Honorable Daniel McNeill Parker

M. D. Edinburgh, D. C. L. Acadia

1822-1907

A Dean Of Canadian Medicine

NOVA Scotia has reason to be proud of many of her earlier physicians, especially a group who were active about the middle of the nineteenth century. It should be of interest to the present generation to learn something of the character, struggles and accomplishments of these pioneers.

An outstanding member of this group, Dr. McN. Parker practised in Halifax during the period 1845-1895, earning for himself the title "Nestor of the Profession in Nova Scotia."

A biography by his son, W. L. Parker, published in 1910 is the only one to date of a Nova Scotia physician. It gives a detailed account of his family history, personal letters, addresses and some of his papers. It is of interest to medical men in general as a record of medical activities of the period and is a valuable addition to the medical archives of this province. Much of the material for this paper is gleaned from the book.

Born in Windsor, N. S., Dr. Parker spent some of his boyhood days in Walton, where he attended the public school for six years, going on to King's Collegiate and Horton Academy. He began his medical career as an apprentice to Dr. W. B. Almon in Halifax. According to the custom of the time an elaborate legal document was drawn up, clearly defining the terms of apprenticeship. The work was devoted to pharmacy, preparing and dispensing medicines, keeping records, dressing wounds, extracting teeth and later, as experience was gained, prescribing for patients. Dr. Almon died in 1840, of malignant fever contracted while attending sick sailors. Parker was persuaded to remain and run the drug business until the return of Dr. W. J. Almon, son of the deceased, who, at the time, was pursuing his medical studies at Edinburgh.

About this time Dr. Parker contracted a lung affection and was advised to take a trip to the West Indies. This voyage proved an adventure, including storms, shipwreck and clashes with the natives. The most interesting medical episode was his performance of his first post mortem on the body of a shark, from whose stomach he removed knives, forks, spoons, plates and several small objects which the shark had collected in its efforts to get food from the refuse of passing ships. Parker returned home much improved in health and prepared to proceed to Edinburgh for his medical education. For funds a friend advanced twenty-five hundred dollars (without security) which was repaid in full, two years after he began his practice in Halifax.

There were no railways in those days and the few passenger ships were expensive. After a two day coach trip to Pictou, he obtained passage on a lumber ship to cross the Atlantic. The crossing was delayed by storms, and damage to the ship obliged the Captain to carry out repairs in an Irish port,

in all a three months voyage. In due time he arrived in Edinburgh, passed his matriculation, registered as a medical student and settled down to three years of hard work.

Despite an excellent academic record, which included a gold medal in Anatomy, his career was almost wrecked in his final year by the Professor of Botany. The course consisted of compulsory class and laboratory work and optional field work. Many students considered the latter part of the course as a waste of time and preferred to spend the time at more useful studies in college. At the examination Parker was asked one question only: "What

HONORABLE DANIEL McNEILL PARKER,
M.D. Edinburgh, D.C.L. Acadia

is the flora of the south side of Loch . . . ?". Parker's reply, "I do not know as I have never been there", resulted in his dismissal with a curt, "That will do, Mr. Parker". His name did not appear in the pass list and this meant that he would not get his degree.

Mr. Parker saw at once the injustice and unfairness of the examination, and after consulting with some friends, brought the matter officially before the Faculty. The circumstances were clearly stated. Parker assured the Faculty that he had done all the class work faithfully and was prepared at a moment's notice to submit to any test which might be given. The outcome was that his name was added to the pass list and in due time he received his

diploma from the Royal College of Surgeons and his M.D. degree from the University of Edinburgh along with his classmates. It is stated that shortly afterwards the Professor of Botany was relieved of his duties.

In 1845, Dr. Parker returned to Halifax, and his professional card appeared in the Acadian Record announcing his entry into practice. His first office was at 8 Hare's Building, situated on Cheapside, where, later, the old Post Office stood. At this time there were only ffteen doctors in Halifax; all, except one, were graduates of Edinburgh University. They were, Drs. Parker, Robert Hume, Matthias Hoffman, James F. Avery, Frederick Morris, William Grigor, James C. Hume, Alexander Sawers, Thomas Sterling, Rufus Black, Edward Jennings, William J. Almon, Charles Cogswell, James R. DeWolf and James Allan. In the next few years came Drs. Charles Tupper, Edward Farrell and John F. Black. Many of the above mentioned men played a very prominent part in the medical history of Halifax.

Practice came quickly to Dr. Parker and he rapidly established a leading place among his colleagues. He had a leaning towards surgery and did some unusual operations and, for a few years, without the aid of anaesthetics. He well knew the agony and strain of these preanaesthetic days. One example may be cited,—Parker undertook to remove a mandible, presumably a tumor. The patient was given as much brandy as was deemed advisable, then strapped to a table and held there by able-bodied assistants. This patient, a powerful individual, broke away from his attendants and ran out into the street, half naked and spattered with blood. Students fainted, and a crowd, including the police, gathered to witness the bloody scene. The patient was captured, brought back to the surgery and the operation completed with the patient shrieking "Murder" and other imprecations. The operation consisted of sawing through his chin and dislocating the mandible at its socket. One may well imagine what joy came to the surgeon when the discovery of ether was proclaimed to the world.

Dr. Parker was the first surgeon in Nova Scotia, perhaps in Canada, to perform a major operation under ether and the story is best told in his own words as quoted from his Jubilee Speech, "It was soon after operating on a distressing case (referred to above) that I became aware of the fact of the discovery, at Boston, of sulphuric ether as an anaesthetic." "Lawrence VanBuskirk, a dentist, practising in Halifax at the time, as soon as he learned that ether was being used by inhalation in practical dentistry, in Boston, with commendable enterprise visited Boston and familiarized himself with its use. On his return, having a case that required amputation of the femur, I went to VanBuskirk's office and, after discussing the matter fully, asked him to administer ether to me so that I might personally have some knowledge of its action. He consented and very shortly the exciting stage was upon me and I was floating through space, suspended, or upheld, like Mahomet's coffin between heaven and earth. My actions alarmed him as he was yet but a novice in its administration and he did not carry on the experiment to its full results. The next day, he, VanBuskirk, gave my patient ether and in two or three minutes she was unconscious and insensible to pain. The limb was amputated, the wound dressed, and the poor woman taken from the table to her bed and while my professional friends and I were discussing the prompt and happy results which had attended the use of the anaesthethic, a

voice came from the bed, "Give me a little more, doctor, a little more, for I am not yet asleep." I told her the operation was over and the limb removed. For a time she was incredulous, but when she fully took in the situation she was overcome with gratitude, and, in a pronounced Hibernian dialect, expressed her thanks to God and then to the medical men who surrounded her. I, too, felt very grateful when it was thus practically demonstrated to me that exemption from suffering could be promised to thousands and millions, who in the future should seek to be relieved by the surgeon's knife. This, I believe was the first case operated on in Nova Scotia under an anaesthetic."

From the beginning, Dr. Parker showed ability as a writer and lecturer. In his first year of practice he became interested in the Halifax Mechanics Institute, an important educational institution which provided lectures for the public. Parker gave his first lecture on "Respiration" in 1845, when he was 23 years of age. Then followed, at yearly intervals, lectures on "Vitality" Instinct and Mind," and "The Circulation". These lectures showed a wide knowledge of medicine and science. Two of them are found in his biography. For many years he contributed to the Edinburgh Medical Journal, copies of which may be found in our medical library. Later, he contributed to the Maritime Medical News and to some Canadian and American Journals. His last paper on "Cheloid" appeared in the Maritime Medical News in 1889. His biography contains many personal letters, addresses and parliamentary speeches which indicate an admirable facility of expression.

During his whole life he took a keen interest in all matters pertaining to the medical profession. He was a faithful attendant at medical meetings and took a leading part in discussions. He was active in the organizatiion of medical societies—the Nova Scotia Medical Society, 1854, the Halifax Branch of the B.M.A., 1889, the Maritime Medical Association, 1899, and the Canadian Medical Association in 1867. Of all of these he was, at some time, President. He was present at the organization meeting of the C.M.A. in 1867, took an active part on committees and assisted in framing the by-laws and regulations. In 1870, he was elected President and with Tupper, who served as President for three terms, brought to Nova Scotia the honor of providing the first two Presidents of the now prosperous Canadian Medical Association.

Other activities may now be mentioned—Member of the Legislative Council, 1871-1901. Here his voice was often and effectively heard advocating improvements in the status of the medical profession and in public health measures. Member of Provincial Medical Board, 1872-1892, and President 1887-1889, Member of Provincial Board of Health. One of the founders of the School for the Deaf and a member of the board of management for many years.

When Parker came to Halifax, the only hospitals were the Alms House and Old Bridwell, which served as a hospital and gaol. Parker was a strong advocate of hospital improvement and assisted in the development of the City and Provincial Hospital, now the Victoria General Hospital; the Victoria Infirmary, 1886, now the Halifax Infirmary; the Halifax Dispensary, 1855, and the Nova Scotia Hospital for the Insane, 1855. In all these institutions, he was either a member of the staff, active or consulting, or a member of the

governing body. He also took an interest in the founding of the Medical School, 1868. He was actively interested in various non-medical affairs. As a member of the Halifax Horticultural Society, he shares with some others the credit of developing what are now our beautiful Public Gardens. He was one of the Commissioners who arranged for a Nova Scotia exhibit at the 1851 Exhibitions in London, and for this work he received the Prince Albert Medal, with a Certificate, by the Prince Consort. In 1854, with Dr. Forrester, he was largely responsible for establishing our Provincial Exhibitions.

He was also active, in the church affairs and in business. A faithful member of the Baptist Church, he attended many conferences, was known to have preached sermons, and for twenty-nine years was a member of the Board of Governors of Acadia University. He was also, one of the founders of the Halifax Y.M.C.A., 1853. In business, he was interested in the Halifax Gas Light Company, the Nova Scotia Benefit Building Society, the Halifax and Dartmouth Steam Ferry and the Windsor and Annapolis Railway.

In 1895 Dr. Parker completed fifty years of active practice, interrupted only by holidays and postgraduate tours. For twenty-five years he was classed as a general practitioner with a strong leaning to surgery. At first, he made his rounds on the saddle and went to outside towns in this manner. On one occasion, he rode all night to Windsor, operated and returned home the same day. He usually kept three horses, each one working every third day. Later, he drove a carriage and sometimes drove out of town. In those days he could have a relay of horses at various points. After his two year trip to Europe, in 1870-72, he limited his work to consulting practice and was the first physician in Nova Scotia to restrict his practice in this manner. Few men have had such a busy and interesting life. Yet he found time to take his place in Parliament, attend medical meetings, philanthropic and business affairs, and there were few activities in which he was not an important figure.

It is always difficult to describe the qualities which lead to a position of eminence. From early life, Parker had the good fortune to meet many distinguished men and he had the personality which won for him many lasting friendships. At Horton he was a frequent visitor at the home of Judge Haliburton—Sam Slick. At King's College he made lasting friendships with Sir Charles Tupper, Sir John Inglis, Sir Edward Cunard, and others who distinguished themselves in later life. As a student in Halifax he must have received inspiration from his mentor, Dr. W. B. Almon. At Edinburgh he was frequently a house-guest at the "Edinburgh Breakfasts" where he had an opportunity to meet many distinguished men, medical and lay, among whom was the celebrated Dr. Thomas Chalmers.

At Halifax, he met and moved among the most prominent men, professional, business and military. His frequent visits to Canadian and United States centers added to his list of friends which included some of the most prominent people on the Continent. His retirement from practice, in 1895 brought congratulatory messages from a large number of his friends, at home and abroad.

Dr. Parker's last appearance in public was at a C.M.A. meeting in Halifax, when he gave the address of welcome to the delegates, in 1905. At a

meeting of the British Medical Association, in 1907, at Toronto, a "Handbook and Souvenir" was written for the meeting. This brochure contained a quotation from "Recollections of Past Life" by Sir Henry Holland, in which he referred to Dr. McN. Parker as the "Dean of Canadian Medicine" a tribute richly deserved.

Mrs. MacCallum Grant, 114 Young Avenue, Halifax and Miss Fanny Aline Parker, Wolfville are daughters of Hon. Dr. Parker.

Mrs. Karl F. Woodbury, Halifax is a grand-daughter of Dr. Lawrence VanBuskirk.

Ankylosing Spondylitis

By Geoffry Ffrench, M.A., M.D.

In considering arthritis of the spine, two main types must be clearly differentiated, the inflammatory and the degenerative. Some confusion of terminology has arisen in the past, both types being known by several different names. In an effort to clarify the understanding of these forms of crippling disease of the spine an effort must be made to define first the correct terminology and secondly the disease processes thesmelves.

In this short paper we are concerned only with the type now generally known as Ankylosing Spondylitis, a disease at one time thought to be inflammatory in nature, which must be distinguished clearly from the degenerative process in the older age group, which in its most severe form is known as Spondylitis Deformans or Advanced Osteoarthritis of the Spine.

Ankylosing Spondylitis (syn. Marie-Strumpell's, Von Bechterew's disease, Rheumatoid Spondylitis, Spondylitis Ankylopoietica or Rhizo-melique) was at one time thought to be an extreme form of Rheumatoid Arthritis affecting primarily the spine, but when the different components (Incidence, Pathology, Response to therapy etc.) are broken down, it will be seen to emerge more as a separate entity.

Recent investigations have revealed that this condition is more prevalent than is generally realised; it may perhaps be symptomless for some time or give symptoms suggesting a more common condition. Therefore it is of importance that the clinician should recognise it in its earliest stages, for with the methods of treatment now at our disposal it is possible to greatly ameliorate the course of the disease in a large percentage of cases.

With this in mind, the following summary of the present accepted knowledge of the condition is presented: however, it does not include a description of the non-spinal-joint involvement because it is felt it would be confusing in a summary of this type. No reference to more recent work either in the biochemical laboratory or in the clinical investigation with the Adrenal cortical steroids has been made because full agreement on the significance of changes in blood chemistry has not yet been reached and not sufficient time has elasped to evaluate the effects of the new group of drugs headed by Cortisone and ACTH.

Definition

Disease of young adults; 90% of cases in third and fourth decades; onset may be of two kinds:

(1) Slow onset with intermissions—the more common type.

(2) Acute, steadily progressive type.

Both these may proceed to complete ankylosis of scaro-iliac, vertebral and costo-vertebral joints; in a small proportion of cases the hip joints are affected

Incidence

90% of cases occur in the male sex; this can be compared with female predominance in Rheumatoid Arthritis. It is estimated that one in two thou-

sand of the population have this disease, but may be symptomless. It is stressed that doctors treating cases of anyklosing spondylitis should be alert for signs of the disease in near relatives.

Etiology

(1) Infective theory—no direct evidence to incriminate.

(2) Toxic theory—again no definite evidence.

(3) Hormonal theory—in the light of recent knowledge and in the striking preponderance in the male, it may be well that endocrine influence predominates.

(4) Trauma, recent or remote, bears the same indistinct relation as that noted in Rheumatoid Arthritis.

Pathology

(1) Dependence has to be placed on radiology for the early changes seen in this disease, owing to lack of autopsy material.

(2) Osteoporosis—redisposition of calcium in neighbouring ligaments, periosteum and fibro-cartilage—bony ankylosis.

(3) It is the extent and distribution of these changes that distinguish Ankylosing Spondylitis from Tuberculosis, Typhoid and other diseases.

Radiology

(1) Obliteration of sacro-iliac joint preceded by patchy osteoporosis and loss of sharpness of bones entering into the joint.

(2) Rarefaction of bodies of vertebrae and pelvis.

(3) Loss of normal joint space of the apophyseal joints.

(4) Ossification of capsular ligaments and interspinous ligaments to give classical picture of Bamboo Spine.

(5) The intervertebral spaces may or may not be narrowed. The disc undergoes degenerative change, but narrowing of space depends on degree of surrounding ligamentous calcification which acts as a buttress and keeps the bodies apart.

Symptoms

May be mistaken in early stages for muscular rheumatism; these may recur with increasing severity and residual stiffness. Cases of "Rheumatism" failing to respond to usual methods of treatment should be X-rayed early. Often marked radiological changes may be seen with quite moderate symptoms.

(1) *Specific*: (a) Recurring pain in hips and back, steady progression.
(b) Increasing stiffness of back and diminished chest expansion.
(c) Progressive deformity.
(d) Centrifugal spread from axis in the lumbo-scaral region.

(2) *Non-Specific*: (a) Weakness, loss of appetite and weight; slight fever.
(b) Pains in chest, abdomen and limbs, which if analysed may have characteristics of referred pain.

Deformity

(1) Loss of normal lumbar curve with spasm of paravertebral muscles.
(2) Compensatory kyphosis of thoracic spine.
(3) Flexion of head on chest.
(4) Fixed flexion of hip joints and compensatory non fixed flexion of knees.
(5) Fixation of costo-vertebral joints with diminished respiratory excursion leading to pulmonary disease.
(6) Varying amounts of muscle wasting (buttocks particularly).

Degree of deformity depends to a tremendous extent on how soon and how efficiently treatment is carried out.

Special Investigations

Blood, hematocrit, sedimentation rate; this latter may be raised, but apparently does not hear same relation to activity as in Rheumatoid Arthritis.

The value of certain biochemical and hormonal assay tests has not yet been fully assessed, and it would be unwise to place any diagnostic significance on them at present.

Progress of the Disease

(1) Chronic with remissions and exacerbations; activity may cease at any stage, although final progression to bony ankylosis of involved joints is the rule.
(2) Increasing deformity unless corrected.
(3) Activity in one area may become quiescent only to reappear elsewhere.
(4) Pulmonary complications often cause the death of the patient.

Differential Diagnosis

(1) Rheumatoid and other infective polyarthritides; these show involvement of smaller joints of limbs and seldom spinal radiological changes, which are early in Ankylosing Spondylitis.
(2) Adolescent and postural kyphosis; absence of history of pain and stiffness; subsequent progress.
(3) Tuberculosis of spine; attacks in a localized area with constitutional symptoms and radiological evidence of localized disease.
(4) Fibrositis as mentioned previously; in any case failing to respond to treatment, radiography should be carried out.
(5) Brucellosis is said to give a similar picture, but again more localized with serological reaction.

Prognosis

(1) Progression to bony ankylosis and subsequent disappearance of local and non-specific symptoms.
(2) More favorable in these cases in which the disease begins after union of the epiphysis, about twenty-five years. Early treatment and rest are essential in procuring a good prognosis.

Treatment

(1) Rest in the active stage; fracture-boards; plaster of paris bed in more severely deformed painful cases.

(2) Physiotherapy designed to put the joints through a range of active movement daily as soon as very acute symptoms subside.

(3) Early thorcaic breathing exercises.

(4) Use of hydrotherapy following acute state, particularly in a large bath allowing free and assisted movements.

(5) Adequate nursing, ample diet, vitamins and effective analgesics.

(6) Local heat, either by hot packs, infra-red lamp or electric pad. Use of ultra-violet ray is valuable, but fatigue is easily produced. Light massage.

(7) *Radiotherapy* is the treatment so far which gives best results in relieving symptoms and often arresting temporarily or permanently the course of the disease. Effects may be delayed weeks or months.

(8) Gold has not proven of value.

Cases of Ankylosing Spondylitis from the Records of Camp Hill Hospital 1947-50

38 males, no females:

Age range (at time of diagnosis) 21 to 66

Age at onset—	Unknown	20-30	30-40	40-50	50-60	60-70
	11	17	6	3	-	1

	Shortest	Longest
Duration of symptoms before definite diagnosis—	3 months	33 years
Duration of activity of disease before complete ankylosis	2 years	26 years

Familial tendency - - - - - -Two brothers suffered from severe disease.

Occupations:—			
	Railwayman	Dental technician	Coal Miner (4)
	Engine Operator	Farm Worker (3)	Labourer
	Fireman	Taxi driver (2)	Asst. in store

Onset heralded by—

(1) Non-specific "rheumatism" - - - - - - - - - -	5
(2) Definite low back pain and stiffness - - - - - - -	20
(3) Shoulder or hip pain - - - - - - - - - - - -	8

X. R. Therapy—	Number treated	Benefited	Not Benefited
	10	10	-

Sedimentation rate—Number raised (greater than 16) 24 (others not recorded)

Number showing fall following non-specific or X. R. therapy. 7

Associated diseases—		
	Diabetes (2)	Spondylolisthesis (1)
	Lymphosarcoma (1)	Pulmonary T.B. (1)
	Gall bladder disease (1)	Ulcerative Colitis (1)

The Incidence of Positive Skin Tests for Brucellosis in a General Hospital Serving a Rural Population

D. J. MacIntosh M.D., O.C. MacIntosh M.D.

St. Martha's Hospital, Antigonish, N. S.

THE general picture of the incidence of Brucellosis in various parts of Canada is very incomplete. Numbers of complete and exacting surveys have been made in large urban centers but there is a paucity of reports of this nature from the smaller centers largely serving rural populations. For this reason it was thought that a survey of hospital admissions conducted in this hospital would be of interest. The hospital concerned is a general hospital of 200 beds located in the center of a farming area; approximately 80% of admissions are patients from farm districts where unpasteurized milk is used.

The present survey, which is admittedly superficial in nature, consisted of conducting intradermal tests on all hospital admissions over a period of several months. Patients who were dangerously ill were excluded from the survey and obstetrical and operative patients were done in the post partum and post operative periods respectively.

The intradermal tests were carried out with 1:10 dilution of Lederle's treatment vaccine (Equal parts bovine and porcine strains) giving a suspension of two billion organisms per cc. 0.1.cc. was injected intracutaneously into the skin of the volar surface of the forearm.

The test was read 24-48 hrs. Only those reactions showing erythema, oedema, and induration were considered as positive.

The test was conducted on 155 patients and proved positive (one plus) in 8 cases and positive (2 plus) in one case.

In order to avoid various interpretations of the results, the skin tests were performed and read almost in entirely by one of us, D J.M. No serious local or systemic reactions were encountered during the survey.

Discussion

Various observers have indicated that the intradermal skin test is a reliable index of skin sensitization to the Brucella organism. [1], [2], [3]. While it must be emphasized that a positive intradermal test does not in itself distinguish an active from a latent or past infection, it does provide a simple method of determining with reasonable accuracy the incidence of allergy to the Brucella organism and hence presumably the incidence of infection in any group of individuals studied.

The present survey would seem to indicate that the incidence of positive reactions in the rural population of this district is of the same order of magnitude as that observed in surveys conducted on the general population

in other areas [4], [5], [6]. It might be expected then, that cases of acute and chronic brucellosis do exist in the area studied, although no such absolute recognition can be claimed in this survey.

Summary

Intradermal tests for brucellosis using the Lederle treatment Vaccine diluted 1:10 were conducted on 155 admissions to a general hospital serving a rural district. The test was considered positive in *9 cases.*

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To The Members of The Nova Scotia Division

THE 81st Annual Meeting of the Canadian Medical Association has passed into history, and I, who as your Chairman of the Committee on Arrangements, probably had most to worry about, and therefore was the most critical of our effort, say that it was in all respects a fine meeting, and that I am proud of my province's effort.

There have come to me as your representative innumerable compliments on the quality of our arrangements, first by mouth and now they are coming by letter. My answer to most of them has been, first, that our Nova Scotia doctors were happy to welcome the Canadian Medical Association, and wished to express their welcome in the way they did; and secondly, that we had working here the finest working committee that I have ever seen, or, I think, could be imagined. A small group set up the many committees, the heads of which constituted the Committee on Arrangements, and once work was assigned, it was a delight to see how each committee seemingly vied with each other as to which would turn in a perfect job. The general comment is that they all did. Its smooth working has been highly and widely commended.

We admit that it is possible for people to say very nice things just to be polite, but if the skeptical would reduce the compliments 50% there would still be enough of genuine appreciation to satisfy everyone.

It might here be noticed that co-operation was not confined to Nova Scotians in this meeting, as witness the reception by the New Brunswick Division which preceded the Nova Scotia Division's dinner to General Council. We may well hope that that was the beginning of many such acts of friendly co-operation between these Maritime provinces. There is much to be gained by taking all possible steps in that direction.

Another point in co-operation to note at this time is the fact that the meeting of General Council was the best attended such meeting in the history of the Association. Some of the divisions—even from the extreme West—*had every council member from the division* answer the roll-call. In this most important time in our history these are facts of great interest and of special significance for us all.

Finally I would express again my own pleasure in the way in which Nova Scotia's doctors got behind this effort. We have not, in our history, been so much at one—province with city—as we have in this matter. Let us hope that it too indicates in our Division a desire to effect even greater cohesion than we presently enjoy so that through it the whole structure of organized Medicine in this country may be strengthend.

NORMAN H. GOSSE,

Chairman of Committee on Arrangements

1950 Meeting, C.M.A.

A Few Words of Thanks to the Doctors' Wives

AS the ex-Chairman of the now defunct Ladies' Committee for the Halifax meeting of the Canadian Medical Association I would like to take this opportunity to express to all the ladies who came to the meeting and who assisted in any way, both my own personal gratitude for loyal support and co-operation and the heart-felt thanks of our visitors from outside of the province. Expressions of appreciation couched in glowing language have poured in, not only to me but to many others. Though these may be directed of necessity to individuals they are in a very real sense intended for all, and there can be no doubt in anyone's mind that the over-all effect created by our efforts, and such happy impressions as were carried away, came, not from the work of one person, or a small group, but from a united act of hospitality. It is true, of course, that some had necessarily been more active, and to all who carried heavy loads of responsibility our special gratitude is due, but what was done was done as for Nova Scotia, and when the time came many who could not take part in the planning and providing, did their part by being friendly and helpful. For such success as rewarded our efforts, we may all share the credit. Thus far no criticism has come to hand, but if there were or should be any, we should share that too. Again, thank you all!

MARGARET E. B. GOSSE

THE ANNUAL MEETING

The ninety-seventh annual meeting of The Medical Society of Nova Scotia will be held in the auditorium of the Victoria General Hospital, Halifax, on September 5th and 6th. The executive session will begin at 2.30 in the afternoon of Tuesday, September 5th, and will carry through the evening if necessary. The first general session will start at 9.30 in the morning of Wednesday, September 6th. On account of the recent meeting of the Canadian Medical Association there will be no scientific programme. The chief business will be a discussion of medical economics including the medical care of pensioners.

The Medical Care of Pensioners

AS there still seems to be considerable misunderstanding regarding the agreement between The Medical Scoiety of Nova Scotia and the Department of Welfare of the Province of Nova Scotia concerning the Medical Care of Pensioners I thought that a few words dealing with the matter would be in order.

To begin with on December 13, 1949, the executive of The Medical Society of N. S. gave authority to a committee to enter into an agreement with the Department of Welfare of the Province of Nova Scotia to provide medical care for the pensioners of Nova Scotia. This group included those receiving pensions on account of age, those receiving allowances under the Mothers Allowance Act and a parent or child receiving allowance under the Mothers Allowance Act. The committee representing The Medical Scoiety of Nova Scotia were Doctor R. G. Forbes, Doctor J. J. Carroll, Doctor W. J. MacDonald and Doctor N. H. Gosse.

This agreement is more or less similar to those in effect in other provinces where medical care has been provided by the medical society of the province. It states that The Medical Society shall provide medical care to the groups mentioned above, either at the home of the pensioner or at the doctor's office. Surgery, except of a very minor nature, is not included. Medical aids, applicance or supplies (except those used by the doctor in making the call) are not included. For identification the pensioner is provided with a card by the Department of Welfare. The Department of Welfare agrees to pay The Medical Society of Nova Scotia the sum of seventy-five cents (75c) per month per pensioner.

The payment of seventy-five cents (75c) per month per pensioner was offered to us by the Department of Welfare and not determined by our committee. It is difficult to compare this with payment made for similar services by other provinces. In Alberta the payment by the province is $12.50 per pensioner per year. The doctors are collecting about 60% of their accounts. Surgery is included. In Saskatchewan the present rate is $12.00 per pensioner per year. Administration is not included. In Ontario the monthly payment which began at 25c per individual per month has increased up to 83c per month. Drugs are included in this eighty-three cent charge. (A list of common drugs is agreed upon between the province and the doctors.) The administration charges in Ontario are 3.18% In British Columbia the last agreement pays $14.50 per pensioner. Administration costs are included, but drugs are not.

In a letter of May 11, 1949, Mr. H. A. Farquhar, of the Department of Welfare of N. S. estimated that there were at that time 26,837 pensioners, made up of 18,536 old age pensioners, 878 blind pensioners 1,747 mothers in receipt of allowance, 4,900 children under 16 years of age, and 775 disabled husbands. The Department of Welfare has agreed that Maritime Medical Care Incorporated may act as the agent of The Medical Society of Nova Scotia. Consequently the Department of Welfare pays a sum of money to Maritime Medical Care Incorporated each month, and they administer the fund for The Medical Society of Nova Scotia. The scale of fees is the minimum scale of

The Medical Society of Nova Scotia. Mileage is allowed at a rate of one dollar ($1.00) one way per mile to begin two miles distant from the doctor's office. The Maritime Medical Care Incorporated are paid 7% for administering the fund, paying the accounts, etc.

So far accounts have been paid for three months—March, April and May; and the doctors have received respectively 50%, 70% and 50% of the accounts they have rendered. The table shown below gives the detail for the same three months.

Provincial Welfare Account

Comparative Statistical Summary, Months of March, April and May, 1950.

	March	April	May
Number of patients	3,291	3,239	4,299
Number of calls	7,801	6,604	8,680
Total allowed fees	$35,259	$29,524	$41,982
Total rendered	$35,732	$30,002	$43,358
Number of office calls	1,560	1,857	2,845
Number of home calls	6,241	4,747	5,835
Mileage	$13,416	$11,499	$14,595
Available funds	$19,943	$20,028	$20,215
Pro-rate accounts	50%	70%	50%

The agreement is a yearly one entered into March 1, 1950. It shall continue in force unless notice in writing is given by either party sixty days before the termination of the agreement that they wish to terminate the agreement. Upon the expiration of three months from the giving of such notice the agreement shall come to an end. The matter of provision of medical care for pensioners will come up for full discussion at the next annual meeting in September.

H. G. Grant,
Secretary.

PAEDIATRICIAN WANTED

There is an excellent opportunity for a qualified paediatrician in a city of 100,000 population. Teaching position in Medical School available. Further information may be obtained from the Secretary.

Postgraduate Week in Obstetrics and Paediatrics

THE department of Obstetrics and Paediatrics of Dalhousie University and the Victoria General, Grace and Children's Hospitals, will put on the course in obstetrics and paediatrics outlined below. This is not a specialists' course, *but one aimed entirely at helping the general practitioner solve his ordinary obstetric and paediatric problems.*

1. It will be limited to 6 applicants, and the first six who apply will be accepted. Only those intending to take the entire course will be accepted and applicants should state whether or not they will be able to do this.
2. The dates will be Sept. 11th—16th inclusive.
3. Application should be made to Dr. Carl Tupper, Victoria General Hospital, as soon as possible.
4. Men taking the course will be given a bed in a dormitory at the Grace Hospital for the entire week, so that they can see all public cases delivered at the hospital that week. They will pay the Grace $5.00 for this purpose at the beginning of the course.
5. They will be able to get their meals in the cafeteria of the Victoria General Hospital at the usual meal rate charged there.
6. They should be in the rotunda of the Victoria General Hospital at 8.45 p.m., on Monday, Sept. 11, where they will be met and have further details explained.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9-10	Manikin Demonstration. Normal Presentations.	Infant Feeding	Ca Crevix Diag. Points	Manikin Demonstration Forceps.	Rheumatic Fever in Childhood.	Feminine Hygiene.
10-11	Natural Childbirth.	Diarrhoea and Fluid Balance.	Wet Smear: Vaginal Discharges.	Abortions.	Nephritis in Childhood.	Diabetes, Cardiacs & Tbc. in Pregnancy.
11-12	Q-ray Pelvimetry.	Endocrine Problems in Childhood.	Endocrine Therapy.	Difficult Labours.	ymposium on Meningitis.	Rh. Factor
12- 1	Management of Labour.		Breech Presentations.	Toxaemias.		
			NOON	RECESS		
2- 5	Gynaecological Out Patient Clinic at V.G.H.	Pre Natal Clinic at D.P.H.C.	Problems of Newborn Resuscitation, Prematurity and Infections at Grace Hospital.	Problems of Office Paediatrics at D.P.H.C.	Pre Natal Clinic at D.P.H.C.	

Correspondence

135 St. Clair Avenue West,
Toronto 5, Ontario,
June 26th, 1950

Dr. W. S. Stanbury,
National Commissioner,
The Canadian Red Cross Society,
95 Wellesley Street East,
Toronto, Ontario

Dear Doctor Stanbury:

Upon returning to the office from our Annual Meeting in Halifax, I have before me your letter of June 19th and enclosure regarding the need of a woman medical doctor in Pakistan. The best way to bring this matter to the attention of the medical profession in Canada would be through the means of the Canadian Medical Association Journal and the Divisional bulletins. With that end in view, we are passing the letter on to the appropriate bodies.

Yours sincerely

(Signed) T. C. ROUTLEY

General Secretary

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8 Rue Munier-Romilly
Geneva, Switzerland
13 June, 1950

Dr. W. Stuart Stanbury, M.B.E.
National Commissioner,
Canadian Red Cross Society,
95 Wellesley Street,
Toronto, Ont.

Dear Doctor Stanbury:

The Pakistan Red Cross Society is at present contemplating the reorganization of its Maternal and Child Welfare Services. For this purpose and to direct these Services the Society requires an expert woman doctor.

The Vice-Chairman of the Managing Body of the Pakistan Red Cross Society, Lieut. Col. M. Jafar, has, therefore, approached the League of Red Cross Societies and asked whether we could assist the Society in finding such a doctor.

I understand that what the Society wants is a woman doctor (not too old) with a good medical training and a certain experience in Maternal and Child Health. The person chosen must, furthermore, be able, independently

to organize and direct the said services. She must have a certain knowledge of English and also be able and willing to learn the native language. The Society has not given any definite offer as to salary but I understand that they are willing to pay about 700 rupees a month (approx. 900 Swiss francs) and provide free lodgings. I understand that there will be a contract of some years' duration.

I take the liberty, therefore, of asking the Canadian Red Cross whether it might be able to help us find a woman doctor who would be willing to undertake this important humanitarian work. May I suggest that you get in touch with your National Medical Association and ask for its help in finding the right person.

As I understand that the needs of the Pakistan Red Cross are urgent I should appreciate a reply at your early convenience.

Yours sincerely,

G. ALSTED, M.D.

Director, Health Bureau

Personal Interest Notes

AT the fourth annual meeting of the Canadian Otolaryngology Society held at the Digby Pines in Digby on June 26th and 27th, Doctor W. J. McNally of Montreal, who graduated from Dalhousie in 1922, was elected President, succeeding Doctor H. W. Schwartz of Halifax.

The sixth annual meeting of the Society of Obstetricians and Gynaecologists of Canada was also held at the Digby Pines in Digby from June 24th to 26th. Doctor N. W. Philpott of Montreal was elected President, succeeding Doctor H. B. Atlee of Halifax. Doctor K. M. Grant of Halifax is the secretary of the Society.

Doctor A. D. MacDonald, who has been practising in Dartmouth, has been appointed Senior Medical Officer of the Indian Medical Servic , and left the end of June with his family for Prince Albert, Saskatchewan, to take over his new post.

The Bulletin extends congratulations to Doctor and Mrs. T. H. Earle of Upper Stewiacke on the birth of a daughter on June 17.

Doctor I. M. MacLeod and Doctor C. L. Gosse of Halifax, and Doctor E. L. Eagles of Yarmouth have been awarded bursaries under the Federal Government's national health programme. Doctor MacLeod will spend a year at the University of Toronto studying radiology, and Doctor Gosse and Doctor Eagles will take short refresher courses in the treatment of venereal diseases at clinics in New York, Washington and Baltimore.

Obituaries

Doctor Gordon Manning Peters of Glace Bay and his five year old son, Dennis Gordon, were instantly killed on June 24th, when their car hit heavy gravel, overturned and threw its passengers. The older son, Ian David who was eight years old, died early the next morning. Mrs. Peters, the former Clare Wier, escaped serious injuries, but suffered multiple cuts and bruises and severe shock.

Doctor Peters was a son of the late Mr. and Mrs. O. M. Peters of Glace Bay, and graduated from Dalhousie in 1937. Beside his wife he is survived by his sister, Mrs. Alma MacDonald of Saint John, and a brother Ian Warren Peters of New York.

Doctor Joseph Seward Brean of Mulgrave died in the Colchester County Hospital at Truro on July 11th as the result of injuries received in an autobile collision at Lakeland, about six miles west of Parrsboro.

Doctor Brean was born in Glace Bay in 1887, the son of the late John and Caroline Brean. He was a graduate of St. Francis Xavier University, and graduated from Dalhousie University in 1915. He was past president of the St. Francis Xavier Alumni Association and was also a third degree member of the Knights of Columbus and choir leader of St. Lawrence Church choir in Mulgrave. He took a very active interest in his community and was Mayor of the town of Mulgrave for the past sixteen years. He is survived by his wife, the former Theresa Robbins, of Truro, one son, Berkley, two brothers, Urban in Sydney, and Alfred in Halifax, and two sisters, Mrs. W. R. Reid of Sydney and Mrs. A. Easingwood in British Columbia, and three grandchildren.