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The Nova Scotia Medical Bulletin

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Leading Features This Issue:

THE ROMANCE OF SURGERY

ELECTRO THERAPY

THE MARTIME MEDICAL NEWS

EDITORIAL

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Presidential Address*

DR. M. E. MCGARRY, Margaree Forks, Nova Scotia.

THERE are to-day in our profession, men who apply themselves diligently and well in the practical application of scientific truths who feel that, as compared with the work of the research men, they play a minor or subordinate part. This, I claim, is a false conception and is not correct appraisal of values. For medicine is just as much an art as it is a science.

To achieve success in both at once is difficult. We rarely, if ever, find a good practitioner and a great research man in one and the same individual. But that is no reason why the practising expert should look down on the research man, nor why the latter should believe that in investigation lies the whole value of modern medicine.

Both medical science and medical practice are making huge strides. They should continue to advance side by side.

Forty years ago was the time of great transition in medicine. The knowledge of the microbic origin of infectious diseases had worked its revolution. The older generation in medicine was trying to square itself with these new ideas; the newer generation was laying its foundation through its knowledge of bacteriology for the magnificent developments we have seen.

The new knowledge of bacteriology was the great stimulus. With our new knowledge we have gone far in the last forty years.

The dominant conception forty years ago, was the practice of medicine. That was regarded as the reason for our existence. There was not, at that time, the same persistent tendency to emphasize the scientific functions of medicine. There was a feeling that the important thing in medicine was to know your own business and that the cultural things were of secondary importance. There was a less critical scientific spirit but they also fostered certain very important qualities. They put the emphasis on medicine's business of practical service. They tended to place physicians properly in their relation to society. If any men were ever fortunate in their time, we physicians of the last forty years, have been fortunate in ours. We have reaped the rewards of the revolution that followed the great increase in knowledge and as a result of that we have reaped several other great rewards; for instance the great increase in the active interest of mankind in general

* Delivered to the Eastern Counties Medical Society at Antigonish, August, 14th, 1928.

health and therefore in medicine's problems. We have also won the favor of philanthropy. The great fact of the present day is the gospel of health. The widespread interest in health has influenced medicine essentially in the way in which money and other support have poured in for its purposes, for medical education, for research and for all activities for protection of health and relief of physical sufferings.

We are making good use of the opportunities which this new attitude of society has given us; but I believe there are several matters in which we are showing undue exaltation and a failure to appraise ourselves in proper proportions.

One of the most surprising illustrations of this is the frequent references that one sees to the present period as; "The time since medicine became a science". These references would imply that the only state of knowledge worthy of being called science is that at which we in our fortunate day, have arrived.

Of course science is nothing of the sort. The term science is used properly in two senses. As the accumulated body of knowledge, and as the spirit that has gained it. We, at the present time, have no monopoly of either. Science is not the particular state of knowledge of any *particular* time. It is the state of knowledge and of its spirit at *any* time.

Medical knowledge is no more something new than is philosophy, religion, or civilization. Medicine had accumulated an enormous amount of exact scientific knowledge when, in chemistry, the elements were earth, air, fire and water. Indeed physics and chemistry are infants compared with the science of medicine.

Another false appraisalment is that medicine is wholly a science and not also an art. Medicine's business is only in part with science. Science's concern is with facts and their interpretation; medicine, on the other hand, is very much concerned with the practical application of facts. Its proper business is the prevention and relief of suffering. It is medicine's business to help mankind. False values are always dangerous. They lead to false practical attitudes, to false steps. These academic ideals that research and scholarship are the end of medicine are erroneous ideals and are not conducive to medical progress.

I think it is not unfair to say that, perhaps unwillingly, there has been too much insistence on one policy in medicine, on one sort of man of one sort of training. I hold it is better for medicine as for man, to work out its own salvation, in its own ways, even to the extent of having to profit by its own mistakes.

There is nothing to be said against research and scholarship as representing the very finest forms of intellectual activity, but as vocations, they are only for the few. With all that can be said in their praise, they are not the end of life—the end of life is action.

As Mr. Dooley has said there may be such a thing as making us too refined for this burly world.

It is well to remember for another reason that medicine is not in a position to ignore the knowledge it has gained from crude experience. The art of medicine has, by necessity, gone faster than the science and most of medicine's knowledge of how to help disease has been gotten empirically. We have added enormously to our ability to prevent and cure disease in the last forty years, but even yet many of our useful remedies are the result of plain empiricism.

Our knowledge of the use of Cod Liver Oil probably goes back to some Scandinavian fisherman and we have just learned something definite of the reasons for its use. Quinine and Mercury have worked wonderful benefits for mankind. The knowledge of them goes back certainly to the dark ages of medicine, but we do not even yet know how they work. Medicine is in part a science. It is also an art that uses science as far as it can, but at the same time, employs useful facts regardless of their origin.

The competent physician, then, is the man who, with a background of science, practises an art with skill that he has acquired through careful technical training. He should not place all emphasis on the science of medicine or minimize the art. Experience must make us face this fact that too great devotion to science and scholarship is apt to be at the expense of practical skill. Let any of us in our minds run over the most learned man in medicine, that we have known, and see how few of them compare in the art of practice with other men who have put the emphasis of their endeavors on the art of medicine.

'There is one glory of the sun and another glory of the moon and another glory of the stars; for one star differeth from another star in glory'. What I would point out is that we should follow the scriptural wisdom of appreciating the glory of them all; that science has not all of it and that, in emphasizing it at the expense of the art, we are cultivating a false sense of values.

In closing, I would urge all whose concern is the practical application of science to realize that of the two factors in medicine, yours is by no means the less meritorious. If we physicians of to-day who have access to that great storehouse of scientific knowledge, perform our duties diligently and well, we shall uphold the honor, the prestige and the distinction of not only the profession of to-day, but also of the time when these grand old patriarchs of medicine who, although lacking our bacteriological and physiological knowledge, accomplished by the application of useful facts—so much for suffering humanity.

The Romance of Surgery

JOHN B. DEAVER, M. D., Philadelphia, Pa.

(This article has been in the "Material-for-next-issue" file for over a year. It has, however, the splendid quality of being good, despite its age. As many of our readers would not see its original publication in the Journal of the Iowa State Medical Society, we publish it herewith. The article was illustrated with very good cuts of several of the pioneers of which the Author writes).

MAN always has been, and, no doubt, always will be the paramount interest of mankind, whether it concerns his relation to his fellow man, as portrayed by the historian and the novelist, or his relation to the unknown Being "whom he was blindly prompted from within to serve," or whether it concerns the mysteries of the human body as "the temple of the living God." It is therefore not only in the works of fiction and of the imagination that one need look for drama, but the thread of romance can be traced, now running bright, now less bright, throughout every aspect of the all-absorbing study of man. That the mysteries of the human body form no exception to this rule is readily seen in the fact that from time immemorial it has been the aim of the student and the investigator to fathom the hidden things, and even down to our own times the revelations they uncover partake of the spectacular, nay almost of the unreal.

In the limited field of surgery this thread of romance can be traced step by step, especially in the unfolding of those formerly hidden lesions to which the human body is liable, and which have been gradually brought into view and to a large extent become amenable to alleviation and sometimes even a cure. Before proceeding, I wish to assure you that it is not my purpose to begin way back at the beginning, but to review some of the circumstances that have supplied the material for the later chapters in the romance of surgery.

An event which marks the early endeavors of the surgeon to relieve abdominal distress and which has a strong flavor of the romantic is McDowell's first operation for the removal of an ovarian tumor. Picture to yourselves, if you can, a country doctor in the year 1809 traveling sixty miles on horse back on a winter's day to see a patient whose strength was being sapped by the ravages of a pelvic tumor. The results of this visit are memorable alike for their far-reaching effect, and for the audacity of a surgeon and the courage of a woman. We next see this woman, on a bleak day in December, 1809, "with her pendulous abdomen resting on the pommel of her saddle," riding those

same sixty miles, a two or three days' journey, into Danville, Kentucky, there to submit to the momentous experiment that was to supply the foundation for modern abdominal surgery. The central figures in these two pictures are Ephraim McDowell, the fearless surgeon, and Jane Todd Crawford, the heroic woman. Their story is indeed worthy of the pen of the novelist.

The description of the operation as it has come down to us from the pen of McDowell himself is not without interest both for its extreme simplicity and the apparent unconsciousness of the surgeon of the import of the procedure.

With the patient on a table on her back, an incision was made three inches from the left rectus abdominis muscle and extending for nine inches, parallel with the fibers of the muscle, into the abdominal cavity. The tumor was then exposed and was so large that it could not be removed in its entirety. A strong ligature was put around the Fallopian tube near the uterus, and the tumor then cut open. It was found to consist of the ovary and the fimbriated part of the tube, very much enlarged. Fifteen pounds of a dirty gelatinous-looking substance were removed, the Fallopian tube was then cut through and the sac extracted, the weight of which was seven and one-half pounds. As the incision was made the intestines popped out upon the table and the abdomen was so completely filled by the tumor that the intestines could not be replaced during the operation, which lasted about twenty-five minutes. The patient was then turned upon her left side to allow the blood to escape, after which the incision was closed with interrupted sutures, the end of the ligature around the Fallopian tube being allowed to protrude from the lower end of the incision. Between every two stitches a strip of adhesive plaster was applied, which "by keeping the parts in contact, hastened the healing of the incision." The usual dressings were applied and the patient put to bed, "a strict observance of the antiphlogistic regimen" being prescribed. When McDowell visited his patient five days later he found her engaged in making her bed. He gave particular directions as to the future care of her health, and twenty-five days after the operation she was again seen seated on horseback travelling those same sixty miles back to her home, where she remained in good health until her death, thirty-three years after the epochal event in surgery in which she had so valiantly figured.

McDowell subsequently performed two similar operations but did not report them until several years later. In fact, the criticism aroused by the procedure may have prevented an earlier publication of the method. The abdomen was always considered as too sacred for the knife and the female generative organs as the most sacred part of the abdomen. So much so in fact, that in this country the operation was not again heard of until 1821, and abroad the first of its kind is reported from Germany in 1819, while in England it had not been attempted until 1836 and in France, until 1844.

The successors of McDowell, Dunlap, Peaslee, Kimball and the two Atlees, worked hard against the most adverse criticism to remove the prejudice that existed against the operation. Considering the boon that this one procedure has been to suffering mankind, does it not seem as though these intrepid pioneers had reversed the proverb and become angels who rushed in where others were afraid to tread?

For the next episode in our romance the scene changes from the Kentucky backwoods to the more cultured atmosphere of the city of Boston, when "hope mid deepening stillness watched one eager brain, with God-like will decree the death of pain," as on October 16, 1846, in the operating room of the Massachusetts General Hospital, there took place the first public demonstration of the use of ether anesthesia in operative surgery. The central figures of this dramatic event were W. T. G. Morton, a dentist, the anesthetist of the occasion, John C. Warren, the surgeon, and a young man, whose name has not come down to us, willing to submit to the experiment of painless surgery for the removal of a tumor of the neck, just below the mandible. The incision was made and the tumor removed, the patient after returning to consciousness declaring he had felt no pain, although he was aware of the operation, stating that "the stroke of the knife felt like a blunt instrument being passed roughly around his neck."

Contending claims of priority in the use of ether anesthesia have established the fact that Crawford W. Long of Jefferson, Georgia, had antedated Morton by four years, and to him belongs the credit of priority in its use. On March 30, 1842, Long administered ether to one James M. Venable, "till completely anesthetized and then excised a small cystic tumor from the back of his neck." The surprise of the patient on regaining consciousness can well be imagined as he saw the tumor in the hand of the surgeon, while he had not felt as much as a scratch.

It is not surprising that in 1846 Morton in Boston should not have known of Long's discovery in Georgia. Distances at that time were much greater than at present, and the habit of rushing, or being unwillingly rushed into print, had not yet become established. Nor is it remarkable that two surgeons should simultaneously and quite independently have come upon the same idea. The horrors of the operating room were such that the desire to reduce pain was ever uppermost in the minds of the operators of those days. Indeed, the idea of an anesthetic had long been conceived, judging by the crude attempts of a former day. It is, however, the final birth of this priceless boon which has the flavor of fiction. It appears that even in those pre-Volstead days a fashionable form of amusement was to produce intoxication by nonalcoholic means. These sprees took the form of nitrous-oxide parties, at which the participants would become gloriously drunk from inhaling laughing gas provided by itinerant lecturers on chemistry after the close of the lecture or entertainment. The fashion spread even to the obscure town of Jefferson, Georgia.

On one occasion a group of students begged Dr. Long to give a nitrous-oxide party. In the absence of the material for preparing the gas, Long suggested that sulphuric ether would serve the same purpose. The party proved a great success, and after that, ether frolics became the rage. Long and his friends, the morning after such parties, often found bruises on their bodies without any knowledge of how they had been received. It was then the idea came to Long that "ether must have the power of rendering one insensible to pain, and should therefore be available for preventing pain in surgical operations." The fashion of nitrous-oxide exhilaration spread even to staid New England. We find that Horace Wells, a dentist of Hartford, Connecticut, discovered the anesthetic powers of nitrous-oxide in much the same way. After an entertainment given by a popular lecturer on chemistry, he saw a man under the intoxication of laughing gas injure his ankle without experiencing any pain, and at once concluded that nitrous-oxide must be a powerful anesthetic. He proved his case by using it for extracting a tooth of a patient, and afterwards continued to use the gas in his profession of dentistry. Associated with Wells at the time was one Jackson, and it was through the latter that Morton conceived his idea of using ether as an anesthetic. At that time ether was a well-known antidote to relieve the pain and dyspnea following the use of chlorine gas poisoning. Jackson had often used it in that way, but it was left to Morton to demonstrate its efficiency in surgery. Thus from the idle frolics of youth the dream of the surgeon was suddenly realized and assumed practical form and shape.

The domain of surgery was now suddenly widened, but the obstacles to successful surgery were by no means as suddenly removed. For with the rapid increase of the scope of operations that followed the introduction of anesthesia, the grim spectre known as hospital gangrene loomed larger than ever before. To rout this ogre from his lair and lay him forever low now became the ambition of the surgeon.

Across the waters in a small village in the mountains of eastern France a youth was wavering between art and science in the choice of a career. Fortunately for mankind science won the day, and to a chemist who had never handled a scalpel and who had to screw up his courage to witness a surgical operation, who did not even know that it was possible to bore a hole in the skull of animals for experimental purposes and in man for therapeutic purposes, to this man the medical profession owe a debt which they freely acknowledge when they hail Pasteur as their leader "who led them into the kingdom which they longed for but could not have found for themselves."

From his native village of Arbois, Pasteur soon wandered to Paris, where he and his cohorts fought night and day to bring the light of the truth to the doubting and stubborn profession of the day—truths which had been revealed to Pasteur in almost as strange, though less frivolous a manner, as attended the birth of ether anesthesia. It certainly seems a long way from the study of the diseases of wines and

of silkworms to the diseases of man. But, as you all know, such were the beginnings of Pasteur's epochal and romantic revelations, whose influence on the welfare of mankind transcends all imagination. Like pioneers of all times, Pasteur was compelled to fight a fierce battle for his contentions. While he was valiantly striving to maintain his position by brilliant and fearless demonstrations of the cause of wound infection, interrupting the discourses of learned doctors, as he sprang from his seat and drew on a blackboard the shapes of the microscopic organisms that were the offenders in the mysteries of inflammation, his theories were being quietly absorbed and were receiving their rightful recognition across the channel in the seclusion of a physiological laboratory and a surgical operating theatre.

The story of how Lister supplemented and applied Pasteur's discoveries is perhaps the most fascinating part of our romance. Lister's appointment to the chair of surgery in the University of Glasgow and surgeon to the Glasgow Royal Infirmary, in the year 1861, came to him after he had made important experimental studies on the early stages of inflammation, coagulation of the blood, etc. These studies led him to correlate sepsis with putrefaction and to the realization that if putrefaction could be prevented sepsis could be avoided. But in the absence of a known cause for putrefaction, he could think only of cleanliness as a means of controlling the putrid products of operative and other wounds. His efforts, of course, were futile. Hygienic cleanliness was still unborn.

It is easy to imagine that one of the chief topics of conversation among surgeons of that day was this ever-present spectre of infected wounds. It appears that on one of these occasions as Lister was walking home with one of his colleagues, Thomas Andrews, the professor of chemistry in Glasgow, as usual the subject of putrefaction came up. Thomas called Lister's attention to certain publications by Pasteur on the controversial question of spontaneous generation, the cause of fermentation, etc. Lister at once procured these papers. And lo, and behold, the solution of the riddle of the ages seemed at hand. The enemy resided not in the gases of the air as surgeons had hitherto surmised, but in minute living organisms, floating in the air at present in the dust that settled on surrounding objects. And now one of Pasteur's favorite aphorisms "Chance favors the prepared mind" was to find its most dramatic and far-reaching application. Lister's was a philosophical, logical, and experimentally inclined brain. His general conclusions upon the revelations of Pasteur's work were: Prevent the germs from entering the wound—and secondly, if once they have entered, kill them before they have a chance to do further mischief, or, as proved by later developments, inhibit their growth without the necessity of killing them.

And thus the campaign for the battle royal against infection was set, and as we know culminated in the most signal victory in the warfare of science and in the annals of mankind. The first event in the

battle took place on August 12, 1865, in the Glasgow Royal Infirmary, the principal actors on that occasion being Lister, his house surgeon, MacFee, and James Greenlees, a lad eleven years of age, who had been admitted with a compound fracture of the left leg, which Lister treated by his new antiseptic method. To Lister the most remarkable fact in the result was the immediate conversion of the compound fracture into a simple fracture with a superficial sore.

The surgical world was soon divided into Listerians and non-Listerians. The controversy raged for a decade or more, but gradually subsided until none were left to decry this inestimable boon to suffering humanity. The Revolution of Surgery is the fitting heading to this chapter in the Romance of Surgery, for it has entirely changed our manner of thinking and of working both in the home and in the hospital. A very interesting part of our tale could be written on the hospital then and now, but time does not permit the digression.

The outstanding effects of the revolution are the throwing down of the barriers in the field of surgery together with the reduction of operative mortality; in other words, the comparative safety of surgery. For there is no doubt that to-day we operate with a certainty of results which could scarcely have been dreamed of in a former day.

From the head downward there is scarcely any part of the body that has not been successfully subjected to surgery. Even the heart is no exception and the abdomen and the pelvis, formerly considered as sacred precincts, have almost become the "playground" of the surgeon.

The invisible lesions, especially those of the abdomen could now be exposed. One of the first fallacies to be expelled by this freedom was the idea of idiopathic peritonitis. Peritonitis, arising from within the abdomen, was soon recognized as a lesion secondary to a primary source of inflammation.

To our ancestors peritonitis was a familiar term. And if the head-stones in our graveyards could relate more than the usual "hic jacet," we could easily compile statistics of the toll taken by the grim reaper from this one condition alone.

The recognition of the appendix as one of the most potent primary factors in peritonitis forms an interesting chapter in the tale we are trying to unfold.

There was little of the romantic in the controversy that arose around this question of primary peritonitis versus appendicitis or some other visceralitis—if I may be allowed to coin the term. But what seems almost as strange as both fiction and truth often appear to be, is that the many astute observers of a former day should have been so close to solving the problem of phlegmon in the region of the right iliac fossa without having come upon its solution. No less strange is it that in the face of the overwhelming force of facts, which neither theory could dispel nor speculation controvert, the profession

was so slow to concede the rationale of appendectomy, after once the surgeon had gained the courage to enter the peritoneal cavity.

The opposition came from some of the most distinguished members of the profession. On one occasion (May 2, 1892), in discussing a paper read by me before the College of Physicians of Philadelphia, the late Dr. J. M. DaCosta, while agreeing with me on certain points, stated that he was not prepared to go so far with me as to advocate operation for every case of appendicitis, even in the first attack. To him it seemed that a person with appendicitis would go to bed, not with the sword of Damocles suspended over his head, but with the scalpel of the surgeon already on his abdominal wall. The reverse has come to be true, for in most instances unless the scalpel of the surgeon is at once on the patient's abdomen, the sword of Damocles is actually suspended over his head in the shape of recurrent attacks, and possible perforation and perhaps death. The battle is not yet entirely won and will not be until the nine-lived procrastinator finally disappears. Not until then will surgery enjoy the complete triumph of having added at least one to the list of curable diseases.

Because of the hidden seclusion of the appendix, it failed of recognition for so long as the malefactor in so many cases of abdominal inflammation. The rôle of other organs as the seat of disease was better known, but treatment was necessarily only systemic until it was found by animal experimentation, especially directed toward a better knowledge of the physiology of the human body, that the removal of certain viscera was entirely compatible with life.

The thread of romance at this point is the interesting and fascinating demonstration resulting from the various "ectomies" that are being practiced to-day, of the law of compensation provided by a beneficent nature. The removal of one of a paired organ like the kidneys was the first to be attempted—and we know that the remaining kidney is capable of performing the function of both. Later the removal of single organs, such as the gall-bladder and the spleen was attempted. In the absence of the gall-bladder the cystic duct takes on part of the function of the missing organ; regeneration of splenic tissue is a well known fact. This remarkable provision is so taken for granted to-day that we often forget to stop and marvel—"Can such things be and overcome us like a summer cloud without our special wonder?"

Within the gastrointestinal tract it is the possibility of resection and anastomosis that should excite our special wonder. While most of these operations were deliberately devised and tried out by animal experiment, there is one which we owe to sudden inspiration and which now (with certain modifications) is an everyday occurrence in every large operating clinic. Not only that, but it has become as fruitful a source of controversy as pertained to the early days of appendectomy.

It is no doubt a familiar story to you how gastrojejunostomy originated—the scene is laid in Billroth's clinic in Vienna in the year 1881. The participants are Wolfler, the surgeon, Nicoladini, his

assistant, and the patient—a man suffering from pyloric obstruction. Standing at the side of Wolfler in the presence of what proved to be an inoperable carcinoma of the pylorus—Nicoladini, as Wolfler was about to close the abdomen, suggested that a new passageway for the food could be provided by anastomosing the small bowel to the anterior wall of the stomach. It was a bold suggestion, especially in that the anastomosis was made in the anti-peristaltic direction, but fortunately the operation proved a success. The patient made a good operative recovery and four weeks after the operation was discharged in good condition. The defects of the procedure became apparent in the second operation performed by Wolfler. The patient died and at autopsy it was found that a vicious circle had formed as the result of spur-formation. The publication of Wolfler's experience aroused the interest of the surgical world. Increasing observations and experience gradually led to changes and modifications in the procedure, as we know them to-day. As I have already said, the subject of gastrojejunostomy provided and still provides a very fruitful source of discussion to this day, for it soon became apparent that the method would be of value also in the treatment of benign diseases of the stomach and duodenum, especially ulcer, which, like the poor, we have with us always

At the outset I promised not to take you back to the beginnings of our romance; by this time, I am sure you are hoping that I won't keep you long enough to bring the story up to date. Indeed, it would be a stupendous task, for almost every day we are brought face to face with something new to excite our wonder that such things can be.

If I may be permitted a glance into the future, I would say that the immediate trend seems to be toward more surgery, which by actual sight is unfolding pathology as it exists in the living subject. In a more remote time it may be that the correlation of the pathologic facts thus revealed with the end results of operations in large numbers of cases, together with the further development of the chemistry of the human organism, may lead to the day when less surgery will be required for internal diseases. Be that as it may, the present era will doubtless be known as the surgical era, to which future generations will acknowledge their indebtedness in equal measure with their obligation to Pasteur and Lister.

The year of the strike in the Nova Scotia Coal Mines from a health point of view was a most favorable year although there was an epidemic of Influenza about the time the strike started. Last year some Cape Breton mining districts had a very severe epidemic of cholera infantum and this year an epidemic of diphtheria. Why was 1926, so fortunate? Did the activities of visiting nurses have any influence for this good showing?

Electro Therapy in General Practice

A. CALDER, M. D., and BESSIE McNEIL, R. N.

THIS paper is a short report on clinical observations and results in a series of one hundred and fifteen cases of various diseases met in the ordinary run of general practice, in which it was thought that Physical Therapy, with or without other agents, would produce better, quicker and more lasting results. Where other measures besides Physical Therapy are used, they are mentioned.

In the application and evaluation of any new form of Therapy one is apt to be influenced by two general and fundamental principles, one or the other of which is to be found in every individual—viz.: Hyper-enthusiasm or the reverse; and usually results, as published, depend on which one of these principles holds sway in the individual making the observations and correlating the results. To obviate this probable source of error we have subjected these cases to an independent colleague for confirmatory diagnosis and to observe the progress and results.

So as not to take up too much space, we have not gone into details of general technique. Where we think that a brief mention of some points in technique will clarify things we have noted same.

We feel that we have not treated a sufficient number of cases of various diseases mentioned below to pass a definite opinion on the value of this form of Therapy, our idea being to stimulate interest in this supplement to the Physician's armamentarium, so that its true value may be measured, not from the mouths of high pressured salesmen, but in terms of clinical experience.

Our equipment consists of a medical and surgical Diathermy apparatus and a Quartz Mercury Vapour (Air cooled) Lamp.

Briefly, our general technique, as regards Ultra Violet Rays, is as follows:—

We divide all patients into two classes for the purposes of dosage:—

- (1). Blondes—All with blue eyes, irrespective of the colour of the skin
- (2). Brunettes—All others.

All patients are weighed and a general examination given before beginning treatments. We keep the distance of the patient from the lamp (burner) constant, except in rare circumstances, but vary the time; our constant distance being thirty, (30), inches from the patient.

In all dermatological cases, excepting those in which external causes could be definitely established, we assume that the skin con-

dition is but the local manifestation of a generalized disease, affecting the organism as a whole. For that reason, we give attention not only to the local lesion, but to the whole organism in regard to focus of infection, diet, elimination, etc. For example, in Acne Vulgaris we express the comedones, and, after the removal of all grease and dirt, we ray sites and then give general body raying, besides giving advice as to diet and elimination, plus treatment for any attendant anaemia.

During the period under review, (three months), we treated the following, taking the diseases in alphabetical order:—

Acne Vulgaris

Four, (4), cases, the disease in all cases being confined to the usual location—face, front and back of chest. These cases received a total of twenty-six, (26), treatments, an average of six and one-half, ($6\frac{1}{2}$), per case. No drug was used locally, and only in one case was it thought necessary to give iron for the accompanying anaemia in the form of Blaud's pills. All the cases cleared up thoroughly to our satisfaction and to that of the patients.

Alopecia Areata

We had one, (1), case of this condition in a young man of nineteen years of age with about twelve patches varying in size from a ten cent piece to a silver dollar in various parts of the head. The head was shaved as closely as possible and Ultra Violet Ray given with the air-cooled lamp at twelve to fifteen inches from the scalp so as to produce a first degree plus erythema. After five, (5), treatments new hair could be detected growing in these bald spots.

Arthritis

We divide this into two general classes, viz.: Traumatic and non-traumatic. We treated eight, (8), traumatic and nine, (9), non-traumatic cases, the non-traumatic being considered rheumatic, gonorrhoeal, or otherwise. Of the traumatic cases an average of five, (5), treatments (Diathermy) was sufficient to give freedom from pain, and to restore the joint to normal. Most of the traumatic cases were sprained ankles. Besides Diathermy, all cases were strapped with adhesive. There was no loss of time from their occupation, even in very severe cases. Of the nine, (9), non-traumatic cases four, (4), were distinctly gonorrhoeal and cleared up with an average of ten, (10), treatments by Diathermy to the joint, and to the urethra, and to the cervix and urethra in the female. The rheumatic cases as a rule required a greater number of treatments averaging about fifteen, (15), per case.

Asthma

We had only one, (1), case, which received twelve, (12), treatments of Ultra Violet Rays, with Calcium per mouth, with complete cessation of spasm, disappearance of cough, gain in weight and appetite. Incidentally, this case had general Psoriasis, and to our surprise, on

completion of his treatment for asthma, his Psoriasis had cleared up completely.

Bronchiectasis

We treated one, (1), case during the afebrile periods with Ultra Violet Ray (general body raying) for its general effects. After seventeen, (17), treatments there was feeling of well being, increase in appetite, increase in weight of two pounds, but as other measures, e. g. postural drainage and tonics were used simultaneously it is difficult to say what proportion of good, if any, was due to Ultra Violet Ray.

Cancer

We treated one, (1), case of Carcinoma of the lip, in a man of eighty-two years, which had recurred after removal by the so-called "Cancer Doctor" some years before. The growth was coagulated in situ and allowed to slough, which occurred in ten days; and in three weeks from date of treatment the area was completely healed leaving a soft pliable scar. We feel that by this bloodless method, we lessened or prevented altogether any chance of metastases as a result of this operation. Besides, the operation was an office procedure. Local anaesthetic was used.

Eczema

Eight, (8), cases of Eczema of various parts of the body were treated. They ranged in the clinical picture from the weeping kind to the dry scaly form. The severe cases, (5), received a total of one hundred and ten treatments, (110), Ultra Violet Ray treatments locally and general body raying. We learned in this series a lesson that impressed on us the fact that the Ultra Violet Ray is capable of doing harm to a certain extent and should only be administered by or under the supervision of a physician experienced in the effects, etc., of these agents. This was a case of Eczema of the chin of the sub-acute form. He was getting along nicely on regular distance but we thought that the lesion was not disappearing fast enough for us or our patient, so when we had it down to the size of a five cent piece we doubled the time and shortened the distance by one-quarter protecting, of course, the adjacent normal tissue. To our surprise the day after, his eczema was worse than it ever was and it was itching and weeping, becoming rather acute. We stopped treatments, and after about a week, the superimposed acute condition disappeared, and slow and minimum raying brought our case to a successful conclusion. In one very bad case of Eczema of the hand the lesion cleared up nicely but recurred two weeks after cessation of treatments. All Eczema cases received Calcium in some form on the strength of the repeatedly demonstrated fact that there is often a lowered blood calcium in these cases.

The lesson we learned in these cases was that the acute and sub-acute forms were more amenable to treatment (at least by the air-cooled lamp), and the dry scaly forms had to be rayed very heavily to produce a third degree erythema and all scales removed before

success could be achieved. All our cases cleared up completely excepting one.

Epididymitis

One, (1), case was treated by Diathermy and was completely relieved after six, (6), treatments. Patient was not confined to bed. A suspensory was worn. Treatments were given daily and after six, (6), treatments swelling subsided and patient was able to work.

Furunculosis, (Boils)

We treated four, (4), cases of this condition by local and general body raying. One case after twelve, (12), treatments showed some improvement but we will not say this was a complete success. This was a case referred to us where everything had been tried for repeated boils in the nose. A thorough examination failed to reveal any underlying condition. Our lack of complete success we attribute to lack of proper apparatus. A water cooled lamp with quartz applicator we feel sure would have produced more gratifying results.

One case which had been afflicted with these boils continuously for the past three years has not had any for the past three months after five, (5), treatments. The longest period in three years.

General Run-Down Condition

We had six, (6), such cases in women of the large family and hard household worker's type who presented no pathology but complained of lassitude, headache and a feeling of being "all in". These cases were given Ultra Violet Ray, (general body raying). They all showed after an average of ten, (10), treatments increase in weight and appetite, and a feeling of well being. The feeling of well being may be psychological but the increase in weight and appetite must be credited to Ultra Violet Ray.

Gonorrhoea Chronic

We treated in that period twelve, (12), cases of chronic gonorrhoea in male and female of six months to three years standing. The twelve, (12), cases had Diathermy to the urethra, prostate, vagina and cervix as the case may be. All cases showed, after the first two or three treatments, increase of discharge which gradually became less until there was complete cessation, the male missing even his "morning drop". We found also that we could heat the urethra or cervix up to one hundred and eight degrees Fahrenheit in most patients with comfort. Our twelve, (12), cases were discharged cured after three negative smears from urethra or cervix.

Hemorrhoids

We treated two, (2), cases of external and one of internal hemorrhoids by electro-coagulation with the Bierman clamp. The technique followed was that of Dr. Wyeth, of New York. Our first case had no occasion to lay up. The second, owing to an associated

prolapse of the rectum, had to lay up one week. The third, of internal associated with external, had no discomfort and was able to work next day. We are convinced that this will be the standard method for removal of hemorrhoids in time as it entails simplicity, no loss of time, no pain, very little, if any, reaction and less expense. Two per cent. novocain was the anaesthetic used in these cases.

High Blood Pressure

Of one, (1), case of essential hyper-tension treated in a man of forty-six years of age in which the systolic was 220., and diastolic 120., the systolic was reduced to 180., and the diastolic to 110., after treatments by auto-condensation. There was, however, a gradual return to 220/120 six weeks after treatment had been stopped. Mode of living, diet and elimination played no part in the case during or after treatment as the same regimen was followed as closely as possible during and after treatment as before treatment was started. We conclude, therefore, that the effect on Blood Pressure is transitory as far as we can judge from this one case.

Impotence

Three, (3), cases of impotence in young men twenty-six to forty-five years of age were given Ultra Violet Ray and Diathermy in the form of sharp sparks over the lumbar vertebra with the Oudin current after drugs had been given a fair trial. They had an average of ten, (10), treatments each with the result that all three cases showed marked improvement after six, (6), treatments.

Lumbago

Two, (2), cases of this condition were treated by Diathermy. In both cases improvement was noticed immediately after the first treatment and this improvement continued until the pain completely cleared up. The two cases had twenty-two, (22), treatments, an average of eleven, (11), per case.

Moles

Two, (2), cases of moles of the back of the neck were treated by desiccation with the Oudin (monopolar) current. No anaesthetic was used and one application was sufficient.

Mucous Colitis—(Associated with Neurasthenia)

This was a case that had been the rounds of various doctors. Had his appendix removed for some vague pain in the abdomen. His case was diagnosed Neurasthenia associated with mucous colitis. He was given colonic lavage (Battle Creek Method) and Ultra Violet Ray and Diathermy to the colon by means of electrodes to back and abdomen. After eighteen, (18), treatments he was restored to health, and gained in weight and appetite and went to work.

Neuralgia

We had three, (3), cases of Neuralgia of the ophthalmic division of the fifth nerve. In one, the worst, we gave both Ultra Violet Ray and Diathermy and obtained marked improvement after twelve, (12), treatments. Previous to treatment this patient had been taking about sixty grains of aspirin every twenty-four hours for about two months for relief. No drugs were given with treatment. The other two cases had only Diathermy with complete relief.

Neurosis—(Associated with Climacteric)

The three, (3), cases treated had the usual nervous symptoms associated with the menopause. General body baths with Ultra Violet Ray were given in all cases and Calcium in some form. The three cases had a total of forty-five, (45), Ultra Violet Ray treatments and showed improvement in the mental state, gain in weight and brightened outlook on life.

Neurasthenia

Under this head we placed all cases in which there was a multiplicity of symptoms but no pathology to be found. We treated six, (6), such cases which had a total of eighty, (80), treatments of Ultra Violet Ray with Diathermy if necessary for pain. All cases except one were restored to normal health, with a feeling of well being, gain in weight and appetite and loss of insomnia. All cases received Phosphorous and Calcium in some form in addition to treatments. One case with an associated Cryptic tonsil improved at first but later relapsed. Subsequent removal of the tonsil and further treatment did not seem to help matters. This case had over thirty, (30,) treatments.

Neuritis

This was a case of brachial neuritis of the right arm in a woman about fifty who had suffered from this condition for about one year causing a great deal of insomnia so that she had to be given narcotics. After fifteen, (15), treatments of mild Diathermy with auto-condensation her neuritis disappeared and she is now free from all symptoms and sleeps well.

Nevus

We had one, (1), case in a child of three years of age with the usual port wine color extending over the forehead to the eyebrow and down to the cheek bones on the right side with hair covering the area. This area was desicated with the monopolar current and the area destroyed leaving a scar which in time we hope will scarcely be noticeable. The result here was very satisfactory indeed.

Paronychia

We treated one, (1), case by means of Ultra Violet Ray with complete success.

Pleurisy

We treated during this period three, (3), cases of Pleurisy Sicca which had a total of twenty-two, (22), treatments by Diathermy to the affected parts; both cases were completely relieved.

Post-Fracture Conditions

We treated two, (2), cases of Post-fracture conditions, e. g. stasis around the joint, restricted movements, swelling and pain, by Diathermy and massage. Both cases showed rapid diminution of swelling etc., after an average of five, (5), treatments.

Post Operative Pelvic Adhesions

We had one, (1), case which had been operated on for "appendicitis" and "ovary trouble" some years before. She still complained of pelvic pain. She was subsequently operated on twice for pelvic adhesions with no relief. On examination no pathologic condition could be found and the patient was against further exploration. Diathermy was advised with the hope that relief might be obtained. After ten, (10), treatments by means of Diathermy through the vagina and lower abdomen, patient was completely relieved.

Pneumonia—(Lobar). (One Case).

This was a case of very virulent pneumonic infection involving both lungs, with greenish red expectoration, etc. After the usual treatment by means of topical applications and medicines the case continued to go down, e.g. cheyne-stokes respiration, the pulse becoming weaker and intermittent and the patient becoming very cyanotic and delirious. Diathermy was tried as a last resort; one thousand milliamperes were given for forty-five minutes to the chest anteriorly and posteriorly by means of two electrodes. Fifteen minutes after the application the patient complained of being very warm, perspired freely and the cyanosis disappeared the cheeks becoming quite red. At first there was a slight increase in pulse from 140-150 per minute, but it became more regular and the quality was better. The cheyne-stokes feature of the respiration disappeared also. Treatment was then discontinued, but in one hour the danger signals of cheyne-stokes, etc., returned. Patient was then given another forty-five minutes treatment but the response was not as good as at the first application. Patient eventually died five hours after the last treatment.

Psoriasis

Of two cases of this disease, one was spontaneously cured during treatment for asthma, as mentioned before, after twelve (12) treatments by Ultra Violet Ray. The other, a case of General Psoriasis in a young man of eighteen years of age, completely cleared up after eight (8) treatments by Ultra Violet Ray. Both cases had calcium in some form.

Pruritis Vulvae

We treated one case of this distressing condition in a married woman by means of Ultra Violet Ray. The first few treatments were sufficient to allay the itching and after eleven (11) treatments, the condition was completely relieved.

Rickets

We had two, (2) cases of rickets in children of eighteen months and two years.

One, a coloured child of eighteen months, could not sit straight and had no desire to get up or play. Soon after the third treatment the child became brighter and made attempts to stand up. He was generally brighter and enjoyed his meals better and gained in weight. An associated bronchitis also improved with no other treatment. This child had five, (5) treatments but was forced to discontinue owing to illness of mother, but the improvement was most marked.

The other, a girl, (white), two years old, had only one treatment so we are not able to judge the effects.

Sarcoma

We treated one, (1) case of Sarcoma of the middle turbinate in a woman fifty years of age by electro-coagulation. In this case which had been going on for six months, (from the history), the growth had completely blocked the right nares. We were able to destroy the portion blocking the nares so as to be able to investigate the posterior nares. The operation was bloodless; and after about two weeks we found that the antrum and hard palate were involved. Under general anaesthetic we destroyed as much of this as we could and though we feel that it is not a success, we are convinced we have retarded the growth and saved the patient from being exsanguinated with the many and frequent hemorrhages she had been having.

This was a case that no knife surgeon however expert would have attempted to remove, as it would have been mutilating at best and metastases would most likely have formed from the carrying of cancer cells by the blood. This was bloodless and so there was no danger of metastases as far as the operation was concerned.

Sciatica

Of four, (4) cases of this condition treated, two were completely relieved after a total of twenty, (20) treatments by Diathermy. One was partly relieved and the other had no relief whatever. It is only fair to mention that the case that had no relief had a mild pyorrhoea for which removal of the teeth was advised, but the advice was not acted upon.

Spermatorrhoea

One, (1) case of this condition was treated by Diathermy to the prostate and testicle. After ten, (10) treatments there was a much

diminished "loss" but the condition was not completely cured. This patient also had Calcium and Phosphorus.

Varicose Ulcer

Four, (4) cases of this condition varying from single small superficial ulcers to many deep craters in each individual case were treated. The four cases received an average of ten, (10) treatments per case of Ultra Violet Ray. No case was confined to bed with elevation of the limb. A supporting crepe bandage was however used in all cases and all cases had calcium in some form. No topical application was used excepting painting with two per cent mercurochrome before each treatment, (exposure). In all cases it was noticed that the terrible itching ceased after the first treatment and the pain was relieved or disappeared completely after the second or third treatment. Any associated Eczema (?) in the region of the ulcers cleared up completely. Elastic stocking following healing of ulcers was advised in all cases.

Warts:—(Common and Venereal).

Eight, (8) cases of warts of various parts of the body were treated by desiccation with the Oudin current. One application was sufficient in all cases and only in one case of the venereal type involving the entire corona was it necessary to use local anaesthetic. In our opinion it offers an easy and quick method of removing these annoying things, far superior and safer than the old fashion, Nitric Acid, etc., application.

Conclusion

Following our limited experience with this form of therapy we are of the opinion that it offers many advantages over other forms of therapy in the treatment of many conditions that come within the purvey of the general practitioner, but there are two essentials and not by any means the least important, apart from good equipment and technique, namely perseverance on the part of the patient and stick-to-it-tiveness on the part of the Doctor.

We take this opportunity of expressing our grateful thanks to Dr. W. J. Egan for valuable and helpful advice, etc., during the period under review.

Jean longed for a kitten. When illness made it necessary for Jean to go to the hospital, her mother said:

"I will make a bargain with you, Jean. If you will be a brave little girl about your operation, you shall have the nicest kitten I can find."

Jean took the ether, but later, as she came out from under the anesthetic, she realized how very wretched she felt. The nurse leaned over to catch her first spoken word.

"What a bum way to get a cat!" moaned the child.

The Maritime Medical News

PART VIII. 1903.

ONE regrets the BULLETIN is not now the official journal of the Prince Edward Island Medical Society as was the *News* in 1903. The temptation is great to quote freely the tribute paid that year to the memory of Dr. Richard Johnson of Charlottetown which would be gladly reviewed by the Island men, who remember him and recall his life of service to his community. The concluding words of the clergyman at his funeral service from the words "The Beloved Physician", may however be quoted:—

"But he is not wholly gone; not gone in heart, for I am sure that even in the better world his affection for suffering humanity is deepened, not extinguished; not gone in influence, for his works remain and his memory is laid up a sacred treasure in many minds. The record of a generous life runs like a vine around the memory of our dead, and every sweet unselfish act is now a perfumed flower.

'The actions of the just
When memory hath enshrined them,
E'en from the dark and silent dust
Their fragrance leave behind them.'

A spirit so beautiful ought to multiply itself in those to whom it is made known. May we all be incited by it to a more grateful, cheerful love of God, and a serener, gentler, nobler love of our fellow creatures."

Even as late as 1903 Typhoid was still regarded as conveyed by fecal discharges alone, although Dr. Addy of Saint John, in a short communication to the *News*, appears to be reaching out for the carrier agency, when he insists there must be other causes, and cites the presence of bacilli in urine months after an attack.

Twenty-five years ago the present writer deprecated the sending away from home of advanced cases of tuberculosis hoping that a more favorable climate would effect a cure. Artisans and various industrial workers would capitalize all their resources to pay transportation to Colorado, Arizona and California, hoping soon to work again, after the miracle has happened. So from his temporary home in Los Angeles, he wrote of a young carpenter from Guysboro County, whom he found walking the streets and sleeping in the park, because he was refused lodging in suitable places. At that time I wrote "Plenty of fresh air, even with the rain and snow of a Nova Scotia fall and winter,

among friends, with good food, is better far than attempting to hustle among strangers, where your presence is considered a nuisance and a menace to others, and where only the almighty dollar many times multiplied can secure tolerance and modern scientific and humane treatment." There has undoubtedly been a marked change in the attitude of the profession and the public towards tuberculosis, but it was pitiful to see people sent thousands of miles from home; and even then it was not good practice on the part of physicians to encourage it.

Here are a few surgical and medical epigrams that will bear repeating:—

"A love-lit eye, a cordial welcome, and a sympathetic voice woo confidence, and confidence often cheats the grave of a mistake.

A surgeon should be more dextrous with his hands than with his tongue.

A mercurial temperament is to a physician what the initial lesion is to a married man—the worst thing he might catch.

As cheap as is medical literature, a man who does not stand abreast of the times, is not only a defiler of the profession, but likewise an enemy to mankind.

A woman in labor and a man with nephritic colic are always justifiable in calling for help.

Horseback riding and bicycle exercise are not the only means of "sport" which cause urethritis in a married man.

In surgery it is always better to let your right hand know what your left is doing.

Eye glasses and Van Dyke "lambrequins" are not necessarily indicative of a trip abroad.

If the medicine institutions would turn out more doctors and less diplomas, you might find a widened place in a country road where a physician is needed.

Some women might make good doctors, but somehow the best I ever saw were mothers and wives.

They say some men are born doctors; and from the way in which they proceed to treat cases, I am of the opinion they are still in their infancy.

"Booze" and "dope" should gradually decline on the market. One can be a real live practitioner now-a-days without being an artist in either department; and also be called respectable.

The question is how shall we sound a man whose devotion to Venus is unquestioned?"

Apropos of our next meeting being to a considerable degree historical, being our 75th, and of some recent events connected with the personnel of the Provincial Medical Board, the June 1903 Editorial in the *News* may be repeated.

"In accordance with legislation, passed in 1899, and which came into effect July 1, 1902, applicants for registration are required to comply with a new condition, viz., an examination in the various branches of the curriculum conducted by examiners appointed by the Board. As was to be expected an unusually large number of candidates sought to obtain registration before the new law came into operation. Since then there has been a marked falling off in the number of applicants. There were no candidates at the September examinations of last year, and at the April examinations of this year, 17 candidates were present, mostly recent graduates of Dalhousie. All but one passed. It may not be amiss before commenting upon the new principle adopted by the Board, to refer briefly to the legislation of the past in respect to the practice of medicine and the requirements for registration.

Previous to 1828 there were no restrictions upon the practice of medicine in Nova Scotia. In that year a short Act was passed declaring it unlawful for any one to practice medicine without a diploma from some medical school or a license from the Governor, obtained after examination before persons appointed by that authority.

No change was made in the law until 1856, when a Registration Act was passed.

All practitioners were required to appear personally at the Provincial Secretary's office and have their diploma or license registered in a book kept in the Secretary's office. By this Act unregistered persons in addition to being unable to recover fees for services could not hold provincial appointments, and were liable to a fine of five pounds for every offence.

In 1872 "The Nova Scotia Medical Act" was passed. Under its terms the Provincial Medical Board was established. The act also makes provision for the appointment of a medical man as Registrar, and the annual publication, in the *Royal Gazette*, of a register of the names and qualifications of all authorized practitioners. A compulsory preliminary examination was at the same time established, to be followed by a four years' professional course with a prescribed curriculum of study. Professional examiners were also appointed to examine candidates with incomplete or unsatisfactory credentials, and to grant the Board's license.

As already stated the Act of 1899 makes a professional examination compulsory.

At first glance it seems unnecessary and decidedly unfair to compel men who have obtained qualifications from reputable schools of medicine to submit to the worry and additional expense of another examination before obtaining authority to practice.

Not one substantial argument could be brought forward to support the change were the Medical Board of Nova Scotia taking the initiative on this question, but when we find the principle of a state examination in operation in all of the other provinces of the Dominion of Canada

the matter assumes a different aspect. As a matter of simple justice to its own licentiates the Medical Board should not allow Nova Scotia to be a dumping ground for men who have failed to qualify for practice in the other provinces of Canada."

A pleasing event of this year was the presentation to Dr. S. M. Weeks of Newport of a solid silver tea service upon his completion of fifty years of practice. The address was signed by Doctors Parker, Burgess, Black, Margeson, Stewart, Curry, Kirkpatrick, Mosher, Morris and Bret Black. The last named is in India, Dr. Curry is in Saint John, Dr. Morris in Windsor, and Dr. Stewart is in Halifax, the rest have passed on. In this connection a note states, "there are over 500 names on our register but only eight of these stand for fifty years of practice." How is it to-day?

Here is our present list of registered practitioners who graduated fifty years or more ago:—

Dr. Geo. E. Buckley, Guysboro, - - - - -	Graduated in 1867, 61 years ago.
Dr. A. J. Cowie, Halifax - - - - -	" " 1860, 68 " "
Dr. Finlay MacMillan, Sheet Harbor, - - - - -	" " 1872, 56 " "
Dr. A. M. Perrin, Yarmouth, - - - - -	" " 1873, 55 " "
Dr. John Stewart, Halifax, - - - - -	" " 1877, 51 " "
Dr. H. B. Webster, Kentville, - - - - -	" " 1870, 58 " "
Dr. Daniel McIntosh, Pugwash, - - - - -	" " 1871, 57 " "
Dr. Robinson Cox, Upper Stewiacke, - - - - -	" " 1875, 53 " "
Dr. D. O. Saunders, Bridgetown, - - - - -	" " 1869, 59 " "
Dr. S. N. Miller, Middleton, - - - - -	" " 1875, 53 " "
Dr. Chas. J. Fox, Pubnico, - - - - -	" " 1876, 52 " "
Dr. Evan Kennedy, New Glasgow, - - - - -	" " 1876, 52 " "
Dr. J. N. Mack, Halifax, - - - - -	" " 1875, 53 " "
Dr. J. D. Densmore, Port Clyde, - - - - -	" " 1877, 51 " "
Dr. J. R. Chute, Elderbank, - - - - -	" " 1877, 51 " "

The Presidential address at the 1903 meeting of the medical Society of Nova Scotia at Antigonish was delivered by Dr. J. J. Cameron who is still in practice in that town. The body of his address was the contribution of Virchow, who had died just a year before, to scientific pathology. With the 20th Century began an era of progress in the cure and prevention of disease beyond our power to realize, but it was to be a struggle. He said:—

"The flood gates are open and we are beset by enemies on every hand. The forces of nature are turned upon us. Pathogenic organisms dispute our right to existence, and even the little mosquito is no longer our friend. It would appear that the survival of the fittest is exemplified in all nature. It behooves us to know our enemies, and, knowing them, to stand shoulder to shoulder under the banner of the goddess Hygeia, waging ceaseless and relentless war upon them till the flag of truce is unfurled and the rattling trumpet thunders victory at last."

Some of our readers will recall the newspaper controversy this year in which lay and religious papers mixed up over Boxing Exhibitions. But it might have escaped the notice of the Editor of the *News* had not a "A writer in one religious journal taken advantage of the occasion to make a disgraceful attack on some members of the medical profession who were present at one of the Exhibitions." It appears that one contestant was knocked out, and, "despite loud calls for a doctor" these doctors declined to admit their presence by answering the call. The Editor of the *News* concludes:—

"The 'knockout' of a boxing bout is child's play compared to the concussion of the brain which frequently occurs at football, and the slashing and body checking of a hockey match, yet we have seen even members of the Evangelical Alliance intoxicated with the lust of victory, encouraging contestants on the football field. The dozen physicians who were present at the contest referred to are, we believe, quite as respectable members of the community, quite as humane, probably doing as much for charity and mercy as the dozen self-constituted guardians of health and morals, who pass resolutions and draw up memorials against the boxing matches at the Armouries."

A sequel of this affair appears in the August issue when Dr. John Stewart of Halifax, spoke his mind in the matter as follows:—

"Dear Dr. Ross:

The fact that my name appears on the list of Editors of the MARITIME MEDICAL NEWS must be my apology for this letter.

I write to disclaim any share of responsibility for the editorial in the issue of July, entitled: "A Foul Blow at the Profession," and to express my regret that an article adopting such a tone toward a sister profession should have appeared in our columns.

The art of self defence requires no defence of this kind. I esteem boxing very highly as a good exercise and a useful training, and not least because it cultivates a 'skill, temper and endurance,' which are not found in this leading article.

Yours sincerely,"

On the opposite page to this letter appears an excerpt entitled "Editor and Doctor" which we recall publishing in the BULLETIN a couple of years ago, which may, or may not, be apropos of this incident. "If an editor makes a mistake he has to apologize for it, but if a doctor makes one he buries it. If the editor makes one there is a lawsuit, swearing and the smell of sulphur, but if the doctor makes one there is a funeral, cut flowers and a smell of varnish.

The doctor can use the word a yard long without knowing what it means, but if the editor uses it he has to spell it. If the doctor goes to see another man's wife he charges for the visit, but if the editor goes to see another man's wife he gets a charge of buckshot.

Any old medical college can make a doctor. You can't make an editor. He has to be born. When a doctor gets drunk it's a case of "overcome by heat", and if he dies it is heart trouble. When an editor gets drunk it's a case of too much booze, and if he dies it's a case of "delirium tremens."

In preparing suitable addresses for our 75th Anniversary Meeting one cannot do better than carefully read the Presidential Address of Murray MacLaren at the meeting in Saint John, in July 1903. It appears in the August issue of the *News*. The constitution of the Maritime Association is published on page 304. It is also noted that at this meeting an invitation was extended by Dr. E. W. Cushing to the Maritime body to hold its session two years later in Boston, a notice being given to amend the constitution to make it possible to accept this invitation. I cannot find in any subsequent issues what led to the dropping of the proposal.

But how the doctors in these years used to get mixed up in newspaper discussions! This year the *Charlottetown Patriot* charged that the Association was being run by a 'ring or clique', which brought a spirited editorial denial. On one point human nature has not changed very much, but we are a little more discreet in voicing the charge. Besides, the complaint is generally contemptible, as it never comes from any one who has shown any willingness to "bear the heat and burden of the day in connection with Association meetings", so why worry!

The October 1903 issue of the *News*, from a scientific standpoint was notable in being a double number, practically 150 pages of papers and addresses presented at the C. M. A., and Maritime meetings of that year.

That we are justified in this year celebrating our 75th Anniversary is proven by an article written by Dr. D. A. Campbell and published in the *News* of December 1903. This is so timely that it will be published in the BULLETIN before these notes appear.

Doctors Hartigan, Miller, Morrison and Pothier of New Waterford can probably verify the following incident related by Fergus Byrne in the *Sydney Post*. He says that a local Doctor in New Waterford, very fond of auction, was having a very interesting game, when he "got a call on the telephone to hurry to the house of Sandy McNab, as Sandy, Jr., had swallowed a quarter. The doctor who had on a winning streak was very cross, but nevertheless prepared to go in answer to the call. He was, however, mightily relieved, when the phone rang again, and he was told that he needn't come as everything was all right. "That's good," said the doctor, "did you get the quarter?" "No doctor," came the reply. "it was all a mistake, Mrs. McNab counted her money over again and she found it was only a cent that was missing, and no' a quarter, at all, so for the sake o' a cent we've decided to stau the loss, so dinna bother yersel comin'. A cent is neither here nor there onyway. Guid nicht." The doctor finished his game.

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Official Organ of The Medical Society of Nova Scotia.

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VOL. VII.

SEPTEMBER 1928

No. 9

Our Annual Meeting

IN the August number of the BULLETIN the members of the Medical Society of Nova Scotia had their attention directed to the postponed Annual Meeting of the Society and the Eighth Annual Refresher Course of Dalhousie Medical College together with its 60th Anniversary. Just as we go to press we have received the very comforting assurance that the new Lord Nelson Hotel will be available for the medical profession of Nova Scotia for the week beginning October 15th, 1928. It was practically impossible to make any definite arrangements regarding the entire programme until this assurance was received. Within the next two weeks, therefore, it is confidently believed that the full details of the programme for the meeting can be arranged. Taking all things into consideration it is only fair to assume that this will be the largest and best gathering the medical profession in this Province has ever held.

Consider for a moment, if you will, the material available to give a successful week's programme. In the first place there is the regular Annual Meeting of the Medical Society. It being, however, the 75th Annual Meeting it is quite proper that it should have distinctive anniversary features. These are already assured to a very considerable extent, in that each Provincial Association in the Dominion will send one or more representatives to convey fraternal greetings. Furthermore, each Provincial Branch Society will designate one of its mem-

bers to present greetings and congratulations to the parent Society. An entire evening will be devoted to this function. It will be opened by a Banquet at which every member of the Society, will, it is hoped, be present. At this Banquet the Presidential Address will be delivered. This will be almost entirely historical in character and will be of very great interest.

Beginning Tuesday evening, October 16th., with a Dinner the Medical Health Officers' Association will convene in annual session. On the same evening the President, Dr. L. R. Morse, will be Host to the Executive of the Medical Society at Dinner to be followed by a business conference for the entire evening. Subsequent meetings will be duly announced.

The Scientific features of this Annual Meeting will be entirely provided for, and arranged to suit the requirements of the 8th Annual Refresher Course of the Medical College of Dalhousie University. This will provide for three hours of hospital clinics or addresses each morning from Monday October 15th to Saturday October 20th inclusive. Two hours of each afternoon with the exception of Thursday, will be devoted to Lectures or Addresses by distinguished medical men from all the Provinces of the Dominion. These will be regular Post Graduate Lectures, the expenses of the speakers being defrayed by the Canadian Medical Association.

A further feature of this Meeting will be very largely developed on Thursday, October 18th, which may well be called "Dalhousie Day." Following the clinical lectures in the forenoon, it is hoped that the Governors of Dalhousie University will extend, to those taking the Refresher Course, a complimentary luncheon, at which several important addresses will be delivered. Following this there will be the official unveiling of a tablet in commemoration of the founding of the Medical College 60 years ago. The luncheon addresses, the unveiling and the addresses connected therewith, will practically take the entire afternoon. It is only fitting, therefore, that there should be that evening a Dalhousie Medical College Dinner. The unqualified success of the initial dinner held by Dalhousie graduates at the C. M. A. Meeting last June, appears to require that it be made an annual function in connection with our Annual Society Meeting. There is no more opportune time than the present to inaugurate this procedure and develop a strong Medical Alumni Society.

Another feature of the Annual Meeting is mentioned elsewhere in this issue. This week will witness the opening of the new Lord Nelson Hotel for Halifax. What this enlarged hotel accomodation means to the City, and to the Province of Nova Scotia, may be readily understood. It is a compliment to the medical profession in this Province that they are to have the exclusive services of this new, modern and up-to-date Hotel. The programme calls for official luncheons and dinners for which private dining rooms will be available. It calls for space for exhibitors, for secretarial rooms, for afternoon

teas and bridges, for Society dinners and a dinner dance. All of these services are to be furnished to the Medical Society at the bare cost for the necessary meals. In other words, the management of the Lord Nelson Hotel invite the Medical profession, their wives, other members of their families and friends to make the Hotel for that week their home, and to use it as they have been accustomed to use public halls, buildings or homes in the past. Full particulars as to price of rooms from \$3.50 per day upwards with table d'hote meals 50c., \$1.00 and \$1.50 will be given in a circular which will be issued as soon as further details of the Programme are arranged. Special dinner tickets and dinner dance tickets will be issued at a cost of \$2.00 and \$2.50 per plate. While this is an innovation it promises to be a most satisfactory way of carrying out our week's programme.

It would be unfair to refrain from mentioning that on Friday at 1 p. m., the Medical Society will tender to its Honorary members a Luncheon. This is an opportunity that the entire Society will readily seize to pay tribute to those of our number who have borne the burden and heat of the day. All of those not prevented by physical disability, who are on our Honorary membership list, have intimated their intention to be present at this function. It may be the only opportunity that those of us, who are in the full strength of our manhood and professional activities, will have of conveying our good wishes directly to these men who have maintained the honor and dignity of our profession so splendidly for so many years.

Already 292 medical men in Nova Scotia have made their membership in the Society effective for the year 1928. This out of a possible membership of something like 380 is a splendid showing. When we add to this 17 Honorary members we have certainly gone over the top—the 300 mark—in good shape. Our registration for this coming meeting including medical men, members of their families and visitors, should put our registration well over the 300 mark. The entire success of the meeting is in the hands of the medical men in this Province. Invitations will be extended to medical men of Prince Edward Island and New Brunswick and doubtless a number will be present, but it is up to us to make our meeting a success

He had been to a stag dinner, and his wife wanted to hear all about it when he got home.

"Well," he said, "one rather odd thing occurred. Jim Blankton got up and left the table because some fellow told a risque story he didn't approve of."

"How noble of Mr. Blankton," exclaimed his wife, "and—what was the story, John?"

Why are women's minds cleaner than mens'?
Because they change them oftener.

Correspondence

Notes From Midway Island.

THE BULLITEN was advised by the Commercial Cable Company that a Doctor was wanted for the station in the mid-Pacific, called Midway Island. In a few days a Dalhousie graduate of 1927, Dr. Don. R. Chisholm, of Halifax, was on his way to that port, via San Francisco and Honolulu. As a boy and young man Dr. Chisholm was an ardent sportsman and an amateur zoologist and botanist, as well as a good student. Extracts from letters to his home folk are given herewith, as being finely descriptive of this isolated spot in the great Pacific Ocean, where the only callers are the quarterly visits of the Company's supply steamer. These letters were written last May and June.

"The island is much bigger than I had at first thought; it takes about two hours to walk around it. Every inch of the shore-line is a perfect beach of white sand—five miles of it, and not a stone. The white coral reef completely surrounds the island but varies in distance from the shore, at some places being very close, at others, three miles away. Altogether it is eighteen miles long. The tide rises and falls only two feet; it leaves pools in the reef full of fish of all varieties and colors. The water in the lagoon is as clear as crystal and when out in the boat you can see down 30 and 40 feet to the bottom and watch the fish as clearly as if they were only a few feet away. The reflection of the sun on the water turns it into two or three different shades of brilliant pea green, while further out the deep water is as blue as cobalt. Except when the wind is blowing the lagoon gets very still and it surely is pretty at dead calm. It often gets that way at night, and it is great to go down on the wharf in the warm night air, and listen to the boom of the far away surf on the reef, and the cries of the night sea birds.

"We often go fishing in the deep water of the lagoon. One of the many fish we catch is called the Aloa, which runs up to ten pounds and is covered with silvery scales. It is shaped like a mackerel, fights like a trout and equals the latter in flavor. There is another fish called the Big Aloa, which runs up to 120 lbs. and they certainly can fight. The turtles are just beginning to come in now and we'll soon be having turtle steak. I saw one to-day about the size of the top of a barrel. There are all sorts of strange things in the sea that you have to see to appreciate.

"Naturally we have wonderful swimming. The water is warm and we are fairly safe from sharks close to shore. We can always tell

when sharks are around, the water is so clear and their black backs stand out against the white sand bottom.

"We often see great schools of dolphins which like to play around us while swimming or in the boat. They never attempt any harm and they keep the sharks away. They are very similar to our porpoise but have long snouts, and while they jump out of the water they never roll like a porpoise.

"It is one of the favourite pastimes to walk around the island in our bathing suits. We always get a good sunburn—I'm pretty black now—and often see something of interest, as turtles, seals, big fish or something the tide has brought in. I believe I told you about the Japanese glass bulb fishing floats we find on the shore and which float all the way from Japan, and many's the empty whisky bottle that floats ashore—thrown over from ships.

"The birds form the most interesting study on the island, and particularly just now because most of them are nesting and have eggs or young. A good many of them are sea birds, while the rest have been introduced from Hawaii or the Fanning Islands.

"One of the birds—the largest—is called the Goony or Taysan albatross; they are about the size of a goose, and there are two kinds, black and white, which never interbreed. Just at present the beach is covered with their young which are nearly full grown. About the end of June they will fly away to Alaska, and return again in October. The boys have a record of the date of return of the goony for the past few years, and it is remarkable how the first goony to arrive always gets here on nearly the same day each year—the 19th, 20th, or 21st of October; never sooner or later. One of the curious habits of the goony is their "dance". Two, three or four goonies get in a circle and put their heads together, then they clap their bills together and stretch their necks in the air, at the same time letting out a mournful sound; each one then puts his head under his wing for a second or so, then they shake their heads, put their bills together and give a shrill whistle, after which they all walk around in a circle and after one complete turn, repeat the performance. They are quite tame. Their single egg is white and bigger than a goose egg and they lay it on the bare sand. They are wonderful flyers.

"Another very pretty bird is the love bird, so called because they are always found in pairs. They are always white with black eyes and beak and webbed feet. The curious thing about them is that they have webbed feet and yet roost and nest in the trees. They really don't build a nest, but just lay their single egg on a bare limb in a little depression or crotch. They are a species of tern.

"The wide-awake terns are now nesting in thousands amongst the scrub and sand dunes and there are thousands of eggs on the ground.

"A very interesting bird is the Hawaiian rail. It has very tiny wings and cannot fly, but it certainly can run. It makes its nest in a hole in the ground and leads its two or three little ones around like a

hen with her chickens. It is only about the size of a bull-finch, but chatters at you and gives you a real scolding if you interfere with it in any way.

"You would think we would have plenty surf bathing here, but we don't, for the reef breaks the surf before it gets to the island. But last week there was an earthquake somewhere in the Pacific and for several days the swell was pretty high on the sand beach. I am glad the quake was not centred in Midway.

"The climate is wonderful. It is not the least bit tropical—except that we grow our own bananas and cocoanuts—and we nearly always have a cool breeze. It is great weather for tennis and swimming, and we are all making the most of it. I suppose when I get back to the continent I'll regret that I ever left Midway. At least, I'll always look back to it with pleasant memories.

"Since writing my last letter I have acquired a new pet—a diving bird called a 'booby'. He is very much like a Chinese cormorant. One day I was catching small fish on the wharf and threw one to the booby; he caught and ate it, and ever since he has adopted me as his provider of fresh fish. He is about the size of a big hawk but his appetite is far out of proportion to his stomach, though he never seems to be able to fill his stomach. He is now so tame that whenever I go down to the wharf he appears from nowhere and sits on the end of the wharf expecting me to catch a fish for him. It was very windy to-day and took me sometime to catch a fish and he became very impatient, beginning to pick me on the elbow. He ate five good sized fish before going away for a sleep. As soon as he gets tame enough to pick up we are going to use him for local color in our photographs.

"I don't believe I have told you about our garden and flowers. We grow all our own vegetables and have them fresh for all the year round. We have canteloupes and papayas—the latter very like the former only it grows on trees. It surely is a delicious fruit. The bananas we use are grown here too and are remarkably sweet. There is a big mulberry tree in the centre of the garden and we frequently have mulberry pie—very like blackberry pie. The gardener is a Chinaman.

"I know if you saw the bougainvilleas here you would want to dig one up and take it home. Several hedges of hibiscus line some of the cement walks while the quadrangle just now is golden with brown-eyed susans. The begonias grow well here in the wet season, but just now are pretty well dried up. The island is practically covered with magnolia scrub and that in the immediate vicinity of the station is all overgrown with morning glories. It is strange to see the English plantain, so common in our field, growing about the quadrangle. There are several different varieties of acacia trees growing about the station and many other smaller shrubs and flowers including beds of zinneas and carnations. So you see this is no desert island. ■■■

"I walked around the island yesterday and saw a number of interesting things. I picked up a bottle on the shore; it contained a paper from the U. S. Hydrographic Survey and had been thrown over from a ship half way between Honolulu and San Francisco in April 1927. So it has drifted at least 3,000 miles in a year and probably many more. I am sending it to Washington.

"The turtles are beginning to lay their eggs on the island but they are very difficult to find. Some of the turtles are enormous, being three feet from side to side of the shell and weigh up in the 100 lb. class.

"Most of the goonies have fled away to Alaska, but a good many of the young ones still remain and I guess quite a number of them will die.

"The terns eggs have hatched and there are now thousands of little babies the size of small chickens lying on the sand dunes—acres and acres of them. Each mother bird has become twice as noisy, so that the south end of the island is a bedlam; I'm glad they keep away from the station."

"Our seasons here average like a first class N. S. summer, never too hot or too cold. We are not in the latitude of the true tropics."

These extracts from several letters were solicited by the Secretary of the Editorial Board, in the first place, because they were written by a Dalhousie graduate and therefore of interest to other graduates and students of recent years. They further indicate a mind well trained to observation and skilled to interpret what is seen, an invaluable art in the practice of medicine. This publicity is an intimation to the present generation of graduates of the desirability of cultivating the art of expression. To see and be able to interpret, and not do so, is rather a selfish accomplishment, especially in this day when we are so dependent upon each other. Similar contributions will be welcomed gladly by the BULLETIN

S. L. W.

Several doctors interested in Tuberculosis will represent the Maritime Provinces on a tour of Europe having left Montreal on the White Star Liner "Regina" on August 25th. The party will travel through England, Scotland, France, Italy and Switzerland and besides scientific meetings and studies will have ample time for sight seeing. The Maritime members of the party will be Dr. H. A. Farris, of Saint John, Dr. R. J. Collins, of River Glade, Dr. T. M. Sieniewicz of Halifax, and Dr. P. S. Campbell of the Nova Scotia Department of Public Health. These Maritime members are also concerned with chaperoning Dr. A. F. Miller of the Nova Scotia Sanatorium and his bride, who will make this trip their honeymoon.

An interesting account of the recent Eastern Counties Medical Society meeting will appear in our next issue.

OBITUARY

CARMON SMITH MARSHALL, M. D., University of New York, 1882, Bridgewater. N. S. Honorary Member of the Medical Society of Nova Scotia.

ON Monday evening Doctor Marshall retired in his usual health but was found the next morning unconscious. He failed to rally and at an early hour the following Wednesday, August 15th, 1928, he passed away. Altho he had been in poor health for a year or more he availed himself of every opportunity of meeting his medical confreres whenever possible. He attended the recent meeting of the Canadian Medical Association at Charlottetown. Probably he attended as many local Society and Provincial Meetings as any member of the Medical Society of Nova Scotia. He had for years been a member of the C. M. A. At the meeting of the Provincial Society in Sydney he was made an Honorary Member, and the Record in the Official Minutes reads as follows:—

“He has been in practice 45 years, has been continuously a member of the Local Society and also several times its President. He has also been always identified with the Provincial Society and since 1919 with the Canadian Association. The Executive regrets to note that Dr. Marshall and Dr. Hamilton are not enjoying their usual good health, but trust the same will be speedily restored to them.”

In the June BULLETIN we noted the passing of Dr. Hamilton and now Dr. Marshall has passed to the Great Majority.

Following his graduation in 1882 Dr. Marshall practised in Mill Village until he removed to Bridgewater 34 years ago. Of him a local correspondent of the lay press writes:—

“The late Dr. Marshall was one of the foremost medical men of the Province, and was one of the best liked and widely known men in this part of the Province. He was a great benefactor of the poor, contributing of his skill and time without thought of remuneration in many cases. In public life he was a staunch Conservative having contested the County of Lunenburg on two occasions.

“He was four times Mayor of the Town and many progressive and constructive moves were carried out under his direction. He was a Baptist, a Mason, a member of the Mystic Shrine, a Past Master of Acacia Lodge and Past Deputy Grand Master of the Grand Lodge of Nova Scotia. Dr. Marshall never married.”

Besides several brothers and sisters living in Lawrencetown he is survived by a niece, with whom he resided for the last one or two years, Mrs. Rehfuss, wife of Hon. W. N. Rehfuss, M. D. The Medical Society expressed its sincere sympathy to those who mourn his passing and their own appreciation of him as a fellow practitioner by a floral tribute.

**JAMES STANLEY CHISHOLM, M. D., C. M., Dalhousie 1915,
Mahone, N. S.**

The death occurred from drowning on July 29th, 1928, of Dr. J. Stanley Chisholm at Guelph, Ontario. For a number of years he had been in poor health and for several months had been a patient in the Homewood Sanitarium. On Sunday he went for his daily dip in the river, not returning, search was made and his clothing found, the body not being recovered till three days later. Doctor Chisholm was a strong swimmer but subject to cramps. Unfortunately no one accompanied him this day when the attack proved fatal.

Dr. J. S. Chisholm graduated from the Medical School of Dalhousie University in 1915 with honours. He at once entered the R. A. M. C., and served for more than a year when he returned to Halifax, having transferred to the C. A. M. C. After demobilization he settled at Mahone where he practised until failing health compelled him to seek relief. He went to Toronto for treatment and after operation had been convalescing at Guelph for some months.

Dr. Chisholm was a son of Dr. Murdock Chisholm of Halifax and was 32 years of age. Besides his father and mother he is survived by his wife, a daughter of C. C. Longard of Halifax, three brothers and two sisters. One of his brothers is Dr. A. R. Chisholm in Pawhusca in Oklahoma.

His funeral was held from his father's residence, 131 South Park Street, Halifax, to Fairview Cemetery on Monday afternoon, Aug. 6th. The service was conducted by Rev. Canon Harris of Mahone Bay, where Dr. Chisholm lived and practised, with Rev. Canon Troop of Halifax assisting. At the grave both the Anglican and Masonic services were observed. A very large number were present and the floral tributes were many. Wreaths were sent by the Medical Society, the A. F. & A. M., and the Alliance Bible Class.

To his widow, to Dr. and Mrs. Murdock Chisholm and other mourning members of the family, the members of the Medical Society of Nova Scotia will extend sincere sympathy.

The *Bridgetown Monitor* publishes an obituary notice of Dr. Ralph Waldo Minard who died in Pierre, South Dakota, on July 9th, 1928, aged 59 years. He was a graduate of Tufts Medical College in 1898. He had practised from 1900 to 1907 in Iowa and from then to May of this year in Midland, South Dakota. The local obituary states,—“Flowers in profusion told of the high esteem Dr. Minard was held by his host of friends. Midland people feel that in the passing of Dr. Minard they have lost not only a man high in his profession, but a true friend.” We have referred to the passing of this member of our profession because he was a native of South Brookfield, Queens Co., N. S., and his family is a familiar name, not only in Western Nova

Scotia, but all over the Province. It is to be noted that he did not leave Nova Scotia until he went to Boston for his finals in Medicine. He was a student at the Dalhousie Medical College for two years 1892-1894.

At Murray's Siding, Colchester County, the death occurred of Mr. Noble McKenzie on July 28th, 1928, after a protracted illness. The deceased was a brother of Dr. Seymour G. McKenzie of Westville.

Miss Dorothy Farren, aged 21 years, a nurse in the Saint John Infirmary was instantly killed July 30th, 1928, when she was caught in the open doorway of the elevator shaft. She was to graduate in a short time.

The death occurred in Tacoma, Wash., on August 15th, 1928, of Mrs. Carter, wife of the Rev. Ray F. Carter of that city. Mrs. Carter was born in Upper Stewiacke, the daughter of the late James E. Dickie. Mrs. Kent, wife of Dr. H. V. Kent of Truro, is a sister of the deceased.

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Locals and Personals

Dr. C. MacQ. Avard and Mrs. Avard, of Scranton, Pa., returned the latter part of July from an extended visit to England and the Continent. As Amherst was their former home they received a very warm welcome before they returned to their present home in the U. S. A.

A BULLETIN reader asks for the source of the quotation "The Captains of the Kings of Death", having reference to the role filled by Pneumonia, and as used by Dr. Birt in the tribute he paid to the late Dr. Phillip McLaren. Perhaps some reader will give the information. The similar picturesque phrase, we have seen, was used first by Defoe, speaking of tuberculosis as "the captain of the men of death", the same expression being used by Osler. We await comment.

The Sydney Post reports the case of a crippled boy being cured at Saint Anne DeBeaupre this year. While we have our doubts about these cures, still the BULLETIN would gladly welcome a report from any physician verifying the same.

Dr. G. R. Burns of the Nova Scotia Sanatorium, has spent his August holiday in a motor trip through Nova Scotia and New Brunswick.

Born.—To Doctor and Mrs. Clement MacLeod on July 18th at the Infirmary, Coburg Road, Halifax, a son. We regret to learn that their infant died the following day.

Dr. C. H. Best, co-worker with Dr. Banting in Toronto, has received the Post Graduate Degree of D. S., from London University. It may be noted that Dr. Best is a grandson of the late Mr. John B. Best of Cornwallis, Nova Scotia,

Dr. W. W. Paton of Port Morien took his usual vacation in August when Dr. Moriarity, Dalhousie, 1925, supplied for him.

There was a Webster birthday celebration recently in Kentville, July being the favorite birth month, apparently, of this family. Deaconess Alice E. Webster was the chief guest of honor. She is a sister of Dr. Arthur Webster of Edinburgh, Dr. H. B. Webster, of Kentville and the late Judge Barclay Webster of Kentville. Among the guests from out of town who were present on this occasion representing the medical profession were Doctors William H. and Mrs. Chase of Montreal, Dr. Lalia Chase of Wolfville and Dr. John Stewart of Halifax.

Medical Health Education. It would be interesting to know how Dalhousie University is making its contributions along this line. The BULLETIN would gladly give publicity to this phase of the work of our own University.

Early in August Dr. C. A. S. MacQueen of Amherst left for another trip to Europe. This time he will be the Medical adviser and companion of Ex-Governor J. R. Douglas, Mr. J. A. Hanway, and Mr. H. A. L. Bentley of Amherst.

Appreciation—The BULLETIN is in receipt of the following letter which speaks for itself:—

Charlottetown, P. E. Island,
August 3, 1928.

DR. S. L. WALKER,
Halifax, N. S.

Dear Doctor:—

Your kind letter of July 19th received, but as I was absent from home there has been some delay in sending a reply.

I understand that Dr. S. R. Jenkins intends going to your 75th Annual Meeting and no doubt many others of our medical men will be present.

In a short time I will be able to send you something definite on the subject.

Many thanks, Doctor, for your kind words of appreciation in the matter of the C. M. A. Meeting at Charlottetown. Nova Scotia and New Brunswick stood loyally by us and I desire to thank you personally for your efforts to interest the people of Nova Scotia in that important event.

P. E. Island medical men will not forget what has been done by the sister Maritime Provinces.

Yours very truly,
(Signed) G. F. DEWAR.

Among the recent welcome visitors in New Glasgow was Dr. J. Clyde McDonald and wife and daughter. He was a Dalhousie graduate of 1895, and before removing to Edmonton practised for sometime at Westville. His many Pictou County home friends were glad to meet him.

The members of the profession will extend congratulations to Miss Margaret MacKay, daughter of our good confrere, Dr. H. H. MacKay, of New Glasgow, upon obtaining a further Scholarship, which will entitle her to do Post Graduate work in Physiology at Toronto University.

Dr. Charles Spiro of New Glasgow, while motoring to Sydney on August 3rd. struck a horse with his car. The force of the impact was such as to throw his travelling companion Mr. James M. Milne so violently against the side of the car that he was unconscious for some twelve hours from concussion.

The BULLETIN offers for sale a latest Standard Remington Type-writer, Model 12, Correspondence Machine. This is a particularly serviceable machine for all general purposes. It is of good appearance,

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of the latest model and has never been used. It would be shipped to by express prepaid for \$150.00.

The engagement is announced of Miss Vivian Pauline Smith, daughter of the late Mr. and Mrs. W. C. Smith, Lunenburg, to Dr. Russell Clark Zinck, the wedding to take place early in September

Sometime ago the Associated Press gave publicity to the use of a Tuberculine Vaccine which is being employed in France. Dr. Sieniewicz, of Halifax, advises us that the newspaper despatch is correct as to fact, tho publicity should not be made through the profession until after further investigation. This Vaccine is now being administered to individuals in the City of Montreal, and it is expected it will also be employed in the near future in the Halifax clinics. The Bulletin expects to have a report on this matter from Dr. Sieniewicz after he returns from his present trip to Europe.

The Manitoba Medical Association *Bulletin* for July 1928 came to our office the day we passed our last revised page proof of our own August Bulletin back to our printers, viz; July 28th. Its announcements are almost up to date while our own may be a month or more old. Yet each very adequately fulfills its own mission. We are, however, of the opinion that every Provincial Branch of the Canadian Medical Association requires its own official Bulletin, but we believe it is better to make it interesting reading rather than a *mere official bulletin*. It would be an easy matter for the Manitoba BULLETIN to enlarge to this extent. We shrewdly suspect, however, that their Executive has found it difficult to keep its pages under 24.

Doctors Elliott and DeWitt of Wolfville and Shankel of Windsor, with their families have been spending much of the summer at their summer cottages at, respectively, Evangeline Beach, Deep Brook and Hantsport.

A recent welcome visitor in Halifax was Dr. Henry Dixon of Honolulu who, with his wife and family, is spending the summer at his former home in Cape Breton. The Bulletin erred last month in stating he was a graduate of McGill, as he graduated from Dalhousie in 1921. Our item was culled from the news items of a Cape Breton daily paper.

The Doctors on the staff of Aberdeen Hospital, New Glasgow' tendered a well-deserved compliment to two of their number by a Dinner held at Pictou Lodge on August 17th., 1928. The guests of honor were Dr. Evan Kennedy, University of Boston, 1876 and Dr. John W. McKay, Bellevue Hospital Medical College, 1876. Some fifty guests were present among whom were Dr. John Stewart of Halifax, Dr. Colin Sutherland of Montreal, Dr. Ross, President of the Hospital Staff, many of the local doctors and members of the

An Open Letter

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

Gentlemen:

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

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

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

Instances of these sorts of claims are increasing alarmingly.

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

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

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

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

Yours sincerely,

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Hospital Trust, prominent ladies and gentlemen of New Glasgow and neighboring towns. Mr. W. A. MacIntosh, President of the Hospital Trust was Toastmaster. The Health of Our Guests was proposed by Dr. Benvie and supported by D. C. Sinclair K. C. Responding Doctors Kennedy and McKay spoke inspiringly of what had been accomplished and were optimistic as to the future of the Hospital.

Vancouver boasts of a very low infant mortality, only 18 per thousand births. New Zealand, however, claims the record having reduced their rate 3,88 per thousand. We have a long ways to go in Nova Scotia.

An exceedingly interesting nonagenarian resides in Truro in the person of Mrs. Margaret Creighton, who was born at Dalhousie Mountain 92 years ago. She has twenty-five grand-children and 14 great-grandchildren. One of the grandchildren is Dr. H. A. Creighton, Dalhousie 1924, now in practice at Lunenburg.

The Lord Nelson Hotel in Halifax will entertain as its first guests the members of the Medical Society of Nova Scotia and their friends from October 15th. to 20th. inclusive. The entire hotel will be reserved for this purpose, the first guests and the first convention. This is really a notable event for Halifax and Nova Scotia and the Medical Society may well be congratulated upon this prominent honor. When Conventions with headquarters at this hotel become matters of weekly or monthly occurrence we will stand as pioneers. The Hotel for that week belongs to the Medical Society of Nova Scotia and only their friends will be entertained there for that time. The entire registration including Halifax guests for luncheons and dinners should reach the Three Hundred Mark. The October Bulletin, to be issued October 1st. will give full particulars of the programme of Clinics, Lectures and Official functions and entertainment.

A wedding of particular interest to the medical profession in Nova Scotia was that of Dr. A. F. Miller, Superintendent of the Nova Scotia Sanatorium, Kentville, to Miss Lyla Proctor, daughter of Mr. and Mrs. L. J. Proctor, Henry Street, Halifax, which took place Saturday evening, August 18th., 1928 at 6 p. m. Saint Andrew's Church was beautifully decorated for the occasion, the pastor, Rev. H. B. Clarke officiating and Miss Marjorie Payne presiding at the organ. Mr. Norman McKay, nephew of the groom and son of the late Dr. Norman E. McKay, supported Dr. Miller, while the Bride's entourage included her father, who gave her away, Miss Beatrice McGill as bridesmaid, with Miss Margaret McKay as flower girl and Master Warren Shannon the wee page.

The wedding was followed by a reception at the home of the bride's parents, among those assisting being Dr. Eva Mader of the

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staff of the Sanatorium. In the large collection of wedding gifts were a hand carved walnut tea waggon from the patients of the Nova Scotia Sanatorium, an electric percolator from the medical staff, and a cut glass bowl from the Nurses and Matron.

Dr. and Mrs. Miller left Sunday morning for Montreal whence they sailed for Liverpool, joining the party of Tuberculosis experts for a European tour arranged by the Sun Life Assurance Company; upon their return in about three months they will reside in Dr. Miller's residence at the Sanatorium. Mrs Miller will be a decided acquisition to the town of Kentville, especially its musical circles, as she is possessed of a highly trained soprano voice of great richness and dramatic power.

Every member of the medical profession and all who have had anything to do with the Sanatorium for the last 20 years will unite in extending congratulations to Dr. and Mrs. Miller, wishing them many happy years of wedded life.

Dr. and Mrs. Ross Faulkner from New York are spending the summer as usual at their summer cottage in Chester. From time to time they visit their many relatives and friends in several Counties in Nova Scotia.

Dr. A. L. Anderson and Mrs. Anderson of New York are also at their summer home in this famous resort. They have been guests on several occasions of Dr. and Mrs. Keddy of Windsor.

Dr. Evelyn Rogers, Dalhousie 1927, at present on the staff of Englewood Hospital, New Jersey, spent a part of July and August the guest of her Mother in Halifax.

Dr. F. A. R. Gow spent a short vacation in August with his family now living at Greenwich, Kings County.

The BULLETIN has received from the University of Western Ontario the Fifteenth Annual Report of the Institute of Public Health giving the official announcement of the Faculty of Public Health for 1928-1929. It indicates that the University is doing its share of

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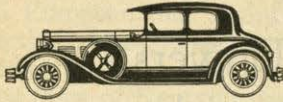
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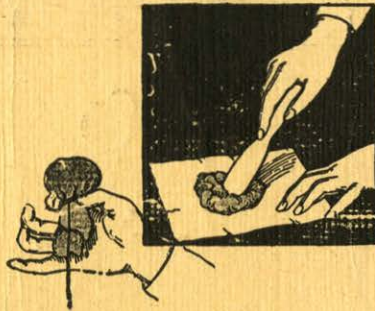
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