

The Nova Scotia Medical Bulletin

MARCH 1929



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THE DECLINE OF TUBERCULOSIS—DR. A. C. JOST

THE FIRST MINUTE BOOK—DR. W. H. HATTIE

REMINISCENCES—DR. A. M. PERRIN

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Tuberculosis Control

DR. A. C. JOST, Dover, Delaware

THE word 'control' as applied to tuberculosis should be very carefully defined. If we consider it to be that the presence of the disease has been brought wholly under subjection of our will, and attempt to make the claim that in that sense and at the present time the disease can be controlled, we shall have great difficulty indeed in proving that the claim can be substantiated. If it means that its incidence can be altered and its death losses substantially reduced, we shall have relatively little difficulty in proving the assertion. There are too many communities today where the losses do not exceed more than 50 in a hundred thousand of population to permit us to doubt but that elsewhere similar low rates can be secured, by the exercise of the proper measures. With our present knowledge, we ought to be able to present a rate for this Province, little in excess of that. This would be equivalent to a reduction in the number of deaths taking place each year from 600 and over to about 250. To at least that extent control is possible.

With but one possible exception, the diseases which we class as communicable have been placed wholly under subjection, only when complete knowledge of them has been gained, or when science or experience has brought to our aid laboratory methods of inducing immunity. It is a matter of common knowledge that certain communicable diseases are of these categories. Vaccination we believe to be a means wholly of eradicating small-pox, if the procedure is followed carefully and thoroughly. We have reason to think that in much the same way the incidence of diphtheria can be very largely prevented. The experience of literally millions of persons leaves little ground for doubt but that by such a process typhoid fever can be made a rarity.

This by no means completes the list, and moreover the list is lengthening in a way that must cause much satisfaction to those whose hope it is still more effectively to be permitted to serve the interests of those who look to them for help. The lengthening list contrasts quite sharply with that list of communicable diseases which have been reduced to relative unimportance by any other than the immunological means at our command. It is questionable if, apart from leprosy, the other methods which we have used and which we can use have been able to cause any communicable disease to disappear from any community. In respect of this exception, there were a number of

unusual features the importance of which ought not be overlooked. The disease itself was loathsome and repulsive, the object of such dread that society baulked at no measures in order to secure relief. The most stringent methods of repression, if they were not expressly ordered by the religious teachings of the day, were at least condoned by them. The hapless leper became an outcast among his fellows. Death must many times have been welcomed, a merciful relief from sufferings unspeakable. In the case of no other disease would such a stringency of repressive measures be tolerated or countenanced.

Isolation and quarantine or any other method not based upon laboratory discoveries and immunological procedures, except under modified circumstances, have not theretofore brought about the complete disappearance of infectious disease from our midst. That they have been methods of value no one can doubt. The freedom on this continent of those diseases which are so rife elsewhere bears ample testimony to the efficacy of the procedures followed at our quarantine stations. But, domestically, we are not without reason for the belief that the erection of special infectious hospitals and the segregation therein of those known to be sick from certain diseases has not been of the value which the proponents of the measures promised. It is quite well known that England is fairly well equipped with hospitals for the reception of scarlet fever patients, but, though the type of the disease may have somewhat varied, because of the constant and continued practice of removing to these institutions the severe types of the disease, scarlet fever is still rife, made more difficult to control possibly, from the greater number of 'missed' cases, those which never apply to a physician for treatment.

Disappointing though the results have been, it is extremely difficult to believe that they have been wholly valueless. There is no medical practitioner who would willingly cast behind him as worthless all the repressive measures which have been devised to limit the spread of contagion. The difficulty is rather that of application than of faulty theory. Our experience in maritime quarantines, which are usually enforced with a much more strict rigidity, proves the value of the measures, if properly applied. But in no civilian or ordinary population can it be claimed that 100 percent protection can always be secured by the adoption of these measures. Your estimate of the percentage of value is as good as mine, and very often you will have to admit that it is extremely low.

If this is the case in respect of those infections which have a relatively short period of infectivity, it pertains no less for those for which during greatly prolonged periods the disease is a source of danger to those about the patient. The very length of the illness, if tuberculosis is present, makes rigid quarantine impossible, as impossible as the forceful removal of the individual sick from the body of society.

But we should never forget that tuberculosis is basically and primarily a communicable disease. It is not the direct result of poverty

or of bad housing or of depressed economic conditions. Poverty, grinding though it be, housing conditions however deplorable, social conditions no matter how depressing, each or all combined will not cause tuberculosis unless the infection has been transmitted from some individual or animal ill with the disease. These conditions if concomitant with the disease, add tremendously to the difficulty of control, and are of so much importance that at times they appear to fill the whole picture, overshadowing the major consideration. But however much these loom up before us, it should not be forgotten that tuberculosis is communicable, and therefore subject in great or less degree to the measures which will bring about improvement in respect of other diseases of the same type. We have heard much in recent years of primary and secondary fields of operations, of major and minor and principal and subsidiary and flanking operations on the battle fields. We should not forget that as the great war was won in the primary field, in Flanders and France, tuberculosis must be attacked, as the victory must come, in its quality as an infectious disease. Beaten on that field, the secondary difficulties, poverty and bad housing and their concomitants can have no effect on the final outcome, except for the fact that these shall have lost one of their major allies and supports when tuberculosis shall have been conquered.

This is all right in theory, you may say, but what about practice. Fortunately there are ample grounds for the greatest hopefulness in this respect. It is possible to name only some of the outstanding examples, instances where most marked changes in tuberculosis incidence have been brought about by the exercise of the logical methods which are matters of common knowledge. Framingham, where in five years the death rate was lowered 50 percent; Cattaugus County, where a reduction from 67 to 43 per hundred thousand of population has attended the work carried out in that County in five years; the Swedish experience in Norbotten where, though tuberculosis is increasing in frequency in the surrounding communities, there has been a drop in the mortality rate and a lowering of the number of recognizable cases amounting to 25 percent in the demonstration area; these are outstanding examples. But there are literally scores of others.

The statement has appeared in the press of the Province that 'the drop (in rate) is apparently the same both where active steps have been taken to combat it, and where nothing has been done'. It is unnecessary to say that this statement is wholly inaccurate, comforting though the quite obvious conclusion is for those who, for one reason or another, oppose the antituberculosis work being carried on. The rate is not dropping at the same speed in all countries, nor in all sections of any one country. It seems unnecessary to quote the considered opinion of the Health Committee of the League of Nations against that of an editorial writer who writes for special effort, but it may be said that such is by no means the view of that committee. And with this opinion, I feel sure you will all concur. The same

editorial writer has endeavored to add to the general misinformation by saying that the tuberculosis rate is universally dropping and at an accelerating speed. This also is, as you know, not the case. It is very easy to name countries or portions or sections of countries, where tuberculosis is either stationary or is increasing in prevalence.

Moreover, where the drop in the rate has been most marked have been precisely those countries where public health forces have been most at work. It may be that some or most of the efforts being carried on in those communities have not been aimed specifically at tuberculosis control, but they have been general health measures aimed at improving the conditions in so far as any disease which affects humanity is concerned. They have included, among other measures, the provision of more and better hospitals, the better training of those whose duty is the care of the sick, the adoption of such measures as shall aid in controlling any and all infections, the more strict supervision of food and water supplies, and the education of the public in all matters relating to their bodies, their habits and the diseases to which they are subject.

Let us consider some of the reasons which have been suggested at one time or another and by one individual or another as the reason which beyond all others explains the recent improvement which in some countries, and some only, is quite noticeable. Some say it is on account of a slowly developing racial immunity. If we accept such a reason there are a number of things which call for explanation. Why, for instance, has almost all the improvement, which we may admit has taken place, been confined almost exclusively to improvement in respect of the pulmonary forms of the disease? Why is this racial immunity more apparent among the females than among the males of one country, or why after a period of years when the males have shown most improvement in a certain country do they lose this advantage and it be transferred to the females? To compare individual countries, why, if in Nova Scotia racial immunity is bringing down the death rate, is the rate in British Columbia stationary or rising? Why has the improvement been most marked in the central age group?

Another explanation which is sometimes advanced is that tuberculosis is but an expression of poverty. In other words, they say, that where and exactly as the index curve of individual or national poverty rises, it will be found that the tuberculosis death rate drops. If one of you gentlemen cares to see how this hypothesis works out I beg to suggest that you will get some interesting information if you examine the records of our own Canadian Provinces, contrasting their death rates in relation to their per capita wealth. Prince Edward Island, with the lowest per capita wealth, should have the highest tuberculosis death rate. It has not. Quebec, with the highest rate, stands up very well in the list so far as per capita wealth is concerned. British Columbia and Ontario have much the same per capita wealth, but the tuberculosis death rate of one nearly doubles that of the other.

Moreover, the Provinces which latterly are gaining most in per capita wealth are not the ones which are making most progress in the reduction of their rates. Sir Arthur Newsholme perhaps has best exposed the incorrectness of the explanation, too, that tuberculosis death rates are in a state of correlation with nutritional disturbances, and the price of bread and other food commodities. An instance quoted by him is well within the limits of the experience of each of us, when with rapidly rising prices, the English death rate was rapidly dropping. But it seems useless to multiply examples.

Another, and at this time a quite favored argument is that human tuberculosis is being made less frequent by reason of the fact that the public are being inoculated with minute doses of the bovine germs, and in this way a kind of vaccinal immunity is being created. But France, with a tuberculosis death rate of about 200 is said to have nearly fifty percent of tuberculous cattle, and the rate has only dropped about 20 in 13 years. Prince Edward Island, with .5 per cent of tuberculous cattle has a tuberculosis rate approximating 100, which in turn is somewhat lower than is Nova Scotia's, with from four to six times as many tuberculous cattle. And, therapeutically it may be said that this method of bringing about a cure of tuberculosis most vividly calls to mind that most frequent visitor to the doctor's office, the perhaps well-minded but sadly misinformed lady who wishes to cure her husband of drinking, by slipping something into his morning coffee.

Let me quote again for you the considered opinion of the Health Committee of the League of Nations. Of the three things to which this Committee considers the improvement in tuberculosis statistics to be largely due, these three things being, briefly, higher standards of living, the segregation of open cases and increased health education, the Committee affirms that two of them, the two latter, come within the scope of direct anti-tuberculosis measures.

A very convenient classification for the consideration of the factors which we can make use of to bring about a reduction of tuberculosis losses is that of the general and the specific measures which we have at our disposal. Let us consider first the general ones.

These are based upon the consideration of tuberculosis being a communicable disease, and except for differences occasioned by the nature of the disease, follow the general principles quite universally accepted.

The early recognition of the presence of disease is one of the first desiderata. The necessity of this must be obvious. All statistics prove the value of this from the point of view of probable recovery. If treatment influences beneficially in any way the course of the illness, the sooner the treatment is applied the better. It is better, not only for the patient himself, but for those about him, those who might not be aware of the necessity of taking measures of self protection. Especially however, early recognition prepares the way for early treat-

ment, and the provision of adequate treatment facilities constitutes a very material portion of the control effort.

A well balanced programme will make provision for sanatoria for the incipient cases and other provision for cases not suitable for admission to a sanatorium. It seems unnecessary to say that that community is very inadequately equipped which is served only by an institution which seeks to admit solely those cases presenting minimal lesions, the very cases which play a relatively small part in the dissemination of the disease. If only one institution can be obtained, and it is necessary to make a choice between a sanatorium and a hospital, it is very debatable indeed whether the sanatorium is not the institution which is to be dispensed with, since it is more easy to adapt an hospital to the treatment of all cases than it is so to adapt a sanatorium. Besides, the incipient case is more suitable for home treatment than is the advanced case, and the results of the carefully supervised home treatment often compare very favorably indeed with those obtained in a sanatorium. For the complete rounding out of the programme, preventorium care should also be provided, for the children.

Both the sanatorium and the hospital have functions other than those of treatment. It is only necessary for me to name the segregation or isolation of the patient under conditions which lend themselves little to the infection of others, and the additional function as educational institutions, both for the patient and the public, for you to be convinced of their importance.

A third essential to the general measures required is a well directed census and follow-up system. The basis of this will depend largely on the reporting of cases of disease in the first instance, since, without complete and full knowledge of the whereabouts of the disease, any organization undertaking to improve matters will find itself seriously handicapped. It would appear that the notification would be quite complete when there are records indicating the presence of from five to ten cases for each annual death. Without the co-operation and assistance of the practising profession such a degree of reporting is very difficult to obtain. We are yet very far from it in this Province, and I can not let this occasion pass without reminding you both of your duty and responsibility in connection with this portion of our work. What we have done up to the present has been done through the assistance which we have received from you. May we bespeak the continuation of that assistance.

A fourth general measure is the education of the patient and the public. This has already been referred to in the remarks made on the sanatorium as an educational institution, but much more than this should be attempted. The patient needs it for his own profit. The public needs it, as individuals, each one for his own benefit and protection, and collectively in order that there might be due appreciation of community responsibility. Moreover, in education is to be sought the remedy for a phthisiophobia, always to be deplored.

I shall speak very briefly of the necessity for the removal of the danger of infection from allied types of the disease which occur in lower forms of animal life. Especially the bovine type of bacillus has been proven beyond all doubt to be potentially a danger to man. It can not be said that this is equally great in all communities. The 'other forms' of tuberculosis, which are peculiarly those likely to be set up as a result of an infection of bovine origin, are, as you well know, sometimes very prevalent where the bovine type of bacillus is relatively infrequently found, but, unless the milk used as food is carefully pasteurised there is always danger of the transmission of the disease. It is a belief which has been abundantly disproven that only cattle with tuberculous udders are sources of danger. Just as in the human subject tubercle bacilli are frequently found in the stools of tuberculous patients, to an equal extent or more frequently are they to be found in the stools of tuberculous animals. Since no method of milking has yet been devised which wholly prevents the infection of milk from the stools of the cow, through filth falling from its flanks into the milking pail, it follows that here is a common if not the commonest route of infection. Tubercle bacilli have been found in as high as ten percent of a series of samples of the London milk, though as you well know, that proportion of udder tuberculosis is never seen.

Much has been written concerning the transfer of the various types of bacilli from their natural hosts. It may be said that there is no evidence of the pathogenicity of the human type bacilli to cattle, and little, if any danger of the re-infection of cattle from that source, once the bovine type of the disease has been eradicated. It is possible that a human infection may cause a reaction in cattle to the tuberculin test, but this is a somewhat doubtful point. Some recent literature suggests that Hodgkin's disease is a manifestation of the infection of human subjects with the avian type of bacilli, but here again no definite statement can be made. The change from one type to another has never been observed, and the evolutionary process which fixed them was probably completed ages ago. Conjecture as to the source from which one or all types originated, while interesting, serves no useful purpose.

What are the specific measures which are available for us, those based upon laboratory methods and immunological processes? Here we travel stumblingly and in the dark, perhaps the darkest hour which comes before the dawn, since there is that on the horizon which may presage the coming of the day. Until that day comes, we shall never be able to say that tuberculosis can be wholly controlled.

You know the fate of Koch's tuberculin, now rarely used except for diagnostic purposes. You know the fate of other specifics, followed hopefully, only to have those hopes wither and die. Disappointed, we turn from these to fix our attention on that which may yet prove to be the one for which we have so long awaited. The Calmette or B.C.G. vaccine consists of what is to all intents a new type of bacilli, developed

by Calmette and Guerin by many years growth in suitable medium, from a selected strain of bovine bacilli. As you know, it has been used for several years in France and in many places in Europe and the French Colonies, both in cattle and in the human subject, as a means of conferring or inducing immunity. On this side of the Atlantic, it has been used in Montreal in infants and quite extensively for experimental purposes in Alberta in cattle, and elsewhere in several places in the United States efforts have been made to follow the procedure outlined by Calmette. In point of fact, scientists the world over are following with very great interest the attempt which he is making, and it ought not to be a very great while now, before some definite pronouncement, either in favor of or adverse to the procedure, is made. English comment, up to the present, is largely confined to a somewhat critical hesitation to accept the statistics which Calmette has prepared in support of the efficacy of the treatment, statistics, which have failed apparently to carry conviction to the English statistician. The opinion of the most prominent American observers to quite an extent coincides with this view, so that it appears that for the present we must possess our souls in patience until more corroboration has been secured. In the meantime, a number of physicians who in a number of places have used the vaccine, are not averse to making statements to the effect that in no instance have they yet seen deleterious effects follow the use of the remedy as an immediate result of its exhibition. This, though encouraging, falls very far short of being that pronouncement for which we await, a pronouncement on the prophylactic qualities of the treatment, and for this we may have to wait for some years. The first definite and detailed reports will without doubt be made in respect of cattle, on account of their shorter life span. It has been intimated that the results of the Alberta experimentation on cattle may be made public before the end of the present year. There does not seem to be any criticism of the procedure which is based upon what is considered to be its non-conformity with quite generally accepted scientific principles. It remains only to say, that, if Calmette's opinions are found to merit full acceptance and if he has succeeded in establishing a procedure by which an immunity against the tubercle bacilli can be safely and efficiently brought about, he will have conferred on us a boon almost beyond price, that for which every laboratory worker has dreamed and for which an impatient world has longed. Then at last shall we be able to say that tuberculosis control has been brought about.

“Not only is appendicitis caused originally by pinworms, according to my experience,” said Dr. Henry, “but it is quite likely that the disease is spread by them, through kissing or contact between the patient and relatives or friends.”

Some Adventures With Asthma

DR. K. A. BAIRD, Canning, N. S.

IN view of the distressing nature of asthma, and the difficulties of obtaining satisfactory cure, or even relief, in many cases, the following account of varying degrees of success and failure is offered in the hope that it may contain something helpful or at least be suggestive of something helpful to some who read it. In a brief paper such as this there is no space to review the theories of causation of the disease. For an excellent discussion of this the reader is referred to that published in the British Medical Journal of August 29, 1925.

Case I—I was introduced to the use of sensitized mixed vaccines or bacterins, by a British doctor while in China, and found it gave prompt results in numerous cases of bronchitis. One day a patient came to hospital complaining of a "cough" which he had had for some time. His business was the selecting of cotton in a factory. The product used in this, as in some of the subsequent cases, is a stock vaccine, which is said to be "sensitized" and to contain 1000 million per cc of each of the following killed organisms:

Influenza Bacillus
Friedlander Bacillus
Staphylococcus Aureus
Staphylococcus Albus
Streptococcus, hemolytic, non hemolytic, and viridans
Pneumococcus, types I, II, III.
Micrococcus Catarrhalis

The initial dose used was 1/10 cc and the dosage was doubled each time, allowing intervals of several days between. From the first the patient claimed improvement. When he returned for his third dose he said he had had a slight attack of his coughing spells that day, but it was *bu tao gin* or unimportant. Imagine my surprise to find him recovering from a pretty typical asthmatic attack. But the fact remained that he was strong in his assertions that the disease was much improved, and he wanted to continue the treatment. Two or three more doses were given, and the last time I saw him he had been free from attacks for about two months. When he came to hospital he had been having attacks several times a week. It was only later that I found in reading that vaccine has occasionally been used with success in treating cases of asthma.

Case 2-E B.—In the spring of 1927 I was called to see a patient who was in his fifties, and had suffered from asthma for about twenty years. At this particular time he was suffering from a particularly acute attack of bronchitis, which aggravated and was aggravated by his asthma to such an extent that his condition was grave indeed. This man had taken a mixture which relieved his attacks from time to time, but they always promptly returned. Between his attacks he said he always had a bronchitis, and every night coughed and raised a large quantity of sputum. He was probably exaggerating when he stated that for ten years he had raised *half a chamber* every night, but his expression will serve to indicate that it was no small amount. On April 13 he received his first dose of the vaccine, and was given an inhalant mixture, and a little sedative to quiet his restlessness and cough. On April 15 I visited him again and found him improved, but did not think it wise to give another dose of the vaccine so soon after the first. On the 22nd he was given a second dose. At that time he was much improved. On April 29 he was given his third dose, coming to the office for it, and stating that he scarcely thought it was needed as he had been quite free from asthma during the week, and the sputum which had troubled him for years had dried up and disappeared. He was advised to return in another week for another treatment but did not return until June 17th, when he said he had been perfectly well since taking the vaccine treatment. I saw this patient this summer, and he said he would like to give a testimonial for that vaccine, as he had never had an attack of asthma since taking it, and his chronic bronchitis had also disappeared. I have not seen him for the last two months, but hear from relatives that he is still a well man. The only other treatment he received was a bottle of iron and arsenic mixture. The case seems definitely proven in his case that vaccine cured his chronic bronchitis and asthma for at least the last year and a half. Would that all cases would respond as well as he. But they do not.

Case 3-V. F.—A young woman in her twenties came to me on July 1, 1927, with the worried look of a chronic asthmatic, and a history of almost daily attacks. At the time her breathing was slightly "wheezy". This patient had spent nearly a year at the N. S. Sanatorium, but was told there that she had no active tuberculosis, but was suffering from bronchial asthma, for which they were unable to promise any cure. She was placed on a tonic mixture, containing iron and arsenic in addition to the ordinary compound syrup of hypophosphites. Also she received doses of the above mentioned vaccine as follows:

July 5.....	.1 cc
July 8.....	.2 cc
July 12.....	.4 cc
July 15.....	.8 cc
July 19.....	1.6 cc

From about the second or third dose she felt improvement, and by the time the last dose was given had been free from her asthma for some little time; i. e. for several days. From being a chronic invalid she developed enough ambition to take a small school, being a teacher by profession. She remained fairly well all fall, but came back for the Christmas holidays with a "cold" though not much asthma. From Dec. 28 to Jan. 2 she received three doses of the vaccine, and began taking the tonic mixture again. She went back improved, and stayed pretty well until later in the spring, when the asthmatic attacks began to return. On July 19, 1928 this patient returned to me, again worried a good deal by her asthmatic attacks. Under the same treatment she improved, receiving .4 cc of the vaccine on Aug. 4. After that she tried depending on the tonic mixture alone, but on Sept. 9 I was called to see her at home, where she had been remaining in bed for a good deal of the time, smoking asthma powders for frequent attacks, especially at nights. I began giving vaccine again, starting with .2 cc that day, and giving .4 cc on the 12th. On the 19th she received .6 cc. and was feeling improved so much that she wrote to a school she had given up saying she would try to teach there for the term. She was given ephedrine tablets (1/2 grain) to take if she had attacks, and they seemed to relieve. A report received a week ago (Oct. 15) says she had one bad attack after going to her present place, and has had an occasional mild attack, but is getting along pretty well.

Case 4-J. C.—A man in his forties, suffering from frequent attacks of asthma. Gave him the usual treatment of vaccine, and tonic mixture, as described in the above cases. He was getting along pretty well for several weeks, and then went to the dentist and had a number of teeth extracted, some with pus at the roots. Two or three days later he came down with a severe attack of asthma, for which I was called and administered adrenalin. Recovering from that he has been getting along "fairly well" since, it being now one year since he first called to consult me.

Case 5-W. T.—A man about fifty years of age, who did not improve under vaccine treatment, at any time during the course, and had a bad attack about a week after he received his last dose. There seemed to be no indication that the vaccine had made his attacks any worse. Apparently the same amounts of normal saline would have had as much effect.

Case 6-D. W.—A man of about sixty, suffering from chronic asthma, usually coming on in the daytime. For this he takes a small hypodermic of adrenalin each morning, and is thereby rendered fairly free for the day. Vaccine therapy did not seem to have any beneficial effect upon him, except that at the third dose he was free of his asthma, without taking adrenalin, for a couple of days.

Case 7-M. B.—A girl nine years old, who for several seasons, after having had whooping cough, pneumonia, etc., has developed asthma during the winter, but is free during the summer. Digestion

was also upset. Treatment with Elixir Papain Co. enabled her to eat things that had previously distressed her, but there was still a suspicion of food asthma. The vaccine and tonic treatment were tried. It is interesting that although she ordinarily had daily attacks of asthma, yet after the third dose of vaccine she had what her mother described as a "perfect week", being absolutely free from attacks, and starting to school again. But the condition recurred. Treatment was continued, and although no permanent improvement was obtained it is worth noting that this little patient got relief from the attack for a time after each injection of the sensitized vaccine. Could this have been psychic? On one occasion I myself noticed the cessation of the wheeze before leaving the house. In this case the fact that sunny weather relieves the condition would suggest that ultra-violet radiation might be of marked benefit in darker weather. Cures by that means are reported by Alexander Bryce (B. M. J. March 19, 1927), Saidman (Bull. Soc. de Ther. Dec. 8, 1926) and others. If the attacks recur this autumn or winter I hope this treatment will be given a trial.

Case 8-A. T.—A woman in her fifties was troubled with occasional mild attacks of asthma. Several doses of the vaccine were given her and she has been free from attacks for several months.

Case 9-C. B.—A man about fifty years of age has suffered from asthma for years, being able to work only about half time. Several doses of the vaccine seemed to clear him up for a week or two, but he soon relapsed and has not continued treatment.

Case 10-C. L.—A woman over fifty, now taking treatment, had her .8cc dose the other day, and at that time reported sputum less and attacks not so severe. This latter is probably in some part, if not wholly, due to taking $\frac{1}{2}$ grain of ephedrine as soon as she feels an attack is coming on.

Case 11-H. B.—A woman about thirty years of age has suffered from asthma for several years. She says she was always better when pregnant. A course of vaccine treatment did her no good, and she rather thought her attacks were worse after taking it. She had some attacks during a pregnancy after that. I had explained to her carefully, as I try to do to all asthma patients, the nature of asthma as far as we understand it, and advised her to watch for some event occurring when she has attacks of asthma and only at such times. On one occasion she asked why she always came on with an attack of asthma on the nights when she set sponge for bread. Inquiry showed she did not get asthma when making cake, so the wheat protein was ruled out. She used dried yeast cakes. I suggested that she wear a gauze mask when handling the yeast. Since she has done so she has had very few attacks of asthma, and those she has had have been much lighter in character than previously. There is one exception to this. One day she went into a neighbor's house where hops were being cooked for making home made yeast. Before reaching home she came on with a most severe attack of asthma. I have never heard or read of

another case where hops or yeast had proved to be the inciting cause of asthma.

Case 12-H. K.—A woman in her forties subject to asthmatic attacks, consulted me last summer while having severe attacks. She was given adrenalin for the attacks, and started on a course of the vaccine and tonic treatment. After about ten days she had two or three weeks of complete freedom from the attacks. Later she came on with occasional mild attacks.

Case 13-C. K.—A man of about forty had been having asthma each year at about haying time, the attacks coming on at intervals throughout the summer. In 1927 just before haying time his employer asked me to try to do something to tide him over that critical period on the farm. The vaccine and tonic treatment seemed to be the cause of his having a summer completely free from asthmatic attacks. Last summer he came on with two or three attacks again, and was distinctly benefited by three doses of the vaccine, but did not come back for more. The other day his employer said he had got through the summer pretty well.

Case 14-C. W.—A woman in her late thirties who had quite frequent attacks of asthma received two doses of the vaccine in May, 1927. When last heard of in the spring of this year, she had been quite free from attacks and felt sure it had done her good.

Before drawing some conclusions let me pass on a useful hint which I learned from the British Medical Journal in reporting Dr. A. F. Hurst (London) himself an asthmatic. He stated that adrenalin was the only drug administered subcutaneously which he always advised the patient to give himself, as otherwise it was impossible to inject it sufficiently promptly. At the height of the attack 15 minims may produce no other effect than tachycardia, tremor, and a feeling of collapse, whereas given at the onset 1 or 2 minims would have completely aborted the attack. As to the method of injecting adrenalin he advised the following: "After injecting 3 minims the needle was kept in position; 1 minim was then injected every quarter of a minute until relief occurred. As many as 40, 50, or 60 minims might have to be given but eventually the attack ceased. These enormous doses produced no unpleasant symptoms, although under ordinary conditions 5 minims injected in one dose might have produced tachycardia, etc."

Conclusions from the above series of 14 cases:

The mixed sensitized vaccine used seems to have cured 4 cases, in the sense that no attacks have occurred since using it, although they had been common previously

Three cases have been greatly relieved for a period of several months, although they could not be classed as cured, because they have had attacks since.

Four cases seem to have received transient benefit for a few days or weeks only.

Three cases have received no benefit whatever. Of these one actually seemed to be worse until it was found she was sensitive to yeast (hops) and avoidance of inhaling that has greatly relieved her. In no other case was there any sign of harm done. In this one case there is a question as to whether it was the vaccine that caused the attacks to be worse, or some other influence.

The evident conclusion is that while using the palliatives to relieve the attacks, and while searching carefully for the inciting cause, it is well worth while to employ vaccine (sensitized) in every case of bronchial asthma, for the sake of those who can get benefit therefrom.

Annual Banquet. The Annual Banquet of the Dalhousie Medical Students' Society was held in the Queen Hotel, Halifax, on February 11th, 1929, the President of the Society, Mr. Fred Jennings of Saint John, New Brunswick, third year Medicine, in the chair. The menu was excellent, the service prompt and polite, the musical programme unique and pleasing, the songs inspiring and the toasts and responses brought out crisp, practical, yet eloquent speeches of a very high order.

The President's remarks centered around the idea of Progress and he expressed the great appreciation of the student body for the interest evidenced by the Medical Society of Nova Scotia and the Halifax Branch.

The Toasts to The School, The Profession and The Graduating Class, both in the proposals and responses, brought forth practical points in connection with the College, both critical and appreciative.

The chief address of the evening was delivered by Dr. Murdoch Chisholm, L. R. C. P., (London), (Dalhousie), Emeritus Professor of Clinical Surgery. He spoke of three controlling influences in life, viz., Power, Intelligence, and Beneficence. These are possessed by the medical faculty and the whole universe is governed by this trinity. The medical graduate goes into the world as a reflection of this trinity, power to cure, knowledge the seed power, beneficence the motive.

He said,—“The laborer is worthy of his hire and you must take care that the necessities of your patients shall minister to your future years. Grind not the poor, nor extort from the rich, but at the same time you must enhance your reputation by good round fees. . . . In conclusion, you have chosen a noble profession, although a difficult and trying one. . . . Your hands will often hang heavy and your hearts grow faint. Still,

“In paths of mercy bending,
You must lighten every load;
Occupy your time in mending
Vases shattered on the road.”

Feeding of the New Born Infant

DR. M. J. CARNEY, Halifax, N. S.

IT has been written that the best food for the human infant as a substitute for its mother's milk is the milk of some other mammal; and in different parts of the world the cow, the mare, the camel, the goat, and even the lowly ass have been requisitioned for the job of supplying its master's infant with food. That breast milk is the ideal for the baby, containing all the food elements, the vitamins, the mineral salts, as well as various antibodies, necessary for the baby's nutrition and growth; and if we predicate the milk from a healthy mother I think all of us will agree to this statement. We are advised that mothers' milk is so superior to everything else that every attempt at substitute feeding is a frank imitation of it,—I admit that this would seem to be the proper aim, a rational procedure to copy human milk in its every detail, as far as possible, because it is granted without question that it is the most suitable food for the baby. But one wonders wherein lies the imitation when one hears of strongly acid feedings like acid lactic milk, hydrochloric acid milk, vinegar milk, protein milk, or the heavy fat mixtures called butter soup or butter broth, or the thick cereal mixtures of Sauer, or the still thicker formula of Knoepfelmacher, to mention only a few of the many wierd foods proposed by eminent authorities of the present time. And it has been remarked that Science has shown great skill in adapting new foods to the infant, and yet the thought occurs to me, without wishing to in any way detract from the wonderful achievements of Science, that it might not be amiss to humbly proclaim a word of praise for the amazing adaptability and the inborn metabolic strength of the baby who can even occasionally digest and assimilate these scientific foods, obviously so extremely different from what Mother Nature had prepared them for.

Failure to nurse a baby is too often due to lack of desire on the part of the mother rather than to inability, and perhaps also the obstetrician is a little too prone to agree with her that she cannot nurse her baby. We are told that except in a very few cases of maternal illness, where it should not be tried, a mother can always nurse her baby if she has a mind to. This of course is another one of those false generalizations so frequently made by arm chair critics in all walks of life. There are a few cases where the baby cannot obtain sufficient milk from the breast and must be artificially fed either wholly or in part. We are told further that the breast milk can be greatly increased

by expression of the breast, carried out either manually or by the use of the ingeniously constructed electric breast pump; that even breasts completely dry may be by persistent use of these methods successfully coerced into producing a full and adequate supply for the baby's needs. One is almost led to hopefully dream of getting Pater to help out in an emergency. Unquestionably the best known galactagogue is the stimulation of the suckling of a strong and vigorous infant, and I am much inclined to think that even if we have the intelligent cooperation of a mother who has plenty of time to carry out the elaborate techniques laid down for our help by modern Science, that we shall be successful only in a few very weak and premature babies, who have not sufficient strength at first to suckle and if we can keep the breasts in any state of activity until the babies becomes stronger and learns their work better, all will be well. So I am forced to the belief that in spite of all our vaunted knowledge of dietetics, as applied to the nursing mother, whether helped out by cotton seed or malt extracts, whether given the great benefits of our modern knowledge of Endocrinology, that there will remain a fairly large proportion for some time longer of infants who will have to be fed artificially, unless wet nurses' dairies become more plentiful and the feeding of babies with milk from these more a la mode.

It is well to remember that however superior breast feeding may be over bottle feeding one may safely say that the hazard of artificial feeding has been of late years greatly reduced, no longer may we quote the old figures and say the breast fed baby has ten chances to one over the baby on the bottle, to survive the stormy period of infancy. If a mother does not desire to nurse her child, though her conduct is more or less open to criticism, she cannot be justly, as some would have us believe, classed with the criminal and branded as a murderess, because with intelligent care and the right advice the hand fed baby of to-day, can be, except in a very few instances, as congenital debility and prematurity, brought along apparently as well, perhaps even in some cases rather better, than the breast fed baby. This is said after careful comparisons extending over a period of not only the first and second years, but of the first five years at least of the child life.

No evidence has been adduced, as far as I can learn, that the milk of a healthy mother ever disagrees with her baby, or that the mother's health is in any way impaired by nursing. And I seriously doubt if either condition ever exists. We cannot tell the quality of a woman's milk by chemical analysis, the shortest experience of infant feeding will convince anyone of this, nor can we tell the quality of it by looking at it, either macroscopically or microscopically,—human milk especially the fore milk is thin and watery looking as compared with cows', our mental standard, and to say after looking at a few drops wrung from the breast by hand as is so often done by Grannies, both in and outside the Profession, that the milk is too thin to nourish, is of course pure piffle. The proof of the pudding is in the eating thereof. If we

say that the milk of a healthy mother who is not taking irritating drugs or foods, is always suitable and good for the baby, why do we find green, slimy, loose, and curdy stools so often? The answer is that the quality is not at fault but the quantity is. Though in about one case in a hundred, not more, the trouble is with the child who is not normal and requires much different management than the average baby.

So that in the vast majority of cases the baby is suffering either from too much or from too little food,—from underfeeding or from overfeeding, most often the former.

Underfeeding: the symptoms of the underfed child are often most deceptive to the inexperienced because many of these children are drowsy and quiet and spend most of the time sleeping. A few are peevish and fretful and more or less noisy but one does not see the howling, screaming, noisy infant from underfeeding that one does from overfeeding, which noise to the lay mind is unquestionable proof of hunger. The underfed baby is often for the most part quiet and its calmness reassures the parents into the belief that it is doing well and is receiving sufficient food. But it is only for a short time, soon the stools become loose green slimy and vomiting may occur, the weight becomes stationary or falls and then the food is said to disagree or to be poisonous or something; instead of endeavouring to increase the flow of milk and to supply the baby with supplemental feedings to make up the deficiency, the child is erroneously weaned.

Overfeeding: overfed babies are more noisy than the underfed, they have colic, and usually act in such a manner that to the ordinary observer they seem to be starving, they chew their hands, howl piteously and fairly wolf any food given them. They too soon develop loose greenish stools, the "grass green stools" or the "spinach green" stools of dyspepsia, which the overfeeding quickly produces. The treatment is to reduce the amount of food taken for a time until the baby and the breasts come to a harmonious understanding, which as a rule does not take long. The baby should not be weaned thinking the milk unsuitable.

The amount of literature at present on the artificial feeding of infants is colossal, and is being daily augmented; its vastness is to my way of thinking only equalled by its contradictoriness. Recall the allusions to the weird concoctions mentioned in the first part of these remarks. And the reading of infant feeding for the last twenty years is no less amazing. Every possible element of cows' milk and other articles of food used in the feeding of infants has been blamed for the difficulty in preparing a suitable cows' milk mixture for the infant only to be later cleared of all blame and extolled for previously unrecognized virtues. The curds for some years bore the brunt of the attack, all the trouble was due to the curds we were told, the thick coagulum formed by the digestants on the casein of the cows' milk was so firm and so tough that the stomach mechanically could not

manage it, could not break it up and pass it through the pylorus and, if by chance any did pass, these tough curds travelled down the gut causing colic and havoc as they went. This led to much diluted mixtures and to split protein feedings, made with whey, a short time and many vicious qualities were attributed to the whey and it was dropped. Then the cry went forth that the nitrogenous needs were not supplied and so more protein must be given; many great men came forth fearlessly and advocated whole milk feedings,—undiluted milk feedings to the infants who a few moments before were, not supposed to be able to handle anything but very much diluted milk. *Mirabile dictu.*

However, the difficulty was not overcome and so the fat content came under fire, it was considered highly erroneous to add cream to the mixtures, a practice almost universal before, and it was equally bad to use top milk in the preparation of the food, and rich creamy mixtures so highly fancied and said to be so necessary to cause a proper disposition of fat on the baby, were discarded and skimmed milk mixtures were loudly acclaimed. But still the difficulty held its head up, and the sugars were attacked, milk sugar or lactose was at once weighed and found wanting and had to go, cane sugar had a shorter shift and at present the pleasure of the Judge is for maltose dextrose group of sugars. Starch also was not neglected and was gone after in force, and was generally admitted to be the last word in unsuitability, Physiology came along and joined the mob declaring that there was no ferment to act on starch before the ninth month, later reducing the time to six months, and now we are advised in certain conditions to give babies of even a few days of age thick cereal mixtures, like the Scotsman's porridge. Not so very far off in composition the milk and pap mixtures of our mothers, I should think.

The difficulty was still as large as ever so the youngest member of the Specialities, the bio-chemist, was appealed to. And nothing daunted he came forward with the answer that the Ph. was the key to the whole trouble, and acid ions and buffer action was talked about until one got dizzy. And acid milk made from living bacteria, from acid lacticum, acid hydrochloricum, succus limonis, succus aurantii, and even the good old household vinegar appeared as the long wished panacea. But still unto the present day the difficulty exists, perhaps a wee bit overcome but almost as formidable as ever. The Roentgenologist and the Violet Ray Specialist have not come out openly against the difficulty so far, but are at present content to skirmish about the outskirts and to irradiate food stuffs, claiming to aid in the nourishment of infants towards the end of the first year and later,—but give them time. One objection to their work so far is that foods acted upon by their rays are for the most part rendered very unpalatable and the children frown on them severely.

In the face of all this it would be most unwise to formulate any set of rules as the last thing for infant feeding, but practical experience

and common sense are at times of no small assistance notwithstanding the ex cathedra utterances of the Intelligenza. I am going to be bold enough to state that well over 90% can be satisfactorily brought up on simple cows' milk dilutions with added sugar, provided that they have not received a previous food injury and provided that they are not subject of some chronic or subacute infection like syphilis, or the pyococcic organism. That they will thrive on simple cows' milk diluted and with the addition of some sugar, the preference at present being for the maltose dextrose group,—and farther that when fresh cows' milk cannot be obtained, that they will do equally well on a dried milk preparation, or on one of the evaporated milks. Of course with all of these the vitamins must be aided by orange juice and cod liver oil or one of the newer extracts or concentrates.

A healthy baby will take equal parts of milk and barley water boiled together for two or three minutes, with sugar added to bring the carbohydrate content up to 6 or 7%; or equal parts of thin barley water and milk may be used with added sugar. The barley water facilitates the division of the curds and may also contribute something of value because of its mineral content. It is not added for its food value of starch and seldom causes any indigestion as was once emphasized.

The quantity of the mixture should be such as to yield at least 45 calories for each pound of the baby's weight per day, which is the minimum for a well nourished baby. The calories can be easily calculated because an ounce of milk is 20 calories and an ounce of sugar 120. The protein requirement is usually satisfied by one gram of protein per pound per day, and as milk contains approximately one gram of protein per ounce, the required amount of milk the first few days will be one ounce per pound weight gradually increased to 1½ at two to three weeks, and to 2 ounces per pound weight by two to three months. This is the maximum amount required. The baby requires a relatively large amount of fluid for its metabolic activities, the amount varies considerably, but it is generally about 2 ounces per pound weight per day for the first few days and three ounces per pound after that up to a quart per day, beyond which it is never necessary to go in health. Additional calories are added in the form of sugar, usually maltose dextrose, up to 6 or 7%, this is easily remembered by adding one ounce to the daily food for the first few weeks and one and a half ounces per day thereafter.

In my experience lactic acid milk, made from either the cultures or the official acid offers no advantage over whole sweet milk in normal cases, but is of great value in certain abnormal cases, especially in acute and chronic indigestion, and the infectious diarrhoeas. The advantage of acid milk is at present explained by the neutralization of the buffer, by the acid.

In practical feeding I do not adhere to a rigid schedule, but vary the interval according to the size and vigor of the infant. And I believe that when one is treating a high strung nervous child, one

should know that it is to the detriment of the child as well as the mother if a rigid rule is attempted. These babies must be pampered freely. Hunger, thirst, and restlessness require the most rapid relief and sleep must be respected above all else. They should not be awakened for their feedings, nor should they be allowed to cry for hours to train them, such Spartan, or is it Teutonic, methods are fraught with disaster. Discipline must not be attempted. Many authors as Cameron and Pritchard stress the importance of feeding such infants when they are quiet and relaxed, preferably when asleep and even go so far as to give them chloral and bromide by mouth to make them drowsy before nursing. Handling should be done as little as possible. These cases are most trying where the mother is nervous or where an inexperienced nurse or Granny is forever fussing about the baby, fixing its clothing, giving it drinks, giving it enemata, turning its pillow and in innumerable ways trying to prove her worth or love for the dear pet. Keep these nervous infants as quiet as possible, keep them in a darkened room, no bright lights, no noises, no visitors. And if this is done it is surprising and most gratifying how often after a few weeks of this haphazard schedule, the baby will settle down and adopt an easy simple routine, with a much more stable nervous system, much better health and a much more contented household.

The Ross Memorial Hospital, Sydney, is progressing favorably in its new construction work. It is hoped to be able to receive patients in the very early summer.

An eight year stay in a general hospital was recently terminated when Death discharged Mr. Malcolm McKay of Dominion No. 6. He was 85 years of age and a patient in the Glace Bay General Hospital.

Flapper Fanny—"I'd like to try on that vieux rose frock in the window."

Saleslady—"Sorry, that's a lamp shade, but we'd be glad to copy it."

"She wouldn't be wearing furs like that if she wasn't good for nothing."

"And she wouldn't be wearing furs like that if she was bad for nothing."

"But auntie, why did the doctor bring me a baby sister when he knew I wanted a brother?"

"Why, dear, he happened to be out of boys."

"Well, I could have waited a few weeks."

The First Minute Book

DR. W. H. HATTIE, Dartmouth, N. S.

BY no means of imposing appearance is the first Minute Book of the Medical Society of Nova Scotia. It is a flimsy, paper-covered, rather scuffed "volume" of about sixty pages, of which the first twenty two pages relate to certain antecedents of the Society rather than to the Society itself. The minutes are distressingly incomplete, and an annoying characteristic is that many very important matters are mentioned only when first brought to the attention of the Society, so that their ultimate fate is not revealed. In the whole book, but a single paper dealing with a medical subject is mentioned. Many resolutions are recorded, which seemingly were productive of little result, but at least several of these are so delightfully phrased as to make one rather disgruntled with the clumsy way in which language is used in these latter days. It is rarely stated that "the minutes of the previous meeting were read," and on no occasion is it stated that they were "approved".

In what follows, the endeavour will be made to mention every matter of importance which came before the profession, not merely at the early meetings of the Provincial Society, but also at those which preceded its organization. It will be noted that meetings sometimes followed each other at intervals of but a few days, while at other times, months and occasionally years, elapsed without a single meeting.

The Medical Society of Nova Scotia may be said to be the outcome of a meeting of the medical practitioners of Halifax, which was convened at the Acadian School, October sixteenth, 1844. While this meeting was called for "the purpose of devising a plan of raising funds towards the establishment of a General Hospital in furtherance of the same object as proposed in 1841", the ultimate result proved much more wide reaching than was originally intended. This will become apparent as we proceed.

The incentive to this meeting in 1844, was the announcement of the then Mayor of Halifax, Honorable Hugh Bell, of the gift of his year's salary as mayor (£300) towards the erection of a lunatic asylum or other public charity. A committee composed of Doctors Hume, Hoffman, Grigor and Avery was appointed to wait on the Mayor, and, on the twenty-second of October, these gentlemen reported that Mr. Bell had agreed to apply his gift to a General Hospital provided that £2000 additional should be subscribed towards this object,

and that provision should be made in the proposed hospital for the accommodation of lunatics until a more suitable building could be erected for them. It was therefore resolved that a "requisition" be made to the Sheriff to call a public meeting for the consideration of the proposal, and the following form of "requisition" was agreed upon:

PUBLIC HOSPITAL.

"We, the undersigned, believing that in this large commercial community the necessity for some Asylum or Hospital besides the common Poorhouse is so apparent that an effort to supply the deficiency is urgently demanded by the strongest considerations connected with humanity and the social tie which unites man to man respectfully request that you will call a Public Meeting at an early date for the purpose of bringing the subject of a General Provincial Hospital under discussion. It is hoped that in a matter possessing such general and deep interest, all persons who may be disposed to give their support and advice will endeavour to be present."

Four days later, on October twenty-sixth, 1844, the physicians of Halifax again met at the Acadian School to consider what reply should be made to a letter addressed to them by the Mayor requesting "their opinion on a question connected with the public health." But before considering this letter they formed themselves into the Medical Society of Halifax, of which Dr. Robert Hume was elected President, and Dr. Cogswell, Secretary.

The first official action of this newly constituted society is of sufficient interest to warrant reference. The Mayor had received a letter from the church wardens of St. Paul's relative to a proposal to remove bodies from St. Paul's burying ground to a new cemetery, and he desired the advice of the profession in the matter. The president submitted the following: "It is decidedly the opinion of all medical men who have turned their attention to the subject of removing bodies from graves that it is frequently attended with great danger to those immediately employed. Many instances are recorded by medical men of undoubted veracity of the dreadful effects caused by the putrid exhalations arising from the exhumation of dead bodies in a partial state of decomposition. Mons. Fourcroy, the celebrated French chemist, who was appointed by the French Government to superintend extensive exhumations, states that it caused "Vertigo faintness and nausea to those at a certain distance and, when the object of the action was near, asphyxia and death frequently occurred."

After discussion, it was "Resolved that there are sufficient reasons to warrant an expression of our disapproval with regard to the proposed exhumations, instances of fatal accidents and epidemic diseases being recorded which in our opinion render it inexpedient to permit the practice to be unnecessarily repeated."

To this resolution, Dr. W. J. Almon offered strong dissent, and, on being refused permission to affix his protest to the document in-

tended for the mayor, he promptly requested that his name be withdrawn from the list of the society. Even at this early stage in the history of medical organization in Halifax, therefore, did opinions clash in the matter of the public health. But Dr. Almon's name continues to appear in the minutes of the Society, although it is not stated that he was refused the privilege to withdraw.

The next meeting of the Society was held March fifth, 1845, having been called to discuss the advisability of requesting the Legislature to legalize dissection, but it was decided that it would be unwise to proceed with so delicate a subject.

Evidently no satisfactory progress was being made in respect of a hospital, as the minute book of the Society contains no reference to the subject until January seventeenth, 1846, it is recorded that a resolution was then passed that the public generally be appealed to "to establish an efficient public visiting Dispensary on an enlarged and liberal footing," and that a committee be appointed to memorialize the Government and Assembly "on the necessity of the whole Province". In connection with the Dispensary, it was proposed that "a medical library and reading room be attached to it, and copies of standard medical periodicals regularly imported." A committee was appointed to collect data and prepare a petition, which reported four days later, when another committee was appointed to wait upon the Governor and bring the subject of the hospital before the Legislature.

On April twenty-fourth, 1846 (?) a meeting was called to protest against the "interference of the army medical men in the city practice," but on account of the small attendance, nothing was done.

There is no record of another meeting until June twentieth, 1849, when decision was reached relative to action at a public meeting in the interests of a hospital, "called by the mayor for Friday next."

The next meeting was held April fourth, 1851, to "consider what steps should be taken in consequence of the death of Dr. Hoffman." It was decided that the Society should attend the funeral in a body, and wear "crepe" for a month. Following this came a "special meeting" on April twenty-seventh, 1853, when appropriate action was taken in connection with the death of Dr. Robert Hume, who had been the President of the Society from its inception. It was decided that the members should attend the funeral in a body and wear mourning for a month. To his son, Dr. James C. Hume, who had succeeded Dr. Cogswell as Secretary, the following communication was addressed:

Secretary of the Halifax Medical Society.

Dear Sir:

The Medical Society of Halifax beg leave to offer you their sympathy in the loss you have just sustained in the death of the aged and respected head of your family.

To know that others participate in a common loss is always grateful to the feelings. We therefore beg to inform you that as a Society we have lost a President who ever presided with simple dignity and

gravity—as professional men we have lost that counsel which a strong and ready mind, careful education, and great experience ever extended to us, and as individuals we have each of us lost a kind, benevolent, and sympathizing friend.

(Signed)

W. GRIGOR, V. P.
 JAMES F. AVERY
 F. W. MORRIS
 A. J. SAWERS
 J. BERNARD GILPIN
 R. J. BLACK
 WM. J. ALMON

ALEX. C. MITCHELL
 J. W. R. DEWOLF
 ED. JENNINGS
 D. MCN. PARKER
 JAMES ALLEN
 WILLIAM GRIGOR, Junior
 JOHN T. H. SLAYTER

Halifax, April 30, 1853.

At an adjourned meeting held May seventh, 1853, Dr. W. Grigor, was elected President, Dr. A. F. Sawers, Vice-President, and Dr. J. R. DeWolf, Secretary, and a Committee was appointed "to revise the rules and by laws and to take into consideration the improper treatment of the medical bills presented of late years to the Legislature."

A meeting called for June twentieth, 1853, "in reference to the medical appointment about to be made to the Lunatic Asylum," adjourned without consideration of this matter because of the death that morning of the recently elected Vice-President, Dr. Sawers. The Society attended Dr. Sawers' funeral "in a body", and wore mourning for a month. On June twenty-seventh, Dr. W. J. Almon was elected to the vacancy caused by the death of Dr. Sawers.

Not until March fifteenth, 1854, did the matter of improper treatment by the Legislature again have consideration, when it was decided that the only hope of securing justice lay in "an union of the profession throughout the province". At this meeting Dr. Johnston, of Pictou, and Dr. Steverman, of Lunenburg, were present. On motion of Dr. D. McN. Parker and Dr. Steverman, it was resolved.

"That it is expedient for the members of the profession in this province to organize themselves into an association for scientific and professional purposes and for their mutual protection, and that every regularly qualified medical practitioner in Nova Scotia be invited to join the Association."

A draft of Rules and Bylaws for the proposed provincial association was considered March 17th, 1854, and again—"at the Chess Room in Prince Street"—on March twenty-second, and on April third the following circular was addressed to the medical men of the province:

Halifax, N. S., April 3, 1854.

Sir:

At a Meeting of the Medical men of Halifax and some of the adjacent Counties, held in this City on the 22nd Ultimo, an Association

was formed, entitled the MEDICAL SOCIETY OF NOVA SCOTIA.

The following are the objects contemplated:-

1. To effect a Union of all the duly qualified Practitioners in the Province.
2. To obtain a Charter of Incorporation, and other Legislative enactments.
3. To ensure for Medical men a just remuneration for their public services from the Legislature.
4. By all available means to prevent illegal practice in this Province.
5. To register the qualifications and publish an annual list of Members, with their honorary appointments.
6. To hold Monthly meetings for the discussion of Scientific and other subjects pertaining to the Profession, for the transaction of business, and to promote harmony and good feeling amongst its Members.
7. To have an Annual Meeting or Conference (the first to be held in Halifax) for the election of Officers, and for amending or adding to the Rules and By-laws if deemed necessary.

At these Meetings Members throughout the Province are invited to contribute information for the general good, and to take part in the proceedings by proxy, when not able to attend personally. A small annual payment, say of five shillings from Members resident in the County, and twenty shillings from Town Members, will be necessary to defray the incidental expenses of the Society.

If desirous of joining the Society, please forward your address "within the ensuing Month," stating when and at what College you obtained your Degree of Diploma, and whether you hold any Provincial appointment. A copy of the Rules and By-laws will then be sent for your concurrence, and any further information you may require.

It is considered desirable that BRANCH SOCIETIES should be organized in different parts of the Province, each governed by its own By-laws, and yet in connection with the General Association. On this, or any other matter relating to our present movement, the Society, respectfully solicits your opinion, and desires your active co-operation.

Will you be kind enough to forward the names of all the Medical Gentlemen in your district, and also of any that may be engaged in irregular practice.

I am, Sir,

Your very obed't Servent,

JAMES RATCHFORD DEWOLF, M. D.

Secretary.

This circular was sent out to ninety-eight medical men who were known to be practicing at that time in the province. Doubtless most of the names were obtained from the office of the Provincial Secretary,

who at this time kept a book in which was copied "verbatim" the diploma held by each applicant for registration. Seemingly, however, all practitioners were not thus registered, inasmuch as several names well known in the profession were suggested by members present at the meeting. The Provincial Medical Board was established several years later. It is recorded that on July fifth, 1854, a meeting of the society was held at which members were requested to pay their annual dues, and that the first to respond was Dr. W. B. Slayter. The dues at this time were 20 shillings for city members. Replies had been received from many of those to whom the circular relative to a provincial society had been sent, the general tenor of which was strongly in favor of the proposal. Two or three days subsequently another meeting was held at which constitution and by-laws were read, adopted, and ordered to be printed, and at which also a tariff of fees for the Halifax branch of the Society was adopted.

At the next meeting, on the first of August, the Society was asked to advise the Board of Health relative to measures to be adopted in the event of Asiatic Cholera being introduced into the city. A hospital was recommended, and the appointment of district or ward surgeons, and it was decided that the salary of members of the society who might be appointed to the hospital, should not be less than three pounds per diem. while ward or district physicians should be paid not less than three guineas per day.

Although the minutes do not make the point clear it would seem that a general annual meeting of the society was called to meet at Halifax during the time of the Industrial Exhibition in October, and that it was advertised the sessions would be adjourned from time to time so that plenty opportunity would be given to see the Exhibition. The first session was to be held in the office of the Board of Revenue, on October, fifth, 1854, at 10.00 o'clock A. M. Seemingly the Exhibition was being opened at the same time, and a number of medical men were refused admission to the Revenue Office. Consequently the meeting was adjourned until three o'clock at the residence of Dr. Allen, Hollis Street. Those present on this occasion were:

HON. W. GRIGOR	DR. JENNINGS
DR. ALMON	DR. DEWOLF
DR. WILLIAM DENNISON	DR. PARKER
DR. BENT	DR. ALLEN
DR. MORRIS	DR. SLAYTER
DR. MITCHELL	DR. CREAMER

Represented by proxy were:

DR. JACOBS	DR. FORREST
DR. MADDEN	DR. FOX
DR. SAMUEL DENNISON	DR. LANE
DR. JAMES DENNISON	DR. S. MITCHELL
DR. JOHNSTONE	DR. LEYDEN
DR. LESLIE	

The election of officers resulted in the Honorable Dr. Grigor being elected to the Presidency. Dr. Almon was elected First Vice-President, Dr. MacDonald, of Antigonish, Second Vice-President; Dr. Parker, Treasurer; and Dr. DeWolf, Secretary. (Doctors Grigor and DeWolf carried over their respective offices from the Halifax Medical Society to the Medical Society of Nova Scotia.)

Other sessions of this meeting were held on October fifth, sixth, seventh, ninth, tenth, and eleventh, the attendance at which varied, but one or other of these sessions was attended by one or more of the following, who were not present at the first session: Doctors: Simpson, Black, Molloy, Elliott, Steverman, Kiiby, Crane, W. E. Grigor.

It will thus be seen that the first annual meeting of the Society extended over a week, with, however, but a single session each day, and that usually of short duration. Matters of professional organization discipline, and etiquette absorbed most of the time. There is record of only a single scientific paper which dealt with placenta praevia, and was read by Dr. Dennison of Newport.

At a quarterly meeting of the Society, held November first, 1854, it is interesting to note that the Society determined to ask the Halifax newspapers to appropriate gratuitously each week, a column for medical information, and that a committee composed of Doctors Jennings, Allen and Crane, was appointed to edit this column in the event of a favourable reply. Seemingly, the reply was favourable, because some months later, when a member of the Society doubted the desirability of continuing the publication of the column, a motion that the publication be discontinued was lost by a large majority.

At a decision to have the Society incorporated having been reached, the Council proceeded to have an Act of Incorporation drawn up, and the Honorable Dr. Grigor was appointed to introduce the Bill relative to this Act in the Legislative Council, while John Esson was given a similar commission in the House of Assembly.

There was a special meeting of the Society convened January twentieth, 1855, when a proposal that the Medical Society should interest itself in a scheme to establish a dispensary in the city of Halifax was considered, a motion that a committee be appointed to prepare a prospectus was voted down. At a quarterly meeting held February first, the matter was again brought up, but seemingly no decision was reached. At this meeting, however, which is the last reported in the first minute book, another effort to have the publication of the medical news in the lay press discontinued was defeated, and the publishers of the "Acadian Recorder" were "thanked for their kindness in devoting a column weekly to medical literature."

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VOL. VIII.

MARCH 1929

No. 3

Annual Membership.

THE Editorial Board during January and February have been very busy over many things. Besides Dr. Murphy has been somewhat under the weather to such an extent that Mrs. Murphy has finally succeeded in getting him to accompany her on the increasingly popular trip to the West Indies. They sail early in March, taking about four weeks, one of which will be spent in Trinidad. All BULLETIN readers will wish them bon voyage.

It therefore devolves upon the Secretary to the Board to make a contribution to this page of the BULLETIN. To this he has no objection, but as he always has to talk shop,—the Medical Society Business,—he has never been able to show that artistic and literary ability that has been very characteristic of our Editorial contributions. This note must also be on the same line. With these explanations and apologies we present our text,—the 1929 Annual Membership Fee.

About the time this issue of the BULLETIN reaches you the Royal Bank of Canada will be asking you to make this membership effective for 1929 by presenting the usual draft for your acceptance and payment. We have inquired how other societies collect annual fees and we have consulted bank managers and accountants as to methods. The conclusion is definite that our method in 1928 is the best yet employed. In any case it gave us the largest paid membership in our history and the highest percentage of any state or provincial voluntary medical society membership in the world.

The only weak spot in our method is the careless or thoughtless physician. His draft or notice gets covered up on his generally littered

desk and he forgets all about it, at least he says, 'he forgot'. One year a belated membership fee came from a physician's wife who said she was away when the draft came and it had been returned before she got back on the job of looking after her husband's business affairs. Perhaps we would have still more members if more doctors made their wives their business managers as they are in other things. This reminds us of an estate of a medical man probated some time ago in the vicinity of \$300,000, his wife having always been his business manager. Many interesting instances could be related along this line but they can hardly be made public.

But if this suggestion does not appeal to most doctors for very obvious reasons, why not make your banker your business manager? Prepare for him quarterly, half-yearly or yearly a statement of the accounts owing to you and have him collect them for you. His knowledge of your business may come in handy some time when you want an advance to take a post graduate course or build a new house.

The point we are reaching is to say that of all men the doctor should never be careless about his business affairs and he should not be indifferent to the collection of fees. The same principle applies to the Medical Society of Nova Scotia. If we are to maintain our high standard for successful organization in this Dominion we must endeavor to have every doctor in the Province an active member. Every doctor should be in a position to attend the post graduate lectures that are possible each year because of our connection with the Canadian Medical Association. For the year ending September 30th, 1928, in Nova Scotia we had 9 speakers who gave 31 addresses to 680 doctors at a cost to the C. M. A., (through the Sun Life), of \$1,844.02. While membership in a local society will entitle a local doctor to attend these lectures, in Nova Scotia we are too independent to accept our education this way. May we add just this further word that the community is very doubtful of the doctor who says he does not attend meetings of the Medical Society of Nova Scotia, the excuse of being too busy does not always work.

We have reached the *Three Hundred Mark*, let 1929 show a further advance.

S. L. W.

The Secretary needs seven copies of the January 1928 BULLETIN and seven copies of the September issue. If any one will send both numbers, who also sent a June number, we will mail you *free* a bound copy of 1928.

Correspondence

TO THE EDITOR OF THE BULLETIN,

Dear Sir:—

Reading in your last issue of the BULLETIN the Homeopathic episode related by Dr. McIntosh of Pugwash, I am reminded of a story told me many years ago, in the days of our first coming to Yarmouth when, perhaps not quite the Beau Brummel so facetiously described by Dr. Webster, silk hat and Prince Algert Coats not being the vogue with the then resident doctors, his adherence to both, did no doubt render Dr. Perrin rather distinctive,—The former certainly gained for him the startling salutation, upon occasions of, “good morn-ing ye’re riverence”, and “Yes Father”, in answer to an enquiry, once in Digby and again upon landing in Boston; wayside laborers, evidently mistaking him, from the peculiar style of hat, in some places effected by reverend fathers of the Church of Rome, for one of them. How in their minds, they accounted for the bit of femininity with him I had no means of knowing. From the old Homeopath whom we found es-tablished here I think the title fixed upon him of “Medicine Hat” emanated. All in a kindly friendly way of course, Dr. Perrin, having met the old fellow before and thinking it no loss of allopathic prestige to renew his acquaintance with him, and treat him with the respect, which his age, and evident sincere belief in his little family medicated pellets and their curative effect called for. For which, unexpected kindness he seemed always grateful, and appreciative, and showed a fine regard for Dr. Perrin. Many no doubt in Yarmouth, will re-member Dr. Davis, the Homeopath, as well as throughout the province, and the nasal twang, which betrayed the particular State in the U. S. A. from which he came. He was rather a wag, and an interesting person-ality. How much he was entitled to the prefix “Dr.” I do not know, but probably as much as many who bear it in almost every known calling in these days. To at all preserve the dignity of the medical profession it begins to look as though it would be the part of wisdom to repudiate it altogether, and if anything can be more ridiculous than Mrs. (Dr) so and so, Mrs. (Major), Mrs. (Lawyer) etc., I should like to know what it is. Well, Dr. Davis had a case, which did not respond to his little pellets. That of a man badly burned. So one of our regulars was called in, and not to offend the first, his services were also retained, as doing no harm at all events. Upon the occasion of the regular’s first visit, whose name being perpetuated in your Society, would be familiar, he picked up the little bottle of white pellets, emptied some into the palm of his hand, and to show the patient his supreme allopathic scorn, sat ruminatively eating them. When next the Homeo-

path visited his patient, and was told this, with the natural comments upon the harmlessness of his medicine, "eat my medicine will he" Dr. Davis snarled, and took the bottle away with him. Having generously medicated pellets with podophyllin, he placed the same bottle in the same place, where finding it, and with a penchant for sweets, evidently a second contemptuous raid was made upon the innocent looking pellets. Not being a party to this performance, the patient was left to ponder why Dr. — so delayed his coming next day. If my story answers as supplementary to that of Dr. McIntosh, it also shows that the subject of it was not as fortunate as he. Upon another occasion, finding himself in one of our outlying villages where there was not, as there would be today a resident physician, Dr. Davis was besought to attend an emergency mid-wifery case. "Oh no, that was not in his line at all, and he couldn't think of it," he said. However, the need was so urgent, that at last, he decided to do the best he could. Asked afterward how he got along, and how matters were progressing, "Wal" he drawled, "the child was still born, and the woman is dead, but I think with the help of God, I'll be able to pull the old man thru." Stories vouched for, and told me by my husband long years ago! And many another not of Homeopathic colour or texture either. What a book of fifty years of any doctor's life and practice could be written. Every chapter a fresh event! Oh! the commingled tragedy and comedy too of it all! The tears and laughter and the responsibility, and the father confessor he must needs be! Dr. Perrin sends greeting to you all, and if you chanced to read the beautiful quotation from I. C. R.'s letter in the Saturday Halifax Herald of a few weeks ago, begs leave to say especially to the younger members of the Society that it is for them his wish that they face life with courage repeating for them, the same words,

"Life though it be a flower unblown,
A book unread,
A tree with fruit unharvested,
A path untrod."

I have the honor to be,

Respectfully yours,

MARY IDA PERRIN.

Yarmouth, N. S.

Dear Doctor Murphy,—

I returned Friday afternoon from a delightful three days in Halifax. You men in Halifax who arranged such a treat as the Refresher Course and all the concurrent celebrations are to be congratulated on the success of the undertaking, as well as thanked for the helpful and stimulating effect the whole thing has had on us fellows in the country.

I enclose something for possible use in the BULLETIN. It is pretty long, I fear. If you don't use it please send me back the MS as I have not before brought these cases together, and have been interested myself in seeing the percentages of "cured", benefited, etc.

I noticed by today's Herald that Dr. Morris Fishbein, Editor of the Journal of the A. M. A., and of Hygeia, states that no vaccine is of use in preventing common colds, etc. With this I beg to differ most decidedly, and if you publish the enclosed I warn you that I may at some future date plague you with some case reports of colds, bronchitis, etc., which have been cured by vaccine, and some of which have been free in an unaccustomed way from further trouble for a long time after.

Yours truly,

(Signed). K. A. BAIRD.

Appreciates February BULLETIN. Under date of February 18th, Mr. G. Fred Pearson, Chairman, Board of Governors of Dalhousie University, writes the BULLETIN Secretary as follows:

"May I offer you my congratulations upon the very excellent Dalhousie Medical College Number of the NOVA SCOTIA MEDICAL BULLETIN, which I have just received.

I have not had time to peruse it, but have glanced through it, and know what a labour it has been and how much credit is due to you for the outcome."

Dr. C. G. Marsters of Bass River, leaves early in March for Midway, the Pacific Cable Station of the Commercial Cable Company. His contract begins April 1st, and continues at least one year. Dr. Donald Chisholm of Halifax, Dalhousie 1927, has finished his year with the Company and is entering the Vancouver General Hospital as interne

Two very interesting short articles from the facile pen of Dr. W. H. Hattie appear in the February C. M. A. Journal. In one he traces the conditions which finally led to the adoption of a sensible Anatomy Act. In the other he briefly indicates the action of the Earl of Dalhousie which finally resulted in the founding of the University.

Dr. S. S. Smith, New Glasgow, has recently returned from the Mayo Clinic where he was doing special work.

Dr. T. H. Smith of North Sydney, accompanied by his daughter, went to New York for a visit on February 19th, 1929.

District Militia Orders, M. D. No. 6, note that Dr. S. H. Keshen of Halifax, Lieut. C. A. M. C., has been granted his Captain's Certificate in No. 22 Field Ambulance

With Our Advertisers

THE BULLETIN, through the several medical men interested in publication, receives all the advertising literature that goes to the medical practitioners in this Province. Some of this literature must be regarded of doubtful value and perhaps a word of warning may not be out of place. Our own advertising is, in our opinion, of the most reliable character and should have the full confidence of all the members of our profession.

But is it not the part of our official journal to utter a word of warning if we do not concur fully with the advertising literature distributed by mail by every one with any thing or idea to sell. Thus we are impelled to believe that the advertising literature of the Laboratories Dausse (founded in 1834) 4, 6 et 8, Rue Aubroit, Paris, of Serodausse (an antitoxisenile) had better for the present go at once into the waste basket.

French Pharmacy and Pharmaceuticals.

For the last three centuries, French pharmacy has occupied a most prominent place, not only in pharmaceutical science, but also in the general field of chemistry. It is largely responsible for the gradual recognition of pharmacy as an independent profession and a science with disciplines of its own.

French pharmacists of to-day have necessarily felt the influence of this tradition and favorable scientific atmosphere. It is generally conceded that for true scientific worth, no class of pharmaceuticals is superior to those of French origin. There is a pride, a sense of integrity and a consistent regard for reputation shown in the work of the French pharmacist that constantly insures quality and uniformity.

Among the latest discoveries of the French pharmacy is the powerful diuretic *Neptal* (440-B) which is the Hydroxymercuripropanolamid of orthoacetyloxybenzoic acid. This formula has been established by E. Fourneau of the "Institut Pasteur", the product being manufactured and offered to the Medical Profession by "Les Etablissements Poulenc Freres" of Paris.

It is a definite chemical compound for intramuscular use, producing prompt and abundant diuresis. Remarkable results have been obtained with this preparation where all other known diuretics have

failed in peripheral and visceral oedemas in renal affections and cardiac insufficiencies; ascites of hepatic origin, hydrothorax, chronic bronchitis accompanied by retention of chlorides, etc. NEPTAL is administered intramuscularly, the average dose being from 1 c.c. to $1\frac{1}{2}$ c.c. weekly; the only failures recorded have been upon feverish or exceedingly enfeebled patients.

ROUGIER FRERES.

Council Accepts Optochin.

In compliance with the request of the Council on Pharmacy and Chemistry the name "Numoquin" has been changed to "Optochin".

Optochin is used not only in the treatment of pneumonia but also in such conditions as pneumococcic meningitis and pneumococcic serpiginous ulcers. In the treatment of pneumonia it is administered by mouth.

The theory upon which the treatment of pneumonia with Optochin Base is founded has evolved from the results obtained by a large number of investigators, and is outlined as follows:

The maximum bactericidal power of the remedy must be maintained continuously for a definite period—1 to 3 days—employing the minimum quantity of the remedy necessary for the purpose. It was found in practice that, provided Optochin Base is used, and given in doses of 4 grains every 5 hours, day and night, and further, provided the treatment is begun within 24 hours, or at least not later than the second after the onset of the disease, the results are all that could be wished. The fever abates rapidly, the course of the disease is shortened and rendered milder, and the patients experience a sensation of euphoria, while the appetite and general condition improve.

The base is used because, being practically insoluble in water, it is but slowly taken up into the blood circulation. With every dose of Optochin Base about 5 ounces of milk are given. The milk prevents the too rapid formation of the more soluble Optochin Hydrochloride by the action of the hydrochloric acid secreted and thus assists in maintaining a uniform optimum concentration of the remedy in the blood. No other food or drink is given during the 3 days' treatment.

MERCK & Co.

Medical Research Prize.

For his work in an investigation of the ductless glands and particularly in his isolation of pituitary hormones Dr. Oliver Kamm, director of chemical research of Parke, Davis & Company, manufacturing chemists, has been awarded the \$1,000 prize by the American Association for the Advancement of Science for the "most noteworthy contribution to science presented at the annual meeting."

Some 2,000 scientists delivered addresses at this meeting, which was held in New York. The award was announced on January 2 by Dr. Henry Fairfield Osborn, president of the Association.

The isolation of the two hormones from the posterior lobe of the pituitary gland, as revealed by Dr. Kamm, is held by chemical scientists to be equal in importance to the isolation of insulin and the discovery of adrenalin.

Dr. Kamm isolated the alpha and beta hormones of the posterior pituitary after twelve years work in the Parke-Davis Research Laboratories. This, incidentally, is the first time that anyone has demonstrated that one gland might contain more than one hormone.

The alpha hormone is the so-called oxytocic principle. The beta hormone is the blood-pressure-raising principle. Dr. Kamm also showed definitely that the beta hormone has the power of controlling the excessive output of water. His paper before the American Association for the Advancement of Science showed that it has been a mistake to refer to the so-called "renal activity" of pituitary extracts.

The beta hormone does not act upon the kidneys, but controls the utilization of water by the individual tissues of the body.

The usefulness of this beta hormone is now under investigation in diseases characterized by excessive loss of water, such as diabetes insipidus, burns, cholera, other infectious diseases, and surgical shock.

Dr. Kamm points out in his prize-winning paper that much depends upon the ability of the body tissues to retain and utilize water. He said:

"The dangerous symptoms following surgical anesthesia are due mainly to the dehydration of tissues, and the use of beta hormone prevents such desiccation.

"Following extensive body burns, it has been thought that death results from the absorption of toxins. According to the newer view, however, it may be the result of the desiccation of the body tissues. In such cases, if this were true, the use of a drug like the beta hormone might possibly save life by favoring the retention of water in the tissues. It is conceivable that something quite startling might flow from this idea in cases of serious burns.

"Water-intoxication, with its alarming symptoms leading even to unconsciousness, is very rare. The other extreme, that of water-poverty, is rather more common, and is characterized by extreme thirst and excessive elimination of water. This condition, known clinically as diabetes insipidus, is relieved at least temporarily by pituitary extract, and it has just been found that the beta hormone possesses this remarkable action.

"Although other factors are also involved, it appears that proper hydration is needed for the growth of tissues. In this respect, few of us are absolutely normal. We find that some individuals are extremely sensitive to the action of the beta hormone—they are the 'physiological wets'; while others readily return to normal after administration of the hormone—they are the 'physiological dries'.

"It has just been observed that the fleshy type of individual is almost invariably of the wet type, whereas the slender, scrawny person is usually a dry. The suggestion is therefore made that we have here possibly one of the important explanations as to why the former is fleshy and why the latter fails to gain weight readily in spite of an excessive intake of food and water. It is apparent that the portly person who is desirous of reducing must cut down on his liquid intake, as well as on his intake of solid food. As for the scrawny person, gland therapy may possibly be indicated, but here the work still is in the investigative stage and conclusions cannot be drawn.

"Only a very few grams of highly purified alpha and beta hormones are as yet available. Commercially they are known as pitocin and pitressin, respectively. Although the Parke-Davis Research Laboratories use the methods of micro-analysis, a single laboratory experiment requires the pituitary glands of 50,000 cattle."

In prefacing his address, Dr. Kamm told the American Association for the Advancement of Science, that:

"Man is on the threshold of a great chemical era. As the number of products derived directly from nature is decreasing, the field of synthetic possibilities is continually increasing, and as a result the possibility of producing new or related drugs will continually increase."

Doctor:—

What a relief to know that
there are druggists who do
not substitute.

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34½ MORRIS STREET
103 YOUNG STREET

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Cor. QUINPOOL RD. and OXFORD STREET

HALIFAX and BEDFORD

OBITUARY

DANIEL OLIVER SAUNDERS, M. D., Harvard, 1869, Bridgetown.

The *Bulletin* is indebted to the *Bridgetown Monitor* for the following:—

"The death occurred at West Clarence on Thursday, 24th of Dr. D. O. Saunders, following a brief attack of influenza. The deceased was born at Clarence West, May 14th 1837 of Loyalist stock, a son of the late Oliver and Maria (Barnaby) Saunders. He received his early education in the Annapolis schools, also Normal College, Truro, following which he taught school, successfully for a number of years in various parts of Annapolis County. Subsequently, he attended the Medical School of Cambridge, graduating from Harvard University in 1869.

He began the practice of his profession at Caledonia, Queens County, removing from there to LaHave, where for years he enjoyed a lucrative practice on both sides of the LaHave River, and where, still, his sympathetic services are gratefully remembered by many of the older inhabitants. Leaving Conquerall Bank in 1903, Dr. Saunders removed to his old home at Clarence, where he resided until his demise.

Surviving him are his widow, formerly Miss Annie McKean, of Conquerall Bank; four sons—Charles O. of Granville Ferry; Lamont, of Clarence; Dr. Reginald McG., of Lunenburg; and Otto M., of Foot-hills, Alta.

The funeral took place on Friday afternoon, the services being conducted by Revs. L. E. Ackland and B. J. Warr, with interment in Riverside Cemetery, Bridgetown."

In recognition of his long and creditable record of medical practice he was made an Honorary Member of the Medical Society of Nova Scotia at its Annual Meeting in 1925. To his widow and his son, Dr. R. McG. Saunders, Lunenburg, the BULLETIN extends sincere sympathy.

At the Waverley Hotel, Halifax, there recently passed peacefully away Mrs. Mary Finn. She was a daughter of the late Dominick Farrell and mother of the late Dr. William D. Finn, of Halifax, who died four years ago.

On February 2nd Mr. Joseph Blackett, a man well known in Cape Breton, New Glasgow and Halifax, passed away in the Aberdeen Hospital after a lengthy illness. He was identified with the Caledonia

Coal Company in Glace Bay, then with the Dominion Coal Company. He was Auditor for that Company and the Dominion Iron and Steel for a number of years. He was in Halifax as Comptroller of the Halifax Tram Company and later Treasurer for the Nova Scotia Tram and Power Company. Dr. A. E. Blackett of New Glasgow, is a son of the deceased and to him the BULLETIN extends sincere sympathy.

Frances E. Allen passed away January 22nd at Hantsport. For the past six years she has resided with her sister Mrs. Pollard, wife of Dr. J. Ellery Pollard of Hantsport.

The death occurred at Noel, Hants County, on February 12th, of Austin E. O'Brien, the last remaining member of a firm of former well known ship builders. He was a prominent citizen, for the past ten years Post Master and was 60 years of age. Dr. R. F. O'Brien of Halifax, is a brother of the deceased and Dr. M. A. O'Brien of Noel a nephew also Dr. H. D. O'Brien of Halifax.

Any history of Kings County, or the Valley Branch of the Medical Society of Nova Scotia, would be incomplete without more than a passing reference to one of its medical pioneers, Dr. C. C. Hamilton of Cunard. His life and work is recalled by the death at Regina on February 14th, 1929, of his daughter, Mrs. Robert L. Rand, at the advanced age of 88 years. Until a few years ago she resided in Canard and Wolfville, when, owing to failing sight she made her home with her daughter, Mrs. Strothard of Regina.

St. Martha's Hospital, Antigonish, a most modern and fully equipped 100 bed hospital, recently had a hospital day of 120 patients. When one considers that Antigonish is a town of less than 2000 persons; that the population of the Counties of Antigonish and Guysboro are among the smallest in the Province, altho of considerable area, one is convinced of the evident appreciation of the country people of the advantages of a local hospital. St. Martha's is to be congratulated upon the work it is doing

The vacancy on the staff of St. Joseph's Hospital, Glace Bay, caused by the death of the late Dr. M. T. Sullivan, has been temporarily filled by the appointment of Dr. Eric McDonald of Reserve, a Graduate of Dalhousie in 1922.

Locals and Personals

While medical appointments such as local Health Officers, Jail Physicians, etc., are made yearly there are bound to be from time to time some dismissals or appointments that do not meet with general favor. At the same time there may be appointments made of medical men to these insufficiently paid positions which do not even appeal to the appointee himself. We note Dr. D. A. MacLeod, of Sydney, has declined the appointment of jail physician. Attention is further called to the fact that after many years of service Dr. A. S. Kendall, a veteran Health Officer has been dropped from the service by the Municipal Council of Cape Breton County. Some of the Lodges of the U. M. W. resented the dropping of Dr. Kendall and the Reserve local passed a very strongly worded Resolution in the matter which was given full publicity in the local press.

After very considerable discussion an X-ray equipment has been installed in the City Hospital, Sydney, and is now being used to very considerable advantage.

Canada's farthest North doctor is located at Ile a la Crosse, Saskatchewan. He is not only the farthest north doctor but has the largest territory of any doctor in Canada, extending to the North Pole. A hospital has been opened for about a year at this point.

The doctor in this extensive field is G. F. Amyot, a son of Dr. J. A. Amyot, Ottawa. It may be recalled by some that Dr. Amyot's wife is Katherine A. MacDonald, a daughter of Dr. and Mrs. Dan MacDonald, North Sydney.

We notice from the public press from time to time that certain smaller towns have differences of opinion regarding the administration of the health nursing service. We feel that the time has come that this service should not be subjected to the local differences of opinion that may develop in a small town. Whether the nursing service is purely educational or solely bedside or a combined service; whether, under the direction of the V. O. N., the Red Cross or the Public Health Department, it appears to us quite obvious that the general supervision of this absolutely necessary service ought to be a part of the duty of the Department of Public Health in this Province.

Dr. James J. Carroll, Dal. 1924, Grand Falls, Newfoundland, recently has been on vacation with his family and friends in Nova Scotia.

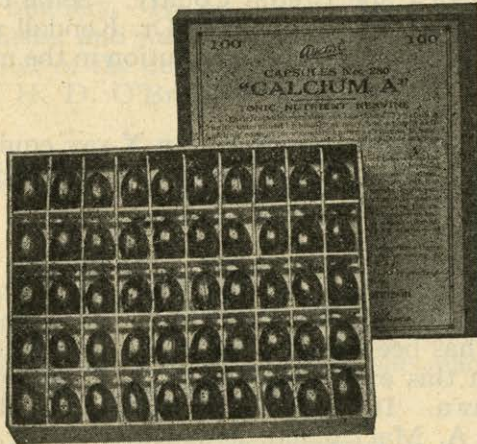
Ayerst

“CALCIUM A”
 as an
ANTI-INFECTIVE AGENT

“It is, in fact, difficult to avoid the conclusion that an important, and probably the chief function of Vitamin A from a practical standpoint is as an anti-infective agent, and that a large number of common infective conditions are due to the deficiency of this substance in the diet of many people.”

See page 691, B.M.A.J., Oct. 20, 1928

Calcium
 and
 Phosphorous
 Salts
 with
 Vitamins A and D
 in
 Biologically tested
 Cod Liver Oil



Each Capsule
 supplies
 the
 Vitamin A content
 of
 Two teaspoonfuls
 of
 Average Medicinal
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CANADA

Nine Medical Colleges in the United States have reached the century mark. These are: University of Pennsylvania, Harvard Medical School, Maryland Medical School, Columbia College of Physicians and Surgeons, Yale School of Medicine and Jefferson Medical College. University of Virginia Medical School, Medical College of South Carolina, and University of Georgia Medical School are in their one hundredth year. The N. S. Society celebrated its 75th Anniversary last October and that's pretty old for Canada.

In an effort to secure a restricted area as regards Bovine Tuberculosis in Nova Scotia, some 32,605 herds representing 191,076 cattle were tested. In the first test 2.28 per cent of reactors were found; in subsequent tests 1.4 per cent of the cattle reacted. These figures do not apply to Cape Breton.

We have not heard anything about the Snowmobile of Dr. A. S. Burns of Kentville this winter, but probably he has it stored away waiting for the snow we are quite unlikely to have. However, we note that Dr. Mackenzie of Loggieville, New Brunswick, is making some use of his, altho even there they have not so far had a heavy snow fall.

The BULLETIN notes that Mr. and Mrs. R. O. McCurdy of Truro, on Christmas Eve, 1928, celebrated the 50th Anniversary of their wedding. Naturally Dr. D. S. McCurdy, Dal. 1916, and family were present at his parents' celebration.

We regret to learn that the December issue of *The Canadian Red Cross* marks Finis for that publication. As the greatest voluntary auxiliary in National Defense and National Health the Red Cross Society can hardly continue its activities without its particular journal. Moreover, in the "Improvement of Health, the Prevention of Disease and the Mitigation of Suffering" there will always be a field for the activities of this Society.

The Acadia Athenaeum is authority for the following:—"The reason that there aren't any angels with whiskers is that they have such a close shave getting to heaven." And they have a Divinity School at Acadia!

Fred McGrath, little son of Dr. J. P. and Mrs. McGrath, of Kentville, had the misfortune on February 5th, 1929, to break his leg while coasting. In a very disastrous fire in Kentville, January 25th, among a number of losers was Dr. McGrath, but the Fire Department saved his office furniture and equipment. He expressed his thanks to the Department in a substantial manner.

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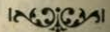
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In the *Medical News* in the A. M. A. Journal of February 9th, 1929, we note this personal item from the State of Delaware,—“Dr. Arthur C. Jost, Dover, formerly Provincial Health Officer of Nova Scotia, has been made Executive Secretary and Registrar of Vital Statistics.”

Dr. A. Webster Bowles, a McGill graduate of about seven or eight years ago has recently received his F. R. C. S. He is a son of Mrs. Alfred J. Newcombe, Kentville, N. S., and is located in Calgary, Alberta.

Dr. V. H. T. Parker, Stellarton, is the President for the coming year of the New Glasgow Gyro Club.

Dr. G. O. Hutchinson, formerly of Gabarus, C. B., has with Mrs. Hutchinson removed to Halifax residing at 108 Morris St. At present he is Surgeon on the Western Union Cable ship *Cyrus Field*.

The town of Glace Bay has an addition to its Chiropractic body in the persons of Messrs. C. D. & M. H. Macdonald. They are graduates of the National College of Chiropractic, Chicago, Ill., “and are experienced in treating, both chronic and acute conditions, having served six months internship in the Chicago General Health clinic where approximately fifty thousand patients are treated yearly. This clinic is furnished with complete X-ray, physiotherapy and laboratory equipment.” (Local Press).

Dr. Nat MacDonald, Sydney Mines, President of the Associated Boards of Trade of Cape Breton was a member of a delegation to Ottawa in the early part of February.

Recent Militia Orders, note Major L. R. Morse, Lawrencetown, of the C. A. M. C. Reserve list, as retired, under the provisions of K. R., Canada, 253, November 24th, 1928. Under the same provisions the following are retired from No. 7 Reserve Stationary Hospital. Captains G. B. Kennedy, D. Murray and Prov. Lt. R. G. Maclellan, Nov. 14th, 1928. Nursing Sisters Allan, Rice, Johnston, Mackinnon, Mackenzie also relinquish their appointments.

Capt. F. B. Day, M. C., is also retired from No. 9 Stationary Hospital, also Nursing Sister Macdonald.

Civic election recounts are not very frequent. New Glasgow recently had its first. Dr. John Bell was declared elected by a majority of 14 and the recount confirmed the declaration.

Dr. C. O. Homans of Ship Harbour, early in February was called to his home in Port Mouton on account of the serious illness of his mother.

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Dr. Annie Hennigar-Sanford, Dal. 1906, of Noel, Hants County, who practised a number of years at Cheverie has now removed to Maitland where she will again engage in active practice.

Dr. Stanley Burris of Kamloops, was a recent visitor to the scene of his early years of practice in Upper Stewiacke. He also visited his former home in Musquodoboit and his brother, Dr. M. G. Burris, of Dartmouth.

Dr. G. F. White of Bridgetown, visited a day or two in Halifax, the latter part of January attending the Annual Meeting of the Nova Scotia Division of the Canadian Red Cross Society.

Dr. C. S. Morton, Halifax, returned home February 19th, after several weeks' visiting in Montreal, Toronto and other central Canadian cities as well as several cities across the line. His visit combined business, professional work, and a much needed vacation and rest.

Dr. O. B. Keddy, of Windsor, Dr. W. R. Dunbar of Truro, and Dr. J. S. Brean of Mulgrave, continue as Mayors of their respective towns. Perhaps there are others that we have not noticed. On the whole there are fewer medical men engaged in civic politics than for several years. Perhaps they are looking higher, or perhaps, they are attending to their own particular business.

Judgment has been handed down in the case of damages against the Yarmouth Hospital, as represented by its Matron and Board of Governors. The suit was for \$10,000, and the Judge awarded damages at \$500, which, we presume, carries costs of the suit. The case excited very great local interest and, we are advised, is even of Provincial and Canadian Medical Society interest. We think, however, 'the least said, the soonest mended' is nearly always a wise course to follow. But if the matter is really of concern to the profession we should not shirk any responsibility.

Dr. E. E. Bissett, Health Officer of the Town of Windsor, has reported to the Town Council an instance of breaking quarantine in the Collegiate School of that Town. If the case is as reported should not the Department of Health support its local representative. There does not appear to be very much machine work in cases of this kind.

Dr. H. B. Atlee, Professor of Obstetrics and Gynaecology in the Dalhousie Medical School, is being congratulated upon his latest story of old Port Royal, now Annapolis Royal, which recently appeared in MacLean's Magazine. Dr. Atlee has had exceptional opportunities to gather incidents of those early days around which he had fashioned a number of well-written and interesting short stories.

DR. COLLECTEM

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