

Recent Advances in Endocrinology*

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IT is the purpose of this paper to review the recent advances in the field of internal secretions with reference to our knowledge of the hormones themselves. The past five years have constituted a period of unparalleled activity and discovery by research workers in this field. From what may well be described as a state of chaos, the fundamental knowledge of the active principles of the glands of internal secretion and their normal physiological activity is slowly being arranged. Possibly in no other field has clinical application so tended to outdistance sound scientific knowledge. The result has been a large number of glandular preparations on the market without any justification by clinical or laboratory means other than the fiction on their labels or advertisements. Sound advance in the realm of organotherapy will always depend upon the purity of the active principles when such exist. It is true that for therapeutic purposes the chemical purity of a preparation is often of secondary importance so long as the physiological activity is present. Thus the fact that insulin has been isolated in a crystalline form is not of any great medical significance from the standpoint of therapy. But it will be evident to all that only with the pure chemical can the exact physiological activity be determined. Only thus can the chemist attempt a synthesis with the possibility of the production of a much purer and cheaper drug. Adrenaline is a good example, discovered clinically by Addison in 1849 as associated with the disease which bears his name, established physiologically by Oliver and Schafer in 1894 as an active principle of the adrenal glands and isolated chemically in 1901 by Takamine and Aldrich. The synthesis of adrenaline was accomplished in 1904 by Stolz and the medicinal product has been largely from this source ever since. Far too few of the preparations of organotherapy rest on such a sound foundation. There is at present a deplorable state of affairs with respect to the preparations of the sexual glands. *Not one of the many products on the market has adequate proof of its potency.* The future is bright for the active principle of the ovary as will be shown below. The other products are not proven as to their merits and must be used with a considerable amount of scepticism.

*The material in this article has been taken in part from a paper presented before the Halifax Branch of the N. S. Medical Society on November 26th, 1930.

HORMONE OF THE THYROID.

In 1895, Baumann published an account of the detection of appreciable quantities of iodine in the thyroid gland. That the greater part of this element was in organic combination was proven in 1914 by Blum and Grutzner. The actual principle was hidden under such ill-characterized names as thyro-iodine, iodothyryn and iodothyreo-globulin. To E. C. Kendall of the Mayo Foundation is the credit due for the isolation of an active crystalline substance from the thyroid gland in 1919. His method was long and tedious and required to be carried out on a semi-commercial scale for success. From 6,550 lbs. of hog thyroids he obtained 33 gms. of thyroxin in the course of seven years. This compound he described as having the formula $C_{11}H_{10}O_3I_3$ of which 65% by weight was iodine. The method of preparation was carried out by Messrs. Squibb of New York and marketed for clinical use as pure thyroxin at a rather prohibitive price.

Some years afterwards C. R. Harington attempted to synthesize the compound as given by Kendall and found his preparation physiologically inert. This led him to reinvestigate the method of its isolation and in 1926 Harington published from University College Hospital Medical School of London, two papers on the chemistry of thyroxin. He described a briefer method of preparation than that of Kendall in which his yield was 0.12% of the fresh gland or approximately one hundred times greater. He obtained crystals which had a definite melting point of $231-33^\circ$ and which in general behaved like thyroxin including its physiological activity on metabolism. On analysis, however, his results differ sharply from those of Kendall. The empirical formula was $C_{15}H_{11}NO_4I_4$. Having established this he proceeded to determine its constitution. To complete a brilliant piece of research work Harington the following year described a method of synthesis and checked the physiological activity of his product. He further analysed the active material manufactured and marketed by Squibb as thyroxin and found it to agree with his general conclusions as to constitution.

The latest addition to our knowledge of this substance is a paper by Harington and Salter (*Biochem. J.* 1930, 24, 456) on the isolation of thyroxine from the thyroid gland by the action of proteolytic enzymes. It is the general conception that thyroxin exists in the gland in a combined form as a protein complex-iodothyreoglobulin. It has been claimed that this complex, although never isolated in pure form, was more active than thyroxin itself. Harington and Salter have succeeded in digesting fresh thyroid glands rapidly and as completely as possible by the use, first of pepsin, then trypsin. By adjusting the reaction a precipitate is obtained which consists of a peptide containing the thyroxin. This material contains 50% of its weight as iodine and is more soluble in aqueous solvents than thyroxin. It possesses about the same physiological activity in the oxygen con-

sumption of rats when injected subcutaneously, but is considerably more active when administered orally. Dr. Reid Hunt in Boston has tested the relative activity of this peptide as compared with the U. S. P. standardized desiccated thyroid and found it to be 250-500 times more active. It is safe, I believe, to conclude from this work that thyroxin is the only active principle of the thyroid and that it exists in the gland partly free and partly in the combined form which itself is active.

HORMONE OF THE PARATHYROID.

In 1925 Collip published a method of obtaining from ox parathyroid tissue an extract which was potent in the relief of symptoms, especially tetany, in parathyroidectomised dogs. He further showed that the action of this extract was in the control of the calcium level of the blood. Thus in normal dogs by suitable injections of the extract, it was possible to produce a hypercalcaemia with characteristic syndrome in contrast to the hypocalcaemia of tetany. The preparation was effective by mouth, subcutaneously or intravenously. Collip described his preparation as a light gray amorphous powder containing protein. Its activity was lost if exposed to digestive enzymes at 40°C. and to dilute acid or alkali at 100°.

In the October number (1930) of the Journal of Biological Chemistry there is to be found a paper by W. R. Tweedy on the preparation and stability of this hormone known clinically now as "parathormone." His preparations are similar to those of Collip. He states the yield to be 0.44% of the original gland weight. The active principle has been found to be completely soluble in phenol, tri-cresol and 94% acetic acid. The material has been shown to be much more stable than originally supposed by Collip. Its protein nature is now highly improbable and the composition of the compound is entirely unknown.

HORMONE OF THE PANCREAS.

The future of the internal secretion of the pancreas was amply forecast before the biochemist had begun his attempts at the isolation of a crystalline principle. Shortly after the success of Von Mering and Minkowski in relating the pancreas to the condition of diabetes mellitus experimentally, Minkowski in 1889 postulated the existence of an active principle essential for carbohydrate metabolism. Indeed Schafer in 1916 was so convinced of the existence of this principle as to suggest the name of "insulin" prior to its isolation and relating it to the islets of Langerhans. Such action is only excusable from the standpoint of chemical morals in that the sinner was a physiologist. There was in the work of Zuelzer in 1908 the evidence of the possibility of isolation of such a principle. One of his procedures was to extract the minced pancreatic tissue with a dilute bicarbonate solution. Albumin was removed by the addition of alcohol. The filtrate was concentrated *in vacuo* at a low temperature and the residue obtained

was a fine, grey powder. Zuelzer was aware of the potency of his preparations in lowering the level of sugar in the blood. His preparations proved too toxic to encourage general interest however.

The hormone was obtained in a state sufficiently pure for clinical use in 1922 by Banting and his co-workers in Toronto. The essential points in their success were the use of fresh pancreas and its extraction by means of acidulated alcohol of 60% strength. The chemical nature of the active principle, however, remained a mystery for several years. In the early autumn of 1924, Professor Abel and his assistant Dr. Geiling were invited by Professor A. A. Noyes to go to the California Institute of Technology to investigate the chemical nature of insulin under a grant from the Carnegie Foundation. This marked the beginning of the work which four years later resulted in the isolation of the active principle.

In 1926 Professor Abel announced before the National Academy of Sciences the crystallization of insulin and the details of the procedure appeared in 1927. The general outline of his method is as follows. To a solution of the crude commercial insulin made up in 10% acetic acid is added a buffer solution of brucine acetate. The reaction of the medium is adjusted by means of 13.5% aqueous pyridine. This produces a copious precipitate containing not a little insulin. This is rejected and the filtrate is made less acid by the addition of 0.65% aqueous ammonia to the isoelectric point of insulin pH 5.6. A further precipitate is obtained which is rapidly centrifuged off and the clear supernatant fluid allowed to crystallize for a period of twenty-four hours. From an original unitage of 13 international units per mgm. the crystals of insulin show a potency of 40-60 U. per mgm. The material is a protein with the approximate distribution of the elements as $C_{45}H_{69}O_{14}N_{11}S(3H_2O)$.

Nothing, however, has been discovered in the constitution of insulin to account for its remarkable oxidative power. Its synthesis is a difficult task for the distant future.

HORMONES OF THE PITUITARY.

That the anterior lobe contains a substance important in the process of growth has been recognized for many years. The pathological conditions of Fröhlich's syndrome and acromegaly are accepted as hypo and hyper pituitarism respectively. The feeding of fresh or dried glands in experimental animals, however, has given negative results on the whole. The active principle is still unknown chemically.

It will be of interest to refer here to some very recent work which suggests that the hormonal control of lactation is to be found in the anterior lobe of the hypophysis. Evans and Simpson announced in 1929 that extracts of the anterior lobe induced a hyperplasia of the mammary glands in rats. This was discovered simultaneously for dogs by Putnam, Benedict, and Tul. Both groups of investigators

were using animals in possession of their ovaries and explained their results as an action of the extract on the corpus luteum tissue which in turn caused the proliferation of mammary tissue. In the October number of the American Journal of Physiology (1930) G. W. Corner reports experiments on spayed virgin rabbits using an extract of whole sheep's hypophysis. The preparation was made simply by extracting the minced glands with an alkaline fluid which was subsequently neutralized and filtered. The clear filtrate was injected daily subcutaneously in 2 c.c. quantity representing about 0.5 gm. of whole, fresh pituitary. The result was a proliferation of the mammary gland and simultaneous lactation. Previous treatment with extracts of corpus luteum was not found to be necessary. The clinical possibilities of this work are obvious.

In 1895 Oliver and Schafer demonstrated the pressor effect of simple saline extracts of the posterior lobe. This was extended by Dale in 1906 to the effect on excised uterine muscle. Because of its commercial importance the methods for the preparation of active material are to be found largely in the patent literature of Germany, England and America, and frequently incomplete. Although several of these methods describe the isolation of an active crystalline substance in no case has this substance been demonstrated to be pure. Abel and Kubota established in 1919 the similarity of the active principle or principles to histamine. That they are not identical has been amply proved by Dudley on the basis of destruction of the active principle by alkali and trypsin and differences in solubility in chloroform and butyl alcohol. Moreover in 1921 Dale and Dudley advanced evidence on the basis of fractional destruction to show that the oxytocic principle and the pressor principle were distinct substances. That the conception of multiple principles is a fact has recently been established by Kamm and his co-workers, Aldrich, Grote, Rowe and Bughee, in a paper which appeared in the Journal of the American Chemical Society in 1928 from the research laboratories of Parke, Davis & Co. The primary extraction of the glands was made with dilute acetic acid which removes the active principles almost quantitatively. If water alone is used, there is a loss of 20% of the oxytocic principle and 75% of the pressor principle. The procedure of the U. S. Pharmacopoeia was followed in detail beyond this point. The active principles were salted out along with protein by the use of sodium chloride. They were then dissolved from the protein by glacial acetic acid and precipitated by the addition of acetone. The oxytocic principle tends to remain in solution and the pressor principle to be precipitated. By repetition of this procedure it is possible to obtain a separation from an original solution which contains 100% pressor and 100% oxytocic principles, two containing (1) 100% pressor and 8% oxytocic (2) 100% oxytocic and 4% pressor substances. A recombination of these solutions establishes the original potency. It may be of interest to mention that the diuretic-antidiuretic principle effective in the treatment

of diabetes insipidus appears identical with the pressor principle as it follows the latter through all its fractionations. We now have the following synonyms for the two principles:

a. hypophyamine, oxytocin, pitocin.

b. hypophyamine, vasopressin, pitressin.

This separation allows now of the analysis of the pharmacology of each principle and will undoubtedly lead to therapeutic advantages. The use of an oxytocic free from pressor effects is of distinct obstetrical importance.

HORMONE OF THE OVARY.

That the ovary is concerned with the development and maintenance of sexual characteristics has been known for a long time. It was established scientifically by Knauer in 1900 in relation to oestrus. And great interest was shown in ovarian therapy and ovarian preparations with material given by mouth and unchecked by animal experimentation. The best mode of preparation of a potent extraction is that of Herrmann and Frankel published in 1915. For some reason the method was never used commercially. The product was a light viscid oil.

Within the last year there have appeared no less than four independent announcements of the isolation of the active principle in crystalline form, Doisy and his co-workers in America, Marrian in England, Laqueur and his co-workers in Holland, and Butenandt in Germany. Doisy announced his success at the occasion of the 13th International Physiological Congress in Boston in the summer of 1929. Veler, Thayer and Doisy have renamed their crystalline compound "theelin" and this name has been accepted by the Council on Pharmacy of the A. M. A. They use as their source of material the acidified urine of pregnant women which is extracted with butyl alcohol or chloroform in an apparatus for continuous extraction. The alcohol is distilled off and the residue taken up in benzene leaving a tarry residue. After numerous further precipitations and resolutions using various solvents, the material is obtained as a yellow oil which crystallizes on cooling to -10° . They assigned the formula $C_{18}H_{23}O_2$ to it. This material assayed at 4000 rat units per milligram. The original dilution in the urine is 1 part in 1,000,000.

About the same time there appeared in the Biochemical Journal the details of the method used by Marrian in his isolation of the active principle. He has retained the word "oestrin" for his substance which he also has obtained from urine. The urine was extracted with ether and the concentrate saponified in 5% KOH. The material was again extracted with ether and this in turn with acetone. Finally the brown gum obtained was crystallized from methyl alcohol. Its potency was 8600 mouse units per milligram. Formula $C_{18}H_{24}O_3$.

The details of the work of Butenandt appeared in the September number of the Zeitschrift für physiologische Chemie (1930) His

source of material was the same as the two previous workers but he had also isolated the material from follicular fluid, whole ovary and placenta. Butenandt states that the original concentration in the urine was 1 part in 1-2 million. A yellow oil of high potency was first obtained by chloroform extraction in the Schering-Kahlbaum laboratories. This material was dissolved in dilute methyl alcohol and extracted by petroleic ether to remove benzoic acid and cholesterol. The material after several further separations was distilled fractionally in a high vacuum at 100-220°. At 130-150° the active principle sublimes. It is active to the degree of 7-8 million mouse units per gram. Formula $C_{18}H_{22}O_2$. Butenandt has retained the commercial name of the Kahlbaum product—prognon—for his product.

Dingemans, deJongh, Kober and Laqueur described their preparation in the *Deutsche Medizinische Wochenschrift* (1930) but are doubtful of the purity of their compound, yet they have named it "menformone." It was obtained from the same source and is of approximately the same potency as that of Butenandt. Their method of preparation is very similar to the latter's.

In a discussion of the hormonal activities of the pituitary and of the ovaries a brief reference to the recent work of Collip which appeared in the February and June numbers of the *C. M. A. J.* of this year would seem fitting. That placental tissue contains a principle active in its power to stimulate the ovary and differing from oestrin has been suggested previously by Zondek and Aschheim and by Wiesner. The latter investigator had succeeded in preparing potent aqueous extracts of placenta by the use of sulphosalicylic acid. At Wiesner's request Collip attempted to obtain more concentrated extracts and isolated a very potent crystalline fraction.

The material will cause the onset of oestrus in rats when the ovary is present, but not after its removal thus differing from oestrin. The clinical application of this material is being worked out at the present time. Its chemical nature is still uncertain and its method of preparation a long tedious procedure.

It would thus seem safe to prophesy the appearance on the market in the near future of a dependable preparation, either from ovarian or placental tissue, which will be potent in stimulating the process of menstruation.

In the course of a month there come to the writer's desk many journals containing articles on the subject of internal secretions. There is one sent gratis, which is deserving of comment in the light of the above discussion, and which is entitled *The Journal of Organotherapy*. The journal is published by the pharmaceutical house of the G. W. Carnick Co. of Newark, N. J. whose main output consists of various gland preparations. The journal serves as a useful means of advertisement of their products. There is no sound basis for the use of the large majority of the list. Thus the production for clinical purposes of desiccated testes, kidney, prostate, pineal gland, mammary gland,

brain, or thymus, without any experimental or clinical basis is quite unjustifiable. The value of the productions of desiccated corpus luteum, ovary, placenta, liver, or spleen, is questionable with the present methods available. The preparations of pepsin, pancreatin, thyroid and pituitary are undoubtedly active and according to U. S. P. specifications.

A selected list of so-called specialties includes such preparations as hormotone, mammagen, incretone, secretogen, and trypsogen. Trypsogen is described as containing "the homostimulative principles that excite the production of the *internal* secretion of the pancreas when the gland is functionally deficient," as in diabetes mellitus. This statement is without any scientific basis whatsoever. Mammagen is described as a specific to increase lactation in the nursing mother. It consists of a mixture of desiccated pituitary, corpus luteum, placenta and mammary gland. The time may not be far distant when a method of obtaining a hormonal specific for lactation will be devised but that time has not arrived and the administration of desiccated mammary gland is unjustifiable at present. The claims in fact for all of these "specialties" rest on quick sand. If one is seeking a psychic effect in therapy there are cheaper and better methods available.

In certain other ways this publication is interesting. The main articles are usually reliable. This may also be said of the editorials which are thoroughly modern and informative. There is usually a very interesting section on historical medicine and numerous cuts of historical interest have been printed. The abstract section is international in scope and is confined to the literature on endocrinology, good, bad and indifferent.

It is with the hope that a more critical frame of mind may be developed towards such commercial claims as have been illustrated that the above résumé of our present knowledge has been written.

Should Cod Liver Oil be Flavored? It is a well-known fact that young infants shy at aromatics. Older patients often tire of flavored medications to the point where the flavoring itself becomes repellant. This is particularly true if the flavoring is of a volatile nature or "repeats" hours after being ingested. Physicians have frequently used the terms "fresh," "natural," "sweet", and "nut-like" in commenting upon the fine flavor of Mead's Standardized Cod Liver Oil. They find that most patients prefer an unflavored oil when it is as pure as Mead's.

Physicians who look with disfavor upon self-medication by laymen are interested to know that Mead's is one Standardized Cod Liver Oil that is not advertized to the public and that carries no dosage directions on carton, bottle or circular. Mead Johnson & Company, Evansville, Ind., U. S. A., Pioneers in Vitamin Research, will be glad to send samples and literature to physicians only.

Infantile Paralysis

Case Reports—with special reference to the pre-paralytic stage.

Dr. C. B. CAMERON, Petite Riviere.

July 31—Boy, age 8. West Dublin.

Moderate convulsions lasting half hour. T. 103. Flushed; no outstanding distress; no headache; no pain in neck; no kernig. Pain in Rt. ear—felt good for nothing for four days. Permanent partial face paralysis developed on side of bad ear, the drum of which was later incised and discharged. Diagnosis in this case is doubtful.

Sept. 4—Two brothers 3 and 8. Petite Riviere.

Both children were feverish, vomiting at the same time. The youngest was sick two days after which he felt weak and tired. Limbs painful on handling but no paralysis developed. The older boy kept feverish, vomiting. Neck and back becoming stiff. On the fourth day parent noticed that he could not walk well and had pain in hip (?). On the 6th day I saw the child. Neck stiff; pains in muscles and joints especially; the hip and lumbar muscles. On walking toe dragging; leg flaccid; paralysis of peroneal group of muscles. Gradual improvement to total recovery.

Sept. 5—Married Woman. Age 24. Petite Riviere.

Had apparently an influenza. Fever, pain in head and limbs. At end of three days apparently well.

Sept. 10—Sister in same house. Age 34.

Onset like influenza. Fever, pain all over body. Does not remember stiffness or pain in neck or lumbar region. On the fourth day I saw the case. She woke up with paralysis of right arm and leg—very decided toe drop. Felt very exhausted for a long period. Kept at absolute rest for one month and then sent to V. G. H.

Sept. 18—Male, aged 19. LaHave Islands.

Had headache but went to church and store. On the second day headache and pain in small of back. Became more

severe and could hardly drag himself up small hill to his home. Headache and pain in back *did not* clear up on going to bed. 4th day—Pain in bladder due to retention of urine. Paralysis in legs, arms and rectum. I was now called to case. Drs. Byrne and McKenzie came in consultation. Patient moribund. Spinal puncture, *not* under pressure. Opalescent, decided leucocytosis. He died of respiratory paralysis on 5th day.

Sept. 21—Boy, 19 years. Crescent Beach.

Had pains all over him especially head and neck. Very nervous family. I watched him for two days. Face became slightly gray white and sweaty. T. 103, R. 26, P. 90. Gave serum. Spinal fluid was under pressure—had ground glass look. Next day the pain, stiffness all gone. Muscles tender. No symptoms remained, but he felt all washed out for a week.

Sept. 21—Girl, 18.

Feverish. Frank case of follicular tonsilitis. Gradual improvement; no nerve symptoms.

Sept. 21—Brother of above.

Pain all over; not feverish. Smooth enlarged reddened tonsils with white separate spots. No pain on curving head and knees together. Afterwards he told me that his neck was stiff although he denied this at the time. Four days later he had mild deltoid paralysis which has gradually diminished.

Sept. 30—Seaman. Age 19. Liverpool.

While at sea had severe vomiting. Severe pain in lumbar region which lasted two days. On fourth day when he tried to put hand to head could not do it. Then muscles very tender on handling—put in bunk. Symptoms improved until fourth day when deltoid paralysis appeared. On sixth night he was sent to me at West Dublin. Sweating—bowels constipated for a week; in a good deal of general distress which cleared up with purgatives and urotropin. Sent to V. G. H. where he later died of pneumonia.

Sept. 26—Child. 3 years. LaHave.

Feverish, 101.5. P. 100. R. 22. Pain not a feature. Face white and sweaty, but I discounted this as she had always looked that way and was not in the epidemic area. Some head retraction. No kernig, no distress on curving up (American sign). Later I was told that she had stiffness of

neck though she denied this when asked. On the 5th day there was paralysis of deltoid and peroneal groups. I gave serum, immobilized and later sent her to Children's Hospital where she improved a great deal.

Oct. 3—Child. 3 years old. Crouse Town.

Vigorous child—had cold in head. At end of second day saw him as he had become dull and feverish. Very flushed. Gave 10 cc serum. Third—next day—much improved. Resting well. No distress or stiffness. 3rd night—pain in head severe. Aimless, rhythmical unceasing movement of arms. No kernig, but distress on curving up and some head retraction. Gave 45 cc convalescent serum. Ephedrim in oil up nose—Chloral and Bromide. Moderate restlessness and pain during night. Died fourth day. Cardiac failure. P. 120. R. 40. T. 104. Dr. Rehfuss suggests that this might have been epidemic cerebro-spinal meningitis. Group of 4. Fever, pain, stiffness of neck. Gave serum. These were all small children and in the absence of spinal puncture an absolute diagnosis is not possible.

As you see, the pre-paralytic stage might have been anything. The neck stiffness being apparently the surest guide. Sweaty and grayish tint to the face means a severe attack and much distress in the neck and lumbar region is a very bad sign. Spinal puncture is an absolute test, but you need the courage of your convictions to puncture all your sick babies. Convalescent serum should be used in full doses where reasonable suspicion is present, repeating in 12 hours if symptoms have not fully abated.

Concurrent disinfection and absolute quarantine were welcomed by the families and must hold a place in slowing and reducing the virility of the infection. The germ lives for 6 years in glycogen.

I must acknowledge the great help of the provincial authorities who gave me a generous supply of serum and came down to see how things were going; the loyal support of the local boards of health and the families implicated.

We gave one month absolute quarantine, but were seriously hampered in exercising this precaution by the published statements that Halifax city was not quarantining at all. The town of Liverpool placed me in a very awkward position by sending me a very sick man without reasonable notice.

The best accounts of this disease I saw were in *Holt, Frederick Taylor, The Medical Annual* and the journals.

I may state that I found the diagnosis hard to make, in the pre-paralytic stage especially as we had the usual run of children's diseases at the same time.

Case Reports

D. H. A. GRANT, Neil's Harbor, N. S.

FOURTEEN years ago this month, I was called thirty miles to see a female patient. Patient was about forty-two years of age. She was very ill and unable to take any nourishment, Thyroid Gland very much enlarged bilaterally; marked exophthalmos; tremor and a pulse of 160. In fact, the worst case of Exophthalmic Goitre I have seen in my practice. The only course I saw open to me was to try to improve her general condition, in order to enable her to travel and send her away for an operation. In those days we did not know or hear so much about basal metabolism. After a stirring three months with tonics, stomachics, etc., with absolute rest, I thought she was fit for a journey to Boston. I sent for her sister-in-law, who was a nurse in Boston, to come to take the patient to Boston for an operation. The nurse brought the patient to the best known Goitre Surgeon there at that time. After examining the case the surgeon refused to operate, on the grounds that the case was too far advanced and hopeless, but added, "take her to see Dr.—for his opinion." The nurse brought the patient to the second specialist and he pronounced the case "the worst case of Graves Disease I have ever seen." He told the nurse to take Mrs. Mac—home that she had only three months to live. The nurse brought the patient home and they called me again. I put her on Pot. Iod. gr. III t.i.d.p.c. for two weeks. Then I changed to Iron and Arsenic (Ferro arsine) for two weeks and then to Pot. Iod. again—changing every two weeks. Externally over the glandular area I applied an ointment of Pot. Iod., Red Iodid of Mercury, Olive Oil and lanolin daily. She continued this treatment faithfully for over a year. Shortly after beginning this treatment she began to improve and continued to improve. By the end of the year she was well. The enlargement of the Thyroid disappeared as also did the exophthalmos. The pulse was normal and the tremor gone. That was fourteen years ago, and the Goitre has not returned and to-day she can be seen at her very hospitable home at beautiful Whycomagh, very much alive and enjoying life.

When you have cases of Small Pox up there, try giving them lots of yeast. The pusticles will dry up earlier and the skin is clear of scabs a week or ten days earlier than the usual time. Possibly Government Control beer might answer the same purpose, but would be contra-indicated in the case of a Prohibitionist.

Medicine and Classical Literature

Dr. S. L. WALKER, Halifax, N. S.

SOME months ago we attended a lecture by Prof. T. R. Glover of Cambridge University, England, and were impressed with the breadth and fulness of the obligation of the present day to the time when Greece actually made the world for all time her debtor. At the same time we felt that in the field of medicine there was an opportunity to give expression to this obligation in no uncertain terms. Although what little the writer once knew of Greece and Grecian History (history in the broad sense) has long since been forgotten, and even the ability to write a post card in Grecian characters to a sister Freshman has also been lost, yet there is a wealth of literature available to the English student that portrays very clearly what a debt the medical profession alone owes to the broad-minded, far-seeing philosophers of 2,000 years ago.

As a profession we are under a deep debt of gratitude to those scholars who have delved into the mine of classical literature and have uncovered the vein rich in the gold of philosophy, science and ethics, embodied in the woof of life, making the physician a man rather than a machine. So no excuse is offered for an extended reference to a Lecture delivered by Dr. Fred B. Lund of Boston before the New York Academy of Medicine from which we will also quote freely. Indeed we are of the opinion, that the practitioner, who is still a student and the practitioner, who delights in the literature of his profession, can derive more pleasure and profit from perusing the *Bulletin* of this Academy of Medicine than almost any medical journal of our acquaintance. Copies of these numbers for the past three years are in the office of this BULLETIN and are available for any of our members, as also in the Library at Dalhousie.

We are too apt in these days of modern scientific progress to forget that 500 years before Christ the Science and Art of Medicine enjoyed a wonderful development. Dr. Lund points out "that together with philosophy, science and the plastic arts, the latter of which arose in Greece, bring the fifth century B. C. to heights that have never been surpassed, the science of medicine reached a stage, culminating in the Hippocratic School, of great advancement. The principles established by this School, as continued by the School of Alexandria, reached in the time of Galen a stage where progress ceased, and Greek and Roman medicine had to suffice for the profession through the long period of the dark ages, until at the time of the renaissance, medicine with the

arts and sciences began to advance with a rapidity which has gradually increased in momentum until the last one hundred years. During this period the science of medicine, in contradistinction to the art, has gone ahead so fast that no one can keep up with it. Indeed, our students are apt to forget, in the scramble of the acquisition of knowledge, that there is such an art. In no way can the principles upon which medicine are founded be so well impressed upon our students as by reading judicious selections from the writings of Hippocrates. In ethics we have not improved upon the Hippocratic Oath, and in some ways many of us fall below it. How about our loyalty to our teachers?"

But medicine was old in the time of Hippocrates for he wrote a treatise on ancient medicine. There must have been a wonderful evolution from "the stage of Aesculapius, the witch doctor of Tricca, the son of Apollo, who was ushered into the world by a very crude Caesarean performed by his reputed father, and made himself such a reputation for curing the sick and raising the dead that he, with Hercules and Dionysius was translated to Olympus and at his death became a God."

All through the several hundred years marked by magic, by priestcraft and quacks, nevertheless the school of Hippocrates developed. One factor was the Greek worship of physical perfection, making worth while the care of the body. "The first recorded Olympic games took place in 776 B. C. Undoubtedly there were many games and much study of training methods before that period, but Hippocrates had the advantage of the knowledge gained by observing the training of athletes during the two and a half centuries since the first Olympiad . . . Even as in our day some of the quacks and cults have learned much about the care of the sick, so not improbably the Priests of Aesculapius gradually progressed from pure magic to real medical and surgical therapeutics. Hippocrates freed his school from priestcraft. . . It is good for us to think upon the trouble with quacks and cults we have to-day, and then reflect upon the difficulties the heroes who rationalized Greek practice must have undergone in weaning their people away from the magic and sorcery of the priests, which was so intimately interwoven with their religion. The priests were the regular practitioners. There were no boards of registration in medicine or laws regarding medical practice. To combat all these difficulties, medicine had to be founded on principles that would stand in spite of the humoral pathology and principles taken from philosophy; it was." So much for a hint of what a study of the history of early medicine may unfold, let us use our Author's study to learn what classical literature reveals in regard to their knowledge or beliefs.

There is good reason to look into this for life is more than work. While this study opens up a new world in philosophy, poetry and history it also affords recreation to the doctor which is needed to maintain the breadth of mind essential to a satisfying life. Dr. Lund says:—

"Are we worse doctors for knowing the sublimity of Aeschylus, the greatest poet that ever lived, the charm of Sophocles, and the humanity and subtlety of Euripides? If we want to laugh, we can look into Aristophanes. If we begin to wonder (and philosophy in the lovely Greek mythology is the daughter of wonder), why and for what purpose we are here on earth, and what is our relation to the universe, we cannot do better than to read the inspired pages of Plato or the clear logic of Aristotle, and learn what those who started first with a clear field, but with minds well adapted to the work as any who have been here since, thought and wrote about these things. In their science, and in this I mean the stream of thought which was continuous clear down through the period of the Roman Empire, they showed what man could learn with his five senses and without what we call instruments of precision. . . . Another reason for the importance of the study of the classics to the study of medicine is this:— Without an education in the classics, not to speak of modern languages, how are we to meet on an equal basis, or even understand the allusions of our more cultivated colleagues upon the continent of Europe?"

As the author quoted, thus raises the direct question of the value of a classical training for one who will practice medicine, it may be well to quote from Dr. W. S. Thayer of Baltimore, recently President of the American Medical Association:—

"Greek and Latin are intensely living languages to the scholarly men to-day as yesterday. It is through them that one learns the niceties of his own tongue; nay, not only the niceties, but the essential principles. The more delicate nuances of thought, the finer details of observation, cannot be expressed or described, if indeed they can be appreciated, by one who has no further mastery of his own language than the average American college graduate of to-day. . . . The early acquisition of a familiarity with the subtleties of human language and expression is a natural and vital step in the progress of the young savage, that each one of us is at the time of his birth, toward civilization. An early and a careful classical training is still the best discipline for him who would later devote himself to the accurate quantitative methods of the natural sciences."

The relative standing of the American college graduate and his continental brother is as a child to an older brother, according to Dr. Thayer whom we further quote:—

"In some respects, and very important respects, the American college graduate to-day is a child compared to his British or continental brother. In some ways he is very apt to remain so during his life. He lacks that power of comprehension and expression which facilitates intercourse between cultivated men. . . . It is not an accident that our best representatives in the Mother Country have been scholarly men. He who cannot appreciate the nuances of the language of them with whom he is dealing, he who cannot express his own thoughts with like freedom, is at a disadvantage. Aware of this he becomes uneasy;

he suffers from a sense of conscious or sub-conscious inferiority; sensitive, suspicious and irritable, he is very likely to assume an attitude of self defence and to betray his discomfort by assertiveness, ill-nature and bad manners."

The student of the classics can cull from that literature many stories and beliefs that indicate the extent and progress that medicine made in those fruitful days, progress often marked by mistakes. He can learn,—“How the poet Alcaeus wrote a poem about the dog days, beginning: ‘Moisten your lungs with wine for the dog star shineth bright’ and how physicians and philosophers, including Plato, believed that drink went through the trachea into the lungs and solid food only through the esophagus, into the stomach. How the great Alexanderian School of anatomists discovered the epiglottis, which looked as if it would keep liquids out of the esophagus, and Erasistratus found that it did, while others compromised and said that the epiglottis was so finely balanced that it let just enough liquid in to moisten the lungs, while the bulk of it went into the stomach. They were puzzled about how the fluid got from the lungs to the bladder, even down to Galen, who proved that it came from the kidneys by ligating in public the ureters of living dogs and showing the dilatation of those organs and the retention of urine in the kidneys until he took off the ligature.”

Very near, indeed, did Galen and some others come to the knowledge of the circulation of the blood. “In the writings of Aulus Gellius among the curious notes about philosophy, grammar, mythology, poetry and the like, is an interesting note on what a layman could get out of the medical writers of the time about the circulation of the blood. Aulus Gellius was what we would call a superior court judge in Rome about the time of Galen, and spent some time studying in Athens with Taurus the Philosopher. One summer he was visiting a salubrious resort called Cephisiae near that city, to escape the heat, when he was attacked by a fever. He called in the local physician, who was feeling his pulse just as Taurus, the philosopher, and some of his friends, came to visit him, and the doctor remarked to Taurus—‘You can feel the pulse in his vein yourself and see that the fever has left him.’ Taurus remarked: ‘We are convinced, my good man, that you are not ignorant of the meaning of the words vein and artery, and that the veins do not pulsate, and are opened only for the purpose of bleeding, while the arteries by their pulsation demonstrate the quality and extent of fevers. No doubt you were speaking in the vulgar fashion that others do; try and be more accurate in your therapeutic methods than in your manner of speech.’ Gellius goes on to say that he thought not only physicians but laymen ought to know something about our bodies. He got hold of some medical books and found that the veins are only receptacles for blood, or vessels, containing a mixture of blood and vital spirit, with a preponderance of the blood, while the arteries contain more vital spirit in proportion to the blood, and that the arteries had pulsation, which he defined as

an a 'involuntary systole and diastole on the part of the arteries and the heart.' Substitute oxygen for spiritus vitalis and how near we are to our modern knowledge. Galen believed that the arteries and veins communicated at their terminations, but he was thrown off by his imaginary openings connecting the left and right ventricles, which imaginary connection was not disproved till many generations further on, when Michel Servetus suggested, that in order to get from the right to the left side of the heart, the blood might have to pass through the lungs, for which heterodox opinion, among others, he was burned at the stake. . . . Galen was always on the alert for bodies to dissect. He availed himself of the bodies of men found drowned as well as malefactors hanged at the cross roads. He dissected and vivisected monkeys and apes, commenting upon the great similarity of their anatomy to the human, and enumerating the various apes and monkeys in the order of their resemblance to man. Most of his anatomy of the muscles is derived from his dissection of apes."

Herodotus, the great historian, tells many stories of early medical men. In Egypt there were famous oculists and one of them was sent for by Cyrus, the King of Persia, and detained so long against his will that he had to stir up a war between Egypt and Persia in order to get home. "Then there is the story of Democedes of Croton who became so famous at home that he was called to Aegina, Athens and Samos in succession, as a public physician receiving a very high salary. When Polycrates. . . . was crucified by order of Darius, Democedes, who was one of his retinue, was enslaved, chained and thrown into prison. When Darius dislocated his astragalus and the famous Egyptian physicians at court tried violent methods of reduction without effect, Democedes cured the king by mild and gentle measures. Would there were space to tell how he won the friendship of the king and of Queen Atossa, whom he cured of an abscess of the breast, and how he won a promise that she would do anything for him that did not involve disgrace, and how through her influence he was sent by Darius to Greece as guide to a scouting expedition preparatory to his great invasion, how he managed to run away from the Persians and get back home to Croton, where he married the daughter of Milo, the famous athlete."

Then from Herodotus we learn that specialism began in Egypt, for they had physicians for every part of the body, including diseases of the brain, the jaws, the abdomen, etc. Specialism, according to Eustathius, began in Greece with the sons of Aesculapius,—“For their father gave both of them gifts, making each more glorious than the other. To the one he gave hands more light to draw or cut out missiles from the flesh and to heal all kinds of wounds; but in the heart of the other he put full and perfect knowledge to tell hidden diseases and cure desperate sicknesses. It was he who first noticed Aias' flashing eye and clouded mind when he was enraged.”

We call to mind a Surgeon in our college days, an author of a system of surgery, who had a hundred per cent. recoveries in nearly

all cases treated by his methods, because he only accepted suitable cases. But he was following a great surgeon, especially in regard to compound fractures, for Hippocrates, discussing whether it were better to reduce the protruding ends of the fractured bones, says: "Whatever method is adopted, these cases are extremely serious, and the wise physician will do well to escape them, if he can do so gracefully."

Dr. Lund reminds us that Asclepiades, about 200 years before Galen was one of the first Greek physicians to practice in Rome. He was educated as an orator and of him Pliny, the elder, says,—“He did not make enough money out of oratory, and as he had a cunning mind which might be employed in other pursuits he suddenly turned to medicine, and as was inevitable in the case of a man who had never practiced or knew anything about remedies, with copious and seductive eloquence, in which he daily indulged, he threw the whole system over board, and bringing the whole of medicine before the law for trial, said it was a matter of guess work. He offered five remedies as most important for all diseases,—abstinence from food, and sometimes from wine, massage, walking, riding,—and brought almost all the human race around to his views, no less than if he had been sent from heaven.” But Pliny inadvertently admits he was more modern than others, for we find he did away with sweating for fever, was strong on baths, frowned on emetics, and believed much use of drugs was bad for the stomach.

From a number of epigrams by Greek or Latin writers, each with a little dig at the doctor, we quote this from Lucullus:—

“A doctor sent me his son to be taught such verses as these,—
 ‘Sing the wrath and many the woes that were sent.’
 He learned them, but when we came to the following sentence;
 ‘Many valiant souls he sent down headlong to Hades’,
 He sent him no longer to me as pupil, and when
 He saw me, ‘Thank you,’ he said, ‘my friend, but my son is quite able
 To learn these things from me at home, for I also
 Send many valiant souls down headlong to Hades,
 And am not in need of a teacher to show me how.’”

Then Dr. Lund concludes:—“There is no more heartening study, in this our own day and generation, than a study of the progress of our profession through the centuries. From such studies we gain first hand knowledge of the difficulties and dangers, which in larger measure than in our day, beset our predecessors. From this we may take heart and strive more valiantly, with so good a start, to prove worthy of the advantages we enjoy... Under God’s providence they were made by our fathers. Through all medicine, from Hippocrates and Galen, down through Harvey, Pasteur and Lister, we can contemplate our heroes, and so be many fold confirmed in our belief in the nobility of our own profession.”

Maternal Mortality

ATTENTION was drawn by the BULLETIN, in 1924, to the objects and aims of the Sheppard-Towner Maternity Act, which was enacted in a number of the States for the purpose of lessening maternal and infant mortality. The cost of operation was to be borne by Federal and State grants and its administration was by the Child Welfare Division of the Department of Health. It has been proven, time and time again, that when there is divided responsibility in permissive legislation, both as to finances and direction, there will be trouble and delay. The project may even be abandoned if the public is not thoroughly convinced of its value. To what extent this happened, in the case of the Act mentioned, we are not definitely advised, but since 1925 various Bills have been presented to the U. S. Senate designed to "revive and perpetuate federal control over state activities in the field of maternal and infant hygiene." The last Bill, at present under discussion, provides "that the federal government shall cooperate with the states in promoting the general health of the rural population of the United States and the welfare and hygiene of mothers and children."

This, of course, opens up the question of provincial versus federal rights, with the emphasis on Provincial RIGHTS. We are of the opinion that the general plan of a division of responsibilities should be as complete as possible, but there are instances where both the federal and provincial governments are responsible for the same thing. Perhaps our Health administration is the most striking illustration. As far as the internal supervision of health is concerned each province is a law unto itself, but immigration, marine affairs, Indian affairs, military matters, etc., are all federal departmental duties and each has a very extensive medical phase of administration. Then there are other matters of health that are plainly of interest to the Dominion as a whole, as Acts relating to drugs, foods, etc., pensions and other similar matters. Perhaps we are right in assuming that the consensus of opinion is in favor of having as much of this general work as possible undertaken by the federal government, but we are fortunate in having the activities of both so plainly indicated as in Canada.

This working together of federal and provincial departments is not always easy and satisfactory. This seems to have reached the breaking point in the United States in this question of Maternal Mortality, yet the question is undoubtedly a national one rather than for individual states. This opposition comes from the American Medical Association, the chief representative medical body in that country. In 1930 its House of Delegates adopted the following resolutions:—

Resolved, That the House of Delegates of the American Medical Association condemns as unsound in policy, wasteful and extravagant, unproductive of results and tending to promote communism, the federal subsidy system established by the Sheppard-Towner Maternity and Infancy Act and protests against the revival of that system in any form;

Resolved, That it is the sense of the House of Delegates that each state should be left free to formulate its own health programs, with the co-operation of the United States Public Health Service, if desired by the state, free from any inducement or compulsion in the way of federal reward or coercion;

Resolved, That any legislation involving co-operation between the federal government and the several states in the field of public health must, in the interest of efficiency and economy, in the judgment of the House of Delegates, be administered under the joint supervision and control of the United Public Health Service and the state health authorities."

Some general comments upon these Resolutions seem to be quite in order, as the subject, Maternal Mortality, is of vital interest in every country. The BULLETIN has always kept this subject before the members of the Medical Society of Nova Scotia and will continue to do so as long as the need for progress in this part of our work is apparent.

In the first place there is a striking absence of any intimation in the resolutions that there is need of any legislation to lessen maternal mortality or conserve infant welfare. Doubtless this is all plainly laid out in the *preambles* that have been omitted in this bare statement of what the House of Delegates *Resolved*. This, of itself, was unwise, because the subject is too big to be thus ignored.

Then each resolution seems to look more to the administration of this or similar Acts than to the subject matter proper, but condemns a "federal subsidy system." It says it is not good business and, worst of all, "tends to promote communism." What a terrible thing if communism should lower the enormous maternal death rate in the United States! What a blow to Republicans and Democracy in that country! It would strike fear to the heart as does the idea of state medicine in some other places and persons.

But, strange to say, a federal subsidy is undesirable and each state would formulate its own health plans, but with the co-operation of the U. S. Public Health Service, but, also, free "from any inducement or compulsion in the way of federal reward or coercion." The very fact of co-operating means some subsidy, at least in time and energy if not in money. Well at least time is money, and every one investing money should have a say as to how their money shall be handled. These resolutions advocate a partnership between state and federal authorities yet they refuse one partner any say in directing supervision.

Then, still stranger, the third resolution admits that such legislation "in the interest of efficiency and economy" requires to be administered "under the joint supervision and control of the U. S. Public Health Service and the state health authorities."

The whole thing seems to summarize thus:—The entire proposition is very unwise as the entire business should be in state hands, but proper legislation along this line should provide for joint federal and state supervision and control. The argument leans very strongly towards the *reductio ad absurdum*. To say the least it is not such a statement of the case that does credit to such a representative body as the American Medical Association.

In case some of our readers are wondering, as they often do, as to just what we are driving at, or have in mind, if anything, we have written to start our readers thinking about this matter. We would submit a few suggestions as follows:—

1. We need action to lower the maternal mortality rate in Nova Scotia, the danger from communism to be subordinated to the saving of life.
2. This is both a federal and a provincial matter and dual interest demands dual financing and supervision.
3. Actual administration must be in the hands of one OR the other.
4. The medical profession should formulate a definite policy to be adopted in Nova Scotia.

S. L. W.

How Changed. The N. S. Farmer's Association recently adopted a resolution favoring the extension of the bovine tuberculosis test to Cape Breton. It is stated that there was no apparent opposition to the measure.

When all is said and done some breaches of medical ethics are not very great, nor do they stand alone, but somebody gets the blame so why not put it all on the editor?

Over the back fence two women were talking about a neighbor as usual. "Who was she before she was married?" asked one. "I don't know," said the other, "but here comes her little boy, maybe he can tell us. Oh, Willie," she called, "who was your mother before she was married?"

"Aw, go sell your peanuts," said Willie, "she wasn't my mother before she was married."

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The C. M. A. Journal

IF one were asked to define a good medical journal, there are so many varieties of journals and so many classes of readers, that the answer would have to be given with great discrimination. If one should say of any publication, that it accomplished the object and purpose of its printing, it surely means it is a successful magazine. However, we must first premise, in our definition, the purpose inspiring the publication. To satisfy the reader is, of course, an essential to a successful magazine, but that is not always synonymous with real merit unfortunately.

Especially do these difficulties become apparent handicaps when we consider medical journals. The first handicap is to meet the needs of a profession largely composed of two or more general divisions of readers, medical, surgical, or specialist and general practitioner. The next handicap lies in the journal being the official mouthpiece of some organization, the members of which receive it, or subscribe to it, as a sort of duty or penalty for membership in that particular body. A further handicap is generally also in evidence, its leanness of financial support; this we have all experienced in Canada and in Nova Scotia. In spite of these handicaps when is it that a medical journal *makes good?*

The answer has been intimated; it is when inspired by a high ideal of its mission it meets with the approval of its readers. The rewards offered to members of the medical profession are seldom of a worldly or monetary nature; but the consciousness of a life of service to the community, which is often recognized, is the highest award desired. As is the life of the doctor, in its inspiration, so should be the inspiring purpose of the medical journal to which he looks for counsel and information. But with all the good intentions in the world it requires sound common sense, keen business ability and much diplo-

macy to make a successful medical journal. Of course, it depends on the loyal support of its founders and sponsors, but it must maintain its high standard. When a Journal comes to be merely a mouthpiece for a society, it will soon be relegated to that class of periodicals that every few years goes in bulk to the garbage and many copies have never had the wrapper removed. In particular, an official organ must have life, vitality, vision, inspiration and initiative of its own. It should not be regarded as an official organ only, but rather as a partner in the business in which the Association is engaged; while one is necessary to the other, neither is servant or slave or master.

With these ideas in mind let us look at the January issue of the Journal of the Canadian Medical Association. For the past ten years enthusiastic members of the C. M. A. have been boosting the Journal, claiming it was well on the way to being the best in the world. But these parties knew the inspiration invested in the journal and were watching its development and were safe prophets. If we failed to believe this at the time, owing to our usual Canadian modesty, it is a difficult matter to-day to hold that modesty in check, when the Journal cannot be regarded otherwise than phenomenally successful. Indeed we might just as well make the admission and take pride in doing so.

The "Foreward" published in this particular number of the Journal does not suggest that the pinnacle of success has been reached, which is a hopeful sign; the success of each year is but an incentive to attempt and accomplish more in the immediate future. But our attention is directed to the great increase in reading matter and variety of subjects considered. The November issue had 126 pages of reading matter and 58 pages of advertising, while the January number has 188 pages of reading matter and 58 pages of advertising. This makes, however, a big, heavy magazine, requiring several hours for its perusal and inconvenient to carry around. Take the Journal of the American Medical Association; the last number on the BULLETIN desk consisted of 89 pages of reading matter and 58 pages of advertising, less than half that of our Journal, but it is the usual weekly issue. The time has come when the C. M. A. Journal must better adapt itself to the convenience of its readers.

Possibly the best feature of the enlarged Journal is the extra attention paid to the needs of the general practitioner. As the general practitioners constitute the great body of the C. M. A. membership, the official journal should be written largely for them. There is always a tendency to boast of the high scientific value of a journal, that its articles are from the highest authority in the country, forgetting that such material is for the smaller number of members or readers, and the common every day things appeal to actual practitioners as more necessary to them than to professors, editors, specialists and consultants.

Then the enlargement of the scope of the Department of Hospital Service as indicated, will be appreciated; so, also, the opening of the

"Queries and Answers" section and the series of clinical lectures. The average practitioner can only afford two or three medical journals so the section devoted to abstracts can open for him this larger field; but it can also be used to good advantage for the strictly scientific articles that the teacher, specialist and consultant desires to read.

The BULLETIN is constrained to appeal to the members of the Medical Society of Nova Scotia to increase their ability to serve the public by being regular readers of the Journal of the Canadian Medical Association. Your membership in the Provincial Society is essential before you can receive the Journal, but little more than half of our 300 members are availing themselves of the aid of this Journal. Loyalty to our Provincial Association is very evident, but Nova Scotia is a part of the Dominion, hence the one implies the other. Indeed support of one without the other is illogical and bad business. Let us take a larger share in the larger affairs of our Canadian medical profession. Very humbly, as becomes our littleness, but positively and sincerely, the BULLETIN of the Medical Society of Nova Scotia extends congratulations to our Journal of the Canadian Medical Association.

THE DUTY OF THE STATE

It is all very well to quote Disraeli to the effect,—“that the health of the nation is the first duty of the statesman,” but when in 1930, in Nova Scotia, a daily newspaper comes out boldly and demands official leadership in the campaign for the lowering of our death rate, it is bringing the matter quite up to date. This has reference to the article in the last issue of the BULLETIN, entitled “A New Immigration Policy,” which was quoted *in extenso*, from the *New Glasgow Evening News*. Sufficiently accurate for all purposes this editorial gave utterance to several important opinions which all interested health workers should consider.

The leading idea was that the Infant Mortality rate should be lessened, in which all will agree. Well, why isn't it? We have been inclined to put the first-need as the possession by all doctors of the knowledge of modern means of prevention, cure and immunization in most of these diseases. Then the Dear Public must be educated, and we talk health publicity, and interview City and Municipal Councils, nibbling at a little point here and there, then call that *Health Education!* The *News* answers its own question, “What is the solution to this problem” thus:—

“It seems to be two-fold. Public education and official action must go hand in hand. Fortunately we have one shining example before us. We have seen smallpox brought by vaccination from its proud place, as foremost of all killers of man, down to its present negligible one as a cause of death. Official action has done that, even more than public education. Official action must attack typhoid and diphtheria.”

Then he emphasizes again the need of public education and compliments the medical profession:—

"We see that our doctors have gotten ahead of us. As a nation we have not yet learned to appreciate their knowledge, and make it our sword and buckler against disease.

We must hurry and catch up with medical science. Every government in Canada, municipal, provincial and federal alike, must concern itself with the grave problem of the conservation of Canadian health—we must preserve the 'immigrants' who have come to our shores, irrespective of the way in which they arrived here. And, in the meantime, those agencies concerned with the dissemination of health-knowledge and propaganda should redouble their efforts, so that intelligent Canadians may learn how to safeguard their own health, and how to support official action in safeguarding that of those who are less enlightened."

Are we not justified in concluding, after reading what is practically a demand, that some portion, at least, of the public is already calling for advanced measures in the prevention of disease. Why are not these measures put in operation in Nova Scotia? The usual evasive answer given to this question is the weakest and poorest excuse that can be imagined. Too often we have been told that the Health Regulations of this Province are such that any of these modern methods of controlling the spread of disease can be carried out now by any local administration. The fact remains that they are not so carried out, and Why Not? *Because such legislation is not Compulsory.* We take it that the article quoted is calling for compulsory legislation instead of our present antiquated permissive rules, illustrated even in smallpox.

There is not a health officer in Nova Scotia but could practically wipe out scarlet fever, diphtheria, measles, cholera infantum and other diseases, if he were given a free hand and had the law behind him, instead of having to coax Wardens, Mayors and Councillors for everything he needs. Perhaps the *News* speaks from first hand knowledge in this matter as they know that scarlet fever can be speedily controlled and the community saves money by avoiding an epidemic. Immediately upon the appearance of a case of scarlet fever or diphtheria in a community, Medical Law should be declared and the Local Health Officer be the Commanding Officer.

NOTICE TO READERS.

The Editor greatly regrets the holding over of Branch Society Reports, the account of the Students Medical Society Banquet and other interesting material.

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HALIFAX COUNTY

Almon, W. B., Halifax, N. S.
 Forrest, W. D., Halifax (County).
 Payzant, H. A., Dartmouth.

HANTS COUNTY

Bissett, E. E., Windsor.
 MacLellan, R. A., Rawdon Gold Mines,
 (East Hants Mcpy.).
 Reid, J. W., Windsor, (West Hants
 Mcpy.).
 Shankel, F. R., Windsor, (Hantsport
 M. H. O.).

INVERNESS COUNTY

Chisholm, A. N., Port Hawkesbury.
 McNeil, A. J., Mabou (County).
 Ratchford, H. A., Inverness.

KINGS COUNTY

MacKinnon, H., Berwick.
 Bishop, B. S., Kentville.
 Burns, A. S., Kentville (County).
 DeWitt, C. E. A., Wolfville.

LUNENBURG COUNTY

Davis, F. R., Bridgewater (County).
 Donkin, C. A., Bridgewater.
 Morrison, L. N., Mahone Bay.
 Zinck, R. C., Lunenburg.
 Zwicker, D. W. N., Chester (Chester
 Mcpy.).

PICTOU COUNTY

Blackett, A. E., New Glasgow.
 Day, F. B., Thorburn (County).
 MacKenzie, S. G., Westville.
 Stramberg, C. W., Trenton.
 Dunn, G. A., Pictou.
 Whitman, G. W., Stellarton.

QUEENS COUNTY

Ford, T. R., Liverpool (Town and Co.).

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELBURNE COUNTY

Hatfield, G. M., Clark's Harbor.
 Churchill, L. P., Shelburne (County).
 Fuller, L. O., Shelburne.
 Densmore, J. D., Port Clyde, (Barrington
 Mcpy.).

VICTORIA COUNTY

MacMillan, C. L., Baddeck.

YARMOUTH COUNTY

Blackadar, R. L., Port Maitland. (Yar.
 Co.).
 Lebbetter, T., Yarmouth (Wedgeport M.
 H. O. and Town Yarmouth).
 Siddall, A. M., Pubnico, (Argyle Mcpy.).

INFORMATION

The Provincial Public Health Laboratory provides free diagnostic services for the entire Province. It is, however, to be regretted that misunderstanding exists among physicians as to the scope of this work. Roughly speaking, free examinations are made of blood, cerebrospinal fluid, cultures, smears for gonococci, sputum, urine, faeces, pleural fluids, pus, water, milk, brain tissues for rabies, as well as throat, ear and prostatic swabs. Physicians desiring this service should address their communications to, Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax.

Physicians desiring serums and vaccines should address their communications to the Provincial Health Officer, Halifax, N. S.

PAYMENT FOR SERVICES

The question raised by a correspondent relative to the calling for tenders from medical men for attendance upon the inmates of municipal institutions is quite a proper matter to be considered in the BULLETIN and to be dealt with by the Medical Society of Nova Scotia. It would be out of place for the writer to lay down the law and gospel in the matter, but some comments may rightly be made.

About the same day this letter was received the BULLETIN noted that Mr. Finlay MacDonald, K.C., who has been City Solicitor for Sydney for twenty-five years, refuses to accept a cut in his salary, which has been for a number of years \$2,500. Mr. MacDonald is reported as telling the City Council, that "no reputable lawyer will act as City Solicitor for \$1,000 a year, and no solicitor who is worth his salt would accept such a salary. . . . It is a very small salary for a corporation which spends three-quarters of a million dollars a year."

As we understand the situation, the position of City Solicitor is not a "full time job," as required by the Civil Service, but something like the position of Health Officer to a city, town or municipality, to be always available to give expert advice whenever required by the party paying what was regarded as a salary. The question seems to be quite clear,—Is the payment made to the local health officer of \$100 to be regarded as a retainer for the purpose of giving advice, advice founded upon expert knowledge, or is it payment for services of any nature?

Of course, we see the point, raised by the letter mentioned, that this is not good medical ethics and we agree; but neither is it good ethics to use pull, personal or political, to get this \$100 job. We noted in a town council recently, three doctors apparently were competing for the position, each had two councillors advocating his appointment and the Mayor had to give the casting vote. Perhaps some of our readers will make a contribution to this question, to which we shall refer again.

The Sheppard-Towner Act. With further reference to this Act, beside what appears elsewhere in this issue, the following note appears in the January, 1925 number of the BULLETIN. After a reference to its opposition by the A. M. A. this comment was made:—

"Whether the Journal is right or wrong is not our present reason for this reference to the Act. It is desired to point out that the Act was a result of a desire on the part of the public for better health conditions, and this desire produced legislation opposed by the medical profession. The lesson should be obvious, that the medical profession should be leaders in every form of health activity, to anticipate the public demand and to develop and formulate public opinion. Then there will be no danger of legislation that will be unacceptable to the profession. In Nova Scotia, as well as other places, the profession is in a fair way to have health legislation passed, or health procedures

adopted, which may be quite contrary to the interests of the profession, and not as desirable as might be in the interests of the community. As a profession we should become leaders and not followers and not knockers."

To a greater extent than seemed possible in Nova Scotia we have developed this better line of action. Proof of this may be noted by the general endorsement by the public of recent efforts to make the Department of Health of greater service to the people of this Province.

Post-Graduate Courses. Something new in post-graduate work is being put in operation in the State of Massachusetts. The sum of \$15,000 per year for five years has been made available to furnish rural practitioners of that State with a four months' course under the direction of Harvard University. Fifteen doctors will receive a \$250 stipend per month, travel to and from Boston and tuition each year to enable them to take these courses. The money is available from the Commonwealth Fund of New York. Perhaps some Nova Scotia millionaire might go and do likewise.

A Diphtheria Campaign. New York City has recently made a record in lessening its deaths from diphtheria. In 1914 there were 17,129 cases with 1,491 deaths; in 1919 there were 14,014 cases with 1,239 deaths; in 1929 there were 8,548 cases with 463 deaths. But 11 months of 1930 created the new record of 3,493 cases and 187 deaths. Attention is drawn to the statement "that of the 187 children who have been victims so far this year, not one had been given the full toxin-antitoxin treatment followed by a negative Schick test at the end of six months." The lesson would appear to be, to protect the children by immunization.

The Milbank Memorial Fund health demonstration in Cataaugus County has come to an end but local authorities will continue the work, because, as the Board of Supervisors say:—"The decrease in deaths among infants is one outstanding result of the health conservation program, and together with the record of lives saved from diphtheria, tuberculosis, and certain other diseases constitutes a record seldom, if ever, before reached in a rural country." Yet this Demonstration had its opponents and knockers among the medical profession, other similar instances have occurred within our recollection, but it always reminded us of the dog-in-a-manger business, we won't do it ourselves and we won't let anyone else do it.

Co-operation in health matters of Dominion and Provincial authorities is regarded as possible by the Canadian House of Commons which in March, 1930 adopted the following resolution:—

"That in the opinion of this House the government should take into consideration the advisability of making grants to the provinces equal to one-third the cost of establishing, and to cover permanently such full time health units as may be organized." The debate on this resolution turned mainly on the question of the jurisdiction of the Parliament of Canada in the matter of public health. On this subject the Right Hon. R. B. Bennett, now Prime Minister, said in part:

"Now let us ask ourselves what this resolution means. What is meant is that there shall be an appropriation by this Parliament of a sum of money to be placed in the hands of the provincial authorities for national health, not provincial health. Keep this in mind, the province deals with the municipal situation, with smallpox and matters of that kind, the province deals with epidemics in the communities, and in some cases with hospitalization. There is, however, a field in which the province may not, it seems to me, properly function, and that is the creation of national wealth by ensuring the health of the Canadian people. . . . We are asked merely to make a grant in aid of the effort, which the provinces will carry forward, to ensure the health of the Canadian people as a whole, not in a narrow or circumscribed area, but throughout this Dominion as a whole, in order that the knowledge of preventive medicine may become universal and in order that the greatest means known to man to increase the national wealth, namely, measures to ensure the national health of our people, may become an accomplished fact." (Abstracts Current Literature).

ALOPECIA AREATA.

This somewhat unusual case of this disability was reported in a number of the A. M. A. Journal. When one reads it he is tempted to ponder as to what would have happened to the man if he had to undergo the trouble of carrying the child and the ordeal of labor.

"History:—G. H., a man of 37, married, with three children living and one stillborn, consulted me Oct. 23, 1928, regarding two bald spots on his head. He stated that the spots had appeared suddenly a month before, after the birth of his last child. After the diagnosis was made he was assured that the hair would return in about a year. Further questioning revealed that 13 years before, immediately following the birth of his first child, the same phenomenon took place. The involvement was greater, however, as it covered the entire left parietal region. Eight years before, at the birth of the second child, alopecia again appeared. One year before there was a stillborn child, and no evidence of alopecia.

"The recent attack was the third, each having followed the birth of a living child. Previous attacks had cleared up within a year. There was no family history of alopecia, either in the progenitors or in the patient's descendants. The patient was not of a nervous type and had no financial or domestic worries.

“Examination:—Neurologic examination was negative. The blood and spinal fluids were normal. Examination for fungi was negative.

“Summary:—As each attack came on after the birth of a living child, the only possible explanation is a latent anxiety neurosis at the time of delivery. The cause may be worry over the added expenses of bringing up another child.

“This theory is supported by the fact that the patient did not have an attack of alopecia after the birth of the stillborn child. The peculiar circumstances of this case certainly place it definitely outside an hereditary, syphilitic or parasitic origin.”

PROGNOSIS IN BREAST TUMORS.

Dr. Bevan of Chicago has recently had published in the A. M. A. Journal his paper presented at the last A. M. A. meeting under the title of “The Problem of Tumors of the Breast from the Standpoint of the General Practitioner and the Surgeon”. He considered its diagnosis, treatment, pathology and prognosis. Under the latter point we find the summary of his paper as follows:

“What is the prognosis in operations for tumor of the breast? In benign cases there should be no mortality and no recurrence. To be sure, other fibro-adenomas may form in that breast or in the other breast, and there may also be a recurrence, or a continuation of the same process, when a cystic tumor in chronic cystic mastitis has been removed. I believe that there is little likelihood of a benign tumor degenerating into a carcinoma; one seldom sees carcinoma develop in a breast from which a tumor, proved to be benign, has been removed. There is one form of tumor, the papillomatous cyst, which is like the papillomatous cyst of the ovary, and which, if it is early removed and completely removed, seldom returns, but which may, if it is allowed to remain, develop into a malignant papilloma.

“What is the prognosis in cancer of the breast to-day? In the cases in which the cancerous disease is limited to the breast and the block of tissue removed at operation and the axillary glands are not involved, the prognosis is excellent, probably 75 per cent of cures. In those, on the other hand, in which the axillary glands are involved, it at once sinks to less than 10 per cent of cures; and in the cases in which the glands above the clavicle are involved, it sinks almost to zero. As the patients come to the clinic, in most of them at operation the axillary glands are found to be already involved, and these cases reduce markedly the percentage of permanent cures.

“What about roentgen treatment? I believe in a thorough course of roentgen treatment after the operation; not in massive doses, but in very moderate doses continued for some time. I have seen great injury done by massive doses—fibrosis of the lungs and extensive burns.

"Cancer of the breast can be cured. It can be permanently cured in the cases which are recognized early and in which operation is performed early. I am thoroughly converted to the position that the campaign of education that is being carried on by the Society for the Control of Cancer and by the profession as a whole is leading to earlier diagnosis and more cures, and should receive the support of the entire profession."

**Communicable Diseases Reported by Medical Health Officers.
January 21st to February 18th, 1931.**

Disease	Jan. 21	Jan. 28	Feb. 4	Feb. 11	Feb. 18	Total
Cerebro-Spinal Meningitis.....	1	.....	.....	1	1	3
Chickenpox.....	.....	1	.....	29	6	36
Diphtheria.....	8	4	14	4	8	38
Infantile Paralysis.....	.....	.....	.....	.....	.....	.....
Influenza.....	9	.....	106	93	75	283
Lethargic Encephalitis.....	.....	.....	.....	.....	.....	.....
Measles.....	1	2	.....	1	4	8
Mumps.....	2	1	2	.....	20	25
Paratyphoid.....	.....	.....	.....	.....	.....	.....
Pneumonia.....	.....	10	.....	2	3	15
Scarlet Fever.....	8	10	2	9	16	45
Smallpox.....	.....	.....	1	.....	.....	1
Typhoid Fever.....	.....	.....	.....	.....	.....	.....
Tuberculosis-Pulmonary.....	.....	1	.....	1	3	5
Tuberculosis—Other Forms.....	.....	.....	.....	.....	.....	.....
V. D. G.....	1	2	.....	1	1	5
V. D. S.....	.....	.....	.....	1	1	2
Whooping Cough.....	.....	3	.....	6	.....	9
Totals.....	30	34	125	148	138	475

A Fair Exchange. Wanted to exchange room rent for a lady who is going to be confined.

FOR SALE ONE ELECTRIC STERILIZER

consisting of iron stand with four burners, one instrument sterilizer, one dressing sterilizer, two sterile water tanks, and attachments complete. Suitable for Doctor's office or Cottage Hospital. No Reasonable offer refused. Apply to

DR. G. B. WISEWELL, 186 Robie St.
HALIFAX, N. S.

Hospital Service

SUPERINTENDENT V. G. HOSPITAL

DR. George A. MacIntosh of Halifax has been appointed Superintendent of the Victoria General Hospital to succeed the late Mr. W. W. Kenney, who filled the position for 33 years. Sometimes appointments seem to appear from out the blue, but no other could so logically and so fully meet with public approval as in this instance. We are pleased to congratulate Dr. MacIntosh upon his appointment, to commend the saneness of the choice made, to note the added prestige to the Hospital by having a member of the medical profession at its head and to welcome this, as another illustration of the opportunity afforded the medical profession in Nova Scotia to make good in its leadership along health lines. The latter reason is very vital as there is coming to be general admission that good health may be one of the main sources of our ability to return to provincial prosperity.

Moreover, Dr. MacIntosh has served a splendid apprenticeship for just such a position as this. Nova Scotia's greatest need from the health point of view is the call from the rural population for the same advantages that the residents in towns and cities enjoy. Having spent his boyhood in Guysboro County, Dr. MacIntosh has a first hand knowledge of rural conditions and needs and, under his administration, these needs will be met as far as it is possible for a Provincial Hospital so to do.

Then Dr. MacIntosh has had much experience in institutional work. Shortly after graduation from Dalhousie in 1905 he was on the staff of the Nova Scotia Hospital from 1906 to 1908, which gave him a good idea of the nature of institutional administration. Then followed a number of years of general practice in Halifax City, rudely broken by illness. Following this severe illness of some nine years ago, Dr. MacIntosh was made Assistant Superintendent over the medical and nursing service, Mr. Kenny being in charge of administration. This position he has now occupied for eight years, to the great improvement of the hospital service. For one year 1928 to 1929, he administered the Department of Public Health.

The BULLETIN believes that under the Superintendency of Dr. MacIntosh there will be no halting in the progress of this provincial institution, but it will more and more supply the needs of the people of Nova Scotia for the best in hospital service. There is a wonderful opportunity for the Victoria General Hospital to become the head of a hospital aggregation that will benefit every hospital in the province from the smallest to the largest. We believe the new Superintendent has this vision and will attain this end. We wish Dr. MacIntosh many years of successful administration of this fine Provincial Hospital.

ALL SAINT'S HOSPITAL.

In its proper section of the BULLETIN will be found a letter from the Superintendent of All Saints' Hospital, Springhill, calling attention to a slight error in the statement of Hon. John Doull as to early operation of hospitals in Nova Scotia. As a member of the Government, Mr. Doull evidently had in mind hospitals under municipal or government direction, inadvertently omitting mention of the one unique example of a private hospital discharging all the functions of a public hospital and depending upon its own resources.

We are glad that Canon Wilson has drawn attention to this little history of the Hospital in Springhill that has so well served that community nearly forty years. We believe a more detailed account of its founding and growth would be welcomed by the medical profession in Nova Scotia. We well recall the times when the late Canon Wilson started his effort to establish a hospital in a mining town where there were so many cases constantly requiring skilled surgical and nursing attendance. Few, if any, felt that his efforts would be successful in starting an institution that has been of such value to that community. Whenever the Cumberland County Medical Society meets in Springhill, this hospital extends to it all possible courtesies of which the BULLETIN has personal knowledge.

Again we would express our thanks that Rev. J. M. C. Wilson has written the BULLETIN and we invite him to give us something further of the history of the Hospital with the second of his name at its head.

At the annual meeting of the Maritime Life Assurance Company, Dr. J. G. MacDougall was elected to the presidency, and Honorable Dr. George H. Murphy was appointed to the board of directors.

Returns of the civil elections held throughout Nova Scotia early in February indicate that medical men continue to manifest much interest in matters of government. It looks as though Dr. H. B. Havey would never cease being Mayor of Stewiacke. Other medical mayors include Dr. F. R. Davis, of Bridgewater, and Dr. F. S. Messenger, of Middleton, both of whom are supported at the council table respectively by Dr. C. A. Donkin and Dr. J. A. Sponagle. New Glasgow has no less than three doctors in its town council; Dr. John Bell, Clarence Miller and W. H. Robbins.

Rather more than a year ago the municipal council of Antigonish County voted a considerable sum of money towards a memorial to soldiers of that county who fell in the great war. No definite action was taken at that time as to the form the memorial should take, but at the last meeting of the council it was decided that the money should be used to found a ward at St. Martha's Hospital, Antigonish, to be known as the Soldiers' Memorial Ward.

Correspondence

All Saints' Hospital,
Springhill, N. S., February 16, 1931.

The Editor,

The Nova Scotia Medical Bulletin,
Halifax, Nova Scotia.

Dear Sir:—

In your issue of February you quote the Honorable John Doull as saying at Inverness last November that thirty-five years ago there was not a hospital in operation in the province outside the city of Halifax. All Saints' Hospital, Springhill, was opened on the first of November, 1892, which was thirty-eight years before Mr. Doull made his speech. It was the pioneer of the small hospital movement in Eastern Canada, and it was a particular joy to its founder, Canon William Charles Wilson, that he lived to see the vision which was his nearly forty years ago spreading far and wide throughout the Maritime Provinces.

The fifteen bed hospital which Canon Wilson built in 1892 has grown to a fifty bed hospital, and the number of patients treated in a year has grown from sixteen to twelve hundred. Out of every four babies born in Cumberland County last year, one was born in this hospital. More than four hundred operations were performed in 1930. These things are said to show how the vision of one man can be translated into good for the community.

Very truly yours,

JOHN M. C. WILSON.

He Minds Well*.

Neil's Harbor, N. S.,
January 30, 1931.

Dear Doctor Walker:—

In your letter of the 27th inst. you ask me to keep this pen of mine busy from time to time. In this age of Specialism a Country Doctor naturally feels reluctant to come out in the "wide open spaces." However, I feel something like the Scottish piper who was requested to play a retreat. He replied, "We never retreat. If it were to play a retreat, she," pointing to his pipes, "wad'na play."

Yours truly,

H. A. GRANT M.D.

*Dr. Grant's case report will be found elsewhere in this issue.

Ommaroo Hotel, Havre Des Pas,
Jersey, C. I., Jan. 21, 1931.

Dear Doctor Walker:—

Just received yours of the 9th inst. and hasten to comply with your request.

Travelling around from place to place, news from home only reaches me occasionally, and I did not know that my old friend, Dr. Robinson Cox, was dead. The enclosed tribute to his memory is based upon a somewhat limited intercourse, but fairly accurate knowledge of his personality and life history, and is not eulogistic beyond truth.

He was a fine type of the General Practitioner, and his value to the world did not cease with his death. I am very glad you are still doing what I know is good work for the profession and the province, and hope that you may enjoy many years of usefulness and prosperity. The inevitable doom of humanity is too often demonstrated to us in the passing of many of our old friends in and outside our profession. But that truth should impress us more, as we grow older, with the value of those that are left, and there are still many of my old professional friends whom I should dearly love to meet again.

The announcement of your annual meeting at Truro this year has created more homseick feelings than I can express, but while I can scarcely enjoy the pleasure of attending that, I hope to sometime be lucky enough to again meet some of the finest fellows in the world.

Wishing you and yours all happiness and prosperity, in which good wishes my wife sincerely joins,

Yours truly,

W. B. MOORE.

P. S. Just received a letter from my boy, Hugh, who is now a Major in the R. A. M. C. at Hyderabad, India. He expected me to join him this winter for what he describes as the best shooting in the world. I thought of going but conditions there are none too good, and it isn't a safe place to take a woman on a shooting trip in the country just now.

W. B. M.

Tenders for Medical Services.

Liverpool, N. S.,
Feb. 18, 1931.

To the Editor,

The Nova Scotia Medical Bulletin.

Dear Doctor:—

I am sending you, under separate cover, a marked copy of the *Liverpool Advance* for your comments in the next issue of the BULLETIN

This is the second year that the Poor Farm Committee has called for tenders for "medical services, medicines, extraction of teeth, etc."

Last year I wrote the Chairman that I declined to put in a tender as I regarded it as contrary to the ethics of the medical profession and I did not believe any self respecting doctor would put in a tender. This year I wrote him I took the same ground, as I did last year, and I advised the Committee, if they continued the policy of calling for tenders that next year they add, "hair cutting and shaving."

I understand that tenders were received from one or more doctors.

Yours sincerely,
(Signed) J. W. SMITH, M.D.

The tender mentioned above reads thus:

TENDERS

For Medical Services at the County Home.

Tenders will be received by the undersigned up to and including Tuesday, December 30th, 1930, for providing medical attention, and medicines, and tooth extraction for the inmates at the County Home, Middlefield, for the year ending December 31st, 1931.

The lowest or any tender not necessarily accepted.

(Signed) E. D. FORD.

(From the Bridgetown Monitor).

Jan. 17th, 1931.

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

Dear Sir:—

I was pleased to put your name on the list of a complimentary copy of the *Monitor* and trust that occasionally you may see some item of sufficient interest and reliability to be worth making use of. I enjoy the BULLETIN and every now and then make some clipping from it.

Yours very truly,
(Signed) FRANK H. BEATTIE.

Congratulations to Nova Scotia.

184 College St., Toronto.

Feb. 18, 1931.

Dear Doctor Walker:—

In reading the current issue of the Nova Scotia MEDICAL BULLETIN I am interested to learn that the Honourable Dr. G. H. Murphy has been made Minister of Health for the Province of Nova Scotia.

While the Government of the Province is to be complimented on its wisdom in establishing a Ministry of Health, I feel that the Medical Profession of the Province are to be congratulated on the appointment of Dr. Murphy to this honorable position.

Yours faithfully,
(Signed) T. C. ROUTLEY,
General Secretary.

Bulletin Library

Publications Received.

The Canadian Defence Quarterly.

The Canadian Defence Quarterly; Vol. VIII, No. 2. January, 1931. Editor and Treasurer, Major K. Stuart, D.S.O., M.C., R.C.E. Secretary, Captain J. F. Cummings, C. M. S. C., Woods Building, Slater Building, Ottawa. Contents:—Prize Essay, "Canadian Armed Forces and the Covenant of the League of Nations." "The Soviet Five Years Plan." "From Empire to Dominion, The India Situation." "Canadians in Dunsterforce." "Impressions of an English O. T. C." "The Canadian Militia, Imperial Organization." Military Notes, Book Review, etc. Price 50 cents or \$1.50 per volume.

The Bulletin of the Medical Society of the County of Kings.

Vol. X, No. 2. February, 1931. Scientific Programme for February, 1931. Presidential Address, "A year of Construction—Why Not?" Walter D. Ludlum, M.D., F.A.C.P.; Address:—"The Value of Early Operation for Acute Cholecystitis," Henry F. Graham, M.D., F.A.C.S.; Address:—"The Diagnosis of Gall Stone Disease, with Special Attention to Bile Microscopy and Cholecystography," H. L. Bockus, M.D., F.A.C.P., Associate Professor of Gastroenterology, University of Pennsylvania.—1313 Bedford Row, Brooklyn, New York.

Four Centuries of Medical History in Canada.

This book in two volumes is written by John J. Heagerty, M.D., D.P.H., Department of Health, Canada, with a Preface by A. G. Doughty, C.M.G., F.R.C.S., Dominion Archivist. It also includes a sketch of the Medical History of Newfoundland. It is published by The MacMillan Company of Canada Limited, at St. Martin's House, Toronto. Price \$12.00. These volumes will be fully reviewed at an early date in the BULLETIN.

Abstracts of Current Public Health Literature.

These Abstracts are issued by the Department of Pensions and National Health, Ottawa. Contents:—Public Health and Laboratory Investigations; Mental Hygiene; Industrial Hygiene; Child Welfare; Sanitary Engineering; Proprietary or Patent Medicines; Pharmacology, Biochemistry and Physiology; Narcotism; Venereal Disease; Reports. Any physician not receiving these Abstracts may have the same upon request by giving his name and address.

The Canadian Red Cross Junior.

This is the chief publication now of the Canadian Red Cross Society, and together with the Provincial News Letter, comes from the Nova Scotia Division of the Society. The most practical form of modern health work is that carried on in the Schools and these publications are necessary and valuable factors in such work.

The Bulletin of the New York Academy of Medicine.

Second Series. Vol. VII, No. 1. January, 1931. Published monthly by the New York Academy of Medicine, Fifth Avenue and 103rd Street, New York City. Contents:—"Infections of the Middle Ear," by Isidore Friesner, Otologist to Mt. Sinai Hospital; "Infections of the Oral Cavity," Henry S. Dunning, Professor of Oral Surgery, Columbia University Dental School; Book Reviews; Reminiscences of Dr. S. Weir Mitchell; etc.

The University of Toronto Medical Journal.

Volume VIII, No. 3. January, 1931. Published by the Medical Society, University of Toronto. Contents:—"Acute Empyema" by R. M. Janes, M.B.; "Pathology of Pancreas," E. H. Bensley, M.D.; "Spinal Anaesthesia," W. E. Brown, M.A., M.D.; "Treatment of Lead Poisoning," J. W. A. Greig, M.D.; etc.

Bulletin of the Academy of Medicine, Toronto.

Published by the Council of the Academy, Mr. V. W. Dyas, Business Manager, February, 1931. 13 Queen's Park, Toronto. Presenting the Calendar of Meetings for February. Topics:—"Borderline Problems in Obstetrics and Gynaecology"; "Ante-and post-natal Care in Obstetrical Practice"; "Deafness—Differential Diagnosis and Cure"; "An Historical Account of the Theories of Hearing"; "Psychiatric Conditions in General Practice"; "Radium—Proven Uses and Limitations in Therapy"; "Problem of the Nervous Child"; "Factors Influencing Infant Mortality Rate in Toronto"; "Milk-borne Tuberculosis"; etc.

The Bulletin of the Vancouver Medical Association.

Volume VII, No. 5. February, 1931. Published monthly under the auspices of the Vancouver Medical Association in the Interests of the Medical Profession, Offices, 203 Medical and Dental Building, Georgia Street, Vancouver:—Contents:—"Wassermann and Kahn Reaction Fundamentally Identical"; Includes the British Columbia Laboratory Bulletin with two articles by Dr. Hill,—"Bacteriological Diagnosis" and "Distinctive Tastes of Milk." Vancouver Health Department Monthly Statistical Report.

Expectant Mothers and Fathers.**A Review.**

In a recent Bulletin reference was made to an article by Dr. Watson published in the BULLETIN of the New York Academy of Medicine and another instalment dealing with the question of Midwives was promised. But, conscious of our limitations, we referred the same to a member of the Editorial Board, and we are still waiting the authoritative word. In the meantime, the President of the Society sends the writer an article from the *Ladies' Home Journal*, with definite instructions to "some time give a review of it," and that's that, so here goes.

The title of the article is as above and the author is Mr. F. L. Collins, a writer with a reputation, hence what he has to say carries weight, at least with the general reading public, and especially those to whom it is addressed. It is proper that the medical profession should know if sound advice is given in matters suggested by the title. This answers the first question our readers will ask,—why review it?

Nor can the next rejoinder so often made,—leave it alone,—apply to a matter relating to the health and well being of the men, women and children, this is the business of the medical profession. We are told to leave these things alone because no one, referring to doctors, is interested. Well it is rather unfortunate that doctors are not all interested in such matters as *their own business*. Besides there are many more readers of magazines of this character than there are doctors and, if the conclusions are wrong much harm may ensue, and the uninterested doctor is not living up to the ethics of the profession. But, supposing the teaching is faulty, what can we do about it? Well, we can at least make a protest loud enough to be heard, it may not be very loud, but you can hear it farther than silence.

Having established, at least in our own minds, the propriety of a review of this article in the BULLETIN apart from our instructions in the case, let us attempt to learn what the writer has to say on the subject. Perhaps we will be surprised to find out how near the writer comes to hitting the nail on the head at times and giving us something to think about.

The basis of the article is strictly applicable to conditions in the United States and Mr. Collins repeatedly admits this, so we cannot find fault with him as may often be done with writers in many U. S. magazines, although widely circulated and advertised in Canada. His basis is the following U. S. statistical statement:—

- One birth every 13 seconds.
- One death every 23 seconds.
- One immigrant every 15 minutes.
- One emigrant every 11 minutes.
- One net gain in population every 23 seconds.
- One mother dies in childbirth every 30 minutes.

His text is the first and last statement, births and maternal deaths. The statement is probably true else it would not be given this wide publicity, and it is worth considering. He says:—

“Although our general death rate has gone steadily down, our maternal death rate has remained at its old high figure; in fact it has taken a slight upward curve. It is higher now than it was ten years ago; higher than that of fifteen other civilized countries of which we have definite records.”

He does not agree with the usually expressed opinion in the U. S. that this has been due to “the racial illiteracy of the South and the geographical magnitude of the West.” Apart from these sections the maternal mortality rate of the States, he says, “is the highest in

the civilized world." At the same time he points out that "The Maternity Center Association in New York City offers a record of two thousand live babies born without a maternal death."

Almost at once he places the onus of this tragedy upon the doctors, their number, qualifications, distribution and fees, as if this was the real crux of the situation. This is the usual break that writers make when they talk about something of which they know little but think they know a lot. He intimates that some students may only "see" a few cases and they must learn in the school of experience, hard on them, but "undoubtedly harder for the poor mothers and babies on whom he first tried his unpracticed hands." Then he gives this illustration:—

"Not long ago in a small town in Montana, a perfectly healthy young woman fell in love and married. At the end of the first year her baby came. She died having it. The attending physician making out the death certificate, gave the cause of death as 'matrimony.' This is, as we have seen, a 'disease' of which a great many American women die. It carries off more mothers between the ages of fifteen and fifty-four than any other 'disease' except tuberculosis. But a fairer name for it would be *professional carelessness*." This illogical conclusion resulting from an ignorance of the facts is rather surprising in such a reputable writer,—but that is not known by the general reader.

While this detracts from the value of the article in the estimation of medical men there is, nevertheless, enough,—in the training of students in obstetrics, in the distribution of doctors over the country, in the fees charged and in the nursing services available,—there is enough to justify our careful study of the situation. How these conditions may be improved is a matter that might well be taken up by one more competent than a mere reviewer.

Mr. Collins approaches towards a proper attitude in this matter, when he considers the place of the midwife. He says:—

"In this country the Midwife has fallen into disrepute. Lack of training and lack of supervision are the main causes. A regrettable tendency towards malpractice is another,—though, perhaps, this is more a result than a cause. Anyhow the midwife is down; and in some parts of the country she is out."

On the other hand Mr. Collins points out:—"In Europe 85 to 90 per cent. of the babies are brought into the world by women. The European midwife is trained for her job, is admitted to practice only after the most stringent tests, and is adequately supervised throughout the period of her activity."

Yet Mr. Collins says her Services are only for the negro and the foreign born:—"There must be midwives to attend these two types of expectant mothers, the Southern negroes and the foreign-born. And they must be midwives adequately trained and thoroughly supervised. But there is very little reason to believe that even the highest type of midwife will ever be accepted generally by white American-born citizens as a substitute for the family doctor."

Some of his conclusions are wrong because he missed, through ignorance, the real cause of our high maternal death rate. Thus, "The person to whom we must look for a cure for our deplorable death-rate is the person primarily responsible for it—the American doctor." Then he claims we should expect from him,—(1) "That he use all the knowledge which he at present possesses" and (2) "that he take steps at once to increase his store of knowledge of modern obstetrical technic." This is an exceedingly unfair statement to make against the medical profession unconditionally, even if he speaks of the "American doctor" only. This is an instance where those most concerned have not kept pace with the advance in medical knowledge and technic. Instead of *calling down* the doctors why not do some *calling up* of those who are prospective mothers?

In no other sphere of medical activity is there greater need of health education of the people than in the care of the expectant mother, too often she is herself the greatest transgressor. If this was a matter that could be dealt with in a compulsory way much would be gained by requiring every expectant mother to report to some maternal agency, no matter where living or in what circumstances. A logical sequence of pre-natal care will be to arrange proper natal and post-natal care. Strange to say Mr. Collins really recognizes this when he points out the need of pre-natal care in lowering the maternal mortality death-rate, bringing it down by fully two-thirds. Yet Mr. Collins does not tell us, nor do any other writers in any definite way, how we can get every woman to seek and obtain this necessary health instruction. Let the next writer on this line, in magazines like the *Ladies' Home Journal*, emphasize this phase of the subject and perhaps we will make some real progress.

A minor point brought out by Mr. Collins is worthy of observing, that these deaths should be very carefully tabulated. "Childbirth," as a cause of death should never be accepted by the Health department, nor submitted by a physician. The real question is, How are we in Nova Scotia to go about the work of educating the public towards universal pre-natal care and assured competent natal and post-natal care? It is up to Medical men of Nova Scotia, the Department of Public Health and the substantial thinking people of the Province to put something practical into effect as soon as possible.

S. L. W.

The Practical Medicine Series 1930.

The very serviceable General Medicine volume of this well known series has been received by the BULLETIN Library. As all our readers know, this is one of a series of eight year books, issued at various intervals during each year. These eight volumes cover the entire field of 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. The price of this volume, General Medicine, is \$3.00 and may be ordered

from The Year Book Publishers, 304 South Dearborn Street, Chicago, Ill.

These Year Books have solved the problem that has perplexed many student practitioners who wish to keep abreast of all that is going on in special fields, at the least expense of time and money. We use the word "solved" advisedly, the proof being 29 years of continuous publication,—the old story of supply and demand. The general practitioner, the all-round men that work in Nova Scotia, cannot get along without volumes of this nature. No matter how many Journals you take you must have the year's progress summarized and properly tabulated for your easy reference. If really desirous of always being conversant with medical progress this convenient reference book must be in your library.

To review this volume on General Medicine is impossible as it mentions everything of interest that has been noted during the past year. The general titles with their authors is sufficient to indicate their usefulness to the doctor. Infectious Diseases is edited by George H. Weaver, M.D. of Chicago; Diseases of the Chest (excepting the heart) is edited by Dr. Lawrason Brown of Saranac; Diseases of the Blood and blood-making organs, and Diseases of the Kidney are dealt with by Dr. George R. Minot of Harvard and his associate, Dr. William B. Castle; Dr. William D. Stroud of the University of Pennsylvania deals with Diseases of the Heart and Blood Vessels; and Dr. Ralph C. Brown of Rush Medical College edits the Section on Diseases of the Digestive System and Metabolism.

This volume, the others as well, is of convenient size, has 850 pages of large, clear, easy to read type and the paper or article quoted in each instance is introduced by a little editorial note, indicating what the article shows. One can tell immediately if the article is the thing he wished to know about. Perhaps from the next volume of this series that comes to our desk we will go more fully into some references to the special topics considered in the various papers, hoping to illustrate the sterling scientific value of the volume by such a review.

In the meantime when ordering or inquiring about these volumes be sure to mention the BULLETIN, our *Bulletin*, your *Bulletin*.

The Bloodless Phlebotomist. An advance copy of the latest number of this interesting booklet issued by the Denver Chemical Mfg. Company has come to the BULLETIN desk. This is published in nine languages and goes to every member of the medical and allied professions, with a known address, throughout the world. Over 1,000,000 copies being circulated. In case any BULLETIN reader fails to get his copy please advise the Company at 163-167 Varick Street, New York City. From the editorial point of view we are much interested in the many interesting historical cuts, illustrations and descriptions of early days in medicine contained in each number.

OBITUARY

WILLIAM WALLACE KENNY, Superintendent, Victoria General Hospital, Halifax, N. S.

MOST fitting is it that the Obituary Department of the BULLETIN of the Medical Society of Nova Scotia should make suitable reference to the passing on Thursday morning, February 5th, 1931 of William Wallace Kenney for almost 33 years Superintendent of the Victoria General Hospital in Halifax. Indeed, Mr. Kenney was probable better known to more of the medical men in this province than they themselves are known to their confreres, even if they thought at times he ruled with an iron hand. Even at that, it may be said, that the better he was known the better were his services appreciated. This was shown in special manner by the Halifax Medical Society in his election to the Society as an Honorary Member, a recognition which he greatly appreciated.

It has been suggested that a Tablet, placed in the main entrance to the present Hospital, might bear an inscription similar to that in St. Paul's Cathedral, London, in honor of Sir Christopher Wren, the architect,—“If you seek his monument look about you.” The institution of which he was appointed Superintendent on May 1st, 1898 bore little likeness to the modern and extensive institution which bears the same name. Say what you will this marvellous development must be a monument to the man who has guided its course during these 33 years.

Mr. Kenney was born in Barrington, N. S. and his descent and character were as Scotch as his name suggests. As a young man in business in his native town with an old West Indies firm, he was remarked for his genuine business gifts of sagacity, energy and initiative. Coming to Halifax he became accountant for the firm of Brown and Webb and, upon doing some auditing for the Government, his business capacity was recognized and he was appointed to the position he filled so capably for so many years.

One feature of his administration may be mentioned. He concerned himself with every detail of hospital management, knew his business thoroughly and was adamant in standing for what was just and fair. He sought not the easy or politic solution of the many problems that came up day by day, but his constant aim was to do the right thing for the Victorial General Hospital.

Nor was his life a narrow one as a writer points out:—

“Nor was appreciation of his gifts limited to this city or this province. He had held high office in the American Hospital Superintendents' Association, and had, on more than one occasion, read before it papers to which high and practical value was attached and which were widely quoted. He was soundly educated, widely read,

and wielded a facile, effective pen. He was a sincerely religious man and one of the most valued members of the congregation of the First Baptist Church. In short, in every sphere in which he moved, tribute to Mr. Kenney's worth comes warm, sincere and generous. It is generally recognized that in him the city has lost a man whose fitness for a most responsible post was signal and who had done a great work."

Literally, indeed, Mr. Kenney died in harness. A few days previously he had absented himself from his office owing to a slight indisposition, but was on his way from his home on Victoria Road to the hospital when he felt the approach of an anginal attack and with difficulty reached the hospital, where he was at once taken to the pavilion, the attack proving fatal in a few minutes.

Mr. Kenney is survived by his wife, who was a Miss Beckwith; by a daughter on the teaching staff of the Morris Street School; and by two sons. The sons are,—Dr. Francis W. Kenney of Rexton, N. B., who graduated from Dalhousie in 1912, practicing at Springville, Annapolis Co., until going over seas in 1915, then going to his present location in 1920; and Dr. Robert W. Kenney who graduated from Dalhousie in 1924 and spent several years in London securing his F.R.C.S. and recently located in Newfoundland. To this family group the BULLETIN extends the sympathy of all members of the medical profession in Nova Scotia.

An Appreciation.

We shall often think of Mr. William Wallace Kenny as a beloved member of The First Baptist Church of Halifax. A devout worshipper, a willing worker he entered whole heartedly into the life of his church.

It will be, however, as superintendent of the Victoria General Hospital that he will be remembered. For almost thirty-three years he has conscientiously and with marked ability filled that position.

He has seen that institution grow in capacity and efficiency. He entertained lofty ideals of what a hospital should be and he sought ardently to realize those ideals.

He possessed those qualities of mind and heart that fitted him well for his task. He had a strength of personality that secured attention; an integrity of character that won the confidence of all; a spirit of fairness that enabled him to administer varied interests to the good of the whole; calm and poise of spirit that held him amidst difficulties and an enthusiasm that renewed his youth and held him gladly to his task till the morning of his going.

To his intimate friends he revealed a rich background of life. He loved to tell of the old days of the fast clipper ship; of his many experiences with rod and line in the great open; or at times he would dwell upon those deep religious convictions upon which his life was based.

He is gone but the years of his life invested in public service have a rich fruitage that shall abide.

ARTHUR L. HUDDLESTON.

From C. M. A. Journal.

Many medical men throughout Canada will regret the death of Mr. W. W. Kenney, for many years superintendent of the Victoria General Hospital, Halifax, which occurred suddenly on the fifth of February. During a period of nearly thirty-three years, Mr. Kenney gave himself unreservedly to the service of the hospital, and proved an efficient and capable administrator. While conservative in method, he was well posted in hospital matters and worked consistently to bring his institution to a state of excellence which redounds to his credit. Although he might have retired on pension several years ago, he preferred to continue at a task which was exacting, but which he loved well. His position brought him into very close association with members of the profession, who have admired his many fine qualities, and both his sons—Francis and Robert—are of our ranks, the latter being a Fellow of the Royal College of Surgeons, England. Mr. Kenney will long be remembered by the doctors of Nova Scotia as a good friend, and will be much missed in this section of the hospital world.

W. H. HATTIE.

Tributes to Dr. Robinson Cox.

I very much regretted the sudden demise of the late Dr. Cox of Upper Stewiacke. His modest demeanor was an inducement to look to him more as a brother than as a medical practitioner. His manner, demeanor and modesty were an inducement to take a personal interest in the man.

I met him in youth as a teacher in connection with our school system, but latterly on the Dalhousie Campus, and there we were rather brothers.

A Country Doctor has no sinecure. Too much night work and long journeys, in former days in an open carriage. The Doctor who stands the strain must have extra stamina and constitution. For the young man in the country who has to earn the cash to pull himself through college the process is usually slow. Then to stand a grinding endurance for fifty years in an open carriage in professional duty he must have a strong constitution. Statistics give the average age of the medical man as forty seven years. One reason for a Doctor's longevity is temperance in all things.

Dr. Cox was highly appreciated by his people largely on account of his modesty and friendliness. With him it was, once a friend always a friend. His manner was modest and his friendship lasting.

His character is his lasting monument.

FINLAY MACMILLAN, M.D.

Sheet Harbour, Feb. 2, 1931.

A Tribute.

In the death of the late lamented Dr. Robinson Cox of Upper Stewiacke, N. S., the Medical profession and the people have lost another of those veterans in the service of humanity in our little province by the sea, whose life histories have honoured themselves, their profession and their families, and have been a blessing to those for whom they have laboured.

I first met the late Dr. Cox in the University of Dalhousie Chemistry Class under the late Professor George Lawson, in 1874. He was a senior student in Medicine, while I was a general student in Arts, taking Chemistry and visiting the Hospital, preparatory to the regular medical course. As he graduated in 1875, I did not become intimately acquainted with him as a student, but learned to respect him in common with the other students for his quiet and steady personality, and his strength of character in resisting anything which would interfere with the fulfilment of his duty and the obligations of the College curriculum. As my district was a long way from his, I only met him at the annual meetings of the N. S. Medical Society, but was always glad to see him and to find that his earnest sincerity of purpose, and his full recognition of his obligations to his profession and the people whom he served, fulfilled the promise of his student days.

From time to time during a period of about half a century, those from his district, patients and others whom I happened to meet, all spoke in the highest terms of his qualities as a physician and as a man and referred to the respect in which he was held by all classes in his community. He was a close friend of the late lamented Dr. W. S. Muir of Truro, a friend of my own from boyhood days and I have pleasant memories tinged with sadness, when I recall the meeting at Truro many years ago, when Dr. Cox, the late Dr. Thomas Roddick, (afterward Sir Thomas) of Montreal and myself were honoured guests of Dr. Muir, and seldom, if ever, have I had the privilege of making a quartette with such a trio; alas that such men had to die.

The epitaph, which my knowledge of what such men did for humanity, led me to formulate and apply to the memories of many of my departed friends in the profession, is fully true of the late Dr. Robinson Cox. The world had less sickness and more health, less suffering and more comfort, less sorrow and more joy, because he lived in it.

W. B. MOORE, M.D.

Jersey, C. I., January 21, 1931.

After an illness of but a few days, Mrs. Payzant, daughter of the late Alfred Dickie and Mrs. Dickie, South Park St., Halifax and wife of Mr. L. D. Payzant, Manager of the Bank of Nova Scotia, New Glasgow, passed away on February 2nd, 1931. Dr. W. R. Dickie of Digby will have the sympathy of the medical profession in this unexpected passing of his sister.

The members of the medical profession in Nova Scotia will extend sincere sympathy to Dr. W. N. Rehfus of Bridgewater in the passing January 30th, of his mother, aged 81 years, who has resided with a daughter in Montreal for the past fifteen years. Her passing was not unexpected, as the Doctor and his brother had been to Montreal purposely to see her several weeks before. At the same time he learned of his Mother's death, Doctor Rehfus learned that his oldest brother, Captain Alton Rehfus had unexpectedly died at Baltimore, just a few hours after his mother. Captain Rehfus has been sailing from American ports for the past 22 years and was just recovering from an accident which resulted in a fractured hip.

Dr. A. M. Hebb of Dartmouth received word early in February of the death of his brother, Frank Hebb of Billings, Montana, where he had been resident for about thirty years.

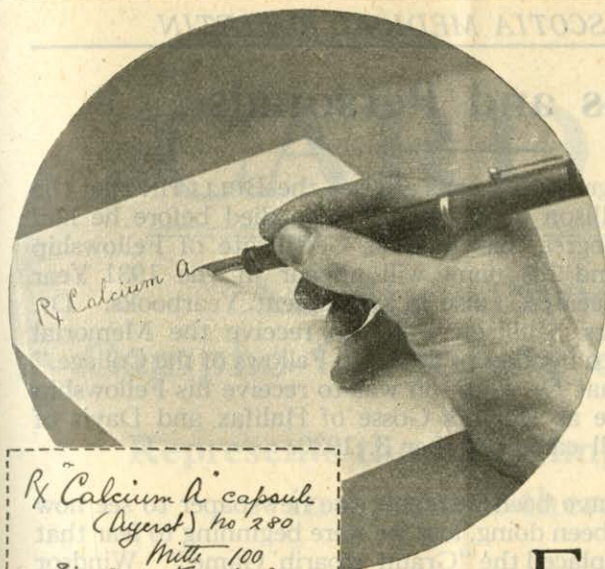
"Stone walls do not a prison make, nor iron bars a cage."

Winter is a jailer who shuts us all in from the fullest vitamin D value of sunlight. The baby becomes virtually a prisoner, in several senses: First of all, meteorologic observations prove that winter sunshine in most sections of the country averages 10 to 50 per cent. less than summer sunshine. Secondly, the quality of the available sunshine is inferior due to the greater distance of the sun from the earth altering the angle of the sun's rays. Again, the hour of the day has an important bearing: At 8.30 A. M. there is an average loss of over 31%, and at 3.30 P. M., over 21%.

Furthermore, at this season, the mother is likely to bundle her baby to keep it warm, shutting out the sun from baby's skin; and in turning the carriage away from the wind, she may also turn the child's face away from the sun.

Moreover, as Dr. Alfred F. Hess has pointed out, "it has never been determined whether the skin of individuals varies in its content of ergosterol" (synthesized by the sun's rays into vitamin D) "or, again, whether this factor is equally distributed throughout the surface of the body."

While neither Mead's Viosterol in Oil 250 D nor Mead's 10 D Cod Liver Oil with Viosterol constitutes a substitute for sunshine, they do offer an effective, controllable supplement especially important because the only natural foodstuff that contains appreciable quantities of vitamin D is egg yolk. Unlike winter sunshine, the vitamin D value of Mead's antiricketic products does not vary from day to day or from hour to hour.



R. Calcium A capsule
(Ayerst) No 280
Mills 100
Sig. One or two capsules
three times daily
15 minutes before food.

A Good Food Tonic

Well Worth Prescribing

TO increase resistance against seasonal onsets of the common cold and respiratory affections.

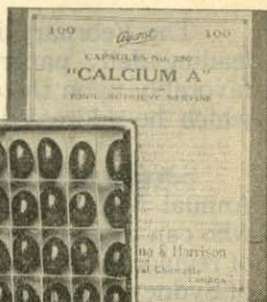
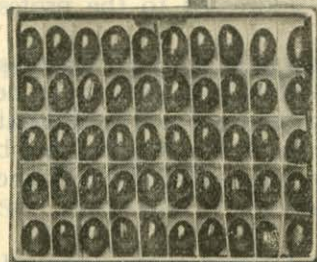
■ During pregnancy and lactation as a rational dietary adjunct which improves the systemic background in these conditions of exceptional demand.

■ As a nutrient nerve in the treatment of neuroses, attributable to disturbance of the mineral tissue bases caused from calcium deficiency.

■ To assist in recuperation after prolonged illness or post-operatively.

■ In virtually all cases of under-nourishment where Cod Liver Oil therapy may be useful. Each capsule exhibits the complete vitamin content of a teaspoonful of pure Cod Liver Oil.

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Limited
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"Calcium A" capsules are packed in boxes of 100. Like all other Ayerst products they are obtainable from coast to coast in Canada.

Locals and Personals

THE American College of Surgeons advises the BULLETIN that the late Dr. F. E. Gullison of Yarmouth, who died before he had received his F.A.C.S. Degree, has had his Certificate of Fellowship sent to Mrs. Gullison, and his name will appear in the 1931 Year book of the College "Deceased", also in subsequent Yearbooks. Dr. Martin writes that "Mrs. Gullison will also receive the Memorial Certificate which is sent to families of deceased Fellows of the College." It will be remembered that Dr. Gullison was to receive his Fellowship Degree at the same time as Doctors Gosse of Halifax and Davis of Bridgewater, but the call came October 3, 1930.

For some time we have been watching the newspaper to see how our medical curlers have been doing, and we were beginning to fear that modern frivolities had displaced the "Graun' Roarin' Game." Windsor furnishes with a few minor exceptions, the first proof of the saying, "once a' curler al'ays ane," for Doctors Keddy, Reid (A. R.), Bissett, Morris and Shankel all participated in the January Club match. They would put up a pretty good medical rink; how about it?

Pensions. We now have pensions for ex-soldiers and invalided ones, for civil servants, railway and naval men, old age, widows, teachers, ministers, the blind (sought for), those retired in large corporations nearly always have a pension system, besides others we do not recall at the moment. In the not distant future, pensions for doctors will be considered as one feature of so-called, State Medicine.

Inter-Club Curling shows up only fairly well in New Glasgow considering the size and record of the Bluenose Club, only Doctors Ballem, Robins, Fraser, McGreggor and Miller that we noted.

The February issue of the BULLETIN was mentioned by the two leading daily papers of Halifax to the extent of commenting most favorably upon the open letter from Dr. Murphy, Minister of Health, which he addressed to the profession in this province.

Several members of the profession plan on attending the C. M. A. Annual Meeting in Vancouver next June. It is desired that those who can attend will act as alternates on the C. M. A. Council in place of regular members who may not be able to go. Dr. J. Knox McLeod of Sydney will be one of the Council members this year. Let us know if you can go.

If the Council of the Town of Windsor would adopt and act upon the report of Dr. E. E. Bissett, M.H.O., they would save money

CARDYL

An oily solution of Campho-Carbonate of Bismuth

**Represents the latest improvement
in bismuth-therapy.**

Being an oily solution, **CARDYL** possesses the advantages of aqua-soluble compounds (absence of bismuthic abscesses) and those of insoluble compounds. Slow and gradual absorption.

Offered in boxes of 10 ampoules
of 2 cc. containing Ogr. 05 of
Bismuth per cc.

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and make the best health showing of any town in Nova Scotia, provided other towns which have had the same advice tendered to them annually continue to merely file the reports.

Dr. J. A. M. Hemmeon of Wolfville has recently returned from a short visit to Montreal and at once wrote the BULLETIN expressing appreciation of the article from the pen of Dr. Schwartz in our February number. He likens the Resolution of the Executive to the one passed by the Society some years in favor of total abstinence, save that it "unhappily did not obtain the oblivion of the Prohibition resolution." The pages of the BULLETIN are open to every member of the Society to express his opinions on this and any matter of concern to the profession. We are glad to know that Dr. Hemmeon's stay in Montreal was beneficial to his own physical condition.

The engagement is announced of Miss Anne Grant, daughter of Dr. William Grant of Wolfville to Prof. F. H. Sexton, Principal of the Nova Scotia Technical College, Halifax.

Lawrencetown has a live Library Association, a Library of 1,500 volumes and, during the last year, nine of McGill University travelling libraries, some three hundred books, were available for members. At a recent annual meeting Dr. L. R. Morse was reelected President.

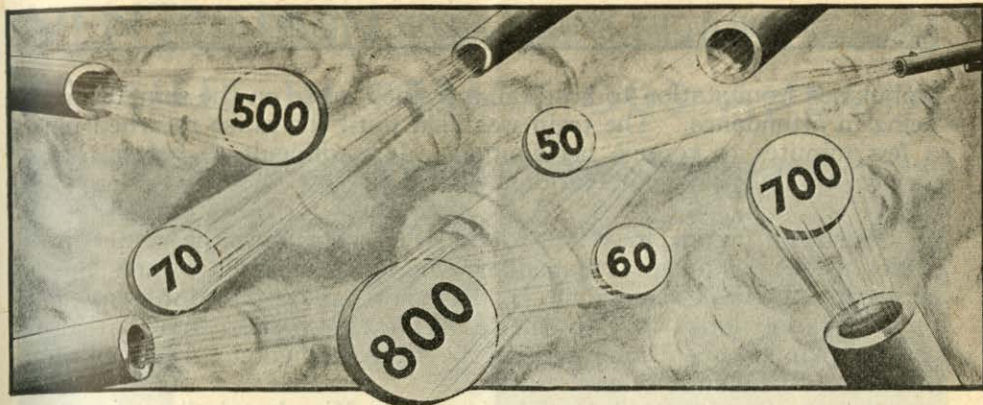
The pulpit supply at New Germany on a recent Sunday was Robert Braine of Pine Hill College, a son of Dr. L. B. Braine of Annapolis Royal.

The cause of it. The barber remarked, "You are very bald, sir. Do you know the cause of it?" Fed-up Victim, "I don't, but I suspect that my hair falling out had something to do with it."

Not long since Dr. W. J. Egan of Sydney presented an interesting paper on Life in Sydney in Olden Days before the local historical Society. Recent dispatches speak of the Doctor being laid up with Influenza. For his benefit, and others similarly affected, we give in this issue (or our next) an account of this disease as described by an anonymous writer in a city daily paper in 1918.

An editor and proprietor of a weekly newspaper has been recently appointed a school commissioner for a period of three years. Yet the health publicity articles of the Canadian Medical Association are not of sufficient authority to get publicity in his paper in the effort to educate the public in the matters of general and individual health hygiene.

St. Martha's Hospital, Antigonish, had a recent admission from the New Glasgow to Sydney night train, but the baby came while in the



“THE BATTLE OF THE NUMBERS”

is the expression used by a prominent biochemist who recently visited our Research Laboratory, in referring to the pseudo-scientific practice employed by many manufacturers in stating the number of “vitamin units” contained in their cod liver oil. “The problem seems to have resolved itself,” he went on to explain, “into a game of ‘number, number, who has the largest number,’ each firm trying to outdo all others in having the largest number of units displayed on the bottle.”

There are in use at the present time at least seven arbitrary systems of designating cod liver oil by “units” of vitamin D.

The size of these units varies with each system, consequently the “number” of units is small where the “unit” is large and large where the “unit” is small.

This is illustrated by the fact that if Mead’s Standardized Cod Liver Oil were to be designated by one system, it would test .15 unit. By a second system, 3 units. By a third, 15. By a fourth, 40. By a fifth, 120. By a sixth, 265. And so on.

In the matter of vitamin A units, while the above confused status does not exist (fortunately, due to the fact that there is a U.S.P. standard), on the other hand, there is such a wide latitude permitted in the interpretation of this unit, that there may be a very wide difference in “interpreted” potency between sample oils at the two extremes of the permitted latitude.

The physician can find assurance in Mead’s Standardized Cod Liver Oil—without units—on the basis of actual performance.

We have refrained from entering this “battle of the numbers,” not because Mead’s Standardized Cod Liver Oil could not also be designated by large numbers,—the data at the left give proof of this—but because, as competitively used, unit numbers hold little significance.

We are, therefore, holding ourselves aloof from this Don Quixotic conflict until the smoke of “battle” clears and numbers on the label of a bottle of cod liver oil really mean something.

In the meantime, as from the beginning, we ask the physician’s confidence in Mead’s Cod Liver Oil on the basis of performance, knowing that: (1) 1/4th of 1% of Mead’s Cod Liver Oil in a rickets-producing diet will initiate healing of rickets in rats in 5 days. (2) 1/16th of 1% of Mead’s Cod Liver Oil in a xerophthalmia-producing diet will cure xerophthalmia in rats in 10 days. (3) Mead’s Standardized Cod Liver Oil is so pure it needs no flavoring.

⌈ Supplied in 4-, 8-, and 16-oz. brown bottles in light-⌋
⌋ proof cartons. Samples and literature on request. ⌈

MEAD JOHNSON & CO. of CANADA, LTD., Belleville, Ont.
Newfoundland Cod Liver Oil Exclusively

ambulance from station to hospital, a trained nurse on the same train being in attendance. The train was held until the nurse returned in a few minutes to resume her journey. It is difficult to better the service by the Canadian National Railway.

Our good friend Dr. W. B. Moore who is spending the winter in Jersey, C. I., has a rap at Canadians who look longingly towards the conferring of titles in this country. His views are expressed in a letter published not long since in the *Kentville Advertiser*. In a rather caustic manner he disapproves of the title "Kingdom of Canada" instead of "Dominion", for he says:—

"The suggestion that Canada become a Kingdom indicates ambition, but most earthly kingdoms seem pretty shakey at present, and the clergy are complaining of scarcity of qualifying candidates for the Heavenly Kingdom. I don't believe the Astrologers would see anything in the stars to justify the change at present. However, a few people might prefer "Kingdom Day"—or perhaps better, "Kingdom Come Day," to "Dominion Day," although I personally think we would better hold to the latter now in spite of the tragic memories of the way in which it was established. . . . My hope in writing this is that some one with far greater political influence than mine may chance to read it and agree that the reintroduction of the practice of conferring titles in Canada would be a serious evil affecting the future greatness of the country."

One will easily recognize the W. B. Moore of former days, he still seems quite set in his opinions.

Harbor View Hospital, Sydney Mines, has recently received a bequest of \$20000 from the estate of the late Blowers and Mrs. Archibald. On the executive board of the hospital Dr. D. W. Archibald is the Representative of the Provincial Government.

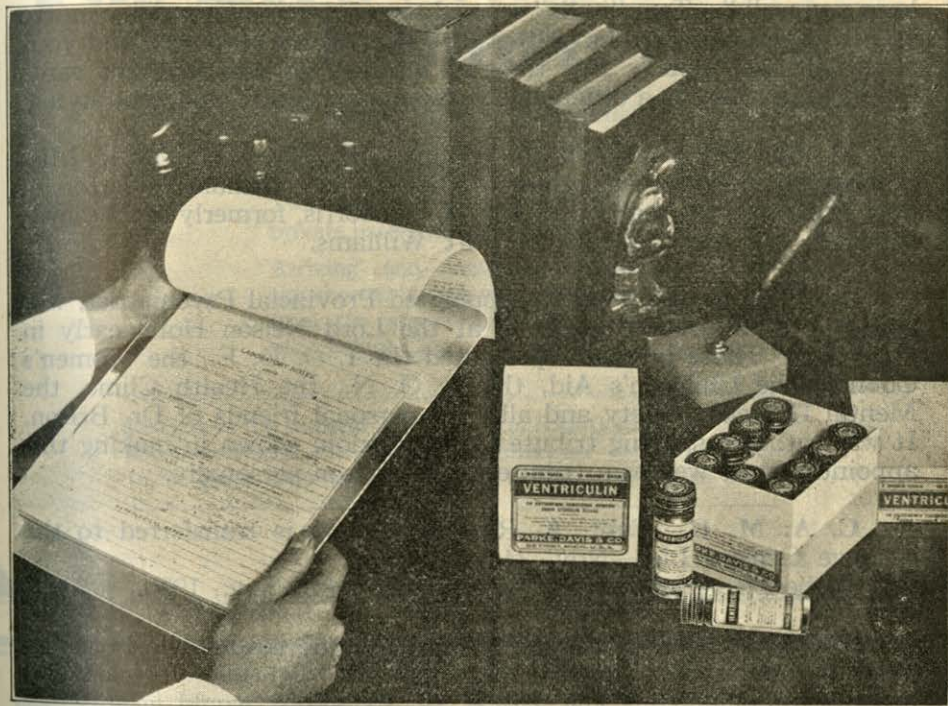
Those who made acquaintance with Dr. J. L. Macaulay on his frequent visits to Nova Scotia in connection with his work in the medical examination of immigrants will regret to learn of the double bereavement he has been called upon to bear. Mrs. Macaulay died in September last, and his infant child died in January. Dr. Macaulay now represents the Department of Pensions and National Health (Immigration Medical Service) at Glasgow, Scotland.

Dr. D. R. MacRae of Sydney Mines recently had his sleigh turned over, owing to bad roads and received injuries that housed him for a week.

Dr. B. A. LeBlanc has been appointed Port Physician at Arichat.

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The N. S. Dairymen's Association has had the following slogan for a number of years,—“Keep your cows well and your cows will keep you well.” Two “wells” seemed too suggestive for a dairy motto and it was proposed to have it read,—“Keep your cows well and your cows will keep you.” But the two mottoes do not have the same significance, there is a difference between good health and good living.

At All Saints Cathedral, Halifax, January 28th, 1931, Miss Gwendolyn Fullerton, daughter of the late Dr. William Fullerton of Port Williams, was married to Mr. H. T. Morris, formerly of Cheshire, England, but now resident in Port Williams.

Dr. Eliza Brison, recently appointed Provincial Psychiatrist, was tendered an afternoon reception at the Lord Nelson Hotel early in February. Those present represented the I. O. D. E., the Women's Council, the Children's Aid, the V. O. N., the Health Clinic, the Mental Hygiene Society and all were personal friends of Dr. Brison. It was rather a striking tribute to the wisdom shown in making this appointment as well as a tribute to Dr. Brison personally.

C. A. M. C. Capt. A. R. Cunningham is transferred to the Reserve General List—Nov. 24, 1930.

To be Lieutenant, Clyde W. Holland—19th Nov., 1930.

No Autos for Doctors. In Bermuda the automobile is taboo, save for government lorries, municipal fire fighting vehicles and hospital ambulances. The House of Assembly would grant this permission but the Legislative Council objects, hoping to secure more doctors. How come? Quen sabe. While the supply of doctors is short, one has to be resident for three years before one is permitted to practice. Even with the salary guaranteed to a considerable extent by the government, there will likely continue to be a shortage. One sometimes wonders if one could restrict the use of autos to these few services, that might be termed absolutely necessary, in the Province of Nova Scotia, would it have any effect upon the present financial depression?

His Hobby. Dr. H. B. Atlee of Halifax recently addressed the Progressive Club of Halifax on his own hobby, The Short Story. Of course, BULLETIN readers will know that the incidents of the shaiks of Ken-Wo noted in the February number, anded detect his authorship. Without doubt Dr. Atlee is proving himself a fertile and delightful writer of this class of fiction.

Another Nova Scotian, in the person of Dr. E. R. Davies of Londonderry, has gone to work in the Health Department of the United States under the special plans operating in the Southern States.

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MONTREAL

Dr. Davies is a native of Saltsprings, Pictou Co. and graduated from Dalhousie in 1924. He was overseas, serving in the Artillery. After practicing for one or two years in his native district he located at Londonderry, a location where most of the practice is elsewhere. He had recently been with one of the cable repair ships sailing out of Halifax. Previous to leaving Londonderry Dr. and Mrs. Davies were tendered a reception and were recipients of an address accompanied by suitable gifts. Dr. Davies will be attached to the Mississippi Health Board, Mrs. Davies will remain some weeks in Truro before joining her husband.

Physician to Royalty. Congratulations to Dr. Lewis H. Fraser, M.C., who was selected to act as Physician to the Prince of Wales and Prince George while touring Peru, South America. His many friends in Halifax will extend him hearty congratulations. Dr. Fraser is a graduate of Queen's University, Toronto and was overseas with that Unit.

Again President. Dr. J. J. Roy has been again elected President of the V. O. N. in Sydney. Contrary to the usual custom, both the President and Vice-President are just ordinary men, one a doctor, the other a minister. We note also that for 21 years Mr. L. G. MacKay has been the Treasurer of this Branch of the V. O. N. In some places it is hard to get any men to attend even an annual meeting of the Order. But then they always do things differently in Cape Breton.

The medical staffs of hospitals in Cape Breton have under consideration the appointment of a Pathologist and Radiologist for their group of hospitals. It is stated that several applications have been received from "doctors in the States and from one Canadian doctor." We have no doubt but that a Canadian and a Nova Scotian will be finally selected for this position, we have no need to go out of Nova Scotia to fill any such appointment, indeed we have been educating professional men for the whole world and it is time we were using some of our own talent for ourselves. We think the plan proposed in Cape Breton is an excellent one. Such a plan modified might be adopted for Nova Scotia when the Department of Health really takes over the supervision of all hospitals.

Nova Scotia Notes in C. M. A. Journal.

The Harbor View Hospital, Sydney Mines, is to benefit to the extent of twenty thousand dollars (\$20,000.00) under the terms of a recently published Will. The bequest becomes effective on the death of a lady who is a beneficiary of the estate during her life time.

HONORARY MEMBERS

THE MEDICAL SOCIETY OF NOVA SCOTIA, 1931.

- 1922 Barss, A. DeW., Wolfville, Edin. 1864, B.A., Acadia 1859.
Died Aug. 22, 1924. Aet. 82 Yrs.
- 1922 Black, J. B., Windsor, Dartmouth Col., 1890, (Practice 1864).
Died Dec. 9, 1924. Aet. 82 Yrs.
- 1922 Buckley, George E., Guysboro, Jefferson Med. Col. 1867.
- 1922 Cowie, Andrew J., Halifax, Univ. Penn. 1860, L.R.C.P. (Lon.).
Died March 19, 1929. Aet. 93 Yrs.
- 1922 Collie, James R., River John, Harvard 1869. Died July 15,
1925. Aet. 85 Yrs.
- 1922 Dodd, Marcus, Bridgeport, Col. of P. and S., N. Y. 1866.
Died June 11, 1924. Aet. 80 Yrs.
- 1922 Morris, Charles H., Mid. Musquodoboit, Harvard 1868. Died
Oct. 9, 1923. Aet. 79 Yrs.
- 1922 MacMillan, Finlay, Sheet Harbor, Dalhousie 1872, LL.D., Dal.
1928.
- 1922 Robinson, Augustus, Annapolis Royal, Univ. Penn. 1857,
M.R.C.S. (Eng.). Died Sept. 16, 1926. Aet. 91 Yrs.
- 1922 Payzant, E. N., Wolfville, Jefferson Med. Col. 1855. Died
Jan. 22, 1925. Aet. 95 Yrs.
- 1922 Saunders, Daniel O., Bridgetown, Harvard 1869. Died Jan.
24, 1929. Aet. 92 Yrs.

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- 1922 Stewart, John, Halifax, Edin. Univ. 1877, C.B.E., LL.D. Edin. and Dal.
- 1923 DeWitt, Geo. E., Wolfville, Harvard 1872. Died Nov. 17, 1924. Aet. 82 Yrs.
- 1923 MacIntosh, Daniel, Pugwash, Harvard 1871, L.P.C.P. (Edin.) 1873.
- 1923 Perrin, Albert M., Yarmouth, Univ. of New York 1873.
- 1923 Webster, Henry B., Kentville, Col. of P. and S., N. Y. 1872. Died June 5, 1930. Aet. 78 Yrs.
- 1923 Woodworth, William S., Kentville, Harvard 1873. Died July 22, 1925. Aet. 78 Yrs.
- 1924 Chisholm, Murdoch, Halifax, McGill 1879, L.R.C.P. Died Dec. 29, 1929. Aet. 81 Yrs.
- 1925 Cox, Robinson, Upper Stewiacke, Dal. Univ. 1875. Died Jan. 6, 1931. Aet. 90 Yrs.
- 1926 Miller, S. N., Middleton, Univ. New York 1875.
- 1927 Chisholm, D. McL., Port Hood, Univ. New York 1882.
- 1927 Fox, Charles J. Pubnico, Univ. Penn. 1876.
- 1927 Kendall, A. S., Sydney, Bell. Hosp. Med. Col. 1882, M.R.C.S. (Eng.) 1884.
- 1927 Moore, Willis B., Bournemouth, Eng., Hal. Med. Col. 1879.
- 1927 McLean, John W., North Sydney, Univ. McGill 1882.
- 1927 Kennedy, Evan, New Glasgow, Univ. of Boston 1876. Died March 26, 1930. Aet. 80 Yrs.
- 1927 Hamilton, C. A., Mahone, Dalhousie 1891. Died May 9, 1928. Aet. 69 Yrs.
- 1927 Marshall, C. S., Bridgewater, Univ. New York 1882. Died Aug. 15, 1928. Aet. 74 Yrs.
- 1927 Tobin, William, Halifax, L.R.C.S. (Ireland), L.R.C.P. and F.R.C.S. 1868. Died Dec. 24, 1927. Aet. 80 Yrs.
- 1928 Mack, Joshua N., Halifax, Bell. Med. Col. 1875.
- 1928 McKay, John W., New Glasgow, Bell. Hos. Med. Col. 1876.
- 1928 Murray, D. A., River John, Bell. Hos. Med. Col. 1876.
- 1928 Densmore, J. D., Manchester, N. H., Hal. Med. Col. 1877.
- 1930 Armstrong, M. E., Bridgetown, Univ. of New York 1892. Died Jan. 1, 1931. Aet. 64 Yrs.
- 1930 Cole, William H., New Germany, Bowdoin Coll. 1883.
- 1930 Reid Sr., James W., Windsor, Hal. Med. Col. 1884.

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