

Branchial Cyst

A Case Report—DR. G. F. WHITE, Bridgetown, N. S.

THE notes of the case which I am about to read to you will I hope be of interest as I rather think the condition is comparatively rare and the diagnosis is, I doubt not, missed in some cases as it would have been in this instance but for the coincidence of reading, about the time when I first saw it, a short article in the B. M. J. entitled "The Diagnosis of Branchial Cyst" by Hamilton Bailey, F.R.C.S., Surgeon, Dudley Road Hospital, Birmingham, England.

My acquaintance with the case goes back to about 2 years ago, May 1928, when the boy's mother brought him to see me on account of a swelling on the left side of the neck the nature of which she was anxious to have determined, fearing in her mind the condition might be Tubercular.

The boy or rather young man (his age was 19 yrs.), proved to be of good physique and with the exception of the fact that he was Deaf and Dumb one could hardly have seen a finer specimen. He gave no history of any serious illness or injury. The family history gave no evidence of T.B. on either side and brothers and sisters were all healthy, with the exception of a sister about 10 years older than the patient who in addition to being deaf and dumb, suffered from defective vision with a squint.

The swelling was situated on the left side of the neck about an inch below the horizontal ramus of the jaw and midway between the anterior border of the sterno mastoid and the upper angle of the Thyroid Cartilage.

On my first examination it seemed to be about the size of a pigeon's egg and gave a sense of fluctuation on pressure. It was quite painless and caused him no inconvenience whatever.

His mother stated that she had noticed the swelling for about 3 or 4 months, but beyond painting it with Iodine had not attempted any treatment.

I confess that on my first view I was much inclined to suspect a caseating T. B. gland and told the mother that early surgical interference would probably be necessary.

A week or so after having seen it, however, I came across the article referred to above and the description seemed to fit so exactly that I forthwith asked the boy's mother to bring him again to see me and was, to my great satisfaction, able to prove conclusively the nature of swelling.

The peculiarly interesting diagnostic point emphasised in Mr. Bailey's article is that these Cysts all contain in the thin Purulent looking fluid which fills them numerous Cholesterol Crystals, the appearance of which is so characteristic as to place the diagnosis beyond doubt.

In this case I took an ordinary hypo needle and easily drew off some of the fluid contents, placed a drop on a microscope slide and on examining with 1/6th power was able to demonstrate the crystals in great numbers.

I then pressed both the boy and his mother to agree to the removal of the cyst, but they decided that as I could definitely assure them of its non T. B. character, they would rather leave it alone unless it began to cause trouble.

This all happened as you see about 2 years ago and I have seen the boy at intervals ever since, indeed as some present may remember I brought him to a meeting at Middleton Hospital last summer when we all had a look at the swelling.

I then wanted him to allow me to draw off some of the fluid which I could submit for your inspection, but he objected so strongly that I did not press the matter and still kept hoping that I should not lose sight of the case and that at some time he might consent to operation.

Early in March the boy came to me saying that the lump had been steadily increasing in size and although it did not cause him any trouble, he had become rather sensitive about it as his friends noticed it and were constantly asking him why he did not have something done for it.

He therefore asked me to arrange for his admission to hospital at an early date.

He was admitted to Middleton Hospital on 20th March and the operation for removal was performed by Dr. L. R. Morse on 22nd March. Dr. Kelley acting as anaesthetist and Dr. Sponagle and I assisting.

An incision was made over the tumor about 3 inches long extending from the anterior border of the Sterno Mastoid forward and slightly downwards about $1\frac{1}{2}$ inches below the horizontal ramus of the jaw bone. The tumor before the incision was made fluctuated easily and was not very well defined, but in contour suggested a mass about the size of a small hen's egg situated quite superficially under the skin.

In the estimate of the depth at which it was found we were considerably misled as quite a mass of tissue had to be dissected away before the cyst wall was eventually reached.

When this had been exposed over an area about 2 inches in diameter an aspirating needle was inserted and about 40 ccs of fluid was drawn off and the partly collapsed Cyst seized with a tissue forceps.

The dissection was then carried on mostly with scissors, the cyst being carefully detached from the surrounding tissues and any doubtful bands of tissue divided between clamps and tied off, as the operation

proceeded, to avoid any possibility of severe haemorrhage. Thus the removal progressed until at length the innermost extremity of the cyst was found lying in the closest proximity to the Internal Jugular Vein which could be seen on its final removal at the bottom of the cavity as could also the pulsations of the Carotid Artery.

A few deep sutures were used to draw together the deeper tissues a short cigarette was placed in the posterior end of the wound and the skin closed by clips.

The whole operation took something over 1½ hours which will give an idea as to the difficulty which was experienced in first exposing the cyst wall and then in separating it from the surrounding parts.

I regret that in my joyful excitement at the final result of my diagnosis and the success of the case, I failed to retain possession of the slide on which we had placed a drop of the fluid which showed the Cholesterol crystals in the plainest manner and which would have made the description of the case more complete. But the hour being late in my hurry to get away I inadvertently left it under the microscope and I fear it is gone beyond recall.

The operation wound healed well and the boy left Hospital 10 days after the operation. I saw him a fortnight ago, he is delighted with the result and the scar following the folds of the neck is now scarcely noticeable.

These cysts, I think, must be rather rare, this being the first which to my knowledge I have seen in close on 30 years of general practice. They arise, as you gentlemen will no doubt all recollect, by reason of the incomplete closure of a Branchial Cleft and the subsequent secretion of fluid in the portion remaining unclosed. Authorities differ as to whether they most usually originate in the 2nd or 3rd, but it would seem that there is a more general consensus of opinion to place them in the 3rd. Rose and Carless in their System of Surgery say they usually appear in adolescents between the ages of 10 and 20 and are sometimes attributed to a blow which it may be presumed brings into activity structures which would have otherwise remained passive.

They grow slowly and painlessly forming rounded swellings often rather soft with more or less distinct fluctuation according to the depth at which they are situated. Their contents, if near cutaneous end of the cleft, are Sebaceous in character similar to but more fluid than that found in Dermoid Cysts (flattened epithelial cells, cholesterine plates and fatty granules). If placed nearer the Pharynx they are occupied by a glairy mucoid fluid. They are usually lined by squamous epithelium.

If merely opened and drained, there is considerable danger that they will develop into a chronically discharging sinus which rarely heals up. The only sure method of dealing with them is that adopted in the present case, a thorough dissection of the entire cyst. There is some evidence to prove that they may take on Malignant character though this apparently happens but rarely.

I feel very pleased in having discovered this case and even more so in having been able to eventually run it down and bring it to a successful issue.

I have here with me Mr. Bailey's article, an extract from which I will now read you and I have also to thank Dr. Hall for lending me his volume of Nelson's Loose Leaf Surgery which contains quite a good reference with some excellent Plates.

Dr. Frederick Shephard Dennis, New York.

The June number of the BULLETIN of the Medical Society of Nova Scotia gave a rather readable reference to an 80th Birthday Anniversary of Dr. William H. Welch of Baltimore. In the same month, April 1930, another Doctor well known throughout the Maritime Provinces and especially so in Nova Scotia, Dr. F. S. Dennis, a former Professor of Surgery at Bellevue Hospital Medical College, likewise celebrated his 80th birthday. Some two years ago Dr. Dennis visited Cape Breton being the guest of Dr. and Mrs. J. Knox McLeod of Sydney. He was loyally greeted by a number of his former students including doctors McLeod, Johnston, (E. J.) Johnstone (L.W.), Kendall and O'Neill. Among some of his later students might also be mentioned Doctors Geo. D. Stewart, J. J. Cameron, G. M. Campbell and S. L. Walker. With reference to his 80th Anniversary, Dr. J. K. McLeod of Sydney writes,—after referring to him as introducing the Listerian theory and methods in his surgical work,—as follows:

"Besides his notable work as an operating surgeon, being in his day one of the leading surgeons in America, Dr. Dennis edited a system of surgery which was widely read and proved an invaluable source of information to practitioners in this branch of the profession. He had as his patients many leading and prominent New Yorkers, including Andrew Carnegie, the Harrimans, Blaine, who ran for the United States Presidency, and many other distinguished personages. He was in great demand as a consultant, both at home and abroad, and received many honors from different Universities, including an honorary degree of F.R.C.S. London, which he prizes most of all—an honor that is usually not conferred on those outside of the British Isles.

"In the early '80's,' Dr. Dennis, was professor of Surgery at Bellevue Hospital Medical College and attending his classes were medical gentlemen, a few of whom are now practicing in Sydney and elsewhere. It is the sincerest wish of the Cape Breton students that he may long be spared to continue further that great work that he has hitherto accomplished."

Health in Coal Communities

THIS is the title of a short abstract made by the Federal Department of Pensions and National Health and found in a recent issue of *Current Public Health Literature*. It describes the procedure in operation in a section of the Virginia Coal Fields. The BULLETIN publishes it chiefly for the consideration of our members practising in mining communities:—

“This paper is a brief report of the improvement that has been made in the medical service of a large Coal Company, when the efforts of the physicians and nurses were co-ordinated.

For a number of years physicians were employed on a contract basis. Each employee contributed a stated amount monthly toward his medical expenses. One year ago there were approximately 35 physicians, each acting independently of the other. No definite plan of work existed; methods and equipment were not standardized, and a great deal of the practice of medicine was on a pill dispensing basis. Records were inadequate, and an organized health program was lacking.

The executives of the Company, realizing the possibilities of an organized medical department, made a survey of the medical, hospital, nursing and sanitation problems of all its properties in 1926 and the early part of 1927. The present program had its inception about July 1, 1929.

The present personnel consists of 18 full-time physicians in charge of 13 medical units, a chief hospital surgeon, an assistant, a full-time laboratory physician, 6 dentists, a supervisor of public health nurses, 11 full-time public health nurses, and 8 hospital nurses. During the past year the staff of physicians has been reduced from approximately 35 to 18, replacing part-time by full-time men. Under the direction of the supervisor, the public health nurses are conducting a well rounded out public health program, with the assistance of the physicians and other personnel.

Each physician is required to make a daily medical report which covers the cases seen each day. This was primarily intended as a record of the prevalence and character of disease in our communities, with age, colour and sex of those affected. A diagnosis is made if possible; otherwise the patient's chief complaint is given. A record is kept of new and return cases and of those injured in their work. This report is available to the nurse for selection of special cases. The physician indicates those he wishes her to attend. These reports are checked and summarized monthly. Persons consult the physicians for headaches, colds, constipation and other minor ailments since

fees are not charged. In this way many ailments are seen which would otherwise escape attention. Only a beginning has been made, but this is the first controlled morbidity study of an entire industrial population, numbering between 40,000 and 50,000, of all ages, nationalities and both sexes.

The company has a well organized department of housing and civic improvement which has direct supervision over buildings, grounds, sanitation, etc., and co-operates with the staff of the medical department in the establishment of proper sanitary conditions.

A clinical, pathological and bacteriological laboratory has recently been established, intended to serve all divisions for water and milk analyses. The physicians of the company, as well as others, may send specimens for examinations, a charge being made to non-company doctors.

The public health nursing program is divided into 10 heads:

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|------------------------------|--------------------------|
| 1. Beside. | 6. School. |
| 2. Prenatal. | 7. Tuberculosis. |
| 3. Maternity. | 8. Communicable Disease. |
| 4. Infant Welfare. | 9. Social Service. |
| 5. Child Welfare (preschool) | 10. Educational. |

These titles indicate the type of work included in the 10 divisions. In the eight months under consideration, 16,398 services have been rendered, to which might justly be added correction of defects, attendance on clinics, weighing of children, etc., which were the direct outcome of instructions given by nurses in the course of their work."

The following from a New York State theatre programme would indicate that the members of the Dental Profession in Nova Scotia are very modest, if not unimaginative, when it comes to this kind of publicity:—

"To paraphrase the world's great writing: wherein doth it profit a man if he gain success and lose his teeth? For his are the torments of Hell and the afflictions of Purgatory all the days of his life. He lispeth like a child and loud are his groans from the torture of an abused stomach. And even though he accumulate enough shekels to build himself a private swimming pool in Florida, woe will be his lot, for his servants and his handmaidens must bear him thither in a wheel chair and push him in.

Therefore, if thou still hast Youth and wish to maintain it even unto four score years—telephone Longrace 6709 and make an appointment with Dr. Henry C. Sandler of 11 West Forty-Second Street, talk over your particular problem, and be assured of expert attention."

Immunization

Scarlet Fever and Diphtheria.

THE following from the *A. M. A. Journal* refers to immunization as practised in Gary, Indiana, and is prepared by Dr. O. B. Nesbitt of that city. This appears to show actual progress.

"Our five years' experience with immunization against scarlet fever by the Dick method in the Gary schools indicates its effectiveness in lessening the number of cases and also the deaths.

The health records show that during the five years previous to the beginning of scarlet fever immunization in September, 1924, the following number of cases occurred:

1919-1920.....	122
1920-1921.....	90
1921-1922.....	38
1922-1923.....	217
1923-1924.....	397
Total.....	864

The number of deaths during this period was thirteen.

The records show that since immunization was begun in September, 1924, the following number of cases have occurred:

1924-1925.....	130
1925-1926.....	123
1926-1927.....	163
1927-1928.....	74
1928-1929.....	125
Total.....	615

The number of deaths during this period was six.

At the beginning of the immunization work three doses of scarlet fever toxin were given with a maximum of 3,000 skin test doses. The dosage for the past two years has been 500, 2,000, 8,000, 25,000 and 80,000 skin test doses, respectively. The total number of doses given up to September, 1929, has been 22,145. Most of these doses were given to school children. We have tried to immunize about a thousand each year.

The school enumeration in 1919 was 12,137 and in 1929 was 27,574. There was an increase of more than a hundred per cent. in the population of the city between 1919 and 1929.

A reduction of 29 per cent. in the number of cases of scarlet fever and a 55 per cent. reduction in the number of deaths would indicate that the effort had not been in vain.

During the first semester this year we have carried out the following plan for pupils under 8 years of age: A Dick test is given to those asking for it. It is read the following day and, if positive, the child is given 500 skin test doses of scarlet fever toxin. The following week 0.5 cc. of diphtheria toxoid is given. The third week 2,000 skin test doses of scarlet fever toxin are given, and the fourth week 8,000 doses are given. The next week 1 cc. of diphtheria toxoid is given, with 25,000 skin test doses of scarlet fever toxin the following week and 80,000 skin test doses the next week; 1.5 cc. of diphtheria toxoid is given seven days later. The next week, two weeks after the fifth dose of scarlet fever toxin, a Dick test is given, and, if positive, the patient is given from 80,000 to 100,000 skin test doses of scarlet fever toxin. No further Dick tests are given until the following year, when a group is tested at that school, unless the parent brings the child to headquarters, where tests are given on Fridays. Between 65 and 70 per cent. of the pupils who are brought to a Dick negative condition by immunization remain so.

This program brings the diphtheria toxoid doses twenty-one days apart and permits a fourteen day interval between the first and second doses and the third and fourth doses of scarlet fever toxin, seven days elapsing between the second and third and the fourth and fifth. We do not find the reactions any greater under this plan.

Neither a Schick test nor a toxoid reaction test is given to children under 8 years of age before the doses are given. In March we expect to give Schick tests to about 500 of those having had toxoid.

We have not had any increase in the number or severity of the reactions in following this plan, and it has the advantage of keeping the work up weekly without interruption until both series have been completed.

Dextri-Maltose for Modifying Lactic Acid Milk.

Physicians who are partial to the use of lactic acid milk in infant feeding are finding Dextri-Maltose the carbohydrate of choice.

To begin with, Dextri-Maltose is a bacteriologically clean product, unattractive to flies, dirt, etc. It is dry, and easy to measure accurately.

Moreover, Dextri-Maltose is prepared primarily for infant feeding purposes by a natural diastatic action.

Finally Dextri-Maltose is never advertised to the public but only to the physician, to be prescribed by him according to the individual requirements of each baby.

The Pearl of the Oyster

MICROBES, like humans, react to their heredity, food and environment. Dr. James R. Goodall of Montreal illustrates this idea in the introduction of his lecture on Puerperal Infections published in the last issue of the BULLETIN. In view of its reference to immunity we quote:—

“The truth of this is perhaps best illustrated by reviewing the work of Calmet. He took the tubercle bacillus and by growing it in an unfavorable environment and medium, (composed chiefly of bile, to which the tubercle bacillus does not respond with gusto) produced, after many generations, a growth of tubercle bacilli of great attenuation—in fact they were no longer lethal. These could be injected alive into children and new born infants to immunize the recipient. Hundreds of thousands have been done without producing a single case of clinical tuberculosis. And yet, should one of these infants die of some inter-current disease, it is found at autopsy that these attenuated tubercle bacilli had the power of producing typical small tubercles in the tissues of the child. These tubercles never break down, and are merely an expression of a low grade irritation by the attenuated tubercle bacillus in their midst. The pearl in the oyster, as it were.

Now, the point, is that microbes attenuated through many generations of unfavorable soil, remain attenuated for a very long time, and it requires many transfers from favorable to more favorable soil to restore virulence, as sometimes happens in epidemics. Transfer of these attenuated microbes into a single favorable soil, is quite insufficient to restore their virulence except in a very slight degree, because immunity develops at the same time and inhibits the return of virulence, but transference to several new favorable soils without natural immunity heightens the virulence with each transfer.”

A returned soldier started a fish business in a thriving Nova Scotia town but found out recently if he paid his debts he would have to collect some \$2,000.00 owing him for feeding the local community. To collect this amount he announced that on a certain date, regarding those who did not pay,—“Their names will be put on a blackboard and put in our store window, so that the other people will not do as I **did**, trust you and find you were not honest.” We wonder if the BULLETIN should publish the list of the medical practitioners in Nova Scotia who do not belong to the Medical Society, what the public would think of those making up that list?

Asthma

Being an Editorial in the *A. M. A. Journal* of September 7th, 1929. One question any real progress in our knowledge of this Disease.

THE present-day treatment of asthma can scarcely be described as involving any well standardized or universally dependable procedure. This statement will probably be admitted by most physicians, even if the newer studies on the interrelations of bronchospasm to anaphylaxis are taken into account. Detectable allergy at best accounts for only a fraction of the cases of asthma that come under observation. A recent careful compilation of more than a thousand asthmatic patients in an eastern clinic has indicated a possible relation to some sort of extrinsic antigen in somewhat less than half of them at most. This includes such factors as "pollen asthma" and "animal asthma". Such failures to explain the disorder on the basis of extrinsic exciting causes makes it easier to appreciate why the search for foci of infection, as the possible "trigger mechanism," has been so active.

It is doubtless true that many patients with asthma have well defined lesions in the nose, throat or sinuses; consequently some clinicians have considered the bronchial spasm to be merely a reflex effect of a local stimulus arising in the upper air passages and transmitted through various nervous channels to the sympathetic trunk in the neck. This point of view is largely responsible for the current tendency to secure remedial effects by operations on the nose and throat, as well as by removal of foci infection about the teeth. There is little doubt that in some instances such operative treatment has promoted the general health of the patients and actually brought relief from asthma, even though only temporary.

At the Massachusetts General Hospital in Boston, Rackemann and Tobey have undertaken a statistical consideration of the operative treatment of asthma, particularly in relation to the elimination of foci. It is evident from their data that the presence of foci bears little relation to the outcome of the asthma. Many of the patients gave a history of previous operations on the nose and throat without regard to the cause of asthma as found. About one fifth of the asthmatic persons examined showed infected, abscessed teeth; but the end-results of the asthma were the same whether the teeth were left in or extracted. Local treatment of the nose, throat and teeth had apparently brought about permanent relief from asthma in about 5 per cent. of the cases. Beyond this the results of operative intervention, including removal of septal spurs or large turbinates and radical drainage of several sinuses at the same time, are frankly disappointing.

From the present ignorance one gains the conviction that any wholesale introduction of operative treatment for asthma does not have any justification and leads to undesirable disappointment. Removal of obvious foci and nasal obstruction, as well as the establishment of proper drainage, are procedures that often are justified regardless of any special disease or disability in a patient. They cannot be depended on to relieve an asthmatic condition. At best conservative treatment and conservative surgical measures alone are warranted. The Boston investigators venture the suggestion that clinical lesions of the nose and throat may develop from the same fundamental cause as the asthma itself and be part of the pathologic process of the disease. The fact, they argue, that these lesions are not found in every case does not exclude such a theory. They may represent an end-stage of a process which in its beginning is not easily recognized. Rackemann and Tobey assume that, like the more obvious vasomotor rhinitis, this process may appear and disappear during the early stages in accordance with the appearance of asthmatic symptoms. A thickening of the paranasal mucous membrane may be the counterpart of the thickening of the bronchial mucous membrane. An orgy of conventional operations will not adequately solve such a problem."

Perhaps Then but Not Now. There is a story going the rounds that must be told before it is too late. Two or three years ago a Doctor in Sydney or Halifax solved the answer to the request for a "Scrip. Doc." It was also effective of a definite increase that month in the Inspector's expense account. The cute agent applied to the athletic young doctor for a prescription for whiskey. He was told he could not get it without an examination to which he consented.

"Take off your clothes and hop up on that table," briskly ordered the young medico.

He proceeded then to examine the visitor, fore and aft, eyes, ears, nose and throat, heart, lungs, for dandruff, for corns, bunions, and organic and internal troubles.

"Sorry," said he, at length, "but I find nothing wrong with you. I can't write you a whiskey prescription." Then, holding out his hand: "Twenty dollars, please."

"Well, I guess it's all right, doc," began the pseudo-patient, lamely. "You see, I'm Inspector——"

"Nevertheless," declared the doctor, firmly, "you pay me twenty dollars for that examination, or I'll take it out of your hide."

He paid!

Surgical ants are used in the interior of Peru by Indians to sew up wounds. The ants are made to bite the wound with their elongated jaws. These are then cut off and left in the wound until it is healed.

Medical Deficiency and Other Factors That Influence School Attendance

UNTIL comparatively recent years the idea was prevalent that every feeble-minded child was a potential criminal and that the majority of criminals were feeble-minded.

The mentally deficient child first feels his inferiority in school. He is dull. Both teacher and pupils become impatient because he retards the class. His discomfort is misconstrued as sulkiness. He is not a cheerful companion, and little by little his friends leave him for cleverer playmates. As a consequence of this isolation, he begins to dislike the teacher, the pupils, the school, and snatches every opportunity for escape by playing truant. In the home he is awkward. Clumsy attempts to do his work bring ridicule from his more fortunate brothers and sisters. He is accused of laziness because he is slow to understand and carry out the requests of his parents. For years the parents will not acknowledge that the child is mentally inferior. Once they come to the conclusion that something is amiss, they invariably adopt the very tactics calculated to force him further away. They attempt to drive him. The child himself feels that his one remaining source of sympathy and help is removed. The use of force terrorizes him, and he either withdraws completely and becomes less accessible to the parents' influence, or he has recourse to the violence of helplessness. The child's hope then becomes a matter of finding some one who has use for him.

In the school his remnants of ego will not permit him to endure a situation that is intolerable because of the constant emphasis upon his inferiority. In the home he is misunderstood and miserable. On the streets he meets older, possibly delinquent, boys who apparently accept him as an equal. Whether or not he is concerned with equality is a question. The point he can observe is that they do accept him. He has found a better development of social instincts in his new friends of the gang than he encountered in his teachers and classmates.

From this point, it is only a step to delinquency. He is caught. Intelligent delinquents evade the consequence of their acts. This very fact brings mental deficiency to the fore in any survey of reformatories, correctional institutions, and so forth. But the child's inferior intelligence is only indirectly the cause of his delinquency. We may say that his mentality conditions his behaviour but was not the primary cause of it.

It is true that a few children, from an early age, have twisted personalities engrafted on mental deficiency. If we except these, we can say quite confidently that it is the blundering and inhuman handling of the mental defective that turns him from the school and the home to delinquency. Let us realize that the mentally deficient child makes as good an adjustment as many of his more intelligent classmates. We have been led to believe that he should be a truant or a delinquent. The astonishing finding in a review of a large group of retarded school children was that as a type they compared favourably with the average child and that only 3 per cent. of the group showed delinquent tendencies. But who tells of the thousands of retarded children who are not behaviour problems, truants, or delinquents?

We cannot say that truancy is caused by feeble-mindedness alone. The most important contributing factors are the school, the neighborhood, and the home, together with the individual make-up of the child, which may include mental deficiency. These four factors contribute as well to all behaviour problems. To combat, and eventually to understand, these problems, we must make our attack through the fields of education, psychology, social work, and medicine. The daily life of every child is affected by social, economic, environmental, physical, and emotional factors, and by the personalities of the parents, teachers, and friends with whom he has contact. These many-sided influences are in operation constantly and impartially, affecting all children, both the feeble-minded and the normal. As children differ greatly in the mental, physical, and emotional equipment with which they meet the force of these influences, so their behaviour reactions may differ.—(*Abstracts of Public Health Literature*).

To Study Seasickness. We are advised that a party of,—“distinguished British medical and scientific medical men with the avowed purpose of studying the relative sensibility to seasickness of passengers as measured by various tests made with the ship on different planes and also to test the effects of various drugs together with oxygen,”—recently crossed the Atlantic to New York.

Still, when all is said and done, perhaps we might recall the incident of the solicitous wife consulting with the Captain, asking him to advise her husband what to do when he became ill, as he was sure to be. “Don’t worry, madam,” he replied, “there is no need to tell him,—he’ll do it.”

But this recalls a true incident of some 40 years ago when a retired sea captain was taking some members of his family across the Strait to Charlottetown. The youngest girl in the party soon became very sick and very frightened, but soon recovered after reaching the Island. On the return trip she again became sick, but when her father inquired, “Are you frightened daughter?” she replied, “No, Daddy, I know what’s the matter with me now.”

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Dalhousie Refresher Course

WHILE the programme for this year's refresher course, which will be conducted as formerly by members of the Dalhousie Faculty of Medicine, has not yet been completed, the dates have been fixed for the eighth to twelfth of September. Following the custom of the past several years, representatives of at least one other Canadian medical school will participate in both didactic and clinical teaching, and it is possible that one or more visitors from Great Britain may return home from the Winnipeg meeting *via* Halifax, and contribute to the programme. The general plan of previous years will be followed, the mornings being devoted to clinics at various hospitals and the afternoons to lectures in the Medical Sciences Building. Just as soon as the programme is completed it will be mailed to the physicians of the Maritime Provinces and Newfoundland. No fee will be charged, and all qualified practitioners, irrespective of college or residence, will be welcomed. The Committee of Arrangements hope for a large attendance. Doctors H. K. MacDonald and W. Alan Curry are chairman and secretary, respectively, of the Committee.

[Since the above was put in type it has been learned that Doctors Hepburn and Cosbie, of Toronto, will give lectures and clinics on cardiac and obstetrical conditions.]

Hospital Section

MARITIME HOSPITAL ASSOCIATION.

HOSPITAL Associations are not new but we appear to move slowly in the Maritimes in several ways. We have little sympathy to-day with the claim that we had better be *slow* and *sure*. It is a long time since the fabled race between the tortoise and hare, and *Times have Changed*. There is no chance for the hare to oversleep under modern conditions. The motto to-day should be,—“Be sure You’re Right, then,—Go!” Nor do you need to wait long to know the right course to follow, our Highways to-day are well marked, if we keep our eyes open, and surely we will believe and act upon what our eyes see.

This is apropos of our tardy formation of the Nova Scotia Hospital Association some two or three years ago. Almost at once it became the Nova Scotia and Prince Edward Island Association and last June, at Sydney, this Association passed Resolutions looking towards linking up with New Brunswick in a Maritime organization. There is, we believe, a general hospital association in New Brunswick and a very efficient Maritime Association of Catholic Hospitals as well. Yet, were all of them fully merged into one Association for our three Provinces it would not be at all unwieldy but would become a very influential body. All of our hospitals have common problems, all hospitals have what they consider problems peculiar to them and very seldom is there a hospital with a problem unlike that of any other.

The reasons for this common interest are obvious. In the first place there is a close similarity in regard to the relations of each provincial government to the hospitals in its province. The social, economic, occupational or industrial community conditions are largely similar in the three provinces. The training given the Nurses is practically the same. The people served are more one at heart than any place else in Canada, and I say this with a very full appreciation of our racial and religious differences. Nor do our geographical conditions offer any sufficient reason against such a proposed union, especially when compared with the much greater districts in the larger provinces. The same then applies to the cost to individuals in attending these annual sessions. To be of the greatest value all hospitals must be represented and, in particular, the smaller hospitals, that otherwise might become more or less out of touch with the progress of the day. It would be a very legitimate charge against the hospital running expenses to include the expenses of a duly appointed representative to the annual meeting, preferably the Superintendent or the next ranking alternative.

A further curtailment of expenses might be obtained by the selection of a central place of meeting. This will not appeal to all, as local interests will vie with each other to secure these gatherings, more or less in order by succession. We are inclined to admit that occasional meetings in the larger centres where, perhaps, an inspection of, or demonstrations by, large or several hospitals, might be both feasible and desirable. But even this is not always profitable, and may be more largely a matter of local entertainment. An ideal centre for such meetings for our three Provinces would be Amherst, Nova Scotia, as all will agree, if the central meeting point is accepted in principle.

Of course I have always maintained that the Maritime Latch String should always be available to Newfoundland. As far as a hospital association is concerned it is as easy for them to come to Amherst as it would be to go to their own chief centre which is St. John's. Nor can I imagine a more inspiring message than the one that might come from some of the Grenfell hospitals and the "Nonia" nursing service.

My plea is for a Union of Hospital Associations in Nova Scotia, New Brunswick and Prince Edward Island, under the general title of,—“The Maritime Hospital Association of Canada and Newfoundland.” Perhaps some day we may shorten this title somewhat when we and Newfoundland may be still closer united.

S. L. W.

Halifax, N. S., July 15th, 1930.

THE OPEN HOSPITAL.

The BULLETIN some time ago called attention to the above matter as directly brought to our attention by a condition of affairs in connection with the Vancouver (B. C.) General Hospital. We are not sure of the actual state of medical affairs in that Province and what we have to say may not be as accurate as is desirable.

As far as we can gather, there are several bodies that are supposed to direct medical and health affairs in that Province. In the first place there is the College of Physicians and Surgeons that discharges the duties that are here assumed by the Provincial Medical Board as regards examinations and licensure. Then there is the Medical Association of British Columbia which, presumably, corresponds to our Medical Society of Nova Scotia. Then we have the Vancouver Medical Association which, from its official publication—THE BULLETIN is primarily concerned with these same interests for Vancouver, but which seems at times to speak for the Provincial body. Between these two organizations there seems, however, to be the best possible co-operation in matters relating to the Province generally. It is almost as if the Halifax County Medical Society was not a Branch

but a full fledged partner, (as in matter of years it has a right to be) if this precedent were followed. Then there is a Department of Public Health which is quite evidently closely identified with these two Associations, as it uses the Vancouver Bulletin to give publicity to its Pathological Laboratory activities. As far as we can learn there is no Health Officers' Association to further increase the Health Team of the Pacific Province.

Whether or not this team is a little crowded is not for us to say, but it does appear that they make a pretty strong combination, which is demonstrated by their success, in that the Legislature has refused to sanction with official recognition the so-called "Irregulars" that have long sought the legal right to treat the sick. However, it is still proposed that a Judicial Commission shall give this subject still further consideration. While, of course, the findings of a "competent and unprejudiced inquiry" would be accepted, who is to pass judgment upon its status if its findings do not meet with the approval of either party?

But there are still more problems in which the official bodies of the medical profession are much interested. The "Open Hospital" is still an open question and perhaps its settlement, not necessarily its solution, still awaits the report of a Hospital Survey Commission. Will we never rid ourselves of this eternal round of Commissions? Why not elect members to our governing bodies who have the knowledge and ability to form sound opinions, with the courage to legislate in accordance with the facts? Is there not too much of this "passing the buck?" Is there a tendency for members of a Government to become Executive heads rather than Leaders of Democracy? This is not altogether an aside and it is our business, no matter who says to the contrary.

There appears to be general agreement that paying patients shall be attended by whatever physician they may elect. But if a patient from Nanaimo, (or Chester), prefers an "Irregular" to a registered practitioner what is there to prevent him? If he can have a special hospital in his own community without let or hindrance, why deny him the private rooms of the Vancouver, (or Victoria General), Hospital?

Is the matter any better if the hospital is open to any and every doctor in both public and private wards? Yet the "Vancouver Medical Association is standing for the principle that every qualified medical man shall be allowed the privilege of following his case into the hospital whether that case be pay or charity." How can a hospital standardize its work if this is frequently done? Nor can we deny the general advantages of such standardization, especially when we have, as in Nova Scotia, no other intelligent method of inspection of Hospitals that are growing up in every country town.

The whole question is also further complicated by the necessity of certain hospitals being used in connection with medical teaching

centres. It is absurd to think that medical students today, and intern students to-morrow, shall get some of their instructions from recognized leading medical and surgical practitioners and at other times from Doctors, whose only qualification is a certificate of registration to practice in that province, or, who may be an Osteopath, Chiropractor, Christian Scientist or what not. It is generally admitted that the smaller hospitals may encourage the practice of medical men who are not really qualified to handle the more serious cases that occur from time to time.

When we find the Provincial Secretary of British Columbia, the Board of Directors of Vancouver General Hospital, the Vancouver Medical Association and the British Columbia Medical Association, together with the British Columbia Provincial Board of Health which is concerned with Hospital, Clinical and Public Health Laboratories in British Columbia,—all having some differing opinions regarding how the Vancouver General Hospital shall be managed, we are of the opinion that certain general principles should be assumed in this connection. We have already hinted at what appears to us to be the essential points, namely, that every possible effort shall be made by the Medical Profession through its scientific official journal and by the Provincial Government, to see that the standards of all hospitals are placed as high as is humanly possible.

This suggests perhaps that to reach this standard there should be a very considerable expense in the matter of general equipment. It is absurd to expect a small hospital supported by voluntary contributions to have the equipment of a large hospital, that is not troubled at all about its finances. Yet the patients in the smaller hospital have just as much right to the advantages of modern medical science as have the rich, the poor and the middle classes in any community where the larger hospital exists.

We are not surprised at the difficulties that our British Columbia friends are considering and we will watch with a great deal of interest the progress they make in the solution of these vital problems.

S. L. W.

HOSPITALS AND PUBLIC HEALTH.

Nova Scotia is extraordinarily well supplied with hospitals as may be noted from the following brief resume of statistics. These may for convenience be classified as *General Public Hospitals* numbering twenty-five with a bed capacity of 1314. *General Private Hospitals* numbering three, capacity 190 beds; *Paediatric Hospital*, one with 55 beds; *Maternity Hospitals* two with 87 beds (nearly all general hospitals have maternity beds or wards); *Tuberculosis Institutions*, three, giving 447 beds; *Contagious Diseases*, three providing 75 beds; *Pensions, Military and Naval Hospitals*, six with 450 beds; *Mental Hospitals*, five, capacity 980 beds. Total hospital accommodation

for Nova Scotia thus is approximately 3600 beds (the above figures total 3598).

It is somewhat difficult to estimate what relation the number of hospital beds bear to total population, but for Nova Scotia it works out at 6.8 beds per thousand of population. On the same basis the number of beds for New Brunswick would be 5.56, for Prince Edward Island 6, for Quebec 10.

This list for Nova Scotia includes the small cottage hospital with less than 20 beds, about five in number and some 16 with capacity between 20 and 50. The Nova Scotia Hospital heads the list with 500 beds, followed by Camp Hill and the Nova Scotia Sanatorium with 300 beds each and the Victoria General with 250 beds.

Considering that Nova Scotia is a small province with no enormous stretches of country sparsely settled it would appear that the proposed addition of some 150 beds for Tuberculosis would be all the hospital extension required for years.

One is prompted to inquire under what general directing agency do these many and varied hospitals operate? This opens up a very peculiar state of affairs, when we look at the various agencies concerned with the welfare of those suffering from disease and the great mass of the people who should be protected from disease. Public Health is a general title under which all such matters may be considered, and the Medical Profession is presumably responsible for its general direction, or, at least, for information as to what is required. How then does the Profession in Nova Scotia accomplish this duty?

In the first place at the request of the doctors, the Government of Nova Scotia established a Commission (this Commission business is of considerable antiquity in Nova Scotia) which is termed the Provincial Medical Board to pass upon the qualifications and arrange for the registration of properly qualified men. This Board also has the unpleasant duty of debarring unqualified persons from engaging in medical practice. This duty besides being unpleasant is attended by so many difficulties that the legal advisor of the Board consistently advises against litigation. The prevailing idea is that the Irregular Medical Practitioner soon runs himself out of the confidence of the public, that *protection* by the Board is regarded as *persecution* bespeaking sympathy for the victim, and the harm he does falls on few and still fewer of our people. Hence he is left alone.

For 88 years medical and surgical knowledge and its exemplification in general practice, has been fostered by the Medical Society of Nova Scotia. This has been done generally in a quiet unassuming manner, although upon necessary occasions quite outspoken upon matters of general policy.

In the course of time their representations on matters of looking towards the prevention of disease and the mitigation of suffering resulted in the establishment of a Provincial Health Officer who had generally occupied several previous appointments in other related

departments—superintendent of an Asylum, inspector of humane institutions (some of these presenting inhuman features), or some other qualifying position. With the establishment of Municipalities for local government came local health officers and boards, all pledged to curtail expenses and do nothing but compulsory service.

However, some 10 or 15 years ago there appeared to be a fairly good health service that would bear expansion. The prevention of tuberculosis, the regular inspection of schools, mobile clinics for tuberculosis, and for school children with defects and general education along health lines were measures undertaken. Some of these most deserving efforts met with an untimely death, in particular, the Public Health Nursing Service in the rural districts of this Province. Various outside (not governmental), agencies developed their special activities as the V. O. N., the Red Cross, Social Hygiene and Mental Hygiene Councils, etc.

Then, a year or two ago, expression began to be given to the belief that Public Health was a matter of many entirely different, but very closely related, factors that would surely be better administered by one head and by one department. The picture was somewhat as follows:—

Medical Education and Registration was a matter for the College and the Provincial Medical Board. The maintenance of a high standard in the Profession was the duty of the Medical Society some of whose members were appointed by the proper authorities each year to be local health officers under the Provincial Health Officer. In order to get any team work in health matters these health officers had to establish their own Association and then every election meant some change in their personnel in most of the towns and municipalities. The Chief Health Officer reported annually to the Minister responsible for this work going from one to another. Even its final taking on by the Department of Natural Resources, in view of its tremendous importance to the welfare of our entire population, Health being our greatest national asset, the best general provision for good administration ever made in Nova Scotia, still failed to give it proper stability, as it now stands as a background activity of the Department of Agriculture.

When an extension is needed at the Nova Scotia Hospital or the Nova Scotia Sanatorium the Department of Health, or rather the Chief Health Officer, hasn't anything to say, for these are under the Department of Works and Mines. It may be said that the eradication of bovine tuberculosis coming under the supervision of the Minister of Agriculture would be a reasonable matter for the Health Department to sponsor in some way, yet in recent years there was no visible activity by this official or his staff throughout the province.

In cities and towns arrangements are made for the examination of school children by school nurses, but the operation of this phase of Public Health Work comes under the Department of Education.

Medical examination is required in connection with the mentally deficient and wayward youth yet their disposition, care and training belongs to the Department of Justice and right well has the Attorney General in Nova Scotia undertaken these responsibilities. Just where is the department of Vital Statistics including mortality and morbidity rates, births and marriages, is somewhat of a conundrum.

Perhaps the time is ripe for the establishment of a Department of Public Health with at least a Deputy Minister responsible in all matters to the Premier of the Province.

(Contributed to the BULLETIN some months ago by an interested observer).

HAMILTON MEMORIAL HOSPITAL.

The recent addition to this Hospital makes it practically a new institution. It will be recalled that this hospital was originally donated to the town of North Sydney by the late A. G. Hamilton, as a memorial to his son who had suddenly died. The new structure, which is a four storey building, 98 by 40 feet, adjoins the old building to which it is joined by a wide one storey hall. It is, of course, finely situated commanding an excellent view of the beautiful harbor and of the town.

It is almost sound proof and fire proof. The exterior walls are insulated by one-inch cork boards, the interior walls protected by cement fire stops with insulating board between the floors. The basement with walls and floors of concrete, besides furnace, storage, utility and laundry rooms, has an X-ray room, an emergency ward and a Staff Ballroom.

The second floor includes four private wards, public ward, kitchen, diet kitchen, waiting room and nurses' station, pantry, nurses dining room, sisters' dining room, and staff dining room. The third floor has four private wards, two public wards, maternity ward and nursery, babies' bathroom, office with nurse's station and three baths.

The fourth floor has four private wards, two public wards, operating room, doctor's scrubup, general purpose lobby, ether room, nurses' station, linen closet and four baths.

The four floors are connected by an automatic elevator, which passes through a cement fireproof shaft and accesible constructed stairways. The woodwork throughout is of Douglas fir.

All the floors are covered with a heavy grade green battleship linoleum, with the exception of the operating room, which has a beautiful pearl grey tile floor.

The wards are bright and cheery, with plenty sunlight and are arranged with everything pertaining to the comfort of the patient.

The citizens of North Sydney now have a hospital in which they should feel the greatest pride, it stands as a fitting monument to the efforts of the Sisters of the hospital and the citizens in general.

EASTERN KINGS MEMORIAL HOSPITAL.

The day following the official opening of this hospital, which was May 27th, 1930, a BULLETIN reporter had the pleasure of being shown through this very modern and up-to-date institution. Most of our readers are aware that the present institution is the natural successor of a very efficient Cottage Hospital that was personally owned and operated by Dr. C. E. A. DeWitt of Wolfville. We have never been able to understand why any doctor should open a private hospital. For unless conducted on a very large scale and with a great deal of publicity, which it is very hard sometimes to regard as wholly ethical, it is a non-paying proposition.

The fact that Dr. DeWitt was able to have the Cottage Hospital continued for a number of years was evidence that it was giving good service to the community. It must have been fairly well patronized by the community, if we may be permitted to use this expression, to have been operated for a period of eight years. It may not be necessary to indicate why a private hospital should become a general hospital, other than what we have just stated, excepting to note that modern demands by the people upon hospital services has come to be so great and embrace so much that has to do with equipment and facilities, that the only solution is its conversion into a general hospital.

But when the need was realized people in Wolfville and vicinity devoted a great deal of time, energy and thought, throughout the whole of 1929, to the project which culminated last June in the official opening of the Eastern Kings Memorial Hospital. The name means something, of course, but from the hospital standpoint, one almost wishes that the title "Westwood" might, somehow, have been continued.

In the first place, your reporter has an eye to beauty of location, and recalls that many of our hospitals in this province are beautiful of situation but none to surpass this have we seen elsewhere. When the landscape artist and the men working under him have completed their work upon the grounds sloping gently from the hospital to the Main Street of the town, the view and surroundings will not be excelled by any other similar institution in this province.

Strange to say the plain brick and stone front of this building appears especially fitting to its beautiful surroundings. Its basement contains very satisfactory working equipment including kitchen, laundry, storerooms, etc. In contrast with other hospitals the operating and auxiliary rooms are situated on the first floor in the North wing. At a later date no doubt the Nurses quarters, at present situated in the opposite wing on the first floor, will be utilized for the use of patients. The whole bed accommodation for patients is practically on the second floor. Naturally maternity, children, public and semi-private wards are small, and we are afraid that very soon steps will have to be taken to increase the bed accommodation which is now sufficient for 25 only.

Much that your reporter was interested in, namely,—the store rooms, kitchens, laundries, preparation of staff meals and conveyance of food to patients, would not be of particular interest to BULLETIN readers. It may be safely stated, however, that if the food service in a hospital is not planned with proper facilities and conveniences the hospital will soon become like the second rate hotel and deservedly so.

It has always surprised your reporter how in comparatively small districts such a large amount of money can be raised as is needed in the establishment of a hospital. The approximate cost of this institution is \$93,000, and we will be very greatly surprised if this entire indebtedness is not fully discharged by the end of 1931. True this hospital, as in the case of others, has had some very generous benefactors, yet it really represents the gift of the men, women and children of Eastern Kings County to what they consider their debt of obligation to their own community and their further contribution to the welfare of this province as a whole.

ESSELL.

July 14, 1930.

HOSPITAL NOTES.

The Cape Breton County Asylum with some 225 patients is overcrowded. Of this number 67 are chargeable to the City of Sydney. Then Sydney has some 65 patients in the Nova Scotia Hospital, which with those in the Cape Breton County Asylum would justify an institution of their own for these cases. When, however, a bill was presented before the last session of the Legislature to borrow an amount for the construction of such an institution, it is strenuously opposed by the County Joint Expenditure Board. There must be a desirable middle course, there can always be found a *quid pro quo*. But our municipal leaders still need to broaden their outlook and think and speak in accord with the larger vision of Community welfare.

This is pre-eminently the period in our national life when *Standardization* seems to be the chief object in education in industrial equipment and production, in dairy production, in health management, in all the thousand and one forms of human activity. It is little wonder that our medical colleges and our hospitals are included in this genuine effort to secure the best service. The *Sydney Post* thus refers to several of our Eastern Hospitals:—

“Giving Nova Scotia a higher average than either Canada or the United States, taken as a whole, twelve of the fifteen hospitals of this Province are fully approved as meeting the minimum requirements of the American College of Surgeons, a recent survey by that body, shows. Those fully approved include, City Hospital, Sydney; St.

Joseph's Hospital, Glace Bay; General Hospital, Glace Bay and St. Martha's Hospital, Antigonish.

Members of the nursing profession of The Medical Staff of Victoria General Hospital were interested in the recent marriage of a graduate nurse of that hospital. Following her nursing services training she was awarded the Victoria General Alumna prize for general efficiency, and for over two years was a member of the nursing staff of that hospital. On June 25th, 1930, Miss Margaret Blanche, daughter of Mr. and Mrs. S. M. Lockhart, was married in New Glasgow, to Mr. A. F. Douglas, son of Mr. and Mrs. J. B. Douglas of Halifax. After an extended honeymoon they are taking up their residence in Halifax.

Owing to ill health Miss Elizabeth Murphy, R. N., formerly night superintendent of St. Rita's Hospital, Sydney, has been compelled to resign her duties for a time. Miss Mary Doyle, R. N., a recent graduate of St. Martha's Hospital Training School is filling that position in the meantime.

The BULLETIN is still open to receive information as to the earlier hospitals in Canada. The—L'Hotel Dieu du Precieux Sang, Quebec—was established in 1637 and is still in operation, and several others were operating in Quebec Province previous to 1700. We have no information of anything earlier in that section of the New World.

However, in Nova Scotia there is proof of the operation of a hospital called St. Jean de Dieu at Port Royal in 1629. It is concluded it was not functioning at the close of that century for we read of the erection in 1702 of a hospital of 8 beds. In 1726 began the construction of the famous Louisburg hospital operating till 1758, until the fall of the fort.

In 1815 a marine hospital in Halifax was taken over by Doctors Head, Anderson and Hume, as noted by an old advertisement. The Montreal General was founded in 1818.

Who is to be our Hospital Historian?

Across the Line. Reference was recently made to an effort to dismiss Canadian Nurses who were employed in the City of Detroit. The plan failed because United States Nurses were not available in sufficient numbers. Probably the same result would follow if Canadian Nurses in New York or Boston were told to get out. A recent press despatch says:—

“Important positions in the schools of nursing and the larger hospitals of New York are held mostly by Canadians. A high per centage of those presently in training are also Dominion born, and, on the last available figures, sixty-five per cent., of the nurses engaged

in private work here hailed originally from Canada. According to those in a position to know the numbers shows no signs of diminishing."

Then a very considerable percentage of each year's graduates from Nursing Schools in Canada, perhaps especially in Nova Scotia, go to the States for employment. It is also noted that they all make good and they occupy many important executive positions. In the very nature of things this is an immigration hard to check. Our educational system is such that our school, colleges, hospitals, etc., turn out young men and women who are well qualified to do things. The distant field is ever inviting and the demand has never been fully met. But the Province that has raised and trained them suffers a great loss.

That the BULLETIN was justified in devoting considerable space to the fire hazard in hospitals and other humane institutions was evidenced when we learned of the death recently in Sydney of Sister St. Mary Antoinette. She was Mother Superior of Saint Anthony's Home and her death was indirectly due to shock sustained when the Home was burned about two weeks previously.

May 8, 1930, saw a total of 123 patients in St. Martha's Hospital, Antigonish. This is within about 20 of its official capacity, and is a wonderful showing for such a scattered section of the province as Antigonish and Guysboro Counties.

According to a report of the Chief Fire Marshall for Nova Scotia, more than 80 per cent. of the hospitals of the province have adopted safety X-ray films, and most of the others have the adoption of such films under consideration.

Psittacosis. In the April issue of the BULLETIN besides suggesting a "Polly Clinic", we asked if "it is safe to admit parrots to Canada unless certified as free from the disease or are non-carriers." Now, by recent federal legislation, we note the entry of parrots and similar birds is prohibited. The BULLETIN leads, others follow.

Points a Moral. If you do not hand your overdue accounts to *Dr. Collectem* as we advise in the BULLETIN how about taking the suggestion contained in a letter that speaks for itself?—

Dear Sir:—I'm sending you \$10 now as it's all I can. I'll pay the rest as soon as I can. The rest of them were pushing me harder than you are so I paid them first.

Branch Societies

VALLEY MEDICAL SOCIETY.

Twenty-Third Annual Meeting, held at Lawrencetown, May
13th, 1930.

THE twenty-third annual meeting of the Valley Medical Society opened with Dr. Campbell in the chair, the following members being present at the opening, Doctors Morse, Dechman, White, Kelley, Campbell, Hemmeon, Hall, Sponagle, Burns and DeWitt. The minutes of the last meeting were read and approved. The Secretary, then read a letter from Dr. Thomas H. MacDonald of Somerville, Mass., wishing the meeting every success. Dr. MacDonald has always retained his membership in our society and since going to U. S. A. has always followed our meetings with keen interest. A telegram was also read from Dr. Corbett, of the Nova Scotia Sanatorium staff, sending his regrets at not being able to be present and wishing the meeting success.

The Secretary then read a letter of thanks from the families of the late Doctors Paul Balcom of Berwick and John Miller of Canning in reply to letters of sympathy and wreaths forwarded by your Secretary in the name of the Valley Medical Society. A letter of thanks from Dr. Murdock Chisholm of Halifax, in reply to a letter of congratulations on the completion of his fifty years of practice, was read and it was voted that this letter be inserted in the minutes; it reads as follows:—

Halifax, N. S.,
Nov. 14, 1929.

“Dr. C. E. A. DEWITT,
Secretary, Valley Medical Society.

Dear Doctor:—

I want to thank the Valley Medical Society very cordially for their heartening message. I use the word ‘their’ to emphasize the personal outgoing of my thanks. That you may all thrive and live to enjoy a golden autumn, is the sincere prayer of,

Yours truly,

M. CHISHOLM.”

It was then moved, seconded and carried that the names of Dr. M. E. Armstrong of Bridgetown and Dr. E. O. Hallett of Weymouth be forwarded to the General Secretary of the Nova Scotia Medical Society for Honorary Membership in that Society.

Dr. Hemmeon moved that Dr. W. H. Eagar of Wolfville be made a member of the Valley Medical Society, seconded by Dr. Morse and carried.

Dr. Hemmeon moved the following resolution.

Whereas during the last year or two, several of the largest daily newspapers in the province have carried large display advertisements of patent and quack medicines and remedies.

And Whereas, in the case of at least one of these so-called remedies investigation of the research bureau of the American Medical Association has shown this remedy to be worthless and its proprietors fraudulent.

And Whereas, these newspapers continue to carry these advertisements after being informed of their fraudulent character by the General Secretary of the Nova Scotia Medical Society and others.

Resolved, (1) that this society commends the action of the General Secretary in this matter.

(2) *Recommends* that the Nova Scotia Medical Society offer its services to the newspaper publishers of the province for the purpose of investigating any medical advertising offered to them, and for the purpose of helping to suppress fraudulent medical advertising in reputable newspapers."

The above Resolution was seconded by Dr. White and carried, with the understanding that it be forwarded to the Secretary of the Nova Scotia Medical Society.

The following Resolution was then read and moved by Dr. Sponagle:—

Whereas, at the meeting of the Nova Scotia Medical Society at Pictou a Committee was appointed at the request of the late Hon. Mr. Mahoney as an Advisory Committee of the Nova Scotia Medical Society, to consult with and co-operate with the Government in the proposed reorganization of the Health Department, which in the opinion of the medical profession is urgently demanded.

And Whereas, certain appointments have recently been made, and of whose appointment this Committee was, we believe, not advised or consulted,—

Therefore Resolved, that the Valley Medical Society, protests this action, and that the protest be forwarded to the Nova Scotia Medical Society with a request that it be forwarded to the Government."

This was seconded by Dr. Hemmeon and, after some discussion carried.

The meeting then proceeded with the scientific part of the programme. The President, Dr. Campbell, in his address, took as his

subject, 'Health Matters,' and outlined certain ideals that might be aimed at in our Province. He mentioned a Minister of Health, who would be a member of the Government and a Deputy Minister, who would be a trained man, and several sub-heads, directly responsible to the deputy for their districts. He then went into detail regarding the more or less unsatisfactory arrangement, especially in the country districts. Dr. Campbell's address was listened to with great interest and it was moved and passed that it be published in the BULLETIN.

Dr. L. R. Morse followed with a paper entitled "Surgery and the General Practitioner". Many very practical points were brought forward in this paper and created a full discussion.

Dr. White of Bridgetown then gave a very interesting case report on Branchial Cyst. This case which was diagnosed and followed up by Dr. White was most interesting and was presented in careful detail and discussed by Doctors, Burns, Morse and Hemmeon. It was moved, seconded and carried, that this case be forwarded for publication.

The next paper was presented by Dr. Kelley of Middleton on *Burns*. The speaker gave a very comprehensive and instructive address and took up in detail the treatment of burns with Tannic Acid, citing several cases where treatment had proved very successful. As it is hoped to have this paper published details will not be given here.

Following the afternoon session the members enjoyed a splendid dinner at the Elm House. After dinner the Nominating Committee brought in the following names as officers for the coming year, all being duly elected.

President.....	Dr. Sponagle, Middleton.
Vice-President Annapolis Co.....	Dr. White, Bridgetown.
Vice-President Kings Co.....	Dr. Bethune, Berwick.
Vice-President Digby Co.....	Dr. Dickie, Digby.
Secty-Treasurer.....	Dr. DeWitt, Wolfville.
Provincial Executive.....	Dr. Hall, Bridgetown.
Provincial Executive.....	Dr. Kelley, Middleton.

(Signed) C. E. A. DEWITT,
Secretary-Treasurer,
Valley Medical Society.

(Signed) C. E. A. DEWITT,
Secretary-Treasurer,
Valley Medical Society.

Wolfville, N. S., May 30th, 1930.

"Dioxydiaminoarsenobenzene Dimethylenesulphonate of Soda". To know when you should write this prescription please consult *Laboratories Poulenc Freres of Canada, Ltd.* for particulars. They advertise in the BULLETIN.

Correspondence

DR. G. H. Murphy, Chairman of the Maritime Section of the American College of Surgeons has passed the following letter to the BULLETIN as the best means of having its contents known to the Fellows of the College in Nova Scotia:—

155 East 72nd Street, New York.

June 19th, 1930.

Dr. George H. Murphy,
27 Carleton Street,
Halifax, N. S.

My Dear Doctor Murphy:—

I have just reached New York and hasten to write you a brief note of thanks for the many courtesies to me during the meeting of the American College of Surgeons in Halifax.

It was really a great pleasure to meet the surgeons there in an intimate and personal way and I am grateful to you for all you did to make our visit profitable and pleasant. Give my kind regards to the other members of the College in Halifax.

With all good wishes,

I am sincerely yours,

(Signed) BURTON J. LEE, M.D.

From the above and from the parting remarks of the other visitors to Halifax at that time, we conclude that Halifax hospitality is still characteristic of the City and the Doctors there. Indeed, it is proper that we should note that all medical visitors to our Province always receive a very cordial welcome and they appreciate very much the various courtesies that are extended to them. The C. M. A. Post-Graduate speakers have always commented upon this characteristic of their visit to Nova Scotia.

Poor Dorothy—Doubtless many of our readers and all members of their families welcome the Pink Sheets of two or more of the Nova Scotia daily newspapers. At the bottom of one of these shown recently, we notice in display type the announcement that "You'll find your Favorite Features in the Columns of....., Dorothy Dix, Dr. Frank McCoy, The Gumps and many others are there to entertain you."

This may be a little hard on Dorothy Dix, but is it not just where much of the McCoy stuff belongs?

Reviews

GREEK MEDICINE.

Greek Medicine. By Arthur J. Brock, M.D. Reviewed in the April issue of the *Dalhousie Gazette*, by Dr. S. J. MacLennan, Halifax, N. S.

OF late years it has been the fashion to write books about the "Thought of the Ancient World." Inasmuch as most of our modern ideas have been derived from the Ancients, and especially from the Greeks, it is very fitting that we should have so many of these books.

This volume is one of a series entitled the "Library of Greek Thought". The author of this book is very favorably known by his excellent translation of Galen *On the Natural Faculties*, which was published in the Loeb Classical Library. There are two ways in which an author might deal with such a subject. He might write a thesis, giving references and quoting authorities for his opinions, or he might write a general introduction and illustrate his views by lengthy quotations from the various writers whom he has discussed. Dr. Brock has chosen the second alternative. The book consists of a general introduction, with translations from the Greek writers who have discussed medical questions.

The introduction gives an outline of Greek medicine from the earliest times, discusses Hippocrates at greater length, and concludes with a still longer consideration of Galen. The bulk of the translations are also appropriately made from Plato and Aristotle; from Plato, because his teaching greatly influenced Galen, and from Aristotle, because he was the founder of the science of biology. A translation is also given of Thucydides's very interesting account of the plague which raged in Athens during the second year of the Peloponnesian war, and which is considered by medical authorities to have been a variety of typhus fever.

One of the most interesting parts of the introduction is a discussion of the term "Physis," from which in association with "logos," comes our modern term physiology. The author is of the opinion that few modern scientists would admit that there is such a thing as "physis." He translates the word as "organism", and suggests that it has something in it truly mysterious and must be accepted as axiomatic in biology and medicine. There is no doubt that it is a difficult word to understand, and still more difficult to translate. The term "physis" was, however, used by some Greeks to signify the primary substance which they were all in search of, and meant the real thing underlying the world with its changes and different appearances. As Burnet has said, ultimate reality and the world of common experience were both

regarded as corporeal, especially in the earlier stages of philosophy; but as the idea of "physis" was more thoroughly developed, it tended to become something rather remote from common experience. If, however, the term might be restricted to its medical significance, might it not be translated by the word "Constitution?"

The selections from Hippocrates and Galen seem to have been admirably chosen, and it is very interesting that they have been prefaced by the first aphorism of Hippocrates of which Sir Wm. Osler was so fond, and which deserves to be quoted even in a review. "Life is short, the art long, occasions sudden, experience fallible and judgment fallacious. Not only must the physician show himself prepared to do what is needed; he must make the patient, the attendants and the surrounding circumstances co-operate with him."

One of the most significant things about Greek medicine which Dr. Brock has done so well in pointing out was its sound clinical insistence that no disease could affect any part of the body without affecting it as a whole. Plato himself recognizes the importance of this when he says in the *Charmides* 156.B.—"If anyone with a disease of the eyes should consult a wise physician, he would be told that the eyes cannot be treated without a consideration of the head, and that it would be great folly to treat the head without considering the whole body." These are wise words, which this present generation of over specialism would do well to heed. This book should prove very interesting to all physicians, and especially to those who are concerned with the history of medicine; while to the classical scholar who has no knowledge of medicine it should be very valuable.

One cannot help feeling that Dr. Brock has made, in an admirable way, a very fine contribution to a great subject.

THE PRACTICAL MEDICINE SERIES.

General Therapeutics. By Bernard Fantus, M.D.

The following is a summarized outline of the practical and comprehensive character of this volume of the Practical Medicine Series. A further review is also contributed in this issue.

General) Liver drainage by means of enemas; Injection of Anesthetic in oil in Pruritis Ani and Anal Fissure; Additional uses for Unna's Paste; Latest ideas in treatment of burns; Details of most approved injection methods for varicose veins and hemorrhoid obliteration.

Antipathic) The use of Plasmochin in malaria; Ethylhydrocuprein (optochin) in pneumococcus pleurisy and meningitis; Chiniophon (yatren-105) in amebic dysentery; Bacteriophage, lysozyme and antiviral—the newest concepts in antibacterial immunization; Essentials for success in hay fever immunization.

Alterative) Critical discussion of lead therapy in malignant disease; Safety rules for Thallium epilation; Salt-substitutes in salt-poor diet; Recent advances in the therapy of anemia; Important therapeutic uses of dextrose; Various forms of diet: low diet, high diet, carbohydrate-poor diet, protective diet, elimination diets; Irradiated Ergosterol (viosterol); Use of insulin to abolish diabetic coma and to increase weight.

Functional) Quinine suppositories in constipation; Mersalyl (salyrgan) as diuretic; Purins in Angina Pectoris; Latest developments in Spinal anesthesia; Evaluation of Avertin anesthesia; Non-narcotic analgesic combinations; How to use phenobarbital (luminal) in epilepsy; Therapeutic use and side-effects of ephedrin; Carbon dioxide to stimulate respiration; Banisterin or harmin in parkinsonism.

Toxic) Latest ideas on the treatment of snake bite and of accidental electrocution.

Physical) Palpatory massage in muscular rheumatism; Effect of heat and cold upon the abdominal organs; Therapeutic hyperthermia in neurosyphilis and in "rheumatism"; Critical evaluation of diathermy and ultraviolet ray therapy; Advances in roentgenography, such as gastric relief pictures, bronchography, roentgen pelvimetry; Roentgenotherapy of inflammations, hyperthyroidism, asthma, whooping cough. S. L. W.

Nervous and Mental Diseases. Edited by Dr. Peter Bassoe, M.D., Clinical Professor of Neurology, Rush Medical College of the University of Chicago, a 1929 Volume of the Practical Medicine Series, The Year Book Publishers, 304 South Dearborn Street, Chicago, 433 pages, price \$2.25.

The Editor's Preface to this volume gives a clear intimation of what the book will convey to the general practitioner as well as to the psychiatrist or neurologist. He says:—

"An important trend in the 1929 literature on nervous diseases is reflected in this volume by the devotion of a larger number of pages to 'Other Forms of Encephalitis,' than to 'Epidemic Encephalitis.' Particularly in Europe, there appears to be a falling off of the epidemic encephalitis, and a corresponding increase in various forms of 'disseminated', encephalitis, particularly those following vaccination and measles, and that resembling, and perhaps related to, 'acute multiple sclerosis'. While the epidemic form chiefly affects gray matter, the disseminated forms chiefly affect white matter, and cause destruction of myelin in patches. The same difference holds for ordinary acute poliomyelitis and disseminated myelitis. This volume also records investigations of importance concerning epilepsy, the sympathetic nervous system, and the endocrines. Fever therapy holds the center of the stage in neurosyphilis, and new and unusual methods of inducing fever are continuously being evolved."

Most of our readers are concerned with the cases met every day. The Dehydration Treatment of Epilepsy is regarded with special favor but it must be conducted with, what is most difficult to secure, exacting care and intelligent and constant co-operation of the patient. The same difficulty is encountered in treatment by special diets. Indeed, if complete co-operation is not assured the case is better declined and the patient so advised.

The Arsphenamin Treatment of Chorea is efficacious, but the cases must be kept for sometime under observation. We quote:—

“The amount of drug that proved sufficient to effect the disappearance of all traces of involuntary movements was 2gm. divided into from eight to ten injected doses. As a rule, after the second injection, a marked attenuation of the disturbances was noted. In addition, the arshpenamins brought about a notable improvement in nutrition. The patients could be regarded as cured after an interval of from thirty to fifty days. They were not, however, dismissed at once but were retained in the clinic, so that they might be treated promptly in the event that the disturbances reappeared.”

Several interesting pages are found to deal with the Medical Aspects of the Crime Situation and other phases of Legal Psychiatry. Perhaps it may be possible in a future issue of the BULLETIN to make some quotations and comments along this especial line for the benefit of those, if interested, who do not purchase the volume.

S.L.W.

General Therapeutics. This Volume of The Practical Medicine Series, 1929, is edited by Bernard Fantus, M.S., M.D., Associate Clinical Professor of Medicine, Rush Medical College of the University of Chicago. The series of eight volumes is published by the Year Book Publishers, 304 South Dearborn Street, Chicago, 440 pages, price \$2.25.

This volume of the Series covers the field of Therapeutics for the year 1928 to 1929. Each of the eight volumes is thus complete in its own field. For the general practitioner it is his *vade mecum* of therapeutic progress for the year.

The first point to notice is a somewhat unusual classification of subjects. The editor credits Solis-Cohen and Githen's "Pharmaco-therapeutics" with the nomenclature he has adopted, the various agencies being classified as to their specific field of therapeutic action. After a short reference to General Therapeutic Technic he thus classifies his abstracts under these headings:—Antipathogens; Tissue Alterants; Functional Modifiers; Toxicology and Physical Agents. Reading the book for specific information one needs to consult both the Table of Contents and the Index. The editor believes this is a greatly improved classification and, perhaps in a publication of this sort, it is the best possible.

New remedies that have been fully proven are given the place of prominence, while those not so verified are merely noted. Of the former irradiated Ergosterol, officially named "Vjosterol," is given

first rank, while Plasmochin is still on trial. Attention is also directed to advances definitely made in parkinsonism, amebic dysentery, in diuretics for obesity, in insulin in increasing weight in emaciated patients, in snake bite, in accidental electrocution, the powder treatment of burns, anaesthesia, injection treatment of varicose veins (now considered orthodox practice), etc.

However many promising methods are, he says, "still in the womb of time."

References are made to many recent methods of therapy which we are all interested in:—Tannic acid in burns; immunization; iodine; mercurochrome; roentgen rays; radium in malignant disease; ultra-violet rays; and the use of viosterol. As one reads this portion of this volume he is the more impressed that it is a very valuable book for the general practitioner that is making a consistent effort to keep his knowledge up-to-date. Some 411 authors have furnished the original articles which the editor has abstracted believing them to be of sufficient value to be so recorded. The vast amount of careful study of current medical literature this has entailed can well be imagined and it means labor saved for every reader of the volume.

S. L. W.

Dermatology-Urology. Practical Medicine Series, The Year Book Publishers, 304 South Dearborn Street, Chicago. Price \$2.25. *Dermatology and Syphilis* edited by William Allen Pusey, A.M., M.D., Emeritus Professor of Dermatology, University of Illinois and Frances Eugene Senear, B.S., M.D., Professor and Head of the Department of Dermatology and Syphilology, University of Illinois. *Urology*, edited by John H. Cunningham, M.D., Associate in Genito-Urinary Surgery, Harvard University Post-Graduate School of Medicine.

This Volume of the Practical Medicine Series is naturally of greatest interest to the men chiefly engaged in these three general lines of practice. Glancing over the pages devoted to the multitudinous forms of skin lesions one appreciates the real blessing of being a skin specialist, he alone has time to study his cases. Hippocrates, Harvey, Osler, McCoy or somebody said,— "The skin specialist is most fortunate in that he always has patients, for they never get well and they never die."

So a cursory reading of this volume does not bring to light anything startlingly new in the matter of treatment by serums, vaccines, or X-ray therapy, yet one is greatly impressed with the great amount of laboratory research work that is being carried on in every medical centre. But, lest we become too pessimistic, the paragraph on stimulation of hair growth suggests something better than the quack or the barber has to offer. The Editor says:—"That cignolin and quartz light irradiation are both capable of producing irritation and hyperaemia and call forth quickly significant new growth centers on the skin, and give relatively the best results in the growth of hair." Experiments showed, however, that the hair begins "to grow in the center

of the treated area, gradually spreads to the periphery, leaving the outermost edge bald." At least this is the way it affects rabbits!

An increasing number of skin diseases have been noted amongst industrial workers entitling the workman to Compensation. An abstract on Facial Erysipelas is of interest as the original paper was based upon the histories of these cases in the Massachusetts General Hospital from 1870 to 1928. The 40 pages devoted to treatment reads something to the same effect as Osler's Practice of Medicine. The 60 pages given to Syphilis is of great value to the specialist who wishes to check up the latest findings in diagnosis and treatment.

Regarding the general subject of Urology, Dr. Cunningham says,—
"The literature in this year's edition of the Year Book is well up to a standard. It contains a wealth of up-to-date, sound and important information on Major Urological Problems. As should be, there is a general trend to conservatism as exemplified in the papers on Urinary Antiseptics, Intravenous Therapy and Diathermy.

"Renal Tuberculosis, Stricture of the Ureter, Leukoplakia, Diverticula of the Bladder, and the Malignant Testis are particularly well discussed. Recurrence of Prostatic Hypertrophy with obstruction several years after apparently complete removal by competent surgeons is a fact well mentioned. There seems to be an increased number of interesting reports of rare and unusual cases, and anomalies.

"The year 1929 has seen the advent of Intravenous Pyelography which undoubtedly will mark a great advance in Urological Diagnostic Methods. Credit for this achievement goes to Prof. Von Lichtenberg and associates of Berlin. The method is particularly suited to cases in which Pyelography by the cystoscopic technique is impossible."

S. L. W.

Exchanges. The May number of the *Bulletin of the New York Academy of Medicine* devotes itself largely to further articles on Functional and Nervous Problems in Medicine and Surgery, to which we have referred previously in these pages.

Perhaps the most interesting of these has the title,—“Psychotherapy”, a simple term for a valued form of therapy most infrequently used by the general practitioner. Any reader of the BULLETIN who desires it may have the reading of this article by applying to the Secretary of the Medical Society of Nova Scotia. This *Bulletin* is also to be found on the table of the Library at the Dalhousie Medical College.

In a subsequent issue of the BULLETIN we will direct particular attention to another article in this same Journal by Dr. Carl Pototsky of Berlin which was another of these post-graduate lectures. As no one has sent our BULLETIN any contribution on the subject of his address on Insomnia, the writer will place it in the basket dedicated to *future articles* in the hope of getting around to it at an early date.

The Blackader Lecture Fund

(Nov. 26, 1929 to June 16, 1930)

Province	No. of Contrib.	Total Amount	
Alberta.....	33	\$ 223.00	
British Columbia.....	46	397.00	
Manitoba.....	25	257.00	
New Brunswick.....	17	182.00	
Newfoundland.....	1	25.00	
Nova Scotia.....	17	192.00	
Ontario.....	116	1,029.00	
Prince Edward Island....	7	65.00	
Quebec.....	132	1,446.00	
Saskatchewan.....	31	231.50	
England.....	2	15.00	
		4,062.50	
Less Bank Charges.....		10.15	
		4,052.35	
Bank Interest.....		19.05	
		<u>4,071.40</u>	

FINANCIAL STATEMENT

Receipts)

Nov. 26, 1929 to June 16, 1930.....	\$4,052.35	
Bank Interest.....	19.05	
	<u>4,071.40</u>	

Expenses of Collection)

Multigraphing circulars.....	\$ 35.24	
Letterheads and envelopes.....	95.88	
Clerical assistance.....	35.50	
Stamps.....	129.05	
	<u>295.67</u>	
Balance in Bank.....	3,775.73	
	<u>4,071.40</u>	

The following contributions were received by Dr. Bazin at our recent Annual Meeting in Digby:—

From the following members of the Executive,—	
Droctors Archibald, Wardrope, McNeil, Dunbar	
Hallett,.....	\$ \$45.00
From other members of the Society.....	\$ 30.00
	\$ 75.00

Dr. Bazin, under date of July 14th, 1930, writes:—

“Will you use the next issue of the BULLETIN to push collection of this Fund, asking that subscriptions be sent direct to me, Medical Arts Building, Montreal, and urging completion of this collection to full sum of \$5,000.00 before the date of the Meeting in Winnipeg.”

At some trouble for Editor and Printer this is inserted in the August issue of the BULLETIN so that you may comply with this request.

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Are There Clinics and Clinics?

The following effusion, on the authority of the Journal of the A.M.A., termed a poem, is republished in the BULLETIN because it suggests the title as above noted. It may be found in the Advertising Department of Vol. 94, May 17th., under the heading of Tonics and Sedatives.

THE MAYO CLINIC.

Well, I've been through the Mayo Clinic,
I've seen what there was to see,
I'm homeward bound on the Red Bird
And it's quite all right with me.

I've stood in line at the window
I've sat with the waiting throng
And a man from Maine has explained about
His spleen which it seems was wrong.

Strangers have spoken of tumors
Of bowels that wouldn't work
Of livers and lights and bladders
And knees that refused to jerk.

And a woman from Oklahoma
Revealed some things so broad
That I certainly hope they are only known
To her, and me, and God.

I've had both sizes of bottles
I've saved with a miser's zest
I've toted them proudly around with me
And compared them with the best.

I've draped myself in a linen sheet
I've donned my clothes and then
I've draped myself in a little cape
And donned my clothes again.

I've never changed my clothes so much
At least not to the skin
Since the days my mother undressed me
With a single safety pin.

They've punctured, and probed, and prodded
They have diagnosed my heart
They couldn't know more about me
If they'd taken me apart.

I've laid in bed in St. Mary's
Where they termed me an interesting case
And they've stood around and discussed me
As though I were not in the place.

I've fought with the dietitian
For the grub had no salt worth the name
And they fed me on spinach and carrots
And my friend with the gout got the same.

A nurse stayed with me each hour
For five or six nights, or more
Which I'm here to assert is going some
For a man of fifty-four.

A woman physician examined me
The result may be inferred
It may have been *grand* for the record
But the blood pressure—Oh my word!

I furnished unaccountable pressure
I furnished a beautiful chart
And we all knew as much at the finish
As all of us knew at the start.

Yes, I've been through the Mayo Clinic
I'm ready to go and get packed
I'm homeward bound on the Red Bird
Thank God—I'm still intact.

J. W. H.

Estimated Cost of Medical Care (Exclusive of Government Services).

The Annual Cost of Medical Services in the United States is 2.130 millions of dollars, or \$80.00 per year per family. This includes Patent Medicines and drugs, physicians, hospitals, nurses, dentists and irregulars.

National expenditures, non-medical, total 11.700 millions or \$436.00 per family per annum. This budget is made up of Passenger automobiles and gasoline (non commercial), tobacco products, candy, theatres, movies and entertainment, soft drinks, etc., jewelry and fur articles, radios and musical instruments, sporting goods, toys, etc., perfumes, cosmetics, etc.

Briefly this latter is largely an expenditure on non-essentials. These figures are presented only to indicate the relative expenditures for medical services and not to minimize the facts that illness and disability are very unevenly distributed through the population and that the largest problem before the medical profession is to secure an adequate distribution of modern medical services to the entire population at a reasonable cost. (*Journal of the A. M. A.*)

OBITUARY

THE death occurred recently at her home in Saint John, N. B., of Mrs. Elizabeth Brown after a protracted illness. She is survived by one son and two daughters, one of whom is Mrs. Havey, wife of Dr. H. B. Havey of Stewiacke, to whom we extend sympathy.

Captain A. E. Gullison, Harbor Master at Yarmouth, died at his Home, Yarmouth North, June 16th, 1930, aged 70 years. He had a long service mostly in command of Yarmouth-owned vessels. He is survived by his widow, formerly Miss Josephine Corning, one daughter, Mrs. Albert D. Parry of New York, and one son, Dr. F. E. Gullison of Yarmouth. Mrs. Blackadar, wife of Dr. R. L. Blackadar of Port Maitland, is a sister of the deceased. To those mourning, The BULLETIN extends sympathy.

At the home of her daughter, Mrs. Stramberg, wife of Dr. C. W. Stramberg of Trenton, early in June, Mrs. D. F. MacRae of Baddeck passed away at the advanced age of 88 years. For many years her home in Baddeck was a mecca for all who were interested in the welfare of the community. A son in Baddeck and her daughter, Mrs. C. W. Stramberg, in Trenton survive, who have the sympathy of all who knew the deceased.

Dr. George L. Wallace, Superintendent of the Wrentham, Mass. school for the feeble-minded, died at his home there July 3, 1930. Dr. Wallace was born at West Gore, Hants Co., N. S. in 1872, being the son of a prominent clergyman, Rev. John B. Wallace, a member of a large family settled in that section for many years. Dr. Wallace graduated from the Baltimore Medical College in 1898. Five years later he opened at Wrentham a School for feeble-minded boys. From ten boys the enrollment of the School has increased to 1,491 pupils and is highly regarded by those engaged in this kind of work. We think some of our own specialists received some inspiration from this School and its Superintendent.

Dalhousie University and C. M. A. Notes

IT is announced that the vacancies in the Faculty of Medicine, occasioned by the resignations of Professor John Cameron and Dr. O. S. Gibbs, have been filled by the appointment of Dr. Donald Mainland to the chair of Anatomy and Dr. N. B. Dreyer to the chair of Pharmacology. Dr. Mainland is a graduate of the University of Edinburgh, and has been for three years Assistant Professor of Anatomy at the University of Manitoba. He comes to Dalhousie highly recommended by Professor Robinson, of Edinburgh University, by Sir Arthur Keith, and by Professor Grant of the University of Manitoba.

Dr. Dreyer is coming back to Dalhousie, where he was formerly Assistant Professor of Physiology, after having been for three years Associate Professor of Pharmacology at McGill. He is a native of South Africa, where he completed his Arts Course. Further studies in Arts at Oxford obtained for him also the B. A. of that University. His medical studies were pursued at Oxford and at University College, London, where he held assistantships before coming to Canada in 1925, to become assistant to Professor Boris Babkin—who was then Professor of Physiology at Dalhousie.

W. H. H.

Miss Annie M. Stuart, of Grand Pre, has been appointed a member of the Dominion Council of Health.

Dr. Ralph P. Smith, Professor of Pathology at Dalhousie University, is spending a vacation period in Scotland.

Doctors Abramson, Barry, Case, and Warwick, of Saint John, were in Halifax early in June, participating in the examinations of the Medical Council of Canada.

Dr. V. O. Mader has been appointed assistant surgeon to the Victorial General Hospital, succeeding Dr. M. G. Burris, who resigned some weeks ago.

The new Highland View Hospital, which replaced the institution destroyed by fire about two years ago, completed its first year of activity on the thirtieth of June. During the year there were 861 admissions to the wards and 864 to the out-patient department. A total of 736 operations is recorded. There were 40 births in the obstetrical section. The year closed with thirty three patients in the hospital.

At the graduation exercises of the Aberdeen Hospital, New Glasgow, held on the fifth of June, seven nurses received the diploma of the training school. The principal speaker was Honorable Dr. George H. Murphy of Halifax.

St. Joseph's Hospital, Glace Bay, graduated eleven nurses on the eleventh of June. In the course of the exercises, addresses were given by Dr. M. J. MacEachern, of the American College of Surgeons, and Dr. Harvey Agnew, of the Canadian Medical Association.

First prize for essays written by school children on "Nova Scotians Abroad" has been awarded to Elsie M. Hart, of Malagash, who chose to write about Dr. George David Stewart—one of the New York colony of Bluenoses who has won distinction in the country of his adoption.

The corner-stone of the new nurses' residence of the Halifax Children's Hospital was laid by Lieutenant-Governor Tory on the afternoon of June fourteenth. Mr. O. E. Smith, President of the hospital, delivered an address in which he reviewed the history of the hospital and outlined future plans. The new building will release sufficient space in the hospital for the addition of some twenty-five cots.

Dr. Clyde S. Marshall, provincial psychiatrist, has accepted an appointment at Yale University, where he will carry on research work in the department recently created to study human relationships. He will leave Nova Scotia with the best wishes of all who have been associated with him in the work which he has initiated in this province.

The annual meeting of the Registered Nurses Association of Nova Scotia was held at Windsor on the fifth and sixth of June. Miss Edith Fenton, superintendent of the Dalhousie Clinic, presided. Dr. O. B. Keddy, mayor of Windsor, extended an official welcome to the Association, and Dr. J. W. Reid followed with a review of the history of nursing and an appreciation of the value of the trained nurse. A number of valuable papers were presented and fully discussed. A motor drive, tendered by the Windsor Rotarians, was much enjoyed. Miss Margaret MacKenzie, of the Provincial Department of Health, was elected president for the ensuing year, Miss Mary Campbell, Halifax, 1st Vice; Miss Andrews of Sydney and Miss Martin of Windsor, 2nd and 3rd. Mrs. Donald Gillis, Halifax, Secretary and Miss L. F. Fraser, Corresponding Secretary and Treasurer.

A largely attended meeting of the Hospital Association of Nova Scotia and Prince Edward Island was held at Sydney on the tenth and eleventh of June. Among those present were Doctors MacEachern and Scammell, of the American College of Surgeons, and Dr. Harvey Agnew, of the Canadian Medical Association. Speakers urged that

the hospital and public health services of the province should be more closely co-ordinated. Mr. L. D. Currie, of Glace Bay, was elected president for the ensuing year, with Miss Anne Slattery, of Dalhousie University, as secretary-treasurer.

Corner-stones of two new buildings of the Nova Scotia Training School, at Brookside, were laid on the third of July. The stone for the girls' dormitory was laid by Dr. S. H. Prince, president of the Provincial Society for Mental Hygiene, while that for the Trades building was laid by Honorable W. L. Hall, Attorney-General of Nova Scotia. The boys' dormitory building, recently completed, was visited by those in attendance at the ceremony, who commented on the comforts and conveniences it provides. The institution is for the feeble-minded, and its establishment affords much satisfaction to those who are interested in the care and training of this unfortunate group.

Prince Edward Island and Nova Scotia Fellows of the American College of Surgeons met at Halifax on the thirteenth of June. The day was commenced by a tour of inspection of the medical school and clinic of Dalhousie University and the hospitals in the neighborhood. The regular sessions were held at the Lord Nelson Hotel, with Honorable Dr. George H. Murphy presiding. Clinical papers were presented by Doctors Philip H. Kreuzscher and Bowman C. Crowell, of Chicago and Dr. Burton J. Lee of New York. Dr. Malcolm T. MacEachern of Chicago, spoke on hospital standardization. The establishment of a cancer clinic at Halifax was suggested as being very desirable, and the proposal received the unanimous approval of the Fellows present. Several motion pictures illustrating surgical methods were shown. A dinner in the evening was largely attended by members of the profession resident in Halifax. (See extended report in July Bulletin).

In the twenty-fifth annual report of the Nova Scotia Sanatorium, Dr. A. F. Miller records that 514 patients were under care during the year. The year began with 178 patients and closed with 184 patients in residence. Reference is made to the results obtained from treatment by artificial pneumothorax and thoracoplasty, and to the use of ultra violet rays in non-pulmonary tuberculosis. During the year the Sanatorium medical staff carried on tuberculosis clinics at six towns in the western part of the province. Dr. Miller asks for more infirmary provision (a request which was answered at the last session of the legislature by a vote of the necessary funds) and for more municipal assistance to needy persons who require sanatorium treatment. Ten per cent. of those discharged during the year left with their disease arrested; nearly fourteen per cent. with the disease apparently arrested; nearly thirty per cent. with the disease quiescent; and in nearly fifteen per cent., the condition was improved. Laboratory examinations numbered 4,373; x-ray examinations, 5,967.

W.H.H.

Locals and Personals

NOW it is Hole-in-One McKinnon, since Dr. W. F. McKinnon of Antigonish accomplished this feat on the local golf course recently. The scoring was witnessed by a large number.

Golf: A young farmer says:—"Golf ain't so bad. It's a bit harder than hoeing turnips, and a bit easier than diggin potatoes." Some medical near-golfers will give a turnip and potato demonstration at the Truro Golf Club next year. We would suggest some potato digging and turnip pulling for practice this fall.

The Pictou County Medical Society held its annual meeting in the Town Hall, Pictou, Thursday afternoon June 26th, 1930. This Society has been going strong since October 1864.

A Fish Story. The *Glace Bay Gazette* sponsors the following, doubtless having in mind some local Aesculapian Waltonites, although we are not aware that any of them could be regarded as proselytes, converts or backsliders.

A certain John Jones had been a 20-year's abstainer, but fell from the ways of grace and worshipped the vinous god with the fervor of a pervert.

Feeling the need of recuperation he sent his boy to an adjacent hostelry for a bottle of whiskey.

"But," cried the hotel proprietor, "who's it for?"

"For my father," said the boy.

"Nonsense! Your father is a total abstainer and has been to my knowledge for longer years than you've lived."

"Well, at all events, he sent me for it."

"What does he want it for?"

"To let you into a secret," said the boy, ashamed to tell the truth, "he's going fishing, and he wants the cork for a float."

The incident is noted by the *Montreal Gazette* of a very dry spell in certain rural parts of England where water, even by the bucket, was at a premium. One old village woman said, "What is the good of water? It's only parsons and doctors that wants a bath!"

A month or more ago Dr. A. Culton of Wallace, while returning home from a call in the early morning, lost control of his car and it plunged into the ditch against a bank of earth and stone. The damage was mutually sustained but, fortunately, was not serious.

Born. At Highland View Hospital, May 27th, 1930, to Dr. and Mrs. J. W. Sutherland of Amherst, a son, Roderick Crawford.

Dr. and Mrs. C. A. MacQ. Avard of Amherst have recently returned home for the summer at least. For the past number of months they have been touring the Mediterranean, visiting Palestine, as well as several European countries and the British Isles.

Dr. S. G. MacKenzie of Westville, has been included in the biographical sketches published occasionally in the *Chronicle* as one of Dalhousie's Athletic Stars. Coming from fine sturdy stock, (his father and mother a few weeks ago observed their 60th Wedding Anniversary), being born and brought up in Truro, husky of frame and afraid of nothing in human shape or action, of course he made good, especially in football, hockey and medicine. When he settled in Westville his first course was to make his adopted town a leader in sporting events. Success was immediate and the citizens handed him a platter holding a command to sit in the Mayor's Chair. The latter proved no recreation and last year he had to take an extended holiday. Incidentally, it may be noted that his spare moments have been quite fully occupied in looking after an exceedingly large medical and surgical practice.

Following his attendance at the meeting of the American College of Surgeons in Halifax, June 13th, Dr. J. J. Roy of Sydney stopped over Sunday with his mother, Mrs. James Roy of New Glasgow.

Dr. Jack Land of Sydney, 1930 Gold Medallist at McGill, is spending his year's hospital internship in the General Hospital, St. John's, Newfoundland.

Dr. J. W. McLean, North Sydney, returned the middle of June from his visit to Toronto and vicinity. Incidentally he was in attendance also at the General Assembly of the Presbyterian Church.

Dr. A. M. Marshall, Gottingen St., Halifax, recently returned from a short visit to Toronto. He regretted missing the lectures given by representatives of the American College of Surgeons in June last.

At least two of our Cape Breton confreres participated in the discussions and frivolities incident to a Shriners' Convention—Doctors F. T. McLeod and J. C. Morrison attending the recent convention in Toronto.

Pass Concurrently. A Pictou County paper thus refers to the last week in the life of a deceased citizen. "His last week's illness was of but a week's duration."

Dr. A. D. Webster of Edinburgh, brother of the late Dr. H. B. Webster of Kentville came home in June for a visit to surviving members of the family.

C. A. M. C. The following were granted leave of absence from Annual Training for 1930:—Lieut. I. R. Sutherland, C. A. M. C., M.O., Annapolis Regt.

Lieut. J. W. Sutherland, C.A.M.C., M.O., Cumberland Highlanders.

Lieut. H. R. Corbett, C.A.M.C., No. 22 Field Ambulance.

Young Author: "Do you make much use of the colon?"

Fair American: "Oh, yes—daily or almost." (From a Glace Bay reader).

Dr. Barry Burgess, an Ophthalmologist of Boston, was married May 2nd, 1930, at the Little Church Around the Corner in New York to Miss Bertha M. Gough, R.N., Arlington, Mass. Dr. Burgess is a son of the late Mr. Joseph Burgess and Mrs. Burgess of Sheffield Mills. He graduated at Acadia in 1912 and then secured his M.A. and M.D. from Harvard. He was a valued member of the C. A. M. C. during the war where many of us met him.

Some Boosting. "Miss C. . . . was operated on successfully in the local hospital for appendicitis. This young lady came all the way from Chicago to have the operation performed by Dr. . . . in the local hospital. This speaks volumes for Dr. . . . 's ability and also for the local hospital, nurses and management. We ain't quite so big as Chicago—but one way and another, Chicago kills more people than we do." (From a N. S. newspaper).

Now it is the *Micrococcus Coryza*, whose attacks will be met and whose ravages will be prevented, by a *vaccine* producing a *three year immunity*. Alas! what ailments will be left for us to talk about and about which to advise our neighbours? Another research worker should be put on to replace this loss.

When Dr. H. L. Scammell was visiting the hospitals in the Maritimes recently he and Mrs. Scammell spent several days with relatives and friends in New Glasgow and Pictou. The Doctor's services in hospital inspection are very much appreciated by the Directors of the American College of Surgeons.

Dr. and Mrs. Dan McDonald of North Sydney enjoyed in June and July an extended visit from their daughter, Mrs. Amyot of Ottawa. Mrs. Amyot will be known to BULLETIN readers as formerly Miss

Katherine MacDonald, now the wife of Dr. G. F. Amyot, Superintendent of the farthest North Canadian Hospital. Dr. Amyot is a son of Dr. J. F. Amyot of the Federal Department of Health at Ottawa.

Doubtless knowing that her father, Dr. L. W. Johnstone of Sydney Mines, required very careful attention during recent strenuous days, Miss Ethel Johnstone returned home the middle of June after an extended visit in Calgary.

Dr. John R. McNeil, Dalhousie 1930, has located at Dominion No. 1. He paid a recent visit to his parents in Inverness.

Large Babies. A Provincial newspaper has the following:— "What is believed to be a world's record in weight of new born babes was established recently in Alma, Albert County, N. B. . . . Weight 18 pounds, minus clothing of any description." However, this is far from being a record, even for a birth at term. In the BULLETIN of February, 1927 is a Case Report of a birth where the baby weighed 20 pounds, 2 ounces. That the latter was stillborn is beside the case as foetal sounds were plainly heard two hours previous to the completion of labor.

The pastor of a small church whose stipend was correspondingly small was presented, by his congregation, with a supplementary sum of money as a donation. Almost simultaneously, a new baby was added to his already large family. On the following Sunday his people waited with bated breath to hear which incident he would refer to first and this is what they heard, "Oh Lord we thank Thee for a little welcome succor." (Contributed).

C. A. M. C. Recent District Militia Orders have these references to several members of our Society:—

To be Lieutenant and attached to 1st Reg. K. C. Hussars: Dr. G. R. Forbes, Kentville; To be Lieutenant and attached to K. C. Hussars (supernumery): Dr. P. S. Cochrane, Wolfville; To be attached to 2nd Res. Regt. K. C. Hussars, from 1st Regt. Major A. S. Burns, Kentville; To be Lieutenant and attached to 1st Bn. C. B. Highrs. Dr. W. G. J. Poirier, New Waterford.

The Glace Bay Gazette of July 9th, notes the return of Dr. Dan McNeil from attendance at the Annual Meeting of the Medical Society of Nova Scotia and in the next column it is noted that, as President of the Liberal Party in Glace Bay, he would preside at a meeting addressed by Hon. Peter Heenan and others on July 9th. Well he didn't miss the Annual Meeting anyway and he was elected a Vice-President. We also note that Dr. Benvie of Stellarton also, after his

return from Digby, presided at a similar meeting and "discharged his duties in a capable way and introduced the speakers in that happy manner which is characteristic of him."

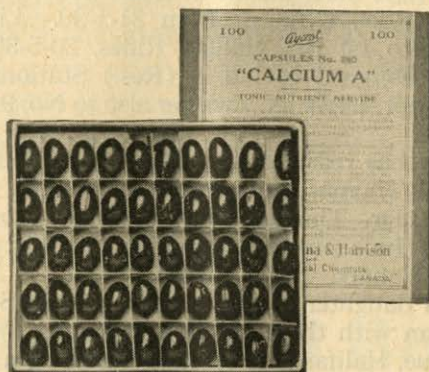
Supplementing another item relative to the recent visit of Dr. H. L. Scammell to Nova Scotia we would add that Dr. Scammell left home the first week in July to carry on the same hospital inspection in British Columbia as he did here. In the meantime Mrs. Scammell is remaining for a more extended visit with her parents, Mr. and Mrs. Henry Henderson of Westville.

Dr. W. H. Chase, Dalhousie 1922, of Montreal and Dr. Lalia B. Chase, Dalhousie 1924 of Wolfville returned recently to their home in Wolfville, from an extended trip to Europe. Doctor W. H. Chase on the staff of the Royal Victorial Hospital, Montreal, spent some nine months in Germany doing post-graduate work. Dr. Lalia Chase was in attendance at the International Women's Council at Vienna, representing Nova Scotia.

Among those present at the recent meeting of the Medical Society of Nova Scotia it was very pleasant to welcome Dr. John Stewart of Halifax, Honorary Member of the Medical Society of Nova Scotia, Life Member of the Canadian Medical Association. If we mistake not Dr. Stewart was present at the first meeting the Society held outside the City of Halifax in the Town of Pictou. It was the purpose of those present to make some reference to this at the Dinner on Wednesday evening but, perhaps because it was kept strictly *sub rosa*, Doctor Stewart preferred to eat quietly that evening before the banquet, and careful search over the hotel failed to find him at a later hour. At the same time two chairs were held vacant at the head table for Doctor Stewart. Two were held because he was accompanied by Dr. Arthur D. Webster of Edinburgh, who accompanied him to Digby. The members of the Society would have been delighted to have extended to these medical confreres of ours most sincere and felicitous greetings.

In the case of Dr. Webster this would have had a considerable significance on account of his being the oldest living member of the Webster family, so many of whose sons have been identified with medical practice in this province. With the passing a few months ago of Dr. H. B. Webster of Kentville, as Dr. Arthur will soon return to his adopted home in Edinburgh, it remains for Dr. C. A. Webster of Yarmouth to uphold alone the prestige of the name in this province. We feel it is quite fitting here to suggest that Dr. Webster of Yarmouth might supplement some very interesting notes he has furnished about former practitioners in Yarmouth with some further notes of the Doctor Webster that worked so faithfully in his native county. Is not this as good as a command?

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Perhaps the members of the Medical Society of Nova Scotia have come to a wise appreciation of much of the advertising literature that comes to them so frequently these days. Perhaps that, from the Battle Creek Sanitarium is getting its proper reception.

Militia Orders note the attachment of Lieutenant F. F. P. Malcolm to the 14th Field Bde., C.A., as from 31-1-30. Lieutenant C. E. Kinley is attached to 1st Bn. Halifax Rifles, 20-5-30. Capt. A. R. Campbell M.C. is assigned to No. 9 (Res.) Stationary Hospital as from 1-4-30, with Capt. D. W. N. Zwicker also to No. 9 as from 19-5-30.

The BULLETIN has received this Wedding Announcement:—

“Mrs. Michael Thomas Sullivan announces the marriage of her daughter Mary to Dr. Thomas Francis Meahan on Saturday the twenty-first day of June nineteen hundred and thirty Saint Thomas Aquinas Church, Halifax, Nova Scotia.”

The bride is a daughter of the late Dr. M. T. Sullivan of Glace Bay. Mrs. Sullivan with three children at home, is now residing at 26 Rosebank Avenue, Halifax. After graduation from McGill in 1928, Dr. Meahan went to Glace Bay as Assistant to Dr. Sullivan and now “Miss Mary”, as she was called by her many medical friends, will be back again in her home town. The honeymoon includes a visit to the Doctor’s former home in Bathurst and will be extended to the Pacific Coast. Congratulations.

Kentville was well represented at the Digby meeting. Among those present at one or more of the sessions were Doctors McGrath and Mrs. McGrath, Doctor B. S. Bishop and sons, Doctors Forbes, Corbett, Burns and others from the Sanatorium. We are not sure but this did not equal at least in numbers those from Halifax.

As, perhaps, appreciative of the efforts of the General Secretary of the Medical Society of Nova Scotia, to assist in arrangements for the June meeting of the American College of Surgeons, the BULLETIN Library has been increased by the addition of the 1930 edition of the Proceedings of the College. It is a very fine appearing volume and has already given us some material for the biographical material we are collecting for the Society. The BULLETIN very gratefully acknowledges the favor of its exchange.

A number of doctors generally in attendance at our annual meeting were conspicuous this year by their absence. Among them we noted Dr. L. W. Johnstone, Dr. J. A. McDonald, Dr. M. E. McGarry, Dr. J. J. Cameron, Dr. John Bell, Dr. D. L. McKinnon, Dr. A. McD. Morton, Dr. W. N. Rehfuss and some others around the South Shore. We have our suspicions as to how they came to be so busy just at this time.

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BRINGS WHOLE SUNLIGHT INDOORS

It is generally agreed that the stimulative power of sunlight during the summer months is responsible for the comparative immunity of the general population to epidemic ailments during the early part of winter. After a "bad" summer the incidence of infectious disease rises sooner and maintains a high level until the Spring.

This in itself is a clear indication of the need for more sunlight in the lives of the people as a whole, but while the majority live and work behind ordinary glass windows which do not admit the essential ultra-violet rays, there can be little hope of any great improvement in the standard of public health.

Write for authoritative data and the story of VITA Glass.

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Now after the BULLETIN had lined up Dr. O. R. Stone of Sherbrooke and the Rev. Howard Hamilton, Pastor of St. John's United Church, in the same place, as the best safety First Community Team in Eastern Nova Scotia, the combination is destroyed because the Reverend member is transferred elsewhere. When the community observed the breaking up of the combination one of the items on the programme was a duet by the former partners, entitled "Some day the Silver Cord will Break."

Again it is a pleasure to note that Dr. T. H. McDonald of Somerville, Mass. has been visiting his mother, Mrs. J. K. McDonald at his old home in New Glasgow. He has many friends who are glad to welcome him.

Dr. Joseph W. McKay of the X-ray staff of the Montreal General Hospital spent a two weeks' vacation in July mostly with Mrs. McKay's parents at the summer camp of the latter at Folleigh Lake. Dr. McKay is a son of the late Doctor John H. McKay of Truro. Before going to Montreal he was in general practice in Truro. He spent a few days in Halifax where his mother now resides.

As far as the writer is concerned, he is no Golf enthusiast, but he believes the contest at Digby was not quite on the level. This was either the fault of the ground or the arrangements made by that Professionalist Dr. R. H. Sutherland. It has been suggested that he selected a weak opponent and advised him to default and the Scotsman appropriated the prize,—a very superior dozen of golf balls. Be that as it may a different plan is already outlined for next year and probably an impartial lady will be in charge of the tournament. Already intimation has been given that a valuable cup will be the chief official prize. Several one-hole members of the Society are advised thus in advance.

We mentioned a few doctors as being absent from the recent meeting with the suggestion that they were busy with politics. Please do not think we made a complete list, so do not feel aggrieved if *your* name was omitted. Perhaps after the 28th of a certain month some of us will be glad we were not mentioned. At the same time a number who are said to be active politicians were there. We noted Dr. L. J. Lovett, Dr. O. B. Keddy, Dr. G. H. Murphy, Dr. H. K. McDonald, Dr. J. A. Sponagle, Smith Walker and others, not forgetting Dr. Dunbar of Truro. But then the Hon. W. A. Black, Mr. H. B. Short, the Hon. R. B. Bennett and others were also in Digby at the same time. So, you never can tell.

The BULLETIN is pleased to note the very fine reception that has been accorded to Dr. H. L. Scammell, Field Representative of the

Whereas

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Whereas

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Be it resolved

That, in the feeding of healthy babies, as a modifier of cow's milk, the physician's carbohydrate of choice is

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American College of Surgeons, Hospital Department, during his recent visit in his native province both for Hospital Inspection and holiday purposes. His former service in the Victoria General Hospital has evidently been of good service to him for Dr. M. T. MacEachern, his Chief, spoke very highly of him at the meeting of the College in Halifax last June. He was accompanied to Nova Scotia by Mrs. Scammell and they spent considerable time at the Doctor's old home in Pictou County. Both he and Dr. Campbell attended the meeting, also in June, of the Hospital Association held in Sydney.

Dr. A. F. Miller spent several days in Charlottetown the second week in July in attendance upon a special meeting of the Maritime Tuberculosis Educational Committee. Dr. T. Ives Byrne, Provincial Health Officer of Halifax was also in attendance.

Dr. Arthur Webster of Edinburgh, after a far too brief visit to his sisters and his former friends in Kentville, sailed from Halifax via S. S. "Nova Scotia" July 12th, 1930. He was particularly pleased to visit his early home and was enthusiastic as to the natural beauties of Nova Scotia which were comparable even to those of Auld Scotland.

Dr. D. S. McCurdy of Truro made the Annual Meeting at Digby a place of meeting with a very nice lady whom he motored home to Truro. Mrs. McCurdy had been visiting friends in Boston and returning met the Doctor in Digby.

The beautiful home and grounds of Dr. L. W. Johnstone at Sydney Mines were the scene of a gala reception and luncheon tendered to Hon. R. B. Bennett and party early in July.

Dr. W. R. Morse, McGill 1902, Dean of the Medical School of Union University, Chengtu, West China, accompanied by Mrs. Morse has been spending a much needed vacation at the Doctor's former home in Lawrencetown, presumably the guest of his brother Dr. L. R. Morse of that town. They are presenting to Acadia University, after local exhibition, many Chinese and Thibetan curios, together with paintings of Chinese views. Doctor Morse is an F. R. C. S. of England and Mrs. Morse is the head of the Department of Art of the University mentioned. Doctor Morse has been a Medical Missionary in China since 1909.

Dr. J. F. Argue, Ottawa, Registrar of the Dominion Council has announced the list of those who successfully passed the June examinations of the Council. In this list we note the following who took the examination at Halifax:—

Edgar Stirling Gillings, Murray River, P. E. I.; Wilfred Bell Howat, Summerside, P. E. I.; Charles Hamond Johnson, Bathurst,

in cystitis and pyelitis

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N. B.; Charles McLean Jones, Dalhousie, N. B.; James Reginald Lingley, Wolfville, N. S.; John Roderick McNeil, Inverness, N. S.; Ronald Ian Macdonald, Halifax, N. S.; Eva Waddell Mader, Toronto, Ont.; Fred Arthur Minshull, Halifax, N. S.; Arthur Lyster Murphy, Halifax; Angus Edward Murray, Hillsboro, N. S.; Andrew Love Richardson, Westville, N. S.; Arthur Herbert Sangster, Windsor, N. S.; Henry John Townsend, New Glasgow, N. S.; William Francis Dunn, Montague, P. E. I.; Jacob Land, Sydney; Thomas James Quintin, Harbor Grace, Nfld.; Vernon Douglas Schaffner, Lawrence-town, N. S.

Isn't this the Limit? In the July 1930 issue of the BULLETIN on page 371, will be found the following which appealed to the Editor of the BULLETIN as being rather funny. "Mother, is our new maid a German?" "Why, no dear: why do you ask?" "Well, said the little girl, "I heard papa speak to her in the hall last night, and he said, 'Good night, Hun'." A number of our readers have also had the same idea about it and have repeatedly inquired as to where we get all the jokes that are published in the BULLETIN. Imagine, therefore, our surprise when, as Secretary of the Medical Society of Nova Scotia, we received recently the following communication—

"Herbert Rehmet,
3565 Oxenden Ave.,
Monreal, P. Q.
The Medical Society of Nova Scotia,
Halifax, N. S.

Dear Sirs:—

In the July issue of the Nova Scotia MEDICAL BULLETIN reference is made on page 371 to German as being synonym to Hun.

I am very much surprised to find this war reminiscence in a scientific paper.

May I ask you to give me the name of the editor who is supervising the edition of your bulletin.

Very truly yours,
(Signed) Herbert Rehmet."

Montreal, July 7th, 1930.

We will not quote here the reply made to this letter, but we consider that, if our original story had any humor, its reception in this quarter verges almost on the ridiculous. Any way we think our readers will laugh as easily at the latter as the former.

But, strange to say our letter was returned by the P. O. Dept., "Not at this address." Perhaps the joke is on the BULLETIN after all.

A Scotchman named MacDermot, when reviewing a recently published book, "The Dramatic in Surgery," in the *C. M. A. Journal* of May, 1930, could not refrain from giving the Author credit for this incident. It seems the Author included in his book "the case of hydrocele in the Scotchman, who, on his way to the hospital for tapping, caused it to rupture by bending to pick up a sixpence on the pavement!"

The Medical Society of Nova Scotia 77th Annual Session

Digby, N. S., The New Pines Hotel—July 2nd and 3rd, 1930.

THE 77th Annual Session of the Medical Society of Nova Scotia met at Digby, N. S., July 2nd and 3rd, 1930, all meetings being held at the New Pines Hotel. Following a long session of the Executive Tuesday afternoon and evening the meeting was called to order by the President, Dr. E. O. Hallett, at 10.30 A. M. in the Recreation Hall of the hotel. On the previous day and this morning and later during other sessions registrations were recorded as follows:—

1. Dr. J. Knox McLeod Sydney.
- 2-3. Dr. and Mrs. J. W. Reid, Sr. Windsor.
- 4-5. Dr. and Mrs. T. Ives Byrne Halifax.
6. Dr. P. S. Campbell Port Hood.
7. Dr. A. S. Burns Kentville.
8. Dr. S. L. Walker Halifax.
- 9-10. Dr. A. E. and Mrs. Blackett New Glasgow.
- 11-12. Dr. and Mrs. A. C. Gouthro Little Bras d'or Bridge.
13. Dr. R. L. Blackader Port Maitland.
- 14-15. Dr. T. R. and Mrs. Johnston Great Village.
- 16-18. Dr. Dan MacNeil and daughters Glace Bay.
- 19-20. Dr. and Mrs. W. R. Dunbar Truro.
- 21-23. Dr. B. S. Bishop and sons Kentville.
24. Dr. A. T. Bazin Montreal.
25. Dr. R. E. Wodehouse Ottawa.
26. Dr. D. W. Archibald Sydney Mines.
- 27-28. Dr. H. E. and Mrs. Kelley Middleton.
29. Dr. J. A. Sponagle Middleton.
30. Dr. W. H. Hattie Halifax.
31. Dr. G. H. Murphy Halifax.
32. Dr. N. H. Gosse Halifax.
- 33-35. Dr. and Mrs. R. M. Benvie and Mrs. W. J. Graham Stellarton.
36. Dr. M. T. Wardrope Springhill.
37. Dr. R. H. Sutherland Pictou.
- 38-39. Dr. and Mrs. E. T. Granville Bedford.
40. Dr. G. R. Burns Halifax.
41. Dr. H. R. Corbett Kentville.
42. Dr. G. R. Forbes Kentville.
43. Dr. J. Stewart Murray River John.
44. Dr. Ross Millar Ottawa.
45. Dr. C. J. W. Beckwith Kentville.
- 46-47. Dr. and Mrs. B. W. Skinner Hubbards.
48. Dr. Lewis Thomas Halifax.
49. Dr. R. K. Muir Dalhousie University.
50. Dr. E. B. Hall Bridgetown.
- 51-52. Dr. and Mrs. P. E. Belliveau Meteghan.

53-54.	Dr. and Mrs. W. R. Dickie.....	Digby.
55-56.	Dr. and Mrs. E. DeVernet.....	Digby.
57-58.	Dr. and Mrs. W. R. Morse.....	China.
59-60.	Dr. and Mrs. L. R. Morse.....	Lawrencetown.
61.	Dr. W. F. Read.....	Hamilton, New York.
62.	Dr. L. B. Braine.....	Annapolis.
63-64.	Dr. and Mrs. I. R. Sutherland.....	Annapolis.
65.	Dr. A. F. Weir.....	Freeport.
66.	Dr. T. B. Acker.....	Halifax.
67.	Dr. D. A. Forsythe.....	Dartmouth.
68.	Dr. Joseph Hayes.....	Halifax.
69-70.	Dr. and Mrs. O. B. Keddy.....	Windsor.
71-72.	Dr. and Mrs. F. R. Shankel.....	Windsor.
73.	Dr. W. S. Phinney.....	Yarmouth.
74.	Dr. G. W. T. Farish.....	Yarmouth.
75.	Dr. C. A. Webster.....	Yarmouth.
76.	Dr. S. H. Sangster.....	Victoria Gen. Hospital.
77.	Dr. Kenneth H. Grant.....	Camp Hill Hospital.
78-79.	Dr. and Mrs. F. E. Gullison.....	Yarmouth.
80.	Dr. William C. Harris.....	Barton.
81-82.	Dr. and Mrs. F. E. Rice.....	Sandy Cove.
83-84.	Dr. and Mrs. D. S. McCurdy.....	Truro.
85.	Dr. V. F. Connor.....	Noel.
86.	Dr. W. N. Cochrane.....	Mahone Bay.
87.	Dr. K. A. McKenzie.....	Halifax.
88.	Dr. G. K. Smith.....	Hantsport.
89.	Dr. J. G. D. Campbell.....	Halifax.
90-91.	Dr. and Mrs. Daniel Murray.....	Tatamagouche.
92.	Dr. E. O. Hallett.....	Weymouth.
93.	Dr. T. W. Harmer.....	Boston.
93-94.	Dr. and Mrs. G. J. White.....	Bridgetown.
96-97.	Dr. and Mrs. W. L. Muir.....	Halifax.
98.	Dr. A. R. Reid.....	Windsor.
99.	Dr. C. E. A. DeWitt.....	Wolfville.
100.	Dr. G. M. Bruce.....	Shelburne.
101-102.	Dr. and Mrs. E. V. Hogan.....	Halifax.
103-104.	Dr. and Mrs. S. R. Johnston.....	Halifax.
105-106.	Dr. and Mrs. A. B. Campbell.....	Bear River.
107.	Dr. H. A. Creighton.....	Lunenburg.
108.	Dr. F. R. Davis.....	Bridgewater.
109.	Dr. A. A. Dechman.....	Bridgetown.
110-111.	Dr. and Mrs. Z. Hawkins.....	South Ohio.
112.	Dr. J. E. LeBlanc.....	West Pubnico.
113-114.	Dr. and Mrs. L. J. Lovett.....	Bear River.
115.	Dr. Hugh McKinnon.....	Berwick.
116.	Dr. V. O. Mader.....	Halifax.
117.	Dr. M. D. Morrison.....	Halifax.
118-119.	Dr. and Mrs. H. J. Pothier.....	Weymouth.
120.	Dr. John Stewart.....	Halifax.
121.	Dr. Arthur Webster.....	Edinburgh, Scotland.
122.	Dr. J. C. Wickwire.....	Middleton.
123-124.	Mr. and Mrs. J. G. Lynch.....	Digby.

Many failed to register and even the Secretary cannot be expected to remember all who were present. Should your name be added?

On motion, it was *resolved* that the Minutes of the preceding Annual Meeting as recorded in the BULLETIN in August, 1929 be accepted as printed and approved. Dr. Lewis Thomas made reference to a Resolution therein recorded wishing to go on record as not agreeing with the sentiment expressed. On motion the Order of Business was, by unanimous consent, suspended for the formal presentation of Reports and the appointment of Committees.

The following Reports from the Treasurer were received and placed in the hands of the Auditors and a special Committee on Finance, whom the President named—Dr. W. R. Dunbar, Dr. M. J. Wardrope and Dr. D. W. Archibald; as Auditors, Doctors Dan Murray and L. Thomas.

FINANCIAL STATEMENT

NOVA SCOTIA MEDICAL SOCIETY—1929-1930.

RECEIPTS.

July 1, 1929	Balance Cash on hand—Savings Bank.....	\$ 780.38	
	Current Acct.....	1,280.88	
			\$2,061.26
	Fees collected during year.....		2,604.15
	Receipts from Medical Bulletin.....		1,381.95
	Interest received on Savings Account.....		22.08
			\$6,069.44

DISBURSEMENTS.

Cost of Printing Medical Bulletin.....	\$1,865.21
Salaries.....	1,200.00
Travelling Expenses.....	425.42
Sundry Expenses.	
Postage, Typing and general office expense.....	488.41
Rent of Office.....	310.00

Capital.

Cash on hand		
Savings Bank.....	\$802.46	
Current Acct.....	977.94	
		\$1,780.40
		\$6,069.44

Profit and Loss Statements.

Fees for year.....	\$2,604.15
Int. on Savings Bank.....	22.08
	\$2,626.23

Less Costs.

Medical Bulletin.....	\$ 483.26	
Salaries.....	1,200.00	
Travelling Exp.....	425.42	
Sundry Expenses.....	488.41	
Rent of Office.....	310.00	
		2,907.09
Net Loss on years operations.....	\$ 280.86	

July 2nd, 1930.

Audited and found correct

DAN MURRAY.

LEWIS THOMAS.

(The Cogswell Library Report has not yet been received by the BULLETIN. Presumably it will be available later).

The President named the following as a Special Committee to consider the paper of Dr. N. H. Gosse, which was published in the current July number of the BULLETIN, to be presented later to the Society, the Committee being requested to bring in their report when the paper came up for discussion:—Doctors Hattie, Gosse, Murray (Dan), Roy and Morse.

The President then announced the Nominating Committee as follows:—Doctors Farish, Acker (T. B.), Dunbar, Hogan and McNeil.

Upon the suggestion from the Executive all the privileges and rights of this Session were unanimously extended to Dr. A. T. Bazin of Montreal, President Elect of the Canadian Medical Association.

It being 11.30 o'clock the President introduced Dr. T. W. Harmer of Boston who presented an illustrated address on the Surgery of the Wrist. Dr. Harmer, a son-in-law of the President, is a Professor of Anatomy of Harvard University and Clinical Surgeon at the Massachusetts General Hospital. As stated the paper was well illustrated and will be summarized in the next issue of the BULLETIN.

The Society expressed its appreciation of the lecture and instructed the Secretary to convey to Dr. Harmer the thanks of the Society for his contribution.

Upon the conclusion of this paper and its discussion the General Secretary introduced to the President the Hon. R. B. Bennett, who was to address a political meeting in Digby that afternoon. Upon his introduction to the Society by the President, he received a very cordial welcome by those present. He spoke to the members for a few moments, and made all realize that he recognized the great importance to be attached to an annual meeting of those engaged in the problems of health and disease. Much of the welfare of a province depends upon the physical standing of its people and these questions are of vital concern even from the economic standpoint. One felt that he grasped the real situation and was pleased to greet those who

were making an effort to make progress in this direction. Upon retiring he was given rounds of applause and greeted most cordially by all present.

Upon motion the meeting adjourned till 2.00 P. M.

Upon the resumption of business the following Resolution from the Health Officers' Association was read and immediate consideration was agreed to:—

“To the Medical Society of Nova Scotia:—

Attached herewith motions passed by the Health Officers' Association at its session this afternoon, Tuesday, July 1st, 1930.

(Signed) T. Ives Byrne, Secretary.

“Moved by Dr. J. K. McLeod and Seconded by Dr. J. W. Reid that the Medical Society of Nova Scotia be requested to devote some time on Wednesday, July 2nd, to the reception of the Reports from the Advisory Committee and the Tuberculosis Commission and discussion of the same.

“Also:—Moved by Dr. Blackader, Seconded by Dr. Reid, that the Chairman name a Committee to co-operate with the Advisory Committee of The Medical Society of Nova Scotia relative to the reorganization of Public Health matters within the Province. The Committee named being Doctors McLeod (J. K.), Blackader, DeWitt, Blackett, Campbell (P. S.) and Byrne (Ex-officio).”

The following Report was then submitted:—

Report of Advisory Committee Re Public Health Department.

To the President and Members of the Medical Society of Nova Scotia:—

Your Special Advisory Committee presents its Report herewith:—

Section 1. The following letter from the Department of Natural Resources was considered at the last Annual Meeting of this Society.

“For sometime the reorganization and strengthening of the Provincial Department of Health has been receiving the attention of the government. In this undertaking the co-operation and practical advice of the Medical Profession of Nova Scotia is solicited. It is felt that owing to their intimate knowledge of health, economic and social conditions throughout the entire province, the voice of your Society should materially aid in working out a well balanced, practical and enduring health policy for our people.

I would, therefore, appreciate it, if at your approaching annual meeting, you would bring this matter before your Society and can assure you that any constructive suggestions it has to offer in this matter will receive the careful consideration of the Government.”

The Society named the personnel of a Committee to be advisory to the Government in the reorganization of the Provincial Department of Health, as follows:—

Dr. A. S. Burns, Kentville.
Dr. F. R. Little, Halifax.
Dr. K. A. McKenzie, Halifax.
Dr. J. J. Roy, Sydney.

Dr. J. L. MacIsaac, Antigonish.
Dr. H. K. McDonald, Halifax.
Dr. G. W. T. Farish, Yarmouth.
Dr. G. H. Murphy, Halifax (Convenor).

The Committee met for organization on July 30th, 1929, when the following members were present,—Doctors Murphy, MacDonald, Roy, McKenzie, Little and Burns. The President, Dr. E. O. Hallett, was present and considered a member ex-officio; Dr. S. L. Walker, Secretary of the Society, was present and was named Secretary of the Committee. Dr. G. H. Murphy was elected Chairman of the Committee.

Section 2. The Report of the Special Committee at the 1929 meeting, having been referred by the Society to this Committee, was first considered. This Report was as follows—

First. That the Provincial Health Officer should be given the status of Deputy Minister of Health; that his tenure of office should be secure, and that he should be a medical doctor technically trained in Public Health; and that the officials under him should be experts in their various departments.

Secondly. That all the various Government activities having to do with Public Health should be grouped together under the direction and control of the said Deputy Minister, including Hospitals, Health Officers, Public Health Nursing, Medical Inspection of Schools, including the School Nurses, etc.

Thirdly. That legislation be secured looking to the employment of full-time Health Officers, adequately paid for their services, for each county or group of counties.

Fourthly. That we appreciate and approve of the work of all voluntary commissions and associations in promoting Public Health, in the Prevention of Tuberculosis, etc., and hope that they would still continue their activities under the direction of the said Deputy Minister of Health.

Finally. We would recommend that this Society appoint a representative Committee to co-operate with the Government in the reorganization of the Provincial Department of Health.

This Report was considered section by section and after amendments the following was adopted and recommended for adoption by the Society:—

First. That the Provincial Health Officer should be given the status of Deputy Minister of Health; that his tenure of office should be secure; and that he should be a medical doctor with satisfactory experience.

Second. It is recommended by the Committee that all health activities be centralized in one Department of the Government.

Third. The Committee *Resolved* that consideration of the employment of full-time Health Officers be laid on the table for the present. In doing so the Committee felt that this was a step in the direction of State Medicine and, as such, should be approached only after careful consideration.

Fourth. That we appreciate and approve of all voluntary commissions and lay associations in promoting Public Health, and hope that they will still continue their activities under the supervision of the said Deputy Minister.

Fifth. The Committee recognizes the need of reorganization in the Department of Health and will endeavor to co-operate with the Honorable Minister of Natural Resources to bring this about.

This amended report is submitted for adoption by the Society.

Section 3. Upon viewing the very considerable agenda before the Committee, it was *resolved* to lay on the table all but those items referring to the Tuberculosis situation in Nova Scotia. At this time Dr. K. A. MacKenzie addressed the Committee and Dr. Miller's recent address was considered, while at a later sitting of the Committee Doctors G. A. McIntosh and P. S. Campbell presented many phases of the question. At once it became apparent that much time would be needed to formulate conclusions that the Society would unanimously endorse for presentation to the Government.

The Committee made an effort to secure an expression of opinion from Branch Societies as to how an increased number of beds might be secured for care and treatment of patients with Tuberculosis. When considered the replies also indicated an amazing number of divergent opinions. The majority opinion appeared to favor:—

- 1st. An extension of infirmary beds at the Nova Scotia Sanatorium, which has already been undertaken by the Government.
- 2nd. Bed provision in Cape Breton for all classes of cases, co-operating with the Department of Health in the conduct of Clinics throughout the Island.
- 3rd. If, in the opinion of the Department of Health, further tuberculosis beds are required, having in mind especially the eastern portion of Nova Scotia (mainland) the construction of annexes to or the use of existing hospitals should be the course adopted.

The Committee recommends to the Society the adoption of these suggestions on this matter.

Section 4. It goes without saying that your Committee would have been open to censure had it appeared before the Government with a cut and dried plan of reorganization or of operation of the Department of Health without being assured first of the unanimous support of this Society. All that could be done was to advise the Honorable Minister of Natural Resources of the matters considered in Committee and outlined in this report. Possibly even from this some progress might have been made were it not for the untimely passing of the Minister. Later, a member of the Committee was taken into the Government which complicated matters somewhat. As this is a matter of general provincial concern it is most desirable that members, not resident in Halifax, be required to attend meetings called and that actual travelling expenses should be paid them upon presentation of claim to the Treasurer. The Committee believes that a more effective health service may be secured and suggests an extended Constructive discussion of the entire subject matter by the Society in annual session now assembled.

Signed G. H. MURPHY, Chairman.

Dr. G. H. Murphy opened up a very general discussion which did much to clear the atmosphere and to indicate that the Society would heartily endorse the work of the conjoined Committee, and on motion the report was adopted.

On motion the Society resumed its scientific meeting at 3.35 P. M., when Dr. R. M. Benvie of Stellarton presented his paper on "Cancer of the Rectum," which will be published in full in the next issue of the BULLETIN. Discussion of the paper was left till the presentation of the next paper by Dr. Gosse on the "Cancer Problem".* Both of these papers were well received and brought out a very interesting discussion. Dr. Benvie, during the discussion brought out the following points:—

"Cancer of the Rectum is relatively common and in some clinics stands third in their cancer incident. It is found in the young as well as the old. The symptoms are change in the bowel habit, cramps, blood and mucus in the stools and 'piles.' By proctoxapic examination a definite diagnosis can always be made. Treatment is by surgery, radium or surgery combined with radium. At present the teaching is that surgery offers a better result than any other treatment. Dr. Benvie pointed out that he found it in a child of 8 years, one of 14 and one of 16."

The concluding scientific paper of the afternoon was a Symposium on Orthopedics conducted by Doctors Morrison and T. B. Acker, Dr. G. H. Murphy being, on request, excused. Dr. Morrison prefaced his remarks, by permission of the chair, with a reference to the Osler Memorial Fund of which he is the C. M. A. Committee representative for Nova Scotia, soliciting a favorable response from the Profession in this Province. Dr. Morrison's Paper considered the Complications frequently attending Bone Injuries as came under his observation as Chief Medical Adviser of the Workmen's Compensation Board. His paper will be published in full in the next issue of the BULLETIN. This was followed by Dr. T. B. Acker, whose paper is thus summarized:—

He dealt with five types of cases frequently recurring in Orthopedic practice, namely:—

1. Fractures.
2. Congenital club foot.
3. Rachitic deformities.
4. Traumatic spastic paralysis.
5. Epidemic Poliomyelitis.

Unfavorable Fracture Results. He stressed the fact that no fracture is properly handled unless in the long run it secures to the patient the maximum of function and the minimum of deformity possible under the conditions. In this connection disabilities of the shoulder joints and Pott's fracture of the ankle were discussed in detail.

*See July Bulletin.

Congenital Club Foot. Early treatment by means of well fitting plaster casts frequently changed and gaining additional correction with each successive plaster, will give full correction without the use of the knife and save the patient both the embarrassments of deformity and the shock and pain of later operation under anaesthesia.

The Prevention of Rachitic Deformities. Dr. Acker stressed the importance of co-operation with the pediatrician, the obstetrician and the orthopedic surgeon in the prevention of rickety deformities, so that these cases may be brought under proper treatment before the deformity is developed and thus avoid the necessary operative treatment of the deformed legs and also to prevent the deformed pelvises and the resultant number of cases requiring cesarean section.

Traumatic Spastic Paralysis. The history of these cases reveals the fact that difficult and prolonged labor with asphyxia of the baby causes the majority of them. This leads us back again to the problem of the contracted pelvis and the need of thorough co-operation between Obstetricians and Orthopedic surgeons for early and scientific treatment of the rachitic child in an effort to prevent contracted pelvis.

Epidemic Poliomyelitis. He stressed the importance of anticipating the probable deformity and maintaining the correct position of the paralyzed body and limbs during the acute and sub-acute stages of the disease. The fitting of apparatus designed to protect the paralyzed and weakened muscles from over-strain, to allow the patient to become active and to prevent the occurrence of deformity. The checking up of these cases at regular intervals for a period extending from three to five years. In concluding, he cited a case on which he used convalescent serum. The child recovering without any resultant paralysis. He also cited the early symptoms of the pre-paralytic stage and stressed the importance of administering the serum during this stage.

The hour being late and Dr. R. H. Sutherland being anxious to conclude the formality of a Golf Tournament, the session adjourned till 10.00 A. M. Thursday.

The evening session on Wednesday was featured by a Banquet having the largest attendance of any similar function the Society has ever held excepting on the occasion of the 75th Anniversary Banquet in Halifax in 1928.

The usual Menu Card of the Hotel was used but it was appropriate to the occasion.

The Medical Society of Nova Scotia.

Dinner and Dance.

Dinner 7.30 to 8.45 o'clock, Dancing 9 to 12 o'clock.

Digby, N. S., July 2nd, 1930.

To-day's Specials.

77th Annual Session.

Guests:— Prof. T. M. Harmer, Boston.
Dr. A. T. Bazin, Montreal.
Mayor T. C. G. Lynch, Digby.

Chairman:—Dr. E. O. Hallett, Weymouth.

MENU

GOOD EVENING

Grapefruit Cocktail Maraschino

Chicken Bouillon en cup

Olives

Radishes

Celery

Baked Stuffed Lobster, Coquille

Chilled Cucumbers

Saratoga Chips

Roast Stuffed Squab Chicken, Bramble Jelly

Mashed Potatoes

Native Green Peas

Tomato en Surprise Salad

Russian Dressing

Old Fashioned Strawberry Shortcake, with Whipped Cream

Assorted Cakes

Ladies and Gentlemen

"The King"

Canadian Cheese

Cream Sodas

Salted Nuts

Tea

Coffee

Milk

Cocoa

Demi Tasse

Speakers:— His Honor, T. E. G. Lynch, Mayor of Digby.
Presidential Address, Dr. E. O. Hallett, Weymouth.
Dr. A. T. Bazin, Montreal, (President-elect C. M. A.).

Music:— Mrs. R. M. Benvie, Stellarton, Violin.
The "Royal Arcadian" Orchestra, under the direction
of Mr. Harold B. Doyle.

For several reasons, for which possibly the Hotel and a number of members of the Society were responsible, it was after eight o'clock before the first course was served, but the dinner itself then moved along very smoothly and quickly owing to the excellent service furnished by the Hotel. The head table had two vacant chairs that were intended for Dr. John Stewart of Halifax and Dr. Arthur D. Webster of Edinburgh, the former a Life Member of the Canadian Medical Association and an Honorary Member of the Medical Society of Nova Scotia and the latter, a brother of the late Dr. H. B. Webster of Kentville who was an Honorary Member of the Medical Society of Nova Scotia. Neither of these Doctors could be located in the Hotel and their participation in the programme of addresses was necessarily omitted to the disappointment of the local committee.

As intimated, the musical programme for the evening was furnished by the very excellent Orchestra of the New Pines Hotel, playing a choice programme during the Banquet and giving excellent music for the dance subsequently. The two violin numbers contributed by Mrs. R. M. Benvie, so efficiently accompanied by Mrs. Graham, gave an artistic finish to the musical programme which was most thoroughly appreciated by all real lovers of good music. Perhaps at a function of this nature, solo music might have had a better hearing if the artists were more centrally located in the banquet hall. This was particularly evidenced in the presentation of Mrs. Benvie's charming second number which, in its many pianissimo passages, could not be fully appreciated even if an absolute silence had been possible. The Executive expressed a very cordial appreciation of the kindness of Mrs. Benvie in contributing to the success of this annual meeting and it was intimated that further annual meetings might profitably be featured by an entertainment along these lines even to the exclusion of addresses by members of the profession.

The President introduced His Worship, Mayor T. E. G. Lynch, who was present to officially welcome the Society to the Town of Digby. His Worship extended his welcome without using any notes which greatly handicaps a scribe who has many duties to perform. His greeting was most cordial and evidently sincere. When the Secretary upon instructions later thanked Mr. Lynch for its courtesy he replied:—"Thanking you and the Executive for your expressed interest and hoping we will some day have the pleasure of seeing you all again in Digby, I am yours sincerely."

Dr. E. O. Hallett, then gave his Presidential Address which is here summarized as follows:—

Ladies and Gentlemen:—I must thank the members of the profession for the honor that they have bestowed in electing me President of the Nova Scotia Medical Society. I appreciate it the more as I was not present at the meeting in Pictou when I was elected. The honour acquires a new significance as I look back over 45 years of practice.

When I graduated in 1885, Disease was only gradually being

brought under control "Diphtheria" was a dread word: and we knew that once a member of a family was attacked, the ravages would not cease until several chairs stood vacant around the table. With the advent of Antitoxin this is all changed. Not only can we prevent the spread of Diphtheria, but, in the majority of cases, we can save the sufferer's life. Think of how the Doctor felt then, and compare it to his feeling of confidence to-day!

Typhoid as a disease is almost disappearing. In the Spanish-American war, it killed more soldiers than did bullets. In the Great War so experienced an observer as Dr. E. V. Hogan has seen but one undoubted case.

In the matter of Cancer I am sorry to say that comparatively little more is known now than at the time of my graduation. However, progress is being made, and a solution of this great problem may be just around the corner.

Surgery has progressed by leaps and bounds. In 1885 Surgeons would open the abdomen only after much consideration and many consultations. Now they think no more of it than they do of incising an abscess. I remember of seeing Dr. Shepherd (then the leading Montreal Surgeon and Professor of Anatomy at McGill) push a needle through the lumbar muscles, trying to diagnose stone in the kidney! The first operation at which I assisted was performed by Dr. Roddick, under the continuous carbolic spray. When everything was over I smelled and tasted Carbolic for 24 hours!

The situation in regard to hospitals has improved greatly. When I first came to Weymouth in 1891, the nearest hospital was in Halifax. Now there are six nearer them than that,—splendid institution at Yarmouth, Digby, Berwick, Kentville, Wolfville and Windsor.

Now, valuable as these, and similar institutions are, they are not sufficient, and here I want to call attention to a real need. There should be some facilities in every municipality for the care of needy maternity cases; some institution where they could stay before, during and after, delivery. Expensive, you say? Of course. Consider, however, the enormous sums spent on immigration. We spare no expense in bringing doubtful material into Canada, while we permit native-born Canadians to die on our hands. The expense could be borne by Federal, Provincial and Municipal governments according to the location of the institution.

Under present conditions, the poor mother simply cannot get adequate care. I have been called to houses in which a single towel could not be found; and every country practitioner here has had a similar experience. The doctor is called on a stormy night to attend a case ten or more miles away. He knows that he will get nothing for it, and that conditions when he arrives will be unspeakable. He finds that the case is just starting, and that there is no place for him to lie down and rest. He may recall the precepts of the great Japanese physician who said "The doctor lives not for himself but for others. . . . We should remember only that the patient is sick, taking no account of

station nor of wealth. Which will you have, the rich man's gold or the poor man's tear of gratitude?" Every man here has made his choice.

Think now of the other side of the picture—a short ride to the Maternity Centre, where he finds the mother in clean surroundings, away from family cares, and in a bed over which her active urchins are not scrambling in droves! I feel that some such project is sure to materialize: and every country physician will utter a heartfelt "God speed the day!"

Before I close I must comment upon the way that we unfortunate men dress in the hot weather. We the so called "stronger sex", have not the courage to wear a low necked shirt in public! No one would think of doing hard physical work in a collar and tie: and yet it is hard work for a man of sixty to walk up a hill! When a man faints we loosen his collar and tie: perhaps if he had not worn these articles he would not have fainted! I believe that it will be a great step forward when men acquire the courage to be comfortable.

In closing I would urge upon each member of the Society the importance of attending the meetings, to listen, to debate, and to contribute the results of his experience in the form of a practical paper.

The main address of the evening was delivered by Dr. Alfred T. Bazin, Associate Professor in Surgery McGill University, Surgeon to the Montreal General Hospital, President of the Canadian Medical Association, etc., etc. As was to be expected this address dealt very fully with phases of Medical Organization in Canada which should be fully appreciated by each Provincial Branch of the Federal Association. The many matters presented by Dr. Bazin were so important and so clearly presented that the synopsis should better appear in a later issue of the BULLETIN. The Society was greatly indebted to Dr. Bazin for his presence and assistance at this annual session. In spite of the lateness of the hour many adjourned to the Casino for a pleasant two hours of dancing.

Thursday, July 3rd, 1930. The President called the session to order at 10.00 A.M. Several reports were presented for consideration. ▶ The Committee on Finance Reported as follows:—
Mr. President:—

Your Committee on Finance beg to report as follows. We have, with your auditing committee examined the Financial Statement of the Nova Scotia Medical Association, for the year 1929-1930.

We regret our inability to suggest ways and means to increase our finances, at the present time; but would recommend that an effort be made to secure an office where the rent would be nominal, say in one of the teaching centres,—and further would recommend that negotiations with New Brunswick and P. E. Island be continued with a view to amalgamation of the medical societies of these provinces; and, that the Provincial Department of Health use the BULLETIN for

their usual official communications to the profession in this Province.

(Signed) W. R. Dunbar,
M. J. Wardrope
D. W. Archibald
Dan Murray
Lewis Thomas

On motion, the Report was adopted.

The Nominating Committee submitted their report which was adopted and is as follows:—

THE MEDICAL SOCIETY OF NOVA SCOTIA

Directory—1930-1931.

Annual Meeting, 78th Session, Truro, N. S., July 2-3-4, 1931.

<i>President</i>	Dr. Dan Murray, Tatamagouche.
<i>Vice-Presidents</i>	Dr. W. R. Dunbar, Truro. Dr. Dan McNeil, Glace Bay.
<i>Secretary</i>	Dr. S. L. Walker, Halifax.
<i>Treasurer</i>	Dr. J. G. D. Campbell, Halifax.

Members of the Executive.

Doctors—Cunningham, Glenister, Acker (T. B.), Granville and Mader (V. O.) of Halifax; Doctors Benvie, Stellarton and Sutherland (R. .) of Pictou; Doctors Stone, Sherbrooke and McIsaac, Antigonish; Doctors Campbell (D. A.) Bridgewater and Creighton, Lunenburg; Doctors Shankel, Windsor and McCurdy, Truro; Doctors Hall Bridgetown and Kelley Middleton; Doctors Wardrope, Springhill; Munro, Amherst; Doctors Morrison, New Waterford, McDonald, North Sydney, McRae (W), Sydney; Doctors Webster and Gullison, Yarmouth.

Committees.

Arrangements. President, Secretary and resident Branch members.

Cogswell Library. Doctors Corston, Stewart, Gosse, McKenzie (D. J.) and Campbell (J. G. D.).

Public Health. Doctors Byrne, Blackader McLeod (J. K.), Reh fuss, Kent, McKinnon (W. F.).

Health Publicity, Doctors Walker, Benvie, Byrne, Gosse, Johnston (S. R.) McKenzie (D. J.), Hattie.

Editorial Board C. M. A. Dr. Hattie and Secretaries of Branch Societies.

Workmen's Compensation Board. Doctors Corston, Acker (T. B.) and Burris.

Council of C. M. A. The President and Secretary, Ex-officio Doctors Tompkins, McLellan (E. K.), McKenzie (K. A.).

Narcotic Drugs Committee. Dr. L. W. Johnstone, to name his own Committee.

Legislative Committee. Doctors Hattie and McDougall. This Committee is also to represent this Society in the C. M. A. in a like capacity.

Tuberculosis Commission. The President and Dr. K. A. McKenzie.

Advisory to Tuberculosis Commission. Morton (A. McD), Burris and DeWitt.

Historical Medicine. Doctors Hattie, Walker, Morrison, Murphy, McGarry, Kendall, McGregor.

Provincial Medical Board. Doctors McDougall, Hogan, Roy, Benvie, Gilroy and Fuller.

Advisory to Department of Public Health. Doctors Farish, Roy, Burns, (A. S.) Little, McKenzie (K. A.), McDonald (H. K.), Burns, (G. R.), McKinnon (W. F.).

Solicitor. Mr. J. McG. Stewart, Halifax.

Representative to V. O. N. Dr. C. S. Morton, Halifax.

The following report approved by the Executive was adopted and ordered to be inscribed in the Minutes:—

Obituary Report

THE Society is advised that the following deaths have occurred of members of the Medical Profession in Nova Scotia since the last Annual Meeting.

**MILTON ADDISON O'BRIEN, M.D., C.M., Dalhousie
1901, Noel, Hants County, Nova Scotia.**

Dr. O'Brien died October 12, 1929, just as he was leaving home to enter the Victorial General Hospital as a patient. He had been in practice in the district of Noel, Hants County for over 28 years. He was not a member of the Medical Society of Nova Scotia.

**EDWIN DAVID McCLEAN, M.D., Bellevue Hospital
Medical College, 1887, Truro, Nova Scotia.**

Dr. McLean's death took place at his home in Truro, Nov. 10th, 1929. He was a son of the late Dr. Duncan McLean who practised so many years in Shubenacadie. He was continuously a member of the Colchester-Hants Medical Society, the Medical Society of Nova Scotia and the Canadian Medical Association. The Society forwarded to Mrs. McLean a letter of sympathy which was gratefully acknowledged.

**GEORGE WILBERT MACKEAN, M.D., Harvard Univ-
ersity, 1896, Baddeck, N. S.**

Dr. MacKeen died Nov. 12th, 1929, in Halifax. He was a son of the late Dr. S. G. A. MacKeen for many years a leading physician and surgeon in Cape Breton. He was not a member of the Medical Society of Nova Scotia.

**JOHN MACDONALD, M.D.,C.M., Dalhousie, 1907,
Sydney, N. S.**

After an illness of eight days Dr. John MacDonald died in hospital at Sydney, on December 4th, 1929. He stood high in the profession and was a regular attendant of the Cape Breton Medical Society and The Medical Society of Nova Scotia. The sympathy of the Society was duly extended to the bereaved members of his family.

**JOHN WILLIAM MILLER, M.D., University of New
York, 1885, Canning, N. S.**

The death occurred at Canning of Dr. Miller on November 26th, 1929. For several years he had not been actively engaged in practice. He was a member of the Valley Medical Society.

**PAUL PARKER BALCOM, M.D., University of Boston,
1915, Berwick, Nova Scotia.**

After an acute illness of a few days the death occurred of Dr. Balcom at his home in Berwick on December 19th, 1929. He was a son of the late Dr. P. N. Balcom who practiced for many years in Aylesford. He had been a member for a number of years of the Medical Society of Nova Scotia.

**MURDOCH CHISHOLM, M.D.,C.M., McGill 1879,
L.R.C.P., London, 1886, LL.D. Halifax, Nova Scotia**

Born in 1848, Dr. Murdoch Chisholm passed away December 18th, 1929, at the Victoria General Hospital, Halifax. Extended tributes to his life and work have been published in the BULLETIN. He was a member of the Halifax Branch of the Halifax Medical Society, The Medical Society of Nova Scotia and the Canadian Medical Association. In recognition of his fine personality and his services, in 1924 he was elected to Honorary Membership in the Medical Society of Nova Scotia. At the Annual Meeting of the Canadian Medical Association in 1929 he was elected to Life Membership in that body. The Medical Society extended sympathy to his bereaved family and contributed a floral tribute.

**SIFFROI HENRY THIBAUT, M.D.,C.M., Dalhousie
1911, Little Brook, Digby County, Nova Scotia.**

Dr. Thibault, after a lingering illness, passed away December 7th, 1929. He always practiced in his home community and until 1929 was a member of The Medical Society of Nova Scotia.

**EVAN KENNEDY, M.D., University of Boston, 1876,
New Glasgow, Nova Scotia.**

After a stroke of apoplexy March 25th, 1930, Dr. Kennedy passed away at the Homewood Sanitarium on April 1st, 1930. He was elected an Honorary Member of the Medical Society of Nova Scotia at its Annual Meeting in 1927. He was always a regular attendant at local and provincial medical meetings.

**HAROLD HUNTER CORBIN, M.D.,C.M., Dalhousie
1923, Halifax, Nova Scotia.**

The call came unexpectedly April 18th, 1930, at the age of 30 years. He was a member of the Halifax, the Nova Scotia and the Canadian Medical Associations.

**JAMES NORBETT LYONS, M.D.,C.M., Dalhousie
University, 1916, Halifax, N. S.**

Dr. Lyons died April 19th, 1930, after only three days illness. He was a member of the local, provincial and federal associations and first Vice-President of the Halifax Branch of the Medical Society of Nova Scotia.

**AMEDEE RAYMOND MELANSON, M.D.,C.M., Dal-
housie University, 1906, Eel Brook, Nova Scotia.**

Dr. Melanson's death occurred at the Yarmouth Hospital May 8th, 1930, being in his 49th year. He was a member of the Provincial Society, the Canadian Association and an immediate past president of the Western Nova Scotia Branch of the Medical Society of Nova Scotia.

HENRY BENTLEY WEBSTER, M.D., College of
Physicians and Surgeons, New York, [1872,
Kentville, Nova Scotia.

Dr. H. B. Webster was elected to Honorary Membership in the Medical Society of Nova Scotia in 1923. He died after an illness of some two years in Kentville June 5th, 1930, aged 78 years.

The preparation of this report and our BULLETIN Obituaries plainly indicate the need of a more extended and accurate record of each member of the Society. Dependence upon newspaper reports fails to furnish material especially referring to his professional and Medical Society activities. Mr. Secretary has been unable to prepare a satisfactory card index for our especial purpose and, from experience, he believes the response to a questionnaire would only be sufficient to make the collection of full information still more difficult. Perhaps, however, a start could be made if each member present would complete the questionnaire sheet being distributed.

Your attention is also directed to the fact that all obituary notices are prepared by the General Secretary, while in many instances another member of the Society could prepare a much better one. Perhaps following our Committee habit the Secretary might have two or three members associated with him to be termed The Obituary Committee.

Respectfully submitted,

S. L. WALKER,

General Secretary

The Medical Society of Nova Scotia.

The Report of the Committee appointed by Medical Society of Nova Scotia to consider action on paper presented by Dr. N. H. Gosse, July 2nd, 1930, was on motion adopted.

Your Committee would recommend that this Society go on record as follows:—

Whereas The Vital Statistics of the province of Nova Scotia show that the cancer death rate has been steadily increasing for several years past, and in the last year for which we have statistics (1928) was the same as the Tuberculosis death rate.

And Whereas the knowledge relative to the diagnosis and treatment of Cancerous conditions has of late years grown notably in accuracy and efficiency.

And Whereas there is lack of sufficient facilities for special treatment of these conditions in this province.

Therefore Resolved that in the opinion of this Society it is desirable that at least one centre should be established in the province where particular attention could be given to the treatment and care of persons suffering from cancer, and that the society urges that its Committee advisory to the Government of Nova Scotia in Public Health matters should press upon the Government the great need of giving careful and prompt attention to the best possible solution of this major public health problem.

(Signed) W. H. Hattie
Dan Murray
L. R. Morse
J. J. Roy
Norman H. Gosse

Report of Dr. K. A. MacKenzie

Representative of the Nova Scotia Medical Society on
The Nova Scotia Tuberculosis Commission.

To the Members of the Nova Scotia Medical Society.
Ladies and Gentlemen:

As your representative on the Nova Scotia Tuberculosis Commission, I have the honor to report as follows:

In my former reports I have dealt with the organization, scope and character of the work of the Commission. The present report deals with the activities during the past year, together with some comment on the tuberculosis problem throughout the Province. Your representative has attended the meetings of the Commission and of the executive council whenever possible, and also took part in many informal conferences with various groups interested in the problems.

The main activities of the Commission have been largely in the hands of the Commissioner, Col. Joseph Hayes, who has been exceedingly active in educational work throughout the Province. He has

given a large number of lectures illustrated by lantern slides and moving picture films, chiefly in remote districts where educational work is most needed. He has interviewed many organized bodies, especially municipal bodies, in an effort to create an interest in the care of the tuberculous patients and his efforts have been attended with some definite results. Articles have appeared in the provincial papers and pamphlets have been distributed throughout the province. The annual exhibitions have been used to bring the various problems before the public.

The individual activities may be discussed under the following heads.

Financial.

During the year the Government was requested to take over the nursing service as part of their programme, increase the medical examiner service and co-ordinate the whole under a department of the Public Health. They have, however, elected to accept an alternative plan of continuing a grant of \$10,000 to the Commission to be used for this purpose. The Grant of the Canadian Tuberculosis Association has been continued and slightly implemented, the amount of \$5,709.60 being paid. The balance of the Budget has been raised by the sale of seals and by private contributions secured through the efforts of Mr. Dennis—Seal Sales \$12,434.39, Private Contributions \$3,947.69.

Clinic Service.

During the year this has improved very much. The Government has appointed Dr. Charles Bayne as examiner for the Island of Cape Breton. Those who know Dr. Bayne may look forward to good work, as the Island of Cape Breton lends itself well to a one man effort and Dr. Bayne has the training, ability and capacity for work to accomplish something. Dr. P. S. Campbell, who has efficiently carried too great a burden for a long time, is confining his activities to the eastern portion of the province. The western end of the province has been for a part of the year handled by the staff of the Nova Scotia Sanatorium under the direction of Dr. Miller, and is working out satisfactorily. It was proposed that an extra man be detailed to the institution, but so far no one has been available. The clinical examiner programme is now in a healthy condition and much may be accomplished by a continuation of this policy.

Three nurses have been on duty all year, one allotted to each medical officer. Arrangements have been made for the nurses to have cars, enabling them to cover more territory and do more effective work.

Seal Sale.

This has been directed by the Commissioner, and the whole province organized better than before. Although the amount raised

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has exceeded other years by \$3,000, a greater response from the public is desirable.

Indigent Patients.

During the year the Commissioner has been very active in urging the municipalities to give more aid to indigent patients and much has been gained. The Municipalities of Annapolis, Antigonish, Cape Breton, Cumberland, Colchester, Kings, Richmond, Lunenburg and West Hants have accepted the principle of municipal aid and have assumed some responsibility during the year. Halifax for some years has been supporting many patients and it is expected that other municipalities will soon fall in line. During the past year towns and municipalities have contributed over \$42,835.51, for the care of tuberculous poor, a distinct increase over any previous year. The Tuberculosis Commission directly and through funds raised by seal sale has contributed over \$5,000 to indigent patients, and this can be much increased if funds are available.

Bed Accommodation.

Some progress has been made during the year. The Government has begun the construction of an additional 100 infirmary beds at Kentville, but this is offset by the fact that 96 pavillion beds will be scrapped and the net increase is small. Cape Breton has the construction of a 50 bedded hospital under way. The problem of bed accommodation is still acute and inadequate and must be met in some way before conditions are at all satisfactory. The question of accommodation for children is still untouched, and the Commission has had under consideration a scheme for the providing of children's bed accommodation which will probably have to be provided by public subscription. It is hoped that other municipalities will follow the lead of Cape Breton and Halifax in providing increased bed accommodation. The Halifax hospital has been a great success and in spite of the criticism that no patients would consent to go there, the beds are in great demand and now inadequate in number.

Other matters of interest are as follows:—

The Commission regrets that Mr. Dennis has resigned as Chairman of the Commission, but he still has the interest of the work at heart and will assist in every possible way in any worthy project which may be undertaken.

The Commission has been fortunate in securing the appointment of Mr. John C. Gass as Chairman. Mr. Gass is a retired business man and is whole heartedly interested in the work of combatting tuberculosis in this province.

In order that the Commission might have a better status in regard to accepting and disbursing funds obtained from philanthropic sources, incorporation was sought but on advice of members of the Government the matter was dropped.

Your representative still deplores the unsatisfactory state of public

health activities in this province, especially the inactivity of organized medicine as represented by this society, and the failure of the government to inaugurate a programme in keeping with what is done in other provinces. We still have promises that something will be done, but the tardiness of our authorities is much to be deplored.

It is satisfactory to note that the death rate in Nova Scotia is slowly decreasing, as indicated in the attached table. It must, however, be clear that the decrease would be still more marked if our knowledge regarding the control of the disease were applied in a reasonable measure.

The Commission during its five years existence has succeeded in arousing much interest in the various problems and has demonstrated the great need of some central body to carry on this work.

Following discussion of this subject, the Report was adopted and the following Resolution was passed:—

Whereas: It has been announced that the Provincial Government is undertaking the construction of an additional hundred bedded Infirmary, and

Whereas: the gross number of sanatorium or hospital beds for pulmonary tuberculosis patients in this province is lamentably insufficient, and

Whereas: there are only 271 beds at the Provincial Sanatorium at the present time, and with the addition of 100 more there would still be a serious shortage, as at least 600 are required, and

Whereas: there are fewer beds than there were ten years ago, and

Whereas: it is rumored that when the new Infirmary is completed, the intention is to make a corresponding reduction in the existing pavillion beds, thus giving practically no increase in the gross number of beds at the Sanatorium, and

Whereas: the pavillion bed accommodation for early cases must also be maintained if any real progress is to be made in Tuberculosis control, and

Whereas: the contention that the pavillions are old wooden structures unsanitary and unfit for further use, is more or less an exaggeration, as they can be easily cleaned and kept clean, and,

Whereas: such a contention is not a valid reason for their elimination, before new ones are available in their place, as they are infinitely superior to the many miserable places over the province where whole families of small children are huddled up in small quarters with open cases of tuberculosis, and no means whatever of treatment, protection or care.

Therefore be it Resolved: That in the opinion of the Nova Scotia Medical Society, here in Annual Meeting assembled, any additional infirmary or other bed accommodation at the Nova Scotia Sanatorium, should be over and above the total number of infirmary and pavillion beds now existing, and

Further Resolved: That a copy of this Resolution be forwarded to the

Minister of Public Works and Mines, under whose jurisdiction these institutions come.

The following report having been approved by the Executive Committee was accepted and adopted.

Report of Health Publicity Committee.

To the President and Members of the Medical Society of Nova Scotia.

In presenting this Report it is pointed out that the Nominating Committee last year did not mention this Committee and made no nominations to it. Possibly this was because the Report submitted to that Annual Meeting was referred to the Special Advisory Committee for consideration and recommendation, where it is doubtless being carefully studied to this present day. It is the opinion of the Committee that Health Publicity is very properly a matter to be promoted by this Medical Society, and this Committee should function continuously along lines approved by the Society

2. Your Committee believes its special duties should be to give the profession, as well as the general public, such information as will render them conversant with the general principles relating to the prevention of disease and the promotion of health. Various forms for this activity are suggested.

- (a) Short readable Health Articles of a type similar to that adopted by the Canadian Medical Association, but with a distinct bearing upon conditions in the Maritime Provinces and published under the auspices of The Medical Society of Nova Scotia. These would deal chiefly with the usual epidemic diseases and their prevention together with articles on individual and community hygiene.
- (b) Cancer publicity must be continued by the Committee, and particularly so, if the suggestion of a Cancer Clinic takes tangible shape.
- (c) Tuberculosis publicity should not be left entirely in the hands of a Tuberculosis Commission unless directed by the Department of Public Health.
- (d) Suitable publicity should be given to medical societies, their meetings and activities, in order that their object will be duly recognized by the public.

Respectfully submitted,

S. L. WALKER,
for the Committee.

The following Reports were on motion adopted.

**Report of Editorial Sub-Committee,
Canadian Medical Association Journal.**

Halifax, N. S., June 25, 1930.

To the President and Members,
Medical Society of Nova Scotia.

On behalf of the sub-committee for Nova Scotia I beg to report as follows:

A monthly budget of news items was forwarded as in previous years. When I was absent from the province, Dr. S. L. Walker very kindly attended to the compilation of this budget. Obituary items were also forwarded when this sad duty became necessary.

The Committee has again to express regret that very few original papers were contributed by members of our Society, but takes pride in the excellence of the papers which were published. We would again urge that Nova Scotia should be more adequately represented in the scientific section of the Journal.

Occasional editorials and abstracts were submitted by the undersigned.

Respectfully submitted,

(Signed) W. H. HATTIE,
Chairman of Sub-Committee.

Report of Committee on Medical History.

The removal from the province of the chairman of the Committee may be offered as a poor excuse for the Committee's inactivity.

Nothing of real consequence can be reported beyond the collection of some data which may be of service to future committees.

Submitted on behalf of the Committee.

(Signed) W. H. HATTIE.

Halifax, N. S., June 25, 1930.

Report of Public Health Committee.

To the President and Members of the Medical Society of Nova Scotia:

This Committee reports as follows:

Inasmuch as a special committee of the Medical Society of Nova Scotia was appointed at its last meeting to co-operate with the Department of Health, our committee did not consider it wise to function.

Respectfully submitted,

G. A. MacINTOSH, M.D.,
Chairman.

June 25th, 1930.

The hour for the scientific programme being passed, on motion, Dr. A. T. Bazin addressed the Society. He expressed his appreciation of the courtesies extended to him, as representing the Canadian Medical Association, in sitting in with the Society in both Executive and General Sessions. He then contributed a very interesting address on the "Surgical Treatment of Diabetics," illustrated by slides for which Dr. J. Hayes very kindly loaned his lantern and services. Having considered Periodic Health Examinations to a considerable extent the evening before, Dr. Bazin at this time considered the topic just mentioned. A synopsis of his address will be available for the Society in a later issue of the BULLETIN. The Society, voicing the sentiments of a number present, confirmed the previous instructions as to its appreciation of Dr. Bazin's visit.

As the dinner hour was imminent Dr. J. Ross Millar, who had been enthusiastically greeted by his former confreres did not present a formal paper, but indicated very clearly the steps taken by the Federal Department of Health and Pensions to discharge the duties of that Department. Dr. Millar will always be sure of a cordial welcome at any meetings of the Medical Society of Nova Scotia.

Following adjournment for Luncheon the Society reassembled at 2.30 P. M., Thursday, in lessened numbers, when two interesting and practical papers were presented.

As Dr. Burns' paper "The Malarial Treatment of G. P. I." is to be made a part of an extensive report on this subject at an early date, no attempt will be made to summarize the same, but the author promises full publicity in the BULLETIN at a later day.

Dr. W. R. Dickie who had been very much in evidence in his efforts to make the stay of the visitors in Digby for the three days of the session pleasant, contributed the last paper of the session. "A Resume of Cardiology." It may be remembered that he presented a preliminary paper on this subject to BULLETIN readers some two years ago. The present paper was, therefore, most acceptable. Regarding both of these papers the discussion was practical and expressed appreciation. Dr. Dickie's paper will be published at an early date.

On motion, the Society approved of a recommendation from the Executive that all papers and addresses presented at Annual Meetings should become the property of the Society and subject to the approval of the author, available for official publication in the BULLETIN.

It was resolved that matters of unfinished business be passed to the new Executive for consideration and with full power to act for the Society.

It was further resolved that mention be made in the official minutes of the proceedings of Tuesday evening as follows:—

Following a preliminary meeting of the Executive on Tuesday afternoon the members of the Society and the Health Officers' Association dined together that evening. Upon the conclusion of dinner those present gathered at one corner of the dining room, when the

President called upon Dr. A. S. Burns of Kentville to present some of his original poems. Of the merit of these the scribe hesitates to speak, but the reception accorded Dr. Burns was most enthusiastic. Dr. Burns has promised to pass these poetical efforts to the **Bulletin** for general perusal. As he is known to be reliable the **Bulletin** will have these for early publication.

Dr. R. E. Wodehouse, General Secretary of the Canadian Tuberculosis Association, being compelled to leave for another medical gathering the next day, the President called on him to address this unofficial body, some 18 to 20 doctors being present. Dr. Wodehouse threw some light upon the relations of the Canadian Association to the Nova Scotia Tuberculosis Commission. This address was critical in character as to Nova Scotia's relations with the Canadian Association, but expressed appreciation of results obtained. A somewhat free discussion followed in which Dr. T. Ives Byrne, Provincial Officer of Health pronounced very definitely in favor of one head direction of all provincial health efforts which should be aided in every possible way by all philanthropic organizations. Only the necessity of the Executive going on with their business brought a close to the discussion.

On motion, the 77th Annual Session was declared closed.

S. L. WALKER,

Secretary.

WOMEN AND BIRTH CONTROL.

The National Council of Women at its annual conference passed by a large majority a resolution in favor of birth control information being given at child welfare and maternity clinics. Mrs. Stocks of the National Union of Societies for Equal Citizenship said that they were not asking for propaganda in favor of birth control, but merely that information should be made available for certain classes of people. The working mother was extraordinarily ignorant on these matters. Efforts were being made to limit families in extraordinarily inept and dangerous ways. Mrs. L. Mathews of the St. Joan's Social and Political Alliance moved the rejection of the resolution. She said that the doctrine of birth control was the doctrine of pure expediency. It was attempting to cure bad social conditions by tinkering with results instead of attacking causes. A large number of physicians opposed birth control on grounds of health, stating that the use of contraceptives frequently resulted in permanent sterility. The recognition by the state of birth control as legitimate for the married would result in an increase of immorality among the unmarried. Lady Eve said that birth control was here, rightly or wrongly, and poorer women should have the same chance of obtaining information as the daughters of the rich.