

# Spiritual Adventures

DR. H. W. SCHWARTZ, Halifax.

An Address delivered to the graduating class of the Victoria General Hospital Training School, Nov. 26th.

Mr. Chairman, Honorable Minister, Members of the Board of Commissioners, Distinguished Guests, Graduating Class: Ladies and Gentlemen:—

**W**E are living in what is undoubtedly the most interesting, spectacular and amazing period in human history. The only drawback being that our responsibilities are proportionate to our good fortune.

Things are moving rapidly. Within the memory of some still living, has the steam engine been developed; the steamship and the railway soon followed. Then the telegraph, cable and telephone. They have seen electricity come and put to a thousand and one uses. They have seen the making of paper from wood—a process invented by Charles Fenerty—at Upper Sackville, Nova Scotia,—develop into one of Canada's great industries.

I can remember bicycles with solid rubber tires, the early gramophones, and the first automobile to grace this city. No electric tram-cars in my boyhood days—the cars were horse-drawn. I have helped my grandmother make tallow-candles. What a marvelous sight were the first moving pictures in spite of their jiggiliness! Even those of such tender years as yourselves recall the first radio, talkie, passenger plane—and will witness television as an every day event.

There is hardly any department that has not undergone some striking development,—the astronomer leaving us gaping at the immensity and accuracy of his calculations. The chemist bewilders us with the substances he can create, and the myriad things—fuel, drugs, perfume and dyes he can extract from a lump of coal. The physicist has almost discovered the very stuff to which all else can be finally reduced, and would seem to be on the verge of reaching the end of his quest. But as a matter of fact each new discovery seems to give rise to more questions to be answered. The Biologist is able to tell us how we have come to be, and by his discovery of the laws governing heredity, can predict what we may become, thus placing the responsibility on our own heads.

What does it all mean? Merely that the Book of Revelations has not yet been completed, and that God continues to reveal himself to those who are willing to work. Charles Darwin, for over thirty years, engaged in the most laborious and exacting work, before he enunciated the principle of Evolution, which has changed the face and form of the world's thinking.

Things have moved rapidly in the department in which we are particularly interested. I have no knowledge of the early records of Halifax hospitals, but to illustrate, will refer to one in Montreal.

In 1821 the Montreal General Hospital was founded, but not without opposition, it being claimed by its strongest opponent that, "it would be run by hirelings instead of women devoted to the service of God, and would lead to ill-treatment of the patients by the students."

The first entry in the minute book of the Committee of Management concerns the staff, "It was resolved that the number of servants for the hospital in its present state shall be, viz: "Two nurses, one cook, one housemaid, one abled manservant, able to read and write, and an invalid without wages."

Their food was also arranged for as follows:—"That their diet shall be tea and bread and butter for breakfast and supper, meat and soup for dinner, with seven gallons of beer per week."

Among various articles ordered for the stores is an item for "12 spittoons," and "one piece of cotton for night caps." What about nurses one hundred years ago. "The nurse, Margaret Campbell, signified to the Committee her intention to abandon the service as nurse owing to ill-health, and consequently the duty too severe. The matron reported the very poor state of health of Mrs. Patton, the housemaid. The Committee therefore attach the late nurse, Margaret Campbell, as her assistant at the rate of \$4.00 per month, and to take her turn at sitting up at night with the other nurses."

Another entry states "in consequence of some complaints against Nancy McClure, a nurse, and also on account of her not being able to read writing, she was discharged.

One of the earliest reference to screens in hospital wards is found in the following recommendation, made June 8th, 1823, "we think it would be an improvement were a few movable screens of some cheap and light material, made so that they could be slipped in between the beds occasionally—such screens seem particularly wanted in the women's ward."

On one occasion the matron was called and cautioned "to use her utmost endeavours in preventing that dangerous vice in the hospital called 'smoking' tobacco.

Dr. Sheppard says that "on entering hospital, every patient was given some stimulant, two bottles of ale or stout, four to eight ounces of Port Wine, or four ounces of Whisky or Brandy." "In those days," he writes, "I fear much of this stimulant was commandeered by the nurses, instead of being given to the patients."

At any rate, it would appear from this record that the governing authorities meant well by the patients, and did their best to place the mind at rest. Alcohol may have its soothing qualities, but to-day we have come to depend more on the well-trained conscientious nurse. With all your training, if you neglect the mind and heart of your patient, an important element is lacking. Take for example, a woman from the country, coming to a hospital for the first time. What an ordeal?—Strange people—strange sights—sounds—and smells. What does the future hold. The very word "operation" is a nightmare. The nurse that is able to substitute hope for despair—confidence for doubt—peace for anxiety—who can bring comfort to the spirit as well as to the body, is away ahead of the most mechanically efficient.

Probably Nancy McClure was discharged for gossiping, a temptation recognized by the writer of the Book of Proverbs,

"The words of a talebearer are as dainty-morsels."

and condemned in these words,

"Thou shalt not go up and down as a talebearer among thy people."

"He that goeth about as a talebearer, revealeth secrets; but he that is of a faithful spirit, concealeth the matter."

Up until 1815, when the Bethlehem Royal Hospital, (London) commonly called Bedlam, was removed to Lambeth, it had been for over two hundred years one of the sights of London to go and see the chained lunatics, much as we would go to the Zoo nowadays. The public paid small entrance fee to see these poor wretches, and as much as £400 has been received in a single year towards the upkeep of the institution.

With the development of modern surgery under Lister, with its exacting technique, demanding a higher degree of skill for its practice, and the use of imagination and theory for its understanding, the old-time practical nurse had to give way to the trained nurse.

It is hard to believe that Surgery, as we now know it, has developed during the professional lifetime of the Dean of our own Dalhousie Medical School. Dr. John Stewart was one of the four men whom Lister insisted upon taking with him from Edinburgh to London in 1877, when he went to King's College Hospital and introduced "antiseptic Surgery". The antiseptic procedure evolved in due time into the aseptic technique of the present time.

The progress in Surgery and nursing must not blind us to the advances in Medicine. In 1868 the professor of Medicine at Leipsic published a book entitled, "Medical Thermometry", in which he points out that different diseases have different temperature pictures, and contrasted those of Typhoid Fever, Pneumonia and Tuberculosis. The Thermometers of that day were not the ultra-neat self-recording things of to-day. Dr. Lauder-Brunton was House Physician at the Royal Infirmary at Edinburgh, about the time Dr. Stewart was student, and describes the apparatus he was obliged to carry about. "Each Thermometer," he writes, "was ten inches or more in length, and took about five minutes or more to reach the temperature of the body when placed in the axilla. The Thermometer case I used to carry under my arm as one might carry a gun."

I will but mention a few other outstanding aids to diagnosis and treatment. The ophthalmoscope and the hypodermic syringe, with stories of development, not unlike that of the clinical thermometer; the blood pressure instrument (sphygmomanometer) (the urethroscope) and the glorified Speculum the bronchoscope; blood tests and differential blood cell counts; Anti-toxine for diphtheria, serum for cerebral spinal meningitis, "606" in syphilis and insulin in diabetes, X-ray, and radium, the blessed anaesthetics and blood-transfusion.

Nor must we overlook the enormous strides in preventive Medicine. Students complete their medical training, and will possibly practice, until a ripe old age, without ever seeing a case of smallpox.

Yellow fever, cholera and typhoid fever yield to sanitation, and malaria and hook worm are greatly modified by the same measure.

The Bubonic plague—Malta fever and typhus go with the destruction of the respective infection carrying agent—the rat, the goat, the louse.

The dread tetanus (lock-jaw) and diphtheria may be avoided if measures be taken in time.

Our Departments of Health warn us of approaching epidemics, protect the source of our water supply guard the quality of our milk supply, and see that our cities are properly drained.

Yet with all our progress and preventive Medicine, two of the most serious of communicable diseases, the old reliable the ever-ready, the ever-present Gonorrhoea and Syphilis are still going strong. The pair of them have, do and

will defy us, so well are they entrenched. We seem to be bound hand and foot when trying to deal with this aspect of the public health. True, progress has been made, not only in the recognition of late Syphilis, but the disease can be gotten under control at a much earlier date, and the infective stage cut short, but paradoxical as it may sound, this very advance has a tendency to spread the disease. The outward signs having disappeared, as if by magic, the patient, considering himself cured,—(and in doubt of the honesty of the physician, who advises what he believes unnecessary treatment), goes and makes new acquaintances and shares all he has with unbounded generosity.

If treatment tends to spread rather than to curtail, what about prophylaxis, or preventive treatment? Will it succeed in stamping out the disease? The answer is theoretically—Yes. Practically—No.

In the army and navy where ideal conditions exist, for the practice of prophylaxis, (and every effort is made to persuade men from trying out the efficacy of the prophylactic measures recommended, by providing them with much more comfortable living quarters than in times past, plenty of reading matter, encouraging sports of one kind and another and entertainments in which they themselves take part, supplemented by talks by their medical officers)—venereal diseases have not been eliminated by any means, although the improvement is quite marked. It is almost impossible to apply these principles in civil life, where discipline, persuasion and compulsion are at a minimum.

Much as we would like to, and try as we will, it is impossible to think of venereal disease as a purely medical task. Promiscuous intercourse is at the bottom of the whole matter, and this is in part a moral as well as a physiological problem.

Any one who can answer this riddle in terms of a practical public health policy, will rank with Jenner, Pasteur or Lister.

There is a department of life even more important than that of Natural or Applied Science, that of the Spirit, the realm of ideas and ideals. The story of Man's spiritual pilgrimage is a long and dreary, but none the less heroic tale.

We take, for example, our heritage of civil and religious liberty as a matter of course, without a thought of the centuries of struggle, hardship and suffering that won it for us.

Without historical references, one will come at once to the League of Nations, the greatest spiritual adventure, not only of our time, but of all times, and probably the most far-reaching act in the history of mankind, dreamed of but by prophet and poet.

Those advances in applied science, rapid transportation and instantaneous communication, have caused the world to shrink and shrink until to-day an event in Siam and one on Morris St. reach our newspapers about the same time, and even before the morning paper is on the press, the news is given to us by radio. We can go to the telephone and call up Tokio. The capitals of Europe do not seem to be further away than near-by Bedford.

As a sense of the nearness of nations to one another has thus been brought about, so has the sense of interdependence become more generally realized, and it cannot be denied that we are economically one. Although economically one, we are politically sixty sovereign states, and it just doesn't work.

When we think of the League, we naturally think of its greatest objective, the abolition of War. Even the most flighty can hardly contemplate war without recoiling with horror at the very thought. Should war again break

out, it would no longer be army against army. Present war equipment, apart from the aeroplane, would be as obsolete as the battering ram or the catapult. The attack from the air will be directed against the great centres of population, and will be fought with poisonous gases, and vast areas will be blanketed in death. The laboratories of three continents are busy at this moment. Great Britain spent over eight times (£1,250,000) as much on poison gas research last year than she did on medical research, (£150,000). Eight times more spent in devising ways and means of destroying than of saving life. If Britain spent that amount, what must be the grand total for all the nations!

You hear many remedies suggested for the ills of the world, and varying explanations of its causes. His Holiness in a recent Encyclical places the blame to a large degree on "the unbridled race for armaments," and a Commentator says, "He hit the nail on the head." I think he only struck it a glancing blow. We must ask ourselves why the race at all? Why should three-quarters of the world's taxation have to do with war, paying for past, preparing for future? The nations of Europe do not tax themselves unmercifully just for fun and because they like it. They don't relish taxation a bit more than we do, and the spending of the best years of their lives in barracks. Then, why do they do it? The answer is that they are acting under the influence of fear, the most demoralizing of all the emotions. To express it in language familiar to you, *fear* is the diseased *Appendix—the race* for armaments, *the pain. Economic distress* is the *groans* of the suffering patient. Cancellation of debts would be but a comforting poultice.

We all look forward to the world being prepared for the operation at Geneva next February. The operation had to be postponed time and again because one of the operating team was never able to be present. This year, however, for the first time, the United States had an official representative working on the (Disarmament) Committee of the League. Several of the most far-reaching clauses in the draft of the proposed treaty were inserted by a United States representative, which must mean the United States government. If this goes through successfully, and there is every reason to believe that it will, as the United States retains her sovereignty in theory, at least, then it is hoped the operation on fear will have commenced.

A hurried operation is not always a success, so if Disarmament does not come over-night, do not be disappointed. The Appendix may be hidden behind the Caecum of distrust, or deep down in the Pelvis of the past, or all bound down by old adhesions, organized by centuries of oppression and hate. It may take a long while to break them down and to gradually deliver without rupture this chronically diseased organ of fear.

To those who are impatient of delay, one would refer you to the great spiritual adventure of the last century, the abolition of Slavery. Wilberforce, after nineteen years of agitation, succeeded in getting the act of 1807 to end the slave trade, and it was well on to the 1900's before it could be said to be suppressed. In fact, it was only 1928 that slavery was abolished in the British Protectorate of Sierra Leone, a protectorate since 1896, and 215,000 slaves were freed. One hundred and twenty years after slavery was abolished by act of Parliament.

The League of Nations is only twelve years old. The progress made in those few years is amazing. The idea has become part of our every-day thinking. We take it for granted that nations turn to Geneva when irritations arise. The criticism is sometimes made that the League lacks power to enforce

its recommendations. It must be ever kept in mind that the League is primarily but an instrument, something to be used to accomplish a desired end. If not used, it is no fault of the instrument.

The League will be unable to use force in the form of economic pressure until the United States of America joins in practice, if not in theory. So long as the United States remains a potential supplier of food, money, ammunition and equipment to a troublesome member, no progress is possible by this means. Even the British Empire or the United States, or Russia, with their varied resources, would hesitate to invoke the penalty of isolation. A nation no more than an individual can live to itself. The League is not depending on nor does it wish to exercise anything suggestive of compulsion, but rather does it depend on public opinion, the desire for peace, spiritual rather than material forces.

Here is where you and I can play our part in the great adventure. Singly we cannot do a great deal, collectively we decide a nation's policy. Individually, we can use every opportunity of learning more and more about the League, its successes, its failures, its problems. To be on our guard against propaganda. How easy it is for us to point the finger of scorn at the United States or Continental nations for vast expenditures on armaments. We are told that Britain among the great nations, is setting an example to the world in Disarmament. This may be true, but to other nations the British Empire is a unit, and they do not mistake a part for the whole. The *Financial Post*, Toronto, Sept. 26/31, says in an editorial that "If the British Empire is treated as a unit, we find that in the last fiscal year, the combined naval, military and air expenditure was higher than that of any nation in the world, reaching the impressive total of \$731,814,965. Next in order came another nation that has been consistently urging for some years that Europe follow their peaceful example. The United States with an expenditure \$707,425,000. France and Italy with expenditures of \$466,980,000 and \$248,946,500, are really some distance in the rear.

In response to a plea for petty economies by some of the Assembly delegates, Senor Madariaga (now Spanish Ambassador to Washington) offered them a little calculation, "If the nations of the world had sent to the Treasurer of the League of Nations in 1930 just 5% of what they had spent in that year on national defence, and if the Treasurer had placed this sum in a bank at 5%, this 5% of 5% would suffice to maintain the League of Nations, the International Labour Office and the Court of International Justice forever and ever, till the end of the world, without having to ask another farthing from any of its members.

We must discipline our prejudices and make an honest effort to understand the different angles from which different peoples view the same question. To realize that other people are not any worse than we are, and every bit as honest and sincere. We must turn our backs on narrow nationalism, train ourselves and teach others to think internationally; because we are Nova Scotians we are none the less Canadian. Being Canadians gives us a better opportunity to be world citizens as we have no old wrongs to forget, and no bad reputations to live down.

Other ways may suggest themselves to you, such as never to forget what has already been accomplished, and not to be impatient with delays, nor discouraged by temporary reverses.

What is the attitude of the Christian Church towards war? As you and I are the units of which the church is composed, it is in order that a few observations be made, as we share in its glories, so must we share in its shame.

When a boy I attended what is now St. Andrew's United Church, and on the wall was a memorial, surmounted by a miniature cannon, and as far as I know it is still there. In the Cathedral across the way, there hangs on the wall the sword of a departed officer, and on a tablet beneath are inscribed the ghastly words, "Come on the tigers." Come on to what? To maim, to blind, to dismember, to plunge a bayonet into some boy's belly and rip his guts out. I submit that the cannon and the sword are emblematic of all that is the very antithesis of the teaching of Jesus. I open my newspaper, and learn that a clergyman has been appointed to the command of a battalion. Reads from the pulpit the Sermon on the Mount on Sunday, and sees that men are instructed in the use of the machine gun on Monday. [Lieutenant-Colonel Jesus Christ! Doesn't that grate on your ears?] A weekly paper from Toronto has a photograph of Bishops blessing the banners of a regiment, and I go to a movie, and I see the same scene duplicated in Central Europe. I read in a magazine that Denmark leads the way in reducing military expenditure, but its government receives little encouragement from the Church. No wonder the Black and Brown and Yellow races have turned against us, the white race, with our concentrated hypocrisy.

How can the Boy Scouts, that great international movement for friendship and understanding, thrive in such an atmosphere? Surely it is an amazing state of affairs that the work of the League of Nations, the one earthly hope of our civilization should be hampered in any degree whatsoever by the Christian Church. Thousands of the world's best laid down their lives for an ideal, a war to end war. That the Church should continue to nurture the very thing that these men died to banish from the earth, is a tragedy.

I know that these things can all be explained away in the most beautiful, charming and anesthetic language, but the impression made on the youthful mind that there is something fine and noble about human slaughter, cannot be removed so easily.

There may be a closer relationship between Christianity and the Christian Church than I am aware of, but of this I am certain, that had we had century after century of emphasis placed on the Christian gospel of the Fatherhood of God and its corollary, the Brotherhood of Man,—more emphasis on our divinity and less on our depravity, less grasping after wealth and place and power, this world would have been an entirely different place. The sowing of the dragon's teeth of hatred, bloodshed and intolerance has surely yielded its crop of fully armed men.

As the theory that armaments prevent war has been thoroughly disproven, it might not be out of place to inquire whether any other method has ever been tried. You may be surprised to learn that another method has been tried and what is more, it succeeded. You have all heard of the Society of Friends, commonly called "the Quakers". Now this branch of the Christian Church holds the double conviction, first, that war is always contrary to the spirit of Christ; and, second, that war is always unnecessary for a nation that will persistently act with justice to all.

This two-fold conviction was put into practice by William Penn. The colony of Pennsylvania was under Quaker rule for seventy years, without armed defence against the Indians, and without being attacked. Compare this with the raiding, killing and scalping that went on all around them.

Are these ideas so dangerous and revolutionary in their Christ-likeness that no other branch of the Christian Church has dared to adopt them?

"Yet I have left me seven thousand in Israel, all the knees that have not bowed unto Baal, and every mouth which hath not kissed him."

Who can tell but that the attitude of these spiritual adventurers may yet leaven the whole lump as did their attitude towards slavery, prison reform and the care of the insane. And the prophesy of Isaiah be realized when, "nations shall not lift up sword against nation, neither shall they learn war any more."

*The League is the World's Memorial to her dead.*

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### STRANGE POISONING CASE.

#### Gaseous Arsenic from Wall Plaster.

The inquest was resumed at Cinderford, Forest of Dean, last week, on the bodies of Roderick Turley and Miriam Turley, children of Mr. and Mrs. William Turley, of Blakeney. They died after a mysterious illness some weeks ago, and the parents and two other children were also affected. Professor H. A. Scholberg, of Cardiff University, who had conducted a *post-mortem* examination on Roderick's body, said that the cause of death was bronchial pneumonia and blood poisoning. The jury returned a verdict of "Death from natural causes."

At the inquest on Miriam, Mr. R. H. Ellis, county analyst, described tests he had made on organs handed to him by Professor Scholberg. He found the total amount of arsenic in the organs of the body to be 2.65 milligrammes. He had visited the cottage in which the family had lived. There were definite evidences of arsenic present, some having been given off in gaseous form from the surface of the sittingroom, the walls of which were covered with mould.

Mr. Ellis stated that he removed a portion of plaster at a place where he had removed paper on which mould had been growing. He found that the plaster contained 91 parts per million of arsenious oxide. The spores of the mould attached themselves to the damp paper and grew vigorously, and these moulds had the power of generating a gaseous form of arsenic from the arsenical base on which they were growing.

The jury returned a verdict that death was due to dysentery and exposure to organic arsenic which was generated in the house in a gaseous form.—*The Times Weekly Edition, Jan. 28th, 1932.*

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The public is beginning to realize that the medical profession not only suffers during a period of depression, but begins to sense the situation prior to the general community. The public does not realize that the medical profession is not paid for the services rendered in the great city hospitals; that it is not paid for the services rendered in the other hospitals and clinics; that it is not paid for much of the service rendered in private practice. Very little is said and thus nothing is done about the total contributions of medical service given year in and year out by the practitioners—contributions of service greatly increased during the periods such as we have passed through and are passing through. . . . Everyone will have to realize that the profession cannot continue to contribute of its time and of its decreasing finances as well. (Bulletin, Medical Society County of Kings).



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## EUGENICS.

**B**REEDERS of domesticated animals use the utmost care in selecting sires and dams to insure healthy and useful progeny. Although this is common knowledge to everyone who reads, yet the human race has not learned its lesson, and the human is the only species that takes no thought for the morrow regarding the future of mankind.

The result naturally is that civilized man is degenerating.

In our jungle days, with natural selection the rule, only the fit survived, so that we had a uniform sturdy, healthy race all barring accidents, living to a common age.

In all species of wild animals, the same is true to-day.

During the Great War, United States raised an army of three million men. These men were between the ages of 21 to 31. The time of life when men are at their best. However, between 30 to 40 per cent. were physically unfit for military service (Dr. Eugene Lyman Tisk).

In Britain, where alcohol is more freely used, and where the upper classes do not intermarry with the masses, and where a wider range of age was called up, only 3 out of 9 were perfect. Two were in infirm health, 3 were wrecks and one was a chronic invalid. (British Military Committee).

The Life Extension Institute is responsible for the statement (in U. S.) that 50% of all the inhabitants is in need of medical or surgical attention. After extensive examinations, Col. Robert M. Yerkes states that there are fifty million people in the United States who have not enough brains to go through high school, 15 to 20 millions who cannot get beyond grades IV or V.

Degenerative diseases are increasing. Brights Disease, Diabetes, Cancer Arterio-Sclerosis, Heart Disease, Mental and Nervous Diseases are becoming more and more prevalent.

We are gaining some control over Bacterial Diseases, with the notable exception of Tuberculosis. There are periodical gains on this, but after industrial depressions, times of stress and strain, the disease again gains ascendancy.

Our hospitals and sanatoria have long waiting lists. Our asylums, homes for feeble-minded and jails are full, so we may well say that civilized man is degenerating.

What is the cause? The answer is in one word Heredity. The weak beget the weak: the strong, the strong.

"Men do not gather grapes of thorns, or figs of thistles."

If one is born a thorn, such he will remain and no amount of training and care can change him to the more profitable grapevine.

In order to live to be old, one has to have ancestors who were long lived, that is ones organs are similar to ones ancestors and other things being equal will wear out in the same number of years.

The same is true of brains. No one possesses ability whose ancestors did not also possess ability. One is born with one, two or five talents, and he never acquires new ones, but by proper use of these talents he may become ruler over many. Yet no matter how well one becomes trained, his acquired efficiency is not transmissible to his offspring, "who to know the road, must travel too." Unfortunately, there are some diseases, that are inherited. The most prominent are mental and nervous affections.

Among those who are confined in our institutions for mental diseases, 70% show this trouble in their ancestors. Generations may be missed, yet sooner or later the disease of the father develops in subsequent generations. The offspring of the mentally defective are mentally defective. Unfortunately, these folk are prolific, and add rapidly to our population.

The mentally alert are morally sound and vice versa, so that when one female produces more than one illegitimate, such a female is mentally defective. Examples are only too common, but these folk year by year add to the great mass of unfit, which we support.

The mentally defective are attracted by their kind, and marriage frequently results and there is no rule or law to prevent their so doing. There is a law which fines the owner of a scrub bull for allowing him to run at large, but there is no check on the scrub human, who is rather encouraged to reproduce his kind.

Environment has a distinct effect on ones character, but as a rule man makes his own environment. Heredity explains 90% of character and intelligence.

If we are to have in Canada a strong virile intelligent race, some steps must be taken to check the increase of the unfit, and this can only be done by proper mating.

First, no immigrants should be allowed to land in Canada, but members of the Nordic races.

Second, no one should be given a marriage licence who is physically or mentally unfit.

Each and every candidate for matrimony should undergo a rigid medical examination and those who have syphilis, gonorrhoea, active tuberculosis or are mentally unfit, or have insanity in their relatives should be denied the privilege of propogating the species.

Thirdly, all mentally defective should be sterilized in their youth and those who have been actively insane should undergo the same procedure. At least any patient who has been confined in an Insane Asylum should be sterilized, before being allowed to return to his family.

Lastly, let us tell our children the importance of heredity and have it taught in our schools.

By so doing we can to a great extent check the degeneration of the Canadian people, for "whatsoever a man soweth, that shall he also reap," and "men do not gather grapes of thorns, or figs of thistles."

R. M. B.

## ANNUAL MEMBERSHIP FEE.

The month of February is the month which the Medical Society of Nova Scotia has selected as the proper month in which to collect its annual membership fee. Some of the Provinces in the Dominion have practically a compulsory selected fee in that one cannot practice medicine, collect their fees by law unless they pay this annual membership fee. Nova Scotia has never yet adopted this system. Possibly it may be necessary to do it in the near future. In the meantime, it means that the Medical Profession in Nova Scotia must follow up their record of having the largest percentage of voluntary members in their Provincial Society of any Provincial Association.

It is quite unnecessary to emphasize the functions and obligations of a Provincial Organization, but it would be extremely important to keep up the large voluntary membership that we have at the present time. During this month, membership drafts and membership orders, will go out to all possible members of The Medical Society, and it is urgently requested that these drafts and membership orders be honored by every member of the Profession. It is necessary that at least 300 members of the Profession in this Province should be enrolled in the membership of the Society in order that the Society may be able to express opinions which shall be regarded by the Province at large as the authority of the Medical Profession.

In whatever way these orders come to the individual members of the Profession will you be good enough, please, to give them your immediate and favorable consideration.

S. L. W.

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**The Doctor and the Factory.** There is a growing demand for effective health administration in factories and workshops, and it is increasingly obvious that in this field preventive medicine is becoming a *sine qua non*. The physician who enters industrial life should possess the requisite qualifications, which include special knowledge of ventilation, illumination, atmospheric pollution, occupational poisons, factory sanitation and vital statistics. Universities, realizing the importance of the field are giving special courses in industrial hygiene. Unfortunately very few physicians have taken advantage of these courses; nevertheless, the knowledge that is being brought to the general public of the hazards of industrial life will cause in time sufficient pressure to induce industrial concerns to take some interest in their employees. (Cur. Pub. Health Lit.).

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The magazine *Time* thus quotes a New York doctor:—"He flayed parents who tell children that the 'doctor won't hurt.' Tell children the truth. The screaming terrified ones who are so hard to handle are those who have been assured that the doctor would not hurt them and then have had their fractures reduced without an anaesthetic. The average child wants to be brave, and given a fair opportunity he will be. But he bitterly resents being lied to."

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"Tuberculosis infection might secure for the individual some degree of lasting immunity from tuberculous disease, provided that, following initial infection, the natural resistance of the individual be maintained at a high level. "Nature is on the side of the child. She flies to arms against the infection. It is we, fond parents and guardians and doctors, who fail so often to take Nature's guidance and fail to assist her methods."



## DIGBY COUNTY

Dickie, W. R., Digby.  
Weir, A. F., Freeport (County).  
Belliveau, P. E., Meteghan (Clare Mcpy).

## GUYSBORO COUNTY

Brean, H. J. S., Mulgrave.  
Elliott, H. C. S., Guysboro (County).  
McGarry, P. A., Canso.  
L. N. McDonald, Sherbrooke (St. Mary's

## 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).  
Proudfoot, J. 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).  
Stewart Dugall, Bridgewater.  
Cochran, W. 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).  
McDouald, W. M., Westville.  
Stramberg, C. W., Trenton.  
Sutherland, R. H., Pictou.  
Whitman, G. W., Stellarton.

## QUEENS COUNTY

Wickwire, J. C., Liverpool (Town and Co.)  
Smith, F. P., Mill Village (Mcpy.).

## RICHMOND COUNTY

LeBlanc, B. A., Arichat.

## SHELburne COUNTY

Brown, G. W., Clark's Harbor.  
Churchill, L. P., Shelburne (County).  
Fuller, L. O., Shelburne.  
Banks, H. H., Barrington Passage (Mcpy.).

## VICTORIA COUNTY

MacMillan, C. L., Baddeck.

## YARMOUTH COUNTY

Blackadar, R. L., Port Maitland, (Yar.  
Co.).  
Lebbetter, T. A., Yarmouth.  
O'Brien, W. C., Wedgeport.  
LeBlanc, J. E., West Pubnico (Argyle  
Mcpy.).

"The Public Health Laboratory provides free diagnostic services on public health problems for the entire province. It is, however, to be regretted that misunderstanding exists among physicians as to the scope of this work. Generally speaking, this free service includes any examination that has a direct bearing on any problem of infectious diseases. At present this includes examinations of blood for Kahn test, widal test and culture for the Typhoid group; Cerebro-spinal fluids; smears for Gonococci; sputum, pleural fluid and pus for tubercle bacilli; throat and nasal swabs; urine and faeces for tubercle bacilli and typhoid; water and milk. Physicians desiring this service should address their communications to Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax, N. S.

Physicians desiring serums and vaccines should address their communications to the Department of Public Health, Halifax, N. S.

All specimens of tissue sent through Government owned or aided hospitals, shall be examined free of charge at the Pathological Institute, Morris Street, Halifax, N. S., under the auspices of the Department of Public Health.

Specimens should be addressed to Dr. Ralph P. Smith, Provincial Pathological Laboratory, Morris Street., Halifax, N. S."

## A NATIONAL HEALTH PROGRAMME.

By DR M. M. BRAUNSTEIN, Kentville, N. S.

**T**HIS is an article published in the December number of *Health Rays* the official organ of the patients of the Nova Scotia Sanatorium. It is published in the BULLETIN because it is written by a recent graduate of Dalhousie; because it emphasizes the part that modern medicine is playing in industrial and social conditions; that it is written in a manner that the ordinary citizen can appreciate, which is an art that many doctors, very positive about many things, do not possess. It also appears that this is the first instalment of a series of articles that will appear in future issues of this popular magazine. Nor does this instalment give the original article verbatim and much is omitted.

What we have already accomplished is no longer a problem. We must give all our attention to those matters that remain unsolved. We do not minimize the abundant progress that has been made in the preservation of health and the treating of disease, but it is not possible to be satisfied with the general health conditions of to-day.

The needs of every human being include proper food, air and sunshine, rest and relaxation, exercise, recreations, sanitary surroundings at home and at work, a minimum of knowledge of one's own body and its needs. Periodic health examinations, at least once a year, are essential if disease is to be discovered in its early stages, for symptoms occur for a considerable period and not until the disease is in an advanced state. Absence from worry and generally freedom from stresses and strains are important.

**Industry and Health.** "The health of the workers in industry depends not a little on the health of the industry itself. Good trade means regular employment, decent earnings, and relief from mental anxiety attendant upon economic stress." Industry organized upon a purely profit basis in which the role of the average worker is negligible, which casts off thousands of men and women if the chances of trade are unfavourable, which discards men and women who have become ill, or beyond a certain age, is not conducive to physical and mental health. An interest in one's work is essential to well being. The need for some form of protection against unemployment is to-day evident. Child labor, hours of work in various industries, the minimum wage, protection against all health hazards; in fact all industrial legislation should conform to the principles of preventive medicine. Unfortunately few know that overtime does not pay, that daily relaxation is advantageous to both health and efficiency; that by reducing hours of work, the output may be increased. Industry's important influence, whether favorable or unfavorable, on the mental and physical well being of a nation, will depend upon the extent to which health concepts and industrial laws are in mutual agreement.

**Poverty and Disease.** "If we change the social and economic conditions of the poor we will have practically no medicine to practice." Certain conditions of disease are intimately associated with economic conditions. People living in damp cellars, people who are not provided with sufficient fuel and food, suffer with conditions which, of course, do not affect those well provided for. The distribution of pamphlets explaining these facts is hardly likely to do a great deal in lowering the incidence of certain diseases or the death rate. "Times of depression lead to lowered living standards and undernourishment, which in turn result in lessened resistance to disease—especially tuberculosis."

Poor housing conditions result in a high disease and death rate and in increased juvenile delinquency.

A large number now find the cost of medical care too high; for many the cost of absolutely essential obstetrical and paediatric service is a major economic problem. Under such circumstances to advise additional health supervision (such as periodic health examinations), is somewhat ludicrous. Many do not receive the necessary medical care, and cannot avail themselves of existing facilities for early diagnosis and treatment. "While public medical services and more especially public education in matters pertaining to health have been more vigorously developed during the past ten years than ever before, they can do little more than apply an ineffective brake to the downward progress of the health of the people if it once starts along the road of poverty."

We have indicated several of the more important social causes of disease. The number may be multiplied. Health and disease are not isolated facts—they are a part of the totality of social problems, and cannot be solved independently of the others.

What organizational form shall the medical services of the future take? Can we solve our problems? We shall in the next article record the Observations on a challenging new trend, which promises "every kind of service which may be necessary for the prevention and cure of disease, and for the promotion of full mental and physical efficiency, that shall be at the disposal of every member of the community... and complete co-ordination of the whole medical service of the community."

Shall it be health insurance, unemployment insurance, national control of industry, a state medical service, or state planning of the entire material life? Germany, England and Russia are making interesting and valuable contributions.

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#### Report of Tissues sent for examination to the Provincial Laboratory from 15th of December 1931 to 15th of January, 1932, Inclusive.

The Total Tissues sectioned are 80 which compares favorably with the monthly average of 66 specimens for 1930.

In addition to the above figure, 8 tissues were sectioned from 3 autopsies.

An analysis of the nature of the tissues from the histological reports reveals:—

Tumours—Malignancy.....	14
Tumours—Suspicious of Malignancy.....	5
Tumours—Simple.....	10
Other Conditions.....	32
Awaiting section.....	19

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Mrs. Catherine Brown of Boylston, Guysboro County has been appointed Division Registrar for Registration Division No. 18, in Guysboro Co., in place of Mr. John G. Whitman, deceased.

## ADEQUATE PUBLIC HEALTH APPROPRIATIONS

THE year just passed has been one of testing for public health. No other department of Government has had to shoulder such a large share of additional burdens. The sphere of public health activity has broadened with the economic depression and services have been required and extended that previously were not considered. The demands of the public for more personal service have been insistent and even the medical and nursing profession have approached health departments for assistance. While governing bodies have in the main been sympathetic to the increased work of the health department, in very few instances have they shown realization of the fact that a stinted public expenditure now is poor economy—an economy to be paid for in sickness and death.

It is hardly necessary to recall the tragic stories of typhoid fever outbreaks in cities and towns where, through the curtailment of expenditures, necessary repairs or the installation of chlorinating plants were postponed. No municipality to-day can afford to risk the immediate financial loss occasioned by such an outbreak apart altogether from the loss of lives and the toll of sickness. Again, any real attempt to control tuberculosis demands adequate sanatorium accommodation. Yet in one of Canada's largest cities the accommodation is so inadequate that the best that can be done is to utilize beds in the city hospitals or add names to the already lengthy list of cases awaiting admission to sanatoria. To leave needy sufferers from tuberculosis without proper care in any municipality is to evidence a complete lack of appreciation of the menace of tuberculosis.

With due regard for serious financial responsibilities which face all governments, municipal, provincial and federal, and with due respect for the burdens which those responsible must bear, it must be urged that appropriations adequate to the increased need be granted in order that full advantage may be taken of all that preventive medicine has to offer to relieve the burden of the taxpayer. A delay in providing necessary public health improvements, in applying specific immunization, in disseminating health knowledge through the medium of the printed page and the visiting nurse, delay in providing maternal, infant and child-welfare facilities, tuberculosis and venereal disease services, etc., means robbing to-morrow of its citizens and increasing the economic emergencies of to-day. (An Editorial in the *Canadian Public Health Journal*).

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Mr. John H. Cameron of Grand River has been appointed Division Registrar for Registration Division No. 9, Richmond Co., in place of Mr. Samuel J. Holmes, resigned.

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Mr. Archie MacInnis of Salt Springs, Pictou Co., has been appointed Division Registrar of Births and Deaths for Registration Division No. 12, Pictou Co., in place of Mr. Duncan C. Davies, resigned.

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Mr. Henry MacKenzie of River John, Pictou County, has been appointed Deputy Issuer of Marriage Licenses in place of Miss Ellen Douglas, resigned.



Communicable Diseases Reported by the Medical Health Officers for  
the Period October 15th to November 18th, 1931.

County	Infantile Paralysis	Meningitis	Chicken Pox	Diphtheria	Influenza	Measles (German)	Mumps	Pneumonia	Scarlet Fever.	Typhoid	Tuberculosis, pul.	Tuberc. other forms	Whooping Cough	V. D. G.	V. D. S.	Undulant Fever
Annapolis.....	..	..	2	..	..	4	2	..	1	..	..	..	..	..	..	..
Antigonish.....	..	..	..	3	1	..	..	..	5	..	..	..	..	..	..	..
Cape Breton.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Colchester.....	..	..	3	..	..	..	3	..	17	..	1	21	..	..	..	..
Cumberland.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Digby.....	..	..	5	1	..	..	..	..	..	1	..	10	..	..	..	..
Guysboro.....	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Halifax.....	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..
Halifax City.....	..	..	1	9	..	..	3	..	13	..	..	..	..	..	..	..
Hants.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Inverness.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kings.....	..	..	..	..	5	..	23	..	4	..	..	..	..	6	2	..
Lunenburg.....	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Pictou.....	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Queens.....	..	..	..	1	..	..	40	1	5	..	..	..	..	..	..	..
Richmond.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Shelburne.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Victoria.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Yarmouth.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL.....	..	..	11	14	6	4	71	2	51	1	1	31	..	7	2	1

RETURNS VITAL STATISTICS FOR OCTOBER, 1931

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis.....	14	12	8	7	15	1
Antigonish.....	10	6	11	13	9	0
Cape Breton.....	98	80	69	29	31	14
Colchester.....	27	22	19	9	11	5
Cumberland.....	30	23	28	19	14	0
Digby.....	20	21	9	7	11	3
Guysboro.....	13	12	10	9	2	0
Halifax.....	77	100	93	54	46	5
Hants.....	10	12	7	7	3	0
Inverness.....	13	11	8	6	6	2
Kings.....	16	16	20	6	0	1
Lunenburg.....	20	28	21	18	13	0
Pictou.....	38	40	30	19	17	0
Queens.....	11	9	0	8	10	1
Richmond.....	12	14	3	4	14	0
Shelburne.....	13	9	7	5	1	0
Victoria.....	7	6	3	6	4	0
Yarmouth.....	14	13	10	7	14	1
	443	434	356	233	221	33

## Hospital Service

### Synopsis of Report of Survey of Nursing Education in Canada.

THE Survey of Nursing Education in Canada was initiated and, for the greater part, financed by the Canadian Nurses' Association in co-operation with the Canadian Medical Association. This action was taken in order to get at the facts of the nursing situation in Canada.

In 1927, the Canadian Nurses' Association and the Canadian Medical Association appointed three representatives each to form a National Joint Study Committee. This Committee was entrusted with the responsibility of devising ways and means for undertaking the Survey. The Committee decided that the Survey must follow scientific methods and that it should be made by a specialist in education. Professor G. M. Weir, Professor of Education in the University of British Columbia, who, some years ago, conducted a Survey of Education for the Government of British Columbia, was asked to make the Survey of Nursing Education. Fortunately, the Board of Governors of the University of British Columbia, realizing the necessity and importance of this work, were good enough to give Professor Weir leave of absence for almost two years, in order to undertake it.

The completed report deals with many angles of Nursing education and Nursing practice. The Committee now submits the whole report to the careful study of the nursing and medical professions and to the general public, trusting that it may form the basis upon which will be built a constructive plan for the improvement of the nursing service in Canada.

The following headings will give an idea of some of the most important aspects. The recommendations are Dr. Weir's and are printed as a basis for discussion:

#### I. *Economic.*

The whole question of Nursing education is bound up with the finances of the hospital. The opinion commonly prevails that the Training School for Nurses provides cheap nursing for the hospital; hence the protests of small, inadequately equipped training schools against closing their schools and staffing their wards with graduate nurses. The Survey has some interesting facts to present on this problem, based on a study of costs in 33 representative training schools—9 small, 15 medium size, 9 large—well distributed throughout Canada. The fact is that under present conditions there is an average annual loss to the average hospital in Canada for each student that is really given an education in Nursing. But in a number of the cases of small schools brought to the attention of the Survey, their pretence at offering an educational course of training should be considered little more than mere sham.

The necessity emphasized throughout the report is that Training Schools for Nurses should no longer be left to the haphazard methods of individual hospitals, but should be subsidized, controlled and supervised by the Government in the same way as Normal Schools are. An approved training school should be defined by law, and hospitals, otherwise qualified, should not be legally authorized to establish training schools unless on the explicit written statement of the Provincial Board of Control, to the effect that the supply

and demand situation among nurses and the needs of the community warrant the establishment of such a training school.

To quote from the Report in regard to the necessity of subsidizing Training Schools for Nurses:—

“Surely the state is no longer justified, in the face of unimpugnable facts, in complacently standing by and ignoring its duty to contribute to a great national enterprise—namely, the education of the student nurse. . . . There is no more valid reason, when all the facts of the situation are impartially weighed, why, for instance, the state should pay the costs of normal school education than that it should pay the cost of educating student nurses. It is admitted that the state is justified in insisting upon adequate standards of nursing education, involving efficient inspection and supervision of the nurse in training and in service, as a condition precedent to the granting of financial assistance. And such competent supervision, kept clear of all partisan influence, would be welcomed by the true friends of nursing education. . . . From a financial viewpoint, nursing education should be made an integral part of the provincial educational system as is the education, for instance, of the teacher. . . . Furthermore, it is scarcely subject to serious doubt that the adequate training of the nurse is at least as complex as that of the teacher. Fully as much laboratory equipment and library facilities, for instance, should be available for the professional education of the former as for that of the latter. The quality of the instruction in each case should be reasonably equivalent. That this relative equality by no means exists—with the exception of certain nursing schools in medical centres or university courses for public health nurses—will be manifest to anyone who impartially studies the situation. From the viewpoint of teaching facilities and equipment as well as quality of instruction, the standards obtaining in the average training school for nurses in Canada are distinctly inferior to those found in the average high school or collegiate institute, not to mention the average normal school. As a matter of fact, the full-time instructor, even in the best type of training school for nurses, is a comparatively recent innovation. . . . Poorly equipped schools for the training of doctors, lawyers, or teachers are no longer tolerated. And there is no valid reason for the training of nurses being placed in a different category. . . . To use Lord Durham’s classic stricture in a new setting, the nursing profession cannot ‘remain an old and stationary society in a new and progressive world.’”

## II. *Educational Standards.*

The Survey points out the glaring disparity between the best and weakest schools in regard to

### 1. *Preliminary Education.*

In some of the small schools, students with only grade VI standing (elementary school) are found. In the large schools some university graduates are enrolled,—yet all are preparing for the same R. N. examinations.

The requirement of two years of High School specified by most Registration Acts in Canada is frequently flouted or ignored.

2. *The Content of the Curriculum* as between the poorest and best training schools shows great variation, such as would never be tolerated in High Schools or Normal Schools.

3. *The R. N. Examinations* are, on the average, a sieve with wide meshes.

The failures on the departmental examinations (conducted by the various provincial departments of education) are, in percentages, about 4 times the

failures on the R. N. examinations, yet the former are educationally very reasonable.

The methods of marking the R. N. examination papers show wide variabilities as shown in the Report. For instance, in an experiment conducted by the Survey fifteen experienced examiners (who teach in Training Schools) awarded percentages ranging from 11 to 58 for the same examination paper.

4. *Lecture Method in the Class-room.*

In the average training school, this method usurps about 75 per cent. of the time given to instruction. Students are "lectured at" more than they are taught.

5. *Housemaid's work*—which after the first six months or so has lost its educative value in the actual nursing training, accounts for nearly 37 per cent. of the student's time in the average training school. This means work that a housemaid could be reasonably trained to do.

6. *Size of hospital conducting a Training School.*

The minimum size, according to medical and nursing evidence, should be 75 beds with a daily average of 50 patients. Closure of schools under the above size would reduce the number of student nurses by 13 per cent.

7. *Theory and Practice.*

Medical and Nursing evidence shows that too much time, in an absolute sense, is not given to theory in the training school, but that much of the curriculum in general should be subject to revision. Practice should not be increased at the expense of properly selected theory.

III. *Over Supply of Nurses.*

At present there is no correlation between the needs of nursing services and the supply of nurses being turned out. The hospital hands each of the members of the graduating class a diploma, wishes her God-speed, and feels no further responsibility. It doesn't matter how serious the unemployment problem may be; the hospital takes in its same quota of student nurses each year.

At the time the field-work of the Survey was completed (autumn of 1930) it was estimated that there was a surplus of graduate nurses in Canada—with the exception of public health nurses and full-time instructors, of whom there is a shortage—of about 40 per cent. It is a serious and critical situation that about 40 per cent of the private duty nurses in Canada as a whole are almost continuously unemployed, about another 20 per cent. are only intermittently employed.

IV. *Distribution of Nursing Services.*

Although 40 per cent. of private duty nurses are constantly unemployed, the amazing fact is disclosed by the Survey that 60 per cent. of the cases of average acuteness (not colds or minor illness) in Canada are reported to be cared for by non-trained attendants. A density and distribution may show in graphic form that 25 cities, which account for one-third the population of Canada, have the services of about two-thirds of all active registered nurses.

There is also evidence that only 3 out of 8 patients of moderate means who need the graduate nurses are able to engage her. Hence the need for a socialization of Nursing services.

V. *Socialized Nursing Service.*

There is a growing dissatisfaction throughout Canada with the high cost of health services. Unthinking people have blamed this on the nurse, but now an informed public sentiment is looking towards some form or method

of socializing health services. Socialization would largely bridge the gap between the needy patient, unable to pay graduate nursing fees, and the unemployed graduate nurse, unable to market her services in over 60 per cent. of the cases of illness.

In its analysis and advocacy of the principle of socialization of nursing services, the Survey emphasizes the following points:—

1. The principle of *ability to pay*. There should be no pauperizing; at the same time an effective socialization of health services should supply these services to the average patient at less cost than at present and in more abundant measure.

According to unverified evidence reported to the Survey by social workers, about 50 per cent. of the families in Canada live on an annual income of approximately \$2,000 or less. After meeting the costs of living, it is obvious that, on the above basis, over 50 per cent. of Canadian families have practically nothing left for hospital, doctors', nurses' or dental charges.

2. *Compulsory state health insurance under defined income limits for three classes.*

- (a) Wage-earners.
- (b) Salaried people.
- (c) A class enjoying certain financial independence in the sense that they belong to neither of the above classes, such as small merchants, retailers, druggists, butchers, bakers, farmers, et cetera.

It might be financed by contributions from the following sources:

- (a) The insured.
- (b) The employer (in the case of salaried people and wage-earners).
- (c) The provincial government.
- (d) The federal government (if possible).

3. *Re-organization and Control of Nursing Services.*

- (a) Registration of nurses and assignment of their duties under conditions that take account of personality and adaptability factors as well as of academic and professional qualifications might be made effective.
- (b) In addition to a more scientific inspection of training schools, provision might be made for the supervision of the nurse in service, with the object of promoting her professional growth.
- (c) A system of superannuation for nurses, similar to that now enjoyed by teachers, might be arranged.
- (d) Continuous employment for nurses should become feasible in the light of two conditions, viz.—the removal of the economic barrier between the patient and the nurse and dealing with the fact that only about 40 per cent. of the people sufficiently ill to profit from the services of the graduate nurse now engage them.
- (e) Control of nursing services might be in the hands of Provincial Councils of Nurses working in co-operation with a Federal Council.

4. *Federal Council of Nursing.*

This might be a creation of the Federal Parliament if possible, and subject to a Dominion Board of Control on which the Canadian Nurses' Association should hold the majority representation. Representatives of the Canadian Medical Association and of leading lay organizations should also be appointed on this Board.

It might exercise functions of an advisory, directive, educational, research and integrating nature. Under Section 93 of the B. N. A. Act this Council, being federal, could scarcely be clothed with powers of a legislative nature; but it would probably serve as the brain, in an advisory sense, of the various provincial councils discussed below. Its headquarters, both from the viewpoint of population and geography, should be as centrally situated as possible. Its activities would be of a much more scientific nature than serving merely as a clearing house for ideas on nursing conditions.

5. *Provincial Councils of Nursing.*

These councils would be created by provincial enactments and would exercise functions, with the advice of the federal council discussed above, chiefly of an executive and administrative as well as educational nature.

Compulsory registration with these Councils of all who care for the sick for hire—including attendants, visiting home helpers, practical women as well as trained nurses—should be adopted.

The prime function of provincial councils would be to organize and supervise the work of private duty nurses and various types of attendants who care for the sick for hire. Private duty nurses, working directly through local or district registries as part of the provincial organization, could be given continuous employment on a regular salary basis. These district registries would serve as branches of the provincial council, working under the direction and supervision of the latter, and bringing the types of nursing services required to the homes of patients. The adequate placement of these services would be largely conditioned by the studies of local nursing needs made by provincial councils and by the establishment of effective contacts with the medical profession, training schools, hospitals, departments of health, and with other agencies concerned with the care of the sick.

The question arises as to whether all private duty nurses should be obliged to work under the direction of the Provincial Council of Nurses, and, if so, would there be sufficient employment to keep all those nurses continuously engaged. The following aspects should be emphasized:—

- (a) Nurses who prefer to remain "free-lancers" would be permitted to do so, but patients of the insured class obviously would not engage free-lance nurses.
- (b) Medical evidence, confirmed by the laity, shows that the majority of patients in Canada generally, who need the services of the trained nurse, are now unable to engage those services. It is probable that under a plan of social science insurance, all the trained private duty nurses now available could, under an adequately organized and controlled system, be given employment of a reasonably continuous nature.
- (c) The Provincial Council and Nursing Registries should supply a scientific Nursing supervision as a reasonable assurance of efficient nursing services.
- (d) A Provincial Board of Nursing Control, the creation of the Provincial Legislature, should be established to advise and control the Provincial Nursing Council. This Board should be free from political intervention and should be as autonomous as a University Board of Governors. As the problems to be dealt with are primarily those of the nurse, her profession should hold the majority representation on this Board. The nurse members might be appointed for a term

of years by the Provincial Nurses' Association. The Provincial Government, the Provincial Medical Association, and the laity should also be represented on this Board.

- (e) The chief duties of the Board would be administrative, including the appointment of the Provincial Director and other necessary officials, such as the Inspector of Training Schools, Supervisors, and District Registrars.

6. *District Registries.*

These registries would be under the supervision of the Provincial Council of Nursing and would supply the nursing contacts with various classes of the community. Various types of nursing services should be made available, such as,—visiting nursing, hourly nursing; daily nursing, special services such as surgical, maternity, pediatric and so forth.

Registries should be established in the less populous areas—especially those outside of, as well as within, rural municipalities—and the services of nurses made available under controlled and supervised conditions, to the rural population.

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American Foundations make grants to almost every phase of human activity. The capital funds involved amount to \$853,450,114, adding those not reporting and the amount is over one thousand million. Grants paid during last year amounted to \$52,476,137. The field of medicine and public health was most popular, receiving \$18,627,222, or more than one-third of all the funds given away. An analysis of the manner of distribution of funds for medicine and health reveals the entrance of the foundations into almost every aspect of medical care.

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Dr. McLoughlin, Medical Director of the United States Health Service is reported as saying:—"To me State Medicine appears as a miserable makeshift. It is un-American, ultra-paternalistic, and destructive of self respect in both doctor and patient. It is a failure in Germany and England and all other European Countries. It is, from an American viewpoint, a pauperizing influence, wrong in principle and doomed to failure in practice if we should ever be foolish enough to try it."

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Speaking of physicians as torch bearers, Havlock Ellis remarks:—"For a brief space it is granted to us, if we will, to enlighten the darkness that surrounds our path. As in the ancient torch races, which seemed to Lucretius to be the symbol of all life, we press forward, torch in hand, along the course. Soon from behind comes the runner who will out pace us. All our skill lies in giving into his hand the living torch, bright and unflickering, as we ourselves disappear in the darkness."

## Bulletin Library

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

(Unless otherwise indicated, the opinions herein expressed are the personal ones of the writer, being in no sense official and differing opinions will be gladly noted in this Department.)

### Nova Scotia—A Land of Natural Beauty and Contentment Has More Security, Less Poverty and Less Threatening Skies than Perhaps Anywhere Else in the World.

By DR. GEORGE DAVID STEWART.

**S**UCH is the heading of a readable short article in the New Year Edition of the *Halifax Herald*. Taking it for granted that neither the Doctor nor the *Herald* will object we venture to reprint here the article, because of our personal friendship for the writer and for his continuous abiding faith in his native province. Dr. Stewart writes:—

“It is related of a certain king of Egypt that he caused to be placed in one of the temples an inscription cursing one of the rulers, Menes, who had first seduced the Egyptian from the salutary simplicity of early times. Just where or at what stage a nation may halt in its development who can tell? What is wholesome simplicity? Is not Nova Scotia now practically at that stage of her history not too rich, and not too poor, individualistic, and independent, confident and unafraid.

One theory of the development of civilization is that of mutual aid and support, the countless acts of kindness that one individual show to another, as do those remarkable insect races the ants and the bees. Another theory held by Flinders Petrie and many others, is that civilization grows only by strife; through war with the elements or war with men.

That mutual aid and support has added to the civilization of many races is undoubted, that it is strong enough to transcend ethnic boundaries and establish a federation of the world, has not been proven, nor, indeed, is it likely of fulfillment. That civilizations grow by strife has been recorded on the palmiest of history over and over again.

Thus how many have risen, attained wealth and luxury, deteriorated and fallen in the Valley of the Nile. That wonderful land is bathed in eternal sunshine, would be a desert were it not for the Nile that overflows the land once a year, the Spring rains from the Indian Ocean bringing down the soil from the mountains of Abyssinia and spreading it over Egypt under the vitalizing influence of the genial sun. It is only necessary to drop the seed in the deposit left by the receding Nile and a few days' toil assures abundance for the coming year. But where life is easy, where crops grow generously, the population always grows more lavishly and the growth of population, as shown by Malthus, will always outstrip the supply of food no matter how generous.

Only a year or two ago we heard of an approaching millenium where wages need never be lowered, where fewer days work each week would bring



abundance and the dictu, 'By the sweat of thy brow shalt thou earn bread' was to go into discarded theories with Malthus and Keynes. These prophets were neither prophets nor seers.

There are two thoughts that might be injected here,—one is that a people can never rise from their lowly estate as long as they are engrossed in a painful struggle for daily bread; the other that leisure alone is not sufficient to effect the self promotion of men. The Laplander whose flocks furnish him with clothes and meat and drink and shelter, has not achieved greatly; the Arab sheik of to-day lives as he did in the times of Abraham; the Tartars of Central Asia are the Scythians of Herodotus; only once in history under Ghengis Khan they ruled Asia and over-ran a large part of Europe, but they have added little of permanent value to the record of man. In a rich land, a land of great resources, leisure may come, but, if the people do not know how to use leisure, it may be a curse. Instead of employing their leisure in the arts, in cultivating things of beauty, things of the spirit, they become indolent and soft, a prey to epidemics or to the rapacity of men of sterner mold. Every civilization of antiquity that has risen to leisure and luxury has finally given evidence of decadence and ultimately gone down in gloom. They labored for wealth, they achieved extinction.

Taking Egypt again for an illustration, when she had learned to control the Nile waters so as to make every year a good Nile year, and thus escape the famines that often left the valley one vast charnel house, she longed for and obtained luxury and riches, this soft luxury soon undermined her strength. Hovering near, on the edge of the desert, were the Bedouins, nomads, skilful horsemen, desperately daring soldiers, covetous of Egypt's wealth. They attacked and conquered Egypt and the Egyptians were driven into far and fearful Ethiopia. Then the invaders in turn became corrupted by indolence and by the vices and excesses of the cities. The Egyptians in Ethiopia, now changed by the misfortune of the desert into strong men returned and conquered Egypt only to fall again finally and forever, although the Nile still flows and the Egyptian sun still shines.

The story in Genesis of the Flood and of the confusion of tongues at the building of the Tower of Babel needs no confirmation from Holy Word. It is supported abundantly in pages of pagan and profane history. Thus there was a confusion of tongues and ideals in Nineveh and Babylon in Iran and Macedonia, Assyria, Greece, Rome, Carthage, where are they? To-day new towers are building; some of them beautiful, stupendous, sublime, but shutting out sun and air from the less favored ones of the earth, and surely once again there is a confusion of tongues and a man may not be understood of his neighbour.

Speculation is often indulged in as to what man will do when the population of North America is 200 or 500 million souls: when all the coal has been burned. When the last iron ore has been smelt? Well, perhaps the answer may be that man will find something else to take the place of coal, but if I read history aright, that bogey need not scare, nor has the question been answered.

Science, Haldane to the contrary notwithstanding, does not answer. Medicine has conquered typhoid fever, that scourge of armies through the ages, but during the war while America was preparing, disciplined and aware, a new disease, Spanish influenza took a toll of little less than half a million. Always it seems when man has become too daring or too important, too rich or too soft, an unseen hand reaches out—another war, a new epidemic,—

and the language of all the earth is confounded, and from thence does the Lord scatter them abroad upon all the face of the earth.

In Nova Scotia to-day, as I have been observing that country for several consecutive years, there is more contentment, more security, less poverty and less threatening skies than perhaps anywhere else in the world. The people have leisure enough to enjoy books, to cultivate the things of the spirit. Individualism may still be indulged. In summer the landscape is beautiful, in winter sublime. Along the south shore what a combination of sea and islands, from forelands from which gleam the white sentinels, set alike temples or shrines amid the long drawn curve of the white breakers.

If mutual aid and support is a fact, then the men and women of Nova Scotia have leisure and the spirit to indulge in kindness, to help the less favored; if war develops character, then every year, every season, every day, these men and women meet and baffle the elements by land or sea. Nova Scotians may think they also have a depression, but let them be assured that their diagnosis is probably, I hope entirely, wrong."

Land! Where the Mayflower blows  
Amidst the wasting snows  
Thou art my pride.  
Tho' chill the breeze may be  
And dark the wintry sea  
The genius of the free  
Thrills all beside.

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**Infections of the Hand.** To many members of the medical profession in Nova Scotia this title recalls the very excellent film that was shown by Dr. W. A. Curry on his recent C. M. A. lecture tour. It is also the title of a paper published in the January number of the BULLETIN of the Academy of Medicine of Toronto. We think the conclusions drawn in the article very fairly agree with those in the film.

1. Recent wounds should be cleansed thoroughly. Clean wounds should be kept clean.
2. Once infection has occurred, we must differentiate, whitlow, tenosynovitis and cellulitis, by the observance of certain definite well recognized signs which have been enunciated.
3. Early correct diagnosis of whitlow is important to avoid loss of time.
4. Early correct diagnosis of tendon sheath infection is necessary if adequate drainage is to be instituted to avoid loss of function.
5. If doubt exists as to the presence of tendon sheath infection it is better to expose, though not necessarily to open, the sheath, than to await irrefutable clinical evidence.
6. Early correct diagnosis of cellulitis is essential in order to institute conservative treatment only and so avoid loss of life from septicaemia.
7. All operations on infected hands are best performed under a general anaesthesia with a pneumatic tourniquet in place enabling one to work in a bloodless field.

**Memories.** In the December issue of the BULLETIN, attention was directed in a very simple and straightforward way to a book entitled, "Attune with Spring in Acadie," the author being the wife of Dr. G. A. MacIntosh of the Victoria General Hospital. It is now our privilege to note the publication of a book by Miss Caroline Bisco Johnstone of Halifax, entitled "Memories." The author is a sister of Dr. L. W. Johnstone, M.P. of Sydney Mines and Dr. E. J. Johnstone of Sydney. Of the book and its author the *Sydney Post* writes as follows:—

"A new book entitled 'Memories' by Caroline Bisco Johnstone has recently come out and will be of great interest to Sydney people in view of the fact that Miss Johnstone, now resident in Halifax, was a former resident of Sydney, and is a sister of Dr. E. J. Johnstone, George Street, and Dr. L. W. Johnstone, M.P., of Sydney Mines.

The little book is, as Miss Johnstone says, written especially for the younger members of the family to whom, perhaps, the old memories are not so familiar as they are to herself to whom they had been related, in her childhood, by older members of the family.

It is very complete and most beautifully written and Miss Johnstone has certainly revealed hidden talent along the lines of authorship that few knew she possessed. It is sincerely to be hoped that we shall have more from her clever pen, in the near future. Miss Johnstone is, at present, visiting her brother, Dr. L. W. Johnstone, at Sydney Mines and will, it is expected, spend some little time with her brother and sister-in-law, Dr. and Mrs. E. J. Johnstone in Sydney, before returning to the Provincial Capital."

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**Time, January 4th, 1932.** The usual section devoted to current Medicine considers very fully the report on abortions solicited by the Child Welfare Conference at the instance of President Hoover. This report was prepared by Dr. Taussig and recently published in the American *Journal of Obstetrics and Gynaecology*. These are some of the conclusions that *Time* presents to its reading public:—

700,000 abortions in the U. S. yearly.

Birth Control may produce a factor in reducing illicit abortions, especially if *more reliable* contraceptive measures are discovered.

Some 15,000 women in U. S. die yearly from abortions.

Russia has legalized abortions. Operations are performed openly in hospitals by expert technicians.

Medical schools should teach their students just how best to do an abortion whether or not they intend to use the knowledge.

Women should be told that interference with pregnancy, even in its earliest stages is not the harmless procedure they seem to consider it to be, but is a procedure inevitably associated with considerable risk to life and especially to future health.

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On April 8th, 1932 Dr. Harvey Cushing of Boston becomes 63 years of age and automatically retires from the Harvard Medical School.

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**HEALTH RAYS.** This monthly journal provides both interesting reading for Sanatorium patients, nurses and others and, at the same time gives considerable pleasurable occupation to those associated with its publication. The October number has a number of selections from other similar journals of which one in particular, "Adult Education," appealed to us as being quite appropriate to our situation where many patients are in a sanatorium for

periods of one or several years. Many of these patients are still in the school or college going period and their enforced remission of studies is a serious matter.

Now we plainly recognize that children requiring long periods of treatment for the correction of deformities have very elaborate means adopted to avoid this loss of valuable time by special teachers and lessons. The need would appear to be as much needed by Sanatorium patients as it is often necessary for them to change their occupation upon their discharge. The author of the article mentioned says:—

“I have spent considerable time on the study of this problem and it would seem fair to say that there is no general ground plan for adult education in sanatoria, any given procedure must be worked out with reference to local conditions.

During the last few months we have been trying to promote this type of programme in several eastern sanatoria. Our procedure has been to get the local tuberculosis association to send a staff member into the sanatorium to interview each patient asking them how far they had gone in school; what position they had held before entering the sanatorium, what kind of work they expected to do on leaving the sanatorium; and what they would be interested in studying during their sanatorium stay.

There is a very large number of patients who have considerably less than an eighth grade education. With this educational equipment it is obviously impossible for the patient to get a job in anything but unskilled work. Inasmuch as it is pretty generally agreed that a person who has had tuberculosis should not engage in heavy pick and shovel work, it would seem to be an intelligent procedure to try to compensate for this physical handicap with wider education.”

The doctor, nurse, and social worker would form a committee to consult with the patient to consider his or her educational level, past industrial experience, tastes and aptitudes, and in the light of all these considerations recommends the kind of instruction to be given while in the institution. It may be that they will teach English, finish elementary school work, give special tutoring in mathematics or English or possibly give definite instruction in stenography, typewriting, bookkeeping, commercial art, etc., etc. He concludes.—“It is our function to stimulate a feeling of greater responsibility for the welfare of discharged sanatorium patients. It is beginning to be more and more generally recognized that the time to plan for a man's future is not when he goes out of the sanatorium but when he comes in.”

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#### Sir Robert Falconer.

At the end of this academic year Sir Robert Falconer retires from the Presidency of Toronto University after 25 years of service. In the last issue of the *Medical Journal of the University* he reviews “The Last Quarter of a Century of the Faculty of Medicine.” He was greatly interested in that Faculty saying “not the least pleasant of my memories are those that come to me from the staff and students of the Faculty of Medicine.” After mentioning the outstanding character of two Deans in that period he briefly reviews the outward signs of growth in the institution and the source of funds which made these extensions possible.

But what such an authority in education has to say about the system followed by Toronto may be of interest to our readers. We quote:—

“Medical education has been receiving a great deal of attention on this Continent ever since Abraham Flexner’s Report was published by the Carnegie Foundation for the Advancement of Teaching; and the report of the latest Commission will probably soon be forthcoming. Our Faculty of Medicine has kept itself fully informed of these discussions. But great and beneficial as has been the influence on Canada of such American Medical Schools as John Hopkins and Harvard, the traditions of Toronto with Great Britain have not been forgotten. The best American Schools have divided their course into two parts—a preliminary two years of a college course in Arts, or in some schools four years with a B.A. covering the scientific subjects, and a regular course of four years in a medical school, on the conclusion of which the student graduates with an M.D. degree. Our Faculty, situated as it is in a great university, has never accepted this division, nor believed that a complete course in Arts is always the best preparation for professional work in Medicine. Instead, the standard of entrance to the Faculty has been raised, in accordance with the local conditions of this province, to honour matriculation, which is nearly equivalent to the work of the former first year in pass Arts in our own University or in an American college. The medical course itself was lengthened from five to six years, but was divided into two at the end of the third year; the first half scientific (to use that term generally) and the second clinical. It was believed that the University itself should arrange its own scientific preparation beginning with the standard of the sciences at honour matriculation, and give some general options, and that the second half of the course should be almost a new chapter. Into this, however, more advanced work, especially in anatomy and physiology, might be carried over and integrated with the medicine and surgery. Also, by having as it were a preliminary chapter ended, it would be possible for the few, who might be interested in going further in any of these sciences, to take an extra year and get a B.Sc. degree before resuming and completing their more professional subjects. At the time of its inception this new course was watched with interest by other universities, and favourable attention was drawn to it by the *British Medical Journal*. Apart from slight modifications this course has now been in existence for ten years, and the faculty has seen no reason for radical change. We have good reason to believe that our students, most of whom spend afterwards a year in a hospital, are able to hold their own with those from the best medical schools.”

### Science and Cultism.

From the Journal of the A. M. A. and the Bulletin of the New York Academy of Medicine we learn that the Los Angeles Times has been making a plea for tolerance of other schools of thought. For over thirty years we know, from personal knowledge, that the *Times* has been the constant defender of all sorts of frauds and cults. It was within a year or two that a few of the many in California were exposed and put out of business this very cry for tolerance was made. But a writer in the *San Francisco Chronicle* shows its fallacies. We have heard something of the same thing in Nova Scotia,—“Let them alone and they will soon hang themselves and similar expressions.” We should heed well what these reliable medical journals endorse regarding this tolerance plea.

“But the appeal for ‘tolerance’ by one ‘school’ of another, is an example of a common fallacy. There is no tolerance of ‘astrology’ by astronomers. There is no ‘tolerance’ of fortune-telling by psychologists nor of perpetual motion inventors by physicists. Geologists do not locate oil or water by dowsing with a forked stick, nor ‘tolerate’ those who do. Entomologists do not ‘tolerate’ those who would exterminate insect pests by interfering with their spontaneous generation. Scientific agriculture does not ‘tolerate’ the

theory that potatoes grow wrong unless planted in the dark of the moon. All these 'schools' exist and they are all rejected outright as unscientific superstitions by every scientist in the world.

"If it were a matter of faith, dogma or canons, one 'school' should 'tolerate' another. If it is a matter of science, then the only distinction is that of scientific and unscientific. And between Science and non-science there is no equality of right, and no basis for tolerance. . . . Nor is any unscientific theory or practice of healing any part of the science of medicine. There are only two sorts of medicine, scientific and unscientific.

"How, then, shall we distinguish which principles and practices of healing are scientific, and which are not? The simplest test is that which we unhesitatingly apply in every other branch of knowledge. That is the judgment of scientists. If the scientist says that a certain thing is scientific, we accept it as such. If they all say it is unscientific, we say likewise, at least until it has succeeded in convincing them. Every scientific University in the world teaches astronomy, and not one teaches astrology. All of them teach chemistry, and not one teaches alchemy. Every university in the world teaches scientific medicine, and not one of them—not a single one in the whole world teaches or recognizes any of the 'school' or sects for which the *Times* speaks. If the unanimous voice of science means anything this is its verdict.

"The next test, and the decisive one, is that of method. Scientists may be mistaken, sometimes, in their results and conclusions. Sometimes a thing which seems true in the light of incomplete information becomes only partly true in the light of later discoveries. But science is not mistaken in its methods. That method is systematic observation and experiment, and the submission of these observations and experiments to the scientists of the world, for them to repeat, to test, and to scrutinize. Whatever pursues that method and is approved by the test is scientific—including, in medicine, light rays for tuberculosis, diet for many ailments and hydrotherapy, for certain mental conditions. Whatever does not proceed by that method, or fails by that test, is unscientific—including all the cults, sects and schools which Dr. Fishbein rejects and the *Times* defends."

When science says one thing and the law of this province says the same thing, why cannot the Chiropractor be put out of business in Nova Scotia?

#### Hospital of Venezuela Gulf Oil Company.

There has come to the desk of the BULLETIN the fourth and fifth annual report of this hospital which is located at Maracaibo. The 1929 number contains an article on congenital syphilis being a review of the disease and its treatment. The 1930 report contains the following articles:—

A case of Sarcoma of the Humerus! Intravenous Anaesthesia! Relapsing Fever! Laboratory Statistics with observations on Malaria and Dysentery.

Mention is made of these contributions to medical literature as they were prepared by Dr. A. J. Walker, who has been on the staff of this hospital for the past few years. He is the son of the Secretary of The Medical Society of Nova Scotia.

As usual *The Bulletin of The Medical Society of the County of Kings* for the month of January contains as on many other occasions a number of small articles or paragraphs which stress the advantages that come to the profession

by membership in medical societies. It is quite apparent that the physicians of New York and Brooklyn are aware that some form of State Medicine is imminent.

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Also *The Bulletin* of The Vancouver Association which has come to hand emphasizes the necessity of physicians carefully studying the matter of State Medicine and keeping their organization in a strong, healthy condition in order that their opinions will receive weight.

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The January number of *The Bulletin* of The New York Academy of Medicine is very largely devoted to an extended lecture delivered before the Academy last November by Professor James Ewing of Cornell University Medical College. He treated the subject quite extensively from the historical standpoint going back to the first period of medical instruction some four hundred years B. C. He then develops further the University idea. He then further considers the influence of organized philanthropy in American Medical Education. Emphasis is placed upon the necessity of great libraries in connection with University work. Teachers and the kind of teachers are considered. He says "finally we come to that fundamental question the place of utility in the conception of the University."

If this number of The Academy's *Bulletin* is not in the Medical Library, the General Secretary will be pleased to loan the volume to any one desiring it.

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The December issue of *Mental Health* devotes considerable space to the consideration of the care of mental patients. Prominence is given to the reported address of the President of The Nova Scotia Society for Mental Hygiene as given at the last Annual Meeting. It might be well while a commission is investigating the care of prisoners in jails, etc., to again emphasize what we have known for a long time, that it was neither wise nor humane to have mental cases housed in the same institution as the ordinary pauper. It is still certain that many County Poorfarms have these patients as inmates. It is stated that "Dr. Prince also drew attention to the fact that in the county institutions throughout the province upwards of 1,000 insane and mentally deficient persons are, in many instances, housed more like paupers than patients; and that types of economy are practiced which are neither humanitarian nor, in the long run, economical.

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The University of Western Ontario Medical Journal has started on its second year with its October issue. Dr. Murray Simpson writes on the surgical Treatment of Tuberculosis, referring chiefly to Hemidiaphragmatic Paralysis. He says:—"It does not interfere with further collapse procedures which may be contemplated at some future time. Reinforcement of artificial pneumothorax with diaphragmatis paralysis lessens the chance of effusion. The operation causes the mediastinum to be more yielding from loss of anchoring support. It is usually a complementary procedure to thorocoplasty lessening the length and number of the lower ribs to be resected. Both intercostal neurectomy and pneumolysis are benefitted by primary phrenicectomy.

The technique employed is that described by Alexander. Local anesthetic is employed and even during complete evulsion of the nerve the patient has not complained of severe pain. The patient is placed on his side, in order that the omohyoid muscle be displaced from the operative field. An incision, usually about one inch in length, is made about an inch above and parallel to the clavicle at the outer border of the sternomastoid muscle. The platysma is incised and the deep cervical fascia is separated with blunt curved scissors. The scalenus anticus muscle is exposed and in the majority of subjects the main phrenic will be found lying upon the muscle or near to its medial or lateral border. If phrenicectomy is to be performed, the nerve is anaesthetized and then a portion of it resected; careful search must be made for the accessory nerves which are present in up to 80% of the cases, these must then be resected also. If phrenico-exairesis is to be performed, the nerve is injected, sectioned and the distal portion of it must then be pulled from the neck and chest; at least eight to nine centimetres must be obtained in order to ensure complete paralysis. The platysma is then sewn with chromin and the skin with intradermal sutures. The patient need miss no meals and requires hospitalization for only twenty-four hours.

The operation gives beneficial results in from 75% to 85% of cases. The majority of moth eaten and thin walled cavities will close, following hemidiaphragmatic paralysis. Severe hemoptysis is promptly checked as a rule. Incessant coughing is relieved to a considerable extent. Practically no cases are made worse by the operation.

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Bernays lays down the following *Golden Rules of Surgery*. 1. Remember never to make promises of any kind, and particularly as to the results and the exact length of time it will require to get a cure, because a wound may suppurate in spite of all our precautions. 2. Remember that consent is necessary to make an operation legally permissible. 3. Remember that about one-half of all strangulated hernias which have resisted taxis without relaxation will slip back under complete relaxation brought about by an anaesthetic. 4. Never give a positive diagnosis of an obscure abdominal tumor until you have examined the patient after purgation and under anesthesia.

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Moses is seldom thought of as a medical man, yet he gave to the Israelites a code of public health regulations which even to-day are strikingly rational, in spite of their great age. The health and longevity of the Jews as a nation as noted by many observers, is largely due to their observance of these laws during the past thirty-five hundred years. Modern medicine has many refinements to offer in the way of diagnosis and treatment but as far as the broad principles of public health are concerned, we cannot go very far away from those laid down by the Hebrew law-giver. (Western Ontario Med. Journal).

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Philippus Aureolus Theophrastus Bombastus von Hohenheim was a Swiss, born in Einsiedeln in 1493. He gained his first knowledge of medicine from his father who was a physician. After obtaining his medical degree, he travelled extensively in Europe accumulating a wide fund of knowledge in medical folk-lore, alchemy and astronomy.



He adopted the name Paracelsus, and early in his career as professor of medical science at Basle he launched into deprecation of current authority in medical thought, which at this time was completely under the influence of the erroneous concepts of Galen. His antagonistic attitude brought about his persecution which forced him to flee from place to place.

Paracelsus taught that sickness is due to chemical disturbances in the system and can be cured by the proper chemical. He wrote several books expounding his theories, had a large following among the patients, and did accomplish some wonderful cures. True medicine, he asserted, rested upon four pillars: philosophy, astronomy, alchemy and the virtue of the physician. He practiced what he preached.

Paracelsus died in utter poverty in 1541. Three centuries later his native city erected a statue to his memory, in recognition of his contributions to medicine. He introduced several new mineral drugs, but his greatest service to the profession was accomplished by overthrowing its thoughtless subservience to ancient authority.

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Apropos of a recent article in the BULLETIN on the Education of patients with tuberculosis the last number of *Health Rays* covers the matter very conclusively and concludes thus:—

“Of course it is difficult to decide whether the old job is best or how this extra energy can be used in the most satisfactory way. To be spared unfortunate mistakes patients need the vocational guidance that can be given by those long familiar with such problems. The state rehabilitation departments, and the university services are some of the sources from which advice and help can be secured. One or more of these sources exist in almost every community. It is well worth while to find out about them.”

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**Did this happen in Nova Scotia?** A County Health Nurse is said to have received the following letter:—“Dear Madame,—I can't give my children a bath till the sauer kraut barrel is empty.”

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**Nurses Examination.** Question:—“What are some of the advantages of avertin used as an anaesthetic?” Answer:—“A woman after receiving an enema of avertin completely forgets her past.”

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**Woman or Machine?** “Jenkins it is claimed was driving at a high rate of speed and swerving from side to side. As he approached the crossing he started directly towards it and crashed into Miss Miller's rear end which was sticking out in the road about a foot. Luckily she escaped injury and the damages can be easily remedied with a new coat of paint.”

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**Another Specialist.** “Dr. Allen S. Johnson has limited his practice to internal medicine. A second daughter, Elizabeth, was born September 17th, 1931 to Dr. and Mrs. Johnson.”

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“The wife who drives from the back seat is no worse than the husband who cooks from the dining table.”

## Branch Societies

### Eastern Counties.

**M**INUTES of tenth Annual Meeting of Eastern Counties Medical Society held at St. Martha's Hospital, Antigonish on Wednesday, the 28th day of October, 1931.

The meeting was called to order by the President, Dr. H. C. S. Elliott at 2 p. m. Those present were:

Hon. G. H. Murphy, M.D., Halifax.	Dr. J. J. MacRitchie, Goldboro.
Dr. H. E. MacDermot, Montreal.	Dr. J. S. Brean, Mulgrave.
Dr. W. Allan Curry, Halifax.	Dr. J. J. Caroll, Antigonish.
Dr. S. L. Walker, Halifax.	Dr. J. H. Digout, St. Peters.
Dr. H. C. S. Elliot, Guysboro.	Dr. G. R. Deveau, Arichat.
Dr. J. L. MacIsaac, Antigonish.	Dr. C. M. Bayne, Sydney.
Dr. J. J. Cameron, Antigonish.	Dr. C. B. Smith, Goldboro.
Dr. W. F. MacKinnon, Antigonish.	Dr. D. J. MacMaster, Antigonish.
	Dr. P. S. Campbell, Port Hood.

The Minutes of last meeting were read and approved. A telegram was read from Dr. E. F. Moore of Canso and a letter from Dr. A. J. MacNeil of Mabou, expressing their regrets at inability to be present and wishing the members a successful meeting.

Dr. S. L. Walker, general Secretary of the Medical Society of Nova Scotia, submitted a proposal relative to the collection of fees in the Nova Scotia Society viz.: That the individual members give the management of their local banks; general permission to accept each year the drafts for membership fees. Other routine business was advanced to the Evening Session and the Hon: Dr. Murphy, Minister of Public Health was asked to give his address on the "Cancer Problem". Dr. Murphy stated "there was an unfavorable death-rate from this disease in Nova Scotia, that of Saskatchewan being probably only one-third as great. The rate in Ontario is high. One explanation for the high rate is the large percentage of the population in the Cancer age. This is true of all old provinces. Cancer then is to be viewed as a public health problem. On the average cases come under treatment 2½ years after the first symptoms. Cancer of Colon will sometimes give no symptoms until some form of obstruction appears. With our present knowledge we can reduce the mortality by making early diagnosis, and instituting proper treatment. The provincial pathologist has been brought into the Department of Health so that now all tissues from local hospitals will be examined free of charge.

In external cases such as Cancer of the lip when there is any suspicion of glandular involvement, a dissection should be made. Radium and X-ray are used with success in the treatment of Cancer.

A Cancer centre is desirable for the province. There is now the nucleus of one in Halifax. At present 210 miligrams of radium are in use, much more is required. He hoped to be able to increase the quantity and to secure passes for those taking treatment and unable to pay; on all railway lines." Dr. J. J. Cameron led off in the discussion of Dr. Murphy's address.

Dr. Allan Curry of Halifax followed with a paper on the "Acute Abdomen". He said that appendicitis is the chief cause of an acute abdomen and the mortality is still high from such an abdomen. There are two types of acute appendix—acute inflammation of its walls and obstruction of its lumen. Clinical picture may be sudden pain and vomiting—pain subsides and returns with vomiting. For the first six or eight hours there may not be much temperature—patient is anxious; such a case should receive immediate attention, otherwise perforation and perhaps loss of life occurs. A pain which does not begin about Umbilicus is likely not appendicitis; likewise an early high fever is not likely from an appendix. Salpingitis presents a problem in differential diagnosis. Acute infections and Typhoid Fever may simulate appendicitis. Diverticulitis may bother one. Pneumonia and Pleurisy should not be confused with an appendix except occasionally. In both of these conditions the pain is apt to be higher. Rectal examination should never be neglected. Acute appendix should be operated upon promptly, after abscess formation—be careful. If abscess is general, open and leave appendix until later. In a localized abscess, drain and remove if easily found, otherwise leave it alone. Stitch skin loosely about a drainage tube otherwise a cellulitis may occur. In perforation the face is pale, drawn and haggard, abdomen fixed, agonizing pain in umbilicus region, temperature sub normal, pulse normal at first, later accelerated. Rigidity especially in upper quadrants.

Later tenderness is found in right Iliac fossa. The commonest abdominal emergency in the infant is intussusception. Two specimens were shown by Dr. Curry, obstruction of the bowel by a gall stone and pickle bottle removed from the rectum. Dr. W. F. McKinnon and Dr. J. S. Brean took part in the discussion.

Dr. MacDermot of Montreal was next called on to give his paper on Asthma. He said "in part Asthma, Hay Fever, Angio Neurotic Oedema were so called allergic conditions. Asthmatic patients should be in the hands of general practitioners. On this subject our views have become clarified during the past fifteen years. The body objects to the introduction of foreign proteins. All asthma cannot be referred to the allergic state.

Certain animals cannot be thrown into the anaphalactic state, such as the rat; on the other hand the Guinea Pig is easily sensitized, as a result of this the skin test has been developed. Autogenous Vaccines have not in his experience been satisfactory, first, because it is difficult to get the right strain of the organism. One gets better results with Stock Vaccines. The infective cases of Asthma are difficult. The next most difficult cases are those children which do not react to any protein. Some such cases are found to be due to gastro-intestinal upsets and are treated with acids. There are cases caused by fatigue as far as can be determined. In such cases a rest causes the Asthma to disappear. Cardiac Asthma can only be treated by attending to the cardiac condition.

Hay Fever is easier to deal with. The young persons who have it for a short time can hope for a good result, not so with the long standing case. Many cases treated over a number of years can hope for a permanent result."

Discussion followed by Dr. J. J. Cameron and Dr. C. M. Bayne.

The Chairman named the nominating committee. Dr. W. F. McKinnon, Dr. J. J. Carroll, Dr. C. B. Smith, and requested the members to adjourn to the hospital guest dining room for the Annual Dinner.

The dinner as on former occasions was prepared by the Sisters of St. Martha's and was quite up to their standard.

There were four toasts; The King, the Medical Profession, Our Visitors and the Ladies—all were suitably proposed and acceptably responded to.

### Evening Session.

The first number at the evening session was the presidential address by Dr. H. C. S. Elliot. After expressing his appreciation on the honour that had been conferred upon him, Dr. Elliot gave a very practical talk on the treatment of Varicose Veins by the manipulation of special adhesive strapping. He cited some cases with excellent end results and advised the members, especially those in rural practice to give the method a fair trial.

Dr. McDermot followed with a paper on Tuberculosis. He first dealt with the tendency transmission and said the opposite should be the case. A poorly shaped chest may be transmitted but that is almost all. Transmission of immunity seems to be a factor.

**Diagnosis.** It is said the disease is not diagnosed early enough. For early diagnosis the X-ray is important. At first it was over diagnosed with the X-ray—now many of the markings are discontinued. Heavy Hilar markings have not now the same significance. The use of tuberculin in diagnosis is very helpful but not in treatment.

As to treatment, rest, air and food are the factors, nothing else has stood the test of time. Pneumothorax is an important aid, sometimes tired unwillingly in bilateral cases.

Discussion of Dr. McDermot's paper was participated in by the Hon. Dr. Murphy and Dr. P. S. Campbell.

A moving picture film was next showed by Dr. W. Allan Curry on Infections of the hand.

This received the undivided attention of the meeting and was voted the best film up to the present shown before the Society.

The Hon. Dr. Murphy, Dr. MacDermot and Dr. Curry were heartily thanked for making the meeting the success it surely was and all three were extended the privileges of the Society for all future meetings.

The report of the Secretary-Treasurer was adopted. This showed a cash balance on hand of \$39.07 all accounts being paid.

The nominating committee reported as follows:

Hon. Presidents: Dr. G. E. Buckley, Guysboro; Dr. J. J. Cameron, Antigonish.

President: Dr. M. G. MacLeod, Whycomagh.

First Vice President: Dr. P. A. McGarry, Canso.

Second Vice-President: Dr. D. J. MacMaster, Antigonish.

Secretary-Treasurer: Dr. P. S. Campbell, Port Hood.

Executive: Dr. M. E. MacGarry, Margaree; Dr. G. R. Deveau, Arichat;

Dr. J. J. Carroll, Antigonish; Dr. C. B. Smith, Goldboro; Dr. A. J.

McNeil, Mabou; Dr. A. N. Chisholm, Hawkesbury.

Representatives on Executive of N. S. Medical Society: Dr. H. C. S. Elliott, Guysboro; Dr. R. F. MacDonald, Antigonish.

The following resolution was moved by Dr. W. F. McKinnon, seconded by Dr. J. J. Carroll and carried unanimously.

*Resolved* that the Eastern Counties Medical Society approves of the establishment of a Minister of Health with the Hon. G. H. Murphy, M.D. as Minister. Further *resolved* that this Society is prepared to co-operate with and assist Dr. Murphy in the solution of the various health problems with which he will be called upon to deal.

A letter was read from Dr. S. L. Walker, Secretary of the Nova Scotia Medical Society re C. M. A. doctors for the Annual Meeting.

There being no further business, the meeting was adjourned in the usual way.

P. S. CAMPBELL, M.D., Secretary.

The following is an account of the Dec. meeting of the Medical Staff of the Aberdeen Hospital.

"The meeting was held on December 17th in the Nurses Home, eighteen doctors being present.

The present welcomed Dr. Bagnall who had recently taken up practice in Westville. Dr. Bagnall responded.

A resolution of sympathy for the family of the late Dr. W. H. Hattie was passed.

Dr. Hugh Ross gave an address dealing with the medical men of Pictou County from pioneer times down to the present. Dr. Ross spoke without notes but he detailed these men in chronological order with dates and gave many interesting anecdotes concerning them. His ability to remember dates was remarkable. In dealing with some of the men present, he made a number of humorous allusions that were well received. The address was interspersed with bits of philosophy and here the Dr. showed a power of oratory that delighted his audience.

Following the address many comments were made on Dr. Ross's remarkable memory and on his admirable handling of his subject.

Refreshments were served by the Hospital, and the meeting adjourned."

Yours truly,

A. E. BLACKETT, Secretary.

**When Woman Proposes.** I suppose they call it Leap Year because it makes bachelors jumpy.

**Explained.** "Women can propose during Leap Year" a writer reminds us. So that is why my girl friend has been trying to discover Ronald Colman's telephone number.

**To-day in the Garden.** Half a false nose, the remains of two comic hats and a lot of bones outside the dog-kennel.

**Obvious.** "What can we do to prevent the old open fire going out?" asks a reader—Put more coal on.

**Rather Tough.** A traveller states that the natives of certain parts of Africa delight in chewing rubber. I should like to point out to the poulterer from whom I purchased my turkey that I am not an African native.

**To the Point.** The Scientist's efforts to produce ink from a certain flower have so far proved hopeless. My efforts to extract it from the pen I got late last month have been that way too.

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A patented air-tight mechanical closure prevents contamination from soldering flux.

Prove to yourself the quality of Mallinckrodt Ether.

Test it clinically and chemically.

*"Give the patient the best of  
everything"*

## Correspondence

Halifax, N. S., Nov. 10, 1931.

The Editor,  
Nova Scotia Medical Bulletin.

Dear Sir:—

Touching on your editorial—"We are headed for State Medicine" in your November issue, which chanced to come to my office—thought you might be interested in seeing—and printing—the words of President Angell of Yale, the only layman speaking at the recent Congress of American College of Surgeons in New York City, on the subject of State Control of Medicine.

The enclosed appeared in *The Nation* of Nov. 4th.

"Of one thing we can be sure he said and that is that in the long run, by hook or crook, society will command competent medical and nursing service, adequate in amount to meet the needs of everyone. If it cannot secure this as the result of measures voluntarily devised and perfected by the profession and its interested friends, it will look to other agencies, and notably to the government, to produce the desired results. With political methods and conditions what they are now in the United States, it is difficult to contemplate such a solution without the gravest misgivings."

Yours truly,

A LAYMAN.

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

Dear Dr. Walker:—

We have pleasure in enclosing herewith copy for our advertisement in the January, 1932 issue of the Nova Scotia MEDICAL BULLETIN. The cut for this advertisement is being sent you to-day, under separate cover. Before going to press, we shall appreciate it if you will send us a printer's proof.

Thanking you for the valuable assistance rendered us during the past year, and with the Season's greetings, we remain,

Yours very truly,

CIBA COMPANY LIMITED,

E. N. Augthen.

Dr. S. L. Walker,  
187 Hollis St.,  
Halifax, N. S.

(Nova Scotia Medical Journal)

Dear Dr. Walker:—

We are sending you to-day an electro which we want you to use in the first issue of your journal in which we have space contracted for. It is announcing the addition of Parke-Davis Haliver Oil with Viosterol 250D, and we would ask that you give your very best attention, regardless of any copy matter you now have on hand, to seeing that this plate is used as above requested.

We are enclosing herewith literature regarding this new product in the belief that you will probably wish to make some reference in the same issue of the journal in which this advertisement is run.

Cordially yours,

PARKE, DAVIS & Co.,



# DIGIFOLINE "CIBA"

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Bottles of 1 oz.  
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contains all the therapeutically desirable constituents of digitalis leaves—  
produces the characteristic digitalis effect—  
is of constant potency—  
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is free from irritant substances of the saponin group.

**CIBA COMPANY LIMITED**  
MONTREAL



## OBITUARY

**M**ANY students, past and present, of Dalhousie were shocked to learn that Dr. Brent Haslam, an outstanding Dalhousie athlete, had been suddenly killed in an automobile accident at Buffalo on December 24th, 1931. Mrs. Haslam received a fractured skull and broken leg; the other passengers were Mr. and Mrs. Greer, who were not seriously injured. The *Halifax Herald* writes thus of Dr. Haslam:—

“Dr. Haslam was a graduate in medicine Dalhousie University, Halifax. Following his graduation in 1923 he spent two years as ship surgeon on boats plying between United States and South America, Going to Buffalo, he served as interne and resident physician at Buffalo General Hospital. In 1928 he started in private practice there.

The Haslams have one small child who was at home when the tragedy occurred. Dr. Haslam was a nephew of the Right Rev. Charles Henry Brent, late Episcopal Bishop of Western New York.

Other members of his family who survive include Dr. DeMontfort Haslam, resident physician at St. Paul's School, Concord, N. H.; J. Cummings Haslam, a lawyer in New York, both former students at Dalhousie University, and a third brother also an attorney in Philadelphia. Their father, now deceased was a church of England clergyman, a native of Lunenburg County.”

On New Year's Day there died in Chicago, as a result of an automobile accident, Dr. D. J. McIsaac, formerly of Antigonish. He graduated in Arts from St. F. X. in 1910. Following a period of school teaching at New Westminster he entered Chicago University and graduated in Medicine 1919. His professional career was devoted to hospital work and, at the time of his death, he was a member of the staff of the General Hospital. During his stay at St. F. X. he was a member of the famous Hockey aggregation belonging to that institution. He is survived by his mother, Mrs. Mary McIsaac of Antigonish, two sisters and three brothers. To one of the sisters many members of the medical profession in Nova Scotia will extend sympathy, namely Nursing Matron McIsaac of Camp Hill Hospital.

After only an illness of a week, at the age of 64 years, there passed away at Yarmouth on January 3rd, a lady who had always been very prominent in the social and religious life of that town, in the person of Mrs. Frances Burton. To the surviving members of her family and, in particular, to one son, Dr. G. V. Burton of Yarmouth the members of the medical profession extend sympathy.

On January 3rd, 1932 Mrs. H. P. Blanchard died after an illness of only two days at her home in Ellershouse. She was a lady highly respected in more than local, social and religious circles. Besides her immediate family she is survived by two brothers connected with the medical profession, Mr. T. P. Calkin of Wolfville and Dr. B. H. Calkin of Stellarton.



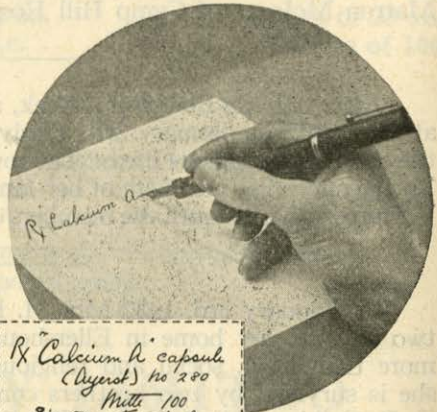
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## Personal Interest Notes

**B**ERKELEY Brean, the son of Dr. J. S. Brean of Mulgrave, marked most of his Christmas School vacation by being a patient in St. Martha's Hospital, Antigonish, convalescing, after an attack of appendicitis.

There were so many sons and daughters who spent their Christmas with their parents, the father being a member of the Medical Society of Nova Scotia, that after we had 15 or more such items, we threw them all in the waste basket. We trust all had a Merry Christmas and that they will have a Happy and Profitable New Year and we remain their sincere well-wisher, the BULLETIN.

Jack: Can she keep a secret?

Maude: Yes, the disagreeable thing.

Institutions for the care or treatment of the mentally deficient are finding these times of financial depression very much against their good records of improved cases. There is such general industrial depression that they cannot discharge their improved patients because no occupation is available for them.

Dr. Geoffrey Morris, Dalhousie 1928, accompanied by his wife, spent the Christmas season with his parents Dr. and Mrs. C. H. Morris of Windsor. He is engaged in Research work at Johns Hopkins University.

It is very satisfactory to know that the grant by the Sun Life Assurance Company to the Canadian Medical Association for Post-Graduate Lectures has been continued for another year.

Dr. J. W. Egan of Sydney is now Lieutenant-Governor—of the Maritime District of Kiwanis.

In the Reminiscences published several years ago in the BULLETIN of the late Dr. J. B. Black of Windsor did not tell this one on himself:— He advised an Indian woman to rest. The squaw said,—“Dr. Black, he very good doctor. He tell poor squaw to rest. Squaw has eleven children. How can she rest?” There is a great tendency to tell people what to do without sizing up the entire circumstances. Think it over.

The *Liverpool Advance* says:—

“The many friends of Dr. J. W. Smith will regret to learn that he is again confined to his room. Some time ago the doctor was involved in a car accident which necessitated his retiring from business for a short while, but of late he has been going the rounds with the aid of a stick. Recently, however, one of his legs bothered him to such an extent that an X-ray was thought advisable. As a result, it was learned on Saturday last, that the doctor was suffering with a broken bone between the knee and the ankle. This means that the leg will have to be set in a cast and the doctor will have to remain quiet for two or three weeks. His legion of friends wish him a speedy and safe recovery..”

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The Acetyl derivative of Oxyamino-  
phenylarsenic Acid.

For the preventive and curative treatment of syphilis in adults.

For the treatment of heredo-syphilis in infants.

Also indicated in intestinal affections, pyorrhoea and paludism.

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An outstanding remedy that has produced remarkable results in the treatment of general paralysis.

Administered subcutaneously, intramuscularly, or better still, intravenously.

*Supplied in ampoules of 0.50 gm. 1 gm. and 1.50 gm.*



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The press intimates that Dr. G. G. Melvin will retire as Chief Medical Officer of New Brunswick under the Civil Service Superannuation Act. It is also stated that Dr. William Warwick of Saint John has been named to fill the vacancy created.

**Grandfather.** Despite his well known and quite evident good nature, speak to Dr. E. J. Johnstone of Sydney with fitting respect as he is a brand new grandfather.

Many members of the medical profession will be interested to know that Nursing Matron K. O. MacLatchey, R.R.C., is retired to pension and is placed on the retired list as from December 31st. 1931. Her many years of service to the Canadian Army Medical Corps have been very generally appreciated. Relieved of responsibility we trust her years of retirement may be many and pleasant.

Dr. E. R. Davies, Dalhousie 1924, was a recent visitor to his former home in Salt Springs, Pictou Co. Dr. Davies is associated with public health work in the State of Kentucky. The occasion of his visit was to attend the funeral of his father who died late in December. Dr. Davies was located at Londonderry for several years and took an active part in municipal affairs in Colchester County.

By failing to file Bills in the State Legislature before January 1st, Nova Scotia nurses and doctors are not threatened with further dismissals, although 26 nurses have been so discharged. This also means that carpenters and domestics from here are safe for another year, at least in Massachusetts.

**Journal A. M. A.** The December issue of this Journal contains the index for the year 1932. If any reader desires information on any special subject the BULLETIN will be glad to note if the matter has been considered at any time in this Journal.

---

“Is the Doctor in?”

“No, sir, and I don’t know how long he’ll be. He has been called out on an eternity case.”

The doctor gave me a powder to cure my husband of drinking. I had to put it in his tea.

Has it cured him?

Yes, of drinking tea.

My father has electricity in his hair.

That ain’t nothin’, my old man’s got gas in his stomach.

**Some Man** (A portion of his obituary reads thus)—He once had large real estate interests, and from two steers which his father gave him many years ago he developed a herd of more than forty of the finest specimens. He was twice married.

Have you heard about the girl in the pork and bean factory who packed the beans in upside down and gave the people hiccups? (Ton and Sed.)

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(E.B.S.)

A Respiratory Sedative and Expectorant of proven benefit in sub-acute and chronic Bronchial Affections.

Each fluid ounce contains:

Codeine Phosphate.....	1 grain
Ammonium Chloride.....	16 grains
Chloroform.....	2 minims
Acid Hydrocyanic Dil. B. P.....	4 minims
Syrup Scillae.....	90 minims
Syrup Tolu.....	120 minims

Dose: One to two fluid drachms repeated as required.

Note: Also supplied with Heroin Hydrochloride 1/3 grain per ounce in place of Codeine Phosphate, when specified.

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**THE VI-TONE COMPANY,**

HAMILTON, ONTARIO

Dr. L. R. Meech of North Sydney sailed from Halifax on January 31st for England where he will do post-graduate work in London and Leeds. A few days before some thirty friends tendered him a social evening where gifts, speeches and cards formed a pleasant programme. Dr. Meech graduated from Dalhousie in 1915 and this is his second visit to the Old Country.

The January C. M. A. *Journal* has a very appreciative letter of Dr. W. H. Hattie from Dr. Franklyn B. Royer of New York, for a number of years associated with Health Clinic work in Halifax.

"Young lady operator—printer—at liberty feed presses, set jobs. Speed and clean proofs on machine. Reason for change editor's son home from college."

"I was not running around any place in purple kimona and pink slippers as the papers said. I was fully clothed except for my dress and shoes."

"Certified maternity nurse, moderate terms; work no object."

Wanted.—Two or three ladies for gentlemen boarders.

For a cure for seasickness a reader appeals.  
A plan he might try is to bolt down his meals.

As a farmer was passing the State Insane Asylum, one of the guests of the place poked his head over the fence and called out: "Whatcha got in the wagon, mister?" "Fertilizer" replied the farmer. "Whatcha gonna do with it?" "Put it on my rhubarb." "Migosh! I put sugar on mine and they call me crazy."

A Western visitor to New York spent the evening in a night club which is noted for the excellence of its lemonades and soft drinks. As he left the club he ran forinst a pharmacy which had one of the old time red globes in the window. The visitor having come from a town where traffic signals are obeyed by pedestrians as well as motorists, stood for an hour in front of this globe waiting for the light to change. This speaks much for the potency of soft drinks, a la New York.

"A thorough consideration of the causes of coughing and its rational treatment will convince one that morphine itself has only a limited field of usefulness in the treatment of coughing in the great majority of cases, and that the far safer codeine may be used with advantage in most cases in which simple measures do not cause relief."

"In Manitoba we have found immunization for the control of communicable disease in rural areas to be of the utmost value, and we are of the opinion that in the case of diphtheria, smallpox and typhoid fever, immunizing programmes should be used much more extensively in rural areas than at the present time. We also believe that scarlet fever toxin for active immunization can be of real value in controlling scarlet fever, and is deserving of more consideration than it generally receives."



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Nervous cases including Hysteria, Neurasthenia and Psychasthenia.

Mild and incipient mental cases.

Selected habit cases will be taken on advice of physician.

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