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THE BULLETIN

It is hoped that this issue of the Bulletin will prove of interest to the Medical Profession in Nova Scotia. Its contents are varied and if all the material available had been used the number of pages would have been doubled.

While it was not the intention of the Executive to use the Bulletin as a medium for publication of scientific papers, yet it is felt that the papers presented at the Annual Meeting at Windsor were of such a character that they should be available to every Doctor. These papers were heard according to the registration by over one hundred doctors, but it is felt that the remaining three hundred and fifty practitioners are entitled to the pleasure and profit that may be derived from them.

Along one line, however, the Bulletin is not fulfilling its mission. It was hoped it would have more of a personal element in it. This of course can only be done if individual doctors or the Secretaries of the various Societies will send the Associate Secretary personal items as to doings and whereabouts of physicians or their families. There need be no hesitancy on the grounds of ethics or professional modesty, the Bulletin is purely a personal letter, the common property of all Doctors.

While from time to time personal local items have been published, they have been usually taken from the Public Press and are very frequently badly or inaccurately written. It is hoped that more items of a personal nature may be passed to the Associate Secretary for publication in future issues of the Bulletin.

In the last Bulletin an article was published with reference to the Western Kings Memorial Hospital, it is hoped that this and succeeding issues of the Bulletin will contain reading notices regarding all the Hospitals in the Province. The co-operation of physicians in seeing that the articles furnished are satisfactory is urgently requested.

WHAT OF THE FUTURE OF SURGERY

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It is one of the frailties and conceits to which our nature is heir that man is ever prone to consider his present attainments to be the culmination of human effort, the summit of achievement, above and beyond which it is scarcely likely that great progress may be expected by those who come after him. Yet an historical survey of any field of human endeavor shows that such a view has usually proved to be baseless. In spite of periods of darkness and retrogression, due to the chaos of political, social and economic upheavals, the general trend has been forward. Doubtless an exception is found in the creation of man's imaginative nature, in literature and the arts. Homer, Phidias, Praxitiles, Raphael, Michael Angelo, Velasquez, Goethe, Shakespeare may not be disparaged by comparison with later men of genius; rather do they loom larger in perspective as the centuries pass. But where progress depends on man's control over the forces of nature, it appears inevitable and certain that no end may be assigned.

Does this apply to the science and art of surgery? So vast has been the progress in this field during the period covered by still living men, so final do many of its accomplishments seem, that a disciple may be pardoned for some scepticism as to the extent of further progress. A brief review of the chief factors which have contributed to the building of the edifice of modern surgery may help us to clarify our ideas as to the future.

Doubtless in pre-historic, and certainly the earliest historic times, in communities of men, individuals were appointed or constituted themselves as especially qualified in the exercise of the healing art. More often than not this was associated with religious observances, and priest and healer were often identical. It is not unreasonable to suppose that even then there may have been some differentiation of physician and surgeon; that one individual more bold or hardy than another may have assumed the duty of extracting weapons from the bodies of those injured in battle, or binding up wounds, or perhaps of completing in rude fashion the amputation of nearly severed limbs, while another may have cultivated or sought for medicinal herbs and compounded potions or balms, or by the exercise of mystic rites have anticipated the psychotherapy of to-day. Certainly, wherever the physically afflicted were ministered to, the measures employed may have corresponded to those recognized to-day as medical, on the one hand, and surgical on the other.

In ancient Egyptian civilization it appears that physicians were numerous and active, and specialism was clearly recognized, as according to Herodotus, a physician was wont to confine himself to the treatment of a single disease. That surgery was practiced is told

*Delivered at the Annual Meeting of the Medical Society of Nova Scotia, July 4, 1923

by hieroglyphics, and by ample evidence from tombs and mummies themselves. In the British Museum may be seen a mummy with a fracture of the forearm, with anterior and posterior splints applied in no inexpert manner. Among the Greeks medicine flourished, and anyone who fancies that most of the accepted practice of the present is modern in origin should examine the writings of Hippocrates, and marvel at the accurate descriptions of the mechanism of fractures and dislocations, the prevision of asepsis in the injunction to the surgeon to use only clean water or wine in the cleansing of wounds, and to cleanse his hands thoroughly before touching the parts, and the account of the healing of wounds by first or by second intention. The surgeon was an honored and essential participant in the conduct of war, as many passages from Homer attest.

In Roman civilization the healing art, as described by Celsus and by Galen, was chiefly in the hands of Greeks, and this identification with a conquered people injured the social prestige of the practitioner, who was frequently a slave. Nevertheless, the surgery of traumatism flourished, doubtless on account of the almost constant state of warfare in which the Romans lived, and the technical aspect of surgery was probably advanced, as witnessed by the finding of over two hundred different surgical instruments in the ruins of Pompeii. Galen, who flourished in the second century, through his teachings and writings dominated the medical thought of Europe contemporaneously and for centuries after.

During the decline and after the fall of the Roman Empire, through the Dark Ages, medical learning was almost totally in abeyance, in common with other intellectual interests. Its traditions were preserved in two ways; by the Arabs, who brought it back to Europe through the invasion of Spain, and by the monks in whose custody remained almost all the learning which survived from the classical period to the Renaissance. Surgery especially suffered in its repute because the monks were forbidden its practice, and it fell into the hands of the barbers, whose duty it was to shave and bleed them. Thus began the long period of degradation of surgery, which was practiced by barbers, bath-keepers, itinerant quacks and ne'er-do-wells. Naturally a definite schism developed between the physicians and surgeons, and the latter, made inferior by Papal and Royal decree, became little better than menials in the barbaric state of society which was Europe in the Dark Ages. Here and there appeared a man of intellectual ability and high character, developed perhaps as a surgeon by his humanitarian instincts in the cruel school of war, who naturally looked down on the barber-surgeon, and sought recognition from his medical colleagues, only to be denied the privileges to which his accomplishments entitled him.

With the Renaissance came, as in other intellectual fields, a rebirth of the healing art. Vesalius, who flourished in the middle of the 16th Century, is the central figure of this period:—by his magnetic personality, his learning and his enthusiasm he was able to make the study of anatomy a pursuit of respectability and distinction, instead of one which labored under the displeasure of Church and State; he

made researches in the physiology of the living, and accurate observations in pathology and in the clinical manifestations of disease. With his pupils, among whom were Eustachius and Fallopius, he substituted for the traditional dogma of Galen a practice based on the scientific method. Contemporaneous with him was one of the greatest surgeons of all time, Ambroise Bard, who, beginning as a barber's apprentice, became an army surgeon, acquired an enormous experience, and by dint of independent observation and reasoning broke away from many of the existing barbarous and futile methods of treating wounds, made use of the ligature in amputations, invented many surgical instruments, trusses and artificial limbs, and better than all, made himself so beloved and respected that his teachings were widely accepted.

Surgery now began to attract men of greater ability and influence and their claims to equal recognition with their medical colleagues were gradually crowned with success, though the 17th Century found them still considered to be inferior. William Harvey, refusing to bow to the dogma which had been accepted for fourteen hundred years, proved by animal experimentation the truth about the circulation of the blood; the invention of the microscope at about this time enabled Malpighi to see the capillaries, and throughout the field of medicine exact observation, experimentation and logic succeeded to tradition and authority. Naturally the change was slow, especially in the field of surgery; the old rivalries, jealousies and intrigues between physicians, surgeons and barbers continued, and surgery widened its sphere but little.

The 18th Century brings the commanding figure of John Hunter, whose versatility included original research in comparative anatomy and physiology, and in experimental pathology. The new surgical procedures which he introduced were reasoned out from experimental data based on human dissection and animal vivisection, and from keen clinical observation. He may truly be said to have established surgery on a sound scientific basis, instead of permitting it to remain a mere mechanical method of treatment. Contemporaneous with him were Morgagni, who by the study of pathological anatomy correlated clinical symptomatology with the organic tissue changes which underlie it, and Edward Jenner, the discoverer of preventive inoculation.

The 19th Century brings us to a period so recent that comment is almost superfluous. Until nearly the middle of the century, conditions changed but gradually. Surgery having become a component part of scientific medicine, the distinction between the sister branches largely disappeared. As in the halcyon days of the classic Greek period, the student of the healing art received exactly the same education in the underlying medical sciences whatever his ultimate aim in practice. He whose temperament led to bold and decisive action, who carried part of his education in his finger tips, and whose nature could be steeled to bear to inflict pain, turned to surgery, but he always remained also a physician. And surgery had still little enough to offer to the patient; the reduction of fractures and dislocations, amputations for trauma or gangrene, incision of abscesses, ligation

of vessels for hemorrhage or aneurysm, the removal of external tumors, cutting for stone, herniotomy and the rare and frequently fatal invasion of the peritoneal cavity for ovarian tumor or Caesarean section. Though McDowell performed his first ovariectomy in 1809, laparotomy was almost unknown, and considered usually indefensible. With no agents except opium and alcohol to narcotize the patient, every operation meant the infliction of suffering comparable only to the tortures of the Inquisition or of savages; every consideration was sacrificed to speed. Add to this the practically inevitable wound suppuration, and the frequent incidence of the four curses of pre-antiseptic days, septicemia, pyemia, erysipelas and hospital gangrene, and what wonder is it that surgery was a last resort, offered only in cases of dire necessity, and then only in a very limited field of surgery as we know it now?

Of the introduction of inhalation anesthesia by Morton and Warren at the Massachusetts General Hospital, and of the development and application of Pasteur's discovery by Lister to secure surgical antiseptics, and of the subsequent development of asepsis, it is necessary only to make mention before this audience, to whom the stirring story is so familiar. Pain was abolished, surgical wound infection vanquished, and the field of surgery rapidly extended. The urgent lesions of the abdominal, cranio-vertebral and thoracic cavities were attacked with success. The study of what has been aptly called by Moynihan the "pathology of the living" on the operating table, together with amazing advances in physiology, pathology, biochemistry and in means of diagnosis by instruments of precision have brought innumerable lesions from the borderland into the field of surgery. It is indeed a far cry from the barber surgeon of the Middle Ages to his successor of to-day who is admittedly the chief agent of the art of healing in bringing to suffering humanity direct, concrete and often permanent relief and cure of its ills. It is no extravagant statement to say that surgery is the chief and most important therapeutic agent which the science and art of medicine possesses, and to its credit may be placed a saving of human life comparable to the work of inoculation, hygiene and preventive medicine. The fact is that the distinction between surgeon and physician is often too sharply drawn both by the profession and the public; the two should be regarded as identical in the scientific foundation of their knowledge and in their viewpoint; divergence comes only in the application of a therapeutic method. Indeed the physician who practices paracentesis of pleura, pericardium, neural canal, abdomen and joints, who compresses the diseased lungs by creating a pneumothorax, or divides intrapleural adhesions, or aids diagnosis by injecting air into the peritoneal cavity, or bleeds his patient, or performs transfusion, or administers intravenous therapy, is using methods essentially surgical in their character,—while on the other hand the surgeon constantly borrows from the practice of the physician. No human mind can have a working knowledge of the whole field of modern medical science, but the surgeon must be at least as familiar as the physician with the anatomy, pathology, and pathological physiology which underlie the conditions

which he treats, and also with their clinical phenomena. Because of the exaction on his time and strength by the therapeutic method he employs, he cannot keep himself fully in touch with progress in purely medical fields, but even here the more he is able to do so the more effective he will be. The surgeon who stands by the operating table, knife in hand and says to the patient's physician, "Tell me what you wish me to do and I will do it," is not a surgeon but merely a surgical technician; yet there are men who are willing to play this rôle as well as physicians who encourage them to do so. The one is as truly a descendant of the barber surgeon as the other the heir to the pompous, pedantic and complacent physician of the 17th Century depicted by Moliere.

What is, then, the present status of surgical science, and what the probabilities of future advance? Consider the factors which have brought surgery to its present state of development, and inquire whether each is likely to progress. Omitting from consideration the underlying sciences, the three great factors have been anesthesia, the control of infection, and the development of the surgeon's armamentarium:—instruments for the control of bleeding, for the exposure of deep lying organs, special and diagnostic instruments of all sorts. It is hard for us now to realize how recently the control of hemorrhage was a cause of anxiety in almost every operation; how impossible was the execution of many now common proceedings without the special instruments recently devised.

Anesthesia is not a closed chapter; constant improvement is being made in the use of old and tried agents, and new methods are constantly being introduced;—but it is a fair statement that it has reached a high state of perfection. With ether, nitrous oxide and oxygen, ethylene and chloroform, with administration by inhalation, by injection into the rectum, or by direct introduction into the circulation, with practically non-toxic substances for injection locally or into nerve trunks or the spinal canal, we have at our command methods which enable us to carry out almost any surgical procedure without anxiety lest the anesthesia itself will cause disaster. Doubtless the ideal anesthetic remains to be discovered:—it will probably be a harmless substance taken by mouth or injected into the circulation, and inducing a natural sleep without ill after results; but in view of the fact that under well conducted nitrous oxide, oxygen anesthesia, the patient may be subjected to a three or four hour operation without serious ill effects,—in other words, for as long as a surgeon can work with skill, patience and success, it seems unlikely that any new development in the field of anesthesia will widen very greatly the field of surgery. . .

The factor of asepsis is in all probability a fixed one. Omitting the chance of error through human fallibility, it is apparent that a clean operation can now be conducted about as aseptically as will ever be possible. Antisepsis, however, is a different matter. The ideal antiseptic, bactericidal, but non-toxic to human tissues, still elusively avoids discovery, but greater approximation to this ideal is constantly being made, and when found, the effectiveness of surgery will be greatly increased, though its application will not necessarily be much widened.

Of the third factor, the surgeon's armamentarium, it is not necessary to speak at length. Human ingenuity will continue to improve the physical means of diagnosis and treatment, and experience will continue to develop the technique of the operator, so that operative mortality will be lowered and the field of surgery extended.

Mention must be made of another matter in this connection which constitutes the most serious and yet the most easily remediable handicap to the success of surgery,—namely, delay in resorting to its aid. Every surgeon knows, and every physician should realize, that in the overwhelming majority of instances the success or failure of the former depends on early and prompt operation. All three participants in the all too common tragedy of disaster through delay may not be without blame:—the patient, because he fears what inquiry will reveal and procrastinates in seeking advice, or listens to the plausible cajoleries of those who practice the pseudo-medical cults; the physician because he is careless or casual in his examination of the patient or is not prompt in seeking consultation; and the surgeon, if he fails to exercise every precaution and expedient to establish a diagnosis and safeguard his work. The remedies for these faults need no discussion.

Looking at the present status of our art, it is possible perhaps to hazard some predictions as to future progress. It is now technically possible for the surgeon to remove any one of the organs of the body not absolutely essential to life, and where such essential organ exists as a paired viscus, one member of this pair may be sacrificed. There appears to be little hope that these vital structures may be substituted for by transplantation from animals, since the tissues of animals, or even of other human beings inevitably, with a few apparent exceptions, have undergone solution when transplanted. Possibly bio-chemistry may solve the problem of rendering our tissues receptive to homogeneous or heterogeneous transplantation, but it seems unlikely.

Further progress, based on increasing knowledge of normal and pathological physiology, and on improved operative technique will continue to be made in all existing branches of our science. The surgery of the thoracic viscera is but in its infancy, and we may confidently expect to see the removal of portions or the whole of a diseased lung with a mortality much less than the now prevailing one of about 50 per cent. Certain valvular lesions of the heart, especially mitral and aortic stenosis will be attacked and the constricted opening enlarged successfully:—occasionally a brilliant removal of a cardiac or pulmonary embolus will be done. Cancer of the esophagus will cease to present the almost hopeless problem which confronts us to-day. The abdomen is a field which appears to be pretty well tilled, although progress may be made in connection with a better understanding of the physiology of the spleen and adrenals, and possibly also of the pancreas and liver. In the vascular system, embolectomy and the restoring of impaired circulation will be developed. In the central nervous system, the astounding progress made in recent years promises further advances, among the most needed of

which is the relief of hydrocephalus. The best surgical work on the brain and spinal cord is now necessarily concentrated in the hands of a few brilliant men, but a younger generation of neurological surgeons is being trained, and the coming years will show a vast increase in the benefit to suffering humanity in this field.

Future epochal advances in the domain which now belongs to the science of surgery appear to be likely inevitably to withdraw much from that domain and return it to the general control of the healing art, whence the science of surgery had taken it. For example, consider the problems of malignant disease, and of infection. Can any one doubt that the problem of cancer will be solved? We know that there is an immunity to cancer; we have seen a rapidly growing carcinoma of the breast successfully removed, only to find at autopsy twenty-three years later that death was caused by a metastasis in the brain. This situation precludes an independent tumor arising *de novo*. Such a patient must have developed an immunity which almost overcame the disease. Moreover, it appears that there are a few dependable records of the spontaneous cure of cancer. Within the year, the agent of this immunity may be found, as simply and as logically as was insulin, and when found, this scourge of the race will be no longer in the province of the surgeon. In the meantime, until this blessed event, it is a reasonable hope that some form of radiant energy may control and destroy tumor growth and render operation unnecessary.

The same is true of surgical infection. The development of artificial immunity here is certain to progress and we may confidently expect the time when the diagnosis of an infectious process, whether it is osteomyelitis or empyema, or cellulitis, or appendicitis, or cholecystitis, will be followed at once by the administration of the appropriate serum or anti-toxin, so that surgery will be unnecessary except sometimes to repair damage when treatment was instituted too late.

When malignant disease and surgical infections are removed from the field of surgery, what will be left? The repair of injuries, the correction of congenital and acquired deformities, the relief of conditions incidental to the tissue changes of old age such as arteriosclerosis, prostatic hypertrophy, cataract:—though even these may be susceptible to treatment by some as yet undeveloped type of physical energy; the restoration of organs displaced from their natural seat, and hernia. When the sphere of surgery shall thus have happily narrowed, much of the genius and time and patient research now devoted to its problems will be freed to be expended in other ways for the benefit of mankind.

* * * * *

I shall pass through this world, but once; any good, therefore that I can do, or any kindness that I can show to any human being, let me do it now; let me not defer nor neglect it, for I shall not pass this way again.

SPINAL SURGERY WITH CASE REPORTS.

by

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F.R.C.S., (Edin.) Etc.

(Read at the Annual Meeting of the Medical Society of Nova Scotia
July 5th, 1923.)

Gentlemen:—

Owing to the limitation of time this paper will be largely a series of case reports. For some reason the spine is foreign territory to most surgeons, altho the operative procedures usually indicated are not extraordinarily difficult, haemorrhage is easily controlled by hot saline packs, and shock is no more severe than in abdominal operations.

From a *pathological* standpoint operative treatment of the spine is indicated, in selected cases, in the following conditions:

(1) Injuries of the Spine resulting from foreign bodies, dislocations, and fractures which may induce pressure on the cord, haemorrhage, callus or cicatrix.

(2) Caries of the spine of which the most frequent form is tubercular.

(3) Inflammatory conditions of the meninges.

(4) Tumors and Cysts affecting the vertebrae, meninges, spinal nerve roots or cord.

(5) Spina Bifida, Spina Bifida Occulta, and the cicatrix resulting from an old Spina Bifida.

(6) Dermoid Cysts.

Clinically the indications are:

(1) Pain, due to pressure on the cord, spinal nerves, or Cauda Equina, intractable neuralgias, and the girdle pains, and gastric crises of locomotor ataxia.

(2) Paresis, due to pressure on the cord, from injury, tumor or cyst, or excessive bending, e. g., in Pott's Disease.

(3) Tuberculosis of the spine.

(4) Spina Bifida and Spina Bifida Occulta.

(5) Weeping Sinus usually in region of coccyx or sacrum.

The following cases taken from the records of the Yarmouth Hospital and Yarmouth Clinic Infirmary are illustrative of some of the above conditions.

Case 1.—Paresis in Pott's Disease, Male, age 30. A typical hunch back since early youth. A Cotton Mill employee. Was

operated on in March 1922. About a year before this date, he began to notice a progressive weakening of the legs, until, with the aid of two canes he could only get about with difficulty. Complained also that his legs were cold and numb. His condition was one of kyphosis of the dorsal spine, becoming so acute as to press on the cord with resulting paresis of the legs. At operation the whole dorsal spine was exposed thru a semi-circular skin incision, the muscles cleared from the right side of the spinous processes, and the processes split vertically. A strip of bone 8 inches long and $\frac{1}{2}$ inch wide was cut from his left tibia. This after breaking and bending into pieces about 2 inches long to fit the curvature of the spine, was stitched with silk into the cleft in the spines. The wound was then closed in layers, and the patient kept in a plaster jacket for 4 months. Wound healed by first intention. Good ankylosis was secured and the patient has regained complete use of his legs, with sensation normal. He had a trophic arthritis with fluid, in one knee for 3 months, but that has now disappeared.

Case 2.—Intractable pain due to pressure on spinal nerves. Male age 32. As an Engineer Officer was wounded in France in 1916 by a shell fragment crushing the 4th and 5th lumbar vertebrae and injuring but not dividing the cauda equina. In a Field Hospital the fragment was removed. Underwent a second operation the following day to check secondary haemorrhage. By the way, the first Medical Officer to attend him in this Hospital was Dr. Allan Curry. The wound partially healed and he was transferred to the New York Neurological Institute where he was under the care of Dr. Foster Kennedy, the neurologist and Dr. Elsberg one of America's foremost Spinal Surgeons. Here he underwent 3 operations. The first was to close a sinus in the scar. When the patient was wounded he thought he had fallen and sprained his left ankle and right knee, the pain being exceedingly severe. His feet and ankles were paralyzed but he had considerable use of the rest of his legs, so that with the aid of crutches he could get about. From the time he was hit in September 1916 until August 1922 he suffered intensely with a gnawing ache and spasmodic waves of excessive pain in both lower limbs. In 1916 the operation of Rhizotomy, or resection of the posterior nerve roots of the spine, was a new procedure in America which may explain the results of Dr. Elsberg's next two operations. In the patient's 4th operation a left sided partial laminectomy and rhizotomy was done at the level of the 11th and 12th dorsal vertebrae, with no relief of pain. He was transferred to the Royal Victoria Hospital in Montreal, where under the care of Dr. Russel, Neurologist and Dr. Keenan, Surgeon, he spent nine months. Here he was told that his pain was purely a mental effect without any anatomical basis. However as the pain persisted he was returned to New York where in his 5th operation, for some unknown reason, a posterior nerve root resection was attempted at the level of the 4th and 5th lumbar vertebrae. The results were, a shifting of the seat of pain in the left leg from the ankle up to the knee, complete flacid paralysis of the left leg from the

hip down, and of the right leg and thigh except for the adductors. The patient, now considered incurable, returned to Yarmouth and sought relief in morphine, heroin, etc. However these drugs even up to 8 or 10 grains daily failed to control the agonizing pain, and his palms and sides became caloused and bruised through his efforts to restrain himself during the spasms which occurred every 5 or 10 minutes and lasted 20 or 30 seconds. In the winter of 1921-22 he was seen in consultation by Dr. John Stewart of Halifax, and in February 1922 I accompanied the patient to Philadelphia, where under the care of Dr. Frazier, Surgeon and Dr. Spiller, Neurologist, he underwent the operation of Cordotomy. This, one of the newer spinal operations, is done by exposing the cord, preferably about the region of the 4th and 5th dorsal vertebrae and dividing the antero-lateral portions of the cord which carry the pain sense fibres, with the small blade of a von Graefe knife. The pain after this, his 6th operation was, if possible, more intense than before and he acquired an additional discomfort in having frequent contractions of the unparalyzed muscles of the right hip and thigh. On August 31st, 1922, I did his 7th operation—a free laminectomy of the 11th, 12th dorsal and 1st lumbar vertebrae. On opening the spinal theca, I found the cord adherent to the membranes, separated it off, found that some of the posterior nerve roots on the left side only, had been divided in a previous operation. I divided all the posterior nerve roots in the area exposed except the coccygeal and the last sacral and closed the wound in layers. The patient made a good recovery from the anaesthetic with little shock and no pain. The spasmodic contractures had ceased also, tho there was no extension of paralysis. After 2 days there came on severe steady pain in ilio-inguinal branch of left 1st lumbar nerve, intensified by movement, skin over this area was hyper sensitive. This pain disappeared in about 2 weeks. He was taken off the use of narcotics and discharged from Hospital, October the 4th absolutely free of pain for the first time in 6 years. He has been in perfect health up to the present time, taking no narcotics, putting on weight and with an ingenious arrangement of levers, driving his own car.

You will ask why I had the presumption to imagine that I could relieve his pain when so many authorities had given him up as incurable. My reasons were few and were very simple.

Firstly the X-ray showed considerable callous formation at the site of his wound and portions of this callous seemed to be in the spinal canal, which suggested that the pain was due to pressure.

Secondly after all his operations he still had areas of skin on the right thigh and leg in which sensation was present. showing that some of the posterior nerve roots which should have been destroyed were still intact.

And Thirdly most of the anaesthesia in his legs was due to section of the mixed motor and sensory nerves at the level of the 4th and 5th lumbar vertebrae and below the point of pressure. The natural

inference, that a proper rhizotomy, radically performed at the proper place would relieve the pain has so far proven correct.

This case will be reported in more technical detail at a later date.

Case 3.—Extra dural lipoma of spine. Female age about 30. School teacher. About 8 years ago came to me complaining of abdominal pain. Given a tonic the pain disappeared completely for 2 years, then began to recur in periods of gradually increasing length. This remission of pain for long periods is a phenomenon frequently seen in the early stages of growth of spinal tumors. The pain gradually became constant and localized, its upper limit being at the level of the ilio-hypogastric nerves, with sharp spasms shooting down the course of the sciatics even to the ankles. In this condition 2 years ago, she was seen by a physician, who diagnosing appendicitis, removed the appendix, but not the pain. Daily use of aspirin afforded some relief for a time. To add to her discomforts she gradually became unable to lie on her back as this increased the pain. Under threat of having both her ovaries removed, she deserted him, and came to the Clinic in February, and was referred to me by Dr. C. K. Fuller. Her condition on admission was as follows, emaciated, lumbar spine rigid, posterior spinous processes of 1st, 2nd and 3rd lumbar vertebrae projecting $\frac{1}{2}$ inch beyond normal level, extreme tenderness on percussion over 1st lumbar spine, knee jerks diminished other organs and systems normal, Wasserman negative. Complained of a girdle pain at level of ilio-hypogastric nerves, pains shooting down legs to heels, inability to lie on back because of tenderness of spine and increase of pain in sides and legs, insomnia and loss of appetite and weight, X-ray showed posterior processes of 1st, 2nd and 3rd lumbar vertebrae to occupy a horizontal position instead of their normal sloping one. The intervertebral foramina appeared to be dilated and the spinal canal slightly larger than normal in these 3 vertebrae. At operation the lower dorsal and upper lumbar spine was exposed through a semi-circular incision. The muscles separated on the left side. The spinous processes of the 12th dorsal and 1st, 2nd and 3rd lumbar vertebrae divided close to the attachment of the supra spinous ligament, and the muscles cleared from the right side of the laminae. I consider this to be an improvement on the ordinary technique of laminectomy as it leaves intact the strong supra spinous ligament and does not interfere with the operative field. On removing the lamina of the 12th dorsal vertebra an extra dural lipoma the size of a hazel nut came into view. It was situated directly under the bony arch. Above this tumor the cord was pulsating normally, below it there was no pulsation. This is a phenomenon worth while remembering when searching for a pressure point on the cord. I first saw it demonstrated by Professors Babinski and Tuffier in Paris. The laminae of the 1st and 2nd lumbar vertebrae were also removed. The lipoma was shelled off, pulsation at once returned in the cord below this point. Investigating the spinal canal, the dura mater was opened when another interesting thing was found—the canal

below the tumor was filled with a brownish jelly like mass of coagulated blood and lymph—the massive coagulation phenomenon of Froin. The increased intra spinous pressure from this cause was probably the reason for the deformity of the first 3 lumbar vertebrae as seen by the X-ray. As much as possible of this jelly was cleaned out, and the wound closed in layers. The patient made an uneventful recovery, was walking about in 4 weeks without the aid of any support, and has not had a sign of the old pains since the day of operation. She has put on considerable weight already. She can also lie on her back with comfort and indeed prefers this position.

Case 4.—Pott's Disease of Spine with abscess formation. Male age 27, farmer. About 10 years ago began to have trouble with his hip joints, pain and some stiffness on walking, and general feeling of malaise. Some years later soreness and some sharp pains across the lower lumbar region were added to his symptoms. He was unable to stoop down, or to walk like other young men. Three years ago, went to Boston for diagnosis and treatment. Was fitted with a back splint, which he was told to wear for a couple of months. He has been wearing it intermittently ever since. About 6 weeks ago came to the Clinic complaining of a lump about the size of a hen's egg that had appeared in the right buttock over the sciatic nerve and just below the gluteus maximus. His lumbar spine was rigid and was tender over the 4th and 5th vertebrae. He walked with his legs bowed and with the knees slightly flexed. Needle puncture showed the lump to contain thick purulent mucus of a pink color. X-ray showed caries of the 4th and 5th lumbar vertebrae with some callous formation. On the 29th of May an Albee operation for fixation of the lumbar vertebrae and sacrum was done on him. The strip of bone being taken from his right tibia. Recovery thus far has been uneventful. He will be kept in bed for another two months with a firm dorsal splint. The absces has already receded to half its size. This type of operation is really an intensified form of splint for the spine. It accelerates healing and relieves the patient from the pain and discomfort that accompanies tubercular caries. It is most successful in adults.

Case 5.—Spina Bifida. Female, age 6 months. This baby was brought to the Clinic in such a state of marasmus that it was impossible to revive her strength sufficiently to permit operation. Up to the age of 5 months it was a healthy growing baby, then the decline of health set in, and it died six weeks later. This is usual course of events in this condition, unless operative interference places an adequate covering over the gap in the spine. Operation should be done as early as convenient taking into consideration the general condition of the baby and the pathology of the tumor, for once the baby's health begins to go down hill all hope of cure is lost.

Cases 6 and 7.—Two cases of dermoid cyst of the spine in adult, males. Dermoid cysts may occur at any part of the spine, most frequently they are found over the coccyx or sacrum. Both of these were

situated over the coccyx. The symptom complained of is a constant ill smelling moisture in the natal cleft posterior to the anal opening. On examination a small sinus is found near the tip of the coccyx. At operation this sinus is found to lead to a hair lined cavity, from $\frac{1}{2}$ to 1 inch in diameter. Excision results in permanent cure.

Some of the above cases are of almost too recent date to report, but the results already obtained in them would seem to indicate that, from a surgeon's standpoint, surgery of the spine requires only an accurate working knowledge of the practical anatomy of the spine and spinal nerves, in addition to good surgical horse sense. From the physician's standpoint, more attention should be paid to the fact that much human pain is due to lesions in the spine that, tho not amenable to chiropractic treatment, can be relieved by the surgeon.

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DALHOUSIE CLINICAL WEEK.

The second Post Graduate Course at Dalhousie Medical College came to a termination on Sept. 12th. Again the attendance was such as to indicate the very great favour with which the profession, not of this Province alone, but of the neighboring Provinces as well, regard such an opportunity for brushing up. The practitioners who registered for the course were as follows:—

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| Dr. F. R. Shankel, Hantsport. | Dr. H. H. Gosse, Canning. |
| Dr. A. R. Reid, Newport. | Dr. Ross Millar, Amherst. |
| Dr. O. R. Stone, Sherbrooke. | Dr. Grace T. Cragg, Concord, N. H. |
| Dr. E. F. Moore, Canso. | Dr. D. W. Zwicker, Chester. |
| Dr. M. J. Wardrope, Springhill. | Dr. C. B. Cameron, Petite Riviere. |
| Dr. G. A. Barss, Rose Bay. | Dr. G. K. Smith, Grand Pre. |
| Dr. W. N. Cochrane, Mahone Bay. | Dr. F. T. MacLeod, Riverport. |
| Dr. E. P. Atkinson, Oxford. | Dr. M. G. Burris, Dartmouth. |
| Dr. C. H. Morris, Windsor. | Dr. F. V. Malcolm, Imperoyal. |
| Dr. W. C. Archibald, Lawrencetown. | Dr. S. Adlington, Bedford. |
| Dr. D. A. Campbell, Bridgewater. | Dr. H. C. S. Elliot, Halifax. |
| Dr. Lester Brehaut, Murray River, P.E.I. | Dr. G. A. MacIntosh, Halifax. |
| Dr. R. H. Stoddart, Ship Harbour. | Dr. S. N. Keshen, Halifax. |
| Dr. F. J. A. Cochrane, Glen Margaret. | Dr. D. R. MacDonald, Halifax. |
| Dr. A. Ross, Joggins. | Dr. A. MacD. Morton, Halifax. |
| Dr. A. Medjuck, Glace Bzay. | Dr. P. S. Cochrane, Halifax. |
| Dr. A. A. Deckman, Bridgetown. | Dr. Thos. Acker, Halifax. |
| Dr. R. D. Lindsay, New Germany. | Dr. V. L. Miller, Halifax. |
| Dr. F. C. Lavers, New Ross. | Dr. Lewis Thomas, Halifax. |
| Dr. D. S. MacCurdy, Truro. | Dr. Grace Rice, Halifax. |
| Dr. B. W. Skinner, Hubbards. | Dr. Eliza Brison, Halifax. |
| Dr. L. O. Fuller, Shelburne. | Dr. H. W. Schwartz, Halifax. |
| Dr. L. R. Morse, Lawrencetown. | Dr. Hugh MacKinnon, Halifax. |

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GRAND ETANG, Sept. 19.—Dr. Leo LeBlanc, who has been practicing his profession for some time in our parish and in Margaree, has lately bought the home office and practice of Dr. William LeBlanc of Eastern Harbour. Dr. Leo attends to the medical wants at Cheticamp as well as in the districts in which he formerly practiced.

(Halifax Daily)

REPORT ON MEDICAL ORGANIZATION IN ONTARIO.

(An Address prepared by Dr. J. W. S. McCullough for the 1923 Annual Meeting of the Medical Society of Nova Scotia.)

Mr. President:—

The Secretary of the Ontario Medical Association has asked me to describe for him the medical organization in Ontario and briefly to outline the features of recent medical legislation in that province.

I feel that I am quite unable to fill Dr. Routley's place in this respect, for the reason that the able Secretary of the Ontario Medical Association is very much more conversant with the details than I am, but I shall endeavour to tell you the chief features of the organization, and explain as well as I can the clauses of the Medical Bill enacted at the last Session of the Legislature.

The Ontario Medical Association is probably the most active medical body in Ontario. The Association has been in existence since 1880, and has 1905 members out of a total of about 3000 active practitioners. It is only in recent years, however, that the organization has been able to exert much influence in public matters affecting the profession. The development of this influence has been largely due to the energy and ability of the Secretary who is a full-time man, and one singularly adapted to the work of the position he holds. The province is divided for organization into ten districts each with a Board of Councillors, who carry on district meetings with the assistance of speakers provided by the Association. At these meetings a general medical and surgical programme is carried on, and at a number of them speakers on public health subjects are, in addition, provided by the Provincial Board of Health. There are 43 Societies of this nature established and in active operation, and a Board of Directors directly representing these Societies meet with the central executive about eight times a year for the discussion of matters of interest to the profession. The revenue of the Association is about \$20,000.00 per annum.

In the last couple of years much closer co-operation has been established with the College of Physicians and Surgeons (the licensing body) and the three medical schools of the Western, Queen's and Toronto Universities. Briefly it may be asserted, that at no time in the history of Ontario has there been such close co-operation among all medical interests. In this way and only by unanimity of action, in my opinion, can the medical profession hope to maintain even a minimum of its rights, and the public be protected against the shoals of irregular practitioners and fakirs, who in recent years have stolen their way into the practice of medicine, duped the public and lined their pockets at the expense of both public and profession.

The results of the co-operation of the profession are seen in the fact that for the first time in the history of Ontario, it has been found feasible to have enacted a definition of medicine, and further, that when it seemed hopeless to stem the entrance of the tide of irregulars into the practice of medicine, that too,

has been accomplished. True, it may seem to many of our members that the price paid is a high one, in that all irregulars with certain credentials in practice at the 1st of July of this year are allowed to continue the practice of their respective cults. One must consider, however, that under present circumstances these people were practising without let or hindrance, they were multiplying rapidly, particularly in the cities and larger towns, and there was no check upon their activities. The Bill which I shall endeavor to explain gives them no status to practise medicine, only to practise their cult. They are not legally qualified practitioners and cannot sign certificates of births and deaths, and are not eligible for any public health or other position ordinarily filled by a physician.

The Bill is an amendment of the Medical Act and defines the practise of medicine as follows:

47a. Every person shall be deemed to practise medicine within the meaning of this Act who holds himself out as being able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, disability or physical condition, or who shall either offer or undertake by any means or method to diagnose, treat, operate or prescribe for any human disease, pain, injury, disability or physical condition.

Then follow the various services not included under the foregoing definition:—

(a) Any commissioned medical officer serving in the army, navy, or marine hospital service:

(b) Any lawfully qualified physician in any other province or country meeting a legally qualified medical practitioner in Ontario in consultation:

(c) Any person actually serving without professional fees on the resident medical staff of any legally incorporated hospital in Ontario:

(d) The furnishing of first-aid or temporary assistance in cases of emergency:

(e) The domestic administration of family remedies:

(f) Persons treating human ailments by prayer or spiritual means as an enjoyment or exercise of religious freedom:

(g) The practice of chiropody.

The Act shall not apply to a, b, c:

(a) The practise of dentistry by a dentist duly licensed under The Dentistry Act to practise dentistry in Ontario.

(b) Any person who manufactures or mechanically fits or sells artificial limbs or other appliances.

(c) The practice of optometry by an optometrist duly licensed under the Optometry Act to practise optometry in Ontario.

The clause covering the practice of the cults, allows osteopaths, chiropractors and drugless healers in practice on the 1st of January, 1923, and who sixty days after the 1st July 1923, filed in the office of the Provincial Secretary a statement in the prescribed form, stating name, place of residence, degree of qualification, evidence as to character and good behaviour, and the particular method practised, to continue to practise their respective method only. These parties do not become legally registered practitioners of medicine in the meaning of the general Medical Act.

Provision is made whereby the Government may in the future make regulations providing for *admission* to the practice of medicine of persons professing any system of healing and prescribing the required qualifications. This will probably have the effect of guiding in the right direction any future aspirants. While, as I have already remarked, these concessions have been rather a bitter pill for most of us to swallow, it is felt that the legislation will on the whole be in the interest of both the profession and the public.

The result of this legislation will probably have the same effect on the cults and drugless healers, as similar legislation had on those known as homeopaths. About 1860 it was proved that the homeopaths should, in order to become registered practitioners, pursue the same course of study as the regular physicians except in materia medica and therapeutics. The result has been that comparatively few students take the option allowed. In the case of the cults, no opportunity after this year is provided for their registration, except under government restriction. The legislation is perhaps the best of its character in operation in America, and, it is confidently hoped, will serve to protect the profession and the public against their exploitation by uneducated and irregular practitioners.

(The Associate-Secretary has on file a copy of the Act described and will forward the same on request.)

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EASTERN COUNTIES MEDICAL SOCIETY.

Minutes of Second Meeting of Eastern Counties Medical Society held in St. Andrew's Hall, Port Mulgrave, Tuesday, June 5, 1923.

Meeting called to order by the President, Dr. J. J. Cameron, at 1.00 p. m. The following members of the profession being present—Drs. G. E. Buckley, P. A. McGarry, M. E. McGarry, W. F. McKinnon, J. A. Proudfoot, R. F. McDonald, J. S. Brean, O. Cameron, J. J. Cameron P. S. Campbell, S. L. Walker, G. H. Murphy, S. R. Johnson.

Telegrams or messages were read from Doctors McNeil, McRitchie and Moore regretting their inability to be present and wishing the Society success.

The President named the Nominating Committee as follows:—Drs. McKinnon, Proudfoot, M. E. McGarry, P. A. McGarry, G. E. Buckley and J. S. Brean.

Minutes of last meeting were read and adopted.

The following Resolution was moved by Dr. M. E. McGarry and seconded by Dr. W. F. McKinnon and unanimously carried:—

“Resolved that at this the first regular meeting of the Eastern Counties Medical Society and at the very beginning of its existence, Dr. George E. Buckley be made an honorary member of the Eastern Counties Medical Society.” The President announced the action of the Society and Dr. Buckley feelingly replied, thanking the Society and stating that he came purposely to show that he was in hearty accord with the objects of the Society and strongly favoured full medical organization.

Moved, seconded and passed that the proposed Constitution for Branch Medical Societies as adopted by the Medical Society of Nova Scotia be and is herewith adopted as the Constitution and By-Laws of the Eastern Counties Medical Society, and application for affiliation with the Nova Scotia Society made.

On motion it was resolved that the local Membership Fee be \$1.00 per year. On motion it was resolved that three members may apply to the President for the calling of special meetings.

The Nominating Committee presented their Report which was on motion adopted. The President then declared the following officers duly elected:—

Honorary President—Dr. G. E. Buckley.

President—Dr. J. J. Cameron.

Vice-President—Dr. J. S. Brean.

Secy.-Treasurer—Dr. P. S. Campbell.

Executive Committee:—

Dr. J. A. Proudfoot, Inverness.

Dr. J. A. McDonald, St. Peters.

Dr. J. J. McRitchie, Goldboro.

Dr. J. L. McIsaac, Antigonish.

Dr. M. E. McGarry, Margaree.

Dr. B. A. LeBlanc, Arichat.

Dr. E. F. Moore, Hazel Hill.

Dr. R. F. McDonald, Antigonish.

Executive Member on Nova Scotia Medical Society:—

Dr. W. F. McKinnon, Antigonish.

Dr. G. H. Murphy of Halifax, gave a very interesting address on “Some Pathological Bone Conditions” illustrating the same with a splendid series of X-ray plates and prints:—

(1) Intestinal obstruction, Carcinoma of Sigmoid, Colostomy two weeks rest and side to side Anastomoses.

(2) Hemorrhage per Urethra, removal of stone from Bladder, T. B. right kidney with removal and subsequent evacuation of pus from left kidney.

(3) Old fracture, middle and lower third of Tibia, marked deformity of long standing, operation with good result.

- (4) Fracture of Scaphoid and Semi-lunar, diagnosed as sprain.
- (5) Fracture of Patella, open operation.
- (6) Fracture elbow joint, separation of the Epiphyses.
- (7) Dislocation Humerus, with fracture greater Tuberosity, Ankylosis.
- (8) Non-malignant bony growths.
- (9) T. B. knee joint.
- (10) Sarcoma lower end Femur.
- (11) Charcot's knee joint.

Dr. S. R. Johnson, Roentgenologist, Halifax, gave an interesting X-ray plate demonstration:—

- (1) Dislocation Semi-lunar bone with Excision of the bone.
- (2) Internal Cuneiform Fracture.
- (3) T. B. head of humerus, atrophy and rarification head of bone with no necrosis.
- (4) Sacre-Iliac Joint, obliteration transverse process fifth Lumbar, pain in back chief symptom focal infection, removal of tonsils, and joint recovery almost to normal.
- (5) Hydronephrosis—injection pelvis of kidney with 15% Sodium Iodide.
- (6) Stone in kidney.
- (7) Stenosis Aesophagus—Spasmodic with dilation.
- (8) Gastric Ulcer.
- (9) Gall stones.

D. J. J. Cameron, Antigonish read a paper on Infectious Diseases. He emphasized especially the need of education of physicians and the public in Health matters. It was pointed out what might be done for the prevention of common diseases.

Dr. S. L. Walker, Halifax, spoke on "Certain Phases of Medical Organization," He made a plea for the co-operation of the Medical profession generally with the Provincial Public Health Department. The doctors should blaze the trail in Public Health matters and forestall the day of state medicine. The present day physician has not the hold upon the individual and the public as in former days. The doctors should concern themselves with all phases of community life in which they are eminently qualified to take an active part. Only if the idea of service to the community be a guiding principle can Medical Organization be successful.

Upon motion it was resolved that the next regular meeting be held at Antigonish on the 1st Tuesday in October. It was suggested that this be largely a clinical meeting and that it be arranged by the Executive. On motion the following Resolution re Insurance was unanimously passed:—"Resolved that the Eastern Counties Medical Society considers that the minimum fee for Life Insurance examinations for all Companies should be Five Dollars (\$5.00).

Further resolved that the Medical Society of Nova Scotia be requested to continue its efforts towards securing said minimum fee.

With reference to the schedule of fees for professional services

it was decided that this for the present should be left in the hands of the Executive. Dr. Walker stated that copies of schedule of other societies would be obtained and passed to the Executive for their consideration.

The following Resolution, being one adopted by other Branch Societies, was on motion of Dr. McDonald, seconded by Dr. Proudfoot unanimously adopted, and the Secretary was instructed to forward the same as noted:—

“WHEREAS: The General Death Rate and Infant Mortality of Nova Scotia compares very unfavorably with other Provinces of the Dominion and most countries where advanced Public Health measures are being carried out.

AND WHEREAS: Most countries in which Public Health activities are being fully prosecuted have in their Governments a Department in charge of a Minister of Public Health.

THEREFORE RESOLVED: That the Eastern Counties Medical Society places itself on record as in favor of a Ministry of Public Health being created in this Province.

FURTHER RESOLVED: That this Resolution be forwarded to the Premier of Nova Scotia, Honourable E. H. Armstrong, and that copies be forwarded to the Medical Society of Nova Scotia and all Branches of that Society for their early consideration and endorsement..”

A letter from Dr. Hattie relative to Irregular practice was on motion received and placed on file. It was moved by Dr. McKinnon and seconded by Dr. McDonald that the hearty thanks of the Society be extended to Doctors Murphy and Johnson for the very valuable addresses and demonstrations. Doctors Murphy and Johnson made suitable reply. On motion the meeting was adjourned.

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Dr. W. H. Chase, of Wolfville, a member of one of the best known families in the Valley and formerly of the medical staff of Camp Hill Hospital, left on Tuesday for New York, proposing to take a course in Pathology in the New York Post Graduate Hospital. On his return he will be associated with Dr. V. N. MacKay, of this city, who has been Pathologist at Camp Hill Hospital and the Halifax Infirmary ever since his return from France, where he served gallantly with the Dalhousie Hospital Unit. Dr. Chase who was also a member of the Unit, was appointed assistant to Dr. MacKay in the Pathological Department at Camp Hill two years ago.

(Halifax Daily.)

MINUTES, LUNENBURG-QUEENS MEDICAL SOCIETY.
(Bridgewater, N. S., Aug. 7th, 1923)

The regular annual meeting of this wide awake society was held in the Council Chamber of the Court House, Bridgewater, Tuesday, August 7th at 2 p. m. As regards number of members in attendance, values of papers presented and discussed, and enthusiasm displayed, it was one of the most interesting and profitable sessions of the society.

At the suggestion of the members present the President, Dr. W. N. Rehfus, suspended the regular order of business, in order that Doctors McDougall, Chisholm and Walker of Halifax might present their papers.

Dr. J. G. McDougall held the rapt attention of the society for one hour his subject being, "Everyday Kidney and Bladder Conditions." Acute, Sub-acute, and Chronic Cystitis, their Etiology, Bacteriology, and Pathology were discussed in detail, and their relationship with Pyelitis explained. Special emphasis was laid on infections of the tract through blood streams, and the elimination of ascending infection in these cases. Results and after-effects of imperfect drainage of tract were illustrated by means of negatives and X-ray photographs.

An informal dissertation on venereal disease, and the facilities and methods of attacking these problems, etc., were then outlined by Dr. H. A. Chisholm of the Department of Public Health. The problem was gone into in detail, and a practical method of dealing with it evolved.

Dr. S. L. Walker, Associate-Secretary of the Medical Society of Nova Scotia, next gave a paper on "Features of a successful Medical Organization." The great amount of gratuitous service given by the medical profession was touched upon, and their leadership in all matters pertaining to public health emphasized. Co-operation through thorough organization would, in his opinion, accomplish still more and greater results than have been obtained in the past.

Hearty votes of thanks were unanimously passed to Doctors McDougall, Chisholm and Walker, for their valued contributions to our deliberations, after which the society proceeded to elect its officers for 1923-1924.

The officers elected were as follows:—

Dr. J. S. Chilsholm, Mahone—President.

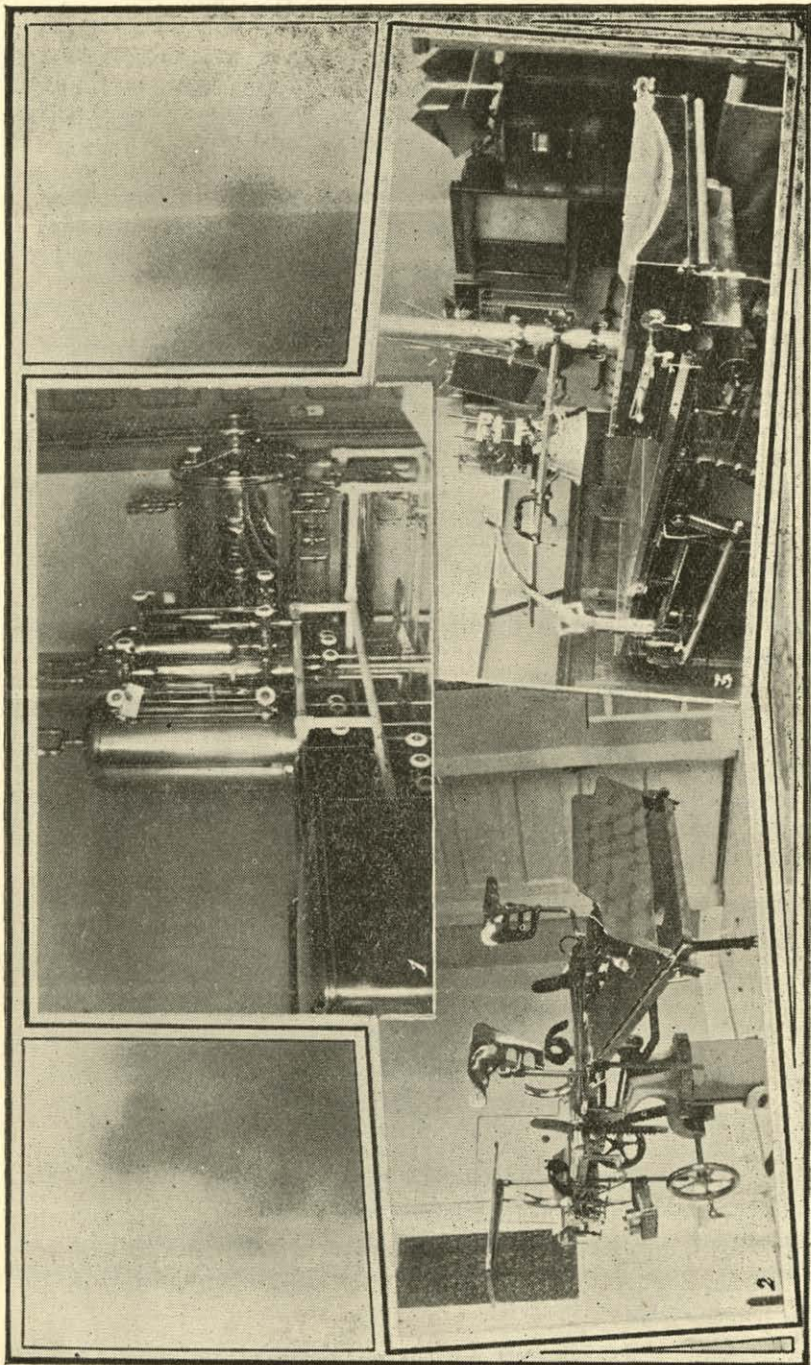
Dr. F. T. McLeod, Riverport—Vice-President.

Dr. L. T. W. Penney, New Germany—Sec'y.-Treas.

Executive:—The above named with Doctors A. E. G. Forbes, Lunenburg, and F. A. Davis, Bridgewater.

Members nominated to the Executive of the Medical Society of Nova Scotia, Doctors A. S. Simpson, Bridgewater, and R. G. MacLellan, Lunenburg.

(Signed) L. T. W. PENNEY, Sec'y.-Treas.



St. Martha's Hospital, Antigonish. (Interior)

ST. MARTHA'S HOSPITAL.

Antigonish, N. S.

This is the third largest hospital in the province of Nova Scotia. From a six bed institution in 1906 it has grown to a seventy bed hospital, thoroughly equipped in every particular, and with a medical and surgical staff of exceptional merit.

The hospital is owned by the Sisters of St. Martha, a congregation of ladies, fully experienced, and trained to carry out hospital administration and operation in its various departments.

Some idea of the hospital's rapid growth may be gleaned from the following excerpt from the institution records:—

In the year 1907 one hundred and eight patients were admitted, and thirty eight operations performed. In the year 1922 one thousand and twenty one patients were admitted and five hundred and fifty one operations performed.

Staff:—Eastern Nova Scotia is fortunate in having such an aggregation of medical men as one meets at St. Martha's hospital. All work most harmoniously together, and in no other part of the province is it possible to find a nearer approach to the ideal in ethical practice.

Laboratory:—This department is in charge of a sister specially trained in all modern laboratory technique. It is a most valuable asset to the staff in diagnosis and treatment of its many and varied cases.

X-Ray Department:—Here accurate work is possible as the equipment is up-to-date in every particular.

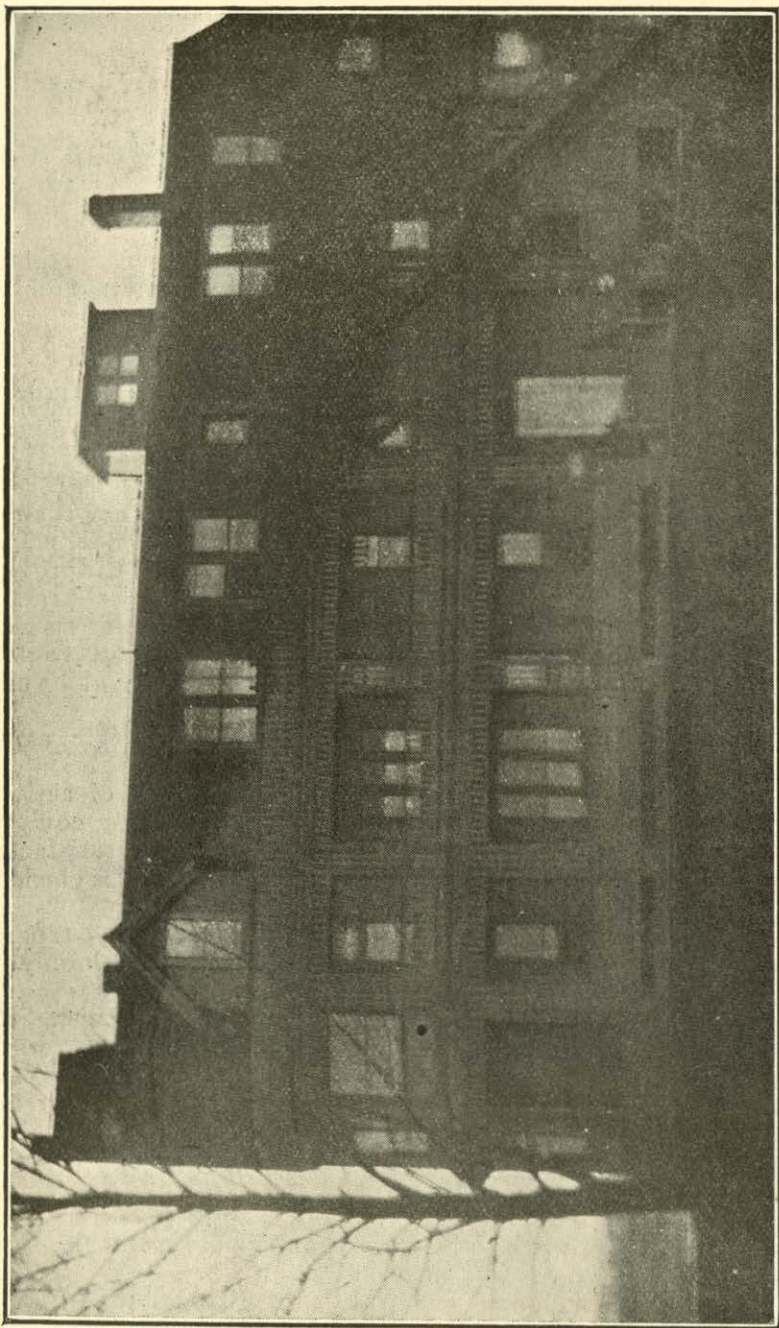
Operating Room:—This is a veritable "Bee-Hive" of activity, the room being almost continually in use. It is modernly equipped as to sterilizers, instruments, and operating tables. The satisfactory death rate for the last year, of sixteen to one thousand, spells efficiency for this phase of the hospital work.

Obstetrical Work:—Maternity cases are taken care of in a separate building. Last year seventy eight patients were treated with only one infant death.

Hospital Rates:—Public wards for residents of Antigonish, \$8.75 per week. For non-residents, \$10.50 per week. Semi-private wards, \$10.50 per week for residents of Antigonish and \$12.00 for non-residents. Children's ward \$5.25 for residents, and \$7.00 for non-residents. Maternity cases \$12.00 to \$18.00 per week. Private rooms \$15.00 to \$18.00 per week.

New Building:—To meet the ever increasing demands for more space the authorities have decided upon the construction of a one hundred bed addition, work to begin as soon as possible in the spring of 1924.

(Contributed.)



St. Martha's Hospital, Antigonish

RESIDENT AND TRAVEL SCHOLARSHIPS FOR PHYSICIANS.
offered by
AMERICAN CHILD HEALTH ASSOCIATION.

TO WHOM—Physicians who want to improve their qualifications for CHILD HEALTH work.

WHY—In order to meet the growing demand for more and better trained physicians in the field of CHILD HEALTH

WHAT—\$10,000 for scholarships to be awarded in amounts determined by character of work to be accomplished.

WHERE—Freedom of choice of institutions with approved courses demonstrations and places doing some outstanding piece of CHILD HEALTH work.

WHEN—During the school year 1923-1924. Summer of 1924.

Application blanks and further information will be furnished on request to the

AMERICAN CHILD HEALTH ASSOCIATION,
370 Seventh Avenue,
New York City.

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CHILD HEALTH SCOLARSHIPS.

The attention of the medical profession is directed to the announcement made elsewhere regarding Scholarships for those who desire to specialize in Pediatrics. These are provided by the American Child Health Association of which Herbert Hoover is President and Docotrs L. E. Holt, Farrand and T. D. Wood are Vice-Presidents.

These Scholarships are for the purpose of affording an opportunity to secure training in child health work which will better fit them to fill positions with state and municipal divisions of child health or organizations engaged in child health work, or to enable physicians already engaged in the child hygiene field to secure additional training or experience. The fund, \$10,000,00, will be allotted in amounts suited to the objectives arranged for the respective students.

Applicants eligible for these will be physicians who are in good standing in their local and state medical societies, and who shall present evidence of the following qualifications:—

- (a) Graduation from a Grade A Medical School, and a license to practise in the state from which they apply.
- (b) Real interest in child health.
- (c) Either special instruction or practical experience in public health or child hygiene, including school health work. Those who have had such experience will be given preference in the selection of candidates.

CHILDREN'S HOSPITAL, HALIFAX, N. S.

Admissions:

Any child up to 12 years of age free from contagion or infection with a certificate to this effect from the doctor concerning the patient, to accompany application for admission.

Cases of Venereal Disease are admitted under special arrangements with the Provincial Health Department, which furnishes a grant to cover maintenance for non-paying patients.

Cases of pulmonary Tuberculosis are excluded, but all other cases of Tuberculosis are eligible for admission.

Terms:

Private patients, \$3.00 per day.

Special Nurses, \$2.00 per day, and \$1.00 per night.

Ward patients, \$1.00 per day.

Operating room fee, \$5.00.

Special terms for operation for tonsils and adenoids.

Patients wholly unable to pay and not chargeable to any district receive free treatment.

This Hospital is not on the same basis as a Provincial Hospital and poor cases are not automatically chargeable to the district.

Source of revenue is chiefly from private contributions.

Mr. O. E. Smith is President; Mr. F. Hope, Treasurer; Miss Bamford, Superintendent.

Accommodations:

Wards, 45 beds. Private patients, 10 beds.

This Institution is available for the care of sick or crippled children from any part of the Province. The new wing of this Hospital was opened in 1920.

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THE COGSWELL LIBRARY

The Cogswell Library Committee would be grateful for contributions of medical books, photographs or paintings of physicians who have been prominent in the Maritime Provinces, old case books, and old instruments and other objects of value from the standpoint of the medical history of this province. On account of the restricted accommodation for books, only those which are not already in possession of the library are desired at present. It is hoped that enlargement of the library quarters will be secured before very long. Physicians will remember that the library is the property of the Medical Society of Nova Scotia, although it is housed and cared for by the Faculty of Medicine of Dalhousie University. The collection of books is very serviceable and has attained quite respectable proportions, and is, of course, available to all physicians qualified to practise in Nova Scotia.

EDITORIAL COMMITTEE, C. M. A. JOURNAL

The Editorial Committee (for Nova Scotia) of the Canadian Medical Association Journal will appreciate any assistance which members of the profession will give them by contributing news items, notes of historical interest, case reports and original papers.

In respect of case reports and papers, the Journal is anxious to maintain the standard it has set for giving publicity only to matter which is either new or exceptional. Nova Scotia doctors have not been contributing so freely to the Journal as is to be desired; and it is hoped they will be less backward in the future than in the past. All material from Nova Scotia should be submitted to the Committee, of which Dr. W. H. Hattie, Faculty of Medicine, Dalhousie University, is Chairman.

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EASTERN COUNTIES MEDICAL SOCIETY.

Regular Meeting, Antigonish, Tuesday, October 2nd, 1923.

Tuesday—2.00 p. m.—Routine Business.

2.45 p. m.—Clinical Session, presentation of Cases for differential diagnosis by Drs. Cameron, McKinnon, McIsaac, McDonald and Brean.

8.00 p. m.—X-ray Demonstration.

8.45 p. m.—Demonstration Laboratory Technique.

Wednesday, October 3rd, 1923.

8.00 a. m.—Operative Clinic.

11.45 a. m.—Exhibition Pathological Specimens.

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A reprint from the June 1923 number of the American Journal of Surgery of a paper read before the section of Genito-Urinary Surgery, Academy of Medicine, New York, by Fenton B. Turck, M. D., has been received by the Associate-Secretary. The title of the paper is, "Kidney Lesions Produced by Tissue Breakdown (Cytost;) Pathogenesis and Treatment." Dr. Turck's address is 14 East 53rd St., New York. The Doctor was an enthusiastic visitor at the meeting of the C.M.A. in Halifax in 1921.

Qualified for Jury Service.

It was during the impanelling of a Jury that the following colloquy occurred between the magistrate and a talesman:

"You are a property holder?"

"Yes, your honor."

"Married or single?"

"I have been married for five years, your honor."

"Have you formed or expressed any opinion?"

"Not for five years, your honor."

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It's a Way They Have in the Army.

"I thought a doctor was supposed to tell people what was the matter with them?"

"Not in the army. In the army it's up to the patient to say what's the matter with him, and it's up to the doctor to prove he hasn't got it."

* * * * *

Stranger—"My friend why are you swearing so?"

Cussity—"Why? Because of a blank fool of a doctor. I got some pills for a pain in my back, and the directions read; 'Take one a half hour before you feel the pain coming on.'"—*Harper's Weekly*.

* * * * *

A well known Catcher of one of the Halifax City baseball teams had two fingers of his right hand pretty badly bunged up in practice recently. On his way home he called on one of the sporting doctors to have them fixed up. "Doctor," he asked anxiously as he left, "when this paw of mine heals will I be able to play the piano?"

"Certainly you will," the doctor assured him.

"Well then, you're a wonder, Doc. I never could before."

—*Everybody's*.

* * * * *

Very Necessary.

"So these are your little children, Joan?" said Auntie, trying to enter into the spirit of the small niece's game, in which a large and mixed family of dolls played a leading part.

"You mustn't call me Joan; you must call me Mrs. Jenkins," replied the indignant parent.

"I'm sorry, dear," said auntie humbly, "but you never told me that you were married."

"Well really auntie," cried Joan scornfully, "where did you think I got all my children from?"

A Rare Diagnosis.

"I am afraid, doctor," said a woman to a physician she had cornered at a reception, "that my husband has some terrible mental affliction. Sometimes I talk to him for hours and then discover he literally has not heard a word I said."

"That isn't an affliction, madam," said the doctor wearily, "that's a divine gift."

* * * * *

Building Sound Bones.

Sunlight and nourishing food mean a sturdy youngster, almost too active for the mother's peace of mind; the lack of them means a round bellied little child waddling on bowed skinny legs. It isn't always the child of the wealthy who is sturdy, however, for although his parents can afford sunlight, they also afford food too rich for his little digestive system and entertainment too frequent and too exciting for his little nervous system.—*Hygeia*.

(Extract from C.M.A. Journal, August, 1923.)

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He Had a Conscience.

The Doctor was tempted but his Conscience saved the Lawyer's Life.

Being called to attend a lawyer, the doctor said after glancing at the patient, "You will have to send for another doctor."

"Am I so ill as that?" gasped the sufferer.

"I don't know just how ill you are," said the doctor, "but I know you are the lawyer who cross-examined me when I appeared as an expert witness. My conscience wont let me kill you, and I'll be hanged if I want to cure you. Good day!"

* * * * *

Professional Pride.

(From an Exchange.)

It was a Scots caddie who, being told that he had been carrying for a very eminent professor, replied that the professor might be very well at the Latin and Greek, "but gowf, ye ken—gowf wants a heid." The late Duke of Devonshire hinted at varying standards when a pompous colleague was describing something as "the proudest day in my life." "The proudest day in mine," mumbled the Duke, "was when my pig won a prize at Skipton Fair." As two last examples there is Whistler's "Paints, doesn't he?" when a number of people were praising Leighton's oratory charm, taste, and so forth: and the remark of the injured miner who sent for a certain parson. The parson expressed a mild gratification at the effect of his sermons. "Nay, nay, lad," was the answer: "it wur that hit of yours for six to squar leg last Saturday as did t'trick."

(Where does the doctor come in?)

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Journal

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County:—Dr. Morton

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