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*Hospital Standardization in Retrospect

GEORGE CRILE, M.D.
Chairman Board of Regents, American College of Surgeons, Chicago, Ill.

MR. President, Ladies and gentlemen, ever since the American College of Surgeons was founded there has been a combined effort on the part of the surgeons of this country and of the United States to promote the purposes of this organization, in particular the movement for hospital standardization. I think many of you, even those who were then prominent surgeons would be surprised by the conditions of the hospitals twenty-five years ago. In hospital construction for example enormous progress has been made during these years. Twenty-five years ago hospital trustees took their office—their obligations—most casually. Boards of Trustees would be made up of prominent citizens most of whom had given money to the hospital. At the present time these Boards consider their obligations seriously and most of them realize that their names are of far less value than their time and interest. No greater and no more beneficial change has been made in the whole hospital scheme than that represented by the attitude of the Trustees toward their duties.

Another significant change is found in the administration. Formerly the relations between the administration and the staff were most casual. The members of the staff felt that their duties began and ended with the immediate care of their patients and they paid very little attention to any other details beyond the collection and payment of bills. There were but few unified record systems, pathological laboratories, requirements as to building and equipment, etc. Today the administration, the medical staff and the nursing staff work in concord and pay constantly increasing attention to these details.

I see a number of Sisters in the audience and would like to pay a special tribute to the great part that they have played in this forward hospital movement. No other group has accomplished more or has made greater progress than has the group of hospitals which are under the direction of the nursing sisterhoods. They have devoted their lives to the service of the sick and have carried a heavy burden, for more than one half of all hospital patients are in Catholic hospitals and they have had far less money than has been available for the other hospitals. In this connection we must cite the untiring efforts of Father Moulinier and the great role he has played in the standardization of the Catholic hospitals.

Of course we must bear in mind that this progress is in part due to the advancement in medical science. I do not mean to imply that there were no good hospitals twenty-five years ago but what was a good hospital then is not a good hospital today unless it has kept pace with the rapid progress which has been made in medical science. Twenty-five years ago few hospitals had adequate laboratories, adequate x-ray equipment, proper pathological reports.

As to the nursing group the hospitals have always had the services of those who have given devoted care to the patients. We cannot improve upon

* Read before the sectional meeting of the American College of Surgeons, Hospital Conference, Halifax May 20, 1937.

their devotion and interest but we can point out that new tools have been put into their hands and more knowledge and skill is expected today than was the case twenty-five years ago. Thus the nurse has freed the doctor for other tasks. Excellent technicians are found among nurses and other young women —many of them college graduates—who are specifically trained for this work.

Then as to the staff, what a transformation has taken place there! Twenty-five years ago there was too much play of the lone wolf; jealousy, personal differences and lack of harmony were the rule. But today we have learned the truth of the saying that "the strength of the wolf is in the pack"; we have learned that it is more profitable to be cooperative; that we can get farther by sharing our ideas than by keeping them to ourselves. Today harmony, sharing of ideas and mutual helpfulness is the rule.

I have been speaking of the last twenty-five years. Twenty-five years from now someone will be looking in retrospect upon today and comparing the hospital of today with what it will be then. In 1952 one thing that will be said is that all these good hospitals—Protestant and Catholic—did not recognize their obligations toward the next generation of surgeons; did not recognize that the staff had any obligation as far as the hospital was concerned beyond taking care of the patients in the hospital, having good anesthetists, adequate laboratories, complete records. But in 1952 the observer will find that hospitals all over Canada and the United States are considering the hospitals as integral parts of the greatest teaching institution in the world for each will be a center for post graduate instruction. The ability of the staff and all the facilities of the hospitals will be used for the purpose of promoting medicine by the instruction of the coming generation of doctors and all members of the hospital staffs will have to be teachers. The American College of Surgeons will be a great educational institution for the advancement of surgery and all its specialties. A large number of these teaching hospitals will be required to train enough men each year to fill the vacancies due to death or disability or other causes, and these men will have to be trained for a period of at least three years. Even now this system is being started to provide the necessary training to meet the minimum requirements of the American College of Surgeons. The duty of the public is to understand our great obligation not only to the patient but also to the surgeon of today in order that progress may be made toward better and more scientific care of the patient and in order that the surgeon of tomorrow may be more efficiently trained by the surgeon of today.

*What the Management Expects of the Medical Staff

S. R. D. HEWITT, M.B.,
Superintendent, Saint John General Hospital.

I HAVE been making notes all day and I feel very much like the boy who had been chastised by his father because he swore so much. Finally,—(I may say that this story was told to me by our very excellent chairman)—after being chastised on several occasions he packed his bag and left home. His father wasn't much worried because he thought he would be back, and true enough he came. His father said, "Well, son, you didn't stay very long". The son replied, "To tell the truth I did not know where the devil to go." The subject I am to speak on has been touched upon more or less directly with the various presentations which have been made.

We had this morning the privilege of listening to the presentation by Dr. Patton on medical staff organization into smaller groups and apparently how well the conferences of the hospital, as required by the staff, are being carried on. That is one of the matters with which the hospital administration is concerned, one of the requirements expected of the staff. I feel, in that connection, that perhaps the larger the staff, the more easily is that organization completed and carried out, because the larger the group the greater is the percentage of willing workers and interested parties and they carry the others along with them.

We heard from Miss Tulloch how she has overcome the problem of getting histories taken, and we all know how loathe the average medical man is to write up the histories of his patients and he says that he hasn't got the time. I do not think the time required is so long or he has so little time to spare.

We had this afternoon a very excellent talk from Dr. Fraser of Montreal, stressing great importance to the hospital and medical staff alike. It is from the medical staff that we expect such records.

Again we heard from Dr. Crile, of the vast changes which have taken place in hospitals and surgical care in the past twenty-five years, and we heard how cooperation had developed as between the hospital administration and the hospital staffs and how the personal jealousies have disappeared. That is an ideal which we are gradually striving towards and one which I feel is reaching its satisfactory goal. It is not my intention to cover this subject in the few moments at my disposal, because the field is so wide it can only be scratched.

First of all I think we should assume the attitude that a hospital is organized or is provided for one sole purpose, for the care of people who are sick. There is no other purpose in the world for the existence of a hospital—it is not provided for giving occupation for its staff or nurses, it is not provided for the visiting medical staff, but because of its purpose of caring for the sick. Visiting

* Paper read at the sectional meeting of the American College of Surgeons, Hospital Conference, Halifax N S., May 20th, 1937.

medical staffs, on the other hand, are vitally necessary. It will be obvious then, if the person for whom the hospital was provided is to get the best advantage from that hospital, there must be the closest kind of cooperation, of give and take, between the administration and the visiting medical staff. It is said that the hospital is a work shop in more than one particular respect. It is the doctor's work shop as a practitioner and his work will be assisting at the work he proposes to carry out, his section of the job. The doctor is the artist and it is up to them as well as the board of directors and other staff to provide the machinery, by which I mean the equipment and other facilities and the personnel to assist the artisan in doing the best quality of work. He and the hospital should not be interested in any other type of work at all. They should take every advantage of such meetings as frequently as possible in order that they may carry home with them at least one thing which would enable them to better function. The same should apply, and perhaps to a greater degree, to the medical men than to the hospital. It is my feeling, by and large, that the average medical practitioner, perhaps through no fault of his own, does not take as much advantage as he should of meetings of this kind to better qualify himself for what he has chosen to do as his life's work. He should not expect the administrative staff to bring home to him such developments as may have been encountered at such meetings. We may go a step further and say that the practitioner who is most alive to these opportunities is the more cooperative when it comes to problems within the hospital.

I won't deal with the question of how the doctor may get an appointment to the staff other than to say that anyone desiring an appointment on a hospital should not hesitate to provide the hospital with his credentials. He will not attempt any work he knows himself he is not competent to do (and all of them do) and further when he realizes that situation, and some actually do, that he must not hesitate to call in and take advantage of the thoughts, experience and opinions of others.

The question of records has been dealt with and I am not going to speak on this other than to refer to the legal aspect of documents and the importance documents are from the legal standpoint. There are frequent occasions when it is necessary to refer to patient's documents, not only to the hospital but to the practitioner who attended that patient, and, unfortunately, it is very often lacking. The legal aspect of the patient's chart should loom very large in the clerical work of hospital administration. Some hospitals have internes, some have not. Where hospitals are large enough to have internes the administration looks to the visiting staff to give of their time, interest and knowledge, that the internes may get the first statement from those men who are competent to do the work. The hospital administration cannot train internes. The hospital bears the reputation that the medical staff did not take any interest in their work whatever.

Dr. Scammell gave a very nice outline this morning concerning laboratories and general laboratory work. In those hospitals which have, as recognized now, several laboratory experts it is expected that men who send patients to the hospital will take advantage of that service. It is not good enough to say it is too expensive. The charges made by hospitals are no more, in many instances less than will allow them to get by. The time was, is not now, when a patient was sent in today for a cholecystogram tomorrow. That was no good and the reasons are obvious. An electrocardiograph should be done on all patients over 45. If the practice could develop such examinations should

be done on all patients—the rates for such examinations sufficiently low to be attractive, but what I am pointing out is that for the average non-urgent operative case two or three days should be allowed in hospital, not only to be used to it but to permit of careful study of the patient's conditions so that, if operation must be done, there will be no excuses, no tears shed through lack of information, lack of investigation.

*The Cancer Patient in the General Hospital

BOWMAN C. CROWELL, M.D., Chicago,
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I HAVE been asked to speak about the cancer patient in the general hospital. Dr. Crile has been referring to the change that has occurred in hospitals during the last twenty-five years. I would like to speak on the attitude toward the cancer patient and the administration of his care. Twenty-five years ago when the diagnosis of cancer was made there was an unjustifiable pessimism in the minds of the entire staff who were caring for the cancer patient. At the present time that is being largely replaced by an optimism, a desire to do something definite for the patient, with the knowledge that in a great many cases the patient is assured of a definite cure.

We like to speak from the optimistic side, and for a few years we collected records of five-year cures of cancer cases. In my own office I have a complete file of 24,400 five-year cures of cancer cases, and at our clinical conference in October we will be able to increase that gain very considerably as we collect from the cancer clinics and others throughout the country an up-to-date record of their five-year cures. The progress in the knowledge of cancer has been very great during this period, and while we admit we do not know a specific cause of cancer, we do know many of the contributing causes of cancer. And we know many forms of treatment which will insure results that will completely remove or destroy the cancer and free the patient.

No one individual can know all that there is to be known about cancer today, but our desire and aim is to give to the cancer patient that comes into the hospital the benefit of the present day knowledge of cancer which he cannot get from one person alone, unless that person be a paragon. So the College has been advocating for a number of years past the formation of cancer clinics, the personnel being made up of a pathologist, a radiologist, an internist and such surgical specialists as shall be necessary for the treatment of patients with cancer. Already there are over two hundred such cancer clinics established throughout the United States and Canada which meet the standards of the College, and that number is increasing very rapidly.

It is in the larger hospitals that most of those clinics have been established, but if it is not possible in the small hospitals to put into effect all of the requirements in our minimum standard so as to get approval as a complete therapeutic clinic then a hospital may have at least a diagnostic cancer clinic and see that the patient is referred, if necessary, to another institution for the administration of such therapy as may be necessary. We have a long list of diagnostic clinics in hospitals where the diagnosis is accomplished and the patient referred to the proper place for treatment. If you do not go through all the formality of having a diagnostic cancer clinic, at least the principles which underlie the standard can be applied in any hospital which is worthy of the name. That is,

* Read before the sectional meeting of the American College of Surgeons, Hospital Conference, at Hailfax, May 20th, 1937.

have co-operation in the diagnosis between the surgeon, the pathologist and the radiologist, keep accurate records, and keep trace of the patient so as to be able to recognize possible early recurrences of the disease.

As a result of this work there are a number of institutions throughout the country, and physicians throughout the country, who at present definitely know that they are receiving for treatment a much larger group of earlier cases as a result of our lay education, and it will not be long before we will be getting the results of that treatment of those early cases which we know will be very favourable. Without speaking of the advanced cancer case—it is in our early cancer case that we expect to get favourable results—but I am getting more and more reports every year of unexpected successful treatment, five-year cures, in cases that were at the time treatment was undertaken considered inoperable, given palliative treatment, and definite effective cures have been accomplished. I think that attitude should pervade the hospital and the medical profession to a greater extent than it does today—that something can be done to relieve old cancer cases, give them some medicine, give them some peace of mind, either through surgery or radiological methods, and in a considerable number of those cases unexpected favourable results will be accomplished.

The College advocates a formal organization of the staff for co-operation in the diagnosis and advice as to treatment of cancer cases, thus giving the patient the benefit of all the present day medical knowledge, and giving the individual who has conditions which may lead to cancer the benefits of the preventive treatments that we all know at the present time.

Acute Gonorrhoea*

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MR. Chairman, gentlemen, it is my privilege this afternoon to discuss with you the threadworn subject of Acute Gonorrhoea. Time will not permit, nor am I qualified to discuss this disease in all its detail. In general practice we see a great diversity of cases, from the exanthemata of childhood to the sclerotic diseases of the aged, consequently we view a relatively small number of cases that belong to any one group, as compared with those who are specialized in some particular branch of medicine; thus it behoves us to accept the treatment as recommended by those, who by training and vast experience, are prepared to show us the way. I shall present my subject through the eyes of a general practitioner and frankly admit that little of it is original.

As I read articles by Lees, Pelouse, Abraham, Kidd, and others I find there is considerable variation of opinion, especially in the *treatment* of Acute Gonorrhoea. Nevertheless, there are certain fundamental principles which are common to them all. I shall not rehearse in detail the different methods as outlined by these various authors, but I hope to again bring before you these fundamentals which authorities, more or less, generally accept.

History.

Gonorrhoea is almost invariably contracted through sexual intercourse. Indirect infection is possible, though not probable. I shall qualify this statement by mentioning the fact that I have seen four female children with gonorrhoeal vaginitis. This, I believe, was contracted by placing the child in the bathtub immediately after the infected mother had bathed.

Incubation Period is from 2 to 10 days with an average of from 3 to 5. It has been proven by vast clinical experience and by artificial innoculation that the minimum incubation period is 48 hours. This point, by the way, occasionally is of value in distinguishing between an exacerbation of an old infection and the innoculation of a fresh gonococcus. If the discharge occurs on the day following intercourse it is probably due to the activity of an old focus.

We occasionally see a case in which the symptoms are delayed beyond ten days. As Pelouse states "Such cases are probably more apparent than real". The disease was present in a mild form at an earlier stage, and it was only through some exciting cause that it became conspicuously visible.

Signs and Symptoms.

In my practice I see three types of patient,—First, the young and gay youth, with his initial infection. Second, the young man infected the second or third time or in whom the symptoms have returned several times—due to inadequate treatment. Thirdly, there is the timid, worried bachelor or occasionally a married man of middle life. The latter group present our greatest psychological problem.

* Paper delivered at the annual meeting of the Medical Society of Nova Scotia, Pictou Lodge, N. S. July 7, 1937.

In the early stages there is a slight irritation and burning sensation felt chiefly at the external meatal orifice. As the disease progresses these symptoms increase and are characteristically described as "passing hot tacks". On inspection, first we see a slight reddening of the meatal orifice around which there is a dried discharge which resembles collodion. This becomes progressively more profuse and more purulent. With such evidence one is tempted to make a "snap diagnosis" of gonorrhoea. This should not be done until we have varified our suspicions by the two or three glass test and more particularly microscopic slides.

I shall mention the more accurate three glass test. The anterior urethra is irrigated with about two ounces of a cool transparent fluid, such as, oxycyanide of mercury, 1/4000. These washings are collected in glass No. 1. The patient then voids into glasses two and three.

1 turbid, 2 and 3 clear—Ant. Urethritis.
1 and 2 turbid, 3 clear—Ant. and Post. Urethritis.
1, 2, and 3 turbid—Ant. and Post. Urethritis, plus some degree of cystitis, with symptoms of the latter.

In general cloudy urine—Acute condition.
Hazy " —Sub-acute condition.
Shreds " —Chronic or subsiding condition.

Differentiation of Haze:
Phosphates + acetic acid. . clear.
Pus + KOH. . Ropy. If still in doubt make film dry and stain.
Bacilluria. Drop of urine on slide, dry fix and stain—nothing but bacteria seen.
Urates + KOH. . Haze disappears. Warm urine haze disappears.
Oxalates—Drop on slide typical crystals.

Miscroscopic Diagnosis.

It is well to guard our diagnosis of gonorrhoea with examination of stained films. If experience or time does not permit this study, the trained bacteriologists at the Provincial Laboratory will render you this service without charge. Here I wish to compliment this laboratory on its efficiency and entire cooperation. In my experience reports are prompt and usually confirmed by the more convincing factor—time. However, a better service will be given our patients if we are prepared to carefully make these examinations in our offices.

The progress of the disease and the ultimate diagnosis of a "cure" can only be accurately made with the microscope.

The stain generally used is Gram's or better a modification of this by Jensen, as outlined by Lees in his book "The Diagnosis and Treatment of Venereal Diseases".

The gonococcus is a Gram negative organism, very occasionally they may retain their Gram positive character. They are diploids of the coffee bean shape characteristically found within the pus cell. They may occur extracellularly, and strangely enough this factor may change from time to time in the one individual. Contaminating organisms, which may occasionally cause some confusion, are the staphylococcus, pneumococcus, meningococcus catarrhalis. However, clinical symptoms, together with an intracellular Gram negative diplococci must be considered gonorrhoea until proven otherwise.

Having decided that gonorrhoea is present before proceeding with treatment we should gently palpate the prostate, seminal vesicles, Cowper's gland and epididymis.

Treatment of Acute Anterior Urethritis.

As I review the treatment as advocated by more recent authorities, I find they are becoming more and more conservative; weaker solutions are being used and these less frequently. In fact, some of our best teachers today recommend that early gonorrhoea be treated by placing the patient in bed, forcing fluids, attention to the bowels and leaving the urethra severely alone.

In the acute stages the best results will be obtained if the patient can be persuaded to remain strictly in bed. This however, is sometimes not practical. He should be instructed to drink more water, secure daily evacuation of the bowels, take more rest, avoid all strenuous physical exertion, and in particular any exercise which may irritate or stimulate the genitals; as, cycling, horseback riding, dancing, etc. Most authorities, except Pelouze, recommend a light bland diet, omitting condiments, rich sauces, recooked and highly spiced foods, ginger ale. All are in agreement that alcohol is harmful.

There is some difference of opinion in the use of oral medication. We find that Pelouse again recommends only the occasional sedative; as, bromide or tincture camphor co. Some English authorities find benefit in an alkaline diuretic; as, potassium citrate and sodium bicarbonate, the object here being to increase the quantity and to lessen the irritation of the urine. Certain American writers are of the opinion that an alkaline urine favors the growth of the gonococcus. Balsamics in the acute stages are recommended by some. In all it would appear that oral medication is palliative only.

A suspensory bandage gives comfort and helps to prevent complications. A loose bag with a flap to be pinned or buttoned is convenient for cleanliness. Dressings should never be allowed to occlude the meatal orifice.

A rapid and convenient system of treatment should be planned, otherwise, our patients will frequently not receive the treatment they require. The following I have found to work well:

My irrigating set is fixed to the wall over a waste sink in such a position that the nozzle may be immersed in antiseptic solution or sterilizer. A fresh solution of potassium permanganate may be quickly prepared by dissolving a one grain tablet in a six ounce bottle, this is added to twelve ounces of warm water in our irrigating bowl. This gives a solution of approximately 1-7000. A sterile solution is not necessary for anterior irrigation, though care must be taken to avoid carrying fresh gonococci from one patient to the other. In irrigating the posterior urethra, and particularly in the subsiding and chronic stages strict asepsis should be maintained.

Numerous drugs in different strengths are recommended by various authors, but among them all we usually find potassium permanganate. In the initial stages when there is much burning and irritation normal saline is less irritating than the KMNO4. The first few irrigations optimum test is 104 degrees F. This may be gradually raised to 110 degrees F. Personally I have been unable to find a more useful and effective technique than that outlined by Pelouze which is, briefly, as follows:

Instructions for patient:

Acute Anterior Urethritis:

(1) Drink more water.
(2) Get more rest.
(3) Avoid strenuous physical exertion, alcohol and sexual excitement.

Rules for Physician:

(1) Have the patient void.
(2) Irrigate anterior urethra with 1-5000 Pot. Permang (irrigating tank 2½ft. above meatus). Block urethra 2" from meatus. Do not hold nozzle to meatus long enough to give urethra full pressure of fluid. It is only allowed to dilate it in the gentlest way.
(3) Irrigate entire anterior urethra.
(4) Inject 5% silver nucleinate or argyrol.
(5) Repeat the above once daily for 2 weeks; if no discharge, allow 48 hr. intervals. If it does not recur continue 1 week longer, then alternate days until there is no discharge and urinary sdeiment is free from pus and gonococci.
(6) Pass acron sound to penoscrotal angle and he is instructed to collect any discharge that may occur.
(7) Still no discharge, pass sound to—not beyond—bulbomenbranous junction.
(8) Still no discharge, pass regular sound to bulbomenbranous junction two days later and massage urethra against it.
(9) An additional safeguard is to inject ½c.c. of gouscoccal vaccine.
(10) Instruct the patient not to indulge in coitus for 3 months without a condom.
(11) Use vaccines on stubborn cases.

Acute Posterior Urethritis.

With the onset of acute posterior urethritis there may be constitutional reactions, as a chill, malaise, etc., though posterior involvement may occur without symptoms. The second glass becomes cloudy; the urethral discharge increases, occasionally a few drops of blood may be seen at the end of urination. There is vesical discomfort—polyuria, dysuria, cordee.

It is at this stage that oral medication plays a part. Urinary sedatives as hyoscyamus and infusion of buchu are comforting. 5 to 8 drops of tincture of belladonna t.i.d. or in the form of a suppository 1175 to 11100 grains, will reduce the spasm of the posterior urethra. Bromides 15 to 20 grains, or camphor monobromate will help to reduce painful erections.

With symptoms of posterior urethritis bed rest is imperative. Local treatment is discontinued, (Kidd recommends irrigation of the anterior urethra). When he has regained his vesical comfort posterior irrigation is instituted. The patient voids. The glands is cleansed with alcohol. With the irrigating tank 3 ft. above the meatus, wash out the anterior urethra using about ½ pint of solution. Then while the patient is straining as if to urinate, the urethra is gently balooned out with the warm solution (temperature 104 to 106 Far.). He then is advised to stop straining and to take a few deep breaths. At least a small amount of the solution will usually enter the bladder. At the first or second attempt he may be able to admit but 1 to 2 ounces. When he has acquired the "knack" there is usually little difficulty. It will be found easiest to irrigate the posterior urethra with the patient in the reclining position; the sitting easier than the standing. During the first few treatments it may be necessary to instil 4 to 6 c.c. of a local anesthetic as, 1% novocaine (not cocaine). When he has learned to relax the sphincter, the more convenient standing position may be attempted. The bladder is filled once or twice and the patient voids after each instillation. Irrigations are repeated daily until the discharge has ceased or has been reduced to a muco-

purulent gleet. If the urine remains persistently cloudy inject 1 to 2 ounces of a 5% argyrol solution and allow it to remain until the next urination. Should the prostate remain tender and swollen, hot Sitz-baths will give relief and hasten recovery. Should a prostatic abcess develop, surgical drainage may be necessary.

We are now approaching the stage when prostatic massage is to be instituted. Under no circumstances should the prostate gland be massaged during the acute inflammatory urethritis. This important adjunct belongs to the subacute and chronic stages—when the urine has become relatively clear, the discharge is absent or more in the nature of a mucopurulent gleet, and the prostatic gland not hypersensitive, hot and swollen. Massage should always be gentle and never cause any degree of point.

Technique of massage:

Patient voids into two glasses; these are examined at each treatment to follow the progress of the disease. The bladder is then filled and the prostate gently massaged. Examine the expressed secretion macroscopically and occasionally microscopically. With successful treatment it should gradually change from a greyish yellow to a clear normal prostatic secretion. This routine is given twice a week and later possibly weekly, until patient is apparently cured. In stubborn cases all treatment should be discontinued, at intervals, for 6-8 weeks.

With patient apparently cured a sound is passed on several occasions and the patient is instructed to collect any discharge that may follow.

Evidences of Cure.

(1) Absence of purulent discharge before and after passing full sized sounds. Patient should be instructed to collect on a glass a morning discharge.

(2) Both glasses clear or second containing but a few *light* shreds.

(3) Absence of gonococci in secretion after massage of urethra, prostate, seminal vesicles and Cowper's glands.

(4) Absence of discharge after hypodermic injection of gonococcal vaccine, 200-500 million.

(5) Absence of discharge after indulgence in alcohol and coitus.

Complications.

(1) Infection of paraurethral ducts—Prevention—careful cleansing of the prepuce glans. Electric cautery or silver nitrate fused on a probe.

(2) Littritis and Lacunitis. Pass a straight bougie or sound urethra and massage against it once or twice weekly, with irrigation before and after.

(3) Peri-urethral abscess—Inject into the urethra 2c.c. of 2½% novocain. Attempt to rupture abscess by passing a straight bougie and massaging urethra against it.

(4) Cowper's Adenitis—Patient confined to bed, bowels kept wide open, hot hip baths, hot fomentations or anti-phlogistine applied to the perineum. Surgical drainage may be necessary.

(5) Seminal vesiclitis—Prevention-Avoidance of the following: Too early irrigation of the posterior urethra; too great a pressure of the irrigating fluid and manipulation of the inflamed prostate and vesicle; roughness in

any form of treatment; sexual excitement, alcohol, etc.; full bladder. The immediate treatment consists of rest in bed, attention to the bowels, hot hip baths, hot rectal douching, together with sedatives. Atropine and morphine suppositories will relieve the spasm and acute symptoms.

(6) Epididymitis—The testicles should be supported with a snugly fitting bandage or a scrotal suspensory; otherwise the treatment is the same as outlined under Seminal Vesiculitis.

In summary, I wish to point out the necessity of conservative treatment,—weak solutions, gentleness in manipulation, the value of bed rest.

Avoid:—1. Irrigation of the acutely inflamed posterior urethra.

2. Massage of the acutely inflamed prostate and vesicles.

Each of us would like to be an Osler. It may be that God has granted you a mind as brilliant as his, but marital ties, financial encumbrances or age may restrict you from what may appear to be the bigger things in life. If you have talent and opportunity use them to the utmost of your ability. If, however, fortune has not so smiled on you, practice a wholesome ethical system of medicine, improve your methods by attending courses, read up to date books, that you may treat well bronchitis, nephritis, obstetrics, fractures, wounds and gonorrhoea. Your name may not appear on the front page of a "Monograph", but you will have served your day and age, and it will be well that you were born.

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ONCE again kind fate has permitted the arranging, holding and adjournment of the Annual Meeting of the Nova Scotia Medical Society. We have again descended from the mountain top experience of friendly and scientific intercourse to the plane of practical application of the benefits, reflection supplants anticipation, and an analysis of the profit and loss account of our personal experiences seems in order. It is with this motive in view that the writer complies with the request for some rambling observations on the meeting just closed.

The gratitude of our profession in this Province is the just due of our medical brethern in Pictou. The arrangements they completed for our entertainment were the product of much thought and labor. It seems that no effort had been spared to make our stay in Pictou one to be pleasantly remembered. The novelty of the lobster carnival and its attendant merriment gave ample scope for those whose joys were only limited by their capacity for adventure.

Those who were privileged to hear and others who subsequently read the scientific papers contributed by our own members are delighted to know that we have such outstanding scientific contributors within our Society. The labor necessary for such work and the difficulty of securing time must needs add greatly to already heavy professional strain but such disadvantages are overcome in the gratitude of the Society for their very excellent efforts. Our visiting speakers were outstanding men and the inspiration of the contacts made will long stimulate us who work in lesser fields. Not very often does the Medical Society of Nova Scotia entertain the Nobel Prize Winner in Medicine.

The manner in which the routine business was dispatched leads one to compliment the retiring President. Although the detail of such a programme must needs be the duty of the Secretary (and what medical society has a better than the genial Dean) the steering of the Society in its many activities shows what can be done by two agreeable and capable officers cooperating to the full for our common good.

I think I may at this time enter a plea on behalf of those who are honored with seats on the Executive. It appears that the price for such preferment

is the uncomfortable and tiresome duty of sitting all the evening prior to the opening day with almost endless reports and subsequent discussions. It is advanced as an argument for this arrangement that a smaller group can discuss these matters in a more decisive way than the larger meeting of the Society. But the matters are all gone over again for the subsequent two days with the same discussion and seldom if ever any change in the decisions. Might not the logic of "an executive" be carried a step further and a great deal of this repetition avoided. The presidential address among many excellent suggestions contains one of delegating to a committee with power to act such matters as may properly be assigned to its sphere. This committee should meet oftener than once a year. I am sure those who wearily labor till one and two a.m. the night before the meeting would be only too pleased to hand over such work.

The attendance on the whole was satisfactory but not sufficient. In such times as we are now approaching it is of paramount importance that our profession should be a unit. The doctor at Cape North should know the problems of the doctor at Cape Sable, and the doctor in Guysborough should enter into mutually advantageous associations with the doctor in Parrsboro. It may be that a voluntary organization will produce a greater spirit of common effort, but as our immediate past president points out we are in need of stronger organization. When we realize that our Society takes in only a few more than half our profession in this Province we do wonder whether our findings will be acceptable to the profession at large when the Nova Scotia Medical Society sit in conference with the Government. An increase of fifty members last year is very gratifying and gives hope that we may soon embrace a more impressive proportion of Nova Scotia physicians and surgeons.

The 1937 meeting was distinctly a success both from a scientific and social point of view and will go down in our memories as one of the best for the present generation of medical men in this Province. As the President pointed out in his address the glorious and profitable associations that were his when a young graduate and a member of the Society so may we in confidence today recommend to the younger men the associations of such men as Dr. J. J. Cameron of Antigonish, Dunbar of Truro and others; while of more recent vintage Dan Murray of Tatamagouche, Morse of Lawrencetown and Morrison of New Waterford.

Why is the most important and carefully prepared document of the meeting, the presidential report, left till the closing hours? It is conceived with thought and consideration born with elocutionary labor and having established a separate existence is then cradled in the files of forgotten contributions and put away with seldom, if ever, any action on the excellent findings and suggestions contained therein. Might it not be a miniature speech from the throne and as such open our meetings in the full vigor of anticipation.

D. A. MacL.

Minutes of Executive of the Medical Society of Nova Scotia, 1937

THE *meeting* of the Executive of the Medical Society of Nova Scotia was held at Pictou Lodge, Pictou, N. S., on Tuesday, July 6th, 1937, at 8.15 o'clock.

Present: Dr. J. R. Corston, President; Drs. H. G. Grant, H. W. Schwartz, A. B. Campbell, D. F. McInnis, H. B. Whitman, J. J. Carroll, A. M. Siddall, D. F. McLellan, Clarence Miller, A. A. Giffin, C. M. Bethune, G. R. Forbes, D. J. MacKenzie, F. D. Charman, J. K. McLeod, R. H. Fraser, J. A. Langille, L. M. Morton, R. P. Smith, W. L. Muir, J. H. L. Simpson, and D. A. McLeod.

The meeting was called to order by the President.

It was moved by Dr. McLellan and seconded by Dr. D. J. MacKenzie, that the *minutes of last year's meeting* as published in the MEDICAL BULLETIN in October, November and December, 1936, be accepted as read. Carried. The only item of unfinished business was a letter from Dr. D. S. McCurdy, Secretary of the Colchester-East Hants Medical Society dealing with the matter of proper postural methods and sanitation in the schools of Nova Scotia. This was dealt with, and the following motion moved by Dr. Charman and seconded by Dr. McInnis was placed for approval by the main body:

"Superintendent of Education,
Halifax, N. S.

"The Nova Scotia Medical Society in session at Pictou would recommend to your Board the better enforcement of your regulations in regard to posture of students in both urban and rural schools, the better lighting of all school buildings, and also much improved sanitary conditions of lavatories, etc. in all schools, town and country."

Carried.

The only communication was a letter from Mrs. D. M. MacMillan of Reserve as follows:

Reserve, C. B., N. S., June 5th, 1937.

Dr. H. G. Grant,
Secretary, Provincial Medical Association,
Public Health Center,
Morris St., Halifax, N. S.

"Dear Sir:

I am enclosing a letter which I sent to our Public Health Minister, Hon. F. R. Davis.

I received a reply from Dr. P. S. Campbell thanking me for my interest and telling me that they realized the need of this education, but considered the Christian home the place it should come from.

I have asked quite a number of mothers how much of this information they had given and found they had not given any and really did not know what to give. A Doctor in Sydney told me he had only found one father who had given his boys any knowledge of these matters.

I wish our physicians would make a private survey of their parent patients and find out just how many of them are giving this much needed education.

The mother to whom I spoke stated they would be glad to have a reliable doctor, one that would keep up with the latest scientific knowledge along these lines, give

this course of study to their children. With the knowledge our Physicians have of these subjects and with the ability of our educationists working together, some course of conservative education about birth and life could be mapped out that would not be offensive to any age, sex or religion.

As a mother I would suggest that, from the time a child has intelligence enough to grasp interesting facts about plants and animals, this education could begin. The children could be taught just the simple facts of how things grow from seeds to be roses, kittens or baby brothers; perhaps next grade, that all things to grow well, must have selected seeds, good food and good environment so that they will produce their best and be at least one step ahead in perfection, of their parents, plant or animal.

Next grade they could deal with the enemies that work against life,—and the struggle to conquer them; in each grade a little of life value simply, interestingly and matter-of-factly given so as to keep the child's mind awake and accustomed to the facts of life and proper growth, and to instil if possible a reverence for all life and counter act some of the flippant outlook they are getting from the street, some movies, funnies, cheap fiction, etc.

We need not be afraid that by giving the truths of nature to our children we will do them more harm than good. Even the most sheltered child is very apt to pick up from unreliable sources much more harmful knowledge than we could ever think of giving them. A seventeen year old high school girl said to me in wonder, "Isn't it odd that people want us to get in a wrong way what we should get in a right way?" This girl had never heard there were venereal diseases.

With a foundation of neceesary knowledge given in our common schools we could go on with the older girls and boys and give them a thorough course in homecraft; planning of plain wholesome meals, simple income budgeting, child welfare, wife and husband care and parenthood. They should be made to realize the importance of a blood test before marriage and for early pregnancy. We do hope that before long our Department of Health will make compulsory such a test before a marriage license is issued.

With such a knowledge of the facts and responsibilities of life, our young people, when they attain their maturity, will feel they have a foundation of practical education that will fit them for the very complicated job of being mothers and fathers in this day of freedom from restrictions.

If we cannot give our children a free public school course in life and living, let us provide a free course of instructions for those who intend to marry, (or any who care to take it) and make it almost necessary that they come up to a certain simple requirement of knowledge before they be trusted with the welfare of the country's most precious asset, its future men and women.

As it is now, many of our girls take pride in how little they know about home-keeping. Yet they expect a young man to provide them with luxuries of living that their elders only achieved after years of hard endeavor.

I have talked to a number of Doctors about this request of mine, and they have suggested sending it to the Provincial Medical Association for discussion, approval and endorsement, or otherwise as they see fit.

If enough of our people want more training for our youth along home lines I feel sure our Health Authorities will be only too glad to do all they can to bridge the gap that is being left by the hurrying tide of higher education.

In my discussion of this whole matter with a large number of people,—including medical men, parents, educational leaders, and young people themselves—I find that there is a very definite feeling that the Department of Health should be giving this whole matter, and particularly the control of venereal diseases, a more adequate place in its program.

In doing so the Department would have a very good precedent in the work that has already been done in other places, particularly the Scandinavian countries. The results in Sweden during recent years have been such as to demonstrate beyond question

the effectiveness of a well placed, carefully conducted campaign of education, treatment and control.

As one of many who are vitally interested in this matter, I would respectfully ask that it be brought to the attention of the next meeting of the Nova Scotia Medical Association, which, I understand, is to be held early in July.

Yours truly,

(Sgd.) (Mrs.) Lennie MacMillan
(Mrs.) D. M. MacMillan.

The following is a copy of Mrs. MacMillan's letter to Dr. Davis.

"Hon. F. R. Davis, M.D.,
Minister of Public Health,
Halifax, N. S.

Dear Sir:

I have been interested for a number of years in one of our social disease problems, namely: that the public and particularly the youth of our country do not seem to be given enough education about venereal diseases.

I am asking that a thorough scientific, up-to-date education be given in our schools along these lines. Other sex education, I think, might with profit be given, but even if syphilis and gonorrhoea were covered thoroughly this would give a good deal of sex knowledge. This much should not be neglected any longer.

As an adult I am becoming more ashamed and conscience stricken that we are letting our children out into the new freedoms of life without arming them with knowledge that will guard them against these "highly communicable diseases".

Thomas Parran, M.D., Surgeon General of the United States Public Health Service, in his article "Why don't we stamp out syphilis" states: that "syphilis ranks with cancer, tuberculosis and pneumonia as one of the four greatest killing diseases".

If killing was all that it is responsible for, it wouldn't be so bad, but Dr. Parran also states that "it disabled nearly five times as many in 1934 as automobile accidents, that it is responsible for more than 10% of all insanity, 18% of all diseases of the heart and blood vessels, for many of the still-births, and the death of babies in the first week of life."

It is not necessary for me to point out that gonorrhoea is responsible for a long line of ills also: blindness, gonorrhoeal arthritis, women's major abdominal operations, etc.

Both diseases are the cause of more sorrow and suffering in mind and body than any of the other ailments of humanity.

I have been told that it is our duty as parents to give information about life to our children, and that it is not the duty of the public schools to teach sex hygiene. But how can we give education about that which a great majority of us are ourselves ignorant?

I think if you were to go among the parents of Nova Scotia with that question you would find this to be true. So if parents are ignorant of the necessary subject matter, or are not willing to give knowledge that they themselves have, where can we begin but with the pupils. Then when they grow to manhood and womanhood they will have had their minds cleaned of impure thinking that has been keeping their parents from telling them of life and living.

Give to them high ideals of motherhood and fatherhood. Teach them that to be mothers and fathers is their privilege, to be trained for, from the time they are born, to keep themselves fit, to pass on to the next generation a sound mind in a sound body.

The Churches are not giving this education to our children. I speak from a Protestant point of view. And if some information is being given by some churches, I contend it should be given by Doctors who keep up with the most scientific knowledge along this line.

As one of the people I ask your Department to give us the same enlightened information in connection with these diseases as has been given regarding other diseases, the ravages from which have not been so great as from venereal diseases.

Yours truly,

(Sgd.) (Mrs.) D. M. MacMillan."

This was dealt with by a motion by Dr. Morton of Yarmouth, seconded by Dr. McLellan, as follows:

Dear Madam:

Your letter forwarded to Dr. Davis, our Minister of Health, was brought before the Executive of the Medical Society of Nova Scotia in annual session Tuesday, July 6th, 1937. The members of the Medical Society of Nova Scotia are well aware of the facts as stated in your correspondence. Please be advised that the Medical Society is giving these problems due consideration."

This was approved and sent on to the general meeting.

The reports of the following committees were received:

Cogswell Library Committee.

The total expenditure upon the Medical Library from all sources during the year 1936-37 was as follows:

Subscriptions to current journals	$ 967.35
Purchase of back files of journals	366.74
Purchase of books	435.00
Cost of binding	111.63
Incidental expenses	94.62
Salaries of librarians	902.00
Total	$2,877.34

Practically all the journals to which subscriptions had been cancelled during 1935-36 are now being subscribed to by the library. Also the 1936 issues of these journals have been purchased so that the files may remain unbroken.

Sixty-eight new books were purchased during the year. A number of books were also donated to the Library.

The Library is used by very few physicians throughout the Province. Since January 1937, nine books and seventeen journals have been sent to doctors residing outside of Halifax.

Receipts: Cogswell Library Fund, 1936-37 ..... $330.00

(Sgd.) W. L. Muir.

The suggestion was made that lists of books as they are received at the Library be published in the BULLETIN.

It was moved by Dr. Campbell and seconded by Dr. Simpson that this report be accepted and sent on to the main body for approval. Carried.

Council of the Canadian Medical Association.

The council met for two full days, June 18th and 19th, at the Chateau Laurier, Ottawa. Representatives from Nova Scotia on the Council were Drs. J. R. Corston, Dan Murray, H. G. Grant, W. L. Muir and K. A. MacKenzie. Dr. J. V. Graham and A. L. McLean sat in as alternates.

It was decided that the next annual meeting be held in Halifax in 1938. Dr. Routley briefly outlined some features of his recent trip to Europe in which

he studied health insurance. A full report of eighty pages or more will later be presented to Council. Considerable discussion took place on Federation. The by-laws were amended to meet certain objections. Reports were made by various provincial representatives and with a scheme of dual membership it is felt that definite action may be taken during the coming year to bring the provincial associations into closer unity. Dr. McEachern and his committee were given instructions to implement the Cancer programme as speedily as possible. Full reports will be found in the early numbers of the Journal.

(Sgd.) K. A. MacKenzie."

It was moved by Dr. Morton and seconded by Dr. D. J. MacKenzie that this report be accepted and sent on to the main body for approval. Carried.

Legislative Committee.

When the Legislature was considering the Report of the Commission on Workmen's Compensation Board matters Dr. H. K. MacDonald and the undersigned appeared before a Committee of the Legislature and spoke in favor of the extension of the thirty day period of treatment for injured workmen and an increase of the mileage rate to medical men from fifty to seventy-five cents per mile. On no other occasion during the past year was there Legislation calling for your Committee to function.

Respectfully submitted for the Committee,

(Sgd.) J. G. MacDougall, M.D.

It was moved by Dr. Muir and seconded by Dr. Bethune that this report be accepted modified by the following wording "injured workmen and protesting against the reduction of the seventy-five cent mileage to a fifty-cent one" replacing "injured workmen and an increase of the mileage rate to medical men from fifty to seventy-five cents per mile." This was carried and sent on to the main body for approval.

Editorial Board Committee.

Having assumed the editorship of the BULLETIN less than a year ago I would hesitate to voluntarily resign at so early a date, but if any member would be so good as to lead the way I can assure him of co-operation. Due to the work of Dr. Grant and our contributors your editors have been able to publish this Society's journal from month to month. We endeavoured to continue the practice of having different branches of the Medical Society of Nova Scotia make themselves responsible for editions. The January number was sponsored by the Valley Medical Society; March, by the Cape Breton Medical Society; April, by the Western Nova Scotia Medical Society; June, by the Pictou County Medical Society; and the December number by the Victoria General Hospital staff.

The present editors have attempted to inaugurate what might be called a review service. Certain men were selected, a department assigned to each one, and they were asked to make abstracts of worth while articles appearing in the current literature.

As you will have noticed in last month's issue we published the contents of some of the leading medical journals. In doing so we are following the example of the Manitoba Medical Bulletin as we, ourselves, found this practice very helpful. These journals are available on request to all practitioners who comply with the regulations of the Dalhousie Medical Library with which is incorporated the Cogswell bequest to this Society.

It must be confessed that the literary quality of our BULLETIN causes us considerable anxiety. Personally, I experience great difficulty in handling our language. If you asked me for a practical suggestion to improve the medical curriculum I would say eliminate certain time consuming experiments and substitute English composition throughout each year of the course. How delightful it is to read an article expressed simply and clearly. What is the origin of the idea that a case report must be written in the language of a rush hour telegram, and in consequence so jerky that the back of one's neck aches for hours after reading one? The editors are asking the Society to give them permission to employ some one well qualified to correct manuscripts and to submit the same to the authors before sending them to the printer. This would probably pay for itself in eliminating the expense entailed when the printer has to reset the type as is now the case. We believe that essentially good material should be presented in the very best form possible. One will acknowledge that there are times when the use of a capital letter may be debatable. Some of our contributors seem to have solved the difficulty by the simple expedient of conferring this honour on every fourth word and letting it go at that. As mentioned in our January editorial the editors request their contributors to send their manuscripts typewritten, and if this is not possible, to give very, very, very great care to their handwriting. The BULLETIN has not only managed to pay its own way but has again been able to contribute to the general expenses of this Society. This latter practice is open to question. Might it not be wiser to set aside such profits for the improvement of the BULLETIN itself?

Respectfully submitted,
(Sgd.) H. W. Schwartz.

It was moved by Dr. Schwartz and seconded by Dr. Siddall that this report be received but that the suggestion for employing some one to edit manuscripts be considered after the reception of the Treasurer's report. Carried.

Cancer Committee Report.

Mr. President:

Our report of a year ago recommended that this Society support the plan for a Canada-wide cancer organization which has been submitted to your Committee by Dr. McEachern, Chairman of the Canadian Medical Association Cancer Study Committee; and our recommendation was duly adopted. It is now our pleasure to report upon the further development of the matter.

Some time ago a communication from Dr. McEachern informed us that at the meeting of the Board of Trustees of the King George V Silver Jubilee Cancer Fund he had presented his proposals, which were in effect those to which we had subscribed. He reported that his proposals were enthusiastically and sympathetically received with one specific exception. The Board of Trustees felt that they could not set up, nor cause to be set up, the National organization which has been suggested. They intimated, however, that they would be willing to extend their assistance to some other responsible body and hinted that the Canadian Medical Association was the body best fitted to undertake the task.

In consequence of this the Canadian Medical Association Committee submitted drafts of the position which the Canadian Medical Association would accept and with that a request for an annual grant of $14,000.00 to

enable them to maintain it. The proposal finally accepted by the Board of Trustees briefly is as follows:

1. That a Department of Cancer Control be inaugurated.
2. That it be constituted not as a new organization but by an alignment of existing committees.
3. That it consist of a Board of Directors presided over by a Managing Director with Secretariat.
4. That the Department shall be under the control of the Executive of the Canadian Medical Association acting for general council.
5. That each Provincial Chairman shall be ex-officio a member of the Board of Directors of the Department of Cancer Control of the Canadian Medical Association.
6. That the Managing Director of the Department of Cancer Control be the General Secretary of the Canadian Medical Association who shall have power to appoint as his Secretaries the Associate Secretaries of the Association.
7. That the Managing Director shall be authorized to use any other Department and to co-opt any Canadian Medical Association Committee to facilitate the carrying out of the work of his department.

The immediate duties of the Department of Cancer Control are set forth as follows:

(a) To set up in each organized hospital of 100 beds and upwards in Canada where no tumor clinic or cancer committee already exists, a a Cancer Committee.

(b) To provide each such hospital committee with an outline of its duties and a set of working rules.

(c) To provide a form to be used in the recording of cancer cases so that some measure of uniformity may be ensured.

(d) To secure the co-operation of an "Authorship Committee" which will provide leaflets for distribution to such hospitals.

(e) To secure from the same source a number of addresses suitable for delivery before a lay audience in the event of the organization of a national-lay organization being undertaken.

It was understood that these proposals were to be submitted to the Executive Committee of the Canadian Medical Association at the Ottawa meeting in June and that if they were endorsed by that body a cheque for $14,000 would be forthcoming immediately.

We have had as yet no official notice as to the result of that meeting but the Canadian Medical Association President-elect, Dr. MacKenzie, has informed our Chairman that Dr. McEachern was given full authority to consummate this arrangement. It will be noted that the activities proposed in this phase of the matter are purely medical. The attitude towards the lay-educational side of it is best shown by quoting again from a letter of Dr. McEachern's to the Secretary of the Board of Trustees.

> "Very serious consideration was given....to the establishment of a National Medico-Lay Society for the Control of Cancer. It was decided that it was essential that this organization be started 'on the right foot' even if a little delay in organizing it resulted from a careful study of methods, before the organization is launched."

Dr. Routley, General Secretary of Canadian Medical Association visited five or six European countries this Spring and while there was expected to study organization methods in cancer, in those countries. It was expected that on his return and report, the whole thing would be thrashed out by the Canadian Medical Association Executive. We again have no official report from Dr. McEachern but we know that Dr. Routley did make a report, a very lengthy one. It is understood, however, that it must be digested for quite some time before action in this field may be expected.

With respect to local conditions, we regret to record again total cancer deaths for the past registration year at 617. We are pleased to note, however, that this represents a decrease of 71 from the preceding year and a decrease of 16 below the five year average.

We regret also to report that the problem of cancer quacks has continued to disturb us; indeed the problem seems to have increased in magnitude. So impressed has your Committee become with this, partly because of specific cases that have come to our knowledge that at several of its meetings, consideration was given as to the course that should be pursued in connection with it.

While there would seem to be no doubt but that the Medical Act is violated, in any effort to establish that fact the usual difficulty of securing willing witnesses would be experienced. It is fairly obvious that the problem exists only because of the ignorance and consequent credulity of our people in the matter, and it was therefore agreed that for the present our efforts should be directed toward the infinitely slower but definitely more durable solution of the problem *Education*.

It was felt that this was very properly the function of the Department of Health, especially as at the moment no other channel is open to us; and since at a meeting of our Committee with the Minister and Chief Officer, they expressed their willingness to receive suggestions from us, we have recently addressed ourselves to them. The following is a copy of the letter and it will speak for itself.

Halifax, N. S.,
June 26th, 1937.

Hon. Dr. F. R. Davis,
Minister of Health,
City.

Dear Doctor Davis:

At your meeting with our committee and in your subsequent letter you very kindly intimated that you would be glad to receive any suggestion from us looking to the control of Cancer. We would beg now to offer one.

For a long time it has been common knowledge that in certain parts of the province people are being treated for cancer by quacks. The very important consequences are threefold. First, and of paramount importance, it prolongs the time between the onset of symptoms and the coming under proper treatment, and that of course means that most of those cases died because they come too late. Secondly, their attempts to destroy with caustic paste not only primary tumors, but as we have recently seen it, metastatic glandular enlargements as well, imposes upon their dupes a great and fruitless suffering. Finally, it is a method of extracting money from the people without any consideration of value. To these must be added the fact that some of those quacks constitute distributing centres for the propaganda which is calculated to undermine the confidence of the public in the scientific treatment of those cases, and which militates against the acceptance of that knowledge which both you and we would like to have disseminated.

This condition of affairs has developed unchecked until now in one section of the country, the quack has been raised—one may almost say officially—to the status of the trained professional man, with emoluments that are in keeping therewith.

That such conditions obtain and are possible only because of improper education no one doubts. Our committee feel therefore that the circumstances are sufficiently urgent to justify your departments augmenting its already excellent effort by the issuing of a special bulletin and by the taking of such other measures as will convey to the public the warning that should properly be given in such a case. In this connection we would respectfully suggest that the 'other measures' should include (1) The use of the lay press—both daily and weekly, and (2) The display of large posters in the country post offices.

With respect to the special bulletin, we feel that it should be distributed throughout the province by both the urban and the rural deliveries and in town post offices through box and general delivery services.

We appreciate that this involves a great deal and we would not suggest it, did we not have knowledge that the growing situation demands it. We believe that to be effective all the measures suggested should be employed and we will be very glad to co-operate in any way, if you would care to use us.

Thanking you in anticipation of your interest, we are,

Yours very truly,

The Cancer Committee of the Nova Scotia Medical Society,
N. H Gosse, Chairman,
S. R. Johnston,
H. W. Schwartz.

All of which is respectfully submitted,
(Sgd.) N. H. Gosse,
Chairman.

It was moved by Dr. Schwartz and seconded by Dr. Morton that this report be accepted and sent on to the main body for approval. Carried.

Public Health Committee.

Halifax, N. S., June 14, 1937.

Dear Dr. Grant:

I am in receipt of your letter of June 5, in which you ask for report of the Public Health Committee, of the Medical Society of Nova Scotia, before the 30th of June.

In reply, I may state that I am not Chairman of this Committee, I understand the Executive of the Provincial Association of Medical Health Officers constitutes the Committee, in which event, the President of the Committee, viz; Dr. Belliveau of Meteghan, would be the Chairman.

So far as I know a meeting of the Committee has not been held during the year; perhaps for the reason that nothing unusual has occurred to prompt the calling together of the various members.

In appointing committees of the Nova Scotia Medical Society in future, may I suggest that it would be well to have the Chairman designated with the understanding that he will be responsible for assembling the various members and seeing to it that a report be drafted and forwarded to the Secretary of the Medical Society.

Yours very truly,
(Sgd.) P. S. Campbell,
Chief Health Officer.

It was moved by Dr. A. B. Campbell and seconded by Dr. Smith that Dr. Campbell's letter be received, and that we suggest to the Nominating Committee that Dr. P. S. Campbell be made chairman of the Public Health Committee for 1937-38. Carried.

Historical Committee. The Chairman of the Committee reported that there had not been any meeting of the committee during the year.

Special Historical Committee.

This was a report of the special committee (Drs. W. W. Patton, H. L. Scammell and K. A. MacKenzie) appointed to carry out the suggestions contained in Dr. Patton's report at the annual meeting, 1936.

Dr. J. R. Corston, President,
Medical Society of Nova Scotia.

Dear Sir:

At the request of the Chairman of this Committee, Dr. W. W. Patton, who is unable to be present at this meeting, we beg to submit the following report. The committee met several times in March, secured considerable information on the following points.

Custodian—The Medical Society of Nova Scotia is the proper body to assume custodianship of a medical museum.

Location—The Archives Building, Public Health Centre and Pathological Building were considered. Dr. D. C. Harvey expressed a willingness to help in every way and stated the important documents could be placed in the Archives Building for safe keeping. The Provincial Government has offered suitable space in the pathological building and the committee feel that this is the best place as being accessible at all times to the members of the medical profession.

Equipment—It is essential that suitable cabinets be purchased. This question has been studied from catalogues and local cabinet makers. The cost varies from $85.00 to $265.00 per cabinet. Donors will require some assurance that gifts or loans will be properly protected. Your committee request that this responsibility be assumed by this society and that an amount not to exceed $250.00 be voted for this purpose.

Material—Many interesting old instruments are now housed in the pathological laboratory and more is in sight. An appeal can be made in the BULLETIN for material which may be given as gifts or loans, and the name of the donors acknowledged on suitable cards attached to the articles. Your committee is confident that a large and interesting collection can be made and express the hope that it will be ready for exhibition at the Annual meeting of the Canadian Medical Association in Halifax next June.

Respectfully submitted,
(Sgd.) K. A. MacKenzie.

It was moved by Dr. Smith and seconded by Dr. A. B. Campbell that this report be received, and that the request for $250.00 for cabinets be dealt with after our reception of the Treasurer's report. Carried.

Workmen's Compensation Board Committee.

Mr. President and Members of the Medical Society of Nova Scotia. As acting chairman of the Committee of the Workmen's Compensation Board which was appointed at the last annual meeting of this Society I beg leave to report.

On account of the Chairman of the Committee, Dr. Lynch of Sydney, being unable to act, and, on account of the fact that the Government had appointed a Commission to enquire into the workings of the act, it was thought

advisable that I should assume the duties of Chairman, and in view of the fact that representatives from various bodies and industries were given an opportunity to present their respective cases to the Commission, the Workmen's Compensation Board committee of this society felt that we should present our case, and we did so.

I might state that the committee felt it would be wise to increase our numbers and accordingly the President of the Society, Dr. Corston, Dr. Burris, and Dr. Victor Mader who were former members of the committee, Dr. J. V. Graham, and our secretary acted in conjunction with us.

The committee met on many occasions. Our secretary obtained reports from the various Workmen's Compensation Boards throughout Canada (with the exception of Prince Edward Island, where no Workmen's Compensation Board function). The Act in the various provinces was studied, also the scale of fees, and much valuable information was obtained, all of which is on file at the Secretary's office, and although not embodied in this report the various members of the committee are present and will be pleased to answer any questions that are asked.

Our Committee was particularly concerned with the thirty day clause for treatment of disabled workmen, and our efforts were directed particularly to having this clause amended.

The Committee appeared before the Commission on two occasions while they functioned, and again in conjunction with the Legislative Committee of this Society, appeared before the Law and Amendments Committee when the House was in session. On each occasion the elimination of the thirty day clause was stressed. Many interesting points were brought out as a result of our studies, such as the cost per patient to the Workmen's Compensation Board in various provinces, as compared with the cost per patient in Nova Scotia.

Unfortunately the Commission did not see eye to eye with us in so far as the thirty day clause is concerned. In other words, full medical treatment has not been granted, but personally I am of the opinion that when the Board considers this clause a much greater latitude will be allowed, which will be of material benefit to both workmen and doctor.

Another recommendation of the Commission was that the mileage rate be reduced from seventy-five to fifty miles per mile, as this, as in all cases so far as fees are concerned is the work of the Board itself, no such reduction has been made as yet.

Thus herewith the Brief:

To the Chairman and Members of the Royal Commission to inquire into the administration of the Workmen's Compensation Act in Nova Scotia. Gentlemen:

We, the Committee on the Workmen's Compensation Board affairs of the Medical Society of Nova Scotia, beg to present the following statement.

1. Primarily, we are here to ask for a revision of the Act so far as the thirty-day period is concerned. In this, Nova Scotia is unique in that every other Province in Canada has no such limitation. Ever since the Act has been in force this feature has been unsatisfactory to the medical profession in Nova Scotia, and generally misunderstood by the workman. We have repeatedly, through Committees of the Medical Society of Nova Scotia, brought our dissatisfaction in this regard to the attention of the Workmen's Compensa-

tion Board and have always been met by the contention of the Board that they were bound by the Statute, and that we should devote our efforts to having it amended. As this is the first occasion on which the administration of this Act has been the subject of independent inquiry, we wish to take this opportunity of pressing for the elimination of the clause relating to the thirty-day period of medical aid. We would call to your attention the unfairness of this clause, both to the workman and the medical attendant. It is true there has been an amendment recently to the effect that this thirty-day period for medical aid may commence within thirty days of the accident, instead of the date of the accident as formerly; but, nevertheless, the period that medical aid is furnished by the Board remains rigidly the same.

2. We would respectfully draw to your attention that the medical fees paid by the Workmen's Compensation Board of Nova Scotia are, in general, considerably lower than the fees paid by the Board of any other Province in Canada. Furthermore, we find that the average amount paid per case for medical aid in Nova Scotia for the year 1935 is $15.30, the lowest figure of its kind in any Province of Canada.

Herewith, we submit two tables—

(a) Comparative schedule of fees paid in seven provinces in Canada in 1935. (We were unable to secure the schedule of fees from British Columbia in time for this report.)

(b) Comparative statement of the average cost per case of medical aid in the various provinces of Canada.

We feel that these facts will be given due and fair consideration by this Commission in their contemplation of the matter of medical aid. We wish to make it clear that the Medical Society of Nova Scotia is not here to defend or condone fraudulent practices on the part of anyone. We deem it to be the proper function of the Workmen's Compensation Board to detect and deal with fraud which may be practised by any of the parties with whom they deal—employers, employees or doctors.

In conclusion, we wish to acknowledge that in our relations as a Medical Society of the Board we have always met with courtesy and an evident desire on their part to give fair consideration to such complaints as we have had to make from time to time. We wish to repeat, however, that this fair consideration has been continually hampered by the so-called rigidity of the Act, and we take this opportunity of making a request on behalf of the Medical Society of Nova Scotia for remedial action on the points enumerated, and also for the provision of more discretionary power to the Workmen's Compensation Board in its administration of the Act.

(Sgd.) H. K. MacDonald, M.D.,
Acting Chairman of the Workmen's Compensation Board Committee of the Medical Society of Nova Scotia.

Halifax, N. S.
7th January, 1937.

Schedule of Fees.

	N. S.	N. B.	Que.	Ont.	Man.	Sask.	Alta.
Amputations							
Finger or toe	$10.00	$10.00	$ 15.00 5.00 each add.	$ 15.00	$ 15.00	$ 15.00 5.00 each add.	$ 15.00
Arm, forearm or wrist	30.00	40.00	50.00	50.00	50.00	50.00	50.00
Disarticulation of hip	80.00	90.00	100.00	100.00	100.00	100.00	100.00
Fractures							
Finger or toe one or two	10.00	10.00 for one 5.00 each add.	8.00 one 15.00 more than one	10.00 one 15.00 more than one	10.00 one 5.00 each add.	8.00 one 15.00 more than one	10.00 5.00 add. over 2
Femur	50.00	65.00	75.00	75.00	100.00	75.00	100.00
Humerus	30.00	40.00	50.00	50.00	50.00	50.00	50.00
Tibia and Fibula	40.00	50.00	60.00	60.00	75.00	60.00	50.00
Ribs (1-3)	10.00	10.00	10.00	10.00	5.00 to 20.00	10.00	10.00 (1 or 2) 5.00 each add.
Clavicle	15.00	20.00	25.00	20.00	25.00	25.00	25.00
Dislocations							
Finger or toe one or two	5.00	5.00	8.00 one 10.00 more than one	8.00 one 10.00 more than one	5.00 any or all	5.00	5.00
Elbow	15.00	15.00	20.00	20.00	20.00	20.00	25.00
Shoulder	15.00	20.00	20.00	20.00	20.00	20.00	25.00
Semilunar cartilage	10.00		15.00	15.00		15.00	10.00
Eye							
Removal	40.00	40.00	50.00	50.00	50.00	50.00	60.00
Hernia	60.00	60.00	60.00	60.00	60.00	75.00	75.00
Anaesthetics							
Major	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Minor	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Mileage	.75 per mi. one way, $15.00 limit	1.00 per mi.	.75 per mi. one way 20 mi. limit	.50 per mi. one way $20.00 limit	1.00 per mi. one way	1.00 per mi. one way up to 20 mi.	.40 per mi. plus 3.00 per hr. time loss if over 5 mi.

Average Cost for Medical Aid in Eight Provinces of Canada.

Province	Number of Accidents Reported	Amount paid for Medical Aid	Average amount paid per Accident
Nova Scotia 1935	9,225	$ 141,156.05	$15.30
New Brunswick, 1934	7,858	195,826.94	24.92
Quebec, 1935	39,007	619,222.21	15.87
Ontario, 1935	58,546	1,172,287.91	20 02
Manitoba, 1935	9,907	188,054.31	18.98
Saskatchewan, 1935	3,424	70,669.97	20 64
Alberta, 1935	11,058	205,891.70	18.62
British Columbia, 1935	26,280	475,491.93	18.09
TOTAL	165,305	$3,068,601.02	$18.56

It was moved by Dr. McLellan and seconded by Dr. Simpson that this report be received. After some discussion the following motion was moved by Dr. MacLellan, seconded by Dr. Whitman and carried.

That this Executive respectfully but strongly protest to the Compensation Board any intended reduction in the 75c. mileage. Further, this Executive

of the Medical Society of Nova Scotia strongly advocate to the Government that the thirty day limit for treatment of injury be eliminated.

Report of the Committee on relation of the Medical Society of Nova Scotia to the Canadian Medical Association.

Dr. J. R. Corston, President,
Medical Society of Nova Scotia.

Dear Sir:

During the latter part of 1936 this Committee was concerned with securing conjoint membership for the two associations: 288 signed the questionnaire and up to date 273 have paid the conjoint fee. No meetings have been called to consider the federation scheme as there did not seem to be any important matter to settle. It was found that the all or none plan was not acceptable to any of the provinces except British Columbia. It is now proposed to adopt a modified scheme in which there will be two classes of members, one, in which membership in both organizations and two, membership in the branch only. It is probable that this scheme will appeal to all the provincial organizations, and that definite action may be taken next year. The by-laws of the Canadian Medical Association have been amended this year in order to meet objections which have arisen.

Respectfully submitted,
(Sgd.) K. A. MacKenzie.

It was moved by Dr. Muir and seconded by Dr. Schwartz that this report be received and sent on to the main body for approval. Carried.

Report from the Provincial Medical Board.

The President and Members,
The Medical Society of Nova Scotia,
Halifax, N. S.

Gentlemen:

I beg to submit on behalf of the Provincial Medical Board of Nova Scotia a resume of its activities during the past year as follows:

The six members of the Board appointed by your Society assumed Office and were all present at the two meetings of the Board since held. The death of Dr. J. A. Sponagle of Middleton removed from the Board one of its members appointed by the Provincial Government. His place has been filled by Dr. F. S. Messenger, also of Middleton. In his capacity as a Board member, as in all his other activities, Dr. Sponagle rendered sane, loyal and efficient service to the Medical Profession in this Province.

The matter of the McGill Medical Curriculum brought before you at your last meeting is not yet settled, though some progress has been made. It is hoped that during the next few months a conclusion will be reached which will maintain the standard of Medical education required by this Province of its candidates for licensure. The Board feels that in this regard there can be no compromise with anything inferior to that at present held.

Following the conjoint examinations of the Board and Dalhousie University, concluded in May, twelve of the successful candidates, having fulfilled all the conditions, were granted licenses. Several others secured licenses during the year by virtue of being licentiates of the Medical Council of Canada or of the General Medical Council of Great Britain.

It is a pleasure to report also that the President, Dr. J. G. MacDougall, was, at its last meeting, elected President of the Medical Council of Canada, a fitting tribute to his many years of service on that body.

A very large amount of routine business was, as usual, dealt with during the year.

Respectfully submitted,
(Sgd.) H. L. Scammell, M.D.,
Registrar.

It was moved by Dr. A. B. Campbell, seconded by Dr. D. J. MacKenzie, and carried, that this report be received and sent on to the main body for approval.

Report of the Victorian Order of Nurses.

To The President and Executive
of the Medical Society of Nova Scotia.

Gentlemen:

Re: Victorian Order of Nurses.

There is nothing new to report on the work of the Victorian Order of Nurses in Nova Scotia.

As usual they have been carrying on in their quiet but most efficient manner in the various phases of their work.

Again—may I urge greater recognition of this Order by the Provincial Health authorities and the medical profession—indicating once again the national scope of their work which at the same time means the most efficient, both economically and professionally, medium we have in Canada for nursing services in all its branches.

Respectfully submitted,
(Sgd.) Chas. S. Morton.

It was moved by Dr. Schwartz and seconded by Dr. A. B. Campbell that this report be received and sent on to the main body for approval. Carried.

Treasurer's Report.

FINANCIAL STATEMENT
Medical Society of Nova Scotia Year 1936-37.

RECEIPTS

July 2, 1936	Balance cash on hand Savings Bank	$ 710.78
	Current Acct.	2,286.15
	Annual subscriptions	4,573.17
	Receipts from Medical Bulletin	2,389.58
	Interest on Savings Bank	3.55
	Receipts of Annual Meeting	281.80
		$10,245.03

DISBURSEMENTS

Subscriptions to Canadian Medical Society		$ 2,140.00
Cost of Medical Bulletin		2,037.82
Cost of annual meeting		345.05
Sundry expenses		504.60
Salaries		1,680.00
Cash on hand June 30/37		
Savings Bank	714.33	
Current Acct.	2,823.23	
		3,537.56
		$10,245.03

Profit and Loss Statement

Annual subscriptions		$2,433.17
Interest on Savings Bank		3.55
Medical Bulletin		351.76
		$2,788.48
Less Costs		
Salaries	$1,680.00	
Sundry Expenses	504.60	
Annual Meeting	63.25	2,247.85
Net Profit for year		$ 504.63

Cogswell Library Fund.
Medical Society of Nova Scotia
Year 1936-37.

RECEIPTS

Balance cash on hand June 30/36	$ 3.17
Interest on Bank Account	2.51
Income from Bonds	327.74
	$333.42

DISBURSEMENTS

Dalhousie University	$330.00
Balance cash on hand June 30/37	3.42
	$333.42

It was moved by Dr. Muir and seconded by Dr. L. M. Morton that this report be received and sent on to the main body for approval. Carried.

It was moved and seconded that the suggestion in the Editorial Board report by Dr. Schwartz for employing someone to edit manuscripts at possibly $150.00 a year, be accepted. Carried.

It was moved and seconded that the report of the Special Historical Committee be received in toto, including the $250.00 to be spent on equipment. Carried.

General Secretary's Report.

The Report of the General Secretary for the year ending June 30, 1937.
To the President, the Executive and Members
of the Medical Society of Nova Scotia.
Gentlemen:

It is my pleasure to report to you on the activities of our Society for the present year.

Membership: This year after discussing the matter informally with Dr. T. C. Routley, General Secretary of the Canadian Medical Association, it was decided to ask the Canadian Medical Association if they would work with us in offering a conjoint fee of $15.00 to our members, this fee to include membership in both Societies, also the Bulletin and the Journal of the Canadian Medical Association. In October, 1936, a letter was sent to every physician in the province explaining the matter together with a questionnaire asking whether or not the physician in question would subscribe to a conjoint fee.

As the answers were practically all in the affirmative, the opinion of the executive was determined by mail. The executive voted by letter favouring the proposition and following this Dr. K. A. MacKenzie, our then representative on the executive of the Canadian Medical Association brought this request formally to the Canadian Medical Association. It was accepted. Drafts were accordingly made on each member subscribing to the agreement for $15.00, eight ($8.00) dollars to go to the Canadian Medical Association and seven ($7.00) dollars to the Medical Society of Nova Scotia. Of the 289 who agreed to pay the conjoint fee 273 have done so and twenty-seven members preferred to join the Medical Society of Nova Scotia only; with our seven (7) honorary members we have a total membership this year of 307 compared with 257 for last year, an increase of fifty (50).

Through this arrangement the Canadian Medical Association membership in Nova Scotia was increased from 130 to 273. It should be again explained that this conjoint fee is not federation with the Canadian Medical Association, but simply an agreement for one year between the two societies to lessen the expenses incidental to membership in both associations. The members of our Society who took advantage of this agreement have profitted; the Society has gained in membership but suffered a slight loss financially. As this agreement was only for one year it will be necessary for our Society to decide whether they want to continue it.

The Bulletin:

Although the BULLETIN has been covered in a most comprehensive manner by the Editor-in-chief, Dr. Schwartz, there are a few things which I would like to say. First, to point out the time and great care that Dr. Schwartz has given to the BULLETIN. He not only has concerned himself with the securing of articles and the editing of material, but has also been a great help with the advertising. Through his efforts we are several hundred dollars richer in this respect.

As you will be told by the Treasurer, Dr. Muir, the BULLETIN has again this year made a substantial profit, a matter of some $350.00. The expenses have been roughly the same as last year and the income from advertising increased. In my last annual report I pointed out the difficulty in securing articles for the BULLETIN and suggested that perhaps Nova Scotia was not quite large enough to maintain it. This year I have had a change in mind for although each edition necessitates quite an amount of preparation in the way of correspondence it seems that many more of our members wish to write. Although it is not my place to comment on the nature of the articles I would say that the tone of the Journal has improved. Last year I was instructed by the Society to write to the members of the Society who had not paid their fee asking them if they would not at least pay the subscription price to the Journal. I did not do this as I felt it would materially interfere with the drive for membership.

Obituary:

It is our sad duty to record the deaths of the following members, who passed away during the year:

George E. Buckley, M.D., Jefferson Medical College, 1867, died at Guysboro n July 31st, 1936. Dr. Buckley was born at Sydney, in 1847, and received s preliminary education in the Maritime Provinces, and practised in Guys-

boro from 1867 for sixty-seven years, and at the time of his death was an honorary member of the Medical Society of Nova Scotia.

Duncan Alexander Campbell, M.D., Dalhousie University, 1922, died at Bridgewater, September 1st, 1936. Dr. Campbell was in his thirty-ninth year, and had practised in Bridgewater for twelve years.

Wendell Van Kleeck Goodwin, M.D., Dalhousie University, 1899, died at Pugwash on October 26th, 1936. Dr. Goodwin was born at Baie Verte in 1871, where he received his early education, graduated from Normal College in 1890 and taught school for five years, and entered Dalhousie in 1895. He first practised in Bass River, where he remained for eight years, and removed to Pugwash in 1907, where he practised until the time of his death.

J. Rupert Chute, M.D., Halifax Medical College, 1877, died at Elderbank on December 27th, 1937. Dr. Chute first practised in Newfoundland, later located in Guysboro County and then moved to the Musquodoboits.

Duncan Andrew Murray, M.D., McGill University, 1889, died at River John on December 28th, 1936. Dr. Murray was born in Meadowville, Pictou County, and practised his profession in River John for forty odd years. Dr. Murray was an honorary member of the Medical Society of Nova Scotia.

Ronald Foley MacDonald, M.D., University of Pennsylvania, 1910, died at Antigonish on December 17th, 1936. Dr. MacDonald was born at Antigonish Landing in 1883 and graduated from St. Francis Xavier University in 1903. After graduating in 1910 he practised at Riverton, New Jersey, and then returned to Antigonish. In 1924 he went to London where he specialized in eye, ear, nose and throat work, which specialty he practised in Antigonish from 1925 until the time of his death.

George E. Drew, M.D., University of New York, 1881, died at New Westminster, B. C., on December 14th, 1936. Dr. Drew was born at Petite Riviere and attended Mt. Allison University, and after graduation practised in Petite Riviere for twelve years, and then moved to New Westminster.

Willoughby Schafner Phinney, M.D., Dalhousie University, 1902, died at Yarmouth on February 4th, 1937. Dr. Phinney was born in Bridgetown, and after graduation started practising in Yarmouth, later moving out West and then returning to Yarmouth, and after taking post-graduate work in diseases of the eye, ear, nose and throat in 1915 in New York, devoted all his time to that specialty.

Walter Henry Pentz, M.D., Dalhousie University, 1928, died at Halifax on January 13th, 1937, at the age of forty-seven. Dr. Pentz first graduated in Pharmacy and carried on a business in the north end of Halifax for a number of years. After graduating in 1928 he practised in Halifax until the time of his death.

Lieut.-Col. John Addy Sponagle, M.D., Halifax Medical College, 1883, died at Middleton on February 19th, 1937. Dr. Sponagle was born February 6th, 1861, and was educated in the Common and High Schools of the different Towns in which his father was stationed, as a Methodist minister. He was house surgeon at the Victoria General Hospital after graduation and started practising in Middleton where he remained. Dr. Sponagle also spent a year in post-graduate work in New York and in 1909 spent six months in London: during the World War he was regimental surgeon of the 25th Btn. Dr. Sponagle was an honorary member of the Medical Society of Nova Scotia.

Alexander Neil Chisholm, M.D., McGill University, 1917, died at Port Hawkesbury on March 3rd, 1937. Dr. Chisholm was born at Port Hastings in 1886, and studied at St. Francis Xavier University, and was a medical student at McGill when the Great War broke out, and went to France in 1915. After a year's service he received permission to return to McGill, and after graduation served as Captain in a Canadian hospital overseas until the end of the war. Dr. Chisholm took a course in surgery at the University of Pennsylvania, served on the staff of the Western Hospital, Montreal, for two years, and then opened an office at Port Hawkesbury, where he was appointed port physician and health officer.

James Fraser Ellis, M.D., Western University, 1898, died at Ottawa, March 3rd, 1937, aged sixty-five. Dr. Ellis was born in Upper Stewiacke, and studied at Pictou Academy, and then taught school. After graduation he at once began practise with his centre at Sherbrooke, but in 1894, after six years of general practise he was elected to the Nova Scotia Legislature and remained in politics until 1916 when he went overseas. Upon his return to Canada Dr. Ellis was attached to Camp Hill Hospital, and later became D.S.C.R., Director of Medical Services, and in 1935 was placed at the head of the Federal Board of Pensions.

Charles James Fox, M.D., University of Pennsylvania, 1876, died at Pubnico on March 24th, 1937. Dr. Fox was born at Bridgetown on February 11th, 1851, and at the age of fourteen moved to Barrington entering the Normal School at Truro when he was sixteen and taught school at Barrington for a number of years, then entered Dalhousie University, and after graduating in 1876 moved to Pubnico where he practised for nearly sixty-one years. Dr. Fox was an honorary member of the Medical Society of Nova Scotia

Charles Schomberg Elliot, M.D., Bellevue Hospital Medical College, 1891, died at Halifax June 1st, 1937. Dr. Elliot was born at Stillwater, Guysboro County, 1864, received his early education at Pictou Academy, later attended Dalhousie University and graduated from Bellevue Medical College, 1891. He first practised in Guysboro, in 1901 moved to Stellarton where he practised for a number of years, and later came to Halifax where he was first connected with the Canadian Army Medical Corps. Dr. Elliot had practised in Halifax since the war.

Laurie Longley Harrison, M.D., McGill University, 1904, died at Halifax June 30th, 1937. Dr. Harrison was born at Maccan about fifty-seven years ago, and was educated in public schools in that district, later attending Acadia University where he graduated in arts. After graduation in 1904 Dr. Harrison practised in Pugwash for a year or two and then came to Halifax where he practised until his death.

The Canadian Medical Association. Our relation to the Canadian Medical Association remains the same as before. The question of Federation has been discussed informally on many occasions and there is a notice of motion in the minutes which allows us to take action on this question whenever we consider the time is opportune. Last year we were honoured at our annual meeting at Halifax by a visit of the President of the Canadian Medical Association, Dr. H. M. Robertson of Victoria and the General Secretary, Dr. T. C. Routley. This year at our second business session we are to hear from the new President, Dr. T. H. Leggett of Ottawa and the general secretary, Dr. Routley.

Branch Societies. The branch societies have apparently been quite active although this office has not had accounts of the annual meetings from all of them. The Halifax branch had its usual active year, meeting every two weeks during the winter months. The scientific programmes were excellent and the social part was not neglected. The Western Nova Scotia Medical Society branch has a very active society. This year they have stressed the social side of medicine and have two resolutions to be considered by the Society as a whole. The custom of having the President visit each branch society annually which has been practised in the Canadian Medical Association for some years, seems to be a very happy one. Without any thought of adding to the duties of the incoming Presidents to be I would suggest that such a practise would do much for the Medical Society of Nova Scotia.

One of the pleasant duties of your secretary during the year was to accompany the President, Dr. J. R. Corston and Dr. K. A. MacKenzie to Yarmouth to attend a banquet in honour of Dr. G. W. T. Farish and Dr. C. A. Webster, both of that town, upon the successful completion of fifty years of practise.

The Annual Meeting.

It was decided at last year's annual meeting that our meeting be held this year at Pictou Lodge, the Pictou County Medical Society to be the hosts. The scientific part of the programme was agreed upon by members of the executive resident in Halifax; other members of the executive were kept informed by correspondence.

The Society is indebted to the Pictou County Medical Society, and to the Ladies Committee for the entertainment which has been arranged for members and their families.

The following contributions towards entertainment and prizes for the golf tournament have been received by your secretary and turned over to the local committee.

Mead Johnson & Co. of Canada, Ltd.	$10.00
Ingram & Bell, Ltd.	25.00
Charles E. Frosst & Co.	1 doz. golf balls
Ciba Co., Ltd.	$10.00
Parke, Davis & Co., Ltd.	10.00
Ayerst, McKenna & Harrison, Ltd.	10.00
Laboratory Poulenc Freres of Canada, Ltd.	10.00
National-Canadian Drugs, Ltd.	10.00
The J. F. Hartz Co , Ltd.	10.00
The E. B. Shuttleworth Chemical Co., Ltd.	Electric clock
Imperial Publishing Co., Ltd.	6 golf balls
Mr. W. M. Clinger	shield

Again I would refer to the efficient services of the clerical secretary, Mrs. Currie, her work this year was greatly increased on account of the preparation necessary to put into effect the conjoint fee.

In conclusion I wish to thank the members throughout the Province and in Halifax who have shown such an active interest in the affairs of the Society, especially in connection with the financial agreement this year with the Canadian Medical Association.

Respectfully submitted,
(Sgd.) H. G. Grant.

It was moved by Dr. Muir and seconded by Dr. D. A. McLeod that this report be received and sent on to the general meeting. Carried.

It was moved by Dr. Smith and seconded that the Society renew their request to the Canadian Medical Association for a continuation of the conjoint fee. Carried.

The Secretary read the following letter.

March 5, 1937.

Dr. H. Grant, Secretary,
Nova Scotia Medical Society.

Dear Dr. Grant:

I have been requested by the Medical Staff of Highland View Hospital to bring before you the name of Dr. C. W. Bliss for honorary membership to your society for his fifty-seven years of active medical service in the profession.

If there is any further information needed kindly let me know.

Yours truly,

(Sgd.) J. W. Sutherland,
Secretary, Medical Staff.

It was moved by Dr. Siddall and seconded by Dr. Grant, that Dr. C. W. Bliss of Amherst be made an honorary member of the Medical Society of Nova Scotia. Carried.

The following resolutions from the Western Nova Scotia Medical Society were read by the Secretary.

The following resolutions were moved, seconded and carried at the Annual Meeting of the Western Nova Scotia Medical Society held at Yarmouth on Tuesday, May 25th, 1937.

"*Whereas* the Western Nova Scotia Medical Society realizing the necessity of our parent body being more than a yearly meeting place for members, and that many doctors who remain aloof from membership at present would be anxious to join were more benefit derived; and whereas the trend of the times make it economically necessary to protect financially all the members of the Society.

"*Therefore, Resolved* that the Western Nova Scotia Medical Society urge upon the Nova Scotia Medical Society the desire of having a suitable form of group insurance for Society members only, such insurance to be in the form of a group insurance annuity payable on reaching a certain specified age and that an actuary be asked to investigate its possibilities and that a full and complete report be submitted as soon as possible for consideration."

"*That* the Executive of the Nova Scotia Medical Society be asked to recommend that a Committee from our Society be appointed to study the report submitted to the Government by the Commission recently appointed to investigate the Workmen's Compensation Board; that this be done before our Society approves and accepts the Commission's report as at present constituted."

"Regarding the resolution of Drs. A. R. Reid and F. R. Shankel of Windsor re the teaching of proper postural methods in our schools the Western Nova Scotia Medical Society concur in this recommendation."

(Sgd.) T. A. Lebbetter,
Secretary-Treasurer,
Western Nova Scotia Medical Society.

As two of these resolutions had already been acted on, it was moved by Dr. L. M. Morton and seconded by Dr. Grant that a committee of three members of the Society be appointed to investigate the proposition that has been put before this Society by the Western Nova Scotia Medical Society to see if this insurance scheme is feasible, and that this resolution be brought before the general meeting. Carried.

Dr. Miller spoke on the subject of chiropractors and radio advertising of quack medicines and stated he had written to the Canadian Broadcasting Corporation asking for information and read the reply he had received.

June 2, 1937.

Dr. Clarence Miller,
New Glasgow, N. S.

Dear Sir:

I have your letter of the 28th ultimo requesting a copy of the regulations for the control of broadcast advertisements of patent medicines.

The Corporation has not yet promulgated new regulations under the Canadian Broadcasting Act, 1936, and until this has been done the regulations of the former Radio Commission will be continued. These regulations require that no continuity for the advertisements of patent medicines shall be broadcast unless it has been approved by the Department of Pensions and National Health. The procedure is for advertisers, or station managers, to send duplicate copies of each continuity to the Corporation's head office in Ottawa. The continuities are then forwarded to the Department of Pensions and National Health for review. This procedure applies to recordings or electrical transcriptions, as well as to continuities read by announcers.

Yours very truly,

(Sgd.) Gladstone Murray,
General Manager.

Dr. Miller also presented a letter he had received from Dr. Routley on the same subject.

May 31st, 1937.

Doctor C. Miller,
New Glasgow, N. S.

Dear Doctor Miller:

We have your letter of May 28th. The Canadian Medical Association keeps in very close touch with the Radio Commissioners at Ottawa with regard to advertising quack remedies over the radio and we are assured by the Commissioner that this matter is being very carefully checked by them. However, they have no control over any radio advertising which comes over the air from stations in the United States. I am bringing your letter to the attention of the Executive Committee and you may rest assured that the Canadian Medical Association is very much alive to the importance of this matter and that we will do our utmost to see that everything possible is done to check such advertising as far as the Canadian radio stations are concerned.

Yours faithfully,

(Sgd.) T. C. Routley,
General Secretary.

After a short talk by Dr. Miller, Dr. Whitman and Dr. Miller were asked to prepare a resolution which read as follows:

Whereas the broadcasting of information re medical nostra over the radio is inimical to the health of the people of the Province of Nova Scotia and has a baneful influence on the mortality records of our hospitals and

Whereas it interferes with the scientific application of the practise of the medical profession.

Be it therefore resolved that the Medical Society of Nova Scotia in session assembled express themselves as absolutely opposed to the advertising of medicines over the radio and that copies of this resolution be sent to the Department of Pensions and National Health and the Minister of Public Health of Nova Scotia.

Whereas the practice of chiropracty is unscientific and has a baneful influence on the mortality records of hospitals and doctors and

Whereas chiropractors are unlicensed to practise in the Province of Nova Scotia.

Be it therefore resolved that the Medical Society of Nova Scotia here assembled in annual session put themselves on record as being absolutely opposed to the practise of chiropracty and ask that the Government of of Nova Scotia at its next session exact legislation prohibiting the practise of chiropracty.

It was moved by Dr. Whitman and seconded by Dr. A. B. Campbell that these resolutions be brought to the attention of the general meeting. Carried.

It was moved by Dr. Grant and seconded by Dr. Muir, and carried, that the following doctors be taken in as members of the Medical Society of Nova Scotia.

W. W. Bennett, New Germany.
A. A. Giffin, Bridgetown.
C. M. Bethune, Halifax.
R. O. Bethune, Berwick.
E. S. Brassett, New Waterford.
C. G. Campbell, Pictou.
H. D. Chisholm, Springville.
M. J. Chisholm, New Waterford.
W. O. Coates, Amherst.
H. A. Collins, Halifax.
N. B. Coward, Halifax.
H. J. Devereux, Stirling.
G. D. Donaldson, Mahone Bay.
E. L. Eagles, Port Maitland.
W. J. Egan, Sydney.
D. A. Forsyth, Dartmouth.
A. Gaum, Sydney.
H. A. Grant, Big Bras d'Or.
F. J. Granville, Stellarton.
C. G. Harries, Malagash.
*L. L. Harrison, Halifax.
J. E. Hiltz, Kentville.
Ella P. Hopgood, Dartmouth.
C. M. Jones, Halifax.
S. H. Keshen, Halifax.
F. C. Lavers, New Ross.
H. Magonet, Neil's Harbour.
Carl Messenger, Middleton.
T. T. Monaghan, Sherbrooke.
J. A. Muir, Port Hawkesbury.
A. E. Murray, Halifax.
J C. Murray, Springhill.
G. A. McCurdy, Halifax, now Victoria, B.C.
G. C. MacDonald, Sydney.
J. A. McDonald, Glace Bay.
J. A. Macdonald, St. Peter's.
W. J. MacDonald, Truro.
J. W. MacIntosh, Halifax.
A. M. MacKay, New Glasgow.
H. F. MacKay, New Glasgow.
R. W. M. MacKay, Dartmouth
J. R. MacLean, Halifax.
W. A. MacLeod, Hopewell.
J. L. MacMillan, Westville.
C. G. MacKinnon, Bridgewater.
H. R. Peel, Truro.
W. D. Rankin, Halifax.
J. S. Robertson, Sydney.
L. J. A. Rosenfeld, Brooklyn, Hants Co.
E. F. Ross, Halifax.
Hugh Ross, New Glasgow.
E. D. Sherman, Sydney.
C. B. Smith, Goldboro.
T. C. C. Sodero, Guysboro.
I. R. Sutherland, Annapolis.
R. G. A. Wood, Lunenburg.
J. A. F. Young, Scotsburn.

*Deceased.

Last year Dr. D. A. MacLeod offered a notice of motion suggesting a compulsory fee for every practising physician in the Province. Dr. MacLeod felt that in view of the fact that we now had over 307 members, or roughly 73% of the practising physicians in the Province that it was not necessary to carry out his suggestion of last year. The Secretary stated that the Canadian Medical Association had decided to hold its annual meeting at Halifax next summer the third week in June and moved that this Society give authority to the Halifax Branch to take care of the arrangements for the next annual meeting of the Canadian Medical Association, and that the time of our annual meeting be changed to confer with that of the Canadian Medical Association. This motion was seconded by Dr. D. A. MacLeod and carried. Meeting adjourned at 2.05 p.m.

PROGRAMME

REFRESHER COURSE, 1937

Monday, Aug. 30th.	Tuesday, Aug. 31st.	Wednesday, Sept. 1st.	Thursday, Sept. 2nd.	Friday, Sept. 3rd.
VICTORIA GENERAL HOSPITAL **9-10 A.M.** Surgical Clinic DRS. MACDONALD and MADER **10.10-11.20 A.M.** Gynaecological Clinic DRS. ATLEE and COLWELL **DALHOUSIE CLINIC** Various Clinics **11.30-1.00** Skin, Prenatal, Paediatric, Eye, Urological, Surgical CLINIC STAFF	**VICTORIA GENERAL HOSPITAL** **9-10 A.M.** Medical Clinic PROF. KERN **10.10-11.20 A.M.** Surgical Clinic DRS. GOSSE and NOBLE **11.30-12.40** Urological Clinic DRS. MACK and WINFIELD **NOVA SCOTIAN HOTEL** **1 P.M.** University Luncheon	**VICTORIA GENERAL HOSPITAL** **9-10 A.M.** Surgical Clinic DR. CLUTE **10.10-11.20 A.M.** Medical Clinic DRS. MACKENZIE and HOLLAND **CHILDREN'S HOSPITAL** **11.35-12.45** Paediatric Clinic	**VICTORIA GENERAL HOSPITAL** **9.00-10.20 A.M.** Surgical Clinic DRS. CURRY and ROSS **10.30-11.50 A.M.** Medical Clinic DRS. CARNEY and BURNS **TUBERCULOSIS HOSPITAL** **12.00-1.00** Tuberculosis Clinic DR. SIENIEWICZ	**VICTORIA GENERAL HOSPITAL** **9-10 A.M.** Psychiatric Clinic PROF. KANNER **10.10-11.20 A.M.** Surgical Clinic DRS. KINLEY and MURPHY **ANATOMY LABORATORY** **Forrest Building** **11.30-12.50** Anatomy Demonstration PROFESSOR MAINLAND DR. J. V. GRAHAM
DALHOUSIE CLINIC **Chairman—** DR. K. A. MACKENZIE **2.30-3.30 P.M.** "Clinical Allergy" PROF. RICHARD A. KERN **3.30-5.30 P.M.** "Nephritis" Histology: PROF. BEAN Physiology: PROF. WELD Pathology: PROF. SMITH Clinical Medicine: DR. CARNEY	**DALHOUSIE CLINIC** **Chairman—** DR. C. E. KINLEY **2.30-3.30 P.M.** "Duodenal Ulcer" PROF. KERN **3.30-4.30 P.M.** "The Management of Abdominal Emergencies" DR. HOWARD M. CLUTE **4.30-5.30 P.M.** "Acute Anterior Poliomyelitis" DR. N. B. COWARD	**DALHOUSIE CLINIC** **Chairman—** DR. G. H. MURPHY **2.30-3.30 P.M.** "Reducing the Mortality in Acute Appendicitis" DR. CLUTE **PATHOLOGICAL INSTITUTE** **3.30-5.30 P.M.** Clinico-pathological Conference **GREEN ACRES, Waverly** **8 P.M.** Dinner **9.30** Dancing	**DALHOUSIE CLINIC** **Chairman—** DR. H. B. ATLEE **2.30-3.30 P.M.** "Modern Trends in Psychiatry" PROF. LEO KANNER **3.30-4.30 P.M.** "The Haemorrhages of late Pregnancy" DR. K. M. GRANT **4.30-5.30 P.M.** Medico-legal Questions DR. F. V. WOODBURY MR. J. J. POWER, K.C.	**DALHOUSIE CLINIC** **Chairman—** DR. N. H. GOSSE, **2.30-3.30 P.M.** "Application of Psychiatry to Medical Practice" PROF. KANNER **3.30-5.30 P.M.** Round Table Conference on Treatment Medicine (2) Pharmacology and Materia Medica Venereal Diseases Gynaecology Surgery

Dalhousie Refresher Course

All roads lead to Halifax for the week of August 29th, for that is the week of the Dalhousie Refresher Course, programme of which appears on another page.

Scientific Highlights

(1) DR. HOWARD M. CLUTE, Surgeon, Boston.

(2) PROFESSOR LEO KANNER, Assistant Professor of Psychiatry, Johns Hopkins University, Baltimore.

(3) PROFESSOR RICHARD A. KERN, Professor of Clinical Medicine, University of Pennsylvania, Philadelphia.

(4) THE ROUND TABLE CONFERENCE ON TREATMENT.

Changes in Programme.

The following changes have been made necessary in the programmes already sent to our members. Some of those changes have been made to appear in the programme printed in this number.

(1) *Surgical Clinics* 9 A.M. Monday and 9 A.M. Thursday have changed places. This has been made necessary by the fact that Dr. MacDonald will be away on Thursday. He will also be replaced in the chairmanship of Tuesday afternoon by Dr. Kinley.

(2) *University Luncheon*, 1 P.M., Tuesday, August 31st, the place of meeting has been changed from the Lord Nelson Hotel to the *Nova Scotian Hotel.*

(3) *Refresher Course Dinner.* It has been decided that the dinner shall be held at "Green Acres", Waverley, instead of at the Nova Scotian Hotel, that it shall be open to the wives or partners of the doctors, and that it shall be followed by dancing, Wednesday, September 1st.

HOTEL ACCOMMODATION

Because the time of the General Synod of the Anglican Church in Canada coincides with that of the Refresher Course, first class accommodation may be at a premium. It is suggested therefore that reservations should be made as early as possible.

Refresher Course Notes

Annual Dinner at City Hotel to be Dinner and Dance at Suburban Resort.

The change of venue for the Refresher Course dinner from the city to a suburban site is a departure from the traditional which should be welcomed. "Green Acres" is a beautiful spot on the Waverley Lakes. It is only fifteen miles from Halifax on the Truro road, and is made more quickly accessible by virtue of the hard-surfaced road.

Women are admitted.

This also is a departure from the traditional at Refresher Course dinners. It is done because, of course, it is a most desirable thing to do but action was suggested by some of our out-of-town confreres who like to bring their wives with them and who had asked why we don't put on a dance. Interest in this event is developing rapidly, and already there is indication that city men who do not ordinarily bring their wives to medical dinners are now being *obliged* to do so!

Premier to speak.

It is understood that Hon. A. L. Macdonald, Premier of Nova Scotia, has very kindly consented to give the speech of the evening. That will be a pleasure the anticipation of which will make the road to Waverley considerably shorter.

Swimming.

Swimmers may bring their bathing suits. Excellent natural swimming pools adjoin the place.

Transportation.

Doctors not using their own cars will find transportation facilities available if they will intimate their need to the secretary at the time of registration.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

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

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

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

OFFICERS OF THE PROVINCIAL HEALTH OFFICERS' ASSOCIATION

President - - - - - - - DR. P. E. BELLIVEAU - - - - - - - Meteghan
1st Vice-President - - - DR. H. J. TOWNSEND - - - - - - - Louisburg
2nd Vice-President - - - DR. R. A. MACLELLAN - - - - - - - Rawdon
Secretary - - - - - - - DR. P. S. CAMPBELL - - - - - - - - Halifax

COUNCIL

DR. M. G. MCLEOD - - - - - - - - - - - - - - - Whycocomagh
DR. G. V. BURTON - - - - - - - - - - - - - - - - Antigonish
DR. C. E. A. DEWITT - - - - - - - - - - - - - - - Wolfville

MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

Hall, E. B., Bridgetown.
Braine, L. B. W., Annapolis Royal.
Kelley, H. E., Middleton (Mcpy. & Town).

ANTIGONISH COUNTY

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

CAPE BRETON COUNTY

Densmore, F. T., Dominion.
Fraser, R. H., New Waterford.
Martin, H. J., Sydney Mines.
McNeil, J. R., Glace Bay.
McLeod, J. K., Sydney.
O'Neil, F., Sydney (County), South Side.
Murray, R. L., North Sydney.
Townsend, H. J., Louisburg.
Gouthro, A. C., Little Bras d'Or Bridge, (Co. North Side).

COLCHESTER COUNTY

Eaton, F. F., Truro.
Havey, H. B., Stewiacke.
Johnston, T. R., Great Village (Mcpy.)

CUMBERLAND COUNTY

Bliss, G. C. W., Amherst.
Drury, D., Amherst (Mcpy.)
Gilroy, J. R., Oxford.
Henderson, C. S., Parrsboro.
Cochrane, D. M., River Hebert (Joggins).
Withrow, R. R., Springhill.

DIGBY COUNTY

Belliveau, P. E., Meteghan (Clare Mcpy).
Dickie, W. R., Digby.
Rice, F. E., Sandy Cove (Mcpy).

GUYSBORO COUNTY

Chisholm, A. N., Port Hawkesbury, (M.H.O. for Mulgrave).
Sodero, T. C. C.; Guysboro (Mcpy).
Moore, E. F., Canso.
Monaghan, T. T., Sherbrooke (St. Mary's Mcpy.)

HALIFAX COUNTY

Almon, W. B., Halifax.
Forrest, W. D., Halifax (Mcpy.)
Glenister, E. I., Dartmouth.

HANTS COUNTY

Bissett, E. E., Windsor.
MacLellan, R. A., Rawdon Gold Mines (East Hants Mcpy).
Reid, A. R. Windsor (West Hants Mcpy.)
Shankel, F. R., Windsor, (M.H.O. for Hantsport.)

INVERNESS COUNTY

Lindsay, R. D., Port Hawkesbury.
Boudreau, Gabriel, Port Hood, (Mcpy. and Town).
Proudfoot, J. A., Inverness.

KINGS COUNTY

Bishop, B. S., Kentville.
Bethune, R. O., Berwick (Mcpy.)
de Witt, C. E. A., Wolfville
Cogswell, L. E., Berwick

LUNENBURG COUNTY

Marcus, S., Bridgewater (Mcpy.)
Rehfuss, W. N., Bridgewater.
Donaldson, G. D., Mahone Bay.
Zinck, R. C., Lunenburg.
Zwicker, D. W. N., Chester (Chester Mcpy)

PICTOU COUNTY

Blackett, A. E., New Glasgow.
Chisholm, H. D., Springville, (Mcpy.)
Whitman, H. D., Westville.
Crummey, C. B., Trenton.
Young, M. R., Pictou.
Benvie, R. M., Stellarton.

QUEENS COUNTY

Ford, T. R., Liverpool (Mcpy.)

RICHMOND COUNTY

Deveau, G. R., Arichat (Mcpy).

SHELBURNE COUNTY

Brown, G. W. Clark's Harbour.
Fuller, L. O., Shelburne, (Town and Mcpy)
Wilson, A. M., Barrington, (Barrington Mcpy.)
Lockwood, T. C., Lockeport.
Churchill, L. P., Shelburne.

VICTORIA COUNTY

MacMillan, C. L., Baddeck (Mcpy.)

YARMOUTH COUNTY

Hawkins, Z., South Ohio (Yarmouth Mcpy)
Morton, L. M., Yarmouth.
Lebbetter, T. A., Yarmouth (M.H.O. for Wedgeport).
LeBlanc, J. E., West Pubnico, (Argyle Mcpy).

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

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

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

Report on Tissues sectioned and examined at the Provincial Pathological Laboratory from July 1st, to August 1st, 1937.

During the month, 213 tissues were sectioned and examined, which, with 8 tissues from 2 autopsies, makes a total of 221 tissues.

Tumours, simple	22
Tumours, malignant	46
Tumours, suspicious of malignancy	...
Other conditions	145
Tissues from 2 autopsies	8
	—221

Communicable Diseases Reported by the Medical Health Officers for the month of July, 1937.

County	Chickenpox	Diphtheria	Cerebro Spina Meningitis	Influenza	Measles	Mumps	Paratyphoid	Pneumonia	Scarlet Fever	Typhoid Fever	Tbc Pulmonary	Tbc.-other Forms	V. D. G.	V. D. S.	Whooping Cough	Goitre	Pink Eye	German Measles	TOTAL
Annapolis	..	..	..	..	41	4	..	..	..	..	..	..	1	..	..	..	..	..	46
Antigonish	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Cape Breton	..	..	..	..	..	10	..	..	8	..	..	..	..	..	..	..	..	..	18
Colchester	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Cumberland	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Digby	5	..	..	..	85	..	..	..	..	1	..	..	..	.	20	..	..	..	111
Guysboro	..	..	..	..	..	..	..	..	..	..	..	..	3	1	..	..	..	..	4
Halifax City	..	5	..	..	1	5	..	..	13	..	2	..	..	..	..	..	..	..	26
Halifax	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Hants	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Inverness	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	2
Kings	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Lunenburg	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Pictou	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Queens	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Richmond	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Shelburne	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	3
Victoria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
Yarmouth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	...
TOTAL	7	5	..	..	130	19	..	..	23	1	2	..	4	1	20	..	..	..	212

Positive cases Tbc. reported by D. M. H. O's. 49

RETURNS VITAL STATISTICS FOR JUNE, 1937.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis	26	19	9	10	13	0
Antigonish	13	11	0	13	12	0
Cape Breton	163	127	59	51	37	10
Colchester	28	20	24	17	12	2
Cumberland	51	54	14	19	27	2
Digby	30	26	4	8	13	2
Guysboro	21	16	4	8	8	2
Halifax	129	107	107	56	43	3
Hants	35	27	15	10	10	1
Inverness	20	12	3	9	11	0
Kings	17	16	18	8	6	2
Lunenburg	34	34	14	23	18	2
Pictou	50	37	22	27	15	2
Queens	18	17	7	4	3	0
Richmond	11	10	1	6	5	0
Shelburne	11	12	21	6	12	3
Victoria	5	7	2	9	5	0
Yarmouth	40	39	25	16	12	0
	702	591	349	300	262	31

Protecting Children . . .

Now that schools are about to reopen, physicians are again reminding parents to have their children given the benefit of specific protection against certain communicable diseases. This protection is highly important both for school children and for younger children and infants.

DIPHTHERIA

The administration of three doses of diptheria toxoid has been found to be most effective in affording protection against diphtheria. Active immunity to this disease is established in well over ninety per cent of those receiving the three injections.

SMALLPOX

Modern technique and vaccine virus of assured potency make possible a maximum number of "takes" with a minimum of reactions and scars.

SCARLET FEVER

Protection as evidenced by the Dick Test can be demonstrated in the case of more than seventy per cent of children following their receiving five doses of scarlet fever streptococcus toxin.

WHOOPING COUGH

Injections of a vaccine made from freshly isolated strains of H. pertussis have given most promising results in prevention of whooping cough. This disease provides an outstanding illustration of the importance of immunizing children before their attaining of school age. Often, as in the case of whooping cough, it is among the younger children and infants that illness, sequelae and death occasioned by communicable diseases are most notable.

●

Personal Interest Notes

DR. C. W. HOLLAND and Dr. C. E. Kinley, both of Halifax, have been appointed to the Board of Examiners which conducts all examinations for the Registered Nurses' Association of Nova Scotia.

We regret very much to hear of the accident which occurred to Dr. Forbes and Dr. Schaffner of Kentville during the middle of July. Dr. Schaffner was suddenly stricken with appendicitis and was being taken to the hospital at Wolfville for operation by Dr. G. R. Forbes of Kentville. It appears that en route to Wolfville in attempting to pass a truck, the truck cut in suddenly to the left causing the car to crash into the left side of the truck. Dr. Forbes was quite badly shaken up and suffered a broken arm. Dr. Schaffner, although very badly shaken up and bruised from the accident, suffered no serious injuries, and was afterwards taken to the hospital where he was operated on for acute appendicitis.

Congratulations to Dr. and Mrs. Russell C. Zinck of Lunenburg on the birth of a daughter on July 21st.

Dr. and Mrs. C. C. Archibald of Truro left early in August on an extended visit to the Pacific Coast and intervening points. En route they plan stopovers at Ottawa and Jasper National Park. At Vancouver they will visit Dr. Archibald's brother, Dr. E. H. Archibald. After a brief visit in Seattle they will leave on their return trip home visiting Lake Louise and Banff and the Toronto Exhibition. They also plan a short visit with their son, Manning, electrical engineer in the employ of the Woodstock Power Commission at Woodstock, N. B.

Dr. Arthur E. Blackett of New Glasgow has recently returned from a most interesting visit to England, Germany and Italy. The Doctor attended the International meeting of the Rotary Club at Venice during his visit.

On the evening of July 29th at Topsail, one of the pleasant resorts on the environment of St. John's, Newfoundland, there was held a delightful banquet where plans were made to form a permanent Dalhousie Alumni Association. In all there were about twenty present and after a very pleasant repast a Committee was formed to consider ways and means of forming a permanent organization. This Committee was made up of J. B. McEvoy, Dr. Bannister, Dr. Frank Hogan, dentist, Mrs. E. MacDonald, H. Puddester, barrister, Dr. L. Miller and R. Gushue. Dr. H. G. Grant, Dean of the Medical School, was present and spoke to the club on the coming Dalhousie reunion which is to take place in August, 1938. There is a strong Dalhousie feeling in the Ancient Colony, and a good number are planning to visit their Alma Mater.

Dr. N. H. Gosse of Halifax has returned from a visit to Newfoundland. His time in Newfoundland was spent partly with his parents at Spaniard's

The story of Bob—the nail—and the needle

IT WAS RESOLVED that the Little Giants Club should have a new clubhouse.

It was further resolved that said clubhouse would be in Bob Wilson's back yard and that Bob would be in charge of building operations.

Bob, in pursuit of his duties, stepped ker-plunk on a nail that was sticking out of an old board.

The wound seemed slight—it bled hardly at all. So Bob, carefully bandaged, was soon out playing again. *But*—that nail had been in contact with dirt. And this meant a possibility that the tiny, deadly germs of tetanus (lockjaw) had been left deep in the tissues of the foot.

Did Bob pay the horrible penalty that the *bacillus tetani* exacts? No. Thanks to a tiny needle he did not run that risk. For when Bob's father came home that night he took a look at the injured foot. "A puncture wound from a dirty nail? I don't like that," he said. "We're going to see the doctor right away."

The doctor didn't like the wound, either. He gave Bob an injection of tetanus antitoxin—a little needle prick scarcely more painful than a mosquito bite. But that simple treatment *prevents* the development of tetanus.

The few minutes spent in the doctor's office saved Bob's parents from hours of worry. And the shack that might have been a tragic reminder is now the proud and cozy headquarters of the Little Giants.

* * *

Any wound or injury that forces particles of soil or street dirt into the tissues under the skin, away from the air, carries the threat of tetanus. This is true not only of auto and industrial injuries, and gunshot and fireworks wounds, but of deep cuts and "puncture wounds." Such wounds are not uncommon. Any of us may get them in outdoor sports, repairing a fence, on a camping trip, or working in the garden.

These wounds are dangerous, and the ordinary precautions such as cleansing and bandaging are not enough. *See your doctor without delay*, and follow his advice.

Bay, and with his brother, the Rev. H. Gosse, Kelligrews. Dr. Gosse was a guest of honour at the annual banquet of the Newfoundland Medical Association.

Dr. and Mrs. L. R. Morse of Lawrencetown have returned from a three month's visit in Europe.

Dr. and Mrs. H. R. Peel of Truro have returned from a short visit to Melrose, Mass.

The marriage took place at Halifax on July 15th of Miss Rachel Perot Wainwright, only daughter of Mrs. A. B. Wiswell and the late G. L. Wainwright to Harry Stafford Morton, M.B.,F.R.C.S., only son of Dr. Charles S. Morton, F.R.C.S. and the late Mrs. Morton. Dr. and Mrs. Morton will reside in Montreal.

OBITUARY

The BULLETIN extends sympathy to Dr. Robert O. Jones, a graduate of Dalhousie, '37, on the death of his father, O. C. Jones, supervisor of C. P. R. Hotels in Nova Scotia, who dropped dead at his Woodland camp, Annapolis County, very suddenly, on August 1st.

The BULLETIN also extends sympathy to Dr. H. A. Ratchford of Inverness on the death of his mother, Mrs. Theresa Ratchford, widow of the late Andrew Ratchford, which occurred June 24th, at her home at New Victoria, N. S.

DIARRHEA

"the commonest ailment of infants in the summer months"

(HOLT AND McINTOSH: HOLT'S DISEASES OF INFANCY AND CHILDHOOD, 1933)

One of the outstanding features of DEXTRI-MALTOSE is its low fermentability and consequent preference in the management of infantile diarrhea.

In summer diarrhea, "The best food to use is boiled skimmed milk, acid skimmed milk, or dried protein milk. Carbohydrates are added in the form of dextri-maltose."—*G. Wiswell: Infant mortality and its prevention, Nova Scotia M. Bull., 15:504-509, Oct. 1936.*

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Concerning the treatment of diarrhea, "If the weight remains stationary, it is an indication that loss of substance is occurring through the stools, mostly in the form of alkaline salts. To equalize this loss of substance, the diet must be increased, but in such a way as to avoid causing fermentation. This may be done by adding dextri-maltose and preparations of protein to the food, increasing the calories until the infant is taking 160 calories per kilo. of body weight."—*H. L. Ratnoff, Nutritional disturbances, Arch. Pediat., 41:771, Nov. 1924.*

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"The suggestion of Dr. Alan Brown of Toronto, Canada, that Dextri-Maltose be added to protein milk, was of great value. Too many practitioners still use protein milk for prolonged periods without adding carbohydrate; it must be emphasized that regardless of the condition of the stools, carbohydrate must be added to protein milk within a reasonable time in order to avoid collapse."—*G. J. Feldstein: Underfeeding of infants and children, Arch. Pediat., 50:297-306, May 1933.*

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Regarding the treatment of diarrhea, "In our experience, the most satisfactory carbohydrate for routine use is Mead's dextrimaltose No. 1."—*F. R. Taylor: "Summer Complaints," Southern Med. & Surg., pp. 555-559, Aug. 1927.*

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"Again, following the teaching of the originator of protein milk, the carbohydrate added should be the one that is most easily assimilated. Dextri-maltose is the carbohydrate of choice."—*R. A. Strong: The diarrheas of early life, Mississippi Doctor, 14:9-15, Sept. 1936.*

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"If the stools are acid, green, and excoriating, a food high in protein and low in fat, and carbohydrate is indicated. Dried powdered protein milk is very ideal here—one to ten dilution. On the other hand, if the evacuations are brown, watery, and stinking with putrefactive odors, a proteolytic diarrhea, it will be of advantage to add a small amount of carbohydrate, a dextri-maltose preparation being very efficacious."—*A. G. Dow: Diarrheas in infants, Nebraska M. J., 20:22-24, Jan. 1935.*

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"After the preliminary short period of starvation, protein milk should be used. . . . When the diarrhoea has been sufficiently checked, dextri-maltose may be added and gradually increased until from 4 to 6 tablespoons are being used."—*W. L. Denney: Acute nutritional disturbances of infancy, Univ. West. Ontario M. J., 2:132-137, April, 1932.*

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In diarrhea, "Carbohydrates, in the form of dextri-maltose, well cooked cereals or rice, usually can be handled without trouble."—*B. B. Jones: A discussion of some of the commoner types of infantile diarrhea, and the principles underlying the diets used in their treatment, Virginia M. Monthly, 55:411-415, Sept. 1928.*

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In cases of diarrhea, "For the first day or so no sugar should be added to the milk. If the bowel movements improve carbohydrates may be added. This should be the one that is most easily assimilated, so dextri-maltose is the carbohydrate of choice."—*W. H. McCaslan: Summer diarrheas in infants and young children, J. M. A. Alabama, 1:278-282, Jan. 1932.*

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"In the preparations commonly used, Mead's Dextri-maltose Nos. 1 and 2, the maltose is only slightly in excess of the dextrins, and therefore they are advantageous if there is a tendency to excessive fermentation."—*W. J. Pearson and W. G. Wyllie: Recent Advances in Diseases of Children, P. Blakiston's Son & Co., Phila., 1930, pp. 74, 116.*

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"During the periods of severe diarrhea and vomiting the diet may have to be limited to skimmed milk, glucose, dextrimaltose and fruit juices."—*D. C. Darrow: Steatorrhea, in The Practitioner's Library of Medicine & Surgery, D. Appleton-Century Co., Inc., New York, 1935, vol. 7, p. 390.*

SERIOUSNESS OF DIARRHEA

There is a widespread opinion that, thanks to improved sanitation, infantile diarrhea is no longer of serious aspect. But Holt and McIntosh declare that diarrhea "is still a problem of the foremost importance, producing a number of deaths each year. . . ." Because dehydration is so often an insidious development even in mild cases, prompt and effective treatment is vital. Little states (Canad. Med. A. J. 13:803, 1923), "There are cases on record where death has taken place within 24 hours of the time of onset of the first symptoms."

Children's Memorial Hospital, Montreal

POST GRADUATE COURSE
September 13th, 1937

The Staff of the Children's Memorial Hospital will repeat the Post-Graduate Course in the medical and surgical aspects of the diseases of children, during the week of September 13th, 1937. Last year, many more applications were received for the course than could be accepted. It is anticipated that applications for the course this year will exceed the limited accommodation available. Those desiring to apply for the course are urged to do so without delay. The registration fee is fifteen dollars, including daily luncheons at the hospital for the duration of the course, as well as other entertainment including dinner at the Faculty Club when a prominent speaker will be the guest.

MONDAY—

9.30	Acute anterior poliomyelitis	Dr. H. B. Cusing
10.30	After-treatment of poliomyelitis	Dr. J. G. Shannon
11.30	X-ray demonstration of pulmonary conditions in infancy and childhood	Dr. A. E. Childe
2.00	Acute and chronic otitic conditions common to early childhood	Dr. K. O. Hutchison
3.00	Infant feeding	Dr. A. Goldbloom

TUESDAY—

9.30	Burns	Dr. R. R. Fitzgerald
10.30	Pneumonia in children	Dr. L. M. Lindsay
11.30	Common skin diseases	Dr. J. F. Burgess
2.00	Common types of fractures in childhood	Dr. D. E. Ross
3.00	Non-cardiac manifestations of rheumatic disease	Dr. R. R. Struthers
4.00	Thymus gland in infancy	Dr. G. Ross

WEDNESDAY—

9.30	Rheumatic cardiac disease	Dr. S. J. Usher
10.30	Origin and pathology of masses in the necks of infants and children	Dr. L. J. Rhea
11.30	Urinary infections in childhood	Dr. D. MacKenzie
2.00	Allergy in childhood	Dr. H. L. Bacal
3.00	Childhood tuberculosis	Dr. P. N. MacDermot
4.00	Metabolism department—Nephritis and nephrosis	Dr. A. Ross

THURSDAY—

9.30	Differential diagnosis of vomiting	Dr. A. Goldbloom
10.30	Treatment of congenital deformities	Dr. N. T. Williamson
11.30	Acute and chronic abdominal conditions	Dr. R. R. Fitzgerald
2.00	Eye diseases met with in general practice	Dr. H. S. McKee
3.00	Empyema, lung abscess and bronchiectasis	Dr. D. E. Ross

FRIDAY—

9.30	Acute and chronic osteomyelitis	Dr. R. R. Fitzgerald
10.30	Alimentary toxicosis	Dr. L. M. Lindsay
11.30	Nutritional and deficiency diseases	Dr. H. B. Cushing
2.00	Acute intestinal obstruction	Dr. D. Ross
3.00	Pathology of tuberculosis in children	Dr. F. W. Wiglesworth

SATURDAY—

9.30	Diagnosis and treatment of congenital syphilis	Dr. H. S. Mitchell
10.30	Epilepsy and convulsions	Dr. H. M. Keith
11 30	Discussion and demonstration of anaesthesia in children	Dr. W. Bourne

Dinner at the Faculty Club, Thursday evening, September 16th, 1937. Clinical meeting, Friday evening, September 17th, 1937. Saturday afternoon—golf. Each lecture will last 45 minutes, followed by 15 minutes for discussion. Special demonstrations will be arranged in tonsillectomy, blood transfusions, other intravenous therapy and surgical technique for small groups, if desired.

LOCUMS WANTED

For one month beginning either the latter part of September or the first of October.

Further particulars may be had from the Secretary.

Cancer Council

The American Society for the control of Cancer has established a Cancer Council of seven members to act as a clearing-house for information on various aspects of the subject and to represent the major organizations in the United States for the purpose of integration and co-ordination of different activities.

The vast increase in the public interest in cancer will be well served by an unprejudiced national body representative of the major groups in cancer. By means of this body it should be possible to prevent abuse of public confidence by a sane evaluation of current and future developments in the various phases of the cancer problem. It is time that the public mind should no longer be disturbed by the broadcasting of reckless information regarding this or that untried but well-advertised cure. To such a body claims of successful treatments or cures may be referred for prompt and authentic criticism. There is need for a similar Council in Canada.—*Pictou Advocate.*

SHOW YOUR CO-OPERATION

A sympathetic disposition towards the "buy at home" idea is all very well; it serves a purpose by helping to create a friendly atmosphere, but what this province really needs is the tangible evidence of co-operation.

If the people of this province and the Maritimes generally will ask for, and insist on getting, on every possible occasion, the local or Maritime-make article, they will be showing real tangible evidence of their sincerity.

PUBLIC SPIRITED CITIZEN.