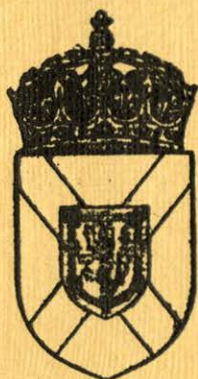


# The Nova Scotia Medical Bulletin

JULY 1928



## Leading Features This Issue:

OCCUPATIONAL THERAPY

THE CANADIAN MEDICAL ASSOCIATION MEETING

SOCIETY MEETINGS

EDITORIAL

OBITUARIES

PERSONALS

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### Epididymitis.

Epididymitis, in the opinion of A. L. Wolbarst, M.D.

("Gonococcal Infection in the Male") is, by far, the most frequent complication of gonorrhoea and of paramount importance sociologically, because of its remote consequences.

Acute epididymitis is usually accompanied by inflammation of the vas deferens of the affected side or by an inflammation of the corresponding testis or by both. There is tense swelling of the epididymis, and, not rarely associated inflammation with serous exudation in the tunica vaginalis. Occasionally, the pain in the vas is quite severe and radiates upward and backward through the inguinal ring to the seminal vesicles, which share in the inflammatory process. This referred pain may lead to the erroneous diagnosis of acute appendicitis.

Acute epididymitis should be treated by rest (physical and sexual) and elevation of the scrotum and the constant application of heat. Diathermy, according to Dr. C. Otis Rich ("Diathermy in Acute Epididymitis", Illinois Medical Journal) yields results which vary "from the most spectacular improvement to frank disappointment." Heat in the form of antiphlogistine dressings usually gives marked relief in these painful conditions. Thermotherapy with the aid of this endermic, bacteriostatic agent is essentially decongestive and relaxant, removing thereby the tension on the inflamed cord, at the same time preventing blood stasis in the affected area. Being plastic, adhesive, non-irritating and thermogenetic, the physician will find in antiphlogistine a distinctly convenient method for prolonged thermotherapy with the aid of this endermic, bacteriostatic agent is essentially decongestive and relaxant, removing thereby the tension on the inflamed cord, at the same time preventing blood stasis in the affected area. Being plastic, adhesive, non-irritating and thermogenetic, the physician will find in antiphlogistine a distinctly convenient method for prolonged thermotherapy with complete absence of tissue irritation or toxic action.

# Occupational Therapy

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By Dr. Eliza P. Brison, West Gore, N. S.

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**S**UITABLE employment is a valuable therapeutic agent, if we are to treat with benefit many chronic patients, who are suffering from either mental disease or defect, provided the patients are diagnosed and carefully studied to ascertain the type of work that can be done by each individual, and also the amount of rest required. To give the same kind of occupation, for the same length of time to all these patients, regardless of the Psychoses, would be somewhat similar to treating all physical disorders with the same medicine. Occupational Therapy can be the very worst treatment for some acute disorders of the mind, for most of those cases must have mental and physical rest. It is the chronic patients in good physical health, who particularly need this treatment, and it is more especially to the patients, called the harmless insane and the feeble-minded in our County Homes, that this little article is dedicated.

The daily routine of housework in every institution appeals to some patients; but to others, it is only drudgery. To these we must give some occupation that will give pleasure. Supervised occupation has much to recommend it to those who are caring for the mentally diseased. Many cases came under my personal observation which seemed to be helped by an occupation which gave them pleasant, useful work and made the time pass more quickly for them.

I remember a case of chronic mania, a woman from Hungary, who kept the ward constantly disturbed by singing and shouting, she was also exhausting herself. The Superintendent suggested that we give her some kind of handwork that she would enjoy doing. On account of her nationality, not one of us could talk with her; and she appeared so demented that we did not think she would understand what we wished her to do. So it naturally was very difficult to find out what work she would like. I started showing her how to make a braided rug. She at once took an interest in it, and it was not long before she had finished a very nice rug, and her second attempt was really beautiful. From the time she started working, she behaved more like a normal person in many ways. She was no longer a disturbance on the ward, and was much happier and more contented. She seemed to feel now that we were her friends, whereas before she had kept herself aloof from everyone. This was by no means a solitary case, and with this as a beginning, occupational therapy became and still is an important therapeutic treatment in that hospital.

With the above case, as with others, the treatment has a four-fold value. The patient is interested and more contented, is quieter

during the day, and often sleeps better at night, which tends to improve the health. Other patients on the ward are not disturbed. The nurses or attendants find the work with busy, happy patients, much more attractive, and much of the work done has an economic value.

In the large hospitals for the Insane, one finds elaborate and expensive equipment for the handicrafts, and this expense seems to have been justified, since mental specialists are strong believers in its efficacy.

The mentally deficient, as a class, have received little attention, this is no doubt due to the fact that they do not readily respond to treatment. It is not because it is so rare a pathological condition, for we find them in every community, and among all classes of people. In many ways they can be helped, although we have not studied mental defect sufficiently to know how much we can do for them. It has been found that persons of very low intelligence can be taught to use their hands.

In the Walter Fernald School for the Feeble-minded, a group of boys, with mental ages under four years are employed cutting wood, picking stones, raking leaves, and doing other jobs about the farm. Handiwork and exercise stimulates the mind, for even in doing the simplest task, one must think, but when the patient sits in the ward much of the time, day after day and year after year, with little or no change, the mind, with its already very limited capacity, must deteriorate. I have observed several cases where patients under training were active and becoming useful and, although their innate capacity for learning was not enlarged, yet the training was bringing out their potentiality. Then for various reasons, while these girls were still children, the training was stopped, and at the same time the apparent development stopped also and, instead of being happy, useful individuals, contributing towards their own support, they are daily becoming more helpless, a dead-weight to the county.

My own method of training the mentally deficient has been to keep them busy all day, with play, occupational work and study; and very soon they get into the occupational habit, and are discontented if for any reason they have to be idle. The work habit is quite easy to acquire, but the feeble-minded have not the initiative to go ahead and acquire it themselves. They must be taught both to work and to play.

These patients, although they are often as large as their more fortunate brothers and sisters, are hardly ever as strong physically and many have some definite disability, so in providing a programme for them, we have to take into account how much they can do without fatigue, and the weaker ones must have a period of rest each day.

If the insane and feeble-minded in our county homes had a trained worker provided for them, who could go about from place to place and supervise their handiwork, these Homes might become in some cases quite important industrial centres for the making of hooked and

braided rugs and knitted articles, and these articles, if well made, could be sold by women's exchanges throughout the Province and might be a little source of income.

The economic value of the work may appeal to some, but the most important and far-reaching value of the work would be the immense benefit that the patients would derive from doing something, that would make their lives approach as nearly as possible to normal. The value of a happy, contented mind is well known, both in prophylaxis and treatment of disease, and chronic mental patients are much happier living busy useful lives than spending their days in dreary idleness.

After the Nova Scotia Training School has been established, there will probably be fewer feebleminded in our county institutions; but it will be sometime before there is much change in the adult population.

Sometimes we speak of them as *humane* institutions, then let us, as a humanitarian measure, help to make the lives of the inmates a little brighter by giving them pleasant occupation. A person must be hardhearted, indeed, who can visit our County Homes, and not come away saddened by the helplessness and hopelessness of their wasted lives, and wishing that these people, notwithstanding their pitiful misfortune, might have the satisfaction of doing some worth while work, or have the glory that comes to those who create beauty in handiwork. Interests like these would help to relieve the dull monotony of their days.

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**Bound Volumes of the Bulletin.** Several doctors seeing the bound volume of the BULLETIN for 1927 have requested the General Secretary to obtain extra copies and furnish them with bound volumes for the 1928 series. We have therefore started a reserve supply of some fifteen numbers for each month for the express purpose of having them bound and available for those who desire them. These are laid aside each month and will be used for the above purpose for those doctors who desire the volumes in the order and to the extent to which orders are received.

There are many who keep their numbers and, if they desire, we will undertake to have them bound for them. To a limited extent we will also assist doctors to complete their files of this very popular Journal, if they desire us to have them bound for them.

Regarding cost we can only say that this is a service that you should get at cost, because that is why we are organized, to give you service. Let us know if you are interested and we will let you have full particulars.

# The Nova Scotia Medical Bulletin

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VOL. VII.

JULY 1928

No. 7

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## The Canadian Medical Association Meeting

In Every Way A Successful Gathering.

**W**HEN the Moncton Maritime Medical Conference agreed that the 1928 meeting of the Canadian Medical Association be held in Charlottetown in 1928, it was because we believed the meeting could be made a success. Then followed the General Committee Organization last fall at which Doctors Starr, Primrose and Routley of Toronto were present, together with representatives from Nova Scotia and New Brunswick. Still, while we had faith in the ability and resources of the medical men on the Island and in Charlottetown, there was considerable trepidation lest the unexpected happen, and the limited resources of the Island be insufficient to cope with the emergency. It was a new thing for a small medical society to undertake the handling of such a meeting. Could they pull it off? Well! They could and did.

As we read the weekly reports of the local committee fears vanished and we felt sure that nothing save an accident to the Northland, the Car Ferry, or torrential rains could make it a second-rate convention. The Medical Society of Prince Edward Island fully deserved the many compliments paid them on every hand, as the week passed and everything moved like clock work. Hospitality was so lavishly and charmingly dispensed, that Nature could not be unkind, so presented her choicest offerings from Saturday to Saturday, perfect weather featuring every day. Then so many opportunities were offered the visitor to see the Garden of the Gulf, beautifully gowned in its sparkling new dress of Emerald green, that the weary traveller received a wonderful inspiration from viewing its perfect loveliness. While to us it suggested inspiration to renewed activity, perhaps its real secret is,



that it does give healing rest to the wearied in body and the tired in mind. And why not, when we recall the lines of one describing the Island, just as it was last week,—

"Thou art beloved of sun and sea—  
Of silvery night—of glowing noon;  
And 'round about thee tenderly  
The summer breezes croon.

"Thou'rt robed in tranquil loveliness  
Of birchen groves and ferny bowers,  
Of streams that hold the skies' caress  
And fragrant wayside flowers.

"No towering mountain heights are thine—  
No canyons deep—no forest wild;  
And yet thy charms, like ancient wine,  
Are potent, seeming mild."

But what has all this to do with a meeting of the Medical Association and our writing of it? Much more than may at first appear. Say what we like, the setting means a great deal to the jewel, and this is not maybe. Thus it was that many factors united to put each person in attendance into the proper receiving and giving spirit, so he received and passed on inspiration, and is doing better work to-day on that account. If every one who was present, and is reading these sentences, will just think over the week, desiring sincerely to evaluate the meeting as a whole, he will find we have been speaking truly, if somewhat unusually, in calling it successful in the highest sense.

Of the Scientific Programme we will say but little, others will do that and our Journals will publish the papers in due time. There was one striking feature of it worth keeping in mind,—it was designed to reach the general practitioner more than any others, which should be the aim of all such meetings. Perhaps we would do well to keep this idea in mind while arranging for our own Provincial and Branch meetings. If the gathering is big enough to have sections, make them what you like, but general meetings are for the general worker, especially in Nova Scotia where there is so much rural practice.

Neither is it desirable to take particular notice of individual efforts but, as our maritime participation was so limited, it cannot be out of place to mention the literary charm of the very able address "The Post-operative Accident," delivered by Dr. G. H. Murphy of Halifax.

A glance over the programme will show how its interest and strength increased each day.

#### WEDNESDAY, JUNE 20TH.

- 9.00 a. m.—Coarctation of the aorta with obliteration of the descending arch. (Lantern).  
DR. MAUDE ABBOTT, Montreal, and DR. W. F. HAMILTON, Montreal.
- 9.30 a. m.—The Treatment of Pernicious Anaemia.  
DR. DUNCAN GRAHAM, Toronto.
- 10.00 a. m.—The Post-operative Accident.  
DR. G. H. MURPHY, Halifax.
- 10.30 a. m.—Heart Disease and Pregnancy.  
DR. W. B. HENDRY, Toronto.

- 11.00 a. m.—TYPES of Encephalitis Lethargica in New Brunswick.  
DR. A. F. VANWART, Fredericton.
- 11.30 a. m.—Carcinoma and Ulcer of the Stomach with Demonstration of Wax Models.  
DR. E. M. EBERTS, Montreal.
- 12.00 a. m.—Pathological Changes in the Breast, and their Clinical Signs.  
SIR G. LENTHAL CHEATLE, London, Eng.

**THURSDAY, JUNE 21ST.**

- 9.00 a. m.—The Wasted Hand.  
DR. L. J. AUSTIN, Kingston.
- 9.30 a. m.—Asthma.  
DR. DANIEL NICHOLSON, Winnipeg.
- 10.00 a. m.—Primary Ulcerative Colitis.  
DR. P. H. T. THORLAKSON, Winnipeg.
- 10.30 a. m.—The Treatment of Chorea.  
DR. HAIG SIMS, Montreal.
- 11.00 a. m.—Focal Infection as Encountered in Common Disabilities.  
DR. W. L. ROBINSON, Toronto.
- 11.30 a. m.—Benign Papilloma of the Bladder.  
DR. R. E. POWELL, Montreal.
- 12.00 a. m.—Pleural Pains; their cause.  
DR. H. A. BRAY, Superintendent New York Sanitarium, Saranac Lake, N. Y.
- 12.30 p. m.—Maternal Mortality.  
DR. HELEN MACMURCHY, Ottawa and DR. W. B. HENDRY, Toronto.

**FRIDAY, JUNE 22ND.**

- 9.00 a. m.—The use of Sulpho-cyanate of Soda in High Blood Pressure.  
DR. R. D. RUDOLF, Toronto; DR. A. G. SMITH, Toronto.
- 9.30 a. m.—Cancer of the Cervix Uteri; the value of hysterectomy versus radiation in early cancer of the cervix.  
DR. JOHN FRASER, Montreal.
- 10.00 a. m.—Cancer of the Stomach.  
DR. F. N. G. STARR, Toronto.
- 10.30 a. m.—Some Clinical Aspects of Hypothyroidism.  
DR. A. H. GORDON, Montreal.
- 11.00 a. m.—Responsibilities and Opportunities of the General Practitioner in Preventive Medicine.  
DR. A. GRANT FELMING, Montreal.
- 11.30 a. m.—Some Common Mistakes in Diagnosis and Therapy in Diseases of Children.  
DR. ALAN BROWN, Toronto.
- 12.00 a. m.—A few medical problems relating to Soldiers' Civil Re-Establishment.  
DR. ROSS MILLAR, Director Medical Services, D.S.C.R.

The entertainment extended to the visiting doctors and members of their families was on a lavish scale and delightfully arranged. On Monday the members of the Council were tendered a Luncheon by the President-elect, Dr. S. R. Jenkins, and a Dinner by the Charlotte-town Medical Society. The ladies were tendered a Luncheon and motored around the city and suburbs. All visitors were entertained at a Reception and Musicales that evening at the Prince of Wales College.

Tuesday, with the exception of the faithful few members of Council, was entirely given over to entertainment, the golf tournament being a prominent feature. Congratulations are extended to Dr. J. J. McDonald of New Glasgow, who vanquished all and sundry, and

carried off the beautiful cup, donated by the Ontario Medical Association to the Canadian Association. Already he has entered the lists to secure it three times and is, we presume, making his plans for Montreal and Winnipeg.

When we add, that Wednesday, Thursday and Friday, all day for the ladies and afternoons and evenings for the Doctors, this round of entertainment was continued, the reader will believe that seldom has the Association been extended such unbounded hospitality of such a thoroughly enjoyable character. Not the least of them was the Garden Party at the residence of His Honour, the Lieutenant-Governor, the afternoon reception of the Bishop of Charlottetown at his wonderful summer residence at Dalvey on the North Shore, and the perfect Garden Party at the beautiful home of Dr. and Mrs. S. R. Jenkins.

We could not however, conclude this introductory portion of our report of this meeting, without extending congratulations to the Graduates of Dalhousie upon the success of their first re-union carried out at a meeting of the Canadian Association. When several very prominent graduates changed their plans and took chances of getting to the mainland on Saturday the success of the gathering was assured. To Doctors K. A. McKenzie and G. H. Murphy of Halifax, and Doctors Archibald and McIntosh of Charlottetown must be given credit for this very successful function. It was remarked that so many years had passed before they were able to thus celebrate, it was not remarkable that both McGill and Toronto had adjourned before it ever occurred to the Dalhousians it was time to say goodnight. Dr. K. A. McKenzie occupied the chair and songs and extemporaneous speeches were in order. Several representatives from the University of Manitoba attended as guests. It should not be difficult now to get a large number of Dalhousie men together next October, when the Medical Faculty observes its 60th Anniversary.

But some one is caustically saying, well, that crowd had a swell time, but why have an organization, for which we pay ten dollars a year, to listen to a few lectures and attend swell dinners and dances at the expense of local hosts? While no member of the Medical Society of Nova Scotia will say this, much less think it, it may be desirable, just here, to mention some of the matters considered by the Association. The Nova Scotia members of the Council present at some meetings were Doctors McDougall, Morse, Stewart, Cochran, Walker and Hogan, with Donkin, J. K. McLeod and Sullivan present as alternates. Council sat Monday forenoon and afternoon and the same on Tuesday; the Executive held sessions on Wednesday, Thursday and Friday. So a very large number of the Doctors were very closely tied to their desks for four days of business. Another point—it was one of the largest first days' meetings in Council in recent years.

The first Committee to report to the Council was that on Personal Archives. A number of our readers have received a questionnaire card for personal particulars. This appears to be a very desirable

procedure and the hope is expressed that every member of the Canadian Medical Association will answer these cards. Reference was made to those members of the Association who had died during the year. While the report was read all members of the Council stood in their places. The names of two from Nova Scotia appeared in this list, the late Doctors G. W. Grant of Halifax and A. E. G. Forbes of Lunenburg.

The very gratifying announcement was made in the report of the Executive Committee that the Sun Life Assurance Company was continuing its grant for Post Graduate Medical Education in Canada. It was intimated that this grant was quite unlikely to be discontinued at the end of the current year. It was further intimated that the same Assurance Company had made a further grant of \$15,000 per year for the establishment of a Department of Hospital Service. As previously announced in the BULLETIN, Doctor G. Harvey Agnew, of Toronto, has been appointed to direct this service. We trust that Doctor Agnew will be able to visit Nova Scotia in the very near future and intimate to us just how this department can be of service to the profession and our hospitals in this section of the country.

The membership in the Canadian Medical Association is approximately 4000. It may be of interest to note that New Brunswick with 282 registered practitioners gives a Canadian Medical Association membership of 112. Prince Edward Island gives a membership of 43 out of a total of 62. Newfoundland with 100 doctors has 14 members in the Canadian Medical Association. The possible membership of the Medical Society of Nova Scotia is 385. It is, therefore, felt that the Canadian Medical Association membership of 153 reported is fairly satisfactory. It will however, be seen that N. B. and N. S. have not enrolled more than 40 per cent. of their possible membership in the Canadian Medical Association. It is quite evident that there is an opportunity here for us to make a better showing as far as the Canadian Medical Association is concerned.

The readers of the BULLETIN, are reminded that the collection of C. M. A. fees will hereafter be made in the month of October, for the following year. The impression seemed to prevail that it was easier to collect money in October or November than on January 1st. Approval was expressed of the procedure followed by Nova Scotia in making its Annual collections early in March of the year concerned.

A very full discussion was held over the notice of motion, to amend the constitution, to the effect that membership in the C. M. A. be not contingent upon local and provincial branch membership. It appears to some that the present rule works a hardship upon some in sparsely settled districts as in Saskatchewan, Alberta, Manitoba and in the case of French Doctors in Ontario. The East, (Nova Scotia) and the West, (British Columbia) joined hands and membership must be contingent upon membership in a Provincial Branch, or a local society other than a constituent of the Provincial Branch, as the French

National Society, or, in individual cases, direct membership upon approval by the provincial body. The consensus of opinion was that universal enrolment in the small local society was the best basis for the building up of a strong organization.

The next meeting of the Canadian Medical Association will be held in Montreal in June, 1928. It was freely mentioned by the Maritime men that the example of this year be followed and our delegation charter the Northland for a trip from Halifax, Charlottetown and Bathurst up the St. Lawrence for that meeting. Much interest centered on the announcements regarding the meeting of the British Medical Association in Winnipeg in 1930, from August 26th to 29th. In mentioning social events of the Session, Dr. Cox, intimated that, "there should be few speeches, considerable music, plenty of dancing, opportunities for Bridge and plenty to eat." Dr. Harvey Smith is the President-Elect and Dr. Dannie McKay one of the Vice-Presidents. The writer's notes read "write a full report of this," but time and space forbid.

It was with great satisfaction that Dr. Bazin presented, and the Council adopted, the report of the Treasurer. In 1921 the C. M. A. faced a deficit of \$18,000, which has now been changed to a surplus of over \$25,000. This is entirely apart from Life Assurance grants for education purposes, and all bonds subscribed in 1921 and 1922 have been redeemed. In considering the Editorial reports, a congratulatory cable was sent to Dr. A. D. Blackadar, now resting in England, on the occasion of his 81st birthday. The great cost of publishing the journal, being due to the high quality of paper and printing, was endorsed and no changes advised, there being few journals of equal standard in this particular.

In the report of the Committee on Intra-Canadian Relations much interest surrounded a clause advising Field Secretaries. The clause as finally adopted suggests,—“That each Provincial or group of Provinces appoint a full time Field Secretary.” Some provinces have already adopted this plan and the C. M. A. is believed to be willing to assist in financing the plan. It is being recognized by the Council that such aid would be of value to the Dominion body. A resolution along this line will be presented at the P. E. I. meeting in August, at the New Brunswick meeting in September and the Nova Scotia meeting in October. If these resolutions approve of the proposition and solicit C. M. A. support, it will solve the question for the Maritimes.

The report of the Committee on Publicity and Public Health Education mentioned the Health Articles issued by the Association to the Newspapers of Canada. It was brought out in discussion that the "Health Advice" articles, published by the Medical Society of Nova Scotia, covered this Province more effectively than any in the Dominion. The reports of the committees on Municipal Physicians, Public Health, Economics, Post Graduate Lectures contained much of general interest which may be published later. In particular the

report submitted by Dr. J. G. McDougall of Halifax on "Medical Education" should be read by all.

The Committee on Medical Survey of Canada presented some statistics that should be noted. Total population of the Dominion by the 1921, Census, 8,775,853. Number of Doctors in 1921, 8,706 and in 1924, 7,606; of this latter number 67 were in practice in Prince Edward Island, 256 in New Brunswick and 381 in Nova Scotia. There is also a decrease in the total number of medical students and graduates. In this connection it was recommended that medical colleges be requested to name a member of their student body to attend each annual meeting of the Association, the expense to be borne jointly by the University and the Canadian Medical Association.

A lively discussion arose over a report on Indian affairs in which Dr. Ross Millar resented having the Department charged with discourtesy. It was felt that some medical man fully conversant with federal affairs, relating to Health and the medical profession, should be a member of the Council and this was finally arranged by the Executive. A report of a Committee for Nursing will furnish material for publication in the BULLETIN at an early date.

**Registration.** A most unusual feature of the registration was the large number of Doctors who were accompanied by their wives or other members of their families. There has never been an Annual Meeting where this was as possible and desirable. Fifty-seven doctors of New Brunswick brought 60 members of their families, forty doctors and forty ladies were registered from P. E. I., while seventy-six doctors from Nova Scotia had sixty-four members of their families. The support given by Nova Scotia and New Brunswick and Prince Edward Island to this session, in point of attendance, totaling almost 350, sets a new record and was highly gratifying to the Officers and Executive of the Association. Unquestionably the publicity given the meeting by the BULLETIN was very largely responsible for this result. In sending the Society a cheque for the amount of the additional expense, incurred by the Bulletin for this purpose, the Executive very definitely recognized its value.

Subject to correction the medical registration from Nova Scotia was as follows:—

DR. DAN MURRAY, Tatamagouche.	DR. W. S. PHINNEY, Yarmouth.
DR. K. G. MAHABIR, Halifax.	DR. W. N. REHFUSS, Bridgewater.
DR. W. L. MUIR, Halifax.	DR. W. ROCKWELL, River Hebert.
DR. J. C. MORRISON, New Waterford.	DR. J. W. REID, Windsor.
DR. F. G. MACK, Halifax.	DR. J. B. REID, Truro.
DR. A. I. MADER, Halifax.	DR. JOHN STEWART, Halifax.
DR. L. R. MORSE, Lawrencetown.	DR. R. H. SUTHERLAND, Pictou.
DR. DAN MCNEIL, Glace Bay.	DR. J. G. MCDUGALL, Halifax.
DR. G. H. MURPHY, Halifax.	DR. J. J. McDONALD, New Glasgow.
DR. J. S. MURRAY, River John.	MRS. HUGH DICKSON, M.D., Truro.
DR. F. O'NEIL, Sydney.	DR. C. A. DONKIN, Bridgewater.
DR. H. J. POTHIER, Weymouth.	DR. G. A. DUNN, Pictou.
DR. STELLA M. PEARSON, Lawrencetown.	DR. C. E. A. DEWITT, Wolfville.
DR. V. H. T. PARKER, Stellarton.	DR. D. J. McDONALD, Halifax.
DR. J. W. T. PATTON, Truro.	DR. W. J. EGAN, Sydney.

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|--------------------------------------|-----------------------------------|
| DR. M. R. ELLIOTT, Wolfville.        | DR. B. H. CALKIN, Stellarton.     |
| DR. G. R. FORBES, Kentville.         | DR. D. A. CAMPBELL, Bridgewater.  |
| DR. A. C. GOUTHRO, Little Bras d'Or. | DR. J. R. CORSTON, Halifax.       |
| DR. A. F. MCGREGOR, New Glasgow.     | DR. A. B. CAMPBELL, Bear River.   |
| DR. M. E. MCGARRY, Margaree Forks.   | DR. A. CALDER, Glace Bay.         |
| DR. WM. GRANT, Wolfville.            | DR. W. N. COCHRAN, Mahone Bay.    |
| DR. KENNETH HAYES, Sydney Mines.     | DR. D. S. MCCURDY, Truro.         |
| DR. JOSEPH HAYES, Halifax.           | DR. F. D. CHARMAN, Truro.         |
| DR. D. V. HILL, Wolfville.           | DR. D. R. McDONALD, Murray.       |
| DR. E. P. HOPGOOD, Dartmouth.        | DR. W. R. DUNBAR, Truro.          |
| DR. E. V. HOGAN, Halifax.            | DR. R. MCK. SAUNDERS, Lunenburg.  |
| DR. D. F. MCINNIS, Shubenacadie.     | DR. M. T. SULLIVAN, Glace Bay.    |
| DR. K. A. MCKENZIE, Halifax.         | DR. H. L. SIMPSON, Springhill.    |
| DR. W. F. MCKINNON, Antigonish.      | DR. T. M. SIENIEWICZ, Halifax.    |
| DR. J. K. MCLEOD, Sydney.            | DR. R. P. SMITH, Halifax.         |
| DR. D. A. MCLEOD, Sydney.            | DR. M. G. TOMPKINS, Dominion.     |
| DR. T. W. MCLEAN, Scotsburn.         | DR. LOUIS THOMAS, Halifax.        |
| DR. R. E. ARCHIBALD, Melrose.        | DR. S. L. WALKER, Halifax.        |
| DR. T. B. ACKER, Halifax.            | DR. M. J. WARDROPE, Springhill.   |
| DR. J. C. BALLEM, New Glasgow.       | DR. S. W. WILLIAMSON, Yarmouth.   |
| DR. P. E. BELLIVEAU, Digby.          | DR. NAT. MACDONALD, Sydney Mines. |
| DR. R. M. BENVIE, New Glasgow.       | DR. DAN. McDONALD, North Sydney.  |
| DR. JOHN BELL, New Glasgow.          |                                   |

**The Smaller Hospitals.** While there is considerable talk among the attending surgeons and physicians of the standardization of our large hospitals, and a rivalry, which on the whole is healthy, exists between these institutions, we must never lose sight of the fact that the smaller hospitals are of equal importance to the welfare of the community. From time to time several of our leading surgeons have pointed out the value of the hospital to the community irrespective of the size of each. At the Annual Meeting of the King's Memorial Hospital, Berwick, Nov. 25th, 1927, Dr. O. B. Keddy of Windsor addressed the large number in attendance on the general topic of "Hospitals and their relation to the Public." In the course of his remarks he very appropriately emphasized the power for good in the community that the small hospital should be, perhaps not even second to the church. It was a great factor in promoting a general spirit for community welfare in that it welded all local interests together in a common objective.

The idea is worth developing and the Promotion of Health Department of the Provincial Government could well concern itself with the development of the local hospital as a Community Health and Clinic Centre. A move in this direction would be especially fortunate at the present time as the Canadian Medical Association has recently been given a very considerable grant of money to be expended in raising the standard of service of the smaller hospitals, those which do not come under the survey of the American College of Surgeons.

Who is going to head up this movement in Nova Scotia?

\* \* \* \* \*

Despite doubting Thomases, destructive and hostile critics, chronic kickers or the iconoclastic leader, morbidity and mortality returns positively prove that public health organizations, lay and

otherwise, contribute materially to a very striking reduction in these returns. This applies to all cities and towns and counties on this continent, Halifax included.

Statistics prepared by Hospitals, where a Follow Up or Welfare Service is conducted, the work of various Foundations and Health Commissions, furnish the evidence. Why, then, should the Profession and the Public attend to, much less applaud, the words and actions of the Health Iconoclast, no matter how strongly supported by specious sophistries and specially selected authority quotations. "Splendid Isolation" is fine, but what does it accomplish! Think it over!

\* \* \* \* \*

Presumably many members of the Profession in Nova Scotia have received communications from the Department of Public Health enclosed in an official envelope. A comparatively small inscription denotes it is from that Department. But the whole envelope, front and back, announces,—“Nova Scotia Provincial Exhibition,”—“Note the Exhibition Dates, Aug. 25 to Sept. 1,”—“Nova Scotia Says *Come.*” Perhaps this is quite all right, but we do not like the looks of it.

S. L. W.

According to the statement of Dr. W. H. Delaney, Superintendent of Jefferson Hale Hospital in Quebec, had one particular serum been indicated in the case of the late Floyd Bennett, it was not available anywhere in Canada, being obtainable only from the New York City Board of Health. He adds,—“All the efforts made by the organizers of the expedition show that they recognize no border line or limit of charity in the face of suffering or death. It was a beau geste and all the more heroic because it failed.”

**X-Ray for Sydney Hospital?** Members of the medical profession in Sydney have recently had some differences with the civic authorities in connection with the City of Sydney Hospital. The medical staff desire the installation of a modern X-Ray equipment, with a Roentgenologist of experience in charge. For this work they selected Dr. C. M. Bayne, who is well qualified to supervise this phase of hospital work. This, however, does not meet with the approval of the City Council that appears to have the final say. From a perusal of reports in the Sydney daily papers, one is inclined to believe, that the local members of the profession should have their attitude endorsed by the Local and Provincial Medical Societies.

There is also raised the question, which has been a vital one for the last thirty years, as to why medical men should not be members of a Hospital Commission. What is required for the treatment and care of the sick is a matter that the doctors know more about than any other class of our population, yet, in the management of a hospital,



they are liable to be ignored. No matter what gave rise to this custom there are bound to be occasions, like this, where the pronouncement of the medical men should be final. There has been a deal of false modesty in the sitting back of medical men in such matters, and to give advice and have no vote to support your opinion, on something that you know more about than the layman, is somewhat anomalous, to say the least.

Well! Will some one make a move?

S. L. W.

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**Medical Practices Available.** The BULLETIN learns of several openings for Doctors now available in Nova Scotia, both for the recent graduate and for the one who desires to change his location. There are also several places where the people need the services of a doctor but who are unable to promise a good living for the medical man at the start. The BULLETIN and the Secretary of the Medical Society are always ready to give any aid in seeing that these mutual needs are met to the utmost of their ability. The service is not what it might be if we had a little better team work between the Medical School and the Medical Society. Perhaps, too, it might be as well if the last hospital year of the Course might substitute a year in country practice, preferably in the winter time.

Sometime some medical man is going to give the profession in Nova Scotia a Lecture upon the tendency of the recent graduates to herd in the cities and not rough it in the country. Indeed we have forgotten the very great value of a country practice as a finishing school for the recent medical college graduate. Then there are men who desire for one reason or another to change their field of effort. We call the attention of our readers to three fields where there are openings for doctors to-day.

1. Eastern Nova Scotia; large village and extended country practice. Present occupant desires to take up post graduate work.
2. Central Nova Scotia; thickly settled country district,—twenty-five miles on a first-class provincial highway. Present occupant compelled to seek change of climate.
3. Western Nova Scotia; thickly settled well-to-do rural district, both French and English. One of the present doctors joining the U. S. A. health service.

It is much harder for a medical man to change his location than it is for a Methodist Minister, but, perhaps, it would not hurt him or his patients if he did move after five or ten years. When one stays longer he may stay till his earthly activities are over, which may not be the best for either himself or his patients.

None of the three places require a large amount of capital, so write the BULLETIN or the Secretary, if you desire any further particulars.

To determine paternity, blood tests cannot prove that a certain man is the father of a certain child, but they may show, in favorable cases, that the man accused cannot be the father.

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Did you ever notice the Church Cough? It generally comes on after a soloist has finished a contribution to the programme of church music. It often is sufficient to embarrass the minister, making it difficult for him to be heard. Why not take the offering then?

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**Helpful Advice.** Question: "Will you please state how to cure plain old-fashioned itch, I know of people who have been trying almost a year to get rid of it." Answer: "ANY skin eruption or constant itching of the skin is caused from some kind of ACIDOSIS. This can positively be eliminated by careful dieting. I have written many articles on this subject and will be glad to send you some of them, or you can continue to watch this column for additional articles which will appear on the subject." (McCoy Health Talk).

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Dr. Jost of the Public Health Department made inquiry of the Medical Society of Nova Scotia last year if the Society would approve of compulsory treating the eyes of all newborn infants with nitrate of silver or other germicide. The matter was taken under consideration but no action taken. We note that the new Physicians Notice of Birth Form, issued by the Department of Health in Manitoba, now bears the following words:—

"Were drops put into the eyes to prevent blindness?..... if so, what?..... The Department of Health strongly urges the use of prophylactic drops. Nitrate of silver drops are provided free through the local health officer."

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**Community Medical Offices.** In several cities of Canada there are medical buildings generally called "Medical Arts Building" for the proper housing of Doctors and Dentists. For many years cities in the United States have had one or more of these buildings for these two professions. Vancouver is about to erect such a building to provide 134 suites comprising reception rooms, examination rooms, office, dressing rooms, laboratory, operating, X-Ray rooms, etc. Correct floor and wall coverings of the latest designs will add to the beauty and efficiency. The building will be equipped with lighting, gas, compressed air, hot and cold water. High class shops, barber and beauty shops, a bank and restaurant will take up the lower floors. An additional two stories will be erected in the centre of the building, in which will be located an auditorium, library, reading, lecture and general community rooms. Why not such a building for Halifax?

## Reminiscences

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ON the occasion of a recent visit to Montreal, on the way, Dr. John Stewart of Halifax "foregathered," as he expressed it, with an old friend in the person of Dr. Daniel Murray of Campbellton, N. B. A number of stories were, doubtless, told, but Dr. Stewart believed that one, at least, should be recorded, so he told Dr. Murray, "to go right home and write this story, just as you have told it to me, and send it to Dr. Smith Walker for the BULLETIN." Then, in a note to the BULLETIN, Dr. Stewart adds, "The profession should know this anecdote of medical experience in the days that were; and it will be a distinct contribution to the racy anecdotes you contribute to the BULLETIN."

In forwarding the story Dr. Murray writes in part:—

"Enclosed you will find the story of one of the late Dr. William Bayard's experiences, as related by himself, at a meeting of the N. B. Medical Society, a number of years ago. I was present at that meeting and heard him personally relate that story.

It seems like another reminiscence when I recall my pleasant associations with you at old Dalhousie College and later my very agreeable relations with you in connection with the D. S. C. R.

By the way I must send you some time a humorous statement contained in a speech given by the late Dr. Patterson, (McGill, class of 1855) which I heard him give at a McGill re-union dinner in Montreal a few years ago."

### Spiritual Relief.

At a meeting of the N. B. Medical Society held in Saint John, N. B., a number of years ago, the late Dr. William Bayard, who was then an octogenarian with several years to spare, entertained the members present by relating some of his early experiences in medical practice when a comparatively young man.

On one occasion he was called to attend a maternity case about 40 miles up the country, along the Saint John River. There was no railway or telegraph or telephone communication to the place and the snow was at least three feet deep. The messenger who came for him tramped the whole distance on snowshoes.

Dr. Bayard, however, started on horseback with the necessary medical and surgical equipment strapped around the horse's neck and shoulders. He was relayed about every five miles by a fresh horse, (an arrangement previously made for him by the messenger who came for him).

When he arrived within a couple of miles of his destination he was met by a man, who had just come from the house to which the doctor was going, and who told him of the pitiable state of affairs at that place, adding, that it was clearly a case of criminal negligence. In what respect, said the doctor, as he quickly remounted a fresh horse? Well, replied his informant, they were daily expecting this event and yet they did not have even a bottle of gin in the house.

At this juncture two lumbermen appeared, who were on their way to the camps, and although they had coats of sheepskin they had hearts of oak, for when they heard the pitiful story of agony and desperation, they took a bottle of gin from their knapsack and passed it over to your humble servant to be carried on its errand of mercy to the house where they considered it was sorely needed. Then, after taking one long last gaze at the departed "spirit," they continued their journey to the lumber camps.

Needless to say this story of the Doctor's early experience was very much enjoyed by those present.

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### The Halifax Medical College.

(For its historical value the following Editorial, in the September 1902 issue of the *Maritime Medical News*, is herewith printed for BULLETIN readers).

On September 2nd this institution opened its thirty-fourth session. Established in 1867—after a somewhat chequered though always progressive career—it has now firmly established itself as one of the most important educational institutions in the Maritime Provinces, and as a very considerable factor in medical education in Canada.

From 1867 to 1902 it has prepared for graduation about 150 students, while many have taken partial courses, completing their medical education elsewhere. One-fifth of the practitioners to-day registered in Nova Scotia have been educated within its walls, and between eighty and ninety students are now enrolled, of whom about twenty will graduate next spring.

The College sends its alumni over the whole of Canada, to the United States, and as far afield as India, China and Corea; while it draws its students principally from the three Maritime Provinces, Newfoundland and the West Indies. A staff of thirty professors and teachers would indicate that the capacity for instructing has not failed to keep pace with the growth of the College and the increasing demands of medical education. During the last few years a large amount of money has been spent in improving the building and increasing and modernizing the equipment of the school; and to provide the funds for this purpose the entire staff worked for several years for practically no remuneration.

The College gets its annual grant of \$1000 from the Provincial Government—otherwise it receives no public aid. This \$1000 is

amply repaid by the improved service to the Victoria General Hospital which a medical college insures, and by the ample supply of house surgeons and clinical clerks which it provides at nominal salaries; while the access, which the senior students have to the wards and operating rooms of an up-to-date and liberally supported hospital with about one hundred and fifty beds, places the medical school in a very enviable position, and makes it possible for students to acquire an intimate acquaintance with disease, which is often difficult and sometimes impossible where a disproportion exists between the number of students and the number of available hospital beds.

An unfortunate feature of the work is that the Halifax Medical College does not stamp its students with the hall-mark of its own degrees, but hands them over to Dalhousie University; which, while eagerly accepting the students for examining and graduating purposes, consistently ignores their teachers—save those who happen to be likewise connected with the Dalhousie faculty. A few days ago a rather ridiculous advertisement in the public press stated that the lectures of the *Dalhousie Medical Faculty* would begin on Sept. 2nd. Possibly this presages an era of more considerate behavior!

Since, however, the Halifax Medical College acts in a broad-minded and liberal spirit, which might well be emulated elsewhere, it might well insist upon Dalhousie permitting Halifax Medical College teachers to be present, if they wish, when their students are undergoing examination; and further that one of the two examiners on any subject should be a Halifax Medical College teacher of that subject. Unless these reasonable requirements can be fulfilled, it would be well for the Halifax Medical College to look in another direction and graduate its students under the aegis of the new Medical Board which will soon be in process of construction under the terms of Dr. Roddick's bill.

Again, if the Halifax Medical College is to keep up with the advance of medical education, it will soon be necessary to provide for a summer session, and later for a five year curriculum, though the latter may be reasonably deferred for a few years yet. To-day we find Halifax Medical College men occupying foremost positions in the profession throughout the province, and passing creditably before the British and American examining bodies; but they cannot long, even by strenuous effort, achieve in four sessions of eight months results equal to those achieved by others studying during five years of nine months.

The citizens and profession of Halifax and of Nova Scotia have good reason to congratulate themselves on the College which has grown to such efficiency in their midst. Not only does it stimulate a higher degree of professional attainment in those who teach, but for the taught it brings medical education almost to their doors.

# The Medical Society of Nova Scotia

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Minutes of the Executive Meeting, June 1, 1928.

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**P**URSUANT to instructions issued by the President of the Society, a meeting of the quorum Committee of the Executive was called and was held in the Board of Trade Council Room at 7.30 p. m., June 1, 1928. The notices were sent out to its members, to the Executive of the Halifax branch, representatives of the Dalhousie Refresher Course, and the Dalhousie Anniversary Committee.

Those present were:

Doctor Morse,	Doctor Campbell,
Doctor Walker,	Doctor Murphy,
Doctor Refhuss,	Doctor Johnston,
Doctor A. McD. Morton,	Doctor Curry,
Doctor McKenzie.	

The minutes of the last Executive Meeting, as published in the BULLETIN for November 1927, were on motion accepted as printed and approved.

The results of the mail ballot:

- (a) Postponement of Annual Meeting.
- (b) Combined Anniversary and Refresher Course Meeting.

These being announced the Executive formerly approved of both propositions, these mail ballots being thus confirmed.

The expression of opinion in connection with the Westhaver correspondence, which was obtained from a number of members of the Executive, being divergent and, as it was considered not a matter for action by the Society, the correspondence was ordered to be filed.

The Secretary reported the result of March drafts for 1928 membership. Showing that returns had been made by 265 members of the profession. The opinion was expressed that at least 30 others who had always made their membership effective would do so between now and the time of the Annual Meeting. With the Honorary membership this would bring the total membership well over the 300 mark. Very great satisfaction was expressed by all present over this result.

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The Executive then took up the principal matter of business, namely, the postponed Annual Meeting.

*On Motion it was Resolved* that the Secretary be instructed to convey to the Valley Medical Society and to the Doctors in Annapolis

the Executive's appreciation of their courtesy in so kindly relinquishing their claims to act as hosts for the Medical Society Meeting in 1928.

A very general discussion followed regarding the co-operation of those responsible for the Society Anniversary Meeting, the Dalhousie Refresher Course and the Dalhousie Anniversary.

*On Motion it was Resolved* that the General Secretary be ex officio a member of the representative committee to arrange the proposed Medical Programme.

*On Motion it was Resolved* that the week October 15th to 20th inclusive, be named as the time for this gathering.

The General Secretary was further instructed to continue correspondence with the other Provincial Associations for the engagement of speakers as offered by the Canadian Medical Association.

*On Motion it was Resolved* that the Presidential Address be the Oration on the occasion of the special Session recognizing the 75th Anniversary of the Society.

*On Motion it was Resolved* that Dr. S. R. Johnston and Dr. S. L. Walker, be the Committee of the Society to meet with the Dalhousie Refresher Course Committee to make arrangements.

*Further Resolved* that the new Lord Nelson Hotel should be utilized for Banquet and such other purposes as the Committee on arrangements should decide.

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The communication relative to C. M. A., membership as published in the December BULLETIN was on motion referred to Doctor G. H. Murphy to present a report to the Annual Meeting of the Society.

*On Motion it was Resolved* that the correspondence and action in connection with the Osler Memorial fund should lay on the table until after the C. M. A. Meeting in Charlottetown.

After discussion, it was *Resolved* that the correspondence and consideration of the Meyers Memorial lay on the table until after the C. M. A. Annual Meeting.

With reference to the examinations in Canada for the Royal College of Physicians and Surgeons, it was *Resolved* that the arrangements, as concluded, be published in the BULLETIN and that Doctors Murphy and McDougall prepare a covering note for the same.

With reference to the establishment of Fellows of the College of Physicians and Surgeons of Canada, it was felt that this would do much to elevate the standing of the profession and it was *Resolved* that full publicity be given to the matter in the pages of the BULLETIN.

Regarding the proposal of Senator Girroir, making Venereal Diseases an impediment to marriage,—*It was Resolved*, that the

Executive go on record as of the opinion that the proposal was too drastic for adoption at the present time.

With reference to the Nova Scotia Tuberculosis Commission, no action was taken regarding approval of their proposed programme. *It was Resolved* that the whole subject be considered at the Annual Meeting.

Regarding communication from Dr. Jost re Venereal Disease no action was taken.

Correspondence being presented to the Executive with reference to the Provincial Medical Board, which was marked personal,—*It was Resolved* that "this correspondence being marked private no further cognizance or action should be taken by the Executive."

A very full discussion took place over the matter of publicity through the newspapers of Health Articles. It was unanimously resolved that the publication of these be continued for the balance of the year.

*On Motion it was Resolved* that publicity be given through the BULLETIN to possible appointments to the Civil Service Medical Services to the Arctic.

The General Secretary was on motion instructed to prepare a full statement as to the cost of the additional numbers of the BULLETIN distributed for the first six months of 1928, to be presented to the C. M. A., Council at its Meeting in Charlottetown.

*It was Resolved* that the July issue of the BULLETIN should not be distributed over the Maritime Provinces unless other definite financial arrangements were made.

The Secretary was instructed to convey fraternal greetings to the Newfoundland Medical Association on the occasion of its Annual Meeting in St. John's the week following that of the C. M. A. Meeting in Charlottetown.

The Secretary was instructed to name alternates to the Council Meeting in Charlottetown for those who were unable to be present the first two days of the Council Meeting. The hour being 11 p. m., on motion, the meeting was adjourned.

(Signed) S. L. WALKER,  
Secretary.



## Branch Societies

### THE VALLEY MEDICAL SOCIETY.

THE Annual Meeting of the Society was held at Middleton, March 25th, 1928. About twenty doctors were in attendance which, considering the condition of the roads, was very satisfactory. The principal addresses were given by Doctors Adamson and McKay of Winnipeg. Dr. Adamson dealt with "Recent Therapeutic Innovations" and the "Significance of Blood Pressure Findings." He mentioned Epiphedrine in its dramatic effect in Asthma; Potassium Permanganate in Pneumonia; Quinidine in Auricular Fibrillation and Liver Extract in Pernicious Anaemia. He emphasized the point that it is most difficult to determine what is normal pressure, as it varies with posture, digestion, exercise, mental emotion, etc. Persistent high pressure suggests cardio vascular disease, persistent low pressure less seriously regarded.

Dr. McKay, at the afternoon meeting considered the "Conservative Treatment of Pelvic Infections." He made a plea for the doctor to give Nature half a chance which was hard since Surgery has made such wonderful progress. Cures vary according to the ideas of those concerned. He noted the undesirability on the part of women wanting the publicity of an operation. Have regard to the psychology of the women. Female doctors are more conservative. Be more thoughtful and less radical. Remember the patient is not a specimen but a human being.

Dr. H. K. McDonald and Dr. S. L. Walker were also present and addressed the meeting. Dr. Walker presented the following Resolution regarding the work of the N. S. Tuberculosis Commission which was adopted.

*"Whereas* This Branch of the Medical Society of Nova Scotia is deeply in sympathy with efforts for the control of tuberculosis,

*And Whereas* The proposed programme of the N. S. Tuberculosis Commission, prepared by the medical members and medical advisors of the Commission, has been presented to and considered by this Society,

*Therefore be it Resolved*, That this Society places itself on record as endorsing the programme for the N. S. Tuberculosis Commission for the current year and will co-operate in every possible way to promote its objects."

After a banquet at the American Hotel Dr. McKay spoke on "Uterine Hemorrhage." Distinction between normal or natural and pathological. Special attention was directed to hemorrhage associated with Cancer. Success here follows our best knowledge of cancer, viz. Early Diagnosis and Operation.

The discussion on all papers was general and practical. A cordial vote of thanks to all the speakers was unanimously passed and presented. The following Officers were elected:—

President.....	Dr. M. R. Elliott, Wolfville.
Vice-President.....	Dr. R. O. Bethune, Be wick.
“ “ .....	Dr. R. B. Hall, Bridgetown.
“ “ .....	Dr. A. B. Campbell, Bear River.
Secretary-Treasurer.....	Dr. C. E. A. DeWitt, Wolfville.

**Nominated to the Executive of the Provincial Society.**

Dr. A. S. Burns of Kentville and Dr. J. A. Sponagle of Middletown.

C. E. A. DEWITT,  
Secretary.

**THE CAPE BRETON MEDICAL SOCIETY.**

The Annual Meeting of the Cape Breton Medical Society was held in St. Joseph's Hospital, Glace Bay, May 10th, 1928.

The Secretary's Report showed that \$571.23 has been collected during the year. Expenditures \$467.39, leaving a balance in the bank of \$103.84. The Nominating Committee brought in the following proposed list of Officers for the ensuing year, who were declared elected:

President.....	Dr. J. C. Morrison, New Waterford.
Vice-President.....	Dr. J. G. B. Lynch, Sydney.
Secretary-Treasurer.....	Dr. Eric MacDonald, Reserve.

**Appointed to Local Executive.**

Dr. D. McNeil, Glace Bay; Dr. E. J. Johnstone, Sydney; Dr. N. MacDonald, Sydney Mines.

**Nominated to Provincial Executive.**

Dr. D. W. Archibald, Sydney Mines; Dr. H. R. Ross, Sydney; Dr. M. G. Tompkins, Dominion.

The retiring President, Dr. M. G. Tompkins, reviewed the activities of the Society during the past year and thanked the members for their loyal support. A vote of thanks was tendered to the retiring President and to the Secretary for their work during the year.

Dr. J. K. McLeod read a letter concerning several American Physicians who will tour Cape Breton this summer. At least one of them, Dr. Beel, will be pleased to read a paper before the local Society. Dr. McLeod was asked to write and find out when they expected to visit Cape Breton in order that the Society might hold a meeting.

Dr. Tompkins gave a very excellent lecture on Intestinal Obstruction, comparing the symptoms due to Carcinoma of the Sigmoid and those due to obstruction from other intestinal bands. He gave several case reports, illustrating his remarks with X-rays films. He showed how it was possible to differentiate between obstruction due to Carcinoma and that due to intestinal bands.

Dr. McNeil described a similar case he had some time ago.

Dr. Currie gave a case report of a patient with Miliary Tuberculosis, causing gastric symptoms. Dr. Chisholm of Halifax discussed Public

Health work and the N. S. Tuberculosis Commission. Dr. J. K. McLeod explained the proposed working of the Cape Breton Island Commission.

The attendance was smaller than usual, only fifteen members being present. This was partially due to several physicians being in Halifax on business connected with the Provincial Medical Board and also that the Waterford General Hospital was holding the Graduating Exercises of their Nursing School. Dr. Morrison, the new President, thanked the members for their kindness in electing him President. A vote of thanks passed to the Sisters and Nurses of the Hospital for their excellent refreshments.

(Signed) ERIC W. McDONALD, Secretary.

#### WESTERN N. S. BRANCH.

The Annual Meeting of the Western N. S. Medical Association took place in the Kiwanis Club Rooms Yarmouth, at 2.15 p. m. this afternoon, May 29, 1928. The President Dr. Geo. W. T. Farrish occupied the chair. The Routine business was postponed for a later meeting so that the Scientific part of the program might commence.

The first paper was by Dr. A. R. Campbell of Yarmouth on \**"Surgical Diseases of the Testicle."* Dr. Campbell outlined the signs and symptoms of the various Surgical conditions of the testicle together with the differential diagnosis. He explained that perhaps no other organ excepting the Breast suffered from errors in diagnosis more than did the Testicle. He sketched the histological formation and the early Pathological conditions which one met. He explained the development of the Testicle and outlined Stinach and Voronoff's treatments for Rejuvenation. Dr. Campbell explained the treatment for Tubercular Epididymitis and the difference between this and other lesions, involving the Epididymus and Testicle proper.

The second paper was by Dr. Elliott P. Joslin of the New England Deaconess Hospital, Boston, and was entitled \*\**"The Treatment of Diabetes Mellitus."* Dr. Joslin outlined the procedure which he followed at the Deaconess Hospital, stressing particularly the necessity of giving minute details to Diabetic patients and watching for early complications and anticipating them. This he emphasized in the care of the lower extremities. Dr. Joslin explained how he treated Diabetic Gangrene and particularly emphasized the use of Insulin in all Surgical conditions. Diabetes in children was particularly considered. Before Insulin this was a hopeless condition but since its adoption it has changed the picture and gives new life to children so afflicted. He further showed how he administered Insulin using

\*To be Published in an early number of the BULLETIN.

\*\*To be published in the BULLETIN very soon.

different places for each injection. The difference between Coma of Diabetes and Hypoglycemia was explained.

Monday Evening, June 11, 1928.

The Business (adjourned) session of the Western N. S. Medical Association took place at 7.45 p. m. Dr. Farrish (the President) in the chair.

It was moved and seconded that the Sec'y. write the N. S. Medical Society advising them that the Western N. S. Medical Society having already agreed to hold the Annual Meeting at Charlottetown (at the request of the N. S. Medical Society) were now willing to agree to any re-arrangement that met with the endorsement of the other Branch Medical Societies. Carried.

It was moved and seconded that this society go on record as heartily endorsing the program put forward by the N. S. Tuberculosis Commission.

The report of the Secy. Treas. was read and adopted. The Auditors appointed were Drs. Morton and Burton.

The election of the Officers for the coming year resulted as follows:

President.....	Dr. J. E. LeBlanc, West Pubnico, N. S.
Vice Presidents.....	Dr. L. M. Morton for Yarmouth Co.
“ “.....	Dr. P. L. Belleveau for Digby Co.
“ “.....	Dr. H. H. Banks, Shelburne Co.
Sec'y. Treasurer.....	Dr. Thomas A. Lebbetter, Yarmouth.

**Members of the N. S. Medical Soc. Executive.**

Dr. G. W. T. Farrish, Dr. W. C. O'Brien.

It was moved and seconded that this Society send a letter of condolence to the family of Dr. A. J. Fuller.

The Secretary was appointed to represent the Society on the Osler Memorial Fund Committee.

(Signed) THOMAS A. LEBBETTER,

Sec'y.-Treasurer Western Nova Scotia Medical Association.

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**PICTOU COUNTY BRANCH.**

The meeting of the Pictou County Medical Society was held in the Town Council chamber at 3 p. m. Wednesday, June 13, 1928. The President, Dr. M. R. Young, presided. The minutes of the last two meetings were read by the secretary. The annual meeting is held in June in accordance with a resolution passed at the meeting of September 20, 1927. The Society passed the following resolution:

“That this Society records its appreciation of the generous and public-spirited donation by Mr. Daniel Sutherland of ten thousand dollars to the new Pictou hospital.”

The election of officers resulted as follows:

President.....	Dr. H. H. McKay.
Vice-President.....	Dr. J. W. McLean.
Secretary.....	Dr. John Bell.

**Nominations to the Nova Scotia Medical Society.**

Dr. W. H. Robbins, Dr. Clarence Miller.

Dr. Joseph Hayes addressed the Society on the programme of the Tuberculosis Commission. There was a free discussion on the establishment of a tuberculosis hospital for Pictou County. On motion of Drs. Robbins and Bell it was resolved that: *Whereas* this Pictou County Branch of the Nova Scotia Medical Society is deeply in sympathy with any movement for the control of tuberculosis, and, *Whereas* the programme of the Nova Scotia Tuberculosis Commission has been fully considered.

Therefore this Society wishes to put itself on record as endorsing the programme of the Nova Scotia Tuberculosis Commission and will co-operate in every possible way to promote its objects.

On motion of Drs. Scammel and McLean it was decided "that the public health committee of this Society, consisting of the municipal health officers of the county and towns, should confer with the special tuberculosis committee representing the municipalities under the chairmanship of Warden McNeil, also with the trustees of the Aberdeen and Pictou hospitals and with the representatives of the Nova Scotia tuberculosis commission to consider the provision of a suitable tuberculosis hospital for the County of Pictou either as an annex of one of the hospitals or as a separate institution and to consider the desirability of securing the advice and assistance of the architect of the department of Public health at Ottawa."

There was a discussion of the subject of public health in the County and Dr. H. H. McKay gave notice that at a future meeting he would introduce the following motion:

"That this society is in favor of securing the services of a full-time Medical Health Officer with a D. P. H. qualification to direct the health services for the Municipality and the various towns conjointly."

(Signed) JOHN BELL, Secretary.

**Professional Cards.** In a provincial weekly newspaper we noted recently the advertisement of an Osteopathic Physician and, following it, the usual card of a medical doctor. But note the information given in the card:—"Special studies in Nova Yorkus Post Graduate School in 1913. Attention given to eye, ear and throat. Eyes tested and glasses fitted by the most modern methods and instruments, including *Shadow Test*. Fourteen years experience." There does not appear to be any good reason why this should be regarded as an ethical card!

## Abstracts and Extracts

### Bovine Tuberculosis.

“SO much has been written during the past twenty-five years on the significance of bovine tuberculosis to the human race that I can add little to the subject not already well known. The transmission of the bovine bacillus occurs almost exclusively in cow's milk. In the second and more advanced stages of the disease, the udder may become the seat of tuberculous processes due to the escape of bacilli temporarily circulating in the blood as the result of some focus breaking down. About one to two per cent. of tuberculous cows have some tuberculous foci in the udder. Cows in very advanced stages of the disease, when emaciation has set in and the disease has become generalized, may discharge a few bacilli in the udder. The cow's chief form of tuberculosis is pulmonary. The cow coughs up particles of caseous material and mucus impregnated with tubercle bacilli. This coughed-up material is chiefly swallowed but some is thrown out during coughing, otherwise it would be difficult to account for the preponderating pulmonary disease of the cow herself. The swallowed bacilli are discharged in the feces and when the milking is not guarded by preliminary cleansing of the cow, some of these bacilli may find their way into the milk pail with fecal matter. This source of bacilli cannot be significant owing to various inhibiting conditions. It has, however, not been quantitatively studied.

“The main points upon which agreement is general are that children under five are almost the only victims, that the cases of subcutaneous lymph node tuberculosis due to the bovine bacillus are relatively benign, and that, according to a careful study of the statistical evidence of Cobbett, between five and six per cent. of all deaths from tuberculosis are attributable to the bovine virus. In view of the data on hand, pasteurization of milk is gradually being introduced in large cities. Fortunately, the thermal death point of tubercle bacilli is low. The eradication of bovine tuberculosis is now being pushed by State and Federal activities in the hope of establishing permanently tuberculosis-free areas and gradually increasing such areas until the disease has been eliminated. The method used is to kill all animals reacting to tuberculin and repeating the procedure every six months until reactors are no longer encountered. The entire movement is tedious, expensive, and fraught with difficulties tending towards relapses. These are attributable to failures of the tuberculin, carelessness in administering the test and in interpreting results, introduction of infected animals, and reintroduction of the virus from feed, swine, dairy products and the like. Although the problem of bovine

tuberculosis may be considered temporarily and practically disposed of by the use of pasteurized milk and the continued killing of tuberculin-reacting bovines, the scientific aspects are not so satisfactorily cleared up. The reason for the immunity of the human adult is not in sight since many must be exposed in cow stables to bovine bacilli. The existence of atypical forms as described by Griffiths needs more detailed study. Some method of recognizing the presence of the bovine type in the human body would be of great value to the clinician and surgeon."—(*Bulletin of the New York Academy of Medicine*).

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### Sanatology.

Of the making of new religions, or cults, or fads, there seems to be no end.

"Our little systems have their day,  
They have their day and cease to be".

This, perhaps, is the most satisfactory thing to remember when we hear of a new one,—it will soon be in the discard. The sad part is the harm that is done in the meantime, the valuable time lost, the energy and resources wasted, the needless sacrifice of health and lives.

Nor is it enough for the profession to know that these new health religions (some of their followers appear to regard them almost as a religion) will "have their day and cease to be". The illustration of the precipice and the ambulance below, versus the guard rail at the top, may be worked overtime, but it expresses the truth that should constitute the gospel for the medical profession. The call is therefore insistent that doctors shall continue to point out the dangers in following these new gods.

"Whatsoever things are true, whatsoever things are honest, whatsoever things are just, . . . whatsoever things are of good report, if there be any virtue, . . . think on these things." "Keep that which is committed to thy trust, avoiding profane and vain babblings, and oppositions of science falsely so-called, which some professing have erred concerning the faith".

This is prompted after reading the comment of the A. M. A. Journal's Bureau of Investigation report on Sanatology—"the applied Science that Cures". The head of the School is a Dr. P. L. Clark with a Health Home in Chicago. Why he is not a millionaire is because he makes a lying suggestion, when he says,—"I cure the sick, the desperately sick, cure asthma, cure rheumatism, cure hay fever, cure goitre and all the rest of the 'incurable diseases'."

His merchandise accessories comprise such things as "Dextrinized Wheat Health School Bran", said to be "a nourishing, non-devalitized, non-demineralized, laxative food". There is also "Cereal Bran", "Cracked Wheat", "Steel Cut Oatmeal", etc. There is also a "Sanatology Blower" noted for the "dry cleaning it gives the entire system".

These "Blowers" are said to "rejuvenate you" and at \$1.50 each cannot be considered high in view of their potentialities.

There is also the "Sanatological Enema Bag and Attachments", which removes "the toxic poison (sic!) from the blood". It is an ordinary hot water bottle with a hose and rectal nozzle with a plate attachment. The victim inserts the nozzle in the rectum and then sits on the plate, the weight of the body does the rest. It would appear to be a particularly mischievous device and capable of doing an untold amount of harm.

It seems hardly necessary to call attention to such an obvious travesty on human credulity, yet for 1900 years and probably long before, people, from many of whom more was expected, were readily "carried about with divers and strange doctrines".

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The United States for the fifth successive year has the questionable honor of being in second place to India in the total number of cases of smallpox. Indiana alone had nearly 5000 cases. 91 per cent. of the cases had never been vaccinated. 135 deaths were due to this disease. Compulsory vaccination is the obvious lesson.

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The medical examination of British immigrants to Canada at the hands of a medical staff in the Old Country has been discussed on the floors of the Canadian House of Commons. The London Letter of the Journal of the C. M. A. also refers to this matter, noting the delays in making the examination in scattered places. While some modifications have been made the principle that Canadian emigrants must be examined by Canadian physicians has been reaffirmed, while local physicians may be employed in special cases. The staff appears to be large in proportion to the number of immigrants we are getting from England, as far as the Maritime Provinces are concerned.

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The solicitor of the British Medical Association in an address published in the B. M. J., referring to suits against physicians for negligence in not using X-Ray in fractures, thus concludes,—

"In my experience controversy frequently arises at the trial of an action as to whether the doctor did or did not recommend some particular form of treatment which the patient or a relative refused, and no conclusive evidence is forthcoming on the subject. My advice is a note in your books such as this would suffice—'X-ray treatment advised and refused.' In addition take the precaution of placing it on record in a letter to the patient and keep a copy of it."

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"Armstrong's Oxycatalyst" is the latest in Radium for Cancer, hailing from Los Angeles. It reminds us of Abrams Oscilloclasty.



## OBITUARY

PHILIP DOANE McLARREN, M.D., C.M., Dalhousie 1917,  
Halifax, N. S.

THE premature closure by death of a young life full of promise is always a saddening thing. but the passing of Philip McLaren—his feet just firmly planted on the ladder of success —has been to a wide circle of friends and to the medical profession in particular a blow of quite unusual severity.

Only a rare combination of talent, character, and personal charm could account for the widespread sense of loss and regret that has been manifest. A brief reference to a few of Philip McLaren's outstanding characteristics should explain things clearly.

Nature had been kind to him, in that he not only had brains, but *looked* brains. The tall, slender figure carried a well-shaped head. The pale complexion, firmly cut regular features, thick brush of hair above the high forehead, and the steady intelligent dark eyes made an attractive picture. The expression for one so young was rather grave and ascetic; so that the occasional lighting up of the face with a smile that was altogether charming was very attractive. He had easy natural manners and his unflinching courtesy to everyone stood out conspicuously in a day when manners seem sadly on the decline. But behind McLaren's taking personality were much more solid gifts. From his early student days, he had stood out from the crowd, and one at least of his former teachers (the late Dr. Lindsay) had predicted great things for him.

His brief war service as a newly-qualified practitioner, mainly in connection with the flying corps, was entirely creditable to him. His keen interest in the air and airmen was continued to the end.

Returning to Halifax a year after the Armistice, he settled down to his life's work with an enthusiasm and almost ant-like industry that soon made his weight felt. Forging rapidly ahead, under the spur of a quite laudable ambition, he was just reaching the full recognition of his powers when death closed the scene.

Realizing, as had been pointed out of late years by several leaders, that the next twenty-five years of progress must belong largely to the *medical* side of our art; that the chief discoveries and what might be called the romance of medicine would lie there—McLarren had chosen the longer, more laborious and less spectacular path. His natural aptitude for it was excellent, and in every legitimate direction he reached out for fresh work and clinical material that would enable him to round out his knowledge. Quite apart from his altruism and

generous giving of his time and strength to public service, this was probably one reason for assuming the ever-increasing load of work which finally sapped his strength. Philip McLaren possessed a high intelligence. He had a receptive memory, a clear logical brain. He had the gift of arranging his knowledge in orderly fashion, and thus was always in a position to state that knowledge in lucid and convincing terms. He was intellectually honest and self-critical, so that his knowledge was always kept fluid and progressive, and his mind receptive to new ideas. He had indeed, in embryo, many of the qualifications which are held in common only by the best clinicians.

Among McLaren's physical gifts was a fine pair of hands, which gave him a facile mastery of new instruments and technique. Under the expert guidance of one of his elder friends, he had worked industriously at clinical pathology. He had made himself a competent cystoscopist. He was rapidly mastering the rudiments of electro-cardiography. It was a stimulus to see him at work or to work with him.

It is easy to understand how quickly McLaren secured the approval and respect of the students on his appointment to the staff of his old hospital a few months ago. The affection and confidence he inspired in his patients has been evidenced in many ways since his death. The meticulous care, the tact and sympathy with which these were handled will surely keep his memory green. Two brief references may help to illustrate the kind of man McLaren was. In regretful retrospect one recalls his first public appearance before the Halifax Medical Society in November '26.—the nervous tension over this new experience. How anxious he was that he should give us something worth while! Those who knew "Phil" and his ways had never a doubt, and could only smile to themselves and reassure him; but to one so modest and so keen it was quite an ordeal. Never running away from difficulties he had selected the wide and difficult subject of Arthritis. Few knew the care and honest work that went to the compiling of that paper. We all remember that maiden effort—the modesty and skill of its presentation—the whole-hearted approval and pleasure with which it was received by a full muster of the Society.

Yet, in the final analysis, it was not these intellectual gifts which finally bound us to Philip McLaren. As one of the younger members of the profession remarked recently "If 'Phil' had been stupid instead of brainy, and idle instead of strenuous, if he had been no good as a doctor I should still have been just as fond of him." It was this young man's sincerity and modesty his kindness of heart, his unflinching steadiness and reliability, the warmth and colour of his personality—the basic "Phil", these were the things that held us all.

McLarren's brief professional career was notable for its freedom from any professional friction or envy or jealousies. He was so transparently honest and straightforward, so tactful, reasonable and considerate, so appreciative of the good points and work of others, that, in a town where competition is very keen, he climbed steadily upward in

professional repute and in the respect and affections of young and old. He had the saving grace of humour, and this allied to his modesty and his intellectual honesty already referred to, always kept his head level and disarmed antagonisms. The old time *caveat* "nothing but good of the dead" has no meaning in this case. Philip McLarren had no enemies. Only there remains with us a grievous sense of loss—a wide-spread feeling that something warm and vital and friendly has gone from our lives for ever. Philip McLarren's home life was ideal. In an early and perfectly happy marriage he had attained to all that love and sympathy and solicitude could give him. He was at his very best in his home and with his wife and the little son of whom he was so proud. His tenderness, reliability, quiet humour, and youthful wisdom made him a real tower of strength to them—the perfect gentleman knight.

The last scene in the life of our much loved and brilliant young colleague was tragic in its brevity and in the relentless advance of the disease. For many months "Phil" had been very very tired. His work at the clinic, at the hospital and elsewhere, in addition to a steadily growing practice which embraced all classes, was a heavy load for a physique never robust. His enthusiasm and sense of duty drove the machine to the limit. Struck down by a virulent pneumococcus infection, the tired body showed but the poorest resistance to the attack, and at the end of one dreary week, "The Captain of the kings of death" claimed yet another victim.

His sorrowing colleagues, reviewing the field, see no one who can in any way fill his place. The combined appeal to intellect and the affections is a rare thing. So that the older men amongst us are not likely to see again that combination of gifts of head and heart that endeared Philip McLarren to us all. His span of life on earth was all too brief, but he has left behind him an enviable record. One that must prove a source of pride and grateful memories to his friends, and an enduring solace to the loved ones who mourn him.

A. B

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#### DR. W. D. RANKINE, Woodstock, New Brunswick.

A beautiful memorial window was dedicated at the Memorial Hall of The University of New Brunswick as a very impressive feature of the encaenial proceedings of the University of New Brunswick at its recent closing. The window was the gift of the late Dr. W. D. Rankine, whose obituary notice appeared in the BULLETIN of May 1928 and was a memorial of his son who was killed in the war and a daughter who died about two years ago. The address on this occasion was made by Hon. C. D. Richards, Minister of Lands and Mines and we quote from it as follows:—

"Your Honour, Mr. President, Mr. Chancellor, Ladies and Gentlemen:

Since our last encaenial gathering, the University of New Brunswick, in the death of Dr. Rankine, has lost one of its most brilliant,

most energetic and most devoted sons, and the Province of New Brunswick one of its most useful and respected citizens. All who have been associated with the recent activities of the University will gladly join with me in bearing tribute to Dr. Rankine's continuous and untiring assistance and support in all the phases of University development. As a member of the Associated Alumni, of the Senate, and of various University Committees, Dr. Rankine's attendance could always be counted upon, with his wise and mature judgment and his unfailing courage and optimism.

"But not alone in his professional work was Dr. Rankine known and respected. Pre-eminent in his profession; alike was he a peer among his fellow-men. Sought for but not seeking public office or honours, none the less did he give freely and without stint of his time and of his ability to the service of his community and of his province. Untiring in his work, strong in his convictions, loyal to his friends, scorning all that was petty and false, generous and open-hearted to a fault,—these were the natural qualities of one who stood as a man among men, honoured, respected and loved by all who knew him.

"Immediately upon the outbreak of the war in 1914, Dr. Rankine's eldest son, Franklyn Sharp Rankine, then in his twenty-first year, who had been taking a course at the Royal Military College at Kingston, enlisted with the 25th New Brunswick Dragoons. He proceeded to Valcartier, and the Dragoons not going overseas as a unit, he joined the Engineers in the 1st Brighton Field Company and went overseas with the First Canadian Contingent. He saw active service in France during the year 1915, with the Engineers, and in the Spring of 1916 was transferred to the Royal Flying Corps. He attained the rank of Flight Lieutenant. On the 23rd. of October, 1916 while engaged in an attack upon enemy planes at Baupaume, Lieutenant Rankine's plane was shot down and he died shortly after. The death of his eldest son was naturally a great shock to Dr. Rankine. But time heals many wounds, and in common with others whose sons had made the great sacrifice, Dr. Rankine had recovered, to some extent at least, when a second loss occurred in the sudden and unexpected death on the 8th of February, 1926, of his only daughter, Margery, wife of Lieutenant Commander A. R. E. Coleman of the Royal Navy. Those who knew Dr. Rankine, most intimately felt that he never recovered from this second loss, although outwardly he maintained his customary frank and genial disposition, and carried on with undiminished vigour, his professional work until within a few days of his death. He died on the 31st of March last.

"During the past year, in memory of his son Franklyn and his daughter Margery, Dr. Rankine had erected in this Hall the beautiful memorial window overlooking the stage. Beautiful in its design and appropriate in its representation, it is a splendid addition to the memorials already existing. One cannot help but feel—it is but natural—that this window will stand in our memories not only as a

memorial to a son and a daughter of the donor, but as a memorial to the donor Dr. Rankine, himself. May this fine gift, and more especially the fine, virile and useful life of the donor be a constant and lasting inspiration to succeeding classes of young men and young women passing through these Halls to noble and useful service."

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**SOPHIA GOUDGE LAWS, M.D., Women's Medical College,  
Philadelphia, 1903, L.M.S., P.M.B., N. S., 1917.**

Following several severe hemorrhages of the lungs, Dr. S. G. Laws, recently resident in Pasadena, passed away May 25th, 1928.

Dr. Sophia Laws was a native of Windsor, N. S., where a sister Mrs. James Blauvett and Miss Lillian, still reside. Other brothers and sisters reside in Amherst, New York, Victoria and Winnipeg. After teaching for a short time in Falmouth, the deceased graduated in Medicine from the Women's Medical College of Philadelphia. After registration in Nova Scotia and after doing several years work at the Nova Scotia Sanatorium, she located in her home town of Windsor and began general private practice.

However, being compelled to seek a change of climate on account of tuberculosis, she went with a friend to the Pacific Coast, near Los Angeles, and has for several years conducted a private sanatorium for incipient cases of this disease.

She, herself, improved materially in health for some time, but unexpectedly the end came as intimated. Dr. Laws made strong friends with all who knew her and her services at the Sanatorium were especially acceptable to the Superintendent and the patients.

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**JAMES REYNOLDS, M.D., C.M., Dalhousie University, 1900,  
Upper Stewiacke, N. S.**

The death occurred at Upper Stewiacke on June 7th, 1928 of Dr. James Reynolds aged 54 years. He graduated with honors from Dalhousie in 1900 and was an interne in the Victoria General Hospital for one year. He practised at Sydney Mines for nine years and later located at Moose River, Halifax County. Some fifteen years ago his health broke down and he purchased the Fred Tupper farm at Upper Stewiacke, where, with his brother John, he has since resided. But once in these later years did he emerge from his retirement and that was on the occasion of the Halifax explosion, when for 48 hours he gave continuous service to those injured who were taken to Truro.

Dr. Reynolds was a son of the late Mr. and Mrs. Thomas Reynolds of Upper Musquodoboit and was born in 1874. Two brothers survive who reside in Nova Scotia, William Reynolds on the Musquodoboit

homestead and John, with whom the deceased had lived in Stewiacke. We believe another brother, who graduated from the Medical School of Dalhousie also in 1900, also survives, but has been resident for a number of years in Dakota, U. S. A. Dr. Reynolds was unmarried.

Of a retiring disposition, a lover of Nature, fond of fishing and hunting he did not mingle much with the public generally, or with his medical colleagues. Yet he was a man of fine intellect and well posted in the work of his profession. He was handicapped also by ill health, else he would have occupied a front place in medical ranks. Having practically retired from active practice some fifteen years ago he had not been identified with the Medical Society in its recent years.

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A prominent citizen of Cumberland County died on June 5th at Minudie in the person of Mr. Amos S. Vernon. Among members of his family surviving is Mrs. Munro, a daughter, wife of Dr. J. A. Munro of Amherst.

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**Omnia Mutantur.** The old type of family physician is rapidly passing to his reward. The days when these physicians did their best work were not so promising as those to-day. Great distances were covered; roads were hardly passable; travel was by horse and buggy or horseback. A rugged type of physician was needed, a rugged type was at hand.

Times have changed. Settlement has expanded and multiplied, highways have been improved and the auto has replaced old Dobbin. The doctor is now in closer touch with his fellow physicians and specialist knowledge is easier to get. Hospitals are centrally located and treatment under difficult home conditions gives place to the latest conveniences. Consultation and conference are helping the medical profession as never before.

Thinking of these things one has a greater feeling of respect for the old family doctor, who carried on under such difficult circumstances and yet maintained his cheery, optimistic bearing, and perhaps did more good through this means than through the application of his poultices or the use of his medicines. Humanity must raise its hat in tribute to these men, gratefully realizing that they have bequeathed to their present-day brothers in a great profession noble traditions to be carried on in the same spirit of service and responsibility as in the pioneer days of the past.—(*The Amherst News*).

## Locals and Personals

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**H**ALIFAX is to have a new hospital. For many years the Halifax Infirmary has been carrying on under many difficulties, the building not being modern and the accommodation limited. About two years ago a forward step was taken by acquiring the Mader Hospital on Coburg Road for Obstetrics and minor surgery. Now it is reported that the very valuable property behind Bellevue, near Spring Garden Road, has been acquired and a hundred bed hospital will be erected in the near future.

The many medical friends of Miss Florence Merlin, until recently Superintendent of the New Waterford General Hospital, are extending to her best wishes on her approaching marriage.

Doctor and Mrs. James Bruce of Sydney spent part of May and most of June in a delightful motor trip to Boston, New York and other cities and town in the Eastern States.

Dr. J. J. MacInnes, McGill 1928, recently visited his parents at West Lake Ainslie, before proceeding to Buffalo, N. Y. where he expects to practice.

Among many Doctors and their wives who attended the College Closings this year we also noted Dr. and Mrs. L. B. Braine who witnessed the graduation of their daughter Elizabeth at Mount Allison. She received her B.A. and was also one of the prize winners.

At three o'clock on the morning of May 25th, fire broke out in a room on the third floor of Highland View Hospital, Amherst, N. S. The hospital staff by the time the fire department arrived, had assured the safety of all the patients, who were quickly provided for in private homes. Some equipment was removed from the lower floor, but otherwise nothing but blackened and charred walls remains of that sightly and well-equipped hospital. The loss to doctors and nurses was very considerable, nearly all the nurses losing all their clothing and some of them carrying on the rescue work clad in their sleeping garments. It is noted that a fund has been started to recoup the personal losses of some fourteen pupil nurses who lost all their clothing. Some of the local doctors lost many instruments etc. The main building was constructed about 20 years ago, its bed capacity being about fifty. The entire community is actively engaged in making plans for an even more up-to-date building and construction will commence at the earliest possible date.

Dr. Alexander Gouthro and Mrs. Gouthro of Little Bras d'Or recently escaped a serious mishap when their car was struck by a locomotive at the Gannon Street crossing, North Sydney. Fortunately the engineer applied the brakes in time to avert what threatened to be a double tragedy.

Dr. R. G. McLellan of Lunenburg spent the month of May visiting and resting with his relatives and friends in Halifax and in Pictou County.

Dr. D. J. McKenzie of Halifax has returned to the city after an extended stay in Ontario and has resumed his duties in the Pathological Laboratory. His friends will be glad to learn that his health has been fully restored.

On May 22nd the Training School of the Yarmouth Hospital granted diplomas to five nurses. Dr. Lebbetter addressed the graduates on behalf of the medical staff. The key-note of his address was Loyalty,—to the high ideals of the Nursing Profession, to the patient and his family, and to the physicians.

Dr. John Bell of New Glasgow, accompanied by Mrs. Bell, attended the Dalhousie Convocation in May, as their daughter, Mary graduated then in Arts and received her diploma. Probably their thoughts at this time were similar to those of Dr. and Mrs. C. H. Morris of Windsor, also present at the Convocation when their son, Geoffrey, received his M.D., C.M., upon graduation from the Medical Faculty:— "A new generation is coming up to take our places and *we are proud of it.*"

"Dr. , , , , who for the past three weeks has been in , , , , acquainting himself with the newest methods in surgery will return to , , , , next week and his office will be opened again on , , , ." You are wrong! This is not a local from a provincial newspaper referring to an Osteopath but to a duly registered physician in the Province of , , , . How can the readers of the BULLETIN expect the local editor to give them a good personal and local department when all the information he can obtain is just such newspaper local items! If you have been away drop us a line and we will tell your confreres you are back; also we will be glad to have some notes as to what you saw that was of interest.

"And what in France, Mrs. Malaprop," asked a friend, "did you enjoy the most?" "Well, I think," said the lady, "it was the French pheasants singing the mayonnaise."

Dr. J. G. B. Lynch of Sydney is House Physician to the new Isle Royale Hotel recently opened in that city.



The April issue of the Bulletin of the New York Academy of Medicine has been received in the BULLETIN office. The Academy is now 81 years of age and is still going strong and going stronger each year.

Sackville, N. B. is much interested in the re-building of Highland View Hospital, Amherst. This hospital has been of great value to the N. B. border town for a number of years. It has been suggested by the Sackville Post that a share in the reconstruction would be quite proper. This paper says,—“If Sackville is not going to have a hospital of its own, and this does not seem very probable, perhaps we might do something towards the rebuilding of Amherst's new hospital. The idea would seem to be worth considering just now.” This is a splendid opportunity to show how two nearby towns can unite in community welfare to the advantage of both and with a saving of money.

Dr. L. W. Johnstone M.P., of Sydney Mines was home from Ottawa in May for a short visit.

Dr. O. R. Stone of Sherbrooke spent several days the latter part of May in North Sydney on account of the serious illness of his mother, Mrs. Edward Stone of that town.

Dr. C. W. Bliss of Amherst was one of the first patients to be operated upon in the temporary quarters used by Highland View Hospital after its disastrous fire. We trust his hospital stay was short.

On May 30th, while crossing from Saint John to Digby, Col. Weatherbe suffered a stroke of paralysis and was admitted to the Hospital in Digby. He and Mrs. Weatherbe were returning home after spending the winter in Florida. His condition is gradually improving. He is a brother of Dr. Philip Weatherbe of Halifax.

**Born**—On May 24th, 1928, to Dr. and Mrs. A. R. Reid of Windsor, a daughter—a Victoria Day arrival.

One of the most sensible small town organizations that we have heard of is found in Campbellton, N. B. A number of prominent citizens men and women, organize themselves yearly into a Public Health Committee for the current year. Every Health Officer in Nova Scotia would be glad to have such co-operation in his present thankless task, and he could probably have it for the asking.

Dr. J. J. Cameron of Antigonish spent some six weeks in the early Spring in Bermuda. Dr. Cameron has not taken many holidays in the last forty years and he surely deserved this one.

Coming out of the house from a sick call at one o'clock in the morning, Dr. W. H. Rice of Sydney, not long since, found his coupe missing. It was recovered later in the day in an adjoining mining town with only the gas missing.

Had Dr. McIntosh continued to employ "old Dobbin," of which he wrote in the June Number of the BULLETIN, he would have missed the experience that was his about four weeks ago, when his car turned turtle and he was thrown to the street, bruised and shaken up generally. We are glad to learn that he did not suffer serious injury.

Mrs. McKinnon, wife of Dr. Hugh McKinnon of Berwick, with their three children, left Halifax about June 1st for a three months' visit to England, with Mrs. McKinnon's parents.

Dr. F. S. Messenger of Middleton, accompanied by Mrs. Messenger and Mrs. E. S. Woodworth left the last of May for an extensive motor trip. They go to Los Angeles via Boston and New York, thence to San Francisco to Victoria and Vancouver, returning by the Canadian route. They expect to make the round trip in about six weeks. We trust they are having an enjoyable time.

Dr. John Merritt of Springhill, Dalhousie 1928, expects to locate in Glace Bay, being associated with one of the local doctors.

The marriage took place May 23rd, 1928 at Bridgetown of Maurice W. Armstrong and Irene MacDonald. The groom is a son of Dr. M. E. Armstrong of Bridgetown and the bride a daughter of Mrs. Annie MacDonald formerly of Inverness. Both were Honor students at Dalhousie, the groom being a graduate in Arts and Theology. He was ordained to the Ministry at the recent convocation at Mount Allison. They will reside in Western Canada.

Dr. George Nathanson, formerly of Sydney, is reported as warning the late Floyd Bennett that he was not physically fit to fly when he undertook the flight which was followed by his death from pneumonia in Quebec. Dr. Nathanson is the family physician of the Bennett family.

About the middle of June Mrs. Morton, wife of Dr. C. S. Morton, Halifax, sailed from Quebec, to spend the summer with their son, Harry, a third year medical student in London. Upon the close of his term and until the opening of the fall session, they will visit various European countries. Mrs. Morton will return to Halifax some time during September. Dr. Morton saw Mrs. Morton started on her Trans-Atlantic trip then went to Toronto to visit his mother and to Montreal in connection with the Medical Council examinations for Canada.

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Owing to the invalidism of Mrs. Armstrong, Dr. Thomas Armstrong of Halifax has closed his home on Kaye Street. Mrs. Armstrong is a patient in the Halifax Infirmary having paraplegia. Dr. Armstrong will continue his services with the Cable Ship "John W. Mackay" and his address will be in the Ship's care, P. O. Box 1152. Dr. Armstrong has made his membership in the Provincial Society effective ever since 1923. We regret to know of the illness of Mrs. Armstrong.

The latest addition to the membership of the Valley Medical Society is Dr. G. F. White who came from England last fall and bought a property and settled in Bridgetown. We trust that he will also identify himself with our Provincial Society and attend our Annual Meeting in Halifax this coming autumn.

Dr. P. R. Little of Belmont who has been for some months on the staff of the Nova Scotia Sanatorium at Kentville is returning to his former practice in Newfoundland.

Dr. M. D. Morrison of the Workmen's Compensation Board and Mrs. Morrison are being congratulated upon the success of their daughter recently awarded her Ph.D. at the Convocation of Toronto University. She graduated in Arts from Dalhousie in 1922 with high Honors and has won Scholarships then and since. The BULLETIN joins in congratulations.

**McQuade-Archer**—The first wedding to be celebrated in the new St. Andrew's Church, Halifax, was that of Dr. E. L. McQuade and Miss Alfreda Archard on June 7, 1928. The groom graduated from Dalhousie in 1927, when, owing to illness, his diploma was presented to him as a patient in hospital. He was attended by Dr. Victor Mader whose services in this capacity have been often requisitioned by his friends. Miss Archard until recently was on the nursing staff of the Victoria General Hospital. A pleasing feature of the event was the presentation to the newly married couple by the officiating clergyman of a handsome bible, thus recognizing the first marriage ceremony to be performed in the new church.

After a short motor trip through the Maritime Provinces Dr. and Mrs. McQuade will go to Richmond, Virginia, where the Doctor is already established in Public Health Work. They will be followed by the best of wishes from very many friends.

Dr. A. R. Campbell of Yarmouth, accompanied by Mrs. Campbell, spent a week in Halifax early in June. They came and returned by motor.

Dr. John Stewart of Halifax, recently spent a week in Montreal. His many friends were glad to greet him at the meeting of the Canadian Medical Association at Charlottetown some two weeks later.

# An Open Letter

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To the Members of the Professions of Medicine,  
Dentistry and Pharmacy and Boards of Directors  
of Hospitals.

Gentlemen:

In the Finance Chronicle of Montreal dated March 9th, 1928 is an interesting article upon the common law liability of individuals to the public in the pursuit of their calling and performance of their duties.

Particular reference is made to your liabilities and the risks attached to your duties. We quote:—

“No physician, surgeon, dentist or druggist, however high his standing, is immune from the danger of a patient charging him with malpractice, error or neglect. Such claim or suits are usually without merit and are often brought at the instigation of some “ambulance chasing” lawyer or by patients who attempt by this method to evade paying bills for professional services.”

Instances of these sorts of claims are increasing alarmingly.

It is not necessary for us to cite cases which have arisen in this Province. You are familiar with those which have reached the Courts and know also of some which have been compromised.

It is part of our business to take care of this risk for you, by—

1. Indemnifying you for damages from liability.
2. Defending or settling without expense to you all claims charging breach of your legal liability.

We are prepared to call upon you, whenever you wish to discuss this matter, and further explain our contract. A phone message or a note is all that is necessary.

Yours sincerely,

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The hit and run fiend has pulled his latest stunt in Halifax. It is almost a miracle that Mr. Arthur Murphy son of Dr. G. H. Murphy, of Halifax, did not die as a result of injuries received one night in the later part of May. With clothing torn, a boot missing, a severe scalp wound, three ribs broken and suffering from concussion, he managed to drag himself home from Bell Road to Carleton Street. For several days his life was despaired of, but we are glad to know he is now making a good recovery. No punishment would appear too severe for the skunk of a man that will run over a human victim and leave him alone.

Dr. Murdock Chisholm who has resided for many years on Brunswick Street, Halifax, has removed to South Park Street, to the pleasure of his many South end friends.

The name of Dr. D. H. McAllister, of Sussex, N. B., is frequently mentioned as likely to be appointed to the Senate of Canada. He has been a tower of strength to his party in Kings County for many years.

A School Commissioner visiting the local school in a Nova Scotia town recently offered a little sympathy to a pupil who had not punctuated a sentence properly. He intimated that commas did not amount to much anyway. Whereupon the teacher instructed the pupil to write on the board this sentence,—“The School Commissioner says the teacher is a fool.” Then she instructed the pupil to put a comma after the word “Commissioner” and another after “teacher”. Should the teacher or the Commissioner resign?

Having been Associate Professor in the Department of Economics and Political Science in McGill, J. C. Hemmeon, Ph.D., of Wolfville has been cited as full Professor. He makes his summer home in Wolfville with his mother, where two brothers Rev. D. B., and Dr. J. A. M. also reside.

Again Dr. H. K. McDonald has given the medical address on the occasion of the graduation of several nurses attached to the King's Memorial Hospital, Berwick. We did not notice, but we hope, he still further developed a former idea of making the local hospital a real centre for general health activities. If this is done we predict the field of nursing service will be developed from the inspiration received in even a small institution which makes an effort to reach hospital ideals.

We regret to learn that early in June Dr. Eric McDonald of Reserve was taken ill and was admitted to St. Joseph's Hospital for treatment. Fortunately his indisposition was not extended.

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**Forbes-Clarke** A very pretty wedding that created a great deal of social interest, was quietly solemnized at Fort Massey Church on the afternoon of Tuesday, June 12th, 1928, when Miss Helen Wood Clarke, daughter of Mr. and Mrs. M. S. Clarke of Halifax, became the bride of Dr. G. Ronald Forbes of Kentville. The ceremony was performed by the Rev. John Mutch and Mr. Harry Dean presided at the organ.

After a formal reception at the home of the bride's parents, Dr. and Mrs. Forbes left for a motor trip through the Maritime Provinces. They will reside in Kentville where Dr. Forbes located about a year ago. Dr. Forbes was a graduate of the Dalhousie Medical Faculty in 1926. Both bride and groom have a large circle of acquaintances and friends who will extend to them the best of wishes, in which the BULLETIN gladly joins.

Dr. R. Shlossburg of Halifax, Dalhousie 1928, has been added to the staff of the N. S. Sanatorium. Dr. P. R. Little of Belmont has resigned from the staff and will return to his former practice in Newfoundland.

Dr. C. F. Moriarity of Halifax has returned from the Phillipine Islands and will remain the summer months in Nova Scotia. In the fall he will return to health work in Virginia. In the meantime he will supply for Dr. M. G. Tompkins of Dominion and Dr. W. W. Patton of Port Morien.

All will be glad to learn that Dr. W. H. Hattie is very hopeful that he will soon become convalescent. He has been very greatly missed in general medical circles.

Dr. J. W. McLean of North Sydney attended the recent General Assembly of the Presbyterian Church in Regina. On the return trip he visited his brother in Winnipeg and his son in Ottawa.

The local doctors of New Waterford recently presented Miss Merlin, on her retiring as Superintendent of the Hospital, with a tray of flat silver of fifty-two pieces. A humorous but appropriate address was read by Dr. A. W. Miller and the presentation was made by Dr. J. C. Morrison.

**New Name Suggestions.**—"It has been suggested in some quarters that the BULLETIN is not a suitable name for our monthly paper." This is a quotation from a recent number of the League of Nations official organ in Canada. It also applies to the BULLETIN of the Medical Society of Nova Scotia. The present name was the most appropriate for its initial numbers. This publication is never to stop; no more absorptions or amalgamations; its continuance is necessary. Can we have a better name? If you think so, please make a suggestion.



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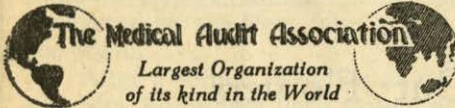
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