

JANUARY 1962

**The NOVA SCOTIA MEDICAL BULLETIN**

EDITOR-IN-CHIEF  
Dr. E. H. Evans

MANAGING EDITOR  
Dr. C. J. W. Beckwith

## ASSOCIATE EDITORS

Dr. J. H. Quigley

Dr. W. A. Taylor

Dr. W. A. Cochrane

Dr. J. W. Reid

Dr. W. E. Pollett

CORRESPONDING MEMBERS—SECRETARIES OF BRANCH SOCIETIES

EDITORIAL

## THE BULLETIN

It is our honour and pleasure to submit to you each month this 'Bulletin' of the Society the first function of which is to apprise members of the deliberations and decisions of the Executive, decisions that now-a-days may affect the very bread-and-butter of every member (and every non-member as well) and even the form of the future service of Medicine in its broadest sense. As a consequence it has carried in its pages the first excerpts from The Brief to the Royal Commission on Health Services and will continue to do so throughout 1962 in the form of summaries of sections from this voluminous work. One feels on looking at the excellent finished product that some fulsome praise is due from the rest of us to those who gave of their time and leisure to formulate, record and present to the Commission this formidable treatise. Accordingly, to President R. F. Ross, and to Research Chairman A. A. Giffin and members R. O. Jones, J. A. McDonald, C. B. Stewart, J. W. Reid, and C. J. W. Beckwith of the Special Research Committee we extend a special word of thanks for their labours on our behalf.

It has been gratifying to record that in the past year a fairly steady flow of interesting and instructive articles has been received that gives the Bulletin a wide variety of medical interest. To those members who have contributed and have patiently waited for their appearance we offer our thanks and appreciation and regret that the other functions of the 'Bulletin' have sometimes delayed their publication somewhat.

Much of the material appeared in the office under the resourceful stimulus of Dr. J. O. Godden now Associate Editor of the CMAJ. When he went to his new post we had to fill in the gap left by the regretful demise of his creation 'Brother Timothy' and so, after a somewhat prolonged instrumental delivery, 'Around the Willow Tree' was delivered to the printers and has, we feel, justified its existence as 'The Doctor's Column'. Up to now, four members have contributed to its six appearances so that a certain amount of artificial respiration from the editorial department is still necessary to keep it alive. However, Dr. 'Jimmy' Reid will keep it going for the next two issues with a delightful speech he gave in New Brunswick. This is material very suited to 'The Willow Tree', and since we like it to be homespun with plenty of Nova Scotian plaid we would be very happy to receive anything similar from all parts of the Province.

# THE MEDICAL SOCIETY OF NOVA SCOTIA

NOVA SCOTIA DIVISION  
OF

THE CANADIAN MEDICAL ASSOCIATION

## MEMBERS OF EXECUTIVE COMMITTEE

### OFFICERS

PRESIDENT - - - - -	R. F. Ross
PRESIDENT-ELECT - - - - -	D. F. Macdonald
IMMEDIATE PAST PRESIDENT - - - - -	*F. J. Granville
CHAIRMAN EXECUTIVE COMMITTEE - - - - -	L. C. Steeves
HONORARY TREASURER - - - - -	J. F. Boudreau
EXECUTIVE SECRETARY - - - - -	C. J. W. Beckwith

### BRANCH SOCIETY REPRESENTATIVES

ANTIGONISH-GUYSBOROUGH - - - - -	T. W. Gorman
CAPE BRETON - - - - -	H. F. Sutherland & J. R. Macneil
COLCHESTER-EAST HANTS - - - - -	H. R. McKean
CUMBERLAND - - - - -	J. C. Murray
HALIFAX - - - - -	D. M. MacRae, F. J. Barton & K. M. Grant
LUNENBURG-QUEENS - - - - -	S. B. Bird
PICTOU COUNTY - - - - -	M. F. Fitzgerald
VALLEY - - - - -	D. MacK. Archibald
WESTERN COUNTIES - - - - -	C. K. Fuller

### OBSERVERS

REPRESENTATIVE TO CMA EXECUTIVE COMMITTEE - - - - -	R. O. Jones
CHAIRMAN PUBLIC RELATIONS COMMITTEE - - - - -	S. C. Robinson
CHAIRMAN MEDICAL ECONOMICS COMMITTEE - - - - -	H. E. Christie

## CHAIRMEN OF STANDING COMMITTEES

COMMITTEE	CHAIRMAN	COMMITTEE	CHAIRMAN
ARCHIVES - - - - -	C. M. Bethune	MEMBERSHIP - - - - -	D. M. MacRae
BY-LAWS - - - - -	H. J. Devereux	NUTRITION - - - - -	W. A. Cochrane
CANCER - - - - -	J. E. Stapleton	PHARMACY - - - - -	R. M. MacDonald
CHILD HEALTH - - - - -	R. S. Grant	MEDICAL	
CIVIL DISASTER - - - - -	S. B. Bird	EDUCATION - - - - -	D. C. P. Cantelope
EDITORIAL BOARD - - - - -	E. H. Evans	PUBLIC HEALTH - - - - -	S. Dunn
FEES - - - - -	C. H. Young	PUBLIC RELATIONS - - - - -	S. C. Robinson
HEALTH INSURANCE - - - - -	N. K. MacLennan	REHABILITATION - - - - -	G. J. H. Colwell
LEGISLATION & ETHICS - - - - -	D. F. Smith	TRAFFIC ACCIDENTS - - - - -	A. L. Murphy
MATERNAL & PERINATAL		W.C.B. LIASON - - - - -	A. W. Titus
HEALTH - - - - -	M. G. Tompkins, Jr.		
MEDICAL ECONOMICS - - - - -	H. E. Christie		

### BRANCH SOCIETIES

	PRESIDENT	SECRETARY
ANTIGONISH-GUYSBOROUGH - - - - -	J. E. MacDonell	C. N. MacIntosh
CAPE BRETON - - - - -	T. J. McKeough	A. F. Govoni
COLCHESTER-EAST HANTS - - - - -	R. F. Ross	H. R. McKean
CUMBERLAND - - - - -	R. E. Price	R. A. Burden
HALIFAX - - - - -	F. J. Barton	J. A. Myrden
LUNENBURG-QUEENS - - - - -	D. C. P. Cantelope	G. D. Donaldson
PICTOU COUNTY - - - - -	J. A. F. Young	W. D. MacLean
VALLEY MEDICAL - - - - -	J. P. McGrath	H. R. Roby
WESTERN COUNTIES - - - - -	D. F. MacDonald	G. D. Belliveau

### AFFILIATE SOCIETIES

	PRESIDENTS
NOVA SCOTIA ASSOCIATION OF RADIOLOGISTS - - - - -	A. J. M. Griffiths
NOVA SCOTIA SOCIETY OF OPHTHALMOLOGY & OTOLARYNGOLOGY - - - - -	H. J. Davidson
NOVA SCOTIA SOCIETY OF GENERAL PRACTITIONERS - - - - -	A. G. MacLeod
NOVA SCOTIA CHAPTER OF COLLEGE OF GENERAL PRACTICE - - - - -	F. J. Granville
NOVA SCOTIA DIVISION OF CANADIAN ANAESTHETISTS' SOCIETY - - - - -	C. H. L. Baker
NOVA SCOTIA ASSOCIATION OF PATHOLOGISTS - - - - -	J. N. Park

\* Deceased Sept. 19, 1961.

The 'Thousand Word' article was born at about the same time and we are happy to relate has been an unqualified success. They have been printed so that they may be readily abstracted from the 'Bulletin' for ready reference at any time. We like to choose a subject that is in the front line of practical therapeutics of the moment. They are essentially personal experiences but are always solicited from those with a special interest and talent so that they carry a considerable authority that may be measured up against a member's own experience. And our Advertisers like them too. They have had a rough time in recent months from the American Press though it is hard to see how we could all get along without them. So we take this opportunity of thanking them for their support and also for making their pages so artistically presentable. (We also hope that they will use our inner covers this year. It only costs a little more to set up and we don't like to see them blank.)

The 'Personal Interest' column is looked after by Dr. 'Jack' Quigley. This is one of the biggest 'chores' of the 'Bulletin' production and the enterprise that he has exhibited in assembling this material from all areas of the Province to produce his very readable pages has our sincere admiration and thanks.

There remains, finally, its setting up and assembly.

To Mrs. Whitfield and Mrs. Clahane we owe a special thanks, not only for their zeal and genuine interest in this department, but also for the charm with which they handle the dull office routine that makes the Society office a pleasure to work in.

And guiding all with customary tact and taste is Dr. 'Charlie' Beckwith who remains the sheet anchor and solid rock upon which the fortunes of the 'Bulletin' mainly rest.

And to our eight hundred odd readers (not psycho—odd of course) we hope that what you see pleases your eye and what you read satisfies your taste.

So, with your interest and contributions, on to the next issue for 1962, and a Happy New Year to you all from

#### THE EDITORIAL BOARD.



DUCKY ?



YOU LET THIS HAPPEN TO RADIOLOGY, DOCTOR. YOU'LL BE NEXT ON THE SPIT IF WE DON'T STICK TOGETHER ! JOIN YOUR SOCIETY AND TAKE PART IN IT'S DELIBERATIONS !

## 109th Annual Meeting

The 109th Annual Meeting of The Medical Society of Nova Scotia will be held in Halifax on May 21st, 22nd, and 23rd, 1962 at the Nova Scotian Hotel. Your host, the Colchester-East Hants Medical Society, is preparing an interesting and varied programme for each day of the meeting. Highlights of the festivities will include a Ceilidh on Sunday night (May 20th) followed by the Annual Ball on Monday evening, Golf Tournament on Tuesday and President's Reception on Wednesday. A luncheon meeting will be held each day and there will be interesting and important topics on the agenda. Your Programme and Entertainment Committee is making every effort to make your stay in Halifax a most enjoyable one. Please watch the forthcoming issues of the Medical Bulletin for details regarding reservations, programme, etc. Do not forget the dates may 21st, 22nd, and 23rd, 1962. Lets have a big turnout and make this year's meeting the best ever.

Committee Chairmen for the Annual Meeting 1962 are as follows:

General Chairman	—	President Dr. R. F. Ross
Programme and Entertainment	—	Dr. H. R. McKean
Registration	—	Dr. W. A. McJannett
Housing	—	Dr. K. B. Shephard
Exhibitors	—	Dr. D. R. MacInnis
Ladies Committee	—	Dr. H. D. Lavers
Publicity	—	Dr. B. D. Karrell
Golf Tournament	—	To be appointed
Executive Secretary	—	Dr. C. J. W. Beckwith

B. D. KARRELL

---

CARDIAC INJURY DUE TO NONPENETRATING CHEST TRAUMA. Watson, J. H., and Bartholomae, W. M., Ann. Int. Med. 52:871, (Apr.) 1960.

These authors observed 44 patients with nonpenetrating chest injuries for evidence of cardiac trauma. Seventeen had definite evidence of injury to the heart, and all these had transient electrocardiographic changes appearing within 48 hours and lasting from four to 30 days. Only one had any *clinical* manifestations of cardiac trauma. An attempt to correlate transaminase levels with electrocardiographic changes as diagnostic procedures was unsuccessful.

The importance of recognition of the frequency of this entity is stressed.

S.J.S.

**AMENDED BY-LAWS**  
of the  
**MEDICAL SOCIETY OF NOVA SCOTIA**

*(Report to Executive Committee Dec. 2/61)*

The By-Laws of the Society have been under continuous review since 1957. The Chairmen of the Committee on By-Laws have been Dr. W. A. Hewat and Dr. H. J. Devereux.

The following is a consolidation of the By-Laws incorporating the amendments (**bold type**) approved at Annual Meetings of the Society and omitting such sections of the original By-Laws as have been replaced by amendments. The terms of reference for any Committee are to be compiled in a separate reference manual.

It is required that the amendments be published in the Bulletin at least two months prior to an Annual Meeting. It is proposed to publish the Constitution and By-Laws in the attached form, identifying the amendments as indicated.

The document is presented to the Executive Committee for approval.

The members of the Committee on By-Laws are: Dr. H. J. Devereux (Chairman)  
Dr. D. I. Rice  
Dr. A. W. Titus  
Dr. F. M. Fraser  
Dr. T. J. McKeough

Approved for publication by the Executive Committee December 2, 1961.

C.J.W.B.

**Re Constitution Par. 3.**

The Constitution of this Society is represented by Chapter 69—Acts of Nova Scotia 1861.—The 1962 Legislature will be asked to amend Par. 3 to read:—

“The Company may purchase, take, hold, **mortgage and sell** Real Estate.”

C.J.W.B.

CONSTITUTION & BY-LAWS  
of  
THE CANADIAN MEDICAL ASSOCIATION - NOVA SCOTIA DIVISION  
THE MEDICAL SOCIETY OF NOVA SCOTIA

CONSTITUTION

Be it enacted by the Governor, Council and Assembly, as follows:

1. Rufus S. Black, M.D., James C. Hume, M.D., Edward Jennings, M.D., Daniel McNeil Parker, M.D., William B. Webster, M.D., and such other persons as now are or hereafter may become members of the Society hereby established, their successors and assigns, are created a body corporate by the name of "The Medical Society of Nova Scotia".

2. All By-Laws and Rules of the Society already made or hereafter to be made shall be valid and binding upon the members of the society, provided the same are not repugnant to this Act or to the Laws of this Province and provided the same shall have been confirmed by an order of the Governor in Council and filed in the Provincial Secretary's office.

3. The Company may purchase, take, and hold Real Estate to the value of ten thousand dollars (Chapter 69 - Acts of Nova Scotia, 1861).  
(see opp. page)

BY-LAWS  
CHAPTER I  
TITLE

This Society shall be known as The Canadian Medical Association - Nova Scotia Division and may alternatively be called "The Medical Society of Nova Scotia". For the purposes of these By-Laws the word Division wherever occurring in these By-Laws shall be construed as meaning either of those names.

CHAPTER II  
OBJECTS

1. The promotion of health and the prevention of disease.
2. The improvement of medical services however rendered.
3. The maintenance of the integrity and honour of the medical profession.
4. The performance of such other lawful things as are incidental or conducive to the welfare of the public and of the medical and allied professions.
5. The promotion of harmony and unity of purpose between the medical profession and the various bodies assuming economic responsibility for the care of sick or injured persons.

CHAPTER III  
ETHICS

The Code of Ethics of this Division shall be the most recently revised Code of Ethics of The Canadian Medical Association.

CHAPTER IV  
BRANCH SOCIETIES

Section 1. Designation and Privileges.

- (a) The designation "Branch" shall mean and include an organized Medical Society representing the legally qualified practitioners of medicine as designated in Chapter IV, section 4(a). Each Branch so recognized shall have control within its jurisdiction and have such other privileges as are herein set forth.
- (b) All members in good standing in such Branch Societies are eligible for membership in the Nova Scotia Division of the Canadian Medical Association provided that they are vouched for by the Branch Society concerned.

- (c) Each Branch shall be entitled to nominate for the Executive Committee of this Nova Scotia Division the number of members to which it may be entitled under Chapter VIII, Section 3, of these By-Laws and shall enjoy such other privileges as are herein provided or which may hereafter be provided.

**Section 2. Duties and Responsibilities.**

- (a) Each Branch must agree to assume the duties and responsibilities of this affiliation which are or which may from time to time be provided by these By-Laws
- (b) Each Branch shall provide and submit to the Secretary of the Division on or before December 1st in each year, a list of its members in good standing at that date and, before May 31st following, the name or names of its nominee or nominees to the Executive Committee together with the names of the alternate or alternates as may be required for the following year, and as soon as possible thereafter shall forward any changes or corrections which may have become necessary by change of circumstances.
- (c) The Division shall have no control over nor any claim against the assets of any Branch nor shall the Division be in any manner or degree liable or responsible for the liabilities of any Branch.

**Section 3. New Branches.**

- (a) Any organized Medical Society may, with the authority of the Executive Committee, become organized as a Branch on an interim basis until the next Annual Meeting of the Division at which time the affiliation shall be confirmed or the interim recognition be voided, provided always that no such Society shall be admitted to provincial affiliation if it is within the territorial limit of an existing Branch, unless and until written permission of such Branch shall have been received by the Executive Committee of the Division, or unless the group applying for such affiliation has not for geographical reasons been actively associated with the existing Branch.
- (b) Branches approved by the Division shall receive a **Certificate of recognition as a Branch Society.**

**Section 4. Existing Branches.**

- (a) **Branches recognized as of the date of the adoption of these By-Laws are:**
- (a) Western Counties Medical Society  
(said to include the counties of Shelburne, Yarmouth and Digby)
- (b) Lunenburg-Queens Medical Society  
(said to include the counties of Lunenburg and Queens)
- (c) Halifax Medical Society  
(said to include the City of Halifax, the City of Dartmouth and the County of Halifax)
- (d) Valley Medical Society  
(said to include West Hants and Kings and Annapolis Counties)
- (e) Cumberland Medical Society  
(said to include the County of Cumberland)
- (f) Colchester-East Hants Medical Society  
(said to include East Hants and the County of Colchester)
- (g) Pictou County Medical Society  
(said to include the County of Pictou)
- (h) Antigonish-Guysborough Medical Society  
(said to include the Counties of Antigonish and Guysborough)
- (i) Cape Breton Medical Society  
(said to include the Island of Cape Breton or those Counties from which the Branch draws its membership).
- (b) Nothing contained in this Section shall be construed as denying to any qualified physician the right to apply for membership in any organized Branch of this Division, nor the right of any such Branch to elect him to membership or to reject him if unqualified for membership, nor does anything herein contained prevent a physician from applying to the Executive Committee for membership in the Division if geographical considerations make membership in a Branch impracticable.



CHAPTER V (New Chapter)

## SECTIONS

**Section 1. Recognition.**

Any group of members of the Society who are primarily interested in any particular aspect of the science and/or practice of medicine or related interests may be recognized as a Section of the Society by making formal application, providing such application is endorsed by the Executive Committee of the Division.

**Section 2. Application.**

Such formal application for recognition of a Section shall be sponsored by not less than ten members of the Division, and the application together with such information as may be required, shall be presented to the Executive Committee not less than three months before the Annual Meeting.

**Section 3. Membership in Section.**

- (a) Members of the Section shall be members of the Division.
- (b) The members making application, shall, after the approval of the application by the Executive Committee, be known as members of the Section.
- (c) At any later date, others may be listed as members of the Section, according to the regulations presented by the Section and approved by the Executive Committee.

**Section 4. Responsibilities and Privileges.**

- (a) The affairs of the Section shall be governed by the rules and regulations prepared by the Section and approved by the Executive Committee.
- (b) The Section shall assume the responsibility of any portion of the programme at the Annual Meeting relating to its specialty, which may be assigned to it by the Executive Committee.
- (c) The Section may, through its Officers, make recommendation relative to its interests to the Executive Committee for consideration, but shall have the approval of the Executive Committee before any action is taken.
- (d) The Section may appoint such Committees as it deems necessary to cover the work of the Section. Such Committee reports shall be dealt with by the Section prior to their transmission to the Executive Committee for consideration.
- (e) It shall act in co-operation with the committee on programme and any other committee under the direction of the Executive Committee.
- (f) The Sections may be called upon to name representatives to Standing Committees of the Society.
- (g) It shall be the duty of a Section to deal with matters referred to it by the Annual Meeting or the Executive Committee.

**Section 5. Election of Officers.**

Members of the Section shall select by open vote, a Chairman, a Secretary and such other Officers as may be considered necessary by the Section.

**Section 6. Duties of Secretaries of Sections.**

The Secretary of the Section shall keep a correct record of the transactions and shall transmit it to the office of the Society for insertion in the minute book provided for the purpose.

**Section 7. Meetings.**

With the approval of the Executive Committee, the Annual Meeting of each section may be held as part of the Annual Meeting of the Society.

**Section 8. Dissolution of Section.**

A section may be dissolved by resolution of the Annual Meeting on report from the Executive Committee, indicating lack of interest in a Section or on other sufficient cause and the Section so dissolved shall not be revived except upon a new application for recognition.

## CHAPTER VI

## MEMBERSHIP AND DISCIPLINE

The Division shall be composed of ordinary members, senior members, honorary members and special members.

**Section 1. Ordinary Members.**

- A. Every member in good standing in a Branch shall automatically be an ordinary member of the Division on payment of the annual fee as levied by the Division, **and entitled to vote and to have all the rights of the Division.**
- B. Members at large.
- (a) Regularly qualified practitioners of medicine who reside in a district in which no Branch exists.
- (b) Regularly qualified practitioners of medicine who reside in a district may elect to join the Division for a period not exceeding one year without joining a Branch, but in the second year must join a Branch or lose the privilege of belonging to the Nova Scotia Division. These members shall not have the right to vote or hold office. These members shall be subject to payment of the annual fee as levied by the Division. Such a practitioner shall be sponsored by a member in good standing of the Nova Scotia Division who would forward the practitioner's name to the Secretary for consideration by the Executive Committee.
- (c) All applications for membership at large shall be endorsed by two members in good standing of the Division.
- C. All applications for membership shall be accompanied by the annual fee of the Division. In the event of rejection by the Executive Committee or the Committee on Credentials and Ethics this fee shall be returned to the applicant.

**Section 2. Senior Members.**

Any member of the Division in good standing for the immediately preceding ten year period and who has attained the age of seventy years is eligible to be nominated for Senior Membership by an ordinary member or by any Branch of the Division. He may be elected only by unanimous approval of the members of the Executive Committee in session present and voting. Not more than two may be elected in any one year. Senior Members shall enjoy all the rights and privileges of the Division but shall not be required to pay any fee. Senior Membership so approved shall be conferred by the President of the Division at the time of the Annual Meeting or at any Special Meeting, subject always to the rules affecting Special Meetings.

**Section 3. Honorary Members.**

Honorary members shall be members of the profession, or others, who have distinguished themselves by their attainments in medical or allied sciences or who have rendered signal service to this Society. Recommendations for election to Honorary Membership shall come solely from the Executive Committee.

**Section 4. Special Members.****Temporary Members.**

Membership in this Division upon the approval of the Executive Committee is conferred temporarily upon licentiates of the Provincial Medical Board of Nova Scotia, without payment of fee to the end of the year of their licensure, and at one half the usual membership fee during the succeeding year. In the case of any such who have accepted an appointment in any hospital he shall be accorded the privilege of membership without fee to the end of the period during which he serves as an interne or resident-in-training in such hospital.

It shall be the prerogative and the privilege of the Executive Committee or its Chairman, or of the President of the Division acting on its behalf, to receive on invitation as members, medical doctors or distinguished scientists non-resident in Nova Scotia, and non-medical teachers of ancillary sciences in our medical schools, who may or may not be residents of Nova Scotia, and to accord to them full privileges of membership in the Division. They shall hold their connection until the close of the meeting at which they are introduced and may participate in all the affairs of the meeting except voting.

**Section 5. Discipline of members.**

- (a) Any member whose annual fee is not paid on or before the 30th day of June of the current year, may, without prejudice to his liability to the Division be suspended from all privileges of membership.

- (b) Where a member of the Division is found by the Discipline Committee after due inquiry to be guilty of unprofessional conduct or of conduct unbecoming a member of the medical profession, the Executive Committee and the Executive Committee only may resolve to reprimand in such manner as the Executive Committee sees fit, suspend or expel him from membership in the Division, and for the purpose of such inquiry the Discipline Committee shall have all the powers, privileges and immunities of a Commissioner or Commissioners appointed under the Public Inquiry Act.
- (c) Should any member of the Division be convicted of any criminal offence, or have his name removed from the Register of the Medical Council of Canada, or the licensing body of any Province of Canada because of felonious or criminal act or disgraceful conduct in any professional respect, the Executive Committee may resolve to suspend or expel such person from membership in the Division.
- (d) Any member suspended or expelled by resolution as aforesaid, shall thereby forfeit all his rights and privileges as a member of the Division.
- (e) Any member suspended or expelled by resolution as aforesaid, shall, subject to conditions imposed by the Executive Committee, be restored to membership upon resolution of the Executive Committee.
- (f) By accepting membership in this Division, under the By-Laws and Code of Ethics of the Division every member attorns to these By-Laws and agrees to such rights of discipline as aforesaid, and thereby specifically waives any right or claims to damages in the event of his being so disciplined.
- (g) No member shall take part in the proceedings of the Division or attend any part of the meeting until he has properly registered. Only members and specifically invited guests are eligible to register and to attend an Annual Meeting.

#### Section 6. Resignation from Membership.

Membership in the Division shall automatically cease only on suspension, expulsion, non-payment of dues for more than one year or death. Resignation may be effective by giving notice to the Secretary of the Division not less than one month before the beginning of the calendar year.

### CHAPTER VII GUESTS AND VISITORS

#### 1. Visitors from outside the Division.

Medical practitioners and men of science residing beyond the boundaries of this Division may attend the Annual Meeting as guests of the President or of the Executive or as visitors when vouched by the Executive Secretary of the Division. They shall register with the Executive Secretary without payment of fee and after proper introduction shall be allowed to participate in discussion.

#### 2. Medical students attending meetings.

Any hospital interne or medical student when properly vouched for may be admitted as a guest to the scientific meetings but shall not take part in any of the proceedings unless invited by the Committee on Programme to present a communication.

### CHAPTER VIII MEETINGS

#### Section 1. Time and place of meetings.

- (a) The time and place of meetings shall be decided by the Executive Committee and shall be announced as early as possible.
- (b) When the Canadian Medical Association meets in either of the Maritime Provinces the Divisional meeting for that year shall be for business purposes only.
- (c) In years in which the Canadian Medical Association does not hold its Annual Meeting in the Maritime Provinces the Annual Meeting of the Division may consist of Business Sessions, General and Sectional Sessions and any other sessions which may be decided upon by the Executive Committee.

- (d) All arrangements for meetings shall be the responsibility of the Executive Committee, which assumes all control of the proceedings of such meetings, and no expenditure may be undertaken nor cost assumed by any person or group in the name of or on behalf of the Division without the same having been duly authorized by resolution of the Executive Committee.
- (e) Nothing in this section shall in any way conflict with the expenditure for hospitality purposes of funds raised by a local committee, in its own name specifically for such purposes as hospitality or entertainment.

**Section 2. Presiding Officers.**

The President or some person designated by him shall preside at all general meetings of the Division held as such.

**Section 3. Quorum.**

Twenty members shall constitute a quorum at any general meeting of the Division.

**Section 4. Rules of order.**

The rules which govern the proceedings of the House of Commons of Canada shall be the guide for conducting all meetings of the Division.

**CHAPTER IX  
OFFICERS, OFFICIALS AND EXECUTIVE COMMITTEE**

**1. The Officers and Officials of the Division shall be**

- (a) the elective officers who shall be a President, a President-elect, a Chairman of the Executive Committee, a **Vice-Chairman of the Executive Committee**, the Honorary Treasurer, and if such office is required to be filled, an Honorary Secretary.
- (b) the appointive officials, who may be an Editor-in-Chief of the Bulletin, Executive Secretary or such other official as may be appointed by the Executive Committee. No full time appointive official shall have a vote at any meetings of the Division or of any of its Committees.

**Section 2. Appointment of a Nominating Committee.**

- (a) Each Branch in the Division is entitled to appoint from among its members who are in good standing in the Division one member to the Nominating Committee and/or an alternative. Provided that this nomination be made in writing to the Executive Secretary prior to the date of the Annual Meeting, and provided that the person so nominated be present, he shall be declared elected to membership on the Nominating Committee.
- (b) The Division shall at the first session of its Annual Meeting elect from among its members present a Nominating Committee of nine, not including the President, who shall be ex-officio a member of the Committee and, if present the Chairman thereof.
- (c) Upon completion of the election of Branch representation as provided in clause (b) of this section, any vacancies which remain shall be filled by nomination from the floor without necessarily having further regard to Branch representation. Election shall be by majority vote on a single ballot and the presiding officer shall if necessary give the casting vote.

**Section 3. Duties and powers of the Nominating Committee.**

The Nominating Committee shall meet on the day of its election and submit its report to a later session of the Annual Meeting. At that meeting it shall consider

- (a) Nomination of the following officers of the Division
  1. A President
  2. A President-elect
  3. An immediate Past-President
  4. A Chairman of the Executive Committee
  5. **A Vice-Chairman of the Executive Committee**
  6. An Honorary Treasurer
  7. An Honorary Secretary (if so directed)
- (b) **Notwithstanding the foregoing, the Chairman of the Nominating Committee, shall, in the best interests of the Society, consult the nominees**

from the Branch Societies, (or their alternates) not less than one month prior to the Annual Meeting.

- (c) Nomination of an Executive Committee, which in addition to the elective officers named in Section 3(a) hereof, shall consist of members in good standing who are drawn from the Branches of the Division in the following manner:  
From each Branch having fifty members or less in good standing in the Division, one member, and for each fifty over the first or fraction thereof, one additional member. Provided that no Branch shall have the right to nominate more than three members.
- (d) Nomination from the members of the Division in good standing of one alternate to the Executive Committee for each member nominated by a Branch. The function of the alternate shall be to act in the place of a member elected to the Executive Committee and who is absent because of death or illness or from cause acceptable to the Chairman of the Executive Committee.
- (e) At its session the Nominating Committee may receive in writing:
- (e) (1) Each Branch's official nomination of the candidate or candidates for representation on the Executive Committee to which the Branch is entitled and also
- (e) (2) Each Branch's official nomination or nominations of the alternate or alternates who will act in the absence by reason of death or illness or from cause acceptable to the Chairman of the Executive Committee of the member or one of the members of the Executive Committee nominated by the Branch. In the event of an official nomination by a Branch being rejected by the Nominating Committee the reasons for such action shall be incorporated in its report to the Annual Meeting.
- (e) (3) Rules of procedure in Nominating Committee.  
The Nominating Committee shall be called to order by the President as Chairman of the Committee. In the absence of the President, the Secretary shall convene the Committee and request the Committee to select by open vote a Chairman. The Committee shall then proceed to carry out its duties by open vote. In case of a tie vote, the Chairman shall have the casting vote in addition to the vote to which he is entitled as a member of the Committee.
- (e) (4) The Nominating Committee shall adopt the principle that members of the Executive Committee shall be elected annually, but shall not hold office for more than three consecutive years. Following a three-year consecutive term, no member shall be eligible for nomination until at least one year has elapsed.
- (e) (5) Election of Officers and Executive Committee.  
When the report of the Nominating Committee has been received by the Annual Meeting other nominations may also be received from the floor. A ballot shall then be taken for each of the offices in turn and also for the elective membership of the Executive Committee.
- (e) (6) Because of the importance of a fully integrated organization in Canadian medicine it shall be a prime requisite that all voting members of the Executive Committee of this Division shall be members in good standing of the Canadian Medical Association.

## CHAPTER X

### DUTIES OF ELECTIVE OFFICERS AND OF APPOINTIVE OFFICIALS

#### Section 1. Duties of the President.

The President shall be concerned with the broad principles of the Society and shall perform such duties as custom and parliamentary usage require. He shall preside at the scientific sessions and social functions of the Society, and represent the Society at outside functions, or delegate some other member to do so. He shall deliver an address to the Annual Meeting. He shall be a member ex-officio of all Committees of the Society.

**Section 2. Duties of the President-Elect.**

The President-Elect shall be installed and shall assume the office of President at the time of the Annual Meeting next following that at which he was elected. He shall be a member ex-officio of all Committees of the Division excepting the Nominating Committee. In the event that the office of the President shall become vacant during the term of office of the said President-elect he shall serve also as Acting President and in that capacity shall assume all the powers and duties of the President during the unfinished portion of that presidential term. He may be called upon by either the President or by the Executive Committee to substitute for the President in any presidential duty.

**Section 3. Duties of the Immediate Past-President.**

He shall be ex-officio a member of the Executive Committee for the year immediately succeeding the termination of his Presidency.

**Section 4. Duties of the Chairman of the Executive Committee.**

The Chairman of the Executive Committee, who shall be nominated from the members in good standing in the Division, and in the Canadian Medical Association, shall be elected annually. He shall not serve for more than a maximum tenure of three (3) consecutive years. After one year's absence from office, he shall again become eligible for re-election as Chairman of the Executive.

He shall conduct the meetings of the Executive Committee and shall present the report of the Executive Committee to the first business session of the Annual Meeting. He shall assist the President in facilitating the business of the Division and especially in facilitating the business of the Annual Meeting. He shall be a member ex officio of all committees.

**Section 5. Election of a Vice-Chairman of the Executive Committee.**

- (a) The nomination is to be made by the Nominating Committee.
- (b) He shall be elected for a term of one year only, but after one year's absence he shall again be eligible for re-election to the office of Vice-Chairman.
- (c) Notwithstanding the foregoing, the Vice-Chairman shall be eligible and may be elected to the office of Chairman at any time.

**Section 6. Duties of the Vice-Chairman of the Executive Committee.**

- (a) He shall be a member of the Executive Committee.
- (b) He shall be a member ex-officio of all committees of the Division except the Nominating Committee.
- (c) In the absence of the Chairman of the Executive Committee he shall assume all duties appertaining to the office of the Chairman.

**Section 7. Duties of the Honorary Treasurer.**

The Honorary Treasurer shall be the custodian of all monies, securities, and deeds which are the property of the Society. He shall pay by cheque only, such cheques shall be signed by two persons authorized by the Executive Committee. All such cheques are to be covered by voucher. He shall provide an annual financial statement, audited by a chartered accountant. He shall furnish a suitable bond for the faithful discharge of his duties; the cost of such bond be borne by the Society. He shall be responsible for the annual review of all salaries of the secretariat and bring recommendations to the Executive Committee.

He shall, with the approval of the Executive Committee, appoint three (3) advisors to form a Finance Committee, which Committee shall also act as a Budget Committee. He shall, at every Annual Meeting, or oftener, if required by the President, present his accounts with the vouchers duly audited and signed by the auditors. At the end of his term of office he shall hand his accounts to his successor or the President of the Society, together with the money, books, and other property belonging to the Society.

**Section 8. Duties of the Executive Secretary.**

The Executive Secretary shall be appointed by the Executive Committee of which body he shall also be the Secretary. He shall be a member ex-officio of all Committees of the Division except during the discussion in Executive Committee of matters related to staffing.

He shall give notice of the time and place of all annual and special general meetings by publishing same in the official Journal of the Division, or if directed by the Executive Committee, by notice to each member. He shall keep the minutes of the annual and special meetings of the Division and of the Executive Committee in separate books, and shall notify the officers and members of Committee and others of their appointments or nominations and of their duties in connection therewith. He shall be responsible to the Executive Committee for the advertising and other accounts of the Bulletin and shall collaborate with the Editor in the production of that Journal. He shall publish the official programme for each meeting and shall perform such other duties as may be required of him by the President or by the Executive Committee. His legitimate travelling expenses shall be paid for him out of the funds of the Division and he shall receive for his services a salary to be determined by the Executive Committee.

**Section 9. Duties of the Honorary Secretary.**

Should it be decided by the Executive Committee that this office is to be filled, it shall so inform the Nominating Committee. It shall then provide the duties and privileges for that office.

**Section 10. The Official Journal and the Duties of the Editor.**

- (a) The official Journals of the Division are "The Bulletin" of the Division and "The Canadian Medical Association Journal". For purposes of divisional business "The Bulletin" under the direction of a Board of Editors, which Board is recognized hereby, nevertheless, the Chairman of such Board as Editor-in-Chief shall for purposes of this Chapter be the Editor.
- (b) The Editor shall be appointed by the Executive Committee. He shall be responsible to the Executive for the regular production of the Bulletin, and, to the usual degree, for its scientific and literary standards of quality. Having regard to the general policy of the Division he shall publish such information and editorial comment as the time and circumstances may require and as may be to the interest of Canadian Medicine in general and of the Nova Scotia Division in particular.
- (c) He shall be expected to attend the meetings of the Executive and of the Division and to perform such duties as may reasonably be expected of his office and as may reasonably be required by the Division or by its Executive Committee. He may receive such honorarium as may be determined by the Executive Committee.

## CHAPTER XI COMMITTEES

**Section 1. The Committees of the Division shall be**

- (a) Statutory Committees
- (b) Standing Committees
- (c) Special Committees

**Section 2. Appointment of Committees.**

- (a) Statutory Committees shall be  
The Nominating Committee  
The Executive Committee

both of which shall be elected by the Annual Meeting of the Division.

- (b) Standing Committees

The Executive Committee shall have power to establish Standing Committees, to vary their number from time to time and to discontinue their activities. The Chairmen of Committees designated by the Executive Committee as Standing Committees shall be appointed by the Executive Committee, which in addition to the duties provided in Section 4 of this chapter, shall also provide or vary their terms of reference. They shall report to the Annual Meeting of the Division after submitting copies of their reports to the Executive Committee at such time as the Executive may require.

Subject to the reservations contained in this section the Standing Committees accepted as such at the time of the adoption of these By-Laws shall be as follows, which list may be varied by the Executive Committee as it may determine.

Committees on:	Archives	Medical Economics
	By-Laws	Medical Education
	Cancer	Membership
	Child Health	Nutrition
	Civil Disaster	Pharmacy
	Editorial Board	Public Health
	Discipline	Public Relations
	Fees	Rehabilitation
	Health Insurance	Special Research
	Legislation and Ethics	Traffic Accidents
	Maternal and Perinatal Health	
	Liason Committee Workmen's Compensation Board.	

## (e) Special Committees

Special Committees may be appointed by:—

1. The Annual Meeting of the Division.
2. The President of the Division.
3. The Executive Committee.
4. The Chairman of the Executive Committee.

A special committee shall in general be a short term Committee and shall assume by direction such duties as are allotted to it. It shall make progress reports to the Executive Committee at each of the meetings of that body and shall report at such other times as may be required. If its work is likely to be continued it may become a standing committee on being so designated by the Executive Committee.

**Section 3. Duties and Powers of the Executive Committee.**

**The voting members shall be:**

**President**

**President-Elect**

**Immediate Past-President**

**Honorary Treasurer**

**Honorary Secretary** (if such post should be filled)

**Chairman of the Executive Committee**

**Vice-Chairman of the Executive Committee**

**and all elected representatives of the Executive Committee from the Branch Societies**

**The non-voting members shall be:**

**The Executive Secretary**

**Editor**

**All Observers**

The Executive Committee shall hold one or more sessions before the close of the Annual Meeting at which it is elected. At its first meeting it shall appoint the Chairmen of the Standing Committees for the ensuing year. Such Chairman, shall, within one month, report to the Executive Secretary of the Division, the names of their respective committees.

In order that the business of the Division may be facilitated during the interval between meetings of the Division the Executive Committee shall meet from time to time at the call of its Chairman and shall have all the rights and powers of the Division except those specially or generally reserved. It shall conduct all necessary business. In case of a vacancy in any office however caused, it shall have power to appoint a successor from the Branch where the vacancy occurs. In case of a vacancy occurring in the Executive Committee itself by death or otherwise, it shall have power to appoint a successor to act until the next Annual Meeting of the Division.

In addition to the setting up of the Committees of the Division as herein provided the Executive shall also appoint the representatives to those bodies to which representation from this Division has been approved, such as representatives, to Maritime Hospital Service Association, the Provincial Medical Board, the Canadian Cancer Society, the Advisory Groups under the Federal Health Grants and such others as they or the Division shall or may authorize. All such representatives shall have the right or may be required to report to the Executive Committee and if required to the Annual Meeting of the Division. As



soon as possible the Executive Committee shall publish in the Bulletin a list of all Committees and representatives so named, prior to which the Executive Secretary shall have informed all persons concerned of their appointment or nomination.

The Executive Committee may meet when and where it may determine. It shall report to the Annual Meeting of the Division and to any special meeting called for that purpose. At any meeting of the Executive Committee seven shall constitute a quorum for the transaction of business.

**Special Meetings.** On the request in writing of any five members (with voting power) of the Executive Committee the Chairman shall call a special meeting.

**Vote by Mail Ballot.** The Chairman of the Executive Committee instead of calling a meeting thereof may and if required to do so by any three voting members of the Committee shall take mail ballot of the elective members of the Executive Committee on any urgent matter and an affirmative vote by two thirds of such members shall have the same force and effect as a resolution duly passed at a regular meeting of the Executive Committee, provided that such mail ballot is taken in the following manner:

The question submitted shall be in a form to which an affirmative or negative answer may be given. The ballot shall be sent by prepaid post to all elective members of the Executive Committee not less than ten days before the last return date, accompanied by a letter signed by the Chairman of the Executive Committee setting out the circumstances of the emergency and giving the last date on which ballots will be received and requesting that ballots be signed and returned to the Secretary of the Division by such elective members by the date named. Simultaneously with the sending out of the ballots to the elective members of the committee, a copy of the aforesaid letter shall be mailed to those members of the Executive Committee who are not entitled to vote, together with a copy of the question which is being submitted to the elective members. No ballot shall be counted unless it is signed by an elective member of the Executive Committee and is in the hands of the Secretary of the Division not later than the return date named. Each elective member may cast one ballot only.

The Executive Committee shall be responsible for the appointment of the appointive officials, shall designate their responsibilities and fix their salaries.

Each member of the Executive Committee shall be reimbursed for his legitimate traveling expenses incurred in attending meetings of the Executive Committee other than those held in conjunction with the Annual Meeting of the Division, on a basis to be determined by the Committee.

#### **Section 4. Reports of Committees.**

The proceedings of Annual or Special Meetings shall be reported in the Bulletin but not in Hansard form. The proceedings of the Executive Committee shall be mimeographed and circulated to its members. Publication of reports of Committees in full or as a synopsis shall be by direction of the Executive Committee.

#### **Section 5. Limitations of Committees re Finances.**

No committee shall expend any monies or incur any indebtedness or obligation on behalf of the Division except by resolution of the Division obtained at an Annual or Special meeting, or at a meeting of the Executive Committee.

## CHAPTER XII

### **AFFILIATED SOCIETIES (New Chapter)**

All Societies or Associations devoted to medicine or its allied sciences, including their constituent branches, at present existing or which may hereafter be formed within the Province of Nova Scotia, may, subject to the approval of the Executive Committee, become affiliated with the Medical Society of Nova Scotia. Affiliation shall be understood to imply the establishment of a friendly relationship with the affiliated organization. There shall be no obligation on the part of either party to the affiliation to sponsor policies or movements on the part of the other.

The term affiliated society, shall specifically apply to the para-medical groups, that is, those organizations which have medical interests, but are primarily made up of lay membership.

CHAPTER XIII  
ADDRESSES AND PAPERS

**Section 1. Addresses at Annual Meetings.**

All addresses at an annual meeting shall immediately become the property of the Division to be published or not, in whole or in part, as deemed advisable, in the Bulletin of the Division. Any other arrangement for their publication must have the consent of the author or of the reader of the same and of the Editor of the Bulletin.

All papers, essays, photographs, diagrams, etc., presented in any section shall become the property of the Division to be published in the Bulletin of the Division or not, as determined by the Editor, and they shall not be otherwise published except with the consent of the author and of the Editor of the Bulletin.

The author of any paper read at an Annual Meeting shall as soon as it has been read, hand it with any accompanying diagrams, photographs, etc., to the Secretary of the Division or Section before which it has been presented. The Secretary shall endorse thereon the fact that it has been read in that meeting and shall then transmit it to the Editor of the Bulletin.

CHAPTER XIV  
THE OFFICE

Until changed by resolution at an Annual Meeting of the Division the office of the Division shall be at Halifax.

CHAPTER XV  
AMENDMENTS

1. Notice of motion by one or more members to amend these By-Laws must be placed in the hands of the Secretary three months before the date of the Annual Meeting.

2. Amendments may be proposed by an Annual Meeting of the Division, by the Executive Committee or by the Committee on By-Laws without notice of motion but the proposed amendments shall be published in the Bulletin at least two months preceding the Annual Meeting.

3. Subject to the conditions provided by Section 1 and 2 hereof these By-Laws may be amended by a majority vote of a duly advertised general meeting of the members of the Division.

Passed at the Annual Meeting held in Amherst, N. S. on September 8th, 1955 and approved by the Lieutenant-Governor of Nova Scotia in Council on December 7th, 1955.



## 1000 WORD SERIES (5)

### INTRAVENOUS FLUIDS IN INFANTS AND CHILDREN

W. A. COCHRANE, M.D., F.R.C.P.(C)

*Halifax, N. S.*

It has been said that more seriously ill patients have been saved by the proper use of intravenous fluids than by any other group of substances. This statement is particularly true of infants where, in gastro-enteritis, great losses of water and electrolytes may occur over a very short period of time and must be adequately replaced.

Today in most hospitals intravenous infusions are almost routine and consequently certain techniques, general rules and principles must be followed if intravenous fluids are to be safely administered to young infants and children.

#### EQUIPMENT:

##### Solutions:

There are a variety of solutions available but in general most fluid balance problems can be handled by having on hand

- (a) 5% or 10% glucose and water
- (b) Ringers lactate solution (Hartmann) (preferably one-half strength)
- (c) Darrows solution
- (d) 5% glucose and saline
- (e) One-sixth molar lactate solution and 3% sodium bicarbonate
- (f) ampoules of calcium gluconate and potassium chloride.

In infants and children 5% glucose and normal saline should be rarely used, but may be given as a hypotonic mixture (1/3 or 1 strength). Small infants excrete large amounts of salt poorly and their basic sodium requirement is quite small (see chart) and may be readily overloaded if "normal saline" mixture is given.

The size of the bottle is important in that no infant under one year of age should receive intravenous fluids from a bottle larger than 250 ml. Using smaller bottles will lessen the chance of sudden rapid infusion and "drowning" of the infant. If one large bottle is used and the small fluid requirement of the infant results in the same bottle being used for a long period of time increasing the risk of septicaemia.

An intravenous "fluid trap" should be used in all infants and children. This is usually a glass or plastic bag calibrated to contain a maximum of 50 ml. of intravenous fluid. This "trap" is situated between the bottle and the infant, and results in more accurate assessment of the amount of fluid given to the infant and prevents sudden large infusions. It may be used for the addition of specific medication. If a Y tube attachment is available two solutions may be suspended and mixed accurately and aseptically in the plastic bag.\*

It is most important that accurate records be kept on any patient receiving intravenous fluids. A fluid balance chart should be used on all patients receiving intravenous therapy with a record of the type and rate per hour of fluid given; amount over 24 hours and the recording of pertinent biochemical laboratory tests. Losses of fluid should also be recorded such as emesis, urine, bile drainage, etc.

\*Available from the Baxter and Abbott Laboratories.

## INTRAVENOUS ORDERS:

Physicians not infrequently give very poor instruction to the nurse when ordering intravenous fluids. Such orders as "start an intravenous"; "transfuse with blood followed by saline", or "give an intravenous of glucose and saline" are completely inadequate and immediately throw the responsibility on the nurse regarding what and how much fluid is to be given.

All orders for intravenous fluid should be specific and must describe:

- (a) the type of fluid to be given
- (b) the rate per hour (or drops per minute)
- (c) the total amount of fluid to be given over a 24 hour period.

All orders should be re-written every 24 hours. Post-operative fluids for infants and children may need to be re-ordered every 6 to 8 hours. It should not be the nurses responsibility for interpreting or prescribing types or amounts of intravenous fluids to be administered to patients.

In calculating fluid and salt requirements the following is a general guide for maintenance therapy.

## Water Requirements

## (A) Using body weight and age

Premature and new born infants up to 3 weeks	- 90 ml./kg./day
1 year	- 150 ml./kg./day
1-2 years	- 120 ml./kg./day
2-4 years	- 100 ml./kg./day
4 years	- 80 ml./kg./day

## (B) Using body surface

2000 ml. of fluid per m.<sup>2</sup> body surface (calculated from a nomogram) (1)

## SODIUM REQUIREMENTS

Birth to 6 months	- 0.5 g. or 8 mEq.; or 30 mEq/m. <sup>2</sup> /day for newborn then 50 mEq/m.f day
1-2 years	- 1 g. or 17 mEq
3 years	- 3 g. or 50 mEq
10 years	- 4 g. or 170 mEq

Potassium losses may be excessive in gastro-enteritis, continuous vomiting, excessive sodium administration and following-cortisone or A.C.T.H. therapy.

The use of mixtures containing potassium, such as Darrow's solution, is of great value in treating and preventing potassium deficiency.

A guide for potassium replacement may be:

1. Urine output must be established.
2. Three mEq. of potassium per kg. body weight should be given each day for deficiency, and 1½ mgm./kg./day for maintenance.
3. The concentration of potassium in a solution should be less than 40 mEq/litre.
4. The rate of administration should be less than 0.5 mEq/kg. body weight per hour.

## ACIDOSIS

The treatment of marked metabolic acidosis is usually by the administration of 1/6 molar lactate or sodium bicarbonate. The amount to be administered may be calculated from the following guide.

- (a) Sodium bicarbonate -0.058 g./kg. body weight to raise the CO<sub>2</sub> content 1 mEq/litre, or 0.026 g./kg. body weight to raise the CO<sub>2</sub> combining power by 1 vol. % (given in a 2½-3% concentration).

- (b) One-sixth molar lactate - 4.2 ml./kg. body weight to raise the CO<sub>2</sub> content 1 mEq./litre, or 1.8 ml./kg. body weight to raise the CO<sub>2</sub> C.P. 1 vol. %.
- It is well not to attempt to correct the CO<sub>2</sub> content by more than 8 mEq. at one time.

#### ACUTE GASTRO-ENTERITIS

Severe dehydration and acidosis may occur in acute gastroenteritis. Shock and death may occur within 24 hours if the diarrhoea has been particularly marked and fluid loss has been large and rapid. Immediate intravenous therapy is essential to treat the shock by increasing the blood volume. In general there are two types of dehydration. One where the loss has been primarily water with less salt and therefore the serum sodium level is markedly elevated—often referred to as hypertonic dehydration. The second type, which is more common, is hypotonic dehydration where initially the serum sodium level is normal or slightly decreased. Clinically in hypertonic dehydration the child is more restless and irritable and the skin is doughy, rather than grossly dehydrated. The distinction is difficult but if the sum of the blood urea and blood chloride is above "180" hypertonic dehydration is likely present.

A suggested outline for the treatment of the two types of dehydration is given.

#### INTRAVENOUS TREATMENT OF ACUTE GASTRO-ENTERITIS WITH SEVERE DEHYDRATION

##### (A) Hypotonic dehydration

- (1) Start an intravenous infusion of  $\frac{1}{2}$  strength Ringer's lactate (Hartmann's) solution at 20 ml./kg./hr. for 2 hrs.
- (2) The child should void by the end of two hours; then give equal parts of Darrow's solution, with 5% glucose and distilled water at 10 ml./kg./hr. for 12-18 hours.
- (3) Oral fluid may be started after 12 hours, beginning with sugar water.
- (4) The intravenous infusion can usually be discontinued after 24 hours.

##### (B) Hypertonic dehydration

- (Serum sodium level above 150 mEq./litre)
- (1) Give an intravenous infusion of 1/3 strength Ringer's lactate solution or 1/3 strength normal saline (with 5% glucose and distilled water) at a rate of 180 ml/kg. over 24 hours.
- N.B. Avoid rapid infusion.
- (2) Give calcium gluconate 0.5 to 1 g. in two hours and repeat twice a day.
  - (3) Potassium may be given in amounts of 1½ to 2 mEq./kg./day after two hours.
  - (4) Watch for convulsions.

#### POST-OPERATIVE FLUIDS:

In general young infants, particularly prematures and newborns requiring surgical procedures, appear to do better post-operatively when intravenous fluids have been kept to a minimum pre-operatively to avoid overhydration. The over-administration of intravenous infusions post-operatively may well be the cause of death in newborn infants when the clinical picture is that of pneumonia.

Post-operatively it is suggested that fluids be restricted to 30 ml. per lb. over 24 hours. Sodium intake should be restricted to  $\frac{1}{2}$  mEq./lb. body weight

for the first 24 hours. Potassium should be administered in amounts of  $\frac{1}{2}$ - $1\frac{1}{2}$  mEq/lb./day after the first 24 hours.

#### SUMMARY

A brief review of the problems of intravenous therapy related to infants and children is presented.

The recommendations and suggestions are based on the present knowledge of fluid and electrolyte balance in infants only, and are not necessarily applicable to adults. It is hoped that the tendency to overhydration and over-administration of sodium to infants may be abolished.

We firmly believe that not only will the infant mortality of gastro-enteritis and other diseases requiring intravenous therapy be reduced, but a further lowering of the morbidity with a shortening of the infant's stay in hospital will result, if these general rules and principles are applied.

---

#### BOOK REVIEW

A SYNOPSIS OF CONTEMPORARY PSYCHIATRY. George A. Ulett, D. Wills Goodrich. St. Louis, 2nd Edition, C. V. Mosby Co., 1960; P. - 309. \$6.50.

The new edition brings the first edition, published in 1956, up to date. There are minor additions and changes throughout the text and the section on therapy has been revised. The new chapters in physical and drug therapies are up to date, summarizes the field well and has useful tables. However, the chapter on psychotherapy, which is admittedly an impossible subject to briefly describe, is so concentrated that it makes sense only to a person with considerable experience who does not require such a summary.

Only four pages are allotted to child psychiatry which is far too small considering the importance of the subject.

The book is for the most part a popular one with students and in many ways fulfills the purposes described by the authors in the preface to the first edition. It is a very convenient reference book and useful for review purposes but it has the difficulties inherent in attempting to summarize concepts and descriptions which are obscure even when presented in detail. The book is generally popular with students but they are sometimes misled by the oversimplified accounts.

The book can be recommended for both undergraduate and post graduate students.

S. Hirsch, M.D.

## MEDIC-ALERT. WHAT IS IT?

\*MAUREEN H. ROBERTS, M.B., Ch.B., D.C.H.

You may find one day on your hospital notice-board or in your mail a notice with the words "Medics-Alert" inscribed. Let me explain it.

Canadian Medic-Alert Foundation is the name used by a non-profit organisation incorporated in Canada. The Canadian Office is located at 176 St. George Street, Toronto. Some years ago because of a personal experience with a daughter severely allergic to horse serum, Dr. Marion Collins of Turlock, California became convinced that for their own safety certain persons should wear a "label". People who have severe allergies, diabetes or haemophilia, or those on anti-coagulant or long-term steroid therapy are among those who require protection.

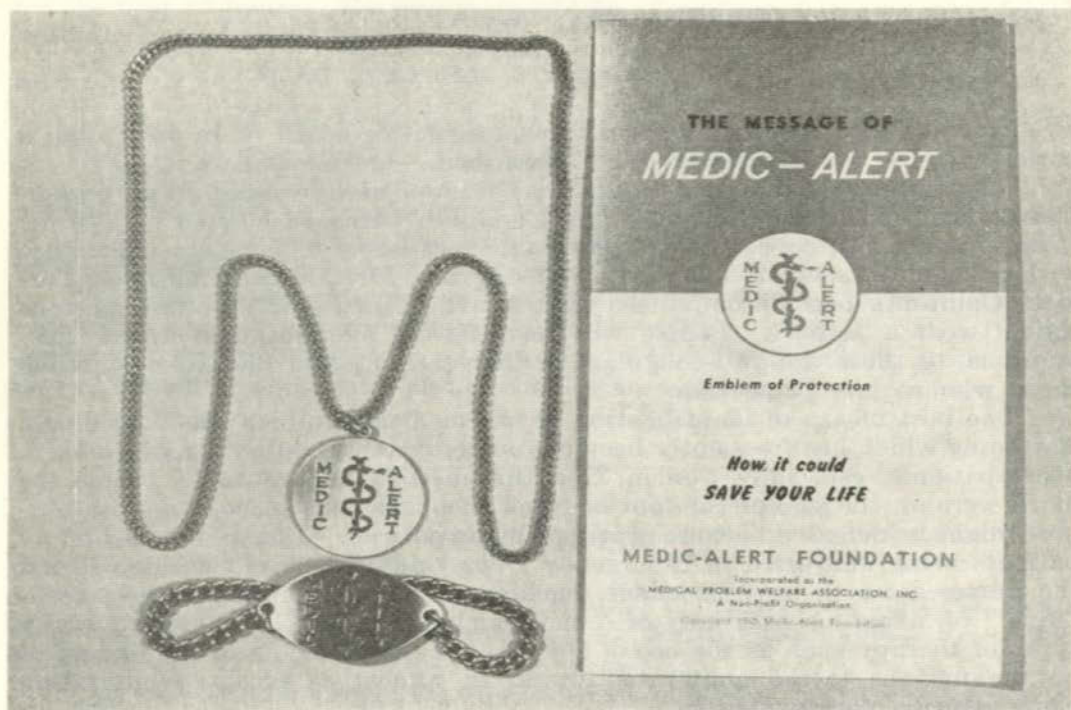
The best means of identification of the medical problem was considered. Tattooing which has frequently been advocated was vetoed by the girl herself. Most patients, especially women, find this method unacceptable, unless the mark were on the sole of the foot or other inconspicuous place, when its purpose might be defeated because of its not being noticed. I have watched many patients being undressed in Emergency Departments after car accidents, and the nurses seem to have excellent teaching in the "manipulated-sheet technique" of avoiding exposure of "inconspicuous places"! Besides, many types of therapy such as the use of steroids are temporary, and the danger of not having the tattoo obliterated would be almost as great. Obliteration would also be very expensive.

An identification card in the pocket is considered sufficient protection by many, but what woman carries anything of value in her pocket?—and does a child ever swim in the summer with a pocket? I remember a diabetic child once being fished out of the North West Arm and brought to the Children's Hospital. She had gone into a coma in the water. Fortunately we recognized her but she was not on holiday in a strange town.

So the Medic-Alert emblem was devised. It is made of stainless steel, of good strong quality. The arm band (or neck chain) is also of good quality with strong links, and the bracelet has a fastening clip which a child cannot readily open, and which cannot open accidentally. On one side the words Medic-Alert are deeply impressed and on the reverse is engraved whatever the patient wishes, e.g. "haemophilia" or "allergic to penicillin", etc. If a patient such as an epileptic does not wish to disclose his disability to the world the code number alone may be used. There is a code number on all the emblems, and full particulars of the disability together with name, address, and next of kin are kept on file in the central office in Toronto. A card with identification particulars and details of the disability is issued to each member, who is encouraged to carry it at all times. This should be sought for on any one wearing the emblem. In the absence of this card the same information may be obtained by a doctor placing an emergency collect call to the central office which maintains a 24-hour service. The emergency call service is still located in the Turlock, California office, ME 4-4917, but it is hoped that the Canadian office will supply this service by January 1962.

Life membership in the Foundation costs \$5.00, and this covers bracelet and service. There is no recurring charge. Many Service Clubs have spons-

\*Associate Professor of Paediatrics, Dalhousie University.



ored indigent patients, and no one has been refused an emblem if certified needy by a responsible authority. The bracelet itself complete with engraving costs at least \$3.00, and the rest is for the service. A small extra charge may have to be made for extra requested engraving, but this is unusual. It may be wondered how the remainder of the \$5.00 is spent. Dr. Collins realised that unless every doctor, nurse, hospital, police officer, St. John's Ambulance or Red Cross Assistant etc., recognized the emblems their value would be limited. He therefore launched a continuing advertising campaign, which has cost not only the rest of all the membership subscriptions, but also all the many donated gifts from T.V. Stations, Radio, Newspapers and others which he himself has begged. He feels that until Medic-Alert becomes a household word he must continue to send pamphlets to all hospitals, doctors etc., every two or three years to remind them. This, I feel, is true as I was not aware that all Canadian Hospitals had already been circularised in 1957. Were you?

I am interested in Medic-Alert because I feel that we doctors must help protect our patients, especially if we prescribe dangerous drugs for them. Adult patients must of course be allowed to make up their own minds, but the parents of children should be advised not to expose them to risks, and what with holiday camps, car accidents, etc., we are running risks all the time. I feel that ONE well-known international emblem could be of more value than many locally devised ones with travel so international now-a-days.

The Health Division of the Halifax Welfare Council of which I am Chairman has decided that to sponsor a program of this sort would be a worthwhile community effort, and I will therefore be willing to answer any enquiries, c/o The Halifax Welfare Council if you have any patients who are interested. I would stress the non-profit making nature of the Medic-Alert Foundation which is run solely for the benefit of people with potentially serious disabilities.



## "MERCY FLIGHTS", BY RCAF THROUGHOUT NOVA SCOTIA

Dr. J. S. Robertson, Deputy Minister of Public Health, Nova Scotia, has requested the publication of the following release:

As you are aware, there is set up in Halifax a Rescue Co-ordination Centre operated by the RCAF, which has, among its other functions, the co-ordination and authorization of "mercy flights". The past procedure has been for the physician who has a case which he considers urgent enough to require a "mercy flight" to get in touch directly with the Rescue Co-ordination Centre and to request that a flight be carried out. The policy of the RCAF has been to provide such flights only if no other suitable means of commercial transport is available. It has been further indicated that in certain situations a medical consultant may not be available when the call comes in to the Rescue Co-ordination Centre.

The RCAF have indicated that their general policy throughout Canada has been to have an official Provincial agency with medical personnel act as consultant so as to screen the requests and to help ensure that there be no unnecessary flights. The Department of Public Health has been asked to act in this capacity through its Health Unit Directors.

Under the new procedure suggested, a physician having a case which he considers requires a "mercy flight" in order to save life, should get in touch with the Health Unit Director for his area and discuss the case with him, giving him all the information necessary to assist in a decision. It is then incumbent on the Health Unit Director to assure himself that other means of transport is not available and he then passes the information along to the Rescue Co-ordination Centre in Halifax where the final decision is made.

We think it only fair to emphasize that in each of the mercy flights concerned, in addition to any expensive aircraft being placed at risk, that more importantly, there are involved the lives of the crew of the aircraft. Many of the flights are carried out in bad weather and other dangerous conditions, therefore, it is most important that only real emergencies should be dealt with and only after other available means of transport have been found to be unavailable.

The following are the Health Unit Directors and their areas of authority:

<b>Name and Address</b>	<b>Territory</b>
Dr. J. R. Cameron, Director, Atlantic Health Unit, 12 Queen Street, Dartmouth, N. S. (Tel. 466-2236)	- Halifax County
Dr. N. F. Macneill, Director Cape Breton South Health Unit, Prince St., Sydney, Nova Scotia (Tel. 565-4447)	- Rich. Co., South Inverness Co., Town of Inverness, Cape Breton Co. south of Sydney Hbr., and East Bay
Dr. N. F. Macneill, Acting Director Cape Breton North Health Unit, Prince Street, Sydney, N. S. (Tel. 564-4447)	- Victoria Co., North part of Inverness Co., City of Sydney, Cape Breton Co. north of Sydney Harbour and East Bay.

- |   |   |
|---|---|
| Dr. N. A. Morrison, Director,<br>Cobequid Health Unit,<br>Truro, Nova Scotia<br>(Tel. 893-5321)           | - Counties of Colchester and<br>Cumberland            |
| Dr. W. I. Bent, Director,<br>Lunenburg-Queens Health Unit,<br>Bridgewater, Nova Scotia<br>(Tel. 543-3234) | - Counties of Lunenburg and<br>Queens                 |
| Dr. S. D. Dunn, Director,<br>Northumberland Health Unit,<br>Pictou, Nova Scotia<br>(Tel. 485-4388)        | - Counties of Antigonish, Guys-<br>borough and Pictou |
| Dr. V. K. Rideout, Director,<br>Western Health Unit,<br>394 Main St., Yarmouth, N. S.<br>(Tel. 742-2035)  | - Counties of Digby, Shelburne<br>and Yarmouth        |
| Dr. G. M. Smith, Director,<br>Fundy Health Unit,<br>Windsor, N. S.<br>(Tel. 2265)                         | - Counties of Hants, Kings and<br>Annapolis           |

After office hours the telephone operator should be requested to contact the Health Unit Director at his home address.

If, due to unusual circumstances the Health Unit Director is not available, calls should be directed to the RCAF Rescue Co-ordination Centre at Halifax, Telephone 422-9311 - this Centre is manned continuously.

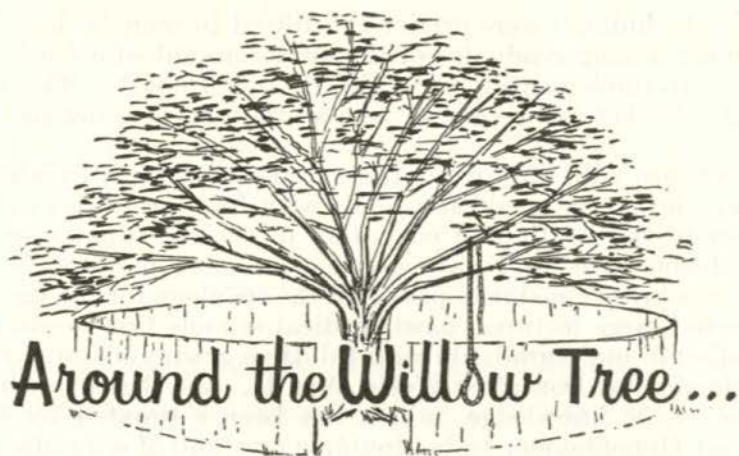
The "mercy flight" service by the RCAF has undoubtedly been of major assistance in saving lives in this province and it is hoped that the service will be continued with the suggested changes noted above. The Department of Public Health is pleased to assist in this important service.

---

We conclude that, on the average, these students, and by implication medical students generally though sufficiently apt and scholarly in quantitative relations, are not sufficiently equipped with basic mathematics to master an introductory course in statistical methods. With this deficiency standing in the way of mastery of the fundamental philosophy and techniques of science, we should think again when we talk about producing physicians who are "scientists as well as physicians".

HOPKINS, C. E.; BARRY, B. B. On the Mathematical Literacy of Medical Students. The Journal of Medical Education, 36, Pages 338-341, April 1961.

L.C.S.



CONTINUATION MEDICAL EDUCATION

Even the most casual acquaintance with the facts of medical history impresses on one the cyclic character of advances in medical knowledge. Each period of accelerated acquisition of information has been followed promptly by a cycle of increased interest in post-graduate medical education. It has been said that the past fifty years has seen more advances in medicine than any comparable period in history (1), and we do not advance far into this century before the expected upsurge of interest in continuation medical education becomes apparent.

In 1932 the report of The Commission on Medical Education of The American Medical Association considered "the continued education of physicians is synonymous with good medical practice" (2). Lowell, in the same year, suggested that "the time may come when every physician may be required in the public interest to take continuation courses to ensure that his practice will be kept abreast of current methods of diagnosis, treatment, and prevention" (3). The College of General Practice of Canada makes the College membership dependent on fifty hours of formal post-graduate training every two years. A further element of compulsion, not implemented to date, was suggested by the then President of The American Medical Association, Dr. Upham, in 1937 when he wrote "the next step might be requirement for renewal of licensure through evidence of familiarity with the developments in medicine by five or ten year periodic examinations" (4).

Efforts at formal post-graduate education during this past half century have followed two general forms, both based on patterns of undergraduate training. The technique so highly developed in Continental Europe of carefully systematized lectures by world authorities, presented to large audiences, was first adapted to post-graduate education activities and is still followed to a considerable degree. The method developed in Britain and generally accepted in continental North America as the best form of education, is that of tutorial and clinical group teaching. This latter method has been slower to infiltrate the post-graduate teaching field, but here as in the undergraduate sphere is considered to be educationally superior through its insistence on participation by the "student".

Both these techniques were originally utilized to remedy defects in undergraduate training among graduates of the numerous sub-standard schools that flourished prior to implementation of the Flexner Report. This is no longer necessary, but refresher and recent advances programs are increasingly required.

In their concern with improving undergraduate medical training standards to their present level, the medical schools with few exceptions did not direct their attention to the continuing education of their graduates; nor did even organized medicine until, as I have above noted, the mid 1930's. Although they had in almost every instance provided the speakers for the earlier Medical Society organized large lectures, most medical schools first became interested in the integration of undergraduate with full time graduate and part time post-graduate medical education after World War II. At the same time the "explosion" in scientific knowledge (which has been estimated by U.S. atomic scientist Robert Oppenheimer to be doubling our fund of scientific information every ten years), began driving more and more conscientious medical graduates to return to the medical school at frequent intervals in search for the essentials of this new knowledge. These men find, to an increasing degree, that it is impossible in their busy practices, to select the most important findings from the increasingly voluminous literature coming to their desks from every direction.

This new information is best presented, in the view of Dr. Isidore Snapper, Director of Medical Education, Beth El Hospital, Brooklyn, New York, to small groups at the bedside and in seminars. (5). He states "the main part of post-graduate education in particular, should consist of the teaching of clinical experience, well integrated with basic science, with active student participation".

This approach is obviously a sound one educationally, but extremely difficult, and expensive for both the practitioner and the university. While organized medicine by grants in support of continuation medical education, and practicing doctors themselves through tuition fees, have made possible the conduct of restricted programs by Medical Faculties; the most active of these reach such a small proportion of the profession and present them with such brief post-graduate experiences that they must be looked upon as mere "pilot" projects. Considering the above mentioned explosive advances in our knowledge, the operation of scattered pilot projects in continuation medical education is a most inadequate method of combatting technical obsolescence among our practicing doctors. Dr. Ward Darley (6) has succinctly stated "as far as continuing post-graduate medical education is concerned, we feel that the present gap between what is needed and what is being done, is comparable to the situation that pertained in undergraduate medical education in the early 1900's". Major expansion of existing programs and their development by all medical schools with the assistance of interested professional bodies such as The Provincial Medical Societies and Chapters of The College of General Practice, is already over due.

However, expansion is unlikely to come about until every practitioner, by his active participation in presently available continuation education meetings, demonstrates that the need is greater than available services can provide.

L.C.S.

Adapted from a presentation to the Annual Meeting of the New Brunswick Chapter, College of General Practice of Canada.

## BIBLIOGRAPHY

- (1) WHITE, P. D., The Evolution of Our Knowledge About the Heart and Its Diseases since 1628. *Circulation* 15: 915-923, 1957.
- (2)(3)(4) SHEPHERD, G. R., History of Continuation Medical Education in the United States since 1930. *J. Med. Ed.* 35: 740-758, 8/60.
- (5) SNAPPER, I., Symposium on Post-Graduate Education. "Conference" 8/60.
- (6) DARLEY, W., CAIN, A. S., A Proposal for a National Academy of Continuation Medical Education. *J. Med. Ed.*, 36: 33-37, 1/61.

L. C. STEEVES, M.D.

---

Summary of an address by Frank W. Newell, M.D. of Chicago, Illinois, to the special conference of ophthalmologists held in New York City, June 26, 1961, under the joint auspices of the state ophthalmological societies of New York, New Jersey and Pennsylvania.

Noting that while we are training more and better ophthalmologists than ever before and although ophthalmic diagnostic and therapeutic methods are constantly improving, Dr. Newell observed that some medical educators tend to exclude ophthalmology from general medical education, in the belief that only specialists are competent to treat diseases of the eye, and that training in ophthalmology should be limited to residency programs.

Ophthalmology, Dr. Newell suggested, has been "relatively fortunate" in the years since the war. The number of residency training programs has increased, and currently 6% of all physicians going into specialty training are selecting ophthalmology. "An important force in the utilization of physicians," he said, "is the increasing sophistication of the population which is learning more and more to distinguish between the various health professions." The growing number of ophthalmologists, Dr. Newell suggested may be the "kernel of insecurity that has sparked so many recent attempts of non-medical practitioners to achieve economic protection by means of legislation."

"Our modern patients expect and receive a complete eye examination with slit lamp, ophthalmoscope, tonometer and other devices, and recognize that the refraction and prescription of a lens plays a relatively minor role in the overall examination and that a refraction alone bears about the same relation to an eye examination as the measurement of blood pressure does to a physical examination," Dr. Newell observed.

An additional factor that offers a "great challenge" is that "ophthalmology, with its large emphasis on preventive medicine, much of it confined to an office practice, combined with the development of a surgical field into which the untrained nearly never venture, has become somewhat out of touch with and has lost the sympathy of other physicians." Dr. Newell recommended that ophthalmologists play a more active role in organized medicine.

The challenges confronting ophthalmology, Dr. Newell said, "are rising not because we are threatened with decline or extinction, but because the very factors contributing to our success have been so demanding that we have not devoted the necessary attention to educational, social and political factors pertaining to our field."

Reprinted from The National Medical Foundation for Eye Care News Bulletin: III: 4: Sept. '61.

J.H.Q.

## PERSONAL INTEREST NOTES

### CAPE BRETON MEDICAL SOCIETY

November 29, 1961—The Cape Breton Medical Society held its annual ball at the Royal Cape Breton Yacht Club, North Sydney. The affair was very well attended and a good time was enjoyed by all.

### CUMBERLAND MEDICAL SOCIETY

The Annual meeting of the Cumberland Medical Society was held December 13, 1961 at Fort Cumberland Hotel, Amherst. Officers elected: President:—Dr. D. R. Davies, Oxford; Vice-President:—D. Brown, River Hebert; Sec.-Treas.—R. A. Burden, Springhill; Representative to Executive of Medical Society of N. S. J. C. Murray, Springhill; Alternate Representative—Geo. Saunders, Amherst; Comm. N. S. Society—R. Price, Amherst; Alternate—N. G. Glen, Amherst; Representative to M.(C.)C.—A. Elmik, Advocate. The meeting was very well attended with only two members of the county not attending. During the meeting the new President was installed in his office. After the meeting adjourned we were joined by our wives for a social evening including a buffet supper at the Hotel. Our wives had been entertained at afternoon tea at the School for the Deaf in Amherst as guests of Mrs. R. Price and the Girl Guides, while the business meeting was in progress.

### HALIFAX MEDICAL SOCIETY

November 30, 1961—Drs. A. G. MacLeod, Dartmouth, and G. J. LeBrun, Bedford, were among six Nova Scotia medical men appointed for further terms of office as members of the Provincial Medical Board. The terms of the six will expire June 1, 1964. Other appointments to the Provincial Board included: Drs. C. G. Harris, New Glasgow, J. R. MacNeil, Glace Bay; J. R. McCleave, Digby; and A. B. Gaum, Sydney.

December 13, 1961—The monthly meeting of the Halifax Medical Society was held at the Halifax Infirmary to hear the report on the executive meeting of the Nova Scotia Medical Society and a panel discussion on, "Anticoagulant Therapy" by the staff of the Halifax Infirmary.

Dr. H. C. Still announces the removal of his office to 112 Quinpool Road, Halifax in a building recently renovated by Dr. H. R. Phillips. Telephone: 423-7003.

### WESTERN NOVA SCOTIA MEDICAL SOCIETY

Dr. Phillip LeBlanc, who is our only member belonging to the College of General Practice attended the annual refresher course at Halifax, held November 6-9, 1961.

Dr. George Burton, formerly practicing in Yarmouth, and now in Montreal was here for some 4 weeks doing some bird hunting.

### UNIVERSITY

A short excerpt from a letter recently received from Dr. J. R. Ryan, c/o Northeast Florida State Hospital, Macclenny, Florida: "We like Florida very much, but it is difficult to be contented without having a license. A

Florida license is extremely difficult to get, since first of all one must become an American citizen, which takes five years, and then pass a rather rigid set of examinations. You might be interested in knowing that of the four State Hospitals in Florida, two are under the Superintendency of Dalhousie graduates: Dr. Clark Adair is Superintendent of the State Hospital at Arcadia, and Dr. Reg. Eaton is Superintendent of the State Hospital at Hollywood, Florida. At this hospital, Dr. Marvin Wellman, a Canadian who retired from the R.C.N. a few years ago, is the Clinical Director."

#### BIRTHS

To Dr. and Mrs. N. Carroll, a daughter, Joni Yvonne, at Nashwaaksess; N. B. October 7, 1961.

To Dr. and Mrs. Michael T. Cooper, Clarks Harbour, a daughter, Bridget Susan, on October 6, 1961. A sister for Adam Michael.

To Dr. and Mrs. Earl E. Lewis, a daughter, Georgina Ann, at Lancaster, Pennsylvania General Hospital on November 4, 1961.

To Dr. and Mrs. Martin S. MacDonald (nee O. Petrie) a son, at the Halifax Infirmary on December 3, 1961.

#### MARRIAGES

Dr. Arno Elmik of Advocate was married recently.

#### COMING MEETINGS

February 5-7, 1962—A Short Course in Psychiatry, sponsored by the Department of Psychiatry and the Post-Graduate Division, Faculty of Medicine, Dalhousie University, Halifax, N. S. Sixteen hours formal study credit will be allowed by the College of General Practice for attendance at all sessions of this course. Tuition fee: \$15.00, Registration Fee: \$5.00 (waived for members of the Medical Society). Arrangements will be made to tour the Nova Scotia Hospital.

March 14-16, 1962—The Canadian Health Forum will be held in Toronto under the auspices of the Health League of Canada and with the co-operation of allied groups. Two of the proposed subjects for discussion are Geriatrics and Gerontology; other sessions of the Forum will be devoted to preventive medicine and to study ways to improve communications. The Forum will be International in scope and will feature prominent speakers from the U.S.A. and Canada.

May 21-23, 1962—109th Annual Meeting of the Medical Society of Nova Scotia, Nova Scotian Hotel, Halifax.

June 18-22, 1962—95th Annual Meeting of the Canadian Medical Association, Winnipeg, Manitoba.

June 10-14, 1963—96th Annual Meeting of the Canadian Medical Association, Toronto.

#### OBITUARY

Dr. Fred Day, 49, Vancouver, B.C. a former Pictou Co. doctor died during November in Vancouver. He was born at Thorburn, Pictou Co., a medical graduate of Dalhousie University and a former practitioner in New

Glasgow. He had been in Vancouver for the past number of years, where he continued to practice. He is survived by his wife, one son, and four daughters.

Dr. John Murdoch Stewart, Halifax, died at Camp Hill Hospital on November 30, 1961. He was born in Pictou, a graduate of Pictou Academy and Dalhousie University (B.A.) and a medical graduate of the University of Toronto. During World War I, he served Overseas with the Number 1 Casualty Clearing Station, and later transferred to the Royal Canadian Army Medical Corps, Number 7 Stationary Hospital, (Dalhousie Unit), of which his uncle, Dr. John Stewart, was Colonel. After the war he practiced in Upper Stewiacke for some years before joining the staff of Camp Hill Hospital, where he remained until his retirement. He was a member of St. David's Presbyterian Church, the Veterans' Association of the Dalhousie Unit, the Scotia Branch, Canadian Legion, and the Red Chevron Club. He is survived by his wife, a son, a daughter, and a sister.

---

### POST GRADUATE COURSES

February 26, 27, 28, 1962 the Department of Surgery have arranged a clinical course in general surgery, emphasizing trauma. The mornings will be spent in the operating rooms assisting in technical procedure. A prominent guest surgeon is participating.

Neuro Surgery and Neurology are jointly conducting a two day programme immediately following on March 1st., and 2nd., at which Dr. H. E. Botterell, Neuro Surgeon, University of Toronto will be guest clinician.

---

### TESTS OF DIGITOXIN TABLETS

Many seizures of sub-standard lots of Digitoxin U.S.P. have been reported in the "Notices of Judgment" of the Federal Food and Drug Administration, and now laboratory tests of digitoin tablets purchased from thirty-five drug companies show that the samples obtained from nearly a quarter of the companies failed to meet the requirements of the U.S. Pharmacopeia.

In fairness to the companies whose samples were found to be sub-standard, it should be realized that with most drugs no feasible control procedure can guarantee 100% compliance with standards; another series of tests would almost certainly show a quite different set of results. As pointed out in previous medical letter reports, no one test report can provide a reliable guide to the quality of a company's products; but it is hoped that the cumulative results of a long series of tests of different drugs will provide such a guide".

The Medical Letter, Vol. 3, No. 12, June 9th, 1961.

L.C.S.



109th ANNUAL MEETING

The Medical Society of Nova Scotia

(Nova Scotia Division of the Canadian Medical Association)

HOUSING APPLICATION FORM

Dates of Meeting: May 21st, 22nd, 23rd, 1962 - Nova Scotian Hotel, Halifax.

Please Note: Re reservations at Nova Scotian Hotel —

**Single room** rate from \$8.50 to \$12.00 per day —

Single room rates in the old section of the hotel from \$8.50 - \$10.50;  
in the new section \$11.50 - \$12.00.

**Double room** rate (twin beds or double bed) from \$12.00 to \$14.50 per day —

Double room rates in the old section from \$12.50 - \$14.50 per day;  
in the new section \$15.00 - \$16.00 per day.

Please indicate on the application form the rate you wish to pay.

Dr. C. J. W. Beckwith,  
The Medical Society of Nova Scotia,  
Dalhousie Public Health Clinic,  
University Avenue,  
Halifax, N. S.

Please arrange a reservation at the Nova Scotian Hotel for the undersigned as follows:—

Single room.....at.....per day

Double room: twin beds at.....per day

double bed at.....per day

I expect to arrive on May..... a.m. .... p.m.

I expect to depart on May..... a.m. .... p.m.

Names of persons who will occupy the above accommodation:

Name: .....

Address: .....

Signed: ..... Date.....

Applications for reservations at the Nova Scotian Hotel will be passed on to the hotel management for action and confirmation.

## FOR SALE

My wife no longer requires stairway elevator—a completely automatic, safe and economical alternative to costly remodeling or moving. Ideal for cardiac patient or one with severe physical handicap. May be seen in operation by phoning for appointment—Halifax 455-1030, or any information desired may be obtained by writing Dr. Walter M. Little, 58 Edward Arab Avenue, Halifax.

## YOUNG GENERAL PRACTITIONERS PLEASE NOTE

Notice has been received from the Hudson Bay Employees' Health Association, Flin Flon, Manitoba, that a practice at Snow Lake will be available in the Spring of 1962. A General Practitioner with two to three years experience is desired.

Information may be obtained by contacting the Executive Secretary or writing directly to Mr. F. H. Silversides, Executive Director at the above address.

---

INCIDENCE OF HYPOTHYROIDISM IN MORE THAN ONE MEMBER OF A FAMILY. Goldberg, M., *Am. J. Med. Sci.* 239:562, (May) 1960.

In the process of investigating 123 cases of proven hypothyroidism, a significant incidence of thyroid deficiency (26%) occurring in 2 or more members of the same family group, usually husband and wife, was encountered.

Whether or not the common occurrence of hypothyroidism among members of a family or in the population at large is due to a viral thyroiditis setting into play an auto-immune response to released thyroglobulin or other thyroid antigens and eventual thyroid failure. Four of 15 couples reported a bout of mumps in one or both members shortly before the onset of their hypothyroid symptoms.

The authors suggest that, when hypothyroidism is diagnosed in one member of a married couple, it is especially important to investigate thyroid function in the other partner especially in cases of infertility or marital discord.

S. J. S.