

The Cost of Medical Education*

W. H. Hattie, M.D., Halifax, N. S.

WE are not so sure we should reprint this from the *C. M. A. Journal* because W. H. knows we have a mutual understanding with the *C. M. A. Journal* to publish important communications contemporaneously with them when it is of interest to Nova Scotians. Apart from this it is to the point, and we want the over 200 doctors who do not receive the *Journal* to read what Doctor Hattie has to say.

"Many and great benefactions have been bestowed upon medical schools of recent years. Splendid new buildings, lavishly equipped hospitals and laboratories, and much enlarged staffs, are being reported from many quarters. The medical course is being extended, elaborated and improved, and it grows more and more alluring to the ambitious student. Streams of gold are needed to make such things possible, and the glitter of the gold seems to be reflected from college hall and hospital ward, from class room and operating theatre. Young men and women by thousands leave the high schools so eager for a career in Medicine that the prospect of seven or more years of hard study in college and hospital does not deter them. There is no dearth of candidates for admission to the medical schools. Few schools are able to accept more than a fraction of the number who seek entrance, and thus dull tones appear in a picture which at first glance seems very bright. Happiness is for those only who can satisfy their ambition.

For many, a course in Medicine, is now all but impossible, and the fear is being expressed that ere long none but rich men's sons can hope to enter the portals of our profession. The cost of medical education has already become very great. A minimum of two "pre-medical" college years and four years of professional study is almost universally required, and in several medical schools the requirements are greater. The average age of those who graduated from American schools this year was 26.3 years, and most of the graduates had still to face a hospital internship of at least one year. Parents of moderate means may well hesitate about committing themselves to the many years of sacrifice which a medical education for their children now entails. The great benefit to medical teaching which has resulted from princely benefactions is unfortunately not an unmixed blessing. Many estimable people must assume a very heavy burden in order that sons or daughters may become physicians; many must deny themselves the joy of aiding their children in their cherished aspirations.

The present student body doubtless compares very favourably with that of any previous time, and we need not fear an inferior personnel

*From the *C. M. A. Journal*.

for the profession of the future. But the spirit of our democracy ordains that the justifiable ambition of every high-idealed youth should be respected and encouraged, and that anything savouring of social preference is to be deplored. For this reason the profession will give cordial approval to any development which promises to lessen the expense of the medical course.

Reduction of fees would mean comparatively little. It is true that fees have advanced—from an average of \$118.00 in 1910 to an average of \$292.00 in 1929. The advance would have been much greater were it not for liberal endowments, from which many of the schools derive the greater part of their revenue. The fees, however, represent but a small part of the student's outlay. Material relief can be given only by reducing the period over which studies extend, or by providing vacations at times when students can be most profitably employed at gainful occupations.

It is hardly possible to reduce the time actually spent at medical studies, but it has been suggested that the summer vacation is unnecessarily long, and that if it were reduced to a few weeks the full medical course of the four-year schools could be covered in rather less than three calendar years. This plan would require some enlargement of the teaching staffs, which would entail either further endowment of the schools or another increase of fees, and would necessarily deprive the student of any time for earning. It would, however, reduce the student's period of dependency by approximately a year. In the case of the five-year schools, the gain would be greater. And if the plan were made applicable to the pre-medical years also, the gain would amount to nearly or perhaps quite two years. This plan, we understand, is to be tried by the medical school at Duke University, now in process of organization.

Several schools have adopted the quarter system, in order, *inter alia*, that self-supporting students might be able to take vacation periods at times when they could obtain the most remunerative employments. These schools, already organized for all-the-year teaching, could readily adopt the plan which is to be put into effect at Duke University.

The attitude of the licensing bodies to this plan remains to be disclosed. Several of the American state boards of licensure have recently shown a disposition to allow the schools considerable latitude in the arrangement of the curriculum. Schools which do not provide adequate instruction are now few in number and can be kept under close observation, so that licensing bodies have less reason for rigidity than in the past. It may be expected, therefore, that they will show readiness to co-operate with the schools in reasonable efforts to find a way for worthy and promising young folk of limited means. The bars need not be lowered, but the needy aspirant may be assisted in surmounting them."

Mental Hygiene

Dr. S. L. Walker, Halifax, N. S.

PART III

(Being some abstracts from the *Maritime Medical News* indicating the attitude of the Medical Profession to this matter almost 30 years ago).

ONE of the most readable editorials in the *Maritime Medical News* of 1901 was headed "Public Charities," being based upon the Annual Report of the then Superintendent of the Nova Scotia Hospital, Dr. W. H. Hattie. In view of the somewhat tardy action, some 25 or more years later, looking to proper provision for the care and training of mental defectives this report will be of interest.

This Editorial of 1901 presents three things in particular. In the first place it gives a most kindly, but characteristic, comment on Dr. Hattie's report of the Nova Scotia Hospital. In the second place it completely exonerates the medical profession of Nova Scotia for any share in, or responsibility for, "the dry rot of selfishness and parsimony that has eaten into the heart of the people." Then it refers, so truly, to the ability and character of Dr. Sinclair and to a condition in the care of mental cases, not yet remedied in this Province.

"Dr. Hattie's report of the Hospital for the Insane is like many of its predecessors, tinged with melancholy; 'that ignoble melancholy which springs from a sense of pecuniary embarrassment.' But Dr. Hattie's is a 'noble melancholy,' his heart aches at the sad condition of the poor blighted souls about him, and with the thought that in some cases, for a certainty, the hopes and chances of cure are being lost, for the want of a few dollars. More room, more scope for segregation and classification, more means of employing the time cheerfully and healthily, those are denied because, we suppose, the estimates must be kept down. Insanity is in some respects the saddest affliction of our race, but the sad fate of those who fall victims to this form of disease seems to be regarded with callous indifference. The treatment costs too much money; the taxpayer averts his eyes and passes by on the other side.

"It is the cursed 'love of gold.' This is the one particular to which we referred at the commencement of this article. And the extent to which this dry rot of selfishness and parsimony has eaten into the heart of the people is even more strikingly seen in the indictment which Dr. Sinclair brings against the management of some of our poor houses and county asylums.

"These lines are written in a medical journal and for the perusal of medical men, and we know that it would be hypocrisy for us to pose as defaulters in this matter and to class ourselves with the mercenary crew who practically regard poverty as a crime, and grudge comfort and even cleanliness to the poor and helpless. We know, that if we do sometimes growl about it, we do more for the poor than all the rest of the community together. We know how by day and by night, in summer and in winter, from Yarmouth to Sydney, we give in gratuitous services to the poor an amount which if reckoned by the lowest tariff fees in the country, would make the total annual taxation of many of our neighbours a shabby trifle. And we face the bill year after year, with no hope of reward from municipal authorities, or any other powers of this present world. But let us not be too hard on the municipal councillor. He is in his place to do the bidding of his constituents and that bidding is to save money.

"Dr. Sinclair's reports are always admirable. His position as Inspector of Humane and Public Institutions is beset with many difficulties, and he meets these with exceptional tact and sagacity. When he has to suggest improvements he does so in a practical way and with a full knowledge of his subject; where he has to criticise, he does so with courtesy and a certain natural bonhomie, which must disarm resentment; where he condemns, his condemnation is stern and unmistakable, and when he praises he does so with a generosity which must warm the hearts of those who have striven for improvement.

"Dr. Sinclair is a relentless enemy of the old, shiftless, miserly method of conducting poor houses, and some of his reports must have been bitter medicine for certain municipal authorities. And yet, as we have good reason to know, he is a popular as well as an efficient Inspector. And the bitter tonic is having its effect, a healthier current of sentiment is circulating in the community, the tone of the poor farm is rising, and we have hope of some warmth and color yet suffusing the dull gray life of the pauper.

"And it is high time such a beneficent change should take place. The treatment of the poor is still, in too many places, a burning disgrace to the country. Men, women and children, old and young, healthy and diseased, the decent poor who have seen better days, and the lazy, dirty, incorrigible, jail-bird, the melancholic, the simpering idiot and irresponsible epileptic are herded together in tumble-down, leaky old houses, and sleep in ill-ventilated, over-crowded, and vermin infested rooms. In one of these houses the death rate was thirty per cent.

"To one of Dr. Sinclair's recommendations we would draw special attention, as we believe its adoption would be fraught with very great advantage to all concerned and especially to the insane poor. It is that a woman trained in the care specially needed by the insane should be added to the staff of each county asylum. Thoroughly competent nurses are now trained at Mount Hope, and one of the

pleasantest pages of the Report on Public Charities tells of the improvement in the Annapolis County Asylum at Bridgetown, resulting from the management of a well-trained and competent woman.

"Yes! there is some pleasant reading as well as depressing. The picture drawn for us has its shadows too truly, dark spots where miserliness and uncharitableness lurk. But it has its high lights also and its far-off bright horizon. The preaching of the Golden Rule is rousing even the municipal conscience. Kindlier airs and a warmer sunshine are breaking through the wintry sky of the poor."

What chance has the Golden Rule in the municipal councils to-day? We believe, if right publicity be given to our health work and co-operation of all existing organizations be secured, that Municipal Councils will do all their electors ask them to do.

DEXTRI-MALTOSE FOR MODIFYING LACTIC ACID MILK.

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

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

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

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

We said in the BULLETIN, not long ago, that a "man never knows what true happiness is until he gets married, and then it is too late." Now the *New Glasgow Evening News* says:—"Some one told me you got married. May I congratulate you if it is not too late?—Thanks, but it is; I was married last week."

They do everything in Georgia—This is evidenced by the following card which appeared in a Georgia paper recently.

DR. PRESLEY H. TIPTMANON.

Osteopathy, Ostetorics, gynecology and all kinds of foot troubles.
Phones: Office 650, Res. 318.

Exchange Bank, Cordele, Ga..

"Your medicine has helped me wonderfully," wrote the grateful woman. "A month ago I could not spank the baby and now I am able to thrash my husband. Heaven bless you."

The Family Physician

THAT the old fashioned family physician has had his day and gone into the discard has been the idea in the minds of the public and the medical profession in recent years. The result has been an intensive training of specialists beginning, generally, with their last year in college. Also people, finding some uncomfortable or disabling condition, have acquired the habit of choosing their favorite specialist in what they consider their individual case should be classed. The absurdity of this is obvious.

Our mental efforts to obtain stability of thought and proper action have often been likened to the swinging of the pendulum, to and fro, until the middle point is found. So the pendulum of medical opinion is again swinging back to the Family Physician. This has been particularly noted in the past two or three years, not only as seen in our medical reading but in our personal and society experiences. There has been a growing feeling among all physicians that the work of the specialist would be of greater value to his patients, and of satisfaction to himself, if all patients were referred to him by the general practitioner. Furthermore this procedure would also be of value by conference or reports to the doctor referring the case. Each reference to a specialist would be practically a consultation. It would thus follow there would be an obligation on the part of the specialist to advise the general doctor as to conditions found and treatment given. The benefits of such a procedure are also obvious.

But it is also among the laity that this swinging back of the pendulum is recognized for much of the impetus back comes from that source. Last fall in New York State a campaign was carried out to put over the idea of periodic health examinations. In the Brooklyn and Long Island section of five Counties the Mayor of Brooklyn issued a proclamation endorsing the campaign. At the inaugural meeting, after reading his proclamation, he addressed the members of the medical profession. To our surprise the BULLETIN of the Medical Society of the County of Kings (New York) reports him as follows:—

“I do not mind saying to you—though it is none of my business—that this bit of gratuitous advice may not fall upon interested or willing ears; yet for one who knows something about sickness from the visiting side, I look upon it as an unfortunate thing that a great many of our people are getting away from the family physician.

“There is no question but this is the day, the era of the specialist; but as one who has known considerable sickness, I am still convinced that the corner-stone of health is the family physician, and it is to the family physician that the family should apply, in my opinion, for the

specialist that is necessary and required. No one knows any of us like our family physician, and it is a fact—it was an old-fashioned method—that the family physician was the family adviser and the family friend. He knew the constitution, he knew the predisposition, he knew the tendencies of the individual in many cases from the cradle into manhood or womanhood. No one has the same interest in any of us as the family physician, and it is my opinion that we might all do well, in seeking the advice and the service of specialists, to acquire it through the family physician, the old-fashioned friend who could always be found when the family was in trouble.

“I would like to see it revived, or I would like to see the disposition to get away from the family physician arrested. Even though we know the value of the specialist, he ought to come back—the old-fashioned and best friend the family ever had, the family physician.”

There is only one reason for this contribution to the BULLETIN of the Medical Society of Nova Scotia which is:—Can we not in our province, through our Medical Society, make some very definite move to establish better relations between the general practitioner, the specialist and the people individually and collectively? It is only a step then to the re-establishment of the Family Physician.

S. L. W.

Having gone over Prince Edward Island quite fully on several occasions, the following incident is now published. In going from Charlottetown to Summerside on one occasion, when autos were first permitted to plow their way through the red clay mud roads of the Island, I had the very great pleasure of picking up on the road Father Doyle, so well known to the Islanders. The day was a broiling one in August and Father Doyle greatly appreciated the courtesy of the lift. “And what might your name be,” asked Father Doyle, as he seated himself beside me in the back seat, “it might be Murphy,” I replied, “but I am a Protestant,” I added.

“Well, well we needn’t discuss religion,” hurriedly interposed Father Doyle. “We’ll just chat along on other subjects and enjoy the drive.”

And we got along excellently with each other until the Father reached his destination and climbed down.

“Sure and I enjoyed the drive. Many thanks to ye,” he said in farewell. “Ye saved me a hard tramp in the heat. Now would you mind taking a few words of advice from an old man?”

“Why not at all,” said I in reply.

“I suppose ye expect to go to heaven when ye die?”

“I hope so.”

“Well, when ye knock on the golden door and St. Peter asks who ye are—just say: My name’s Murphy—and stop right there!”

S. L. W.

Infectious Disease Epidemics

IN the January BULLETIN of The Medical Society of Nova Scotia, a little comment was made as to epidemics of Scarlet Fever in New Glasgow and elsewhere. We said—"We are very much disappointed to learn of this, because we feel that if the school and home nursing service, directed by Health Officers, is as complete as it should be, these epidemics should not continue."

Dr. A. E. Blackett of New Glasgow, sent the BULLETIN a press despatch from Ottawa which reads as follows:—Ottawa—"Jan. 28.—Scarlet Fever cases numbering 147 and a diphtheria total of 39 have combined to fill every available bed in isolation hospitals in this city. The diseases are still spreading."

In sending this clipping Dr. Blackett made no comment whatever which, however, would have been very welcome. But a further opinion should be given. In the first place if a town like New Glasgow, whose affairs are so well managed and whose medical service is of the best, has epidemics, what can one expect of Ottawa, whose health record has been almost criminal for years. No criticism of the New Glasgow health service was intended. But it is permissible to raise the question of methods used to stop or prevent epidemics.

We listen to the lectures and read the books of teachers and doctors of Public Health and we think these diseases could be prevented from getting any foot-hold especially in rural districts and towns the size of those we have in Nova Scotia. Yet we are not making as much headway as we should. For this there are a number of contributing reasons. We enumerate them briefly:—

1. Delay or neglect in reporting these diseases by both doctor and patient, with delay of isolation in the early stages when infection is most likely to occur.
2. Neglect to daily examine all immediate contacts with their prompt isolation if any of the usual early signs of disease are observed.
3. Failure to have health nurses and doctors examine every child before being permitted to enter school in the morning. This daily examination to begin at 8.30 the school register of attendance to be filled in by the nurse. Children on the Register not attending to be investigated. The teacher will co-operate because this inconvenience is much better than the former method of closing schools when an epidemic is well established.

4. Failure on the part of Councils, Municipal and Civic, to provide for a constant School Health Nursing and Medical Service. They all fail to realize that it costs less to prevent the spread of infectious diseases than it does to care for those in quarantine and the illness that calls for quarantine.
5. The lack of knowledge in the home of what is efficient isolation. This requires daily visits, instruction and supervision by the Health Nurses.
6. The failure of Doctors to decline to act as Health Officers unless paid at reasonable rates for services rendered.
7. *Permissive legislation* in Nova Scotia should give way to *compulsory legislation* and the Medical Society of Nova Scotia should make the necessary recommendations along this line.

These points are very hastily noted and doubtless many further suggestions should be made, but the chief point is to outline a course of procedure to be followed when a case, say, of Scarlet Fever is found, then to invoke the aid of the necessary machinery. This is only good business

S. L. W. ¹

Service Before Self

THIS is an expression frequently used in the Rotary Club of which so many of our profession are members, and is almost a matter for all medical men. Doctors in the 12 Rotary Clubs in the Maritime Provinces find this expression of duty to the community very familiar and from it they have gained an additional impetus to make it their chief object in life.

Among the very active Rotarians in Nova Scotia is Dr. Arthur S. Burns of Kentville. Those of his confreres who know him intimately are not surprised that the *Rotarian*, the official organ of this service club, and perhaps the best of all service clubs' official organs, in August 1929 published an article by him entitled, "What Vocational Service Means to Me." The BULLETIN is obliged to a reader of our BULLETIN for sending us this particular copy of *The Rotarian*. It is not possible for us to publish this article in full, but we must make some extracts which indicate what is actually the practice of all conscientious medical men. These quotations may appear somewhat disconnected, but our readers, will easily see their applicability to our routine work. Dr. Burns says:—

"If we think, and I believe we do, that Rotary has justified its existence, and that it still has an important part to play in the social order, then we must realize that every Rotarian in accepting membership in a Rotary Club necessarily assumes a great responsibility. He is duty bound to give his best because he is the sole person selected from his community to represent his particular classification. If he fails to measure up to his responsibility, he may stand in the way of some person who can more satisfactorily meet his individual obligations as concern that particular vocation. At the same time, his responsibility increases owing to the more important fact that he is the only ambassador from the Rotary Club to his particular vocation. If he in any sense grasps the meaning of his selection, he must constantly ask himself the question, "What does vocational service mean to me?"

"By far the most important application of the Rotary spirit of Vocational Service, it seems to me, is in one's own vocation. Being the sole representative of his particular vocation, the duty is incumbent upon him to see that the "Objects of Rotary" are accomplished in his own vocation. Others of his vocation are necessarily debarred from being members of the club, that is, attending its weekly luncheons and sharing in the functioning of the club. At the same time, through the influence of their representative in Rotary, they become more or less imbued with the Rotary spirit, practice its precepts, and become Rotarians in spirit. One can imagine the ideal being in a large measure

achieved if the Rotarian, conscious of his relation to his vocation, endeavors truly to act the ambassador in promoting Rotary ideals. That this great and outstanding purpose of Rotary may be accomplished, it is absolutely necessary that Rotarians should come into more intimate relations with other members of their respective vocations, talk over their mutual problems, endeavor mutually to solve the difficulties that lie in the way of their unitedly accomplishing the greatest service their respective vocations can render to the community, at the same time increasing faith and confidence in one another which is the greatest thing to be desired and which will accomplish the greatest good. Thus they will learn that co-operation and not competition is the keynote of success to-day under all conditions that prevail in social life.

“Probably, no vocation offers a better exemplification of “Service Before Self,” than the practice of medicine. The tradition of years has made it incumbent on the practitioner of medicine that he must often sacrifice his own comforts and pleasures in the interest of his fellow-beings. If he failed to do so, he would merit the contempt not only of his fellow-practitioners, but, also of the community in which he lives. At the same time, the practice of “Service Before Self” is too individualistic in its nature even in the practice of medicine, and the spirit that promotes it does not arise as much as is desirable from a co-operation of the members of this particular vocation for the common good. There is too much of competition and its consequent jealousies and displays of selfishness and too little of generous co-operation. It takes no great depth of the imagination to conceive how more whole-hearted co-operation would result in more efficient service to the community and in every respect for members of the profession enhance the profit accruing both in a material and ethical sense. There is great opportunity here for better understanding even though that stage of gross misunderstanding is long past when one doctor dumped another’s medicine into the sink as so much poison much to the delight of the patient and those about him.

Co-operation accepts no denial that it can achieve the greatest good. What is applicable to the practice of medicine, holds with the same force in other vocations represented in a Rotary Club. No vocation is too mean that the “Six Objects of Rotary” and the “Code of Ethics” cannot apply. Rotary recognizes the worthiness of all useful occupations and makes it incumbent on every Rotarian to dignify his occupation in his effort to serve society. It encourages and fosters the ideal of service as the basis of all worthy enterprises, and, also the application of the ideal of service by every Rotarian to his business as well as his personal and community life. Rotary is organized to accomplish the betterment of its members’ business or profession both in a practical and an ideal way. Imbued with the Rotary spirit and a clear understanding of one’s duty and obligation to his vocation, the Rotarian cannot hide his light under a bushel.

He will be constrained to carry the precepts of Rotary to the other members of his vocation and consequently beautify and adorn vocational service. Codes of ethics will come into existence as naturally as daylight follows dark. In many instances, the codes will be unwritten laws but the demand will, nevertheless, exist that they be obeyed. . . .

“While the causes in a town are numerous to which a Rotarian and his club should give their attention, e.g., civic government, church affiliations, town improvement, proper housing facilities, maintenance of health conditions through the support of associations for this purpose, hospitals, attention to child welfare in its numerous branches, interest in education, activity in the Board of Trade which because of the inclusiveness of its membership can better than a Rotary club present and represent the opinion of the community, public library, charities of the town, etc., etc. Still the great duty of a Rotarian is to recognize the worthiness of his occupation and through it serve society. If vocational service were removed from Rotary, it would lose the one thing that has established its uniqueness. On this principle, Rotary depends to realize the fondest hopes,—to establish fair dealing abreast of the complexities of life, to usher in a wide-spread observance of the Golden Rule, and to impress upon communities and nations, which are after all but aggregates of communities, the great needs for its existence and promote among all mankind acquaintance with consequent fellowship, friendship and peace.”

A red-headed boy applied for a job in a butcher shop. “How much will you give me?” he asked of the boss.

“Three dollars a week. What can you do?”

“Anything.”

“Well, be specific. Can you dress a chicken?”

“Not on three dollars a week.”

Doctor (to man in hospital)—“You have no temperature this morning.”

Patient—“Nope, the nurse took it last night.”

First Chauffeur: “Have you ever been pinched for going too fast?”

Second Chauffeur: “No, but I’ve been slapped.”

Then there’s the Scotchman who took the girl with scalp trouble to a masquerade and used her dandruff for confetti.

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VOL. IX

APRIL 1930

No. 4

The Medical Society of Nova Scotia

PROPOSED PROGRAMME OF THE 77th ANNUAL MEETING.

July 1st, 2nd and 3rd, 1930, at the New Pines Hotel, Digby, N. S.

Tuesday July 1st, 1930

- 10.30 a. m. Business Meeting of Health Officers' Association.
- 1.00 p. m. Luncheon.
- 2.30 p. m. 2nd Session of Health Officers' Association.
- 4.00 p. m. Meeting of the Executive.
- 7.30 p. m. Dinner and continued Meeting of Executive.
- 7.30 p. m. Health Officers' Association.

Wednesday, July 2nd, 1930

- 9.30 a. m. Registration.
- 10.00 a. m. Meeting called to Order:
 - (a) Minutes to be approved as published.
 - (b) Consent to be asked for the presentation of Report of the Executive to be laid on the table till the afternoon session, Adoption of 1st clause.

- (c) Consent to be asked for presenting Treasurer's Report same to be laid on the table.
- (d) Naming of three members to act with the Auditors as a Finance Committee.
- (e) Naming of Nominating Committee.
Routine Business as per constitution.
- 11.30 a. m. Address in Surgery and Discussion—"The Surgery of the Wrist,"—Dr. T. W. Harmer, Boston, Professor of Anatomy, Harvard University, Clinical Surgeon Massachusetts General Hospital.
- 12.30 p. m. Adjournment.
- 2.30 p. m. Routine Business.
- 3.00 p. m. Paper "Cancer of the Rectum"—Dr. R. M. Benvie, Stellarton, N. S.
- 3.30 p. m. Paper "The Cancer Problem"—Dr. N. H. Gosse, Halifax, N. S.
- 4.00 p. m. "Orthopedic Symposium"—Doctors Acker, Lyons and Murphy of Halifax, N. S.
Discussion to be opened by Dr. M. D. Morrison.
- 4.45 p. m. Adjournment.
Golf.
- 4.45 p. m. "The Canadian Pensioner"—Dr. Ross Millar, Ottawa.
- 5.15 p. m. Adjournment.
- 8.00 p. m. Informal Dinner Dance.
Address of Welcome—Mayor T. C. G. Lynch, Ligby, N. S.
Presidential Address—Dr. E. O. Hallett.
Address—Dr. A. T. Bazin, of Montreal, Subject—"The Canadian Medical Association."

Thursday, July 2nd, 1930

- 9.30 p. m. Routine Business, Reports of Committees.
- 10.30 a. m. Address in Obstetrics—Dr. J. R. Goodall, Montreal. (Title to be announced).
- 11.30 a. m. "Report Tuberculosis Commission"—Dr. K. A. MacKenzie, of Halifax, N. S.
Address—"The Tuberculosis Situation"—Dr. P. S. Campbell, Port Hood, N. S.
- 12.30 p. m. Adjournment.
- 2.20 p. m. Paper, "Malarial Treatment of G. P. I.," Dr. Gerald R. Burns, Halifax, N. S.
- 3.00 p. m. Address—"Hospital Medical Staffs" Dr. G. H. Agnew, Associate Secretary, C. M. A., Toronto.
- 3.45 p. m. Paper—Dr. W. R. Dickie, Barton, N. S. "A Resumé of Cardiology."
- 8.00 p. m. Meeting of new Executive.

Notes

There is ample accommodation at The New Pines Hotel for over 150, besides 26 cottages suited for parties from 4 to 6 persons in each. Every room in the hotel has a bath and each cottage a bath with running water in the rooms. The situation of the hotel offers a wonderful view of the beautiful scenery around Digby. Swimming facilities are provided by a salt water pool immediately in front of the hotel. Table d'hote meals will be served and the Orchestra will play at Luncheons and Dinners. There will be no additional charge for the Dinner Dance save for gratuities.

The rate per day, three meals and room, will be Seven Dollars (\$7.00). Arriving Wednesday morning and leaving Thursday afternoon would be a day and a quarter.

The meeting of the executive will be held in a small dining room and the business and scientific meetings of the Society will be held in the Concert Hall; Registration will be in this hall; in order to register the annual fee must be paid.

A medical golfing enthusiast will arrange a tournament, playing the first nine holes before breakfast and the second nine before dinner.

As the ladies of Digby will desire to extend courtesies to the visiting ladies please advise early in June as to the number coming.

The Secretary had the nerve to ask Dr. Benvie of Stellarton to bring Mrs. Benvie with him and she has promised to bring her violin.



THE NEW PINES HOTEL—DIGBY, NOVA SCOTIA.

The 77th Annual Meeting of the Medical Society of Nova Scotia will be held here July 1st to 3rd 1930.

200 Rooms with Bath — 26 Cottages.

Swimming Pool in Front.

The British Medical Association

THE CANADIAN MEDICAL ASSOCIATION

Winnipeg, August 26-29, 1930

IT is proposed to make up a party, needing one or two special pull-man sleepers, to start from Halifax about August 22nd to attend what promises to be the largest medical conference ever held in Canada. Elsewhere in this issue of the BULLETIN we hope to give further particulars of this trip.

At last we have secured assurance that the British Delegates are in receipt of an invitation to visit the Maritime Provinces and the Railways have outlined an Itinerary which should make this the best of the five post-meeting tours arranged. It is not expected the medical societies should be at any expense in connection with this, but it has been taken for granted that they will extend courtesies together with government officials, service clubs, boards of trade, etc., Further particulars will be published in the next BULLETIN.

PROPOSED SPECIAL TOUR IN MARITIME PROVINCES.

- Lv. Montreal**—7.00 p. m. Fri., Sept. 5.—Dinner in Diner.
- Arr. Fredericton**—11.50 a. m. Sat., Sept. 6.—Breakfast in Diner, Lunch at Hotel, Garden Party Reception (Governor), Dinner on Diner.
- Lv. Fredericton**—6.10 p. m. Sat., Sept. 6.
- Arr. Saint John**—8.35 p. m. Sat., Sept. 6.—Transfer to Admiral Beatty.
- Sun., Sept. 7.**—Hotel. Breakfast, Lunch and Dinner and Rooms at Admiral Beatty Hotel. Church in the a. m. Motor drives and Golf in the p. m. Dinner concert in evening, Premier and Mayor.
- Lv. Saint John**—7.15 a. m. Mon., Sept. 8.—Breakfast on Steamer.
- Arr. Digby**—10.30 a. m. Mon., Sept. 8.—Transfer to train.
- Lv. Digby**—10.45 a. m. Mon., Sept. 8.—At the Wharf.
- Arr. Annapolis Royal**—11.30 a. m. Mon., Sept. 8.—Motor visit to Fort Ann Park—15 minute address by Mr. Fortier.
- Lv. Annapolis Royal**—12.17 p. m. Mon., Sept. 8.—Lunch in Diner. 15 minutes stop at Grand Pre. This may be varied by motor trip to the Look Off from Kentville and motor to Grand Pre or even to Halifax. With afternoon tea at Windsor.
- Arr. Halifax**—6.55 p. m. Mon., Sept. 8.—Dinner and Rooms at Lord Nelson Hotel.
- Tues., Sept. 9.**—Breakfast, Lunch and Dinner Lord Nelson Hotel. Motor drives, Harbor Excursion, and Dinner Dance. Waegwoltic illumination. Rotary Luncheon.
- Lv. Halifax**—8.00 a. m. Wed., Sept. 10.—Lunch and Dinner in Diner. Motor if desired from Point Tupper to Sydney via Margarees.

- Arr. Sydney**—7.50 p. m. Wed., Sept. 10.—Transfer Isle Royale Hotel.
 Thur., Sept. 11.—Motor drives, mine inspection, luncheon and dinner at Hotel, Golf.
- Lv. Sydney**—7.20 p. m. Thur., Sept. 11.—Sleeper to Pictou.
- Arr. Pictou**—8.15 a. m. Fri., Sept. 12.
- Lv. Pictou**—9.00 a. m. Fri., Sept. 12.—Breakfast and Lunch on boat.
- Arr. Charlottetown**—1.00 p. m. Fri., Sept. 12.—Transfer to Beech Grove Inn, Rooms
 Motor drives, Golf and Dinner Dance.
 Sat. Sept., 13.—Breakfast and Lunch at Beech Grove Inn. Motor drives.
- Lv. Charlottetown**—2.00 p. m. Sat., Sept. 13.—Dinner in Diner.
- Arr. Moncton**—10.15 p. m. Sat., Sept. 13.—Rooms Brunswick Hotel.
 Sun., Sept. 14.—Meals at Hotel, Motor drives, Church in morning and Golf. in
 the afternoon. Breakfast and lunch the following morning. High water
 11.17 a. m.
- Lv. Moncton**—2.35 p. m. Mon., Sept. 15.—Dinner in Diner.
- Arr. Quebec**—7.00 a. m. Tues., Sept. 16.—Transfer to Chateau Laurier.
- Lv. Quebec**—Sept. 16.—Sail by S. S. "Empress of France."

The *C. M. A. Journal* gives further particulars regarding this tour as follows:—

Features	\$104.50
Gratuities	10.50
Rail Fare	56.95
Service Charge	18.05
	\$190.00

LEADERS IN BRITISH MEDICINE

Comyns Berkeley. The President of the important section of Obstetrics and Gynaecology at the coming meeting of the British Medical Association at Winnipeg, 1930 will be a man whose name and fame are known to many. Dr. Comyns Berkeley has been an outstanding figure in his particular sphere for over a quarter of a century and there are few graduates in medicine in the British Empire who do not know Berkeley and Bonneys "Difficulties and Emergencies of Obstetric Practice" or his "Textbook of Gynaecological Surgery." Born in 1865, he was educated at Marlborough and Caius College, Cambridge. Entering Middlesex Hospital, London, in 1888 he has filled many offices there and is now Obstetric and Gynaecological Surgeon to that institution. In addition he is consulting Obstetric Surgeon, City of London, Lying-in-Hospital; Consulting Surgeon to Chelsea Hospital for Women; Consulting Gynaecological Surgeon Titham; Surgeon in charge of the Middlesex War Hospital, Clacton-on-Sea, 1914-1918. He is editor of the Journal of Obstetrics and Gynaecology of the British Empire, and author of several other works on diseases of women, some of which have gone into many editions. In 1895 he married Ethel, youngest daughter of E. King Fordham, D.L., J.P. of Ashwell, Herts. His recreations are travelling and golf.

Robert Hutchison. Dr. Robert Hutchison, who comes to Winnipeg as President of the Section of Diseases of Children, is physician both to the London Hospital and to the famous Children's Hospital, Great Ormond Street. He was born at Kirkliston, N. B. 1871 married in 1905 to Laetitia Norah, daughter of the Dean of Worcester, and has three sons and one daughter. Educated at the universities of Edinburgh, Strasburg and Paris he was distinguished for scholarship especially in physiology. He is a Fellow of the Royal College of Physicians and in 1904 delivered the Coulstonian lectures before that body. His publications are Food and the Principles of Dietetics, 1900; Patent Foods and Patent Medicines, 1904; Lectures on Diseases of Children, 1904; Applied Physiology, 1908; Lectures on Dyspepsia, 1925; and papers in Medical and Scientific journals.

Rev. McIntosh was a Presbyterian minister in a North of Scotland parish, but in the opinion of his Warden he was at times inclined to exaggerate. The matter came up for friendly consideration between them when, it was mutually agreed that should the Minister make some extravagant remark that Sandy should give a little whistle which would not disturb the rest of the congregation, but would be easily heard by the Minister. On this particular Sunday, the Minister made reference to the career of Samson and referred particularly to the ravages of a number of foxes in grain fields, and, in the course of his description, he said "doubtless you will be surprised to know that these foxes could have their tails tied together but you must remember that these were a special kind of foxes with very, very long tails, some 20 or 30 feet long—(Whoostle). Of course, I am of the opinion that this is not positively a fact and, as I think that there is an evident exaggeration, I do not believe that these foxes' tails could have been more than 15 feet long. (Whoostle from Sandy) I have given this matter some consideration and have looked up the definitions and as far as I can learn the length of tail of these foxes could not have been more than 8 or 10 feet. (Whoostle from Sandy). "Sandy McPherson I'll nae take anaither inch off those foxes' tails gin you whoostle every tooth out of your heid."

Where have you been?"

"In the hospital getting censored."

"Censored?"

"Yes, I had several important parts cut out."

Ha'e Ye Heard This One? A Scotchman found a bottle of iodine, so he cut his finger.

The Canadian Medical Association

PERIODIC HEALTH EXAMINATIONS

THE General Secretary of the Canadian Medical Association has addressed a circular letter to the Medical Profession of Canada on the subject of Periodic Health Examinations. While the content of this circular will be considered by the Medical Society of Nova Scotia, and its Executive, at its next Annual Meeting in Digby July 1st to 3rd, it is here published in order that all our members may be fully posted as to the proposal and be prepared to express wise opinions when it comes up for consideration.

This is what the circular letter says:—

Dear Doctor:—

Re Periodic Health Examinations.

During the past few years, abundant evidence has been adduced to prove the value of frequent and regular examinations of apparently healthy individuals.

Health examinations of this character have been discussed with the various Provincial Medical Associations and, after careful consideration, the Canadian Medical Association has arranged with some of the Insurance Companies of Canada to give practical effect to the idea. The plan is this:—

The Insurance Companies notify those to whom the service is to be offered asking each one to nominate the Doctor by whom he wishes to be examined. After receiving the name of the Doctor selected, we then send to him an examination blank which is suggested as a guide; and, to economize time, each health client has been furnished by the Insurance Company sponsoring his examination with an examination blank, and he is requested, personally, to complete Form A. When advised that the examination has been completed, we pay the physician \$4.00 for his services, the Insurance Company in turn paying us.

The plan has several unique features:—

(1) The policy holder chooses his physician, which, obviously, establishes a relationship of confidence.

(2) The examination is a confidential one—no attempt being made or suggested by the Insurance Companies to gather information which might jeopardize present or future insurance for any individual policy holders.

(3) The plan is operated by the organized Medical Profession of Canada, and is open to every qualified medical practitioner in Canada who may be selected by the policy holders to do the work.

(4) A new and very promising field of usefulness is thus receiving leadership from the body best qualified to give that leadership.

(5) The Government of the Dominion of Canada has co-operated with us to the extent of publishing and distributing, free of cost, to every physician in Canada, a Manual of Instruction on how to conduct a complete physical examination. (If you have mislaid your copy, write us for one).

In order that the plan may be successfully carried out, the whole hearted co-operation of the profession is essential.

Now, let us be very frank in the matter. Some may say the fee is too small; others, that they are not interested in the idea, etc. If any should feel this way about it, we trust they will tell us in order that we may not bother them further in event of their being nominated by policy holders.

If the profession at large sympathetically and seriously co-operates with the Canadian Medical Association, we may rest assured that success will attend our efforts.

We confidently hope to have your whole hearted support.

Yours faithfully,

(Signed) T. C. ROUTLEY,

General Secretary.

The Importance of Long Experience.

"There is one thing about Mead, Johnson & Company I like," said the physician who had visited the Research Laboratory at Evansville. "They don't go off half-cocked. You never hear of any severe nutritional disturbances resulting from their infant diet materials. Before they put a product on the market, they study and test it with infinite patience, and very quietly.

"For example, they have been working with vitamin B for eight years and only now in the *Journal of the A. M. A.* for March 22nd are they publishing the fact that they evolved a vitamin B concentrate eight years ago.

"They have been working on a new form of Dextri-Maltose (with vitamin B) which they are about to market. I'll wager there won't be any diarrheas or other untoward results with this preparation. Mead, Johnson's research *before* marketing is too thorough."

No Birth Control Here. In a township in Michigan the following births are reported:—Mr. and Mrs. F. L., a son, the 14th; Mr. and Mrs. A. M., a daughter, the 19th; Mr. and Mrs. R. B., a daughter, the 21st.

Pneumococcus Vacines are now omitted from the list of New and non-official Remedies prepared by the Council on Pharmacy and Chemistry of the American Medical Association. It was the opinion of the Council that nothing in 1928 or 1929 had been brought to light to warrant general confidence in their usefulness.

The Battle Creek Sanitarium, Battle Creek, Michigan, has been dropped from the list of hospitals and laboratories approved by the American Medical Association. The reason given is the discontinued use of interns.

Branch Societies

HALIFAX BRANCH*

1929-1930.

The 2nd Regular Meeting of the Society was held at the Public Health Clinic Oct. 30, 1929, at 8.30 p. m., President Corston in the Chair. Thirty members and guests were present.

The Executive named to consider the address of Dr. A. F. Miller reported as follows:—

“Your Executive begs to report that Dr. Miller’s paper was submitted to the Committee of the Nova Scotia Medical Society for their information and without comment from us; and that in due course, and at our request, we were advised by them that the paper had been duly received and considered together with other data on the subject, and they suggested that we leave the matter in abeyance until such time as their Committee has been able to report.”

Dr. Burris moved, Dr. Muir seconded, that this report be adopted. Carried.

Dr. K. A. MacKenzie then addressed the meeting on State Medicine.

He defined the various phases of State Medicine under its different names, and stated that the chief factor giving it prominence in the West is the difficulty confronting the middle class who can not afford the expense involved in present “private” methods and who do not want to accept charity.

He stated that in British Columbia it is a live issue just now, that both the B. C. Medical Society and the British Columbia Government, have had experts surveying the ground so that from the point of view of the former they will not be caught off guard, as they were in England, when their panel system was inaugurated.

He stated the British Columbia conclusions to be,—

That any system adopted should be complete.

That there should be free choice of physicians.

That they do not believe in capitation fee.

That it should include an adequate Health Programme.

That there should be compensation for loss of time in part.

He said that the Western Provinces were coming towards similar state.

Regarding financing of the scheme it would be a tripartite affair, as between the insured, the Employer and the Government. The Canadian Medical Association believes it to be a national question

*Being excerpts by the *Bulletin* Secretary from the Minutes of the Branch so fully recorded by Dr. N. H. Gosse.

and are much interested. Because of the growth in strength and influence of the Canadian Medical Association and of its Journal every doctor should be a member of that Association.

A short discussion followed. Dr. Lessel moved, Dr. Kirkpatrick seconded, that Dr. MacKenzie be constituted chairman of a Committee the personnel of which to be determined by him to study this matter further and to report to this society from time to time. Carried.

Dr. Corston welcomed a Clinical Group new to this Society—The Dalhousie Clinic Group.

Dr. Mack led off his subject being *The Treatment of Syphphilis*: He divided the cases into Five natural clinical groups, and discussed the various agents employed in their treatment, stating their relative values and uses, as well as their more untoward effects. He reported a case of Acute Haemorrhagic Encephalitis, and showed one of Acute Exfoliative Dermatitis.

Dr. V. O. Mader spoke on the treatment of abscesses with Liq. Paraffin Gauge. Reported a case of cellulitis of arm, size of plum, evacuated, wiped out c alcohol, packed c Iodoform gauze soaked in Liq. paraffin and left 5 days.

The advantages cited were: Infrequency of dressings required and early discharge. Disadvantages first dressing must be done under strict aseptic precautions and packing must be tight and remain so.

Presented a case of Sinus from osteomyelitis of first metatarsal—operated on several times in hospital and outside and still has small sinus—asked for suggestions.

Dr. Colwell outlined the methods employed in Prenatal care of women. Discussion on pelvic measurements by Doctors Burns, MacIntosh and P. A. MacDonald.

Dr. Merritt spoke on the clinical use of the electrocardiograph, demonstrating graphically the principles and value of electrocardiography, as well as its limitations. Dr. MacKenzie congratulated Dr. Merritt on his very clear presentation of the subject.

Victoria General Hospital, Nov. 13, 1929.

Members and guests present numbered 30. Prof. E. W. H. Cruikshank, Professor of Physiology, was elected an Associate Member of the Society and Dr. R. A. H. MacKeen, Assistant Pathologist, an active member.

The scientific programme began with the presentation by Dr. Hogan of a case of musculospiral nerve involvement following fracture of the humerus, with consequent paralysis of muscles of forearm. The fracture was of 8 weeks duration, and showed satisfactory bony union. Paralysis was not noted till splints had been removed after having been on three weeks. It was decided to give short trial of massage and electro-therapy and failing an improvement to cut down and free the nerve.

Drs. Murphy, Acker, Lyons and Curry engaged in the discussion.

Dr. Murphy presented a case of *Painless Jaundice*, male 68 years old, 6 weeks ago first noticed jaundia, urine colored at first, then all the other signs; all without pain or abdominal discomfort. He has been showing progressive loss of weight. His stools are bile-less and show little blood. He outlined possibilities of diagnosis giving the malignancy possibility 90% Spoke of Cholecyst-enterostomy, but because of loss of healing power in this type of cases did not recommend it.

Dr. Mack presented a case demonstrating the aftermath of an amputation of penis c block dissection of gland bearing area. Young's operation showed that this case had been done under a spinal anaesthetic which gave excellent anaesthesia for an hour and a half.

Dr. Curry presented a case of stone in the common duct—age 72—came in complaining of jaundice, indigestion for many years, gas and epigastric distress and c attacks of severe pain at costal margin, occasionally c vomiting. He outlined the anatomy of the part and the surgical procedure in removing stone from common duct. He demonstrated in this case multiple sebaceous cysts of the scrotum.

Dr. Burris presented a case of empyema in a tuberculosis subject who has been having air in left pleural sac. 5 months ago developed effusion following rupture of adhesions. This became purulent. Many examinations show no tubercle in aspirated fluid. Now has practically complete collapse of lung. Septic type of temperature c night sweats, Leucocytes 13000. Suggested irrigations c 1% Formalin in Glycerine. Quoted Alexander as saying keynote is not to open the chest unless all other methods fail, but on contrary to use antiseptic irrigations.

Dr. Kinley: Bowel resection for intussusception. Case was admitted in marked shock. Subnormal temperture, vomiting frequently bile stained fluid. Mass felt in left side, tensing under the hand. White count 14000. Received morph. and atrop. and, intravenously, Glucose and saline. At operation was unable to reduce and did a resection.

Dr. Gosse presented case of colored woman age 42 with fracture of right tibia, sustained by slipping off the curb on Barrington Street. Clinical and X-Ray examinations showed the femora and tibiae of both limbs very greatly bowed outwards, and the X-Ray reported the bone condition, predisposing to the fracture, as one of "Marble Bone," a rare condition constituting one of the causes of non-union.

Dr. Scammel, on behalf of the hospital, in a very agreeable speech cordially invited all present to continue the meeting in the Nurses dining room, which was done to the tune of a nice turkey supper with Mr. Kenney as host.

Dr. Churchill very happily conveyed the appreciation of the Society to Mr. Kenney for his hospitality to which the latter made suitable reply.

Public Health Clinic, Nov. 27, 1929. Thirty-one members were present at this meeting.

The first item on the programme was the showing of the Canadian Medical Association "movie," illustrating the method of the technique of making periodic health examinations. It was introduced by a few remarks from Dr. Hattie who sponsored its coming to Halifax, the purpose being to show it to the Medical Students, for whom it must have been intended.

The first few yards of film was of the humorous interest order, said to have been added as it was thought that it would help out the film. It did. There was no discussion.

The paper of the evening was by Prof. E. W. H. Cruikshank, Prof. of Physiology, Dalhousie Medical School, entitled "The Coronary Circulation and its relation to the Cardiac Adaptation," and was built up from recent experimental work in this connection by the professor himself.

He first outlined the history of the work done in this connection which was one of neglect and error until very recently and that the bulk of the recent work has come from the Laboratories of University College, London.

He outlined the experimental work done to show a comparison of the reaction of coronary and systemic arteries to temperature and to drugs, showing for them quite opposite definite reactions. He led up to the conclusion from experimental evidence that coronary arteries are very much under control of both sympathetic and para-sympathetic nerves.

Experimental work was then cited which was designed to show the relative significance of diastolic and systolic pressure in determining coronary flow. From this it was shown that neither of these factors is *per se*, a factor in determining coronary flow, and that the only factor, which runs *pari passu* with changes in coronary outflow, is that of the true mean of the Systolic and Diastolic pressures.

Finally, he dealt with the reflex control of coronary flow and its relation to Cardiac adaptation. He showed, as a result of further experimental work that there is a clear relationship between reflex control of the heart rate and the control of the coronary circulation, and stated that when a heart is called upon to do work it does so by increasing its coronary flow and increasing its stroke volume, which is to say that it undergoes a physiological dilation which enables it to meet the extra demand. He rather stressed the position of the heart as a respiratory organ.

Grace Maternity Hospital, Dec. 11, 1929.

Attendance 28. Dr. Anna I. Murray was elected to membership. The Scientific Programme was as follows:—

Dr. Atlee: Case Report. Eclamptic convulsions' treatment is slight modification of the Strogonoff treatment—cutting off afferent

stimuli. Morphine and Chloral, alternating them as required.

During period until they begin to pass increased quantity of urine, one is apprehensive of return of fits but when this occurs one can begin to increase food.

Those who do not come into labor do not usually pass the great quantity of urine. If they are put back on diet and allow bowels to be slow, the pre-eclamptic signs show up. Where it is necessary to keep diet low, even milk will sometimes precipitate a return of pre-eclamptic signs. He also dealt with the matter of preventive treatment—the measures suggested being those usually accepted.

Dr. Colwell then presented a report done on the records of the Grace Maternity in connection with Caesarian section.

Of 1694 deliveries 27 were sectioned—1.5%. These were mostly contracted pelves.

13 contracted pelves; 1 central placenta praevia; 3 head would not engage; 4 Disproportion; 2 Elective; 1 Bands; 1 Uterine Inertia; 1 Threatened Exlampsia; 1 prolonged labor and no dilation of cervix.

Of these 16 were classical; 1 Porru and 3 Low.

Maternal Mortality: 2 deaths, 1, 4th day Ac. Dilatation; 1, 7th day Ac. Septicaemia. Foetal Mortality 3—11%. Morbidity : 7—26%. Of foetal deaths 2 were dead on admission; 1 died before operation.

Comparative New York figures are 1.6% for sections rising in 1927, to 3.2% and in 1928 to 2.5%. Maternal mortality 3.6 to 6.4%.

Dr. E. K. Maclellan then reported 2 cases, said to be quite unique. 1. Multip. 10, adm. Aug. 5/23. Spitting blood two weeks. Day seen free bleeding. Condition good. Pulse 88. Rectal examination. Plac. Praevia. Classical section done. Found Binovular twins. Double plac. praevia. Weighed 5 lbs. and 4.10, males. Good convalescence. All well.

2. Patient readmitted Dec. 29/25, in labor when admitted 3 hrs. Not studied prenatally. Examination R. O. A. Foetal heart 4-8 regular beats, long pause. Diagnosis Heart Block. Heard and recognized by student. Forceps extraction; Face congested. Eyes suggested cretinism. Foetal heart presented some intermittent characters. Diagnosis. Congen. Heart Block. Discharged \bar{c} turgid appearance of face and congestion of eyes. Seen six months later. Labored respiration, incessant vomiting, emaciation—Died. Autopsy report showed patent foreamen ovale, $3/8$ by $1''$.

Dr. P. A. MacDonald then presented a series of case reports as follows:—

1. Woman, 32, multipara 8. Diagnosis Plac. Praev. vaginal examination showed large cauliflower growth involving whole cervix and vaginal vault. Vagina packed with hot salt solution. Went into labor in three days, delivered living child. Discharged in 14 days went to Victoria General Hospital and had uterus removed and is still alive.

2. 28, para, 7th month. No unfavorable symptoms, suddenly became comatose. B. P. 3 days before 130—urine showed no albumen. Showed spasticity on one side and unequal pupils. Rushed to hospital. Died. Autopsy showed lateral ventricle full of blood.

3. Para, 3, 8th month. No unfavorable symptoms. Two weeks before B. P. 150 \bar{c} albumin. Two days before 170 and alb. plus. Baby born precipitately. Bleeding continued and continued. Got help. Sent for Saline. Patient died. Whole time $1\frac{1}{2}$ hours. Blood didn't look like blood—suggested disease of blood. Thrombopenia.

4. Para, 1, 41, 8th mo. Signs toxaemia. Labor began in morning, at night became cyanosed, \bar{c} cardiac distress—acute pulmonary oedema. Median Basilic vein cut—bled freely, was relieved—labor, got living baby 3rd or 4th day. Castor oil. On bed pan had another attack cardiac failure and in three hours died.

Stressed importance of strain on old organic hearts often attributed to thrombus.

5. Admitted critical condition. Pale, pulse 160 and irregular, shock. Salines given. No visible bleeding. Diagnosis. Sudden separation of placenta. Didn't pick up. Dilated cervix and packed. Died in $1\frac{1}{4}$ hours. Stressed the need for emptying the uterus and for combatting the anaemia.

6. 7 months pregnant. Her doctor in country thought had abscess of kidney. Temperature $102\frac{1}{2}$. Continuous pain in right side. Surgeon in consultation, abdominal condition recognized. Blood count 10,000. Severe abdominal pain. Next day 24,000, next afternoon 30,000. Delivered—baby died. Patient got worse. All signs of general peritonitis and died next day.

Dr. J. G. D. Campbell, Treatment of the premanure baby. When food which should ordinarily agree does not, uses lavage. If vomited washes stomach \bar{c} 2% Sodium Bicarb solution and gets no further vomiting.

Diet. Expressed Breast milk augmented by Dryco, Z, Q. Zii. L., fed by lavage. Instead of oiling, uses 1% Ammon. Merc. Ointment. Stressed importance of protection against infections.

Treatment of condition not to be dropped till pulse weakens. Asphyxia. Watch 3 or 4 days. Dressing: Don't wrap in cotton wool. Prognosis: Watch for anaemia and rickets. Little handling.

Dr. Wiswell discussed this paper. Suggested that manual expression of milk was best method. Has case now giving 18-20 oz. a day. Suggests use of thumb and forefinger, beginning at the pigmental margin. He spoke of value of dried milk and Lactic acid milk. Suggested Oleate of Copper as being superior to ammoniated mercury. for skin infections. Dr. Acker said club foot should be disregarded till up to normal weight. Principle is to get it corrected before allowing it to walk.

Children's Hospital, Jan. 15th, 1930.

Dr. Thomas gave notice that on the occasion of our next meeting he would move a resolution addressed to the Premier and Government of this Province respecting the sale of alcoholic liquor to minors under the proposed new Government Control legislation, Resolution read.

Dr. MacDougall then read the following resolution:—

Whereas our respected and esteemed confrere Dr. Murdoch Chisholm, after 50 years of practice, and for many years a member of this Society was recently called from us by death.

And Whereas, by his spoken and written work and act he contributed largely to the progress, welfare and harmony of the Medical profession in this City and Province of Nova Scotia, and in considerable measure throughout Canada;

And Whereas, the influence of his sound medical teaching in the hospital and in the Medical School was always recognized and highly appreciated by students and confreres, and in no less degree his kindly sympathetic attitude, warm friendship and unselfishness set for all a high standard and revealed ideals in reality;

And Whereas he exemplified in his life a deep spiritual nature, always to champion the cause of Christian virtues, and with skill and vigor attack what was wrong or unworthy; His charitable nature had blended with it a delightful "pawky" humor, and appreciation of humor;

And Whereas in his medical practice, as in all his relations in life he was always kind and sympathetic, and his response to suffering and poverty was deep and generous;

And Whereas he exhibited in his life and work a high standard of citizenship, recognized and appreciated by the community as well as the members of the profession;

Therefore Resolved that this Society place on the minutes our testimony to the exemplary life and work of our departed confrere and friend of all."

Dr. MacDougall moved, Dr. Morrison seconded, that this Resolution be adopted that it be spread upon the minutes of the Society and that a copy be sent to the relatives of the deceased. Carried by a standing vote.

Dr. Thomas moved. Dr. Curry seconded that copies be also sent to the city press. Carried.

Scientific.

Dr. Acker presented two cases—Bowed tibiae requiring osteotomy, and advanced spinal Potts for which a fusion operation had been done.

Dr. Carney: Case 1. Acute Nephritis: He divided acute nephritis in two classes. 1st. Parenchymatous and 2nd. Haemorrhagic. The first may show blood from the first. Albumen is gross. Casts

are of all types. There is oliguria. There is generalized oedema; and this may be only symptom showing presence of renal disease.

1. Haemorrhagic starts suddenly c gross haematuria. 2. Urine may be smokey to bright red. 3. Little if any oedema. 4. There is little albumen. 5. No oliguria. 6. Few casts.

These start in connection with acute infections, enlargement, disturbance of B. P. and disturbed blood chemistry. Said "Renal function tests are of little value except in checking advance or retrogression of the condition." Regarding Prognosis in acute nephritis it is much more serious than usually believed. While the immediate prognosis is good, for 60% Parenchymatous and 96% Haemorrhagic, 5 years later only 22% of the former and 50% of the latter are classed as well. Regarding treatment: since held due to sepsis, important factor is to search for and eliminate foci. In acute haemorrhagic type attack at once. In parenchymatous type wait till acute phase has passed.

Case 2. Blind boy c̄ secondary anaemia and large spleen. Tuberculosis and syphilis and tropical disease ruled out. No Leukemia nor Hodgkins. Question as to Diagnosis and Treatment.

Case 3. Oppenheim's Disease. (Myotonia Congenita, as distinguished from Thompson's Disease, Myotonia congenita). Condition appears shortly after birth and is characterized by smallness of muscles and lack of tone of muscles, all except face. Case 14 months old, in hospital four months, all conceivable treatment but no improvement.

Dr. P. A. MacDonald: Case of appendix abscess which opened and drained without getting appendix, wished advice as to whether should now go in and get it or wait.

Dr. Weatherbe: Case 1. Child, abscess of abdominal wall. No symptoms except a convulsion and some change in umbilicus. Abdomen was opened and found only adherent omentum. Opened into mass directly and got pus.

Case 2. Swollen knee. Aspirated gave pus—cultured—no growth. Guinea pig inoculated, no evidence of tuberculosis when pig died some weeks later. Had decided it was tubercular. He gave a talk on the causes of affections of the knee joint.

Public Health Clinic, January 29th, 1930.

There was an attendance of 32 members and 8 students.

Under new business, opportunity was given Dr. Fenwick from Toronto to speak of the aims and methods of the Social Service Council of Canada. This he did in a very brief address. He showed it to be their effort to work through the organized profession of Canada to instruct the public on such public health matters as they ought to know. He gave some idea of the work being done in Toronto chiefly in the matter of bringing in outside men outstanding in their respective fields to give radio talks in their subjects. He stated that they have branches in many Canadian cities and were soon opening one in Saint John.

Dr. Morton and Dr. Burris seconded that a committee be named to study the question and report at a later date.

Dr. Corston moved Dr. H. K. MacDonald, Dr. Mack and Dr. C. S. Morton.

Dr. Lewis Thomas moved his resolution of which notice was given at last meeting. This was in effect as follows:—

That Whereas alcohol has been proved by scientific investigation to be a cell poison, and particularly so to young and adolescent cells, we would urge upon the Government the necessity of protecting the youth of this province from its ill effects, and that in the forthcoming legislation introducing a system of Government sale, individuals under 21 years of age should be prohibited from obtaining alcoholic liquors; that it be considered a criminal offense to have same in their possession, and that proper punishment to fit the crime be provided. This was, in due course, seconded by Dr. A. I. Mader. There was short discussion by Dr. Burris. Dr. C. S. Morton moved, Dr. Muir seconded an amendment that this matter be left to the Executive for their consideration and report. Dr. Smith spoke to the amendment. The amendment was put and carried. One dissenting voice.

Dr. K. A. MacKenzie then read a paper entitled "The Evolution of the Art of Diagnosis in Heart Disease."

He divided the evolutionary era into five periods. 18th century; 1st quarter of 19th; 2nd quarter of 19th; 3rd quarter and 4th quarters of 19th and 20th century.

The first was the period of Heberden, Jenner, et al.

The second that of Laennec and the stethoscope. The third the crowning age of the clinician, with Hope, Stokes, Carrigan, Bright, etc.

The fourth, associated also with Stokes, he described as the period of crystallization of knowledge, and finally the 20th century, with Sir James MacKenzie and Sir Thomas Lewis as its outstanding figures.

In each period he showed the beliefs which obtained and the contributions which were made towards the present position of cardiology. The biographical sketches, and the influence of the men upon their own and later times, unfolded in panorama a picture that was at once excellent and complete.

The paper was well received, Drs. Cruikshank, Dr. Smith, R.P. and Dr. Burris among the members and Drs. Fenwick, Chase (Lilian) and Collins (nee Margaret Chase) among the visitors, paying tribute.

Dr. Burris moved, Dr. Johnston seconded that the paper be recommended to the C. M. A. editorial Board for publication.

Public Health Clinic, Feb., 12th, 1930.

Dr. Stoddard of Halifax was duly elected to membership. The Secretary reported for the Executive that they had very carefully considered the motion of Dr. Thomas referred to it at last meeting,

and are of the opinion that no action should be taken at this time. Moved by Dr. Gosse, seconded by Dr. Kinley that this report be adopted. Carried.

Dr. Lessel moved the following: That this Society express its appreciation of the action of the Board of Works in clearing the streets of snow, and the hope that this service may be extended as widely as possible. Seconded by Dr. V. O. Mader and carried.

Dr. Gosse was then called on by the President to read the paper of the evening "Cancer and the Clinician."

As this paper was referred to the Annual Meeting of the Medical Society of Nova Scotia, it will be fully reported later. There was a very interesting and full discussion.

These reports of the meetings of this Branch will be continued in a subsequent issue of the BULLETIN.

INSURANCE FOR MEDICAL INSTRUMENTS

Of Interest to Practitioners in the Maritime Provinces.

MANY will recall that when Highland View Hospital in Amherst was destroyed by fire May 1928, several of the medical men were unfortunate enough to lose valuable instruments and apparatus. Douglas, Rogers, Limited of Amherst, General Agents of The Home Insurance Company have emphasized, through a circular letter to all medical practitioners, the importance of covering instruments against "All Risks" wherever they might be, and doubtless many will realize the advantage of this type of policy.

Ordinarily, fire insurance on contents of office is all that is carried and to-day there is so much work being done by medical men in hospitals that it would be well to consider whether they have their valuable instruments properly covered in the event of a fire outside of their private residence.

The cost is \$2.50 per \$100 value—minimum premium \$20.00—and the policy covers loss by fire, theft, transportation, water damage and other perils in office, hospitals, automobiles or other conveyance and in patient's apartment or dwelling.

There is one thing that medical men cannot do without, namely, insurance of every kind. The BULLETIN thus gladly gives prominence to this special announcement of Douglas, Rogers, Limited, of Amherst. There would appear to be good reasons for carrying insurance as indicated above.

S. L. W.

The second Annual Dance of the nurses of the New Waterford General Hospital was held February 17th, 1930. The affair was well arranged, well conducted, well patronized and very enjoyable.

Hospital Services

NURSE ANAESTHETISTS

THE Secretary of the Canadian Medical Association, Department of Hospital Service, Dr. Harvey Agnew, wrote the General Secretary of the Medical Society of Nova Scotia as to the practice in Nova Scotia of employing suitably trained nurses to give anaesthetics. Superintendents of hospitals were asked for information. Nearly all hospitals replied, generally in the negative.

One Superintendent in reply asked—

“What is the status of the graduate nurse re administration of anaesthetics, provided she is not qualified by a special course? Providing the patient did not re-act under the anaesthetic, or any complication arose, would the position of the hospital be more difficult?”

Dr. Agnew's reply is as follows:—

“This whole question of Nurse Anaesthetists is being studied this winter. This custom has been developing quite successfully in some of the larger clinics of the United States and in one hospital in Canada (Montreal General Hospital) in this institution it has proven quite satisfactory. As far as I know there is no legislation in any province of Canada which permits nurses to give an anaesthetic legally, whether she is trained or not; with the exception of a special Act passed in your province, which relates to the Victoria General Hospital only. Doctor Walker has forwarded to us a copy of this Act,—

“Notwithstanding anything in the Medical Act or in any other Statute of the Province, in all cases of surgical operations at the Victoria General Hospital and in all examinations of patients at said Hospital, any registered nurse who has had special training in the administration of anaesthetics, may be employed to administer anaesthetics for such operations or examinations.” (1928—Chapter 13).

“This applies to the Victoria General Hospital only, and it is interesting to note that despite this special legislation the hospital does not now avail itself of this privilege, preferring to use Medical Anaesthetists. Two hospitals in the Province of Nova Scotia, Antigonish and St. Joseph's at Glace Bay, have a Nurse Anaesthetist on their staff. St. Mary's Hospital at Inverness reports that they have a sister who has had special training in Anaesthesia and gives Anaesthetics when no other doctor is available, but that she is not regularly employed for that purpose. The majority of Superintendents replying to our letters, or to those sent out by their Provincial Medical or Hospital Associations, are opposed to the measure. Of course, in isolated outpost stations it may be necessary for the nurse to give the Anaesthetic and nobody would consider that malpractice, and I think it is the procedure in most hospitals for the nurse to give a

whiff of Anaesthetic during labor pains, but one would hardly call that administering Anaesthetics in the usual sense of the term.

There is little doubt but that a well qualified nurse can give an Anaesthetic, which is quite as satisfactory as that given by the average doctor, but the difficulty arises in the odd case of diabetes, arteriosclerosis and nephritis. In such cases the life of a patient may depend upon the background in physiology, pathology and pharmacology which the physician possess. It is this hundredth case which decides the question and after all, one must consider public opinion in these cases. Deaths will occur with the most skilful Anaesthetists and here in Toronto we have had over a dozen deaths in the last few months, and the public is greatly wrought up over it. One can readily imagine what the public opinion would be had these deaths occurred while the Anaesthetic was being administered by non-medical Anaesthetists.

You also inquire as to the responsibility of the hospital in such an instance. It is generally considered by the Courts that when the operating room door is closed the personnel in that room is under the direction of the surgeon and his is the primary responsibility. If the nurse gives an Anaesthetic, the surgeon is entirely responsible for that Anaesthetic. The nurse may be on the payroll of the hospital, but she is for the time being, an employee of the surgeon. This is the generally accepted opinion and with this interpretation, the surgeon would be held responsible. The nurse giving the Anaesthetic might be held responsible, association with him, in attempting that which she is not legally qualified to undertake and the hospital would in all probability not be directly responsible.

However, opinions vary and, in as much as the graduate would be a member of the staff of the hospital, the judge might consider the hospital an accessory to the negligence, and despite the interpretation of the Courts, the public would blame the hospital.

The whole question depends upon the local situation. If no other doctors are available I think that the Courts would vindicate any nurses giving Anaesthetics. It is done very frequently and the success of the venture seems to depend to a large extent whether the hospital is fortunate enough in not having a table fatality. If two doctors be available it is sometimes the custom to have two operate and the nurse giving the Anaesthetic.

I find, however, that authorities favor the principle that the second doctor should give the Anaesthetic and that the nurse act as a surgical assistant. This practice, however, will depend entirely upon the type of patient being operated on". J. H. A.

One large hospital in the Maritime Provinces might consider following in the steps of the Ottawa Civic Hospital in, at least, one particular. Doctors, who have to leave their cars for one or more

hours in the cold and stormy winter weather, could greatly appreciate the convenience of a well heated garage. In Ottawa a spacious garage has been constructed behind the hospital, with seven bays for fourteen cars. This garage is economically heated. It can be heated to about 90 degrees F. for a mere pittance by the utilization of waste heat from over the boilers. For further particulars see pp. 108 and 109 *C. M. A. Journal*, January, 1930.

The Marine Hospital Service is operated in conformity with Chapter 186 R. S. 1927. All sick or injured mariners, belonging to vessels that have paid the sick mariners' dues for the current calendar year, are entitled to gratuitous treatment, if sent to a designated hospital or port physician in Quebec, Nova Scotia, New Brunswick, Prince Edward Island and British Columbia, with a written recommendation by the master or person in command of the ship endorsed, as approved, by the collector of customs.

The department operates two marine hospitals in Nova Scotia. One at Sydney and one at Lunenburg. At other ports provision is made, as far as possible, for their care and treatment at contract rates at various local hospitals.

The following is a list of hospitals in Nova Scotia which were under contract with the department during the past fiscal year:—

Amherst.....	Highland View Hospital.
Antigonish.....	St. Martha's Hospital.
Bridgewater.....	Dawson Memorial Hospital.
Glace Bay.....	St. Joseph's Hospital.
Halifax.....	{ City Health Board, Contagious Diseases.
	{ Victoria General Hospital.
	{ Tuberculosis Hospital.
Kentville.....	Nova Scotia Sanatorium (Tuberculosis).
Middleton.....	Soldiers' Memorial Hospital.
New Glasgow.....	Aberdeen Hospital.
North Sydney.....	Hamilton Memorial Hospital.
Pictou.....	Pictou County Hospital.
Springhill.....	Springhill Cottage Hospital.
Windsor.....	Payzant Memorial Hospital.
Yarmouth.....	{ Yarmouth Hospital.
	{ Clinic Infirmary.

WATERFORD GENERAL HOSPITAL

The Annual "At Home" dance of this hospital was recently held at the Strand Hall of Waterford over 100 couples being in attendance. The dance programmes were quite original as witness.

1. Waltz—Appendectomy, "Mistakes."
2. Fox Trot—Anaesthesia, "I've got a feeling I'm falling."

3. Fox Trot—Delirium Tremens, "Moanin' Low."
4. Fox Trot—Myocarditis, "Tune in on my Heart."
5. Fox Trot—Chorea, "Tip Toe through the Tulips."
8. Fox Trot—Convalescence, "Sweeter than I meet."
9. Waltz—Typhus, "Drifting and Dreaming."
10. Waltz—Diabetic, "Old Timers."
11. Fox Trot—Dance of Nympho Maniacs, "Mary Ann."
16. Fox Trot—Tuberculosis, "Old Man Sunshine."

We might have added several more but certain terms were so peculiar in spelling, etc., and the point not being very evident they are omitted.

The March issue of *The Bulletin* of the Vancouver Medical Association has been received. From it we gather that all difficulties relating to Health Insurance and the present regulations of the General Hospital of Vancouver, regarding a closed or open staff, have not yet been entirely smoothed out. It may be wise to move slowly along these lines in order to secure full medical agreement.

Elsewhere in this issue will be found a paper on Fire Hazards in Hospitals, Clinics and other Institutions. There is no hospital or kindred institution in Nova Scotia that would not profit by its careful perusal. In view of our many hospitals with helpless patients, staffs with some both careless and inefficient, with often a faulty fire service, sometimes no watchman, with many other points of weakness, we believe every member of the hospital staff from the Superintendent to the scullery maid and furnace man should be required to read this article once every month. Also the medical staff, but they should read parts of it every day. We are indebted to Mr. John C. Rudland, Fire Marshall of Nova Scotia for the printed report of the proceedings of the Conference of Fire Marshalls held in Ottawa where this address was given. (Article next month.)

Mrs. M. C. McDonnell, R. N., of Sydney, who has been for several years engaged in School Nursing in Sydney, has been appointed Superintendent of the local Marine Hospital. She has always been prominent in nursing circles and is President of the Registered Nurses' Association of Sydney.

Hospital fires are far too frequent. The latest one was in Providence, R. I., when 148 patients were in jeopardy but by the good work of nurses, police and civilians no lives were lost. The fire originated in a waste garbage chute. Just off hand one might venture to suggest that a careless cigarette smoker might be responsible for this catastrophe.

Nurses Put Out Fire. Four nurses fought a blaze in a room in the children's ward on the fourth floor of the Massachusetts Memorial Hospital February 25th, 1930, getting it under control before the arrival of the firemen. Energetic action and luck averted another hospital tragedy.

Miss Margaret Buchanan, R. N., assumed the duties of City Health Nurse on St. Patrick's Day engaged by the School Board of Sydney. She replaces Mrs. M. C. McDonnell who recently resigned.

Glace Bay Hospital. The annual meeting of the Glace Bay General Hospital was held in the Salvation Alms Hall and the different reports showed the institution to be in a very sound condition from every standpoint.

President A. J. McDonald, re-elected.
 Secretary A. D. McCuish, re-elected.
 Treasurer L. S. Jackson, reelected.
 Representative Town A. McDonald.
 Representative Province H. C. McIntosh.

The hospital operated with a splendid balance on the right side of the ledger during the past year.

The following statistics regarding the hospital will be of interest:

Total number treated during year 1929	1747
Patients in hospital, Jan. 1, 1929	60
Patients admitted during year	1687
Patients discharged during year	1694
Patients in hospital Jan. 1, 1930	53
Died during year	64
Born during year	181
Death rate	3.66%
Maximum number of patients on any one day	78
Minimum number of patients on any one day	43
Daily average	62
Cost per patient per day	\$2.39
Hospital days for year 1929	22471
Hospital days for subscribers	8187
Hospital days for subscribers families	10950
Hospital days for non-subscribers	2953
Hospital days for free patients	381

The Medical Staff numbers 15 as follows:—

Doctors Green, Calder, McNeil, McAskill, Tompkins, Sparrow, Patton, Densmore, MacKiggan, Archibald, MacDonald, A. Greene, MacLean, Bates, Meahan. We note that all, except Doctors Green, Sparrow and Meahan, are graduates of the Medical School of Dalhousie University.

Anaemia

Dr. Edward S. Mills, Montreal.

(The Treatment of Idiopathic [Hypochromic] Anaemia with Iron and Copper. Canadian Medical Association Journal, Vol. XXII, No. 2, page 175, February, 1930)

A GROUP of cases of secondary anaemia of unknown etiology, for which the term hypochromic anaemia would appear suitable, had resisted treatment with liver, iron and vitamin E and iron.

The disease invariably begins in women between the ages of 20 and 40. The symptoms complained of are usually weakness, lassitude, pains in the back and numbness or tingling of the extremities. The red cells are little diminished but the color index is very low. Exhaustive clinical and laboratory studies otherwise prove negative.

One of the most striking features of this type of anaemia is its chronicity. The onset may be rapid during pregnancy or in the post partum state, or so slow as to be observed first by the physician when he is consulted about resulting weakness. Once established, the anaemia usually persists for years, uninfluenced by ordinary treatment. Most of the cases seen give a history of treatment over periods of five to ten years. They are unlike post partum anaemia, as described by Osler, and chlorosis chiefly because they resist treatment. They differ from pernicious anaemia in that they do not show the cord changes, the characteristic blood picture, and achlorhydria is not a constant feature.

A group of such cases was treated with a capsule, supplied by Charles E. Frosst & Co., containing iron and copper. The results obtained were very gratifying and the following are among the conclusions made from this study:—

1. "Idiopathic anaemia of a hypochromic type tends to persist for years unless treated."
2. "Cases of this disease of long duration were treated with a combination of iron and copper in capsules given by mouth. Prompt improvement followed in all cases, with restoration of the blood to about its normal level."
3. "The improvement noted in two of our cases during a period when Bland and Calf's liver were given simultaneously, may be explained on the basis of the high copper content of the liver."

Correspondence

Hotel Citronelle, Citronelle, Alabama,
Feb. 28, 1930.

My dear Smith:—

I thought the enclosed might interest you. I cut it from a newspaper in Ohio. The "neurocalometer" can be purchased from the celebrated Dr. B. J. Palmer—price \$150.00 who has evidently got a hint from Abrams. It shows how the nerve impulses are flowing, and where the chiropractor should lay his hands.

We are having delightful weather, and I feel much better. Can walk much more freely than I could when we reached here. With all good wishes. Faithfully,

(Signed) W. H. HATTIE.

Chicago, Feb. 20.—(AP)—To those who understand the meaning of the words, this may mean something. The one point that seems absolutely clear is that Dr. William Parker, a chiropractor, was granted a divorce yesterday on grounds that his wife's backbone was faultily constructed.

The chiropractor states his case to Judge Lynch this way:

"That part of the mesoblast near the notochord forming the primitive segments in Mrs. Parker's craniata, was so 'muscle bound' that she was given to frequent impulses to strike me with missiles of varying proportions.

"On March 30, 1929, it was a rolling pin. On St. Valentine's day it was a hammer.

"Her vertebral aponeurosis failed to respond to the touch of my finger tips."

"By which you mean to say—what?" inquire the court.

"That the facia covering the muscles of her back in the thoracic region were not functioning properly, causing her to be irritable and hot-tempered."

"I told her when we separated last May," added the chiropractor, "that she might keep the neurocalometer in lieu of alimony, to which she agreed."

He was given a decree.

Dr. S. L. Walker, General Secretary,
The Medical Society of Nova Scotia, Halifax, N. S.

My dear Walker:—

Your letter of February 27th very welcome.

I do not see the Nova Scotia BULLETIN. I presume the copy which comes to the Editorial office is preserved there for the use of the Editor.

I am glad of your assistance in publishing my recent letter in your April issue.

If a tentative programme of the July meeting has been published in the March issue may I have a copy? Also copies of the April, May and June issues so that I may follow the development of the programme and note just what I am let in for.

But I hope any words of mine in July re. Blackadar Lecture Fund will be a simple announcement of the completion.

Yours sincerely,

A. T. BAZIN.

Yarmouth, Nova Scotia,
March 7, 1930.

To The Medical Society of Nova Scotia,

Dear Medical Society:—

At Dr. Perrin's request I am to tell you of the marvellously beneficial result he is experiencing from the use of "Stramonium" in his personal case of Paralysis Agitans; a history of which remedy you all doubtless have seen lately, and the recommendation of its application to such cases. Called to his attention by four dear members of his own profession, Doctors Webster, Farish, Campbell and Blackadar of Port Maitland (who have been so kind to him) and approved by no less an authority than Doctors John Stewart and S. L. Walker of Halifax, during friendly calls, Dr. Perrin felt that it would be the part of wisdom to give "Stramonium" a trial.

After, over three months of taking it, in twenty drop doses twice a day, he thinks that to let his kindly interested friends know of the value of this medicine, and the result of their having brought it to his attention, and positive relief, as well as the broadcasting the same, as far as he is able, is but a small return for the knowledge of its intrinsic value in his particular malady. This is shown in very marked steadiness; much better ability to use his feet in taking steps, after a season of almost complete inability at times; no more violent tremors; much less nervousness and waking frenzies at night, peculiar to paralysis agitans subjects; the doing away with the night dose of Hyocine to induce sleep and altogether a decided improvement, which we surely are attributing to this daily use of "Stramonium" freshly distilled from the leaves of the plant, by a local druggist. Together with plenty of stimulant and strong food, upon which I insist, "Stramonium" so far is doing wonders for Dr. Perrin, who sends you all warm fraternal greeting. I have the honour to be,

Respectfully yours,

A. M. PERRIN, M.D.,
Per Ida Perrin.

St. Martin's House,
70 Band St., Toronto 2,
February 24th, 1930.

Dr. S. L. Walker,
General Secretary,
The Medical Society of Nova Scotia,
Halifax, N. S.

Dear Dr. Walker:—

Thank you very much for your letter of February 19th. We are acting on your suggestion and sending you with our compliments

a copy of Heagerty—Four Centuries of Medical History in Canada for review.

As you know, this book has been already reviewed very widely both in the United States and Canada, and we assure you we shall be greatly obliged if you will recommend it to your clientele. \$12.00.

Please send us a copy of the issue of your magazine in which your review appears.

Yours very truly,

THE MACMILLAN COMPANY OF CANADA LIMITED.

Council Surprised. The Aldermen of the City of Halifax recently expressed both surprise and pleasure when they received a letter from the Halifax Branch of the Medical Society of Nova Scotia thanking them for keeping the streets clear of snow, during January and February of this year. The Mayor thought the letter unusual, but on motion of Alderman Cragg it was unanimously resolved to acknowledge the letter with thanks.

“The King of Sports” is what Neil R. McArthur, K.C., of Sydney called Dr. A. S. Kendall, Honorary Member of the Medical Society of Nova Scotia, at a recent banquet of the Cape Breton Horsemen at the Isle Royale Hotel. The *Glace Bay Gazette* says:—

“The premier speech of the evening was delivered by Dr. A. S. Kendall, who was perhaps the oldest racing fan at the banquet. A lover of horses from his childhood days, Dr. Kendall reviewed the sport of kings from three hundred years ago down to the present time. His remarks were of a highly interesting nature and interspersed with bits of humor for which the ‘Doctor’ is so well noted.”

There was held in February a meeting of the Nova Scotia Conservative Association in Halifax. While the Medical office holders in this Association are not as prominent as in the Cape Breton County Liberal Association, yet we note that Dr. F. R. Little of Halifax and Mrs. (Dr.) John Bell of New Glasgow are named on the Executive. County Executives included Dr. Rankin for Halifax and Dr. Grant for Inverness.

All Worn Out. An obituary note in a religious publication states that a brother in Battle Creek, Michigan, died of prostrated glands.

The wives of Brigham Young were the first to employ the prophet-sharing plan.

Reviews

Dr. S. L. Walker, Halifax, N. S.

UNDER this heading it will afford the BULLETIN next month much pleasure to review the first volume of the two volume edition of a book written by Dr. John J. Heagerty, D.P.H. of Ottawa, entitled "Four Centuries of Medical History in Canada." It is published by The MacMillan Company of Canada at St. Martha's House, Toronto. The price is \$12.00 for the two volumes.

THE CONTROL OF SCARLET FEVER

(From a Book Review in the February Journal of the *Canadian Medical Association*).

Dr. A. K. Geddes writes the following review of a book or rather an article written by Doctors G. F. and G. H. Dick, published in the Amer. Jour. Dis. of Children, Nov. 1929. The review appears in the February number of the *Journal of the C. M. A.* The review is as follows:—

"The Dicks discuss the present status of scarlet fever control and therapy on the basis of observations made during the last six years on 32,440 on whom skin tests were made, 11,584 susceptible persons who were immunized by their toxin, and 967 cases of scarlet fever treated with the therapeutic serum.

They describe an exact technique for the skin test and indicate the common errors in method and interpretation. Positive reactions are frequently read as negative through failure to observe them in a bright light not more than 24 hours after the injection. 'The slightest flush, no matter how faint the color, constitutes a positive reaction, if it measures as much as 10 mm. in any diameter.' Of 20,856 persons with spontaneously negative skin tests none contracted the disease after exposure. The intensity of the reaction to the skin test is proportionable to the susceptibility of the subject.

General reactions after active immunization are to be expected in 10% of cases. Five graduated doses of the toxin beginning with 500 skin test doses and increasing to 100,000 skin test doses may be counted on to immunize completely 95% of susceptible persons. 'Re-tests made at intervals of one, two and three years indicate that more than 90% of those immunized to the point of an entirely negative skin reaction retain their immunity.' 11,584 persons showing positive skin tests were actively immunized and did not contract the disease in institutions where scarlet fever was epidemic. Ricinoleated toxin has no protective value.

The administration of prophylactic doses of antitoxin to all contacts is not justified. The Dicks advise waiting for the development of symptoms and giving the therapeutic dose early, unless it is possible to make skin tests and nose and throat cultures to determine which of the contacts require antitoxin. They advise the use of antitoxin in all cases of scarlet fever, and believe it effects a marked reduction in the incidence and severity of the complications."

From the January 1930 issue of the *Bulletin* of the Vancouver Medical Association we gather that the "open" versus "closed" hospital is creating much interest. It appears that the Board of Governors, without consulting the Medical Association, practically turned the General Hospital from an open to a closed hospital, in that if charges are not paid in advance or secured such patients will be transferred to the care of the Hospital Staff. As it is probable that very few public ward patients will be able to comply with this demand it will close the public wards to many members of the profession. As a result of a series of conferences the Board requested the Association to give the plan a three months' trial. We shall follow the matter with interest.

OPIUM AND NARCOTIC DRUG ACT

The Annual Report of the Narcotic Division of the Department of Pensions and National Health for the year ending March 31st, 1929, has just been received. This report may not be of very much interest to most of the doctors in Nova Scotia, but it has some features that should be known by every member of the profession.

In the first place Nova Scotia stands in the proud position of being the only Province in the Dominion in presenting a clean sheet in the matter of "Infractions against the Opium and Narcotic Drug Act" for an official year ending Sept. 30th, 1928. Prince Edward Island had one infraction and New Brunswick had three. British Columbia as might be expected, heads the list with 200 infractions. Quebec comes next with 105, Ontario and Manitoba gave respectively 76 and 25 such cases; Saskatchewan and Alberta 15 and 5 respectively.

Then as regards the racial origin of those convicted of charges in connection with this Act, in a total of 430 cases 286 were of the Chinese race and 116 of British or American birth. This explains the large number in British Columbia where immigration from China is a serious matter. From the local newspapers we gather that the next report on this subject will not give Nova Scotia a clean sheet, some seizures having been reported in Halifax within the last year.

While this evil is not rampant in the Maritime Provinces the Medical Society cannot afford to ignore the danger of permitting this traffic to become any greater in this Province.

The General Surgery Volume of the *Practical Medical Series* for 1929 came to hand early in February and has been added to the BULLETIN Library which is rapidly growing. This volume is edited by Evarts A. Graham, A.B., M.D., Prof. of Surgery, Washington University School of Medicine, etc. It is a volume of 800 pages sufficiently well illustrated, all these books being of very convenient size.

The key note apparent in this volume appears to be a resume of progress or reports of findings of investigators all over the world. The book has entailed an immense amount of reading of all medical Journals and papers dealing with Surgery.

Some 262 pages are devoted to Abdominal Surgery, 57 pages to Bone Surgery, and over 90 pages to Orthopedics. For the Surgeon who has not the time or opportunity to read many journals this volume is a very ready reference for recent literature on every field of surgical work.

As intimated before, these volumes are issued from time to time during the early part of each year. They cover the entire field of recent medicine and surgery, and each volume is complete on the subject of which it treats for the year prior to the time of its publication. While libraries will obtain the full series most physicians and surgeons will prefer to make selections.

The price of this volume on General Surgery is \$3.00 and may be obtained from,

THE YEAR BOOK PUBLISHERS,

304 South Dearborn Street,
Chicago.

MERCK'S INDEX

As the title page announced, this is the fourth edition of a volume first published in 1889. This edition brings thoroughly up to date the material presented. It is an Encyclopedia for the Chemist, Pharmacist and Physician. The average physician knows little of the chemicals and drugs used in Chemistry, Medicine and the Arts. Moreover it is impossible for the man in practice to keep posted as to the basic nature of new preparations, their medicinal action, therapeutic uses, ordinary and maximum doses, incompatibilities, antidotes, etc., etc. Without this knowledge many scientific articles are like Greek to the non classical reader. To such readers the Index is a ready reference.

It is to be noted that care has been taken to avoid a massing of matter and detail which would only have defeated the purpose of a condensed, comprehensive, reliable Encyclopedia of Drugs and Chemicals for the use of members of several allied professions. In an appendix we find such little things as atomic weight, and reactions

of important alkaloids and glucosides; reactions of acids, bases, metals and salts; metric and thermometric equivalents, etc.

In all modesty the preface to this valuable work concludes thus:—

“To those who have dedicated themselves to the advancement of Chemistry, Pharmacy and Medicine; to these whose life work is bound up in these sciences, this edition of Merck’s Index is dedicated, with the sincere wish of the publishers that it may often be of some real assistance to them in their work.”

Members of the Medical Profession in Nova Scotia, desiring to add this book to their libraries, may obtain it by sending \$2.50, being one-half the general distributing price, to,—

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Sec. Treas. and Actuary, Bernard Lockwood, F.F.A.

Psittacosis

FROM several quarters have come reports of human deaths regarded as due to an infection from diseased parrots. As Nova Scotia has sailors in every clime it would be natural to expect some of them to bring home parrots, not to mention those homes where silence is not broken by the human feminine voice, who would obtain them for company. But, if the keeping of parrots is attended by the danger of a severe or fatal disease, it is wise to give the matter consideration.

Apparently the cases reported confirm the opinion that primarily the disease, may be passed from the bird to the human, but one human may also pass it to another. Of course one parrot passes it to another.

A very natural question arises. What gave the infection to the parrot in the first place? Is there even any first case of an infection? When did parrots first develop this disease? Why were human cases not found years ago for parrots have been boon companions of sailors and others for hundreds of years? Perhaps some cases of Enteric Fever of former days might have been cases of Psittacosis. Is it worth while to be extending our list of diseases? Are we forgetting that our main objective in treating a patient is to get him well rather than to diagnose his disease to the "Nth degree?"

We note further that this disease appeared first in Hamburg the largest importing centre in the world for South American parrots. An epidemic of this disease was observed last year in Argentine and Brazil. Cases have been reported at intervals since 1879 and a considerable outbreak occurred in Paris in 1892,—49 cases with 16 deaths.

Perhaps some of our Bacteriologists or Pathologists might give the BULLETIN some advice as to whether it is safe for us to admit parrots to Canada unless they are certified as free from the disease or are non-carriers.

It is suggested that the proper place to treat cases of Psittacosis is the Poly Clinic.

S. L. W.

OBITUARY

THE death occurred March 6th, 1930, at her home, 61 Hollis St., Halifax, of Mrs. W. N. Wickwire at the advanced age of 87 years. She was the widow of the late Dr. W. N. Wickwire, who was a prominent member of the medical profession, and who died a number of years ago at the same time as did their only daughter. Mrs. Wickwire was a daughter of the late Honorable Alexander and Mrs. Keith of Halifax. Six grandchildren survive to mourn the loss of one of kindly and loving disposition to whom she was a veritable mother.

In the 88th year of her age at Vernon, B. C., there passed away Mrs. Jessie H. Smith, widow of the late Dr. R. B. Smith of Upper Stewiacke.

A wonderful woman passed to her Reward recently when Mrs. "Tom" Blair, formerly of Salmon River, near Truro, died at the home of her daughter, Mrs. Geo. J. Ryan, in Brooklyn, New York at the ripe age of 90 years. Mention is made of this in the BULLETIN for Mrs. Blair was (oft-times) the right hand of the older doctors in Truro. Possibly Dr. H. V. Kent of Truro and the writer are the only ones who definitely recall the life of service she gave to those sick and in distress. And it was voluntary service of the highest character. An obituary notice in the *Truro Daily News* refers to her and her work as far back as sixty years, and we quote one paragraph:—

"In those days there was no Hospital, no trained nurses, no V. O. N., ladies who could be called on in cases of need. In many such cases Mrs. Blair was simply an Angel of Mercy. Being blessed with a strong constitution and a determined will she had little or no fear of personal danger and did not have much patience with those who were more willing to pray than to work."

We cannot do more than say, Resquiescat in Pace. "she hath done what she could."

S. L. W.

The members of the Medical profession in Nova Scotia will extend sympathy to Dr. Eliza T. Brison of the staff of the Victoria General Hospital, on the death of her brother, R. F. Brison of Sudbury, Ontario, February 18th, 1930. Mr. Brison was a native of West Gore, Hants County, Nova Scotia, and a man of fine character and pleasing personality.

A prominent merchant, vocalist and sportsman, in the person of John W. Grant of New Glasgow passed away March 3rd, 1930. He was but 53 years of age. Besides his widow and parents he is survived by two sisters and two brothers. One of his sisters is Mrs. Hattie, wife of Dr. W. H. Hattie, who has our sympathy.

On February 16th, 1930, there passed away at her home in Westville a most respected lady, Mrs. George E. Munro, after an extended illness. Among the immediate members of the mourning family is a son, Dr. George H. Thompson of Pittsfield, Mass., who is well known to the medical men in Eastern Nova Scotia. Dr. S. G. MacKenzie was one of the pall bearers on the occasion of her interment at Riverside Cemetery, New Glasgow.

Mrs. Little, wife of Dr. F. R. Little of Halifax recently was called to Chatham, N. B., owing to the death of her father, Mr. George J. Dickson of that town. He was 76 years of age.

Local and Personals

DR. H. A. Ratchford of Inverness spent a week's vacation in Antigonish and Halifax the latter part of February.

Born. At Springhill, February 24th, 1930, to Dr. and Mrs. H. L. Simpson, a daughter.

Prof. E. G. Young, Professor of Biochemistry in the Dalhousie Medical School has purchased a house and lot, next to the Commodore Apartments, Oxford Street where he has recently resided. This house was formerly owned by Dr. H. K. McDonald of Halifax.

Mr. Paul C. Black many years District Agriculturist at Grand Forks, B. C., has recently been made Assistant Agronomist of British Columbia with headquarters at Victoria. He is a son of the late Dr. J. B. and Mrs. Black of Windsor, Nova Scotia.

Newlywed—Have you ever thought seriously about marriage?
Singleton—Certainly not. No man ever thinks seriously about marriage until after it has happened.

Beyond Comprehension.

Talkative Lady: "Do you know professor, I think you are positively wonderful. Has anything ever really puzzled you?"

Professor: "Yes, madam; one thing."

"And what is that? Oh do tell me."

"If exercise reduces flesh, why is it that so many women have double chins?"

Cavanagh-Williams. The marriage took place January 8th, 1930, at Truro of Dr. Charles S. Cavanagh, now located in Mulgrave, to Miss Margaret E. Williams formerly of Port Hawkesbury. Dr. Cavanagh graduated from the Dalhousie Medical School in 1929. The bride was for a number of years on the staff of MacLeod and Balcom's West End Drug Store, Halifax.

Corbett-Chisholm. The marriage of Dr. H. R. Corbett, N. S. Sanitorium, Kentville, to Miss V. A. Chisholm, daughter of Mr. William Chisholm of Glace Bay, was solemnized at St. Mary's Cathedral, Halifax, Feb. 25th, 1930. She was given in marriage by her father. Miss Marie Jamieson of Halifax, attended her, while Dr. Gerald Burns of Halifax valiently supported the trembling groom. The wedding trip included New York, Buffalo and Chicago, in which cities Doctor Corbett spent, doubtless, the least possible time in various X-Ray

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Departments. Congratulations and sympathy. A wedding breakfast at the Queen Hotel and a reception at the home of Mrs. J. H. C. Murdock were features of the very eventful day for many persons. Dr. and Mrs. A. F. Miller and Dr. Beckwith of Kentville were among the many guests.

Dr. F. A. R. Gow, surgeon on the steamship, Lady Nelson, spent a few days with his family at Greenwich, Kings County, while his ship was in port in February.

Mrs. W. Alan Curry and her two little daughters, together with Dr. Curry's mother, of Halifax, recently sailed to England for a somewhat extended visit.

Dr. D. L. McKinnon of Truro is to be congratulated upon the success of his daughter in being elected one of the members of the Student's Council of Tufts College.

Sterilization. The State of New Jersey has found that medical men are not in agreement upon this procedure in cases of the mentally diseased or defective. We do not think any effective legislation along this line can be carried out at the present time.

Quarantine. It was stated in the Press that Scarlet Fever in Sydney in February required the quarantining of 38 houses and it was rumored the schools were to be closed. There are cheaper and more effective means of checking an epidemic than that. The Department of Public Health should have the power to make better methods compulsory.

Dr. C. J. Sparrow of Reserve spent two days the latter part of February attending an Executive meeting of the Provincial Command of the Canadian Legion in Halifax.

Dr. J. A. McDonald, M.P., St. Peters, was accompanied by his wife and daughter to Ottawa for the present session of the Federal House.

Again we note two deaths in Toronto apparently from the Anaesthetic, a woman aged 40 being operated on for Appendicitis and a man 63, who died just as the surgeon was about to begin the Anaesthetic. It is hoped that the investigation will bring about definite and conclusive findings and that it should not be left entirely to the hands of the Attorney General.

Dr. A. W. Miller and Mrs. Miller of New Waterford spent a few days in Halifax. Several members of their family are in attendance at Dalhousie.

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

Write for authoritative data and the story of VITA Glass.

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At a recent meeting of Branch 284 of the C. M. B. A., in Glace Bay, Dr. M. G. Tompkins of Dominion gave an address on the lives and works of Lister and Pasteur which was apparently greatly appreciated. We also note that Rev. Father MacAdam moved the vote of thanks. That was only natural as he is one of the strongest health service advocates in Cape Breton. Addresses of this nature bring the laity and the profession closer together.

Dr. J. C. Wickwire of Liverpool has purchased a property on Main Street. One would conclude that another Dalhousie graduate (1927) was making good in his home province.

In our list of doctors in civic politics we omitted the name of Dr. G. K. Smith, who is the Mayor of Hantsport. For this and any other omissions we apologize.

Dr. C. B. Trites of Bridgewater spent some weeks recently in New York attending Eye, Ear and Nose Hospital Clinics.

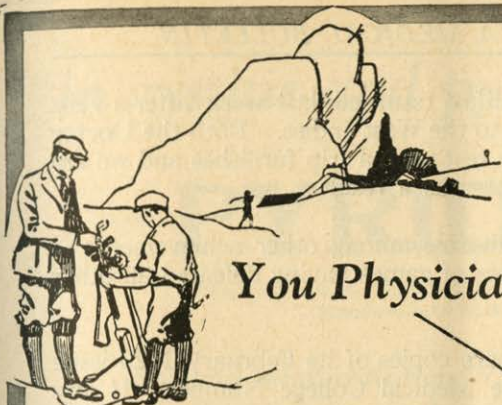
Dr. and Mrs. G. W. Brown of Clark's Harbor had recently with them as a visitor their daughter Elizabeth, not long since a graduate nurse of the Massachusetts General Hospital.

From the *Progress-Enterprise* we learn that Dr. Victoria Ernest was recently a patient in D. M. Hospital, Bridgewater and is making a good recovery after operation.

Dr. A. A. Schaffner of Halifax was recently presented with a long service jewel, having been lodge surgeon of Diamond Jubilee Lodge I. O. O. F. (M. U.) for 28 years. The Doctor expressed suitable surprise and sincere appreciation.

Dr. John W. Flinn of Phoenix, Arizona, spent a week recently in Nova Scotia. Dr. Flinn began practice in Wallace but owing to a break down in health he removed to Arizona about 30 years ago. For over 20 years he conducted a cottage Sanatorium in the Town of Prescott, but recently his consulting practice became so extensive he removed to the City of Phoenix and is confining himself to consultant work only. While in Halifax he was the guest of his son, Mr. Z. Flinn, a second year medical student at Dalhousie. He also visited his former home in Wallace where a sister and two brothers still reside. Dr. Flinn's wife is a sister of Mrs. S. L. Walker of Halifax.

Great Vitality. "Toronto, February 26th, 1930—After 11 years illness, during which period she had been a patient in turn in every city hospital and received the care and attention of 31 physicians, Jessie A. Williamson, wife of George Fraser has just died."



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the nicely matched balance that gets results.

Dr. J. G. McDougall of Halifax returned last week after a very pleasant trip of some eight weeks to the West Indies. Both the Doctor and Mrs. McDougall needed the rest such a trip furnishes and we are glad to know they are both better as a result.

The Medical School of Dalhousie among other achievements is high liner in the Basket Ball series of games having defeated all other University teams.

The BULLETIN has a few spare copies of its February 1929 issue which was a splendid Dalhousie Medical College Number. If any graduate would like a copy please send your name and address to,

The General Secretary,
Medical Society of Nova Scotia,
Halifax, N. S.

Elsewhere, under the heading of Correspondence, we publish a letter from Dr. A. M. Perrin of Yarmouth on the beneficial effects of Stramonium to relieve the distressing features of Paralysis Agitans which has laid him aside for a number of years. We also appreciate the compliment of including the General Secretary among those who speak with "Authority." Dr. Perrin was made an Honorary Member of the Medical Society of Nova Scotia in 1923.

Stalemate.

Two Scotsmen took dinner together in a restaurant. After dinner, the waiter brought the bill. The two sat and talked for a couple of hours, after which conversation failed, and they merely smoked in silence. At one a. m. one of them got up and telephoned to his wife.

"Dinna wait up any longer for me, lass," he said; "it looks like a deadlock."

Surprise Parties have not gone out of style, for early in March some 30 ladies surprised Mrs. Proudfoot, wife of Dr. J. A. Proudfoot of Inverness, at her home presenting her with an address, a silver flower basket and a bouquet of tulips. It was a very pleasant birthday surprise.

To many former members of the C. A. M. C., it will be of interest to know that Major-General J. T. Fotheringham, C.M.G., M.B., LL.D., has been elected to Honorary Fellowship in the Academy of Medicine, Toronto. He will be remembered as A. D. M. S., of the Second Canadian Division in France from 1915 to 1917, receiving the C.M.G., for his services. He was Director General of Medical Services from 1917 to 1920.

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Dr. E. J. Johnstone of Sydney left on March 3rd for an extended trip to the United States. He will be a guest of his daughter, Mrs. Carr Stewart in Brockton, Mass., for several weeks.

We note the Annual Meeting of the Canadian Legion Guards Athletic Association of Glace Bay was held recently. In the list of officers we naturally found Dr. A. Calder, Hon. President, and Dr. J. Fabian Bates as President.

District Orders M. D. No. 6 announce that all C. A. M. C. officers carried on the strength of active and reserve units December 31st, 1929, are now placed on the General List or the Reserve General List, as from January 1st, 1930.

All Nursing Matrons and Sisters, C. A. M. C. on strength are similarly posted.

The BULLETIN learns that Dr. W. E. Fultz of Glace Bay is now limiting his practice to Eye, Ear, Nose and Throat work. Dr. Fultz spent a year at the Massachusetts Eye and Ear Infirmary and has recently returned from doing similar work in Nashville, North Carolina. He was a graduate of Dalhousie in 1925.

Both last year and this year at the Dalhousie Medical Students' Dinner, Mr Arthur Murphy, Class of 1930, son of Hon. G. H. Murphy, M.D., of Halifax, responded to toasts with speeches that were most entertaining and appropriate to the occasion. It was not unexpected that he should have been elected to receive the James Malcolm award for this term, indicative of service and unselfishness during his study period of his stay with the Medical School of Dalhousie University. We extend hearty congratulations to the recipient, and incidentally to Dr. and Mrs. Murphy.

Dr. C. J. Sparrow of Reserve is now County Jail Physician, Dr. W. J. Egan of Sydney having declined the appointment.

Born. At Hantsport, March 15th, 1930 to Dr. G. K. and Mrs. Smith, a son.

Dr. M. E. McGarry, M.L.A., of Margaree Forks recently addressed the Commercial Club of Halifax. His general topic was the value of fraternal, social, or community clubs in opposing forces of modern life which tend to destroy community welfare spirit.

Dr. W. J. Egan of Sydney was the speaker at a meeting of the A. O. H. at New Aberdeen on March 17th, 1930. As would be expected, his topic was "The History and Life of St. Patrick." Also, as expected, it was a charming mixture of history and anecdote.