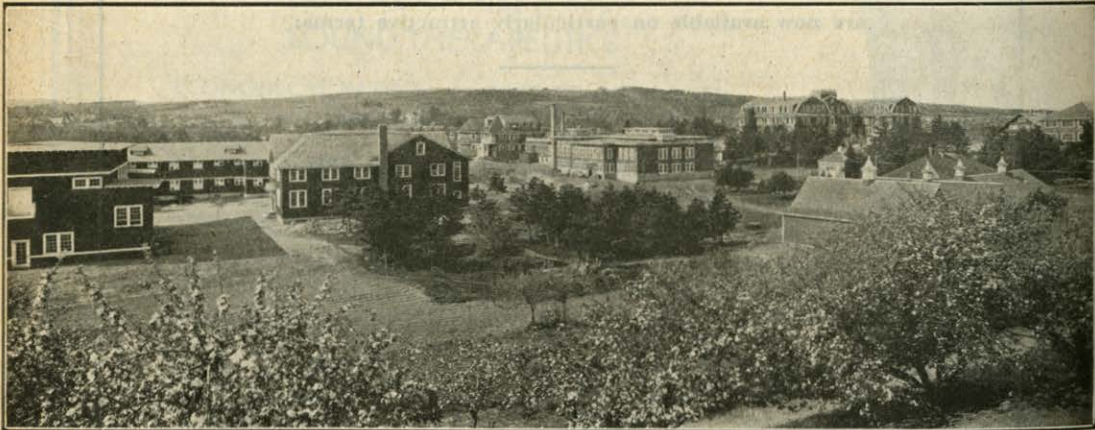




OLD INFIRMARY
(Original Building)
Nova Scotia Sanatorium



A VIEW OF THE SANATORIUM BUILDINGS
Old Infirmary, Service, Administration, Recreation Hall.

The Work of the Nova Scotia Sanatorium and its Place in the Fight Against Tuberculosis.

A. F. MILLER M.D., F.R.C.P.(C).
Kentville, N. S.

1905-1910: The Provincial Sanatorium, as it was then called, was opened for the reception of early cases of pulmonary tuberculosis in June, 1904. The building, a comfortable and attractive two-storied structure, had individual rooms and two open-air "cure-porches" for 18 patients. There was no resident physician, and a graduate nurse was in charge. While the treatment of patients was not altogether on lines such as would be prescribed for them to-day, an effort appears to have been made to have them spend most of their time in the open air. This, combined with a degree of rest, generous feeding, including lunches of milk and eggs between meals, brought hope and life to many afflicted men and women, who otherwise would have passed away had this institution not been available. Mention is made in the early records of the institution that patients came to the sanatorium so far advanced with disease that little could be done to save their lives. In 1909, four years after the opening of the sanatorium, the superintendent in her report states that "160 out of 319 patients admitted are now in their graves." That is, fifty per cent. of all those treated at the sanatorium had died. This high mortality rate may, undoubtedly be attributed to the fact that treatment was sought by those already in a hopeless stage of tuberculosis, for the majority of whom little could be done to ward off their untimely end. As few recoveries were reported, it had the inevitable effect of discouraging others to come to the sanatorium, when treatment at the proper time and in the proper way might have been the means of saving many lives.

1910-1915: In January, 1910, a medical superintendent was placed in charge. An effort was made to limit the admission of patients to those that were in an early, or curable stage of tuberculosis, and a more careful regulation of the life of the patient was now established. Within a comparatively few years, the excellent results of treatment achieved through rest, fresh air and good food, came to be generally recognized, and from that on there was no lack of applicants for treatment. A "waiting list" was established so that patients might be admitted each in his turn to the sanatorium. In 1912, through the efforts of the Provincial Medical Societies, the Government erected two open air pavilions, one for men and one for women, each with accommodation for sixteen patients. This brought the total capacity up to fifty beds. All of the routine work, medical and executive, was carried on by the superintendent. His medical duties consisted in giving a complete physical examination to every patient, monthly chest examinations, laboratory examinations—sputum and other secretions—the giving of tuberculin in selected cases of tuberculosis. As early as 1913, in one of our hemorrhage cases we gave artificial pneumothorax treatment (compression

of the diseased lung with sterile air). This was quite an event at the sanatorium, as it was the first patient, as far as I know, in Eastern Canada to be treated in this way, the first in Canada having been less than a year earlier (1912). I am happy to say the life of this man was saved and he is still alive and attending to active duties in Yarmouth County.

1915-1920: During the years of the Great World War, 1914-1918, when many of our ex-service men were coming back from overseas, broken in health and suffering from tuberculosis, a demand arose that treatment should be provided for them at our sanatorium. This culminated eventually in the Federal and Provincial authorities getting together and coming to an agreement whereby the capacity of the sanatorium was to be increased in order to give adequate care of these disabled men. In 1917, a Tent Colony for 100 soldiers was hastily constructed, and the building of more or less permanent housing began. By May, 1918, the plant had entirely changed, and had grown beyond anything previously planned. There were now two infirmaries, seven pavilions, isolation annex, nurses' home, recreation building, vocational and re-training workshops, laundry, power house, service building. Some twenty buildings, providing accommodation for 350 patients.

The routine duties had increased enormously, and it was necessary to secure additional physicians for our medical staff. There were now five doctors, and the nursing staff had grown from two to twenty-four. Two trained dietitians were employed, and naturally, a staff of clerical workers also became necessary. In 1919, we treated 821 patients, of whom 637 were ex-service men and 184 civilians.

1920-1925: In 1920, the building programme at the sanatorium apparently had come to a close, and this gave us a breathing spell, as it were, to look more closely into the medical possibilities. In order to aid our diagnostic facilities, the Red Cross provided us with a complete X-ray outfit. The equipment was modern in every respect, and opened up for us new possibilities, hitherto undreamed of, in the way of diagnosis and treatment. Without its aid we never could have met, with any degree of confidence, the problems we were called upon to decide in various affections of the chest, nor could we have applied the valuable pneumothorax treatment as freely as we have done. The need of careful laboratory investigation to increase our knowledge of tuberculosis was recognized, and an experienced research worker was added to our staff. Occupational therapy work was carried out on a large scale for the bed and walking patients, and, with three full time teachers, instruction was given in many useful employments.

While good food, rest and graduated exercise were the main essentials in our endeavour to bring patients back to health, we came to see that the comparatively new measure, artificial pneumothorax treatment, that is, the compression of a lung through the introduction of sterile air into the pleural space, was to play an important part hereafter, in saving the lives of a number of our patients. The often dramatic recoveries among some of our sick inspired us to continue with this work, and as the results of this operative measure came to be known among our patients, we soon had more applicants for this special treatment than we could conveniently look after.

1925-1930: These have been the years of our best endeavour. Previous to this time there was the upheaval caused in the establishment of a new group of buildings, while the old ones were still in use and often so crowded that it was difficult to carry on our work; there was the problem of dealing

with the worried and restless ex-service patient; there was the changing staff and the trouble of finding physicians and nurses to give patients the care which they needed; there was the lack of infirmary room, and the constant call for more and yet more beds. The difficulties at times seemed insurmountable. In spite of the drawbacks with which we had to contend, we had, and we still have, a firm belief in the part this institution is to play in the cause of tuberculosis in Nova Scotia.

The Sanatorium a Diagnostic Centre: During the past year, many hundreds of patients have been examined at this institution and an accurate diagnosis, so far as we know, has been rendered on every case sent to us. With the excellent facilities, clinical, X-ray and laboratory, that we now have at our disposal to establish a diagnosis in respiratory diseases, we are in a position to be of great assistance to physicians throughout the Province—quite in addition to our care of patients at the institution. This serving as a centre for diagnosis is and should increasingly be one part of the work carried on at the sanatorium, and we hope that practitioners will continue to take advantage of this special service of ours. There is no charge to the patient for either the usual clinical or the laboratory examinations, the only charge being that for the X-ray, which is given at about cost price. If the patient is unable to afford the moderate X-ray account, then no charge whatever is made. No one is refused an examination, provided application for one is made through the family physician.

The X-ray Department: The value of the X-ray as an aid in our problem of diagnosis cannot be over-estimated; in fact, no clinical examination of the lungs can be considered complete unless it has been checked up with a radiographic examination. Here I may say that in 1927 the Provincial Government replaced the former X-ray apparatus, with the very latest and most up-to-date equipment that could be obtained.

In addition to our roentgenographic work on the chest, we are giving daily service to physicians in Kings County, and our radiographic reports on fractures, gastro-intestinal analyses, sinus affections, etc., have been of great aid to them, not only in diagnosis but in treatment as well.

The X-ray examinations, stereoscopic and fluoroscopic, are also of undoubted value in giving us information with regard to the degree of collapse in the diseased lung among those of our patients who are receiving artificial pneumothorax treatment. It is also of signal worth in determining the process of healing in the lungs; and if the disease appears to be spreading, it will give us information that often cannot be obtained in any other way, and before symptoms would betray the condition. I must emphasize this, for the special reason that, in tuberculosis, this period—it may be a very short or quite a long period—this time before the changes are manifest is the most important time for treatment—or for change of treatment. And expert study of good X-ray films provides often, the only warning that can give us this all-important start on the enemy.

Treatment of Patients: Although rest in the open air is still the outstanding measure to restore a patient to health, we are now, in selected cases of tuberculosis, as I have said, combining it more than ever with artificial pneumothorax treatment. The placing of the diseased lung at rest by compression brought about through the introduction of sterile air into the pleural space is a noteworthy advance in the treatment of the tuberculous, and this is carried on with considerable success at the sanatorium. We are at present giving

pneumothorax to seventy-five patients. Unfortunately, not more than twenty per cent. of all those admitted to the sanatorium prove suitable for this special procedure. Since 1914, we have treated 400 patients, many of whom undoubtedly owe their recovery to this life saving measure.

It may be mentioned that patients are not charged for these operative treatments. While it has increased very materially the work of our medical staff, we feel that our efforts have been well rewarded, and the treatments have resulted not only in relieving patients from distressing symptoms, but in the saving of lives.

Another surgical measure is Phrenicectomy. Temporary or permanent paralysis of the phrenic nerve causes the diaphragm to rise up in the chest, and the lung to be more or less compressed, or its movement restrained. When successfully carried out, this reduces the space within the chest and aids in placing the diseased lung at rest. Some of our patients have received marked benefit and are immeasurably better than they were before the operation. Twenty-two patients during 1931 have had this operation performed upon them.

Paravertebral Thoracoplasty: We advise this radical procedure in selected cases of tuberculosis when other measures fail. The operation of extra-pleural thoracoplasty serves to bring about a more complete immobilization of the diseased lung than that produced by artificial pneumothorax. Eighteen of our patients have had this operation, and the results obtained from this measure have indeed been excellent.

Good food, properly cooked and attractively served, is so necessary today for the welfare of tuberculous patients that I merely mention it in passing. But I feel that a few words will not be without interest concerning what has been accomplished by special dietary treatment among our patients.

Of those in an advanced stage of tuberculosis, at least fifty per cent. are affected with tuberculous colitis. In the past two years every patient admitted to the infirmary has been given a special investigation in relation to his gastrointestinal system. The X-ray examination is here of inestimable worth in bringing to light tuberculous affections, when they are present, in the intestinal tract. If we are fortunate enough, as so often we are, to discover the lesions at an early period of their development, under appropriate treatment great benefit, if not a cure, may be brought about. Through careful dieting, ultra violet rays treatment and the administration of cod liver oil with tomato juice, we no longer fear this complication among our patients, unless their disease is so widespread that little can be done to ward off the inevitable end. Even in some of these patients, their intestinal symptoms may be greatly ameliorated through the judicious employment of the measures to which I have referred.

Space does not permit me to deal with the many other treatments which we make use of in building up the resistance of those who are under our care. For after all, the only "medicine," the only cure for tuberculosis is this building up of the natural resistance. Neither can I dwell upon our carefully devised system or working schedule which enables our physicians to carry on their duties so regularly from day to day; nor upon the arrangement we have with Dalhousie University for giving training in our special line of work, to her final year medical students, who come to the sanatorium in rotation for a period of three months' instruction; the daily conference in relation to the

medical needs of our patients; the weekly staff assembly at which problems of diagnosis and treatment are threshed out and determined.

To give you an idea of the volume of work carried on at the sanatorium in one year, I will give you the following figures from our report for 1931:—

Artificial Pneumothorax Operations	2,716
Aspirations: Chest; Abscesses	104
Chest Examinations	2,005
General Physical Examinations	268
Histories Written	278
Lipiodol Injections	39
Medical Boards	8
Medical Forms	70
Miscellaneous Operations	140
Nose and Throat Examinations	443
Outside Examinations	265
Phrenicectomy Operations	22
Special Examinations of D.P.N.H. Patients (Pensioners, etc.)	12
Thoracoplastic Operations	3
Tuberculin Tests	17

The New Infirmary: The outstanding event at the Sanatorium for 1931 is the construction of the "new infirmary". This building, started in May, was ready for occupation in May of this year. The infirmary, a fire-proof structure, four stories in height, is of pleasing appearance, the outer walls being of hollow tile finished with a smooth cement stucco. The building is intended to provide accommodation for eighty bed patients, and will have every modern facility to give the very best medical and surgical care to those who come to the Sanatorium for treatment. On the ground floor are the headquarters of the medical and X-ray services, for which there are examination and waiting rooms, radiology and interpretation departments, artificial pneumothorax operating room, physiotherapy or light department, laboratory, dental, pharmacy and nose and throat rooms. There is also on this floor a central diet kitchen, for the scientific feeding of patients in this building. On the first floor centrally located are the executive offices, medical and business, while the remainder of the floor, facing south, is given over to individual patients rooms, two-bed and three-bed wards. Here, in addition, are to be found a nurses' station, examination room, reception room, service kitchen, bath and utility rooms. The second floor consists entirely of patients accommodation, and contains individual rooms, two-bed and three-bed wards for thirty persons. The third floor contains a small but well planned operation department, physicians' library, nurses' station, and the remainder of the floor is intended to take charge of thirty patients. The out-of-door treatment porches on all floors are conveniently and pleasingly arranged, and, with the Donovan hinged windows, they provide the maximum amount of light and fresh air. The wards facing the north and east have vita-glass windows. The roof of the infirmary is so constructed that later, when money is available, it may at little expense be converted into quarters where heliotherapy, that is, direct sunlight treatment, may be employed. We earnestly hope this infirmary will fulfil the purpose for which it is intended, and that it will greatly help us in our long-cherished ambition to be able to admit all patients promptly when treatment may be of benefit to them. 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 worth-while treatment, after careful investigation, may be at the disposal of tuberculosis sufferers throughout our province.

One cannot speak about the Sanatorium without speaking of the whole fight—"Every Man's War on Tuberculosis"—for the sanatorium is by no means the Alpha and Omega of the effort that is being made to stamp out this disease from the Province. As I have expressed it on former occasions, it is but one spoke, but a most important one at that, in the wheel of many agencies that has to be kept "rolling along" to make headway against the common enemy. It is true that only a small proportion of our consumptive sick will be treated at this institution, either because they cannot afford treatment, or because they are, for various reasons, unwilling to come, or too sick to leave their homes. Many more consumptives could, and would come to the Sanatorium if our municipalities would but assume their obligations in regard to their tuberculous needy. It is gratifying to learn that over one-half of the counties in Nova Scotia have voluntarily made arrangements whereby their consumptive poor may now be given free treatment at the Sanatorium. It is hoped that the remaining municipalities will soon fall into line, and that in the near future, every tuberculous person in our Province will receive adequate care either at the Sanatorium or elsewhere—an end to be devoutly desired.

I am greatly encouraged by the steps that have recently been taken by the Provincial Government to reorganize the Department of Public Health by the creation of the new "Ministry of Health." This is a move in the right direction, and one that will receive the commendation of every physician in our Province.

We have not everything we need. We should have a place for treatment of children. We have a few other ideas;—but what would life be if we had nothing to look forward to and wish for in the future? If the Sanatorium makes progress in the next twenty-five years in proportion as to what it has in the past twenty-five years, it will do well. However, let us hope and pray, that during that time, there will be less and less need of such institutions. I can assure my medical readers, it is not merely a dream of a so-called "specialist" obsessed with his own job, it is a practical aim within reach of proper methods; it is an obtainable result, the promise of which we see already in the notable reduction in our tuberculosis death rate in the past 15 years. We believe that, under unified leadership, with accurate statistics, including registration of the tuberculous; with adequate sanatorium provision for those who require treatment, especially the consumptive poor; with free consultation and clinic service for physicians and patients; visitation by Public Health Nurses to supervise the lives of patients in their homes; education of the people in the simple principles of prevention, we may, before many years, bring tuberculosis to a place where it will no longer be a major element in the destruction of Nova Scotians.

Letter and Form sent out to the Profession from Dr. A. F. Miller
Kentville Sanatorium.

May 16th, 1932.

Dear Doctor:—

For many years we have been hearing from members of the medical profession that it would be a good idea to have a special short course in tuberculosis held at the Sanatorium—the work to be entirely practical covering the field of diagnosis and treatment of tuberculosis.

We are pleased to announce that we are prepared to arrange such a course this summer, July 7-8-9, immediately following the meeting of the Nova Scotia Medical Society, which assembles in Kentville, July 5 and 6.

Briefly, we plan to have eight or ten examiners, specially trained in tuberculosis, who will each 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) Lipiodol, or other opaque oil technique, and its value demonstrating affections of the bronchial tree. Friday will be given over to "Treatment" (a) Hygienic-dietetic (b) Artificial Pneumothorax (c) Phrenicectomy (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.

We hope to have in attendance Dr. F. Maurice MacPhedran, a former Canadian, Henry Phipps Institute, University of Pennsylvania, Philadelphia. He has an international reputation through his studies on the childhood type of tuberculosis. He is a forceful and pleasing speaker, and we are indeed fortunate in having him come to Kentville. We are also assured of the presence of Dr. H. A. Farris, Saint John, Dr. R. J. Collins, Saint John County Hospital, East Saint John, N. B.; Dr. T. M. Sieniewicz, Superintendent of the Morris Street Hospital, Halifax, and Dr. Gerald Burns, Victoria General Hospital, Halifax. In addition, we expect to have Doctors P. S. Campbell, C. M. Bayne and J. J. MacRitchie, of the Nova Scotia Public Health Department. These examiners, with members of our own Sanatorium staff, should be able to look after fifty to sixty visiting physicians.

Such a visit to the Sanatorium, particularly since the opening of our modern, new eighty-bed infirmary, should be very much worth while to physicians, even for observation of the institution and the method of regulating the patient's life. Moreover, the Cornwallis Valley is famed for its summer loveliness, and in itself will repay a visit which might combine a holiday and the professional forms of recreation.

Please let me know if you plan to be on hand, as it is only after we have heard from those who wish to attend that we can prepare and send out a definite programme for the course.

Cordially yours,

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

A Reply Requested by May 31st.

Dr. A. F. Miller,
Nova Scotia Sanatorium, Kentville, N. S.

Dear Doctor:

I will/will not attend the "refresher course" in tuberculosis, July 7-8-9.

I am interested in:

1. Physical examination of the chest.
2. Radiographic and fluoroscopic examination of the chest.
3. Tuberculin tests in "Diagnosis."
4. Use of radiopaque oil in non-tuberculous affections of the chest.
5. Hygienic treatment.
6. Artificial pneumothorax.
7. Phrenicectomy.
8. Thoracoplasty.
9. Ultra-violet rays.

Note: Nos 1-2-5-6, especially advised.

Name

Address

NOVA SCOTIANS AT MCGILL.

The Graduates in various courses at McGill, for the term ending May 1932, from Nova Scotia are the following:—

Medicine—Kingsley C. Rowan-Legge, Halifax; E. David Sherman, Sydney.

Degree of Master of Science—J. W. McB. Cameron, Stellarton, (Entomology).

Degree of Master of Arts—Donald O. Hebb, B.A. (Dalhousie), Dartmouth, N. S. (Psychology)

Degree of Doctor of Philosophy—G. F. Frame, B.A., M.A., (Dalhousie), Brookfield, Colchester Co., N. S.

F. R. Morehouse, B.Sc. (Mt. Allison), M.Sc., (McGill), Amherst, N. S. (Physical Chemistry).

L. I. Pugsley, B.A. (Acadia), M.Sc., (McGill), Five Islands, N. S. (Biochemistry).

J. W. Sutherland, B.Sc., M.Sc., (University of Alberta), Pictou, N. S. (Physical Chemistry).

Degree of Doctor of Science—Governor-General's Silver Medal, Hugh S. Sutherland, B.Sc. (Mt. Allison), M.Sc., Ph.D. (McGill), Amherst, N. S. Physical Chemistry.

Degree of Bachelor of Arts—W. L. MacLellan, New Glasgow; M. P. Orlando, Bridgetown.

Degree of Bachelor of Science—Selwyn Brody, Glace Bay.

Degree of Civil Engineering—Nathan Segal, Glace Bay.

Degree of Electrical Engineering—J. D. Dexter, Brooklyn, Hants Co., N. S.; C. H. Shapior, Yarmouth.

Agriculture—C. D. T. Cameron, Milford, N. S.; H. J. Griffiths, Berwick; A. J. MacDonald, Glenora; Janie B. Matheson, Truro.

Library—Dorothy A. Deinstadt, B.A., (McGill) prize for history of the book, Halifax.

Certificate of Teaching in Schools of Nursing—Dorothy C. McClare, Mt. Uniacke; Iona L. Marshall, Springfield; M. Lillian Ross, Eureka.

Certificate of Public Nursing—Ella A. Ferrand, Amherst; Jean S. Forbes, New Glasgow; Mary E. McAskill, Glace Bay; Flora G. McLenn, Stillwater, Hants Co., N. S.; Mary Orlando, Bridgetown.

School for Social Workers—Diploma Jessie H. McRae, B.A., New Germany.

CASE REPORTS

The July BULLETIN will be the first Cape Breton number, and excellent material is coming to hand for it. The August number it is hoped, will be that for The Valley and a start has been made on collections from the Valley for it.—Ed.

NOVA SCOTIA SANATORIUM.

Case reports by members of the staff—

Dr. A. F. MILLER.

Dr. C. J. W. BECKWITH.

Dr. M. M. BRAUNSTEIN.

Dr. A. A. GIFFIN.

Dr. H. R. CORBETT.

Case I—Carcinoma of the Lung.

Case II—Tuberculosis—Sarcoma.

Case III—Bi-lateral Artificial Pneumothorax, with Phrenicectomy, in a case of Far Advanced Tuberculosis—Recovery.

Case IV—Tuberculosis Empyema treated with Gomenol-Paraffin Oil, with excellent results.

Carcinoma of the Lung.

Case No. 1. W. G. painter, aged 52, was admitted to the Nova Scotia Sanatorium, December 15, 1931, with a previous diagnosis of pulmonary tuberculosis.

General History: Irrelevant.

Personal History: Patient was perfectly well until 1916, when he was sent to a hospital in France from the trenches, suffering from marked shortness of breath. There is no history of having been gassed. He was ultimately discharged from hospital as medically unfit for service, and returned to his home in Nova Scotia. Breathlessness continued to be the outstanding persistent symptom, and was such that he found it impossible to work longer than three months at a time. The only other factors noted were susceptibility to colds and a cough, at first dry, but becoming productive with a clear tasteless and odorless sputum beginning in 1930.

Present Illness: In November, 1930, dyspnoea, cough and sputum became noticeably worse, the dyspnoea so annoying that the patient was unable to work. Between November, 1930 and December, 1931 two other features presented themselves, viz., loss of weight (32 pounds in 12 months), and pain over the left chest, most particularly noticed in the left shoulder, up the left side of the neck and along the left costal margin. He had experienced occasional night sweats, but no definite evidence of fever could be determined from his history. He had not been subject to hemoptysis. The cough at time of admission to the Sanatorium was very annoying and the sputum amounted to between two and four ounces in 24 hours. He also complained of headache, loss of appetite, constipation and gaseous eructation.

Physical Examination: This man is emaciated, pale and appears toxic. There is a noticeable difficulty in breathing, the extraordinary muscles of respiration being called into play. The fingers and toes are definitely clubbed and the finger nails somewhat cyanosed. Upper respiratory, gastrointestinal, genito-urinary and nervous systems are negative. Cardio-vascular system: Apex beat 5th I. S. 12 cm. from mid sternal line. B. P. 98-58. P.P. 40—slight arterio sclerosis.

Laboratory: Sputum mucopurulent and persistently negative for tubercle bacilli. Urine—essentially negative. Blood: Hgb. 69% R. B. C. 4,290,000. C. Index. 80, Total leucocytes 17,960. Differential: Polys. 79%. Large Mono. 5.5%, Small lymphs. 15%. Eosin. .5%. Kahn test—negative.

Physical Examination of Chest: Points of interest:

Right: Normal findings except for the occurrence of occasional rhonchi throughout.

Left: Flattening and retraction of chest anteriorly. Percussion shows slight dullness to the 1st rib and 3rd. vertebral spine and marked dullness from 2nd to 5th rib and 4th to 7th vertebral spine. Auscultation reveals definitely diminished breath sounds 2nd to 4th rib and 4th to 7th vertebral spine. Vocal resonance is decreased over the same area. Above and below this area the breath sounds come through rather well. No rales, but occasional sonorous rhonchi are heard in the apex and below 4th rib and 7th vertebral spine. The heart is drawn over to the left side.

The routine anteroposterior films were of little value in helping us, except that the dense shadow over the left chest, along with retraction of the heart and elevation of diaphragm indicated atelectasis. As further plates were taken, the picture began to unfold itself. Films taken in the lateral position revealed "A large oblong density 10 x 15 cm. lying midway between the anterior and posterior walls of the chest and just above the heart shadow." In the prone position with patient lying on the right side, the lower border of the opacity described an "S" shaped curve. "The shadow suggests a left upper lobe tumor (probably a nodular carcinoma) causing an atelectasis of upper lobe." The accompanying reproduction shows a film taken following the injection of 35cc. of Lipiodol into the left lung, the interpretation of which in part follows:

"The Lipiodol appears to be stopped abruptly at the junction of the upper and lower division (of the bronchi) suggesting a stenosis of the upper division. The main left stem bronchus is poorly filled and presents a stenotic appearance as if caused by extrinsic pressure."

A needle was introduced into the pleural cavity in the 4th intercostal space. The manometer reading -2.0 cm., was not indicative of atelectasis. 25cc. air were introduced causing the readings to rise to +6+12 cm. There was a great deal of pain indicating the presence of pleural adhesions.

Diagnosis: Primary malignant tumor of left upper lobe, probably nodular bronchial carcinoma. Associated chronic bronchitis and secondary anemia.

Patient transferred to Halifax, January 26, 1932, and died March 17, 1932, in Victoria General Hospital.

Summary of Autopsy Report: Right lung showed evidence of anthracosis and purulent bronchitis. Left lung: A large tumor infiltrates the upper lobe.

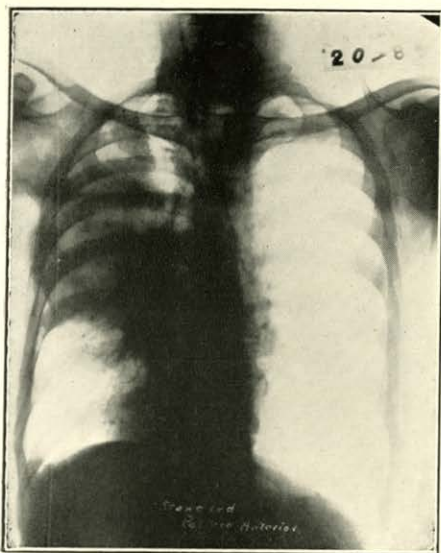


Fig. 1. W. G. Carcinoma of the left lung.

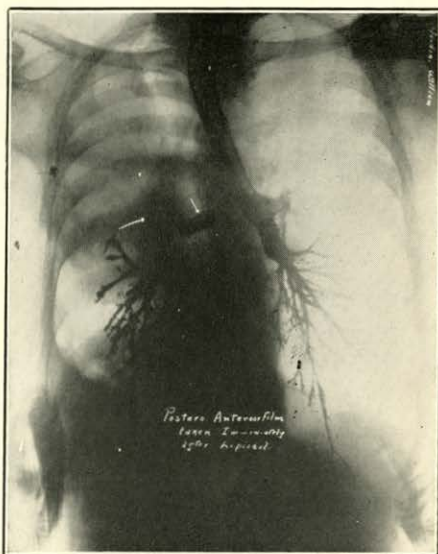


Fig. 2. W. G. The same case after injection of the bronchial tree with Lipiodol. Note narrowing of the main stem bronchus, with obstruction of the upper lobe bronchus.

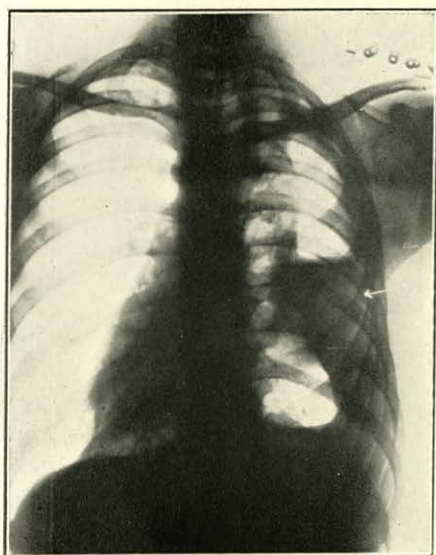


Fig. 3. J. L. Tuberculous empyema of the left lung, three and a half year's duration. Note fluid level to 4th rib.

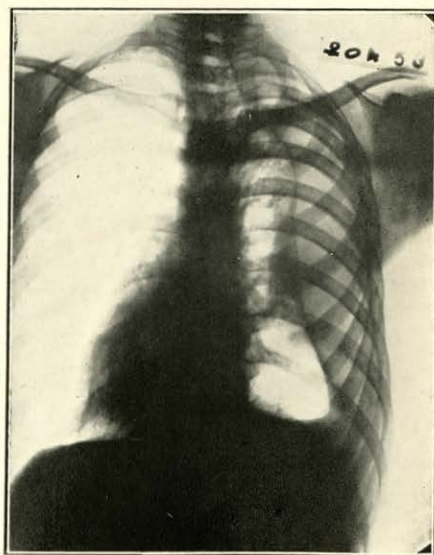


Fig. 4. J. L. The same case treated by gomenized oil. Empyema cleared up and collapse of the lung maintained by Oleothorax.

This tumor lies near the root of the lung filling and almost occluding the main bronchus as it leaves the trachea. It surrounds the pulmonary artery—producing stenosis for about 2".

Pathological Diagnosis:

Primary carcinoma of the bronchus; Secondary lung abscess and septic pneumonia; Stenosis of the pulmonary artery; Hypertrophy and dilatation of the heart; Early chronic passive congestion.

Sections of the tumor show it to be more of an alveolar type of carcinoma, i.e., arising from the alveolar epithelium. It is rapidly growing. There was no evidence of tuberculosis and no metastasis were found.

Comment: 1. The patient's history extended over too long a period with dyspnoea as the only outstanding symptom to put tuberculosis first in the differential diagnosis. In addition to this, the sudden exacerbation of his symptoms with marked loss of weight, loss of strength, pain in left chest, the relatively sudden clubbing of the fingers in a man of his age, and repeated sputa examinations negative for tubercle bacilli, pointed to a non-tuberculous condition as the cause.

2. The physical examination pointed definitely to the left side as the seat of pathology. The explanation of the signs were based on occlusion of the bronchus or involvement of the pleura. In view of the fact that breath sounds came through at the apex, but not in the area from 2 to 5R. and 3 to 7 V. S., the pleural involvement was leaned to. Against this reasoning was the presence of retraction of the heart to the left which indicated an atelectasis due to obstruction of the bronchus.

3. We have not been able to explain adequately the presence of dyspnoea from 1916-1930. After November, 1930, there seems to have been another picture develop which was undoubtedly due to the tumor.

4. Although all diagnostic measures had to be employed in arriving at an accurate diagnosis, the most valuable single method was that of Lipiodol injection and study of the X-ray films.

Tuberculosis—Sarcoma.

Case No. 2. C. D. . . white boy, age 13, admitted to Nova Scotia Sanatorium, October 16, 1923. Chief complaint: Dyspnoea with attacks of breathlessness and choking; progressive weakness, loss of weight, chronic cough and pain in left chest.

Summary of History: No malignancy known in family. Mother died of pulmonary tuberculosis in August, 1923. There has been more or less exposure during her illness. Ordinary diseases of childhood with good recovery. Three years ago he had left leg amputated at Victoria General Hospital, Halifax, for round-celled sarcoma of calf muscles. In fair health after operation until onset of present illness.

Present Illness: Began in May, 1923, with severe hacking cough and night sweats, the latter lasting a week. Cough has persisted and there has been gradual emaciation. Pain in left chest as well as pain over left hip joint are prominent symptoms as well as those noted under chief complaints.

Physical Examination: Patient underdeveloped and undernourished. Left leg has been removed above knee. (Supracondylar amputation). There is marked atrophy of all the muscles. Abdomen is negative.

Examination of Chest: Inspection shows right chest sunken in upper third, left side is prominent extending out from midsternal line. There is a definite swelling noted from clavicle to 5th rib which is most marked from clavicle to 3rd rib. No pulsation or tenderness found. The mass appears attached to ribs and does not move on deep palpation. Veins over sternum are prominent. Cardiac impulse not noted in 5th space, but felt and seen in 3rd and 4th interspaces close to sternum. The percussion note over the right side is hyperresonant. On the left the note is dull to the 2nd rib and 4th vertebral spine, then flat to base. The breath sounds and vocal resonance are increased over the right side. On coughing a few moderately coarse rales are heard from apex to 6th vertebral spine. On the left side the breath sounds are distant to 2nd rib and 5th vertebral spine, then absent to base. The vocal resonance is increased to the 3rd rib and 4th vertebral spine and markedly diminished to base. On coughing a few rhonchi are heard to 3rd vertebral spine.

Laboratory Report: No sputum. Urinalysis normal. Blood count: Erythrocytes 4,992,000; Leucocytes 22,400, Hemoglobin 91%, Color Index .91, Polyn. Neut. 73%, Polyn. Eosin. 1%, Polyn. Baso. 1%, Large Monos, 7%, Small Lymphs 18%.

X-ray: Report Right: There is a scattered mottling in the lung field indicative of a tuberculosis involving the upper and middle lobes.

Left: The whole lung field is obliterated by an area of uniform clouding from apex to base. The degree of opacity is so marked that it obscures the ribs. There is only slight displacement of the heart and mediastinum.

Summary: Tuberculosis involving the right upper and middle lobes. The marked opacity on the left side suggests a new growth or a markedly thickened pleura. Fluid can be ruled out by the position of the heart and mediastinum.

Opinion and Diagnosis: Clinical and X-ray findings indicate a right sided tuberculosis. Clinical examination shows a left sided consolidation with a palpable mass attached to ribs and sternum. The film examination demonstrates a massive consolidation of the left lung. The history of previous malignancy (sarcoma) is the deciding factor in making a diagnosis of secondary malignancy of the left lung and pleura.

The patient spent 23 days at the Sanatorium. During residence fever was of a septic type, ranging from 96°-102°F., pulse 98-120, and respirations 16-32. Exploratory puncture of the left lower chest obtained a minute amount of mucoid material not sufficient to be of any diagnostic value. No free fluid was found. The boy came up for discharge from the Sanatorium and was admitted to the Victoria General Hospital, Halifax, October, 1923. He died January 24, 1924.

Summary Autopsy Findings: Tuberculosis with cavitation of the upper and lower lobes of the right lung. In the right lower lobe are also found a few pea sized nodules of new growth. The left lung is completely consolidated and replaced by new growth round celled sarcoma throughout. The pleura is

represented by a band of new growth three-fourths of an inch thick; tuberculosis of the ileum with perforation, also miliary tuberculosis of the spleen.

Bi-lateral Artificial Pneumothorax, with Phrenicectomy, in a case of Far Advanced Tuberculosis—Recovery.

Case No. 3. M. L. . Female, age 19. Admitted to the Nova Scotia Sanatorium October 1, 1928, complaining of cough and sputum, loss of weight and strength. She has had contact with a tuberculous mother.

Complete examination shows far advanced tuberculosis with the sputum positive for tubercle bacilli. The X-ray films present slight mottling at the right apex and a dense shadow 3rd rib to base, with an annular shadow at 4th rib indicative of a well defined lower lobe cavity. Mottling in left apex shows a beginning tuberculosis on this side.

As the patient was running a temperature 98.6° to 100°F., it was decided to keep her at bed rest in order to observe the progress of the left sided lesion prior to the induction of pneumothorax on the right side. Re-examination of the lung in December revealed a partial clearing of the right apical lesion, but an enlargement of the basal cavity; while the disease on the left side had extended to the 4th rib. Her temperature at this time was normal. We decided to attempt bi-lateral pneumothorax with the hope that the spread of the disease might be brought under control. Collapse of the right lung was induced on December 22nd, collapse of the left, January 3rd, 1929. Pneumothorax operations were then carried out on alternate sides and the required collapse, 50 per cent. on the right and 60 per cent. on the left, was eventually obtained by July, 1929. The sputum became negative for tubercle bacilli in September.

In January, 1930, adhesions, which had been present from the beginning of treatment on the right side, caused obliteration of the pneumothorax, signs of basal cavitation re-appeared, and the sputum again became positive for tubercle bacilli. Because of the nature and extent of the disease in this side, the left lung was permitted to re-expand. Physical and x-ray examinations of this lung revealed complete disappearance of the previously noted trouble. In view of these findings we did a right sided phrenicectomy in April—following which there was immediate paralysis and elevation of the diaphragm. The sputum now gradually decreased in amount and became negative for tubercle bacilli by May, 1930.

For two years this patient has been free from sputum and tubercle bacilli. The physical signs in the lungs have practically disappeared, and she may now return to her home prepared to lead a normal life.

This form of treatment should be given only at a sanatorium or a hospital where there is every facility, radiographic and fluoroscopic, for observing the degree of compression in the lungs. Moreover treatment of this nature calls for special care and should be given by one who has had considerable experience in artificial pneumothorax therapy.

Tuberculous Empyema treated with Gomenolized-Paraffin Oil—with excellent results.

Case No. 4. J. L. . a case of bi-lateral moderately advanced tuberculosis had pneumothorax initiated on the right side, April 14, 1927. Collapse of the lung soon reached a maximum of seventy-five per cent. Eight months later

the pneumothorax was complicated by a simple pleurisy with effusion, and on January 5th, 1928, 660 cc. of serous fluid were aspirated and replaced with air. By the sixth aspiration, July 10, 1928, a pyopneumothorax had supervened, and at this time 720 cc. of purulent fluid were removed. In this fluid, the laboratory reported the presence of tubercle bacilli.

Attempts were now directed to the combatting of the pyopneumothorax. At first pus was withdrawn periodically, the pleural cavity irrigated with saline solution, and increasing quantities of a 1:500 solution of Gention Violet left in as a disinfecting agent. At the tenth aspiration, April 22nd, 1931, the treatment was modified by the use of Dakin's Solution as an irrigating fluid, with the introduction of a 1:2500 solution of acriflavine in two per cent. gelatine in saline. Eventually the quantity of acriflavine was much increased but the operation on September 26th, 1931, still yielded 350 cc. of pus.

Thus, over a period of three and a half years, there had been no improvement in the condition in the chest and although the patient had remained symptomless and working, his pyopneumothorax was intractable as ever. November 20th, 1931, "oleothorax" treatment was begun. After the preliminary removal of 250 cc. of pus, irrigation with Dakin's Solution and replacement with air, an initial injection of 2cc. of sterile solution of one per cent. gomenol in paraffin oil was given to test out the sensitivity of the pleura. As there was no reaction, at three and four days intervals further oil was introduced, in each case the last dose being doubled, until December 11th, 1931, when 160 cc. of oil were given at the one operation. Then at intervals of approximately two weeks, varying quantities of two per cent. gomenol in oil were introduced into the pleural space. On February 5th, 1932, only 10 cc. of viscid sterile pus could be removed through the 8th interspace. At subsequent operations for oil refills, small amounts, a few drops of pus mixed with oil, were withdrawn. The last two aspirations, April and May, have shown clear oil, no pus being present.

The results of disinfection oleothorax in this case were thus comparatively rapid and most effectively produced. The pyopneumothorax has cleared, and an oleothorax replaces the artificial pneumothorax, the oil extending from the first rib to the base, and maintaining the collapse of the lung at sixty to seventy per cent. It is in the treatment of a chronic tuberculous empyema of this kind that gomenolized-paraffin oil may have a field of future usefulness.

NOVA SCOTIA TRAINING SCHOOL.

On May 20th a pleasing function was held at the Nova Scotia Training School at Truro, when, with due ceremony, a portrait of Mr. Justice W. L. Hall was unveiled in the presence of a large number of interested persons. This was in recognition of his active interest in the organization of the School. Rev. S. A. Prince, D.D., presided and reviewed the history of the School. Hon. G. H. Murphy representing the Government and the Department of Health, gave the chief address. All present were delighted to note the progress this institution is making.

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

Published on the 5th of each month and mailed to all physicians and hospitals in Nova Scotia. Advertising forms close on the 15th of the preceding month. All Mss should be in the hands of the Business Editor on or before the 10th of the month. Subscription Price:—\$3.00 per year.

Business Editor	- - - - -	S. L. WALKER, B.A., M.D.
Editorial Board	- - - - -	N. H. GOSSE, M.D., C.M., F.A.C.S.
		J. KNOX MCLEOD, M.D.
		R. M. BENVIE, M.D., C.M., F.R. C.P. (Can.)
		S. J. MACLENNAN, B.A., M.D.
		H. B. ATLEE, M.D., C.M.

VOL. XI

JUNE 1932

No. 6

Our Medical History

AMONG other matters that will come up for discussion at the business meetings of our annual gatherings is the question of the bringing together into some sort of a complete form the scattered remnants of our medical history. Nova Scotia has a distinguished medical history. The first chloroform made on this continent was manufactured in Pictou. The first disciple of the amazing new Listerian doctrines came to our shores in the person of Dr. John Stewart. The story of the birth and evolution of what is now the Dalhousie Medical School is etched in drama. Men of the stamp of the late Dr. Sam Primrose, around whom already the aura of myth has grown, make fascinating interludes in the long record of forgotten heroisms.

But if a history embodying all this and much more is to be one of which, as a whole, we can be proud, it must be done with care and undertaken by someone with the ability to make it worth while. It would be a great mistake for the Nova Scotia Medical Society to commit itself to a medical history that failed to stand up to its material, or to a hasty, botched job that would satisfy no one. If the thing is to be done properly it requires time. It requires the labor of those who will go into all the musty files, and who will interview all over the province those of our ancients who can remember the past. And finally, it requires the editorial ability of some patient and skilled delineator who can assemble all the scattered parts into a skillful and satisfying whole. We would be doing our past a great ill to subscribe to less than this.

H. B. A.

THE NOVA SCOTIA SANATORIUM AND MEDICAL EDUCATION.

THE Sanatorium at Kentville occupies the position of honour in our pages to-day. The case report section is theirs, and the Superintendent has accepted our suggestion for a write up of his institution, and that, too, is presented in this issue. In this way has Dr. Miller manifested his willingness to do his bit for Medical Education, and that will be appreciated.

But while this has been going on it has become apparent that he has

been making plans for an infinitely greater contribution than this to Medical Education in this Province, and that is the reason for this writing.

It appears that one or two outstanding chest men are being brought in from United States and two or three from other provinces; that several of our own chest men will be brought in to Kentville for the occasion; that a three day session is planned, during which visiting doctors will be divided into small groups and be instructed in modern methods of chest diagnosis and treatment; that it is to be held in connection with or immediately following the Annual Meeting of the Nova Scotia Medical Society and that it constitutes an intensive post-graduate course in pulmonary medicine.

Many of us can hark back to the days when we were let loose on an unsuspecting public to practice medicine, and can remember with what ability we were clothed when we came to make examinations for pulmonary tuberculosis, and many of us could wish even now that we were surer of finding what there is to find, and of interpreting our findings when we have made them.

Dr. Miller must have plenty of evidence of our weakness in that regard, and must see sufficient justification for the great expenditure of energy and money which his plan entails. It is a praiseworthy effort, a big undertaking, and one which entitles him to our fullest appreciation, co-operation and support.

Dr. Miller's circular to the profession is reproduced elsewhere in this number.

N. H. G.

THE ANNUAL MEETING—A DEMOCRATIC INSTITUTION.

AS the date for the Annual Meeting approaches, criticism of past meetings is being heard from many sources—from outside this City as well as from within it. There is some variation in the terms employed, some variation in the force of language with which views are expressed, but they all spell one thing—dissatisfaction. In many cases it has been sufficient to make good men decide that an annual meeting is no place for them, and they have refrained from going. Asked as to why they did not raise their voices to effect a correction of alleged faults, and the only thing that seems to be offered is a consuming charity. "Charity suffereth long,"—but *how* long? There is increasing evidence that being a *consuming* charity it is of necessity self-limited; in fine, that it is about burnt out. It is possible, of course, that that conclusion is wrong and that a better interpretation of the change which is now apparent is "not that I love Caesar less but that I love Rome more."

Then there is a complaint that there is no opportunity for members to be heard in any business coming before the meeting, and one well-known man very recently sighed for the days when those meetings were regarded as the parliament of our Society and when there was plenty and interesting display of forensic ability. Interest has waned he felt because measures are introduced and railroaded through, no time being allowed for their discussion; and this imposed rubber-stamp function of the Society was an added factor in keeping *him* away.

Though we are not in the confidence of our Medical Hierarchy, it is suggested that this years programme will be so arranged that the time allotted to business will show more—if not adequate—respect for those democratic principles which have been violated in the past. If thus, Democracy may be

expected to come into her own again, if indeed Charity has become affiliated to "Rome" rather than to "Caesar", then will the Kentville meeting occupy a big place in our annals. It is fully realized however, that little is achieved that is not fought for, and so the clank of armour is already to be heard. It looks like an interesting meeting.

N. H. G.

DR. BOGART AND THE ARTIFICIAL LARYNX.

NEWSPAPERS frequently get things garbled, especially medical things, but the Kentville reporter gave a pretty accurate report of the remarkable demonstration which Dr. Bogart so kindly gave of the use of an artificial larynx, at the Annual Meeting of the Valley Medical Society last month.

Dr. J. Bion Bogart, Nova Scotian born, M.A., Acadia, New York Surgeon, six years ago was obliged to have his larynx removed for cancer. The valley meeting was his first effort to attempt to speak in public since that event, yet he could be heard quite clearly all over the Cornwallis Room of the hotel as he criticized the paper which had just been given on Cancer of the mouth, occupying 15-20 minutes in doing so.

The apparatus consists of a very short stem which fits into the tracheotomy opening on which is a collar containing a valve. The valve is closed on expiration so that all expired air passes through the "larynx" and it is opened by the respiratory act. From this a horizontal tube extends forward to the vertical limb of the apparatus which contains the "larynx" the essential element of which is a reed. From the top of this another horizontal tube enters the mouth. This effects the connection between lungs and mouth via the larynx, as in the normal, except that in this case the larynx is artificial and several inches in front of the neck. The mouth forms the words then, as in the natural condition. Naturally, without the control of the reed, that we have of the vocal cords, there is no range to the voice, but that was not particularly noticeable as he exposed his surgical background by dogmatizing as surgeons do!

He was a very pleasant companion at dinner and informed the writer that he hoped to attend the Nova Scotia Medical Society meeting at Kentville in July. We bespeak for him a cordial welcome if he does.

N. H. G.

Public Health Nurses.

The *Halifax Herald* states that "Under the provisions of the Public Health Act, as amended at the present session of the Legislature, five public health nurses have been appointed as follows:—Miss Blanche Martell, L'Ardoise, for Richmond County and North Inverness; Miss Constance Wade, Hantsport, for Halifax County; Miss Anne Slattery, Port Morien, for Hants and Kings County; Miss Gertrude Anderson, Annapolis, for Annapolis and Digby Counties and Argyle and Barrington Municipalities, and Miss Harriet MacDonald, Sydney, for Lunenburg and Queens Counties and Shelburne Municipality. The only comment the BULLETIN has to make is, that if subsequent appointments are equally qualified with these now named, the service will meet with immediate success, will become very popular with the doctors and the public and further extension will soon be necessary.

PROGRAMME

TENTATIVE PROGRAMME ANNUAL MEETING, 1932.

Kentville, N. S., July 4th, 5th, 6th, 7th and 8th.

(Including Tuberculosis Refresher Course.)

Monday, July 4th.

7.30 P. M. Meeting of Executive.

Tuesday, July 5th.

9.30 A. M. Registration.

10.00 A. M. Opening and Routine Business, Report of Executive.

11.30 A. M. Civic Welcome.

12.00 Noon President's Address.

12.30 P. M. Adjournment.

2.30 P. M. Address "Prognosis in Circulatory Disorders", Dr. R. D. Rudolf, Prof. of Therapeutics, University of Toronto.
Discussion opened by Dr. C. W. Holland.

3.30 P. M. Address "Cancer of the Colon and Rectum", Dr. Frank Lahey, Lahey Clinic, Boston.
Discussion opened by Dr. J. G. McDougall.

4.30 P. M. Address "Severe Abdominal Injuries, Their Recognition and Treatment." Dr. J. W. Ross, Senior Demonstrator in Surgery and Clinical Surgery, University of Toronto.
Discussion opened by Dr. W. A. Curry.

5.30 P. M. Adjournment.

7.30 P. M. Address, "The Treatment of Fractures of the Long Bones", Dr. G. E. Haggart, Chief of Bone and Joint Service, Lahey Clinic, Boston.
Discussion opened by Dr. J. J. Roy.

8.30 P. M. Address, "The Use and Abuse of Digitalis", Dr. H. E. Britton, Moncton, Delegate from Medical Society of New Brunswick,
Discussion opened by Dr. M. R. Elliott.

9.15 P. M. Address, "Some Common Disorders of Infancy," Dr. F. W. Tidmarsh Charlottetown, Delegate from P. E. I. Medical Society.

Discussion opened by Dr. J. G. D. Campbell.

10.00 P. M. Adjournment.

Wednesday, July 6th.

- 9.30 A. M. Routine Business.
- 11.30 A. M. Paper "Meningitis" Dr. Eric McDonald, Reserve.
- 12.30 P. M. Adjournment.
- 2.30 to 6.30 P. M. Golf Tournament and Tea, Ken-Wo Country Club.
- 2.30 to 5.00 P. M. Motor Drive to Look-Off.
- 8.00 P. M. Banquet, Chairman Dr. A. S. Burns.
- Toast to The King.
- Introduction of Visitors and Responses.
- Speakers: Doctors Rudolf, Lahey, Haggart, Britton, Ross, Tidmarsh, the President-Elect.
- Awarding of Golf Prizes.
- Music.

The programme for Thursday and Friday is prepared by Dr. A. F. Miller and the meetings will be held at the Sanatorium.

Please advise Dr. J. P. McGrath if you wish reservations made at the Cornwallis Inn.

Rural Practitioners.

A Halifax Daily thus reports one of the members of the Local Legislature in his references to medical practice in this province.

"All serious medical and surgical cases were now sent to hospitals, he pointed out, and rural practitioners were only making initial visits in these cases, whereas hitherto they had attended them throughout the course of the afflications. The income of the rural doctor was gradually dwindling to the point where he could no longer afford to render the services which an up-to-date practitioner should afford his clientele.

Unless facilities in the way of community nurses were afforded rural doctors so that they could practice their profession in an intelligent way, their patients would all go to the hospitals, the Inverness member predicted, as the doctors would only become consignors of the sick to the hospitals of their choice.

Bringing the Department of Public Health under one capable authoritative head was approved by Dr. McGarry in complimenting the Government and the Minister.

Consequently, we should not disapprove or attempt to declaim any expenditure with the revenues of the Province, so long as no waste obtains," he declared.

The Birth of Percussion and Auscultation

AT the early age of thirty-two, Leopold Auenbrugger von Auenbrug, a young Viennese physician, born in 1722 at Gratza, son of a wine merchant, discovered a new method of examination, which later became one of the most useful, if not necessary, procedures. In 1761, he published the results of his researches under the title of "Inventum novum ex percussione thoracis humani sintern pectoris morbos," in which he described the method of percussion. His theorem was that the chest of a normal subject, when struck, sounded like that of a cloth-covered drum; a muffled sound or one of higher pitch than usual denoting an underlying pathological process. This theorem was, perhaps, based on his observation that when one taps a wine barrel below the fluid level, it sounds dull; if tapped above it, it sounds hollow.

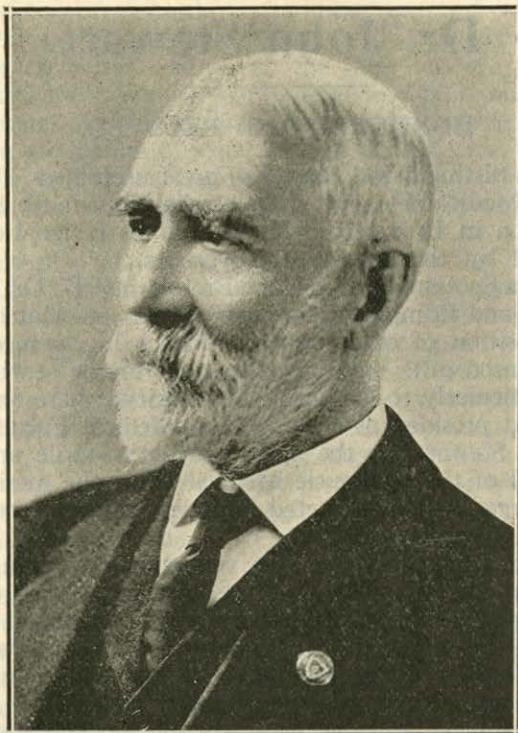
But fate was unkind to Auenbrugger. His work was entirely too far advanced, and was neither appreciated nor accepted. Not until the keen mind of Corvisart, physician to Napoleon, translated his work, was the importance of the art of percussion recognized.

Direct auscultation had long been practised. Hippocrates had even attempted to interpret the noises heard in pleurisy with effusion. Many practitioners, too, had listened to the heart sounds by applying the ear to the naked chest. This method, however, was objectionable to Laennec, particularly in cases of obesity and in cases where the patient was unclean. And certainly the method must have embarrassed the more modest ladies of the day.

In his "L'Auscultation Médiante," Laennec explains how he first came upon the idea of the stethoscope. He had watched children at play in the streets and observed the games they played. One of the most popular games that the urchins enjoyed was that of listening to pin scratches made on the end of a wooden beam by applying the ear to the other end. He says:

"In 1816 I was consulted by a young woman labouring under general symptoms of diseased heart, and in whose case percussion and the application of the hand were of little avail on account of the great degree of fatness. The other method just mentioned being rendered inadmissible by the age and sex of the patient, I happened to recollect a simple and well-known fact in acoustics, and fancied it might be turned to some use on the present occasion. The fact I allude to is the great distinctness with which we hear the scratch of a pin at one end of a piece of wood on applying our ear to the other. Immediately, on this suggestion, I rolled a quire of paper into a kind of cylinder and applied one end of it to the region of the heart and the other to my ear, and was not a little surprised and pleased to find that I could thereby perceive the action of the heart in a manner much more clear and distinct than I had ever been able to do by the immediate application of the ear."

He therefore devised a wooden stethoscope for himself and within the confines of his room manufactured others for the benefit of the students. The monumental work describing his discovery was entitled "De L'Auscultation Médiante, des Poumons et du Coeur, fonde principalement sur ce nouveau moyen d'Exploration." The first two editions of this work were published in two volumes and consisted of 1,300 copies. They sold for thirteen francs, the stethoscope sold for three.



TO DR. JOHN STEWART, RETIRING DEAN OF FACULTY
OF MEDICINE, DALHOUSIE

TO set a standard where the plane is high,
Which life's recruits may proudly emulate;
To take those graces that in phrases die,
And in heart-throbs make them articulate;

To lay one's service where the country's need
Erects her altar and her incense rises;
To give the Poor the best, nor deem the meed
Of speechless gratitude the worst of prizes;

To show how real Worth may wear the cloak
Of Modesty, and it not look amiss;
To be enshrined in hearts of humble folk,
And those of learned guilds,—Ah surely this

Is an attainment realized by few,
But manifest, but eminent in you!

—ALEXANDER LOUIS FRASER.

Dr. John Stewart

HONOURED AND BELOVED.

FOLLOWING a distinguished career of great usefulness, Dr. John Stewart, Dean of the Medical Faculty of Dalhousie University, has retired from active participation in University affairs, and his resignation has been regretfully accepted by the Board of Governors.

A native Nova Scotian, born in Cape Breton in 1847, Dr. Stewart, a graduate of Dalhousie and Edinburgh, for several years associated with Lord Lister, rose to a position of outstanding eminence in the medical profession. His widely recognized gifts have been devoted to the service of his native Province, and particularly to Dalhousie University, where for so many years he has taught and presided as Dean of the Medical Faculty.

In 1916, Dr. Stewart, at the age of seventy—virile and active—went to France as head of the Dalhousie Medical Unit, the meritorious achievements of which organization attracted notable attention, the Unit being reviewed by King George.

Now at the age of eighty-five this venerable physician, full of honors, is seeking well-earned retirement, and the unanimous wish of his associates and friends in Nova Scotia, and indeed throughout Canada, is that for him life's eventide will be crowned with happiness and continued good health. Dr. John Stewart has lived long and served nobly, and his name stands high on Nova Scotia's proud roll of distinguished sons.

Dr. H. G. Grant, M.D., C.M., who will succeed Dr. Stewart as Dean of the Faculty of Medicine, is a graduate of Dalhousie, and has a distinguished record of service as a special field member of the International Health Division of the Rockefeller Foundation. Dr. Grant will also occupy the position of Professor of Public Health at Dalhousie, which office has remained vacant since the death of Dr. W. H. Hattie, and will be welcomed in his new and responsible duties by all who know his unusually fine qualifications.

—*Halifax Herald.*

DALHOUSIE CONVOCATION

A College Convocation altho an annual affair always appeals to an ever increasing number of persons and that at Dalhousie on May 10th. was no exception. Under date of May 11th, the Halifax Herald spoke editorially as follows:—

“Yesterday's gathering at Dalhousie was favored with the delightful weather whose constant recurrence there, just about the time of graduation has been the theme of many a college jest. The spacious new Gymnasium was thronged with visitors, and the manifold tokens of improvement—to be seen on even a casual glance over the other buildings and the grounds—were noticed with universal admiration. From year to year has been marked that steady progress, “unhasting but unresting.” It continuously cheers the hearts of graduates of long ago, as they revisit the scenes of their youth, and observe that while the spirit of the institution is still the same, its equipment

has grown so much more generous and its opportunities are so much ampler.

The proceedings of yesterday afternoon, watched with eager interest by a huge concourse of relatives and friends of the new graduates, had the usual impressive character. However one may become accustomed to it, one can hardly miss the solemn side of that ceremonial, hundreds of young men and women standing at the threshold of their life careers, and receiving the imprimatur of an institution of learning. At such a time, as Macaulay once said, recollections and hopes crowd upon the mind together. Every old Dalhousian yesterday afternoon in that beautiful Gymnasium, must have felt the same.

In the President's address, tribute was paid to the Dalhousie veterans who since last Convocation had either been called by death or had reached the limit of their active work and had sought the well-earned ease of retirement. The familiar figure of Dr. W. H. Hattie was missed from its accustomed place on the platform, and fitting acknowledgement was made of the tireless service which he had rendered until the very last few weeks of his life. Dr. John Stewart, whom all in this province and countless outside delight to honor, was in his old position to present the graduants in Medicine, and the prolonged cheering with which he was greeted when he rose was an ovation from the very heart of the audience. May he have many happy days still to come though his active responsibilities at the college are over.

After the conferring of degrees upon a long procession of students in all the faculties, and after distribution of medals and other rewards for signal merit, the President called upon Premier Harrington to address the graduates. He spoke in terms appropriate to the occasion, about the peculiar difficulties of the present time, and the special demand which the world must make for long years to come upon the intelligence, the industry, and the self-sacrificing devotion of those who have been specially trained. In short, the challenge of the hour to the young, robust, clear-eyed manhood and womanhood that emerges each year from our universities. It was a timely word, and a like appeal was in the terse, piercing paragraph with which the President concluded his own speech to the graduating classes. To summarise this would be to spoil it, so we quote it in full. President Stanley said:

"It is a difficult world. And yet I feel confident, strangely confident perhaps, that you are not going to be daunted. There were battles and hard knocks before you were born, and your ancestors shared a good many of them. You are of good tough stock. You will show once again that battles are not always settled on the first day. You will show once again that it is possible to lose all the battles and yet win the campaign. And you will show, I am sure, that neither victory nor defeat will make you cynical about human nature, and the right ordering of the world. You will remember, too, that life even at its hardest has its amusing side. Laughter, good-humored laughter, is the cure for many ills. May Heaven bless you in every good cause."

Could there be better wisdom, better expressed, for this trying hour, to young and ardent and generous spirits? President Stanley yesterday afternoon had indeed the "word in season". And among the features of good fortune which we may rightly add to his list as having come to the university since last Convocation Day was surely the choice of a President so highly endowed for the great task to which he has set his hand."

Medicine and Surgery graduates were R. M. Caldwell, Yarmouth; N. S. Carrozza, Brooklyn, New York; L. E. Cogswell, Berwick; J. D. Clolquhoun, Salt Springs, Pictou Co.;

C. B. Crummey, Greenspond, Newfoundland; E. M. Curtic, Princeport; A. S. Douglas, Stanley, N. B.; R. B. Eaton, Wolfville; T. L. Farmer, Kinkora, P. E. I.; Z. M. Flinn, Prescott, Arizona; A. V. Fraser, Truro; F. M. Fraser, Halifax; R. H. Fraser, New Waterford; M. L. Kimmel, Jersey City, N. J.; J. A. Langille, Tatamagouche; D. W. McDonald, Sydney; A. G. MacLeod, Halifax; M. E. Margulies, Brooklyn, N. Y.; F. V. Maxwell, Hopewell; C. F. Messenger, Middleton; T. T. Monaghan, Charlottetown; J. C. Murray, Tatamagouche; W. Offenkrantz, Brooklyn, N. Y.; O. Rogol, Seymour, Conn.; L. J. A. Rosenfeld, Brooklyn, N. Y.; F. I. Schwartzberg, Paterson, N. J.; J. T. Smith, St. John's, Newfoundland; A. L. Sutherland, Sydney; R. G. A. Wood, Lunenburg; M. Zapata, Mayagyez, Porto Rico; Victor Fumoso, Brooklyn N. Y.; F. J. Hebb, Halifax; S. S. Singer, Jersey City, N. J.; received his degree in absentia, and F. J. Cheesman, Brooklyn, N. Y., was conferred during the session.

The summer vacation exodus is in full swing and thousands are flocking to country and seaside in search of relaxation and pleasure.

Many vacations, however, are doomed to end unhappily through illness and accident, and physicians will be called upon to treat innumerable traumatic injuries of the muscles, tendon sheaths, bursae and synovial structures about the joints; sprains, abrasions, lacerations, dermatitis caused by poison ivy and other plants, sunburn, etc.

In these cases physicians will find Antiphlogistine one of the most useful and efficient all-round dressings.

In addition to its antiseptic, analgesic and osmotic qualities, Antiphlogistine by stimulating the flow of blood to the parts, favors the absorption of infiltrations, exudations and adhesions.

Injuries resulting in blood and fluid in the various synovial sacs are particularly responsive to Antiphlogistine; and the associated oedema and stiffness of a joint, following fracture, are usually much relieved.

Physicians are invited to write to the Denver Chemical Mfg. Co., 163 Varick Street, New York, for sample and literature.

Fads are Wonderful.

We hae a lot o' Doctors,
 That fa's for foolish fads,
 Wha may be ca'ed guid toters,
 For th' sale o' lectic pads,
 Bit th' ane wha brings th' smiles
 An' tickles tae th' toes,
 Is th' ane wha's curin' piles,
 By suction in th' nose.

An' theres th' ane wha's cranky,
 An' aims tae modify,
 Th' laird, th' lean, th' lanky,
 An' e'en th' way tae die.
 He changes things aroon' about,
 An' makes for us a thing tae tote,
 Wha lifts yer piles wh's hangin' oot
 By suction in th' throat.
 Ah weel, guid nicht. *Weelum.*

Department of the Public Health

PROVINCE OF NOVA SCOTIA

Minister of Health - - - HON. G. H. MURPHY, M. L. A., Halifax

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

SPECIAL DEPARTMENTS

Tuberculosis - - - - -	DR. P. S. CAMPBELL - - - Halifax
	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

MEDICAL HEALTH OFFICERS ASSOCIATION

President - - - - -	DR. T. R. JOHNSON - - - - -	Great Village
1st Vice-Pres. - - - - -	DR. M. J. WARDROPE - - - - -	Springhill
2nd Vice-Pres. - - - - -	DR. A. E. BLACKETT - - - - -	New Glasgow

COUNCIL

DR. F. O'NEIL - - - - -	Sydney
DR. R. L. BLACKADAR - - - - -	Port Maitland

MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

Braine, L. B. W., Annapolis Royal.
Kelley, H. E., Middleton (Town and Co.).
White, G. F., Bridgetown.

ANTIGONISH COUNTY

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

CAPE BRETON COUNTY

Tompkins, M. G., Dominion.
McLeod, F. T., New Waterford.
McKeough, W. T., Sydney Mines.
Bruce, Archibald, Glace Bay.
McLeod, J. K., Sydney.

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

COLCHESTER COUNTY

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

CUMBERLAND COUNTY

Bliss, G. C. W., Amherst.
Drury, D., Maccan (County).
Gilroy, J. R., Oxford.
Hill, F. L., Parrsboro.
Rockwell, W., River Hebert, (M. H. O.
for Joggins).
Walsh, F. E., Springhill.

DIGBY COUNTY

McCleave, J. R., Digby.
 Harris, W. C., Barton (County).
 Doiron, L. F., Little Brook (Clare Mcpy)

GUYSBORO COUNTY

Brean, H. J. S., Mulgrave.
 Elliott, H. C. S., Guysboro (County).
 McGarry, P. A., Canso.
 McDonald, J. N., Sherbrooke (St. Marys).

HALIFAX COUNTY

Almon, W. B., 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.).
 Shankell, F. R., Windsor, (Hantsport
 M. H. O.)

INVERNESS COUNTY

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

KINGS COUNTY

Bethune, R. O., Berwick.
 Bishop, B. S., Kentville.
 Burns, A. S., Kentville (County).
 DeWitt, C. E. A., Wolfville.

LUNENBURG COUNTY

Davis, F. R., Bridgewater (County).
 Stewart Dugall, Bridgewater.
 Cochran, W. N., Mahone Bay.
 Zinck, R. C., Lunenburg.
 Zwicker, D. W. N., Chester (Chester
 Mcpy.).

PICTOU COUNTY

Blackett, A. E., New Glasgow.
 Chisholm, H. D., Springville, (County)
 McMillan, J. L., Westville.
 Stramberg, C. W., Trenton.
 Dunn, G. A., Pictou.
 Whitman, G. W., Stellarton.

QUEENS COUNTY

Smith, J. W., Liverpool (Town and Co.)
 Hennigar, C. S., Liverpoyl (County)

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELburne COUNTY

Brown, G. W., Clark's Harbor.
 Churchill, L. P. Shelburne (County).
 Fuller, L. O., Shelburne.
 Wilson, A. M., Barrington (Mcpy).

VICTORIA COUNTY

Gillis, R. I., Baddeck.

YARMOUTH COUNTY

Blackadar, R. L., Port Maitland, (Yar.
 Co.).
 Lebbetter, T. A., Yarmouth
 O'Brien, W. C., Wedgeport.
 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

Halifax, N. S., May 9, 1932.

Dear Doctor:

Accompanying this letter are the regulations under which our new Provincial Nursing Staff will work.

I should greatly appreciate your reading these regulations over carefully so that you may know the different points of contact the Nurse makes with the health activities of the Province. I need hardly say that I have been emphasizing strongly the necessity for the most cordial co-operation between this service and the medical practitioners of the province. I think our nurses are going out impressed with this axiom for success.

May I ask of you and our brother members of the medical craft all over the province that you extend to these nurses your best co-operation and kindly goodwill in order that this service may become, as it should be, a powerful health adjunct in our province.

With kindest personal regards, I remain,

Yours sincerely,

G. H. MURPHY, M.D.,
Minister of Public Health.

INSTRUCTIONS FOR NURSES

The work of the Department is being organized in such a way that the nurses are "generalized" health nurses, that is each nurse shall do all the Public Health Nursing in a certain area. This will include prenatal, child welfare, school, communicable disease and clinic work.

It is evident that no definite rules of conduct can be laid down to suit all cases and that situations will arise which these or any other rules cannot cover; nevertheless it is thought advisable to prepare this outline for the guidance of the nurse in the work which she will be expected to carry on in her district.

It is essential that the nurse realize at all times, her approach to the case is only possible through the family physician. In all cases it is absolutely imperative that he be consulted, and that the nurse obtain from him his consent before undertaking any approach to any case.

The nurses' duties may be placed under the following heads:—

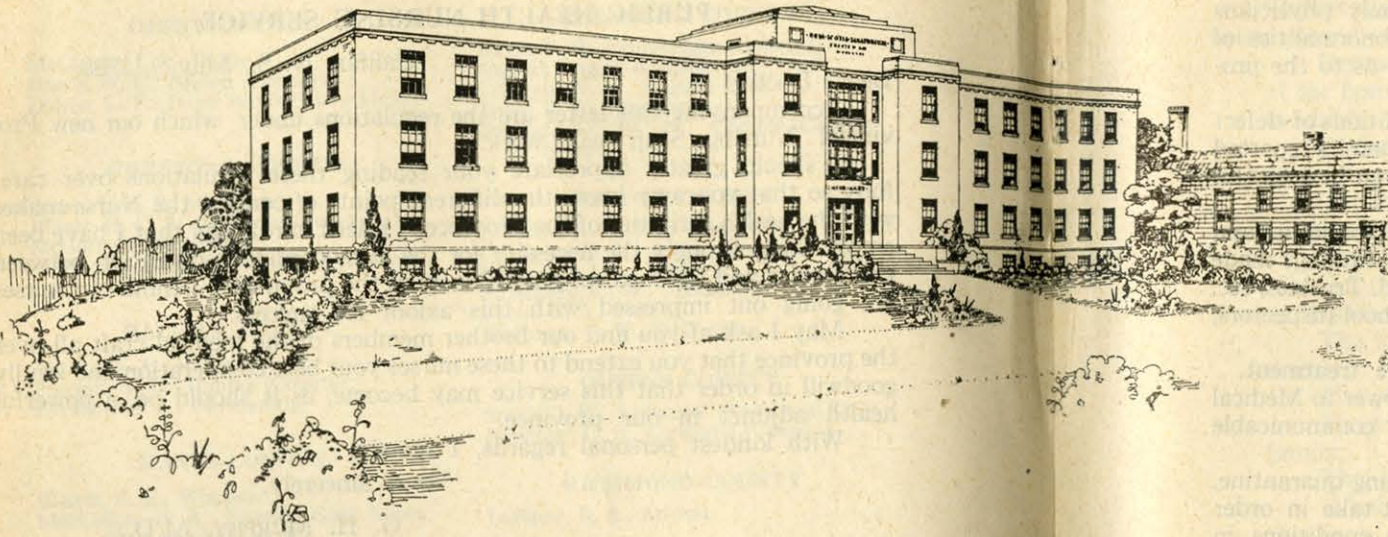
1. School work. 2. Clinic work. 3. Home visiting. 4. Record keeping. (1). The nurse will arrange to visit as many schools as possible each week, covering her whole district with the least possible delay. Each pupil should be examined with special reference to the condition of skin, eyes, ears, teeth, throat, scalp, cleanliness and general physical behavior. Obviously children apparently ill or defective should receive special attention.

A defective, unclean or neglected child must never be used for demonstration purposes or in any way held up for ridicule before the class.

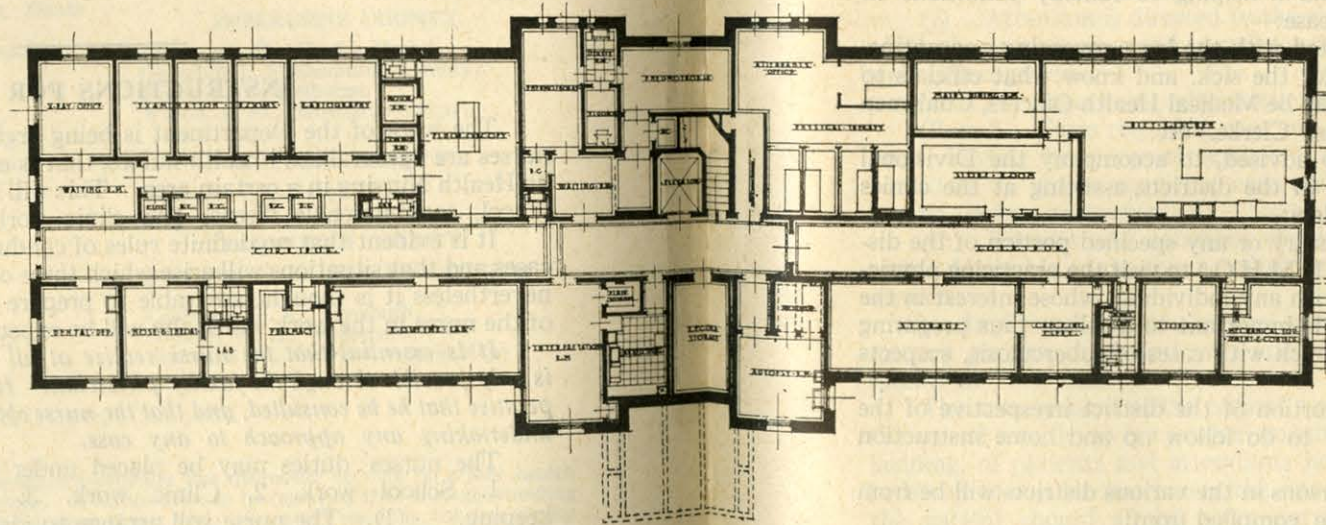
An effort should be made to have conditions that may be detrimental to the health of the pupils, corrected.

The organization of Junior Red Cross and the serving of hot lunches should be encouraged. Simple, brief health talks are to be given the pupils (For the assistance of nurses in this particular a small book will be supplied).

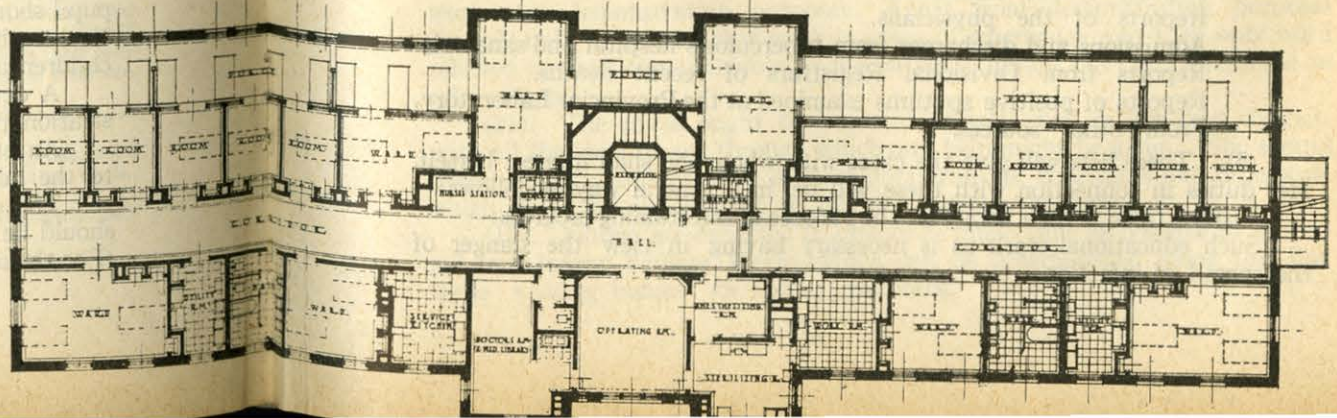
(Continued on page 320)



New Infirmary,
Nova Scotia Sanatorium
Kentville.



Ground Floor Plan,
New Infirmary.



Third Floor Plan,
New Infirmary.

After finishing the work of a school or schools, the family physicians are to be interviewed and all suspected diseases, defects or abnormalities of the pupils are to be referred to him and his opinion obtained as to the procedure desirable for reports and corrections.

The consent of the physician having been obtained, conditions of defect which seem to be injurious to the health of the pupils should then be reported to the parents, in a diplomatic way and in private; advice given in a tactful manner is usually well received.

General sanitary conditions obtaining about the school building and outbuildings should be looked into and a report of unhygienic findings made to the proper authorities, as Medical Health Officer, Local Board, Trustees, etc.

The nurse should at all times consult and co-operate with school Inspectors, Teachers, Trustees, etc.

The nurse must never attempt a diagnosis or prescribe treatment.

(2). The nurse is expected to give every assistance in her power to Medical Health Officers and physicians in controlling outbreaks of communicable diseases;

On the request of the physician she will assist in maintaining quarantine, in teaching sufferers from infectious diseases the care they must take in order to prevent spreading those diseases, and in helping to remedy conditions in communities that predispose to disease:—

She should make herself acquainted with the laws governing quarantine, isolation, the securing of treatment for the sick, and know what officials to communicate with. These officials may be Medical Health Officers, Chairmen of Local Boards, Mayors, Wardens, Clerks, etc.

(3). She will be prepared, if so advised, to accompany the Divisional Medical Health Officer on his visits in the districts, assisting at the clinics or otherwise acting under his orders:—

She may be sent through the country or any specified portion of the district, before the visit of the examiner (D.M.H.O.) to visit the practicing physicians and at their suggestion consult with any individuals whose interest in the visit to be made by the examiner it is important to awaken, thus preparing the way for the examiner to get in touch with cases of tuberculosis, suspects or contacts:—

She may be sent through any portion of the district irrespective of the presence or absence of the examiner to do follow up and home instruction work.

(4). Lists of the tuberculous persons in the various districts will be from time to time sent. These lists are compiled from:

Reports of the examiners.

Reports of the physicians.

Admissions and discharges from tuberculosis hospital and sanatoria.

Reports from Divisional Registrars of recent deaths.

Reports of positive sputums examined at the Provincial Laboratory.

From other sources.

(5). These lists will give the cases with whom she shall interest herself. Her duties in connection with these will be, in a general way as follows:—

Visiting them in their homes for the purpose of ascertaining progress:—

Such educational work as is necessary having in view the danger of the spread of infection;

Endeavouring to ascertain to what extent the advice of the physician is being carried out;

Demonstrating a simple practical technique, which the occupants of the home are able to carry out; and making use of such articles as are available in the home;

Endeavouring to bring about the examination of suspects and contacts;

Obtaining sputum specimens to be forwarded to the Provincial Laboratory;

Obtaining information for special reports.

(6). In making out special reports attention should be paid to the following points:

The knowledge the patient has of procedure necessary to limit the disease;

The desire of the patient to follow instructions;

The extent to which the patient can be maintained by himself or his family;

The extent to which local help is available;

If help from another source is required, the extent of this help and the form it should take.

(7). Attention is directed to the classification of the cases of tuberculosis which the nurse is expected to make or assist in making as a result of her study and investigation.

Class 1. Cases being adequately looked after and requiring no assistance.

Class 2. Cases requiring care and needing assistance, institutional treatment having been recommended.

Class 3. Cases requiring care and needing assistance, home treatment having being recommended.

(8). Reports and notations should be made as the result of a personal visit. If unable to do this a report from the attending physician should be secured.

(9). In doing home educational work special attention is to be given the sputum positive cases and very special attention to such cases where home conditions are bad.

The arrangement of the patient's room or porch, the disposal of sputum, the use of mouth covering when coughing or sneezing, the care of dishes, of bedding, of patients and attendants hands, of diets, of air and sunlight, the necessity of regular rest hours, the importance of keeping children away from the patient should all be given particular consideration.

(10). The time given to bedside nursing must be limited to emergency work and demonstration purposes. Apart from demonstration purposes she will only undertake this work in cases of emergency and then only until relieved or until some member of the patient's family has been instructed to take charge.

(11). The nurse ought to acquaint herself, each in her own district, with all the local means through which any help might be given. She should make friendly contact with all local organizations, charitable and otherwise, which might be appealed to or might be willing to assist.

(12). Nurses are expected to devote as much time as possible to Maternal and Infant Welfare Work—Much can be accomplished along this line while visiting homes for other purposes.

(13). Not the least of the duties of the nurse is the keeping of accurate detailed records of her work. Each case whether seen in the school, home or clinic should be carefully written up with special notes on the home conditions and family history.

(14). Nurses are requested to wear suitable clothes when attending to their duties and attention to deportment is at all times essential.

Good nursing technique is to be maintained.

(15). Nurses are to give no information regarding illness or condition of patients except to the proper authorities. All records are to be regarded as strictly confidential and must be kept from the eyes of the public. Nurses must adhere closely to nursing ethics.

(16). Nurses are expected to keep the Superintendent of Nursing service informed where they may be found each week and local arrangements should be made for the prompt delivery of telegraph and telephone messages.

(17). All correspondence is to be addressed to the Department of the Public Health, Metropole Building, Halifax, N. S.

(18). Any matter not covered in these instructions is to be referred to the Divisional Officer, or the Department of the Public Health.

(19). Any difficulties or differences occurring between nurses and local authorities or persons, (we feel there should be none) must at once be reported to the Divisional Officer or the Department of Public Health. The proper official will then be delegated to deal with the matter.

(20) Expense accounts with vouchers for all amounts of one dollar or over, as well as reports are to be mailed promptly each Monday morning, to the Department of the Public Health.

It is expected that every effort be made to keep expenses as low as possible, consistent with efficient work.

(21) After a full year of service is completed, the nurse is entitled to a vacation of three weeks.

Some time ago we mentioned in these pages that the Department of Public Health was augmenting the Nursing Service of the province and we take pleasure in this issue of the BULLETIN of giving further information on this matter. The newly appointed nurses are:—Miss B. Martell, Miss Constance Wade, Miss A. Slattery, Miss G. Anderson, Miss H. MacDonald, and for ten days they were all at Halifax attending a series of lectures and discussions upon the work they were going to do. This proved to be of sterling value and a great deal of interesting data has been gleaned which will be useful to all concerned.

The following is a copy of the programme of lectures:—

PROGRAMME

NURSES' REFRESHER COURSE.Halifax, May 3rd, 1932.

TUESDAY, MAY 3, 1932:

- 10.00 a.m. Address—Honourable G. S. Harrington, Premier of Nova Scotia.
2.00 p.m. "What the public Health Department is Attempting"—Honourable G. H. Murphy, M.D., Minister of Health.

WEDNESDAY, MAY 4, 1932:

- 10.00 a.m. "Institutional Care of the Tuberculous"—Dr. C. M. Bayne, Divisional Medical Health Officer.
2.00 p.m. Talk—Dr. E. Brison, Provincial Psychiatrist.
4.00 p.m. "Infant Feeding"—Dr. M. J. Carney, Asst. Professor of Medicine, Dalhousie University.

THURSDAY, MAY 5, 1932:

- 10.00 a.m. "Communicable Diseases"—Dr. J. J. MacRitchie, Divisional Medical Health Officer.
11.00 a.m. "Home Care of the Tuberculous"—Dr. C. M. Bayne, Divisional Medical Health Officer.
2.00 p.m. "Tuberculosis Control"—Dr. P. S. Campbell, Divisional Medical Health Officer.
4.00 p.m. Talk—Dr. G. A. MacIntoch, Superintendent, Victoria General Hospital.

FRIDAY, MAY 6, 1932:

- 10.00 a.m. "Focal Infection"—Hon. G. H. Murphy, M. D., Minister of Health.
11.30 a.m. "The Work of the Public Health Nurse"—Dr. P. S. Campbell, Divisional Medical Health Officer.
2.00 p.m. Talk—Miss M. E. MacKenzie, R.N., Superintendent of Nursing Service.
4.00 p.m. Talk—Dr. J. G. MacDougall, Professor of Surgery, Dalhousie University.

SATURDAY, MAY 7, 1932:

- 10.00 a.m. Visit to Public Health Laboratory—Talk by Dr. D. J. MacKenzie, Director of Laboratory.

MONDAY, MAY 9, 1932:

- 10.00 a.m. "What Governments of Canada are doing for Public Health"—Dr. P. S. Campbell, Divisional Medical Health Officer.
12.00 a.m. Round Table—Detail Discussion of Nurses' Work.
2.30 p.m. Talk—Dr. Thompson, Dean Dental Faculty, Dalhousie University.

TUESDAY, MAY 10, 1932:

- 10.00 a.m. Junior Red Cross—Miss E. O. R. Browne, R. N.
11.30 a.m. Round Table—The Public Health Act.
2.30 p.m. Round Table—Forms and Reports.

WEDNESDAY, MAY 11, 1932:

- 10.00 a.m. Round Table—Admissions to Institutions.
2.00 p.m. Round Table—Miscellaneous.
3.30 p.m. Talk—Dr. K. MacKenzie.

THURSDAY, MAY 12, 1932:

- 11.00 p.m. Clinical records and discussion.
12.00 p.m. The Hon. Dr. G. H. Murphy.—Closing address.

Communicable Diseases Reported by the Medical Health Officers for
the Period April 21st to May 18th, 1932.

County	Infantile Paralysis	Meningitis	Chicken Pox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever.	Paratyphoid	Tuberculosis, pul.	Tuberc. other forms	Whooping Cough	V. D. G.	V. D. S.	TOTAL
Annapolis.....	2	..	..	1	..	..	..	..	10	..	..	13
Antigonish.....	6	..	8	..	..	..	..	..	..	20
Cape Breton.....	1	..	5	..	..	..	..	..	..	..	..	..	..	..	..	36
Colchester.....	5	..	22	..	..	7	1	..	1	..	..	..	..	57
Cumberland.....	1	15	..	20	21	..	..	..	..	..	..	1	57
Digby.....	1	..	..	..	2	..	..	..	..	2	..	..	5
Guysboro.....	13	..	1	1	..	..	1	..	..	1	1	18
Halifax City.....	4	..	2	..	10	..	2	..	..	4	..	1	23
Halifax.....	2	..	..	..	..	..	..	..	2
Hants.....	1	..	..	..	..	..	..	..	1
Inverness.....	1	..	15	2	..	..	1	..	..	3	..	22
Kings.....	4	..	..	..	..	..	..	..	..	4
Lunenburg.....	2	..	..	..	..	..	..	..	2
Pictou.....
Queens.....	1	..	10	..	..	2	..	1	..	..	..	..	1	15
Richmond.....
Shelburne.....	3	..	2	..	..	1	1	..	..	..	7
Victoria.....
Yarmouth.....
TOTAL.....	1	6	10	63	5	46	17	45	1	6	1	16	4	4	..	225

RETURNS VITAL STATISTICS FOR MARCH, 1932.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis.....	10	12	8	8	14	1
Antigonish.....	7	8	0	3	6	1
Cape Breton.....	118	104	17	37	49	15
Colchester.....	25	20	10	15	12	1
Cumberland.....	43	32	13	17	16	5
Digby.....	15	16	4	11	17	1
Guysboro.....	22	16	3	11	13	3
Halifax.....	148	124	48	92	70	13
Hants.....	29	24	7	17	7	0
Inverness.....	20	18	3	13	19	0
Kings.....	19	20	10	18	20	0
Lunenburg.....	34	25	18	18	17	1
Pictou.....	47	28	4	25	23	4
Queens.....	7	11	1	5	3	0
Richmond.....	11	8	0	5	7	0
Shelburne.....	8	17	3	6	9	2
Victoria.....	9	7	0	3	4	0
Yarmouth.....	18	14	3	14	10	1
	590	504	152	318	316	48
TOTALS.....	1094		152	614		48

This month we have to report:

The appointment of Ernest Ettinger of Shubenacadie to be Division Registrar of Births and Deaths for Registration Division No. 11 in the County of Hants, in place of Mrs. Kate Logan, deceased.

Hospital Service

MISGUIDED PHILANTHROPY.

“ONE of the saddest spectacles of our modern civilization is the provision of great sums of money left in trust for what may be called anti-social purposes. In a recent survey of this subject, Dr. George H. Mathae*, suggests that persons of great wealth would do well to consult competent advisers before leaving money for any purpose in the medical field. As a fine example of misguided philanthropy, nothing could be more obvious than the bequeathing of large sums for the perpetuation of the campaign against animal experimentation. Such a campaign is anti-social—against the best interests of mankind. Nevertheless, it is difficult, if not impossible, to set aside the purpose of such a trust.

Dr. Mathae feels that there is no sphere of activity in which donors are so ill advised in the selection of the object of their charity as the field of medicine. Frequently vast sums are left for medical purposes to be administered under the direction of lay directors. In such institutions the physician merely acts as a tool for supplying medical science. Sums of money to be devoted to free medical clinics, dispensaries or hospitals may be anti-social in their effects on the progress of the profession and in their pauperization of great numbers of individuals.

There must be a saturation point in the building of schools, hospitals and dispensaries, just as there is a saturation point in the building of office buildings. To-day many of our great cities are suffering from an oversupply of office space, so that such structures constitute anything but a good investment. For the same reason some communities are overbuilt with hospitals, whereas others are actually suffering from the lack of a sufficient number of hospital beds. The economist knows that scientific distribution is one of the greatest problems of our modern civilization.

In his consideration of the subject, Dr. Mathae emphasizes particularly the overbuilding of free clinics in communities in which the city, county or state should assume the medical care of the indigent. A physician may reasonably look to the city, county or state for some type of remuneration for medical service given to the indigent, in prestige, research or teaching opportunities. Far too often, all that he receives from free clinics established by private philanthropy is hard work.”

*Mathae, G. H; Misguided Philanthropy, J. Missouri, M. A. 29:160 1932.

Arrangements leading to the erection by the Provincial Government of a tuberculosis annex at St. Martha's Hospital, Antigonish, are pretty well completed, and it is understood that within a few days tenders will be called for by the hospital board. The annex will be a frame building three stories high, well supplied with sun porches, and in size 110 x 30 feet.—*Casket*.

May and June see graduating exercises for most of the hospital training schools. At St. Martha's Hospital this function will this year go over to the month of September. This graduating class numbers ten. The graduating class at the City of Sydney Hospital received diplomas for six student nurses who had completed their three years' course. The graduating class of St. Joseph's Hospital, Glace Bay, numbered nine.

Grace Maternity Hospital, Halifax, graduated ten nurses on May 10th. Dr. P. A. McDonald presented the hospital report of the work done last year. Dr. C. S. Morton administered the Florence Nightingale Pledge. Dr. H. K. McDonald gave the address to the graduates, intimating that "service" should be the life motto of each nurse.

The Board of Commissioners of Highland View Hospital, Amherst, have decided to appoint a secretary-treasurer who shall be charged with the business of collecting accounts. This hospital reports over \$7,000 in uncollected accounts which would meet a deficit of \$4,200 after various grants had been received. It is stated that two problems were considered by the Board,—(1) the responsibility of municipalities for patients who are unable to pay for treatment and (2) patients unable to pay for private wards but who insist they should be placed there instead of in public wards. It was felt that in the latter instance the patients should not be the dictators.

The BULLETIN was a little premature in announcing that the contract had been signed for the annex to the Sydney City Hospital. It appears that the final details regarding employment and buying of materials, etc., were not agreeable to the Sherbrooke, Que. concern, hence a local concern took over the contract.

Miss Sadie MacNeil, R.N. of New Waterford has been appointed night supervisor of the local hospital there. She was graduated from St. Martha's Hospital, Antigonish, in 1931.

The Nurses' home at the New Waterford Hospital which has been under construction for several months is now completed and is now occupied by the entire nursing staff.

Graduating Nurses.

The Ladies' Auxiliary of the City of Sydney Hospital met in special session, in the Nurses' Home, on Tuesday afternoon, when final arrangements for the annual dance, given in honor of the graduating class, were made. The graduating exercises are scheduled to take place, in the Lyceum Theatre on Wednesday, the eleventh of May and the dance will follow on the twelfth, Thursday.

The 1932 class includes the following members, who will receive their diplomas upon that evening.

Miss Helen Spencer, Miss Ethel LeDrew, Miss Bertha Huntington, Miss Mabel MacNeil, Miss Haidee Thurgood, Miss Anne Urquhart.

The chaperones for the dance, for which special arrangements are being made, will be as follows:

Mrs. William Fitzgerald, Mrs. Arthur MacDonald, Mrs. J. D. Matheson, Mrs. W. G. MacDonald, Mrs. M. L. Ingraham, Mrs. Edward McPeherson, Mrs. J. A. McLellan, President St. Rita Hospital Auxiliary.

Inverness.—Under the auspices of the St. Mary's Hospital, a delightful social evening was held here last week by the nursing staff of the institution in the Labor Temple hall. The hall was suitably decorated for the occasion, and many guests were in attendance. The chaperons were: Mrs. J. A. MacDonald, Mrs. Donald McLellan and Mrs. Victor Doyle. The members of the nursing staff in charge of the evening's programme were Miss Margaret McKenzie, R.N., Miss Bridget Keenan, R.N., Miss Dorothy Chiasson, R.N., Miss Janet McDonald, R.N., and Miss Mary E. O'Connor, R.N.

A wedding that greatly interested the doctors and nurses of New Waterford and Sydney was that of Miss Margaret MacDonald, R.N. for a number of years night supervisor of the General Hospital, New Waterford, to Mr. Daniel McDougall of Sydney. The event took place early in May and just before the event the bride was remembered by her associate nurses in the presentation of a walnuttea wagon and by the medical staff a case of flat silver. Dr. F. T. McLeod made the presentation.

Included in a report announcing the names of the Graduating class of Nova Scotia Hospital for 1932, were: Misses P. Russell, M. Furlong, M. Myers, M. Murphy, E. McIntosh; Messrs. F. MacPhee, E. Balcom, J. MacKay, and M. Oxley.

Winner of the DeWolfe Medal was F. MacPhee; Miss P. Russell won the prize for the highest marks obtained for practical work; and Miss M. Myers, the prize for surgical nursing.

At the recent annual meeting of the Alumnae of the Victoria General Hospital, Miss Claire Otto was elected President, other officers elected were: Vice-President, Miss Ethel Warner; Secretary, Miss Laura Page; Treasurer, Mrs. Glen Donovan. Mrs. W. J. Smith retiring President, read the report of the year's activities.

At the graduation of the Nurses at St. Joseph's Hospital, Glace Bay, the principal address was given by Mr. L. D. Currie, President of the Nova Scotia Hospital Association.

Miss Gertrude Anderson, R.N., Annapolis Royal, left Friday for Halifax, where she will be the guest of her sister, Mrs. W. Mitchell, before entering upon her new duties as a Public Health Nurse under the Provincial Department. Miss Anderson, for two years served in the Queen Alexandria's Reserve Nursing Service in France, and later as a Victorian Order Nurse, of the Montreal General in Montreal.

On May 17th, eight nurses graduated from the Yarmouth Hospital. The chief speaker was the Hon. George H. Murphy, Minister of Health. Dr. L. M. Morton contributed to the music of the occasion.

MAY GRADUATES OF HOSPITAL NURSES.

St. Joseph's Hospital.

Miss Margaret Meagher, Canso, N. S.
 Miss Mildred Giliis, Glace Bay.
 Miss Christine Morrison, Glace Bay.
 Miss Elizabeth Campbell, Glace Bay.
 Miss Helen Brophy, Glace Bay.
 Miss Esther McDonald, Glace Bay.

Miss Mary Burns, Dominion No. 11,
 Glace Bay.
 Miss Elizabeth Walsh, Glace Bay.
 Miss Katherine McEachern, Inverness.
 Mr. Bernard McKinnon, Glace Bay.

General Hospital.

Miss Norma McKinnon, Glace Bay.
 Miss Rita McKenzie, Glace Bay.
 Miss Annie Ferguson, Broughton.
 Miss Annie Cochrane, Glace Bay.
 Miss Margaret Morris, Glace Bay.
 Miss Katie Pink, Glace Bay.

Miss Catherine Power, Glace Bay.
 Miss Dolena McPherson, Dominion.
 Miss Thelma Holmes, Glace Bay.
 Miss Abbie Beaton, New Aberdeen.
 Miss Willena McRae, Glace Bay.
 Miss Clara McKinnon, Glace Bay.

BRANCH SOCIETIES.

VALLEY MEDICAL SOCIETY

Middleton, N. S.,
 May 13th, 1932.

The twenty-fifth Annual Meeting of the Valley Medical Society was held at the Cornwallis Inn, Kentville, N. S. on Friday, May 6th, 1932.

The following officers were elected for the coming year:

President:—Dr. W. R. Dickie, Digby, N. S.

Vice-Pres.:—(Annapolis Co.) Dr. L. B. W. Braine, Annapolis Royal.
 (Digby County) Dr. W. C. Harris, Barton, Digby Co.
 (Kings County) Dr. G. R. Forbes, Kentville, N. S.

Secretary-Treasurer, Dr. H. E. Kelley, Middleton, N. S.

The representatives nominated to the Executive of the Medical Society of Nova Scotia were: (1) Dr. H. E. Kelley, (2) Dr. C. J. W. Beckwith, Kentville; Middleton.

The meeting was well attended and enthusiastic and we wish to thank the General Secretary for his co-operation in securing the services of Drs. Corston and Gosse whose excellent papers were greatly appreciated by the members

Yours very truly,

H. E. KELLEY.

Sec'y-Treas.,
 Valley Medical Society.

Bulletin Library

DR. S. L. WALKER, Halifax, N. S.

(Unless otherwise indicated, the opinions herein expressed are the personal ones of the writer, being in no sense official and differing opinions will be gladly noted in this Department.)

UNIVERSITY OF TORONTO MEDICAL JOURNAL

THE March 1932 issue of this Journal carries the address delivered by Dr. J. G. Fitzgerald, Dean of the Faculty of Medicine to the Graduating Class in Medicine last February. The general title was "A Continuing Partnership." His general theme was that there should be team work by all interested from student days onwards. Once the study of medicine is started, students, graduates, practitioners and university and hospital staffs should cultivate the closest relationships.

Further, he points out that the University has always stood for a general intellectual training,—“opportunities for you to gain an insight into wholly-non-technical and non-professional activities; to hear good music; to see worthwhile exhibitions of art in its many forms; to devote yourself to the cultivation of avocations, to the end that you may be well-rounded persons with broad and intelligent interests. In other words, your partners have endeavoured to acquaint you with the ideals and the steps which must be taken to acquire true education, the end of which has been eloquently described by Huxley as follows:

“That man, I think, has had a liberal education, who has been so trained in youth that his body is the ready servant of his will, and does with ease and pleasure all the work that as a mechanism it is capable of; whose intellect is a clear, cold logic engine, with all its parts of equal strength, and in smooth working order; ready, like a steam engine, to be turned to any kind of work, and spin the gossamers as well as forge the anchors of the mind; whose mind is stored with a knowledge of the great and fundamental truths of nature and of the laws of her operations; one who, no stunted ascetic, is full of life and fire, but whose passions are trained to come to heel by a vigorous will, the servant of a tender conscience; who has learned to love all beauty, whether of nature or of art, to hate all vileness, and to respect others as himself.

“Such an one and no other, I conceive, has had a liberal education, for he is, as completely as a man can be, in harmony with nature. He will make the best of her, and she of him. They will get on together rarely; she as his ever-beneficent mother; he as her mouth-piece, her conscious self, her minister and interpreter.

“To realize this obviously means that you and we, the partners, must continue to be students all our lives, eagerly endeavouring to extend the boundaries of knowledge in our own fields; to add to the amenities of that social organization of which we are all a part; and finally, to strive in every way to justify our inclusion in such a splendid partnership.”

"Keeping the doctor up to date" is the title of a paper presented by Ray Lyman Wilbur, M.D., Secretary of the Interior, Washington, D.C. at the Fiftieth Anniversary Dinner of the New York Post-Graduate Medical School and Hospital. Among other things he said:—

"The doctor who is working to-day with the education given him thirty years ago belongs in the antique shop. The doctor's growth must go alongside that of his profession. The doctor who does not read the current medical journals, follow the activities of the various medical societies and attend occasional clinics is not a good public servant. . . . His mind is constantly filled with unsolved problems, with cases yet undiagnosed, with discovery of some form of treatment that will give relief. . . . He wants the opportunity to carry these problems with him to medical societies and medical centers and to obtain solutions for them."

This quotation is made for the express purpose of calling the attention of the profession in Nova Scotia to the opportunities offered members of the Provincial and Branch Societies for the very growth that Dr. Wilbur states is so necessary. To review these briefly there are held by each Branch from one to fourteen meetings each year. Only one Branch has but one meeting a year and that is the scattered Eastern Counties,—Guysboro, Antigonish, Inverness and Richmond. It is evident that, as far as possible, these doctors should take advantage of the other opportunities available,—the annual meeting of the Provincial Society and the Dalhousie Refresher Course.

Attention is again drawn to the Refresher Course to be held at the Annual meeting at Kentville this year, for the three days following the regular meeting. For full particulars read Dr. Miller's statement elsewhere. Of course, many of the younger men will be glad to take in this special course, but older practitioners would also greatly profit thereby

In particular, the Post-Graduate Lectures under the auspices of the C. M. A. afford local doctors a splendid opportunity for up-to-date information on practical subjects. Nearly all these speakers are at least part time teachers in Universities and have the art of imparting knowledge. The meetings are held twice each season, the last week in May and the last week in October, the former as early as one can be assured of good roads and the latter the last week when roads and weather may be depended upon. At least eight Branches hold these gatherings; it only means a few hours from home and the profit to you will be great.

You cannot get away to New York or Europe but you can take advantage of the opportunities available. If you do not can you even think you are Up To Date?

The Annual Report of the Department of Public Health for the Province of Prince Edward Island has been received. Dr. P. A. Creelman, Dalhousie 1925, is the Chief Health Officer. It appears that the Department has its best organized effort in the case of tuberculosis, and this largely by co-operation with the Red Cross Society.

The BULLETIN of the New York Academy of Medicine, March 1932, makes suitable mention of the unexpected death on February 24th of Dr. Willy Meyer. His contribution to modern surgery is thus described:—

"The Life and the achievements of Doctor Meyer are closely interwoven with the development of modern surgery in America. He was a surgeon of great ability, untiring

energy, and boundless enthusiasm. These qualities made him an indefatigable worker in every phase of surgical progress. He made numerous contributions to surgical literature. His first important work was the development of the radical operation for cancer of the breast. Then his attention was devoted to acute appendicitis and he realized and taught the importance of early operation. He is said to be the first to have practiced catheterization of the ureters in America, and he performed numerous Bottini Operations for hypertrophied prostate.

The development of thoracic surgery in America is inseparably linked with the name of Willy Meyer. He has written extensively on the subject and he was the Founder of the New York Society for Thoracic Surgery, as well as of the American Association for Thoracic Surgery.

His chief interest in surgery rested in the study of cancer and found expression in his last important contribution to the literature in the form of his book entitled, "Cancer," published December, 1930. It deals with the origin of cancer, its development, and its self-perpetuation, and speaks of the therapy of operable and inoperable cancer in the light of a systemic conception of malignancy."

Time—The Weekly Magazine.

Selenium for Cancer? Years ago investigators tried selenium as a treatment for cancer. It destroyed cancers and the people who had them, and was discarded. At the University of Illinois *Professor Rosalie Mary Parr* mixed sodium selenite, calcium germanate, sodium chloride (table salt) and 1,000 parts of water. *Dr. Clarence Sylvester Bucher*, physician and surgeon, injected the solution into the muscles of several persons having cancers and then exposed the patients to X-rays. *Dr. Ruth Scovell Funk*, bacteriologist, studied the tissues. The cancers seemed to heal. Supposition is that the selenium atoms acted as reflectors of X-rays, thus giving cancer cells a double bombardment of direct and indirect rays. (In London last week Sir Arthur Keith, great anthropologist and surgeon, qualified a report that a young doctor researching on the roof of the Royal College of Surgeons had found a cure for cancer. Said Sir Arthur: "The truth is, the young experimenter has got hold of something big toward the control of its growth. It is true that he is working with a parathyroid extract. It means that in his experiments on animals he can develop or retard growth as he wishes. But whether this discovery will ultimately lead to control of malignant growth remains to be seen").

Slow Anesthetic. Two Cincinnatians, *Theodore Harold Rider* and *Eugene Wiley Scott*, presented a new local anesthetic which they claim is stronger than ovocaine or cocaine and can replace those drugs. It is not habit-forming, its effect wears off slowly. The patient is "more comfortable after operation than is usually the case." The anesthetic's full name is *hydrochloride of piperidinopropanediol diphenylurethane*, abbreviated to *diothane*.

The Bulletin of the Vancouver Medical Association finds a welcome place on our own BULLETIN desk. For a dozen years the question of Irregulars in medical practice has been a live one in British Columbia. At the same time that Province has given very pronounced attention to some form of State Medicine. In 1921 and 1922 the chiropractors of British Columbia brought bills before the Legislature for their legal recognition. In opposing the profession took the stand that "no one should be allowed to treat the sick unless he or she possessed a fundamental knowledge of certain standard subjects." As a result, the Medical Act was amended to provide for examiners, three

doctors and two chiropractors." It is interesting to note that from that date not a single chiropractor has ever presented himself or herself for examination."

Recently, a Commission, (they appoint them also in B. C.), has considered the whole question, but did not make any finding as to the efficacy or merit of chiropractic. Thus the whole question is as it has been. Now practically the same condition exists in Nova Scotia where any Irregular can register provided he can pass the necessary medical examination and one of his own cult may sit on the examining board. Several years ago this information was passed to a Chiropractor who subsequently located in the vicinity of Chester. It is safe to say however, that no chiropractor in this province has ever appeared before the examining medical board. If, now, the Provincial Nova Scotia Medical Act makes this provision it is difficult to understand why the Attorney General's Department does not prosecute these Irregulars who are practising without license. Possibly the best way to defeat the chiropractor and others would be for the public to refuse to pay them for their service. There is no danger whatever of the Irregular suing for payment, because he would in the first place have to prove that he was legally qualified to practice medicine in the community. The burden of proof would then be on him. It is understood that a condition exists in Truro where one Irregular is engaging in verbal or paper controversy with another. Neither one of them could prove that he was entitled to practice the Healing Art in Nova Scotia. The suggestion is, therefore, made in all good faith that their patients should refuse to pay for their services.

In the profession in British Columbia says the BULLETIN "during the past 10 or 15 years has done everything in its power to induce the legislature to confine the granting of legal recognition to treat the sick to those whose qualifications adequately protect the public. It now feels that the responsibility for legalizing those who do not possess these qualifications should be left squarely on the shoulders of the legislature where it properly belongs."

Again in all seriousness we ask why should not the Attorney-General's Department assume responsibility for the enforcement of the Medical Act in this province.

Medical Economics.

The question has been raised by the unthinking as to why a doctor requires to earn so much more than, for instance, a postal clerk, in order to make a decent living. One reason has been brought out as comparing the period of time required for the medical men to obtain diplomas. A postal clerk for instance, may enter High School but need not complete the course and at eighteen or nineteen can join the service with a salary of somewhere in the vicinity of \$1,000.00. This in the course of seven or eight years will increase to \$1,700.00. Now the average age of graduation from Canadian Universities for 1930 was 27 years. That is for nine years these students sacrificed a steady income which represents \$14,520.00. At 5% compound interest this amounts to \$18,183.00. For this same class the expenditures exclusive of living and amusements was \$1,640.00, with one or two other similar items at graduation, each student represents a capital investment of \$20,258.00. Dr. Coleman writes on the subject of Medical Economics in the BULLETIN of the Vancouver Medical Association as follows:—

"I maintain that here in Vancouver the minimum fee charged to the patient should be over \$6.00 per hour. I am also prepared to maintain that this is in the interests of the patient, the practitioner, the community and the advancement of medical science. I further main-

tain that since the production, distribution and financing of a product is of necessity in the hands of the producer, it is the duty of the medical profession to arrange the financing and to sell their price as well as their product. Finally, since the present situation is the result of group opinion and as group opinion is but the sum of individual opinions our problem is to alter a sufficient number of individual opinions to alter the group opinion."

The January number of the *University of Toronto Medical Journal* publishes "An Appreciation" by Dr. W. B. Hendry of Dr. Alexander Primrose who has just retired as Dean of the University. His full name with titles reads thus:— Alexander Primrose, C.B., LL.D., F.R.C.S. (Eng.), F.R.C.S. (Can.), F.A.C.S., M.B., C.M. (Edin.). This is quite an array of titles for a Pictou town boy to acquire who came to Halifax at the age of 19 years to take up a mercantile life. As the BULLETIN has recorded some time ago, Dr. John Stewart was largely responsible for his studying Medicine. As we recall the incident, he had met with a riding accident and Dr. Stewart, who had shortly before removed from Pictou to Halifax, attended him and beguiled a tedious convalescence with descriptions of the wonderful work of Lister. Strong difference of opinion developed in the family when he told his parents he wished to study medicine. His mother took his side and naturally he had his wish. He received his degree in 1886, followed by three years Post-Graduate work in London.

His work at the University of Toronto began immediately on his return to Canada. His first appointment was in 1889, Demonstrator in Applied Anatomy. Then he was Associate Professor in 1892 and Professor in 1897. He was appointed associate professor of Clinical Surgery in 1907, and in 1918 became professor, which chair he held until his retirement. From 1894 to 1918 he was Secretary of the faculty.

Doctor Hendry writes thus of his war service:—

"With the outbreak of war, when the University Hospital was being organized, he was among the first to offer his services, and went overseas as Senior Surgeon of that unit. After a strenuous year in the East he was recalled to Canada, and later was appointed Consultant Surgeon to the Canadian Forces in England, where he served with distinction, and was made a Commander of the Order of the Bath by His Majesty in recognition of his most excellent work."

In closing Dr. Hendry adds:—

"His scholastic attainments are universally known, and recently his pre-eminence as a teacher and a leader in his profession has been recognized by the Universities of Edinburgh and Dalhousie, who have bestowed on him the degree of LL.D. *honoris causa*. It is sincerely hoped that his name will soon be inscribed in the Golden Book of our own University."

Then he adds this further tribute:—

"His life is gentle and the Elements
So mixed in him that Nature might stand up
And say to all the world, 'This is a Man'."

The *University of Toronto Medical Journal* has just completed its ninth volume. In the May issue, there appears a very interesting historical article written by Dr. J. H. Elliott, who has been recently appointed to the position of Professor of the History of Medicine. The article deals with the early organization and events of the Medical Society of the University of Toronto. Although this Society was only organized in 1878, considerable difficulty has

been encountered in obtaining the necessary data owing to missing records. Generally the history of a society is chiefly of interest to its own members, but the history of a medical society means such more as it deals intimately with the growth and advances in Medicine which means so much to the welfare of the public. We are in sincere accord with the collection of all records that relate to the doings of our medical organizations. Readers of the BULLETIN will recall the many articles of an historical or reminiscent nature that have appeared in our pages since 1922.

Bulletin of the New York Academy of Medicine. This monthly publication of the Academy in its April issue gives the annual report for 1931. It is quite a business to run the Academy as the 1932 budget calls for an outlay of \$259,-465.66. But the Report makes interesting reading.

The Bulletin of the Medical Society of the County of Tings in emphasizing the value of Early Diagnosis has this paragraph in one of its editorials:—

"The keen, alert physician realizes, our President recently said in an address, that with the great increase in knowledge in medicine, no one man can be expert in the art and science in all its branches. Research in medicine requires the specialist. The President states his belief that it is the family physician who is the best specialist in the great majority of cases, when he pursues his labors with sincerity, honesty, diligence and ability, motivated only by a fervent desire to cure illness, relieve suffering, render comfort and aid in the prevention of disease."

Time, The Weekly Magazine, under its regular heading "Medicine," in a recent issue has this to say about the recent gift to McGill, which few of us would care to endorse.

Largesse to McGill

McGill University at Montreal last week received another grant (\$1232,652) from the Foundation. The new funds will pay for a neurological institute under direction of Professor Wilder Graves Penfield, will attract more able men to Dean Charles Ferdinand Martin's notable company of medical authorities. The medical faculty already includes:

Professor James Bertram Collip, 39, biochemist, co-developer of unsulin, more recently isolator of *emmenin*, one of the sex hormones beneficial in treating female disorders.

Professor Boris Peter Babkin, 55, physiologist, one time assistant of famed Russian Ivan Pavlov (conditioned reflexes), and himself an investigator of gastric secretions.

Professor Israel Mordecai Rabinowitch, 41, director of the department of metabolism, of Montreal General Hospital who, especially interested in diets for diabetics, guides, research on the parathyroid gland, gall bladder, kidney, liver.

Assistant Professor Maude Elizabeth Seymour Abbott, 63, with her historical essays and large collection of human hearts.

Professor William Vernon Cone, 35, neuro surgeon, who went to McGill from Manhattan's Presbyterian Hospital in the wake of Doctor Penfield.

They and their faculties make McGill oldest of Canada's nine medical schools, incontestably the greatest. This is as the late Sir William Osler wished. He taught here ten years before he went to the University of Pennsylvania, John Hopkins and Oxford, ordered his books and ashes returned there. McGill keeps them under the guardianship of his cousin's son, Dr. William Willoughby Francis, in a quiet oak-panelled memorial room.

Professor Wilder Graves Penfield, 41, the star currently in the ascendant at McGill, trained at Princeton, Oxford (Rhodes scholar), Johns Hopkins. He studied under choleric Brain Surgeon Walter Edward Dandy of Johns Hopkins, interned under choleric Brain Surgeon Harvey Williams Cushing of Harvard, rounded out his training in London (with

Surgeon Sir Percy Sargent, Neurologists Gordon Morgan Holmes and Samuel Alexander Kinnier Wilson). A final polishing at Manhattan's Presbyterian Hospital, which Philanthropist Edward Stephen Harkness helped to endow with Neurological Institute, and teaching practice at Columbia—then Dr. Penfield was ripe.

Like his preceptor Professor Cushing, Professor Penfield makes a fetish of proficiency in diverse activities. Professor Cushing collects everything which can be assembled, sorted and classified. Harvard's Warren Anatomical Museum has his series of War helmets, a piece of barbed wire he fetched from a barricade). Professor Penfield once coached the Princeton football team, is an ardent tennis player, farms extensive acreage near Lake Memphremagog, Quebec, likes good literature, good music. Best of all he enjoys a case of epilepsy.

With no real joy do Canada's eight other medical faculties behold McGill's good fortune. The University of Toronto, nearest rival, consoles itself with the fact that to its professors was given Canada's first and only Nobel Prize, the 1923 one in Medicine, for the discovery of insulin, diabetes specific.

The prize went jointly to Dr. Frederick Grant Banting, who declares that he was the "originator of the idea", and to Professor John James Richard McLeod, his supervisor, both of whom split their prize money with two other men—Physiologist Charles Herbe Best, Biochemist Collip—who had helped in the investigations.

The Medical Journal of the University of Western Ontario in a recent issue has an interesting article entitled *Medicine in Shakespeare*. "Even with the advancement of science in the last four centuries, perhaps we could not much improve on the description of the physical signs of lues as given by Timon of Athens":—

"Consumptions sow
 In hollow bones of man! strike their sharp shins
 And mar men's spurring. Crack the lawyer's voice,
 That he may never more false title plead,
 Nor sound his quillets shrilly; hoar the flamen
 That scholds against the quality of flesh
 And not believes himself; down with the nose,
 Down with it flat; take the bridge quite away
 Of him that, his particular to forsee,
 Smells from the general weal: make curled-pate ruffians bald;
 And let the unscarred braggarts of the war
 Derive some pain from you; Plague all
 That your activity may defeat and quell
 The source of all erection. There's more gold
 Do you damn others, and let this damn you,
 And ditches grave you all."

Dr. Howard A. Kelly.

Aged 74 years and just rounding out 50 years of practice, Dr. Kelly has resurrected a couple of instances where he thinks he did not give a contemporary due justice. In writing out the incidents he says:—"Palman qui meruit ferat." *Time*, *The Weekly Magazine*, then goes on to state:—

Hunting out such picayune errors is characteristic of Dr. Kelley. He has two great prides—exactness and versatility. He was one of the Four Doctors of Johns Hopkins Medical School.* has been emeritus professor of gynecology since 1919. He continues as consult-

ing gynecologist at Johns Hopkins Hospital. Next to his home in Eutaw Place, Baltimore, is his hospital for radiological work. Besides several books he has written about 500 technical papers having chiefly to do with gynecology and other abdominal subjects. In June his latest work will be published: *Electro-surgery*. With the collaboration of Dr. Grant Ellen Ward, assistant in cinical surgery at Johns Hopkins, he is recording his long experience with the electric knife in operations dealing with the skin, nose, throat, chest, abdomen, genito-urinary system, central nervous system.

Apart from his medical work he is a naturalist of repute. A favorite apothegm: "I love to study nature because I find on all her open pages the signature of the Creator, my Father." An Episcopalian, he last year accepted a trusteeship in William Jennings Bryan University at Dayton Tenn., because like the Great Commoner he is "a thorough-going believer in the special creation of Man." He also advocates Prohibition. He once took a five foot grey and yellow king snake before a Congressional Committee to startle them into approving the creation of Everglades National Park at the Southwest tip of Florida. The king snake was his library pet. His current aversion is Birth Control, his pet foe Mrs. Margaret Sanger.

Canadian Comment under a general title of "Health is Wealth" has this to say of the injurious effects of noise on digestion, etc.

Mr. Donald H. Laird, of Colgate University, recently informed the members of the Acoustical Society of America, meeting in Cleveland, that noisy restaurants were not conducive to good digestion. Noise and clatter, said he, slow down the flow of gastric juice and saliva. It is estimated that a noise intensity of 60 decibels, (such as equals the din at Fifth Avenue and Forty-second Street in New York), cuts down the flow of saliva by 40 per cent. City noises range in intensity from 45 to 75 decibels. Dr. Laird suggests that the more noise while eating, the greater the need for careful selection of foods easily digested, and that noise may be responsible to a considerable degree for the prevalence of digestive disorders in modern life.

The frayed edges of people's nerves are being unconsciously irritated by the tremendous increase in noise. The health of the nation would be vastly improved by the elimination of the clattering of raucous noises which have grown up and multiplied with modern civilization. Most of the noise is unnecessary and preventable, and gradually public opinion is being created which will demand a quieter and more serene day.

It is not that noise is merely disagreeable; it is positively harmful. The New York Noise Abatement Commission proved conclusively the physiological and psychological harm occasioned by noise, the worker requiring substantially larger amounts of bodily energy than are necessary for the same work under quiet conditions. Noisy surroundings create habits of louder talking. People use many times more actual voice energy than is necessary, which is probably harder on the listener than the speaker.

The first step, of course, is the prevention of noise by the engineer in design and manufacture. The second, is the adoption of legal regulations that will enable the community to demand quiet. The vacuum-cleaner manufacturer will make a noiseless machine when he realizes that these articles sell better if they are quiet in operation and that the public demand them.

Certain noises are possibly inevitable and the problem to be solved by the engineer then becomes one of noise absorption. A recent discovery of acoustic science is that soft materials will not absorb sound any better than hard materials with holes in them. Almost any set of small holes will accomplish the purpose. The result has been the manufacture of sieve-like steel plates backed by felt materials, porous wall coatings, and fibrous sheets of steel punched with small holes. The holes break up the sound waves that strike against the wall and they are dissipated or absorbed, instead of being reflected back into the room.

FOR VITAMIN B (COMPLEX) ADMINISTRATION



WHEAT GERM AND YEAST IN
PALATABLE LIQUID FORM

BEMINAL LIQUID

"Subminimal diets which fall just short of adequacy may, without producing outspoken disease, lead to chronic gastritis and enteritis with impairment of neuro-muscular control of the intestine. Indeed there is good reason for believing that chronic vitamin B deficiency of this character is responsible for many of the obscure, indefinite digestive disorders—disorders which so often destroy the happiness of the patient and baffle the physician. We are accustomed to call these patients neurasthenics and chronic intestinal invalids, whereas many of them are sorely in need of food of the proper vitamin content. In addition, it is possible that many nervous disorders, particularly of the so-called 'functional type', result from a failure of the diet to provide vitamin B in sufficient amount".—JAMES S. McLESTER, Professor of Medicine, University of Alabama. ("Nutrition and Diet in Health and Disease." Second Edition, 1931, page 324.)

AYERST, McKENNA & HARRISON LIMITED - MONTREAL

The *Sydney Post* has inaugurated a new department called an Educational Column. It is a section to be devoted to articles of general educational interest published on the first and third Saturdays of each month. The column is sponsored by the Red Cross Society of Reserve. An explanatory note says, "In the belief that, there are many persons that would appreciate and be benefitted by short informative articles by competent authorities on subjects of home economics, food values, disease, prevention, child training and similar questions, the Reserve Red Cross Society is undertaking a column, which will be made up of such articles." The opening article is entitled "A few elementary suggestions on health for the school age children. It comes from the pen of Dr. J. J. Roy of Sydney and is written in a manner that every reader can understand. There are comparatively few doctors that write health articles for the public in the language of the laity, but Dr. Roy has the art.

The Family Doctor and Cancer.

In the May issue of the *Canadian Public Health Journal*, the leading article is by Dr. McCullough on cancer. The concluding paragraphs refer to the part to be taken by the family doctor in the prevention of the disease:—

"One of the crying needs in respect of cancer in all countries is early diagnosis. It is lamentable to see patients with cancer of the lip or skin, open to view, and easy to diagnose, coming, in all countries, for treatment in the inoperable stage. *The determining factor in early diagnosis is the family doctor.* In cancer, as in all preventable diseases, throughout the entire domain of public health, there has heretofore been almost entire neglect to utilize the services of the general practitioner. This is a grave neglect. Who is in a better position to carry preventive measures to the family than the doctor, who, day by day, enters the people's homes? The early diagnosis of cancer depends chiefly on the family doctor and it will be early or late according to his education, qualities of observation, and professional keenness. In countries like Sweden for example, the doctor has a seven-years' training including twenty-six lectures and demonstrations in cancer, and circumstance and usage have impelled him to send all cancer cases to the three centres established for treatment purposes.

Excellent facilities for the treatment of cancer are essential to success, but, at the same time, no less essential are the preventive measures, the presence of facilities for research, for education of the public in health, and for the highly trained general practitioner whose keen judgment will discover cancer in its earliest stages and whose close observation will detect it at the moment when it may be prevented."

Multiparity.

One out of about 100 childbirths produces twins, one in 10,000 triplets, one in a million quadruplets. There are authentic records of several multiparities of five, but only five credible instances of six children being born in one pregnancy, and only one acceptable record of seven. Hence last week's dispatch from Porto Alegre, Brazil was well-nigh incredible: one Espinosa Nunez de Antunes of Bacacay had been delivered of eight daughters, two sons. All ten died at birth. (*Time*).



The Hotel *par excellence* for the Medical Profession and friends
 who are visiting patients in our City Hospitals

Single Rooms - - \$3.00 and \$4.00
 Double Rooms - - \$5.00 and \$6.00

The Lord Nelson Hotel

By the Gardens

Halifax, N. S.

If you plan a dinner or supper party for
 resident or out-of-town friends — phone
 for a reservation at the Lord Nelson.
 Stimulating cuisine, agreeable service and
 reasonable charges make the choice a
 wise one.

OBITUARY

IT is a matter of sincere regret to announce the death on May 11th of Clifford L. Baker, editor and publisher of the *Kentville Advertiser*. When he entered the N. S. Sanatorium some ten or twelve years ago no one would have believed that he would have become such a prominent citizen of that town. Not only did he make the weekly paper one of the best in Nova Scotia, but he was actively engaged in every enterprise that affected the interests of the community. To his widow, a daughter of Mrs. Chisholm and the late Doctor Murdock Chisholm of Halifax, and other members of the family readers of the BULLETIN will extend sincere sympathy.

The BULLETIN regrets to announce the death recently of Dr. Geo. G. Melvin, retired Chief Medical Officer of the Department of Public Health of New Brunswick. He was retired on superannuation on January 1st, 1932, having been granted leave of absence owing to illness October 1st, 1931. He died May 12th in Oakland, California, where he had been residing since he was granted leave of absence. He occupied the position of Chief Medical Officer in New Brunswick for fourteen years.

On May 17th, 1932, after only a few weeks of suspicion of a serious disease, Mr. Justice Paton of the Supreme Court of Nova Scotia died at the Victoria General Hospital. He was born in Ontario removing to Halifax before completing his High School course. He graduated in Arts at Dalhousie in 1889 and in Law two years later. His law connections were first at Bridgewater coming to Halifax in 1914. From 1916 to 1928 he was the Chairman of the Workmen's Compensation Board and from 1919 he devoted his whole time to this Board. It may be said that he deserves the credit of developing a machinery that is now working in a most satisfactory manner. As far as the medical profession is concerned, there was constant irritation on account of his manner in dealing with medical evidence, and his habit of making physical examinations, backed up by severe and sometimes harsh cross examinations. However, it is quite evident this was prompted entirely by a strong desire to get a square deal for the Board and only justice for the employee. Upon his elevation to the Bench in 1928 it was not long before his integrity of purpose became apparent to all. He was but 65 years of age.

At Central Economy May 12th, there passed away at the advanced age of 86 years, Mrs. George V. McLellan, following a short illness of pneumonia. Of a large family four sons survive; one son, Dr. J. A. McLellan of Sydney, the other three residing in Economy. To Dr. McLellan, members of the medical profession will extend sincere sympathy at this time.

The BULLETIN regrets to record the death on April 20th, in the 67th year of her age, of Mrs. Chute, Wife of Dr. J. R. Chute of Elderbank, Halifax County. Her bereaved husband was in his early years a frequent attendant at medical society meetings. He is a brother of Rev. A. C. Chute, D.D., of Wolfville and an uncle of the late Arthur Hunt Chute, the talented author. The BULLETIN extends sympathy.

NEO-LUATOL

Chemically Pure Bismuth Hydroxide in oily suspension

This product affords a safe and effective method of treating syphilis in all its manifestations.

NÉO-LUTATOL is of slow and gradual absorption. It is very active, being noted for its high contents in metallic Bismuth.

NÉO-LUATOL is offered in boxes of 12 ampoules of 2 c.c. to be injected intramuscularly. Also in boxes of 50 and 100 ampoules and in bottles of 30 c.c.



Prepared By:

Laboratory Poulenc Frères of Canada Limited

Canadian Distributors:

ROUGIER FRÈRES

350, Le Moyne Street, - MONTREAL

Personal Interest Notes

LOCALS AND PERSONALS

AT a recent meeting of the Halifax Branch of The Medical Society of Nova Scotia the General Secretary was somewhat sharply criticized for an alleged interference with the affairs of the Halifax Branch. According to the Constitution of Branch Societies, the local Secretary is instructed to furnish the General Secretary each year with a list of members. This was done in April by the Secretary of the Halifax Branch. The General Secretary then checked up on the names submitted and found some twenty registered who were not mentioned. To a certain number of these he wrote the following letter:—

“Dear Doctor:—

I am advised by the Secretary of the Halifax Medical Society that at the present time you are not a member of that Society.

Might I point out that by this oversight on your part you are not eligible for membership in the Medical Society of Nova Scotia. In view of the many opportunities for post-graduate and other medical lectures available for the doctors of Nova Scotia, this coming season, I venture to bring this to your attention.”

The General Secretary thinks that this letter speaks for itself.—S. L. W.

Dr. J. M. Stewart of Upper Stewiacke was an Influenza victim in March and April, being housed for several weeks.

Some 25 years ago Dr. P. McF. Carter of Antigonish was graduated from Dalhousie Medical College standing first in his class and getting honours in several subjects. This is from a recent issue of the Antigonish *Casket* under the head of “Glancing Back.”

Dr. L. J. Lovitt of Bear River, who was a patient in the Victoria General Hospital for some six weeks, was discharged the latter part of April and went to Lockeport, with Mrs. Lovitt, to spend a few weeks in completing his convalescence.

Dr. W. P. Mackasey of Halifax, Pensions Medical Examiner, recently addressed the Progressive Club.

The last week in April Dr. J. J. Roy of Sydney spent a few days in Halifax and as is his custom called on the General Secretary.

Dr. F. F. Chute of Canning, has been called to Berwick very frequently of late owing to the severe illness of his mother Mrs. D. J. Chute, South Berwick.

In the list of medical students at Dalhousie we notice that George Keddy, son of Mayor and Mrs. O. B. Keddy, Windsor, has completed his second year in Medicine.



DIGIFOLINE "CIBA"
A Dependable Digitalis Product
AMPULES - LIQUID - TABLETS

Boxes of 5, 20, 100

Bottles of 1 oz.
and 100 c.c.

Tubes of 25 and
Bottles of 100

Digifoline "Ciba"

contains all the therapeutically desirable constituents of digitalis leaves—
 produces the characteristic digitalis effect—
 is of constant potency—
 is promptly and uniformly absorbed from the gastro-intestinal tract—
 is free from irritant substances of the saponin group.

■
CIBA COMPANY LIMITED
MONTREAL

Several doctors from Provincial Towns were in Halifax for most of the last week in April and doctors Roy, Morse and Cameron called at the BULLETIN office. Late on Friday of that week several students in Medicine called up the General Secretary to tell him they were ready to supply for doctors for the summer or take up attractive practices.

Dr. T. T. Monahan, who recently completed his internship at St. Martha's Hospital was in Halifax the last of April to take his final examinations.

The final examinations of the Dalhousie Medical College were held the last week in April. A number of Provincial Examiners were present in the city including, Doctor's Roy, Morse, Cameron, Corston, Miller (C), McLeod (D. A.) and others, most of whom made it their business to call around and report their presence to the General Secretary. Some of the recent graduates have already started in practice in certain portions of the provinces.

Between the closing of examinations on April 29th, and the Convocation of the University on May 10th those students who remained in the city were the recipients of a number of social entertainments. This programme began with an informal Dance and Bridge at the home of Dr. M. A. Macaulay.

The New Glasgow Ladies' Music Club at its recent 10th Annual Meeting elected Mrs. Bell, wife of Dr. John Bell, as its Secretary for the year.

Dr. J. W. McKay of New Glasgow left May 8th for a holiday trip to Montreal, Toronto and Buffalo where he will spend several weeks with relatives and friends. The younger members of the profession are not as conversant with Mr. McKay's charming personality as some of the older men. Before his serious loss of hearing he was a constant attendant at all our Provincial Society meetings. He has been an Honorary member of the N. S. Medical Society for several years. He graduated from Bellevue Hospital Medical College in 1886. The BULLETIN wishes him a very pleasant trip.

A number of doctors came to Halifax to attend the Dalhousie Convocation and some of them called on the General Secretary, among them was our President of last year, Dr. Dan Murray of Tatamagouche.

A quiet wedding took place in Christ Church, Dartmouth, on May 10th, when Miss Dorothy Rainnie was married to Dr. W. Donald Rankin of New York. The groom is a son of the late well-known Dr. Rankin of Woodstock, N. B.

The young son, "Billie," of Dr. W. H. Rice of Sydney was a patient in the City Hospital early in May for Appendicitis, and after operation make a good recovery

At the recent graduating exercises of the Sydney City Hospital the leading medical speakers were Dr. J. K. McLeod, who was heartily congratulated upon his recovery from his serious illness; the veteran Dr. A. S. Kendall; and the youthful Dr. E. J. Johnstone.

WHEN VITAMIN D
IS INDICATED

OSTOGEN

VIOSTEROL
CONCENTRATED

Is the Logical Successor to
COD LIVER OIL

The use of OSTOGEN is past the experi-
mental stage.

Its use for the PREVENTION and TREAT-
MENT of RICKETS, TETANY and
DENTAL CARIES is now
SOUND THERAPEUTICS

ECONOMICAL IN PRICE EASY TO ADMINISTER
CERTAIN IN ACTION

Each gram contains 56,000 International Vitamin D Units
(2000 per drop, from precision dropper which accompanies
each package.)

DOSE:

Prophylactic: 2 drops daily

Treatment: 2-6 drops daily

This dose may be exceeded for resistant cases and for
premature infants.

Available in 15 c.c. Bottles and 6 c.c. Bottles

Charles E. Frosst & Co.

MANUFACTURING PHARMACISTS SINCE 1899
MONTREAL - CANADA

The most recently elected President of the Yarmouth Kiwanis Club is Dr. G. V. Burton of that bustling and beautiful western town.

Dr. M. R. Young of Pictou was seriously ill the early part of May.

Dr. R. H. McLeod, Dalhousie 1927, of the State Health Department of West Virginia, spent a few weeks recently visiting his former home in Middle River, Pictou Co., as well as friends and relatives elsewhere in the County.

One of two churches in a village had just got a new and very small organ. A member of the other congregation met the beadle leaving church one day. "So ye hae an organ," he said. "A'ye need noo is a monkey." "Ay" said the beadle, "and a' ye need is an organ."

Even the appointment of doctors to the Indians has been recently aired in the House of Commons in the case of two in Nova Scotia.

"When, As and If" the bottle-fed baby exhibits symptoms indicating partial vitamin B deficiency—described by Hoobler as (1) anorexia (2) loss of weight (3) spasticity of arms and legs (4) restlessness, fretfulness (5) pallor, low hemoglobin, etc.

Dextri-Maltose with Vitamin B may be used in adequate amounts (up to 71 Chick-Roscoe units) without causing digestive disturbance. This ethically advertised product derives its vitamin B complex from an extract of wheat germ rich in B and brewers yeast rich in G. Physicians who have attempted to make vitamin B additions to the infant's formula but who have been obliged to abandon same due to diarrheas or other unfortunate nutritional upsets, will welcome Mead's Dextri-Maltose with Vitamin B. This is a tested product with rich laboratory and clinical background and is made by Mead, Johnson & Company, a house specializing in infant diet materials.

Not all infants require vitamin B supplements, but when the infant needs additional vitamin B, this product supplies it together with carbohydrate. In other cases, the carbohydrate of choice is Dextri-Maltose No. 1, 2 or 3.

Considerable interest was in evidence at the last meeting of the Valley Medical Society at Kentville in the demonstration of a clever device by which, in the absence of the vocal chords, speech was plainly audible to all present. Dr. Bogart of New York, a native of and summer resident in Granville Ferry, gave the demonstration, speaking for 20 minutes.

Leg Pulling.

The Sioux City (Iowa) *Journal* is responsible for the following according to the *A. M. A. Journal*:—

"Alleging that he went to a chiropractor to have his knee treated and was carried away with a broken leg, J. D. Murphy, 612 South Helen St. railroad switchman, is suing the chiropractor, George Peterman, for \$5,000. Murphy states in his petition that Peterman began rotating his leg and twirled it with such force that Murphy spun to the floor, fracturing his leg."