Bladder Neck Obstruction

CONSERVATIVE MEASURES IN THE TREATMENT.

GORDON A. WINFIELD, Cleveland Clinic.

RETENTION of urine due to bladder neck obstruction is not a new subject. It dates back to 1628 when Riolan first demonstrated the prostate as a cause of urinary obstruction.[1] Progress in this field has been slow, and it is only in recent years that important advances in the surgical treatment of this condition have been made.

In 1806, Home[1] described the median lobe, and Mercier[1] in 1821 first incised the prostate for the relief of obstruction. There followed a period of surgical development beginning with Guthrie[1] in 1834 who did the first perineal prostatectomy. Amusat[1] in 1836 is said to have performed the first suprapubic operation, though McGill in 1887 is really credited with the birth of this operation. In 1873 Bottini[1] began his intraurethral operations, using cautery blades. This procedure has been much modified by various workers.

With the increase in knowledge concerning the effect of back pressure on the kidneys, the development of blood chemistry, and the advent of the cystoscope, have come advances in the surgery of prostatic obstruction which have done much to reduce both the mortality and the morbidity, until, at the present time relief may be obtained in many cases with safety and without the necessity of a prolonged stay in hospital.

In 1909 Hugh[2] Young[1] performed his first punch operation under local anaesthesia, and in 1913 reported results in 100 cases. This was an intraurethral operation, carried out by means of a specially designed instrument, called by Young the Prostatic Punch. This instrument has undergone many modifications, noteworthy among these being the substitution by Caulk of a cautery for the knife used by Young.

Various types of bladder neck obstruction have been described. Guthrie[3] in 1830 described two types of obstructible bars. The first he considered to be an unnatural elevation of the fibrous structures underlying the mucous membrane at the posterior part of the urethra. This was unaccompanied by enlargement of the prostate. The second type was due to an intravesical enlargement of one of the lateral lobes, which so affected the orifice of the bladder that the bar was elevated and displaced, thus forming an obstruction.

The best classification of bladder neck obstruction is that given by Randall[4] in his recent monograph. We have followed this classification at this Clinic. The type follows:

1. Simple bilateral lobe hypertrophy.
2. Posterior commissural hypertrophy.
3. Subcervical lobe hypertrophy.
4. Bilateral and posterior commissural hypertrophy.
5. Bilateral and subcervical lobe hypertrophy.
6. Subtrigonal lobe hypertrophy.
7. Anterior lobe hypertrophy.
8. Sclerotic median bar.
9. Carcinoma of the prostate.

The most common symptons of bladder neck obstruction are nocturia and diminuition of the size and strength of the stream. The patientfr equently states that he does not completely empty his bladder. Caulk[5] in a series of 175 patients found frequency to be present in 65%, nocturia in 96%, dysuria 62% terminal dribbling 40%, diminished size and strength of stream 95%, haematuria 15%, and incontinence 10%. 21% had infection as evidenced by fever and chills.

The diagnosis cannot be made with certainty unless a cystoscopic examination is done. Caulk[1] strongly urges repeated cystoscopic examinations of the vesical orifice, and states that no surgical procedure on the prostate is justified without such examination. He further observes that many prostates which at first appear unsuitable for the minor procedure of punch, will, under proper treatment, diminish in size sufficiently to place them in this class. We have been impressed with the clinical fact that many cases of bladder neck obstruction show little or no enlargement of the prostate by rectal examination. We have further observed that in cases presenting symptoms of such obstruction, with no palpable enlargement of the prostate, obliteration of the median sulcus has been a common finding; and such a finding, in the absence of hypertrophy, always leads us to suspect intravesical enlargement. Cystoscopy will make the diagnosis, and will also determine the type of surgery most suitable for the case.

Davis[6] uses the procedure in cases of true median bar formation, contracture of the vesical orifice, and small median lobe hypertrophy. Caulk[7] Bumpus[8] and others believe median lobe hypertrophy to be best suited for this type of operation. The original punch operation of Young was limited in its effects because of the difficulty in including sufficient tissue in the instrument. It also had the disadvantage of making no provision for the arrest of bleeding. The former disadvantage still remains true in cases with large median lobes, but has been partially overcome by the advent of the new cautery instrument. Engel[9] believes posterior commissural hypertrophy ideally suited for transuretheral resection. Subcervical lobe hypertrophy may be successfully relieved if the case is seen before the hypertrophy is too great. Cases of sclerotic median bar are ideal in that they are the result of an old inflammatory process, and frequently occur in the younger class of patient. Carcinoma of the prostate has always presented great difficulty in treatment. We do not believe that radical procedures are justified in the majority of cases, and in obstructed cases with residual urine, transurethral resection with removal of sufficient tissue to restore the patient to urinary comfort is done. Following this X Ray therapy is instituted.

The preoperative care is much lessened in this procedure. If the blood chemistry is within normal limits, and the kidney function reasonably good, cases may be admitted one day for operation the next. Cases showing bladder infection, poor renal function, or high blood chemistry may require catheter drainage for a short time, but since the operative procedure is attended by much less shock than prostatectomy, this time is much lessened.

Once the operator is familiar with the bladder neck the procedure is simple, consisting only in removing the obstructing tissue, piece by piece, until a smooth canal is made extending from the trigone to the verumontanum. Engel[9] stresses the necessity of absolute familiarity with the landmarks of the urethera, and notes that the obstructing portion of tissue must be systematically and thoroughly removed. The instrument now in use at this Clinic is

the new McCarthy Resectoscope. Haemostasis is gained by electrocoagulation, which, since the instrument is electrically operated, becomes a simple procedure. At the end of the operation the field is carefully searched for bleeding points, and these coagulated. Following operation a 22 or 24 soft rubber catheter is introduced into the bladder, and left in for 24-48 hours.

Various types of anaesthesia are used. In earlier cases, when the Caulk instrument was used, morphine and hyoscine were found sufficient. This was found inadequate for work with the resectoscope, and at present the anaesthetic used is a sacral block, or a low spinal, using ½ to 1 c.c. of spinocain. This gives a perfect and complete anaesthesia for about an hour, which is sufficient. No routine anaesthesia can be adopted, and each case must be a problem in itself.

Immediately following operation the patients are returned to bed. Their postoperative course is usually uneventful. Small doses of morphine are occasionally used to make the patient more comfortable, but this is rarely necessary. The bladder is irrigated through the catheter from time to time. In 24-48 hours this may be removed, after which the patient is usually able to void normally and with little discomfort. As a rule we allow the patient up on the second postoperative day, occasionally on the first. The majority of our cases are discharged from hospital on the fifth postoperative day.

Among the complications mentioned in the literature are haemorrhage infection, epididymitis and sloughing. Fear of haemorrhage prevented the use of the procedure in many hands. With the advent of the electrical instrument this factor has been much reduced, and there is no longer danger of severe haemorrhage. Bumpus[8] notes that fear of haemorrhage need not deter one from using the operation. Young[11] in his series of cases reports no serious complications. Caulk[1] observes that haemorrhage seldom appears, and may be prevented by careful irrigation. Cecil[11] was successful in stopping and preventing haemorrhage by the use of a kephalin coated catheter. We have not found this necessary. Engel[9] in a series of 64 operations reports two cases of immediate haemorrhage, one occuring after the Caulk operation, the other after the resectoscope. In both cases the bleeding was easily controlled by conservative measures. Two cases of delayed haemorrhage occured, between the tenth and fourteenth days but were easily controlled.

Next important is infection. For the first two or three days the patients commonly run a slight temperature. But infection as evidenced by chills and fever is rare, and usually subsides under palliative treatment. It is more likely to occur where there has been a preexisting bladder infection. Epididymitis occurs next in frequency. Engel[9] reports four cases in his series, all of whom subsided promptly under treatment. Pronounced sloughing has been mentioned by some; we have not seen it here.

The prognosis in selected cases is good. The majority obtain immediate relief of symptoms and are restored to urinary comfort with little or no residual urine. Occasionally a further operation is necessary at a later date, and in rare cases several operations must be done, but it is such a minor procedure as compared with the open operation that we feel justified in advising it in suitable cases. The mortality from the procedure is practically nil.

The results obtained make it the ideal procedure for selected cases of bladder neck obstruction. Caulk[1] in 1928 reported 85% of his cases satisfactory after a period of nine years. He notes[5] that in bars and simple contractures one operation is usually sufficient: in more pronounced obstruction more oper-

ations are necessary. Young[1] believes the operation to furnish the safest, surest and most radical curative procedure which has yet been offered. Bumpus and Vickery[12] in a series of 85 cases report 32% with no urinary complaint, 45% much improved, and 22% unimproved. Many of these latter were later found to be unsuited for the operation. Engel[9] in his series operated at this Clinic reports results as completely satisfactory in 54 cases, partially satisfactory in 5 cases, and a failure in one. This case has been wearing an inlying catheter for a year, and had a large atonic, decompensated bladder.

We believe that this procedure is ideal for relief of obstructions at the bladder neck. We do not believe it will entirely replace the more radical operation of prostatectomy. There are still a number of cases who cannot be relieved by the procedure, and in whom prostatectomy is necessary. The operation requires careful selection of cases and preoperative and postoperative care, and is not suitable for general use. It has a distinct advantage over the open type in that it carries slight risk and practically no mortality. It has the further economic advantage of a very much shorter stay in hospital, on the average about 8-10 days as compared with some six weeks following prostatectomy. The value of this procedure is seen in the lessened number of prostatectomies done at this Clinic. Occasionally it may be necessary for the patient to return for further operation, but we still feel, in spite of this, that the procedure in selected cases has distinct advantage over the more radical operation.

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Irregular Medicine.

The flourishing condition of irregular medical practice in the eighteenth century is portrayed by Oliver Goldsmith in his "Citizen of the World," wherein it is stated that, for the advertising professors of healing, "there is scarcely a disorder incident to humanity against which they are not possessed with a most infallible antidote." Goldsmith studied medicine at Edinburgh and Leyden, and after serving as assistant in a London chemical laboratory, practiced as a physician in Southwark. In his writing he showed that in his time the cult of the nostrum was as prevalent as to-day. By stating of contemporary proprietary medicine owners that "few patients can escape falling into their hands, unless blasted by lightning or struck dead with some sudden disorder," Goldsmith showed that they were more unscrupulous and mercenary than most (at least) of their modern counterparts!

Victoria General Hospital, Old and New

DR. H. L. SCAMMELL, Halifax, N. S.

ALTHOUGH existing as a two storey stone and brick building for several years, during which time it served a variety of uses, the City Hospital, now to be called the Provincial and City Hospital and later to become the Victoria General Hospital, was undertaken as a serious proposition in 1867. Halifax, before this date, had for many years suffered from inferior hospital accommodation. Its chief institution was a collection of buildings known as the Bridewell, situated just behind the site of the present First Baptist Church. So far as the writer can learn, this was really a combination hospital, poor asylum and jail. It was generally crowded and time and indifference had tended to render it unsuitable for the care of the sick. The Medical profession of the City was for many years united in its desire for an adequate hospital, and its influence coupled with the fact that human suffering forced the authorities to take action, resulted in the formation of a committee of Management and the refurnishing of the comparatively new City Hospital building for the reception of patients. A perusal of the Minutes of the Meetings of this Managerial body from 1867 to 1877 is an occupation of much interest. Let us then run through it in order that we may gain a picture of hospital conditions sixty years ago in Nova Scotia.

At the first recorded meeting, held on April 4th, 1867, there were present, C. Twining, Esq., Chairman, Dr. D. McN. Parker, Dr. R. S. Black, and the Secretary, I. Venables, M. D., who was also the Superintendent of the Hospital. This meeting considered chiefly the purchase of supplies, viz, "a collection of Instruments" for $200, and bedding material consisting in part of four bundles of straw for filling mattresses. The next meeting continued the buying activities. Four thermometers and a supply of chloroform were to be procured and an advertisement inserted in the "Reporter" and "Express" for a Nurse. The purchase of drugs by tender at the lowest price was advised. Frequent meetings during that month were held and as a climax we note the order of two Dozen Sherry and one Dozen Brandy. Several meetings thereafter were required before all necessary supplies were purchased, and details of these are irrelevant, but it is of interest to note that amongst these were a Stethescope, rectal bougies, an operating table and a set of eye instruments the latter at a cost of $50.00. During the whole period of ten years under examination, the Committee of Management purchased all the supplies for the Hospital.

It has been noted that the early supplies included the purchase of wine. If in no other sphere, temperance has at least gained supremacy in the treatment of disease at the Victoria General Hospital, for considering the number of patients under treatment, the supplies of brandy, wine and whiskey purchased as compared with the present day were enormous. Wine was purchased by the keg, ale by the barrel and whiskey and brandy in five gallon lots. The Management on one notable occasion ordered that every patient in hospital be given a pint of stout if they cared for it. Such promixity to an ample supply of spirits resulted in the downfall at a little later date of the Lady Superintendent

or Matron. It was stated to the Management by one male witness that he had detected the odor of alcohol off her breath at least fifty times. Her reply was an emphatic denial, which, however, did not bear the test of later observation and she was discharged.

At a meeting held on June 7, 1867, "it was ordered that Mr. Parsons be directed to send the Bull Dog away from the premises, as the animal is considered both dangerous and useless." Doubtless the animal's preserve prevented in some measure the comfortable entry of patients to the hospital. Perhaps his age hindered him from pursuing to the fences those patients frequently stated to have "eloped" from its fostering portals. At all events this inefficient night watchman in passing was given honorable mention in the minutes. Perhaps as a result of his later activities is the minute appearing immediately after "that coffins and crutches be obtained" and "old linen and cotton rags will be thankfully received." This meeting closed with the order to the Superintendent to purchase more wine and brandy and to "fit up Ward 8 for Delirium Tremens patients."

Mr. Joseph Alexander was in this year appointed the Male Nurse for the institution at a salary of £40 per annum. This reminds us of the fact that it was several years later that the first training school for nurses in America was established at St. Catherines, Ontario. Both male and female nurses at this time were governed by Divine rather than by human inspiration and guidance in their work. But then Lister's antiseptic principle had not been accepted by the world and "anybody could nurse the sick and give medicine."

In July, 1867, the Management acknowledged a number of gifts, including "a sample bottle of Dr. Richardson's 'Styptic Colloid' lately introduced into the practice of surgery." Evidently samples were rarer in those days than at the present time. Gifts of a varying nature, mostly of trifling value were "gratefully received" from time to time. The donation of several framed Scriptural texts for hanging in the Wards elicited a veritable storm of gratitude as did a portrait of the "late Dr. Clutterbuck," origin unknown.

To Dr. Edward Farrell must be credited much of the real progress of the Institution at this time. In the year of opening, he started a collection of Pathological Specimens in the hospital, and at his own suggestion was appointed the "Curator" of the Museum. His suggestions for the care of patients were always excellent, and it may be truthfully said that he was in this regard many years in advance of his time. He it was who begged "that where the case requires it, the linen sheets on the beds be replaced by clean ones oftener than once a week."

Matters in the hospital did not always pursue an even tenor. Management and Staff on August 9, 1867, rose in terrible indignation against the "reflection on the Medical officers of the City Hospital" in the form of a letter posted by a group of Medical Students of the Halifax Medical College, requesting that the attending physicians notify them of the hours they proposed to visit the hospital wards each day. The Board demanded an immediate apology from the offending group, Messrs. T. Trenaman, William Meagher, Brookfield, and McEwan, failing which their attendance at the hospital would be prohibited. No apology forth coming, the unlucky four were barred out until some time later a letter of confession of guilt and a humble apology from Trenaman, gained a gracious pardon to all.

Dr. Farrell continued his post mortem activity and interest in pathology soon announced that "It will be impossible to make post mortem examinations

during the winter in the Hospital Dead House unless a stove is placed there." The stove was quickly obtained. Specimen jars were now necessary and were ordered in conjunction with Dr. Honeyman, Curator of the Provincial Museum.

The year of opening closes with thirty-five patients in hospital. It had been on the whole successful. The Matron tendered her resignation and three cradles were ordered.

To give further details, interesting though they might be, would be improper in an article of this length. Only outstanding points will be noted.

Diets as such were either "full" or "light", sometimes "middle" in character. The provisions ordered showed enormous quantities of fish purchased, little butter, very little milk, occasionally meat, and frequently spirits.

Fever of unspecified nature was at times a source of worry. Some outbuilding in the rear of the hospital was fitted out for the reception of such cases "as at the present time there are two cases quartered in the operating room and the rest scattered through the wards."

In the minutes of May 15th, we read, "it was resolved that Mr. Charles E. Puttner, Jr., be appointed Apothecary to the Provincial and City Hospital at a salary of two hundred dollars per annum, hours from 12 to 2 and from 4 to 6 p. m. This commenced the association with the hospital of a gentleman who in the capacity of Pharmacist served it faithfully for over fifty years. His first humble position was turned as the years went by into one of trust and importance in the Management. He it was who procured and operated the first X-Ray equipment, worthy of name, used in the hospital.

In 1872 case records were started. These, very full in detail were beautifully written in large books, and remain today, a vital testimony of the clinical skill and ability of our fathers.

A letter, dated February 20, 1877, deserves quotation in full, and is given without further comment. With it we must close our peep at the hospital of sixty years ago.

Halifax, N. S., February 20, 1877.

To the Commissioners of the Hospital:—

Understanding that cases of Inebriety are occasionally admitted into the hospital for treatment, the Board of Directors of the Inebriety Home beg to call your attention to the fact that the latter Institution has been founded expressly for the reception of such patients, and to suggest whether it would not therefore be advisable in all future applications to refer the parties to the Institution specially designed for their benefit.

Such a course would not only be a saving to the Public but a relief to the Hospital by affording more accommodations for other cases and at the same time be more in harmony with the specific purpose of each Institution.

I am, Gentlemen,

Yours respectfully,

E. LLOYD.
Secret'y.

The Last Decade.

We have reviewed the records of the first ten years of active operation of this hospital. There were features of that period decidedly humorous. We are in turn surprised at ideas which we now consider primitive and amazed at the progress in evidence and the desire to keep well abreast of the times. Let us now turn to the past ten years in the history of the Victoria General Hospital.

A new era began with the construction and opening of a building in 1922 to provide private and semi-private accommodation. Previous to that date room for this purpose had been hopelessly inadequate. There were many who expressed the belief that the new building would have little patronage. How they were wrong is shown by the fact that at the present moment when the depression is rife the building is 98% full. It has filled a decided need in the City of Halifax and in the Province of Nova Scotia.

We might almost style the past decade the age of Mechanical diagnosis, for certainly more mechanical aids in this regard have been perfected in this period than in any other in the history of medicine. To be modern, and yet to observe a judicious reticence in the purchase of apparatus of types whose utility is not thoroughly proven by experience is a problem for every hospital. Not only have mechanical aids to diagnosis been perfected but to treatment also in perhaps a greater degree. It was recognized that deep therapy X-Ray was to be a valuable adjunct to the treatment of Cancer, and after the opening of the new wing, in 1923 such a unit was installed which has been extensively used ever since. With the proven value of radium in the treatment of Carcinoma, a quantity was purchased and the second radium emanation plant in Canada constructed. This method of use enables the radium in the form of the emanation to be available at once to the greatest number. Moreover the chances of losing many thousands of dollars worth of the element by accident or by the carelessness of a patient are removed. The radium plant is in constant active service and the demands upon it increase yearly. These features along with a very complete set of diagnostic X-ray units comprise the present department.

Closely allied with the X-ray department as modern methods demand, is the urological examination room, fitted with the X-ray equipment necessary, so that the patient's movements are reduced to a minimum.

A very great deal of doubt by excellent authorities as to the value of physio-therapy as a remedial agent has made the Victoria General conservative in this regard. Lack of space for expansion in such a department has prevented its organization as a unit. Now however, facilities for quartz lamp treatments diathermy, and diagnostic electrical work are available, as well as massage. As the demand increases, if space is available, these will doubtless be increased.

Disorders of Metabolism have resulted in the recent appointment of a visiting physician for cares for the diabetic cases in the public wards, whether surgical or medical. This uniformity of treatment is working very satisfactorily. A very fine Basal Metabolar of the portable type is in constant use, this service being in charge of a member of the Medical Staff, who conducts these tests personally.

The hospital is fortunate in the past ten years in the development of its pathological service. The former small, two storey building has been replaced by a modern three-storey structure with adequate space for laboratory work in all branches. There are very fine post mortem rooms and a fairly complete

pathological museum, which is being continually added to. The hospital in common with all the Government owned and aided hospitals in the Province enjoys through the Department of Health a free examination of tissues removed at operation for malignancy. Within the past ten years the amount of laboratory work has increased many fold and will continue to do so. More and more are the Clinicians appreciating the value of an excellent laboratory service.

Case records in any hospital are an invaluable asset, the value of which increases as time goes on. The diversity of diagnostic aids and the reports of these procedures have tremendously amplified the records in the past decade. More and more the careful Medical man appreciates the value of these records, not only for their reference value in future but as a clinical education for himself. In every way, each year the case records improve.

Dietetics have now become a most important part of hospital treatment. From a very humble part of the institution in 1920 this department has assumed large proportions. There is very fine cooperation between the Dietary Department and the Staff who thoroughly appreciate this asset.

With regard to general hospital service the past ten years have seen many changes. In 1922-23 there were 3358 patients admitted to hospital, in 1930-31 there were 4912, with the same bed capacity. Nothing goes so far to show how, in spite of the enormously increased hospital accommodation throughout the Province, the service given here is appreciated by the Medical profession and public at large. In 1922-23, the per diem cost was $3.53, in 1930-31 the per diem cost was $3.79, despite the fact that the amount of X-ray, laboratory service and dietetic service, to mention only three have increased many fold their activities with increased staffs in each. The average days stay in 1922-23 was 21.8, in 1930-31 it was 14.53, in other words increased facilities for diagnosis and treatment have resulted in over a week being cut off the average stay of patients in hospital in ten years.

The teaching of Medical students is one of the greatest services a hospital can render to the public, not only in the production of good medical men and women but in the public guarantee that such an institution is keeping abreast of the times and doing good work. The physician or surgeon on the staff of a teaching hospital knows full well that his every move is being watched and critized by the eager student. He knows that much of his future reputation depends upon the appreciation of his skill and care by those students. He cannot afford to be careless or indifferent, he must be alert and up to date in his methods and training. The Victoria General Hospital is proud of the fact that it is a teaching hospital, the most important of these units in connection with Dalhousie University.

The development of the hospital in the past ten years has been phenomenal. There comes, however, a time when no more development is possible within inelastic brick walls. The wards are crowded to capacity summer and winter and at all times there is a waiting list. However, management and staff alike are working, rejoicing in the confidence of the Province at large in their efforts and awaiting the verdict of the future years.

The Same Here.

A four-word sign on a midget golf course in Great Bend, Mo., tells the story of many another. The sign runs:

"Closed. Opened by mistake."

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A Case Report Section for the Bulletin

THE Bulletin has long been an excellent target for snipers. Not so long since the writer heard plenty of it and perhaps joined in, but since last July has not been in the position for hearing sniping reports, and only the occasional report of the opposite kind reaches him.

One can not but feel that in its present state it is still good cannon fodder, but that it remains so is not necessarily the fault of its editorial board. Several matters have been aired through our pages during the last few months of distinctly controversial nature, and readers have been asked to take up the gauntlet and counter-attack, so that a real exchange of views might be carried on. But there are no knights left—the days of chivalry have passed!

It is suggested that everyone is too busy to do any writing. My *res angusta domi* enable me to sympathize with that position. The bairns must be fed. Yet one cannot accept that as an excuse. The man attached to a busy hospital, giving the time that he gives to free work has little enough time in which to "lay up for himself treasure upon the earth," yet he is most often the man who is ready to contribute his bit to the common good.

It might be suggested that only a small number of us have any interest in medical politics; that we tend more to the scientific attitude. If so we have much to be glad of in this province but before we preen ourselves on that we had better find out how true it is.

For a little bigger purpose than that, we have just sent out to the city and provincial hospitals the following letter:

"FEELING that we have a lot of good clinical material going to waste, we have decided to open a Case Report Section in the BULLETIN in the hope that much of this material may be made available to the profession of the province. To make such a Section flourish —and every one seems agreed that it should—it is necessary that the sources of supply be tapped with same order. We have, therefore, decided to ask the different larger hospitals to be responsible for the whole Section for one number of the journal, and certain geographical districts to be responsible for others, and, to cover the province in this way

in one volume of the BULLETIN. Will you please undertake that your staff will contrbute its quota?

There is another feature in this connection which we would like to see developed. We know relatively little in one part of the province of what our confreres are doing or have to do with in another. Whether Pictou has 10 beds or 100. Whether Glace Bay has open hospitals or closed ones or how the Yarmouth Hospital staff is constituted. It is proposed, therefore, that the hospital or section responsible for the case reports for one number shall, through its Chief of Staff, or other representative, write an article on the hospital or the general Medical or Surgical facilities of the section which shall not only supply this knowledge for our present information but which shall constitute a really valuable contribution to the Medical History of our time.

It is felt that about five or six short Case Reports should constitute a section for any number, and it is hoped to cover the province in one volume (12 numbers)."

This has only just gone out and already the response from both city and province indicates that this move is desirable. We wished to have the section inaugurated with this announcement and though we could give them practically no notice, have prevailed upon the Surgical-Gynecological section of the Victoria General Hospital to supply the first quota. A Medical-Specialist quota will come later from that institution; we hope however to have several from other parts of the province before needing to use that.

In an attempt to divide the province into twelve sections a tentative plan has been evolved, which divides the centres into groups of 2/1, 1/1, 1/2, 1/3 according to various factors which influence their possibilities.

This arrangement is suggested so that all the hospitals at least, may be heard from within the year. In doing that however it is to be distinctly understood that there is always a place for the individual practitioner who has something he thinks to be of general interest and he is again hereby invited to contribute. Already there are promises of case reports from practitioners not connected with hospitals and it is our hope that many others will feel constrained to come in. All are agreed as to its value, both to the man who forms the habit of looking for and reporting cases of interest as well as to those who read them. "It blesseth him that gives and him that takes."

At the time of writing Antigonish has not been heard from but we would like our April number to be the Antigonish-Guysboro number. Dr. MacLeod has pledged for Cape Breton and we should like to have that for May the first Cape Breton number. The June number could then well be the Cumberland number or the first Valley number and others will be allotted probably as material comes in. Material for any month should be in our hands on the 20th of the month preceding, at the latest, and it should be sent in as soon as prepared.

Ignorance of local conditions surrounding the several hospitals will probably beget some errors in grouping. If any are made, lay not the sin to the charge of the Bulletin but heed the cry of the writer—*Peccavi miserere mei!*

This new section should be a success. It it is, the credit is yours who contribute to it. If it isn't it is because you have failed, and it would be too bad to do that, since that would incur the forfeiture of your right (?) to enjoy the gentle art of sniping!

The BULLETIN would express its thanks to the Victoria General Hospital staff for their prompt and helpful support at such short notice.

N. H. G.

CASE REPORTS

Acute Intussusception in Adult.

Mrs. L. I....., age 35 years, housewife.

Admitted January 9th, 1929, at 10 a. m., complaining of abdominal pain. The history revealed that she was wakened from her sleep at 2 a. m with severe abdominal colic, followed by vomiting. This passed off and returned with the same severity at 8 a. m., when she was seen by her Doctor and sent to hospital.

On admittance temperature was 97, pulse 110, respiration 22. There were marked signs of shock. She vomited once during examination, the vomitus consisting of bile stained stomach content. Examination of the abdomen revealed marked tenderness in the right lower quadrant, no distention and no rigidity. A soft mass could be felt in the right side, high up, which would become tense when the patient complained of pain. The bowels had not moved since the onset of the pain, and no history of blood or mucous in the stool. The pelvis examination and urine examination were normal. White cell count 11,000.

A diagnosis of Acute Intussusception was made and the abdomen opened through right mid rectus incision, when a large intussusception was found and an attempt made to reduce it, this was found, however, to be impossible and the mass was resected, a lateral anastomosis being made between the terminal small gut and the transverse colon. The abdomen was then closed without drainage. The post-operative course was quite normal, bowels moved on the second day and patient discharged from hospital in two weeks. Follow-up records show that she is quite normal at the present time.

Pathological report showed an Intussusception of the ileum through the ileocaecal valve into the caecum and ascending colon, about four feet of small gut were in the colon and was mostly gangrenous. Cause of the intussusception was shown to be an adenomatous polyp about four inches from the ileocaecal valve in the ileum.

C. E. KINLEY.

Para-vertebral thoracoplasty under para-vertebral block Anaesthesia

Mr. J. T....., Laborer

Admitted November 2nd, 1931, referred by the Nova Scotia Sanatorium. The history of his illness began in April, 1930, and he was admitted to the Sanatorium in July, 1930. The diagnosis of tuberculosis of the right apex with cavities was made. While at the Sanatorium the patient suffered with several moderately severe pulmony haemorrhages. In November, 1930, a right phrenacotomy was performed, with improvement of the patient's general condition and a cessation of the haemorrhages, although occasional streaking of the sputum with blood was noted. On admission to the Victoria General Hospital, temperature and pulse were normal, blood pressure S108–D70. The sputum was copious and cough severe. Physical examination

and Roentgenological examination demonstrated the presence of a wide spread lesion of the right lung. The diaphragm was in a high position on the affected side and the left side appeared to be free from disease. On November 7th, 1931, under para-vertebral novocaine anaesthesia sections of the 6th to 11th ribs were resected through a vertical incision parallel to the spinal processes. Following this operation the patient showed a slight reaction in temperature and pulse, but almost immediately noticed a marked reduction in the quantity of sputum. On November 30th, under para vertebral novocaine anaesthesia sections of the 5th to and including the first rib were resected. The patient suffered some pain while the first rib was being approached but this was not severe enough to necessitate the use of general anaesthia. The condition of the patient after operation caused no concern and on December 10th he was free from pain and the sputum cup could be taken away. He was discharged on December 29th to the Sanatorium.

(Sgd) V. C. MADER.

Stone in Lower Portion of Ureter.

Mrs. R. W.....Age 35.

Complained of a dull gnawing pain in the right flank which radiated towards the lumbar spine and also towards the bladder. This had been present frequently for sixteen months and with it there was some dysuria and increased frequency of micturition. For the past thirteen years she had been subject to some pain in the right flank which, so she had been told, was caused by a moveable kidney. There had been no loss of weight.

Cystoscopic examination Oct. 14, 1931 showed a normal bladder and ureteral orifices. Clear jets of urine were seen issuing from each ureter. The right catheter passed easily to the renal pelvis and there was a good flow. On the left catheter was obstructed at 5 cm. and no flow was obtained. Indigo-carmine appeared as deep blue on the right in three minutes but there was no appearance on the left in fifteen. The bladder urine was acid, specific gravity 1013, no albumin or sugar, a few pus cells present. The right urine was normal.

Pyelograms taken in the usual position showed a normal right pelvis with normal calices but a film made in the sitting position showed that the right kidney dropped about two inches and the ureter became kinked thus confirming the old clinical diagnosis. The left kidney contained no sodium iodide and the catheter was seen to have reached a point about an inch below the sacroiliac joint. Just above the tip of the left catheter there was a rounded opacity about 1 x 1.5 cm. in diameter.

A diagnosis of calculus impacted at this point was made and an operation was advised as it did not seem likely that the calculus could pass even with cystoscopic manipulation.

Operation on Oct. 28, 1932 on re-admission. Iliac incision parallel to Poupart ligament with division of the oblique muscles and transversalis and retraction of the peritoneum medially. The calculus was found to be very deep in the pelvis just below the uterine artery which tortuous vessel had to be retracted somewhat to expose it. The ureter was incised and the calculus was removed. The incision was closed with a single suture and a cigarette drain placed down to it. Recovery was uneventful and no leakage or urine

appeared. The patient was discharged Nov. 17, 1931, after a No. 6 catheter had been easily passed on the left.

Two weeks ago she returned for re-examination and complained of some pain at times on the left side. A No. 8 catheter passed easily. The left pyelogram showed dilatation of the pelvis of slight degree with some blunting of the calices. The pain was thought to be due to a chronic pyelonephritis secondary to the calculus and was considered likely to improve. The calculus was composed of calcium oxalate, being markedly spiculated.

This case is presented chiefly because of the clear cut evidence obtained on cystoscopic examination. It also illustrates the desirability of early recognition and treatment of this condition which may be so destructive to renal function

(Sgd.) F. G. MACK.

Two Cases of Tuberculosis of the Lower Jaw With Involvement of the Submaxillary Lymph Glands.

Case 1.

A female aged eighty-two years. Seen in consultation with Dr. Hugh Schwartz.

Complaints: Soreness and swelling of lower jaw, with a swelling in the neck.

Present Illness: Swelling of lower jaw first noticed in September 1931. The swelling of gum was incised and a few drops of pus escaped. During December 1931 swelling below lower jaw appeared, and gradually increased in size to that of an egg. It was painless.

Personal History: All teeth were extracted thirty years ago. She states that the lower plate has been irritating the gum during the last two or three years. She has always enjoyed good health, never had pleurisy or any serious chest illness.

Examination: Shows bony thickening of the lower jaw near the angle on the left side. The alveolar mucous membrane was normal except for a small sinus near the angle. No ulceration of the mucous membrane. The submaxilliary lymph gland was very much enlarged. It felt solid and was attached to the deep tissues. The skin was not involved. It was not tender. No palpable deep cervical glands.

X-Ray: Showed a circumscribed area of rarefaction in the lower jaw. It did not give the appearance of malignacy.

Differential Diagnosis: Malignancy was difficult to rule out entirely on account of the age of the patient and the painless enlargement of the submaxillary lymph glands. Carcinoma could be ruled out on account of the normal appearance of the mucous membrane. The x-ray appearance was against sarcoma. Dental cysts and odontomas were ruled out on account of the abscence of teeth for thirty years. Dr. Schwartz and I thought the most probable diagnosis was chronic osteomyelitis of the jaw with involvement of the regional lymph glands.

Operation: February 18th., 1932. We excised the submaxillary lymph and salivary glands. I made a section of the gland and in the centre noticed a circumscribed area of necrosis about half an inch in diameter.

Pathological Report: Dr. Ralph Smith reported that the histological picture was definitely fibro-caseous tuberculosis. No evidence of malignancy.

Progress: The patient is still in hospital. The wound healed by first intention. There is not any clinical evidence of pulmonary tuberculosis. I have advised leaving the jaw alone and keeping it under observation.

Case 2.

Male aged thirty-two years. Seen in consultation with Dr. Glennister.

Complaints: Discharging sinus from jaw, loose teeth, and swelling beneath jaw.

Present Illness: During January 1932 he had canine and bicuspid teeth extracted in right lower jaw. He had a discharge of pus ever since. The swelling beneath the lower jaw appeared three weeks ago, and has been painless.

Personal History: During September 1931, he developed a pleurisy with effusion. This has been treated with rest in bed, aspiration, and oxygen replacement. No tubercle bacilli were discovered in his sputum.

Examination of Jaw: Showed that canine and bicuspid teeth had been extracted. There is a discharge of pus from their sockets. The incisor teeth were loose. The submaxillary lymph gland was much enlarged, firm, and moveable. No palpable enlargement of the deep cervical glands.

X-Ray: X-Ray of lower jaw showed marked erosion of alveolar process. No sequestra visible.

Operation: March 5th., 1932. The sub-maxillary lymph and salivary glands were excised. On cutting across the gland it showed a large circumscribed abscess with definitely caseous pus.

The gland has been sent to the Pathologist for definite microscopic diagnosis. I have very little doubt but that there is a tuberculous osteotitis of the lower jaw with involvement of the regional lymph glands.

In my experience these two cases are sufficiently unusual to be worth while reporting.

W. ALAN CURRY.

Severe Pelvic Thrombo-Phlebitis (Two Cases).

Mrs. T.....Age 38. *Thirteenth child. Admitted July* 11.

On admission as an emergency patient was having a blood-stained dirty discharge p. v. An hour later she delivered herself of a dead, macerated foetus of five months. Blood taken but Wasserman was negative. She ran a temperature varying from normal to 99.5 until the 9th day when temperature rose to 100.8. The following day it was 101. The day after that 99. The next day 99.4. For the following three days the temperature varied from 100.6 to 102; the lochia was brown and scant. On the 24th, 13 days after admission, patient complained of a severe pain in the right calf, and some pain in the right iliac region. The right iliac region was slightly tender of deep palpation, but the leg was very tender to the touch. On the 28th the patient had her first chill, and vomited. A blood culture was taken the next day which proved negative for any bacterial growth. It was noticed that the right leg was now

slightly swollen and more tender, and the lower abdomen on the right quite tender. Vaginal examination disclosed tenderness high up in right fornix but no induration. From this time onward the patient had a very severe chill every day, the temperature rising to from 104 to 106.6. Following these rises it dropped either to normal, or slightly above or below. In the meantime the swelling in the leg increased and the pain decreased, although the swelling never became great. Patient vomited occasionally after chills and developed a distressing diarrhea. On Aug. 7 the equivalent of 40cc. concentrated anti-streptococci serum was given, partly intravenous, partly intra-muscular. Patient's temperature did not go so high the next day, nor was the chill so severe. The second day following she was given 40cc. of the concentrated serum intravenously. The day following her temperature went only to 99.6. Thereafter for six days her temperature never went above 104 and the diarrhea cleared up; the swelling in legs also went down somewhat. Then for a week she had fresh daily chills, the temperature varying from 100.6 to 105.6 and suddenly on Aug. 25, her fever ceased and she remained a frebrile during the rest of her stay in hospital. Once more during this last febrile week a blood culture was taken with negative results. She left hospital with some swelling of the right leg from the hip down, but all her pelvic tenderness had cleared up and no indurations could be felt.

Mrs. M.....Age 41. *Seventh Child. Admitted Feby.* 11.

Patient delivered normally on Jan. 20, complaining of pain and swelling of left leg and weakness. The membranes had ruptured three days before delivery. Soon after baby was born patient began to vomit, and has done so ever since. On Jany. 27 began to have pains in left thigh which spread down leg. Pain in calf of leg very severe lately. On admission patient had a temp. of 103.4 which went to 105.6 that night. Pulse 120. The entire left leg was swollen and very tender. The right leg was slightly tender and pitted on pressure. Bimanual examination revealed nothing abnormal and no tenderness in pelvis. The patient was obviously very ill. She had been having chills and profuse sweats for several days. Chills continued after admission, with daily rise of temperature, although in this case the temperature did not drop to normal as in the previous case, except occasionally. There were however, very definite rises following chills and very definite remissions. For the first nine days in hospital she held her own fairly well and the pulse kept at 120 and below. But on the tenth day the pulse was a little higher. Blood cultures revealed nothing, Wasserman negative. On the tenth, twelfth and thirteenth days she was given 40cc. of the concentrated anti-streptococci serum without any result whatsoever. Her pulse-rate now began very definitely to rise and remain for practically all the time above 120. She became delirious. 500cc. of whole blood on Feby. 26th was without appreciable benefit. She was given 30cc of saline and glucose night and morning. In spite of treatment she grew steadily worse, developed involuntary stools with diarrhea, and died on March 3rd. A second blood culture had also proved sterile.

These two cases illustrate severe forms of the well-known phlegmasia alba dolens. It is to be noted that these cases differ from the ordinary phlegmasia in the following respects. The pain in the leg is more severe and often starts in the calf in an agonizing fashion; the swelling of the leg is not so marked; there are definite rigors present with very high temperatures every day. The prognosis in this type of case is very grave. No treatment seems to be of much

avail except anti-streptococcic serum. It was felt that in the first case the serum made a decided difference in the patient's condition. This, of course, might have been coincidence. In the second case neither blood transfusion nor large amounts of serum made any difference whatsoever.

H. B. ATLEE.

Gunshot Wound of Abdomen.

R. W.....Male, Age 38. *Admitted noon Feb. 4th,* 1932.

Had been rabbit-shooting. While waiting for his dog he placed his left hand over the muzzle of his double-barrelled 12 guage shot-gun, both barrels of which carried "duck" cartridges containing No. 3 shot, and then leaned forward on this, his hand being interposed between the gun and his abdomen, the butt of the gun on the ground somewhat below the level on which he stood.

Both barrels discharged simultaneously. The discharge tore his hand and several layers of heavy clothing, tore a hole in the abdominal wall and entered the abdomen. His intestines protruded, and holding his abdomen to keep them in, he attempted to reach his car one half a mile or more distant. He fell three times but eventually reached it. Holding the abdomen with the sound hand he drove with the other a mile to the nearest farmhouse where another man came to the rescue and drove him towards Halifax. About 15 miles were covered when the gas gave out. A truck was near by. He crossed the road, climbed into the truck and was driven the remaining four miles to Halifax.

On admission about an hour after the accident he had just begun to experience pain, which very rapidly became extremely severe and agonizing. He was pale, cold and clammy. Pulse 94, of poor quality.

The left hand showed the hypothenar portion and the little and ring fingers shot away together with some additional palmar soft tissue.

The abdomen, in the midline just below the umbilicus, presented a punched out bleeding hole about 2 to 2½ inches in diameter, protruding through which was a loop of bowel forming a mass about the size of a small grape-fruit and engaged in the deeper aspect of this mass a broken section of a brass belt buckle. Before going to O. R. he vomited blood.

Treatment: Morphia gr. ¼ had been given immediately on arrival at hospital. A further ¼ was ordered when seen very shortly after.

The protruded bowel was washed off with saline and a saline dressing applied while preparations were made for operation.

Operation: Abdomen opened more widely by an incision above and including the wound. Cavity full of blood, and blood still flowing from the mesentery of the small intestine. This was controlled.

The first perforation was met with, at a point 3-4 feet from the duodenojejunal junction. It was about the size of a hazel-nut, and was closed by two layers of sutures.

The next was about 12 inches from that junction. It had all but severed the bowel at this point 3/8 to ½ in. only remaining, and here the mesentery was grossly damaged, many shot and the gun-wads being embedded in it. The severance was completed, the ends trimmed and an end to end anastomosis effected.

The final perforation was in the stomach near the greater curvature and almost in line with the cardiac opening. It would easily admit the thumb. It was closed by two layers of sutures.

A large rent in the gastro-colic omentum through which about six feet of small bowel had herniated was closed and the mesentery of the small intestine into which blood had extravasated was further patched.

A rubber tube was sutured into the jejunum several inches above the anastomosis. Excess blood and clot was removed, three cigarette drains inserted and abdomen closed in layers. The recti, especially the left, were considerably damaged.

Post-operative Course.

During operation he was given a litre of saline with 5% glucose and ½ gr. Ephedrim intravenously, and 1500 units of anti-tetanic serum. Blood was taken for grouping.

For three hours after his return from O. R. there was considerable evidence of shock. At this point a transfusion of 500 c.c. whole blood was given, with good result. Morphia was given freely. The jejunostomy tube drained freely. There was slight vomiting to 11 p. m., from which time fluids by mouth were given freely.

Feb. 6th to 8th. Intravenous saline and glucose daily. Temp. kept below 100.

Feb. 8th.	Olive oil enema. Mineral oil b. i. d. by mouth begun.
" 9th.	Drains shortened: 10th jejunostomy tube out.
" 11th	All drains out. Temp. 99. Pulse 80. Eating well.
" 14th.	All sutures out. Slight discharge of broken down tissue debris from lower end of wound. Small cavity in left rectus. Dakin's dressings.
Mar. 3rd.	Cavity granulated up and practically closed out. Hand which had been trimmed and treated as an open wound (Dakin's) now covering well with epithelium. Bowels moving normally. Discharged.

Special points contributing to this good result:

1. Short time before reaching hospital.
2. Short time before getting on table.
3. Height of lesions in bowel.
4. Jejunostomy tube.
5. The transfusion.
6. Morphia.
7. Fluids.

N. H. Goss.

Department of the Public Health
PROVINCE OF NOVA SCOTIA

Minister of Health - - - HON. G. H. MURPHY, M.L.A., Halifax.

Deputy Minister of Health - - - DR. T. IVES BYRNE, Halifax.

SPECIAL DEPARTMENTS

Tuberculosis	DR. P. S. CAMPBELL	Halifax
	DR. C. M. BAYNE	Sydney
	DR. J. J. MACRITCHIE,	Halifax
Pathologist	DR. D. J. MACKENZIE	Halifax
Psychiatrist	DR. ELIZA P. BRISON	Halifax
Supt. Nursing Service	MISS M. E. MACKENZIE, R.N.,	Halifax

MEDICAL HEALTH OFFICERS ASSOCIATION

President	DR. T. R. JOHNSON	Great Village
1st Vice-Pres.	DR. M. J. WARDROPE	Springhill
2nd Vice-Pres.	DR. A. E. BLACKETT	New Glasgow

COUNCIL

DR. F. O'NEIL - - - - - - - - - Sydney
DR. R. L. BLACKADAR - - - - - - - - Port Maitland

MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

Braine, L. B. W., Annapolis Royal.
Kelley, H. E., Middleton (Town and Co.).
White, G. F., Bridgetown.

ANTIGONISH COUNTY

Cameron, J. J., Antigonish (County).
MacKinnon, W. F., Antigonish.

CAPE BRETON COUNTY

Densmore, F. T., Dominion.
McLeod, F. T., New Waterford.
MacDonald, N., Sydney Mines.
Bruce, Archibald; Glace Bay.
McLeod, J. K., Sydney.
O'Neill, F., (Louisburg & C. B. Co.)
Murray, R. L., North Sydney.

COLCHESTER COUNTY

Charman, F., Truro.
Havey, H. B., Stewiacke.
Johnson, T. R., Great Village (County).

CUMBERLAND COUNTY

Bliss, G. C. W., Amherst.
Drury, D., Maccan (County).
Gilroy, J. R., Oxford.
Henderson, Chas. S., Parrsboro.
Rockwell, W., River Hebert, (M. H. O. for Joggins).
Withrow, R. R., Springhill.

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 Gonocooci; sputum, pleural fluid and pus for tubercle baccilli; 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."

POWERS AND RESPONSIBILITIES OF THE PROVINCIAL DEPARTMENT OF HEALTH.

I. It shall be the duty of the Minister of Health, to—

(1) Make or cause to be made a special study of such vital statistics of the province as are available, and endeavour to make an intelligent and profitable use of records of deaths and sickness among the people;

(2) Make or cause to be made sanitary investigations and inquiries respecting causes of diseases and especially of epidemics, the cause of mortality, and the effects of localities, employment, conditions, habits and other circumstances upon the health of the people.

(3) Make such regulations for the prevention of contagious and infectious diseases, as he deems most effective, and proper, and also such regulations for the supply of sera vaccines, antitoxins and biological and other laboratory products to such persons, at such prices, and under such conditions as shall be approved of by the Governor-in-Council.

(4) Inquire into the measures from time to time taken by local boards for the limitation of any contagious or infectious diseases and nuisances, under powers conferred upon such local boards by this Chapter, or any Act of the Legislature of this province, and if it appears to him that measures being taken are not in his opinion, likely to be effective he shall require the local board to exercise any of the said powers which, in his opinion, the urgency of the case demands; and if the local board, after request by the Minister of Health, neglects or refuses to exercise its power, he may exercise and enforce or may authorize a Divisional Medical Health Officer to exercise and enforce at the expense of the Municipality, city, town, or district, according as the liability may be, any power of the local board which, in the circumstances, he deems necessary.

(5) Advise, when required, officers of the Government to supervise the work of all local boards, and secure the enforcement of this Chapter by the local boards and by the individual, municipal, town or city health officers;

(6) Have general supervision and control of all sanatoriums within the province and of the establishment and conduct of tubercular hospitals and sanatoriums established or conducted under any Act of the Legislature;

(7) Make such arrangements for the medical inspection of schools as may seem most practicable and desirable.

(8) Direct the work of all officials and employees of the department.

(9) Perform all the duties of registrar general, referred to in the Vital Statistics Act, 1926, c. 47, s.3.

II. The Minister of Health shall from time to time, and especially during the prevalence in any part of the province of epidemic, endemic or contagious diseases, make distribution through the newspapers and by circulars to local boards and health officers, city, town and municipal councils, and in and through the public schools, and otherwise, of such sanitary literature and special practical information relating to the prevention and spread of contagious and infectious diseases as he deems necessary in the interests of the public health.

III. The Minister of Health shall, when it is deemed necessary, visit any part of the province to investigate the cause of an unusual mortality or of any contagious, infectious or other disease; and at such investigation evidence may be taken, on oath or otherwise as he deems expedient; and for the purpose of such investigations he shall have all the powers conferred upon Commissioners under the Public Inquiries Act.

IV. The Minister of Health shall have all the powers conferred upon local Boards, medical health officers and sanitary inspectors by this Chapter. 1918, c. 6, s. 5; 1919, c. 72, ss. 2, 3, 4, 5, 6.

VI. The Minister of Health may from time to time, make sanitary regulations for the prevention or mitigation of infectious and contagious diseases, for the relief of persons suffering therefrom, and for the burial of persons who have died therefrom, and such regulations may be enforced by penalties therein expressed, not exceeding four hundred dollars for any one offence. Such regulations have the force of law, until disapproved by the Governor-in-Council, and shall be published in the Royal Gazette; the production of any copy of the Royal Gazette containing any such regulations shall be prima facie evidence of the making, date and contents thereof. . . .

(2) The Minister of Health, may by such sanitary regulations, provide;

(a) For the frequent and effectual cleansing of streets, yards and outhouses by the local health authorities, or by the owners or occupiers of adjoining houses and tenements.

(b) For the removal of nuisances.

(c) For cleansing, purifying, ventilating and disinfecting houses, school houses, churches, buildings and places of assembly, railway stations steamboats, railway carriages and cars, as well as other public conveyances by the owner or the person having the care thereof.

(d) For regulating, in order to prevent the spread of infectious disease, the entry or departure of boats or vessels at the different ports or places in Nova Scotia and the landing of passengers or cargoes from such boats or vessels, or from railway carriages or cars, and receiving passengers or cargoes on board the same.

(e) For the safe and speedy burial of the dead and the conduct of funerals for the purpose of preventing the spread of disease as aforesaid.

(f) For supplying accommodation, medical aid and medicine and such other articles as are deemed necessary for mitigating any epidemic, endemic or contagious disease. 1918, c. 6, s. 6.

(g) For the inspection, supervision and control of camps, tents enclosures and places used as tourist camps. 1926, c. 47, s. 4.

PROVINCIAL PATHOLOGICAL REPORT

Report on Tissues by the Provincial Pathological Laboratory of the Department of Public Health from 15th of January 1932 to 15th of February, 1932 inclusive.

The total tissues sectioned are 77 which compares favourably with the monthly average of 66 specimens for 1930-31.

In addition to the above figures 15 tissues were sectioned from 5 autopsies.

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

Tumors, malignant	16
" simple	12
Other Conditions	46
Awaiting section	3

Unfortunately the giving of an accurate diagnosis is hindered by many specimens arriving at the Laboratory unaccompanied by any history whatever. Often the source of the growth is omitted. A short note of the sex and age of patient, duration of tumor and any other relevant points in the history, would be much appreciated, and would be of considerable help in the giving of a fuller report on diagnosis and prognosis.

RALPH P. SMITH.

We are this month indebted to The Department of Public Health for an interesting resume of the "Powers and Responsibilities of the Provincial Department of Health." This should be definitely useful to all connected with Public Health Work, and it is thought that a better knowledge of these would tend to an easier solution of the thousand and one problems which confront the workers in the field. Next month we will give the powers which The Department of Public Health extends to the Local Boards to deal with all ordinary health matters.

We understand that the Department of Public Health have copies of Public Health Rules and Regulations, which will be gladly forwarded on request.

The Following Appointments Have Been Made in the Department of Public Statistics.

Mr. Frank R. Coutreau of Meteghan appointed Deputy Issuer of Marriage Licenses in place of Mr. D. L. Deveau, resigned.

Mrs. Cicely Ann Forbes of North Sydney appointed Division Registrar of Births and Deaths for Registration Division No. 2 in the County of Cape Breton in place of Mr. A. R. Forbes, deceased.

Mr. W. L. Wright of St. Peter's appointed Division Registrar of Births and Deaths and Deputy Issuer of Marriage Licenses at St. Peter's in place of Mr Roy G. Stewart, resigned.

Mr. Samuel Clifford Hood Jr., of Yarmouth appointed Deputy Issuer of Marriage Licenses at Yarmouth, N. S., in place of Mr. A. R. Guest, deceased

James LeRoy Shafner of Granville Ferry appointed Deputy Issuer of Marriage Licenses and Deputy Registrar of Births and Deaths in Registration Division No. 3 in the County of Annapolis in place of A. L. Troop, deceased.

Mr. Roy G. Hubley of Halifax, appointed Registrar of Births and Deaths and Issuer of Marriage Licenses for the City of Halifax in place of Mr. J. H. Barnstead, resigned.

NOVA SCOTIA.

The establishment of the provincial nursing staff, effective May 1st to work in connection with the department of Public Health was announced by Dr. G. H. Murphy in the local legislature. The staff will consist of nine nurses under the direction of a supervisor. They will cover the three health districts of the province, namely, Cape Breton, a central and a western district. They will be working primarily under the tuberculosis examiners, but will also be required to visit schools and homes.

Dr. W. M. R. MacKay, Psychiatrist, at the Nova Scotia Hospital, delivered a lecture recently before the Mental Hygiene Society of Nova Scotia on the principles of mental health. He pointed out that a changed outlook with regard to mental disorders had grown up. He regretted the fatalist attitude of the public towards mental diseases, and pointed out that affections of the nervous system should be regarded in the same light as other diseases, and further stressed that timely recognition of symptoms was all important in preventing serious nervous breakdowns.

The Victorian Order of Nurses at their annual meeting on February 11th, 1932, elected their officers for the following year:

President.....Mrs. W. H. Dennis.
Secretary.....Mrs. W. H. Conrod.
Treasurer.....C. Mitchell.

N. B. D.

The Colliery Doctor.

Editor Sydney Post.

Sir:—

In a recent edition of your good paper I noticed a letter written in defence of the "colliery doctor" and noticing that at one of the sittings of the "Duncan Commission" now in session in Sydney, Sir Andrew Duncan again referred to the "abolition of the checkoff." Being a miner's wife and mother of children, I can only hope and pray that we will be allowed to continue paying our doctors, any other check-off can go as far as I am concerned. The hospitals and doctors are the only source of help we have in these trying times.

If the check-off was abolished our doctors would starve, and of course could not remain with us. We have now some of the best surgeons and general practitioners in Canada right here in our mining districts. Men who came to us fresh from college years ago, and through their own earnest endeavors and hard work not only built up practices which they deserve, but endeared themselves to the people they so tenderly watched.

I do not think there is a miner with a home in Glace Bay, who would, if he were asked, keep the meagre forty-eight cents a week from his doctor whom he can call at any hour of the day or night, and receive attention as willingly, and earnestly as if it was the fee from a millionaire.

This may not have much weight but is just a small voice from

A MOTHER.

Glace Bay, Feb. 3.

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

County	Cer. Sp. Meningitis	Chicken Pox	Diptheria	Infantile Paralysis	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever.	Smalloox	Typhyoid Fever	Tuberculosis, pul.	Tuberc. other forms	V. D. G.	V. D. S.	Whooping Cough
Annapolis	..	..	..	1	2	..	2	..	3	..	..	..	..	..	..	31
Antigonish	..	..	..	..	..	..	6	..	2	..	..	..	..	..	..	..
Cape Breton	..	2	6	5	3	..	..	..	15	..	..	..	..	..	..	..
Colchester	..	..	1	..	..	..	6	3	22	..	..	..	..	..	..	1
Cumberland	..	..	..	..	..	..	25	..	..	..	..	..	..	..	..	25
Digby	..	7	1	..	54	1	..	..	..	..	..	1	..	2	..	2
Guysboro	..	..	..	..	..	..	..	2	..	..	..	..	..	..	1	..
Halifax	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..
Halifax City	..	1	11	..	..	..	5	..	32	..	..	2	..	1	1	6
Hants	1	..	..	..	..	..	..	..	3	..	..	..	..	..	..	7
Inverness	..	3	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Kings	..	1	3	4	20	..	25	21	..	..	..	..	1	4	2	..
Lunenburg	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Pictou	..	7	..	..	..	..	..	..	4	..	..	..	..	..	..	16
Queens	..	..	..	..	..	..	2	..	6	..	..	..	..	..	..	..
Richmond	..	..	..	..	..	10	..	1	4	..	..	..	..	..	..	..
Shelburne	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Victoria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Yarmouth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	1	21	23	10	80	11	72	8	106		1	3	1	7	5	94

RETURNS VITAL STATISTICS FOR DECEMBER, 1931

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis	10	10	10	11	16	1
Antigonish	7	4	2	6	4	3
Cape Breton	124	138	36	34	49	6
Colchester	22	20	18	13	10	3
Cumberland	31	27	15	24	14	2
Digby	20	21	9	12	12	1
Guysboro	22	23	11	12	8	0
Halifax	83	69	69	50	48	5
Hants	24	22	9	5	9	4
Inverness	16	15	6	13	18	2
Kings	14	15	14	3	6	1
Lunenburg	24	21	19	12	15	2
Pictou	34	30	25	22	31	1
Queens	19	8	12	11	9	3
Richmond	16	8	1	1	10	0
Shelburne	7	6	9	7	2	2
Victoria	9	3	0	5	7	1
Yarmouth	24	30	8	16	11	1
	506	470	273	257	279	38

Hospital Service

ATTENTION is particularly directed to the publication in the last issue of the BULLETIN of the Summary Report of Prof. Weir on "Nursing Education." This is an exceedingly brief summary of the report and is hardly sufficient for full consideration by the medical and nursing profession. It has been arranged by the President of the Medical Society of Nova Scotia that the full report be considered by Doctors K. A. MacKenzie and S. L. Walker in conjunction with two representatives of the Nursing Association. It is very desirable, therefore, that all members of the profession should be acquainted with the general statements of Prof. Weir in this connection. There is no question whatever but that the education and training of nurses will be from now on much better supervised than ever before.

It is not surprising that a number of hospitals are finding it difficult to finance themselves at the present time. Perhaps the City Hospital of Sydney is not alone in this matter. This was considered at a Council Meeting of the City Council when it was brought out that amounts as high as $700.00 were due the hospital for medical attendance on patients from various portions of the Island. It would appear that Municipalities should pay where individuals fail to do so.

It is a satisfaction to announce that Mr. Otis Wack has again been appointed Chairman of the Payzant Memorial Hospital Board.

There can be no objection whatever to the following comment by the New York Sun on the exclusion of Canadian Nurses from American Institutions:—

> "COMMISSIONER Greeff's order that only citizens of the United States and those who have declared intention to become citizens should be employed as nurses in the Department of Hospitals will chiefly affect Canadian women, who as a class have a high reputation as nurses. There is always strong popular support for exclusion of all except citizens from jobs in institutions which draw the money for their maintenance from the taxpayers, and it is not astonishing that natives of this country who have undergone the hard schooling to which a student nurse is subjected should feel that when work is slack the hospitals in which they toiled faithfully should turn to them rather than to aliens to fill what jobs there are."

Radio Equipment.

We learn from the January and February numbers of "Health Rays" that the Radio Equipment for the Nova Scotia Sanatorium has been actually installed. This was done by the aid of a number of prominent speakers including the Premier, Messrs. Black, Murphy, Dennis, Caldwell and others. The general text of the addresses given at the time was "A Nation's Health is a

Nation's Wealth" and this was featured largely in the address of Senator W. H. Dennis. It will be recalled that the collection of money for this purpose was largely the work of Mr. Dennis and Mr. Robb of the Halifax Herald. At the same time tribute was paid to the memory of the late Lt. J. D. AuCoin, who has been a patient at the Sanatorium for the past fourteen years and has been instrumental in affecting a number of changes which have been for the general interest of the patients.

The annual meeting of the Eastern Kings Memorial Hospital Association was held on February 22nd. The meeting was very largely attended and very extensive reports were submitted by the Board of Management A revision of the by-laws was decided upon and a Committee appointed to prepare the same.

The following officers were re-elected:

President—W. H. Chase.
Vice-President—G. A. Boggs.
Secretary-Treasurer—R. Creighton.

The financial statement of the year's operations was not ready but it is intimated that the hospital was conducted without any deficit.

It is noted that the Nursing profession also are concerned with organization. The Pictou County Graduate Nurses' Association was recently started.

In spite of the great industrial depression Harbor View Hospital of Sydney Mines closed it's yearly accounts with a favorable balance. It is noted that a donation of $20,000.00 has been made by the late Mrs. E. K. Archibald to the Hospital for the purpose of erecting a new building.

Nothing definite has yet been arranged concerning the building of a T. B. annex at St. Martha's Hospital. It is understood that the provincial government has agreed to erect the annex, leaving the furnishing of it to the parent hospital. This would cost roughly $16,000, and the hospital board does not feel like assuming such a debt, in view of the burden which the institution is already carrying. An effort will be made to have the department of health take over the furnishings as well as the building of the T. B. annex.

(*Antigonish Casket*).

"Uncle what made those red marks on your nose?" "Glasses, my boy." "How many glasses?"

Glancing over the records of recent meetings of Municipal Councils, in one of them we came across this item:—

"Our Hospital has served us for thirty-six years, during which time three hundred and thirty-two patients have been admitted; one hundred and twenty of which have been discharged; one hundred and sixty-six have died, and still in the Hospital 46. Now less than 10 patients per year hardly appears to be good business. Yet there are now 46 patients remaining in that hospital."

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.)

Cost of Medical and Dental Care.

A RECENT issue of the Canadian Comment has the following under the above topic.

"For over two years a National Committee, under the chairmanship of Secretary Wilbur, has been directing a large staff in Washington in an investigation of the high cost of being sick. The final report of this committee promises to be a voluminous affair; will be made in the course of the year, and is anticipated with keen interest, both by laymen and members of the medical and dental professions.

The "high cost" of investigating the "high cost" will total some hundreds of thousands of dollars, and is being provided mostly by two of the larger Foundations. It has been suggested that the Committee include in its report a section dealing with "the low cost of good health."

"Everyone appears to be in perfect agreement about its being an expensive business to be sick. The Wilbur Committee, however, is seeking to determine the cause, and hopes to suggest a remedy. However, it should be remembered that, fundamentally, it is not a question of being able to afford to be sick. The wealthiest citizen cannot afford to have ill-health.

"Ultimate responsibility for health must surely rest upon the individual. To supply medical and dental service to any citizen and, at the same time, permit the individual to transgress every law of health is economically and scientifically unsound. The solution of the problem lies in the direction of preventive medicine, rather than State Medicine. The way to community health is primarily through individual health and the most hopeful phase of the whole problem is, that the modern practice of medicine and dentistry is being developed along preventive lines. Systematic examination of patients at regular intervals has become a routine practice in many offices. Automobile manufacturers are now offering regular inspection-contracts on automobiles. That sounds like a good proposition for a car and should be adopted as a health principle for the human body.

"The teaching of health habits is a vital phase of education. A knowledge of the facts should be followed by voluntary decisions of the individual to obey the laws of health, involving, of course, a definite measure of self-discipline. These preventive principles are the more vital factors in health."

The State Medical Problem.

Under the heading of National Health Insurance the latest copy of the University of Toronto Medical Journal has the following article by Mr. J. L. Cathie. We publish it as a supplementary to the contribution of Dr. Brauenstein to this subject.

National Health Insurance.

By JOHN L. CATHIE, '37.

The subject of National Health Insurance has loomed large in the attention of the members of the medical profession in Canada for some time, and it is a widespread idea that, sooner or later, some system of industrial health insurance will be introduced in this country.

Coming from Scotland, where a national scheme of this kind has been in successful operation for over twenty years, I feel it may be of some interest to indicate just how this Act affects the general practitioner.

Under the provisions of the National Health Insurance Act of Great Britain, all employed persons earning under £250 (two hundred and fifty pounds sterling), per annum, are required to take part in a scheme of State Insurance for health purposes. Fifteen million persons are affected, and the total cost per capita works out at about thirteen shillings each year. The State pays one-seventh of the cost for men and one-fifth for women; the balance is distributed between employer and employee. Employer and employee pay weekly contributions, the State adds the grant from the Public Exchequer, and the insured person becomes entitled to certain benefits, the principal being medical services, viz.: (1) Medical attendance and treatment by a general practitioner; (2) proper and sufficient medicines and a limited number of medical and surgical appliances; (3) periodical cash payments during sickness and disablement; (4) maternity benefit in a lump sum payment on birth of a child, increasing according to the number of children in a family.

To secure these benefits, a record of illness and a certificate of incapacity must be furnished by the "panel" doctor.

For the purpose of administration, medical areas, corresponding to counties or townships, are located throughout the country, and in each area are committees authorized by the Minister of Health and his advisors, as follows:

(a) Local Medical Committee, composed of all doctors, insurance or otherwise, to look after the interests of the Medical profession in general.

(b) Local Medical Insurance Committee formed from representatives of "Panel" doctors, druggists, and insured residents, and responsible for the maintenance of an adequate medical service to insured persons in their area;

(c) Special Board of Enquiry, consisting of a barrister, two doctors, and a neutral president, to handle all complaints regarding infractions of the regulations, monetary adjustments, etc.

Every qualified practitioner is entitled to treat insured persons, and although he can, on one month's notice, withdraw from "Panel," he cannot be dismissed by even the Minister of Health unless a complaint, sufficiently serious to warrant his exclusion, is sustained by the Special Board of Enquiry. Removal from the "Panel" does not affect his standing as a licensed practitioner unless the charge concerns a criminal offence over which the Licensing Board has jurisdiction.

Insurance doctors have the right to reject any insured person, and insured persons have the unassailable right to choose any doctor or alter their choice, but all "Panel" doctors are responsible for the insured person's medical attendance, and if the latter's own doctor is not available, any insurance physician must substitute on demand.

In allocating the number of patients, regard is had for the population of the medical area. The average is 2,500, but the absolute limit is 3,000. In sparsely populated districts the number may be much less.

Remuneration is apportioned by means of two expenditure "pools," the first—a Central Pool—is an estimated amount of the total cost of medical services for the whole country, including hospitals, supplies and remunerations; and the second—The Local Pool—an estimated amount sufficient to cover total cost for each local area.

From this Local Pool certain deductions are first made—(a) one quarter for a Practitioners' Fund to provide remuneration for special services rendered — operations, anaesthetics, emergency calls; (b) a fund for Panel Committes expenses; (c) travel funds for practitioners in rural areas. The remainder is distributed to the "Panel" doctors, quarterly,on a unit of credit system. Say one doctor had 1,000 units of credit, i. e., 1,000 recognized, insured persons on the list, the balance of Local Pool was £3,500, and the number of local credits 30,000 units, then the doctor receives £116 13s. 4d. as his share, or about $583.

As to the Panel doctor's duties, he is required to give only what is estimated to be within the scope of the average general practitioner of his area. Specialists' care or extra calls are chargeable to the patient. He is, however, obliged to refer his patient to another whom he considers more fit to take charge of a case if he considers his own experience or resources inadequate. In this event the Local Committee decides on the monetary adjustment. It is left to the judgment of the Panel doctor as to what he considers the proper medical treatment and medicines required, and in the earlier years of the system's operation many fine points of controversy arose as to just what "proper medical treatment" constituted. Dental services were ruled out almost immediately as a benefit to which the insured person could lay claim. It is interesting to note, that medical attendance can be claimed by patients suffering from diseases or afflictions intensified by their own addiction to alcoholic or other excess, but, should a doctor recommend a cessation of the excess, and same is not carried out, the patient's name can be struck off the list by the Panel Committee, on receipt of a certificate to that effect from the physician. From then on, any service rendered to that patient becomes chargeable. Apart from this angle of the case in question, chargeable services have been listed systematically, as the years pass.

Medicines are dispensed by Panel druggists, who are paid a flat rate per type of prescription through the Local Disbursement Fund. The latter fund also takes care of the rural doctor who must dispense his own prescriptions.

Cash payments for disability are paid to the insured person on presentation of a medical certificate, and cease when the doctor submits a certificate of person's fitness to resume work. It is a peculiar feature of this cash payment that most are paid through Approved Societies. So prevalent were these Sick Benefit Societies when the N.H.I.A. was introduced, that the Government was forced to recognize them; consequently, Approved Societies, within the meaning of the Act, handle the Disability Benefits. Persons who are, however, not members of any society may obtain their grants through their local Post Office.

Ordinary hospital treatment is given and in institutions where an adequate medical and surgical staff is maintained, the insured person must accept same the attendance of his doctor being regarded as an extra service. Special Tuberculosis Clinics and Dispensaries are located strategically under the provisions of the Act, and skilled treatment given for all stages of the disease.

The National Health Insurance Act, protecting fifteen million people, has been in force since 1911, and its success is reflected in the satisfaction of general practitioners, and a betterment of health conditions throughout the land.

It is a well-known fact that the wage-earner who is not a member of any sick benefit society usually does not apply for medical treatment for his own illness until some disease actually incapacitates him for work. Thus, he might suffer for years without medical aid, and even find, when the ravages of his affliction render the enlistment of a physician's services compulsory, that it was too late to effect a cure, or indeed to save his life. Under the N.H.I. Act the insured worker has a doctor, in the payment of whose services he is sharing in any case, who will give him skilled treatment for the smallest cut or burn, will dispense any needed medicine or surgical appliance, and secure for him a cash payment should his injury or sickness necessitate a withdrawal from his accustomed avocation.

Proper care of maternity cases removes the dangers due to carelesness and even neglect.

In considering the advisability of a State Insurance scheme in Canada, we have the decided advantage of being able to study the system found in actual operation in the Old Land. From some angles, at least, it would seem advisable to look with favour on any reasonable State Insurance scheme which may be advanced.

The Lancet recently gave prominence to an abstract of a paper which recalls the old saying:—"An apple a day keeps the doctor away." It said:—

Prof. Reyhe says he has had good results with the treatment of acute gastro-intestinal disorders with apples. (See also *The Lancet*, 1930, i., 526 and 672). He has tried it on patients suffering from acute gastritis, vomiting and profuse diarrhoea, sometimes with high fever; adults as well as infants. The patients must abstain for 12-24 hours from drinking, and during that time eat nothing besides mashed apples. They may eat as many as they like up to 20 a day, in amounts of 100 to 250 g. at each meal. Vomiting and tenesmus soon disappear, after a few diarrhoeal motions fever decreases, and on the second day the faeces usually become solid. In severe chronic diarrhoea —e.g., in tuberculosis or sprue—a favourable effect was observed, but it was only transitory. Reyhe thinks that the tannic acid in the apples is the cause of the benefit, together with the reduction of food and especially of fluid. The method is very simple, and more agreeable to the patient than the usual cure by starvation, castor oil and gruel. After the acute stage a mixed diet can be given, but without milk or vegetables for some days.

Abstracts of Current Public Health Literature makes comment on an article in the British Medical *Journal* on "An Epidemic of Chorea in a family." It says:—

In concluding this article, which is descriptive of three cases of chorea occurring almost simultaneously in one family, the authors point out that chorea may assume epidemic proportions in a family where living conditions show overcrowding.

THE GREAT PHYSICIAN.

A Short Life of Sir William Osler

BY EDITH GITTINGS REID.

1931. Oxford University Press: London, New York and Toronto. Stocked and may be obtained in Halifax from T. C. Allen & Co. 124 Granville Street, Halifax. Price $3.50.

Possibly there have been as many *Lives* of Osler as any other member of the medical profession, the master of them all being, of course, Cushing's, in two large volumes. One striking feature characterizes them all, their vitality and absorbing interest. One invariably reads each from start to finish and regrets any interruptions that may interfere with the reading, so gripping is the story. Of course, it is the man and his work that furnishes this inspiration. There is thus a similarity in all of these *Lives* which is conclusive proof of his genuine greatness.

The present volume illustrates these points very clearly with the advantage of being possible to read it in three or four evenings and it is so divided into sections that you can start a new phase of the *Life* at each sitting. The twelve chapters of the book illustrate twelve well divided periods of his life. One is struck by the naturalness of these divisions:—

> The Formative Years. Laying the Foundation. Montreal. Philadelphia. A Child with Children. Eight Years at Hopkins, Marriage. Baltimore, the Medical School. Last Days in Baltimore. First Years at Oxford. Sabbatical Year and Baronetcy. The War. The End.

The Chapter "A Child with Children" appealed to the writer as a rather special feature of this particular volume, as much of its spirit had been evidently furnished by his nephew Dr. W. Francis, now in charge of the Osler Library at McGill. It is a wonderful tribute to the man that in his busy and complex life he could devote so much energy to cementing the love and friendship of so many children. But there was something very youthful about Sir William which the writer noticed on one occasion at the Duchess of Connaught Hospital in 1916. Noting his "dancing step", his quick repartee, his familiar manner with high or low, his quick movements and youthful appearance, one could hardly believe that he was approaching 70 years of age.

It affords us a great deal of pleasure to write regarding this particular *Life* of Osler as we believe every physician in Nova Scotia should have at least one such volume in his library and, lacking the large volumes of Cushing, the present book fills the bill admirably. "Lives of all great men remind us," but to gain the inspiration we must have an intimate knowledge of them. Perhaps no man more than Osler could furnish the inspiration for those engaged in the practice of the same profession.

The Bulletin of the Vancouver Medical Association. This department has made frequent reference to this official *Bulletin* of the Vancouver Association, chiefly when it speaks out in matters that relate to the welfare of organized medicine in British Columbia. At the present time they are struggling to find some common basis upon which three bodies, at least, can co-operate for the common good:—The B. C. Medical Association, the Vancouver Medical Association, and the Council of the College of Physicians and Surgeons. In order to point out some of the difficulties they are having in their administration and to note the likeness of some conditions to those in Nova Scotia, we quote from the February issue as follows:—

"For some time, too, it has been felt that our methods of handling medical matters in B. C., are not satisfactory—that our relations with the Government are not as amicable and mutually pleasant as they should be—and that our standing with the public is not at all what it ought to be. There are several factors involved and it is possible perhaps to indicate the main ones.

The administration *and enforcement* of the Medical Act are vested in the Council of the College of Physicians and Surgeons. Violation of the Medical Act must be dealt with by them.

This puts the Council, and indirectly the medical profession, in a most invidious and uncomfortable position. Why, one feels like asking, should violations of the law be dealt with by different people for different Acts? All Acts are Acts of Parliament, whose law officer, the Attorney-General and his department, are empowered to see that they are obeyed and violations of them punished. Why should the Medical Act be an exception.

Inevitably, and we must confess we cannot see how it can be otherwise, the public has come to regard the Medical Act as a fence placed around the medical profession to protect this body. Violations are prosecuted by the Council. Of a certainty, the public, not understanding our position at all, sees in this an endeavor on the part of the profession to maintain for itself a special position of privilege. It need hardly be said that the real purpose of a Medical Act is the protection of the public against ill-trained, incompetent practitioners.

Again, we medical men, we have assumed the position of watchdog of the health of the people. We fight the licensing of "cults" of the half-educated—because we feel so strongly that they are a menace to the health of the community. But is this, again one asks, our business? Is it not the business of the legislature to protect the people's health? Most of us are beginning to think it is. When we oppose these people, our motives are misunderstood, we are thought to be afraid of the inroads they may make on our own livelihood, and we are given no credit for our real motive, which is the one set forth above.

The B. C. Medical Council has been unjustly blamed by some for these happenings. It is quite unfair to attach blame to this body. The members have done their honest best for the profession, and if we now feel that the plan was a mistaken one, the mistake is ours as much as theirs. As a matter of fact, they have gone out of their way to consult with the two Associations, and for the past two or three years there has been as close contract as possible.

Again, there is too much cost attached to organized medicine in this province. This makes it very difficult for many who would like to belong to all the bodies concerned—but cannot afford it. Too, it throws an unfair burden of cost on those who do belong. It has been felt for some time that measures should be devised, whereby, in the first place, every man should pay his fair share towards the expense of the necessary work done on behalf of all—and in the second place, this share should be set at a figure which all could afford.

Lastly, it has been apparent for some time that there has been too much duplication of effort—too much overlapping of various bodies—and coincident with these, unnecessary expense—not only unnecessary but useless and inefficient. The effort has been useless, because not possessed of sufficient authority and force. One single voice, speaking for the whole, would impress the hearer—but there are too many voices, none of them backed by the whole strength of the profession.

In Alberta they are, it would appear, in a fair way to solve these problems. They have done it in what would seem an eminently sensible and fair way. Except for local associations, there is only one taxing body, the Council of the College of Physicians and Surgeons. This body collects, compulsorily, a fee adequate to carry on the work of the profession and allots to the Alberta Medical Association the money necessary for its work. The work of the province is divided between the Council and the Alberta Medical Association and the Council has representation on the Executive of the latter. There is direct and continuous contact between the Council and the rest of the profession. The Medical Act is still nominally under the control of the Council—but practically they have shifted the administration, as far as violations are concerned, to the shoulders that should bear it—those of the Attorney-General. Lobbying in the halls of the legislature, war against cults, etc., are things of the past. But the Council is the body with authority—and it has teeth and can use them."

The BULLETIN is in receipt of several reprints of articles or addresses presented by Dr. Primrose, M.B., of Toronto in recent years. The first is "The Training of the Specialist, with special reference to Surgery." This was read at the 39th annual meeting of the Association of Medical Colleges held in Indianapolis in 1928. "Personally I am convinced that the preliminary training of a surgeon is of paramount importance and should be insisted upon. It is essential for the progress of surgery in this country that a man should be required to undertake intensive training, essential for the efficient practice of surgery, prior to his entering the field of the surgeon who practices his art independently in the community."

Another reprint is "Intestinal Obstruction." This was presented to the International Medical Assembly at Detroit in 1929. He dealt specially with the role played by the general practitioner." My main object in presenting these facts is to urge that the general practitioner has a grave responsibility to discharge in cases of acute obstruction. Prompt diagnosis on his part is of the utmost importance, and it is often within his power to overcome the scruples of the patient who naturally wishes to avoid operation. Furthermore, he may assist materially in improving the prospect of recovery by the administration of normal salt solution interstitially or intravenously."

"The Evolution of Modern Surgery" is the title of a paper presented to the Massachussetts Medical Society in 1931. The occasion was the one hundred and fiftieth anniversary of the founding of the Society. It is rather a coincidence to note at this time the concluding paragraph of this excellent address. "We have of necessity said much of Lister in tracing the evolution of modern surgery. It is not out of place to refer to the personality of the man who accomplished so much for the good of humanity. It is well for us to emulate his idealism. The writer after graduation had the privilege of visiting Lister's wards in Kings College Hospital and of seeing him at work. The casual visitor could not fail to be impressed by his attitude of gravity and serious concentration as he proceeded with his work at the operating table or in the wards. The guiding principle of his life and work was the sentiment expressed by Novalis, an eighteenth century philosopher, when he said, 'You touch God when you lay your hand upon a human body,' or as an old and esteemed, the Nestor of the medical profession in Canada, JOHN STEWART, paraphrased it, 'The spark of life we tend is a part of the divine,—and immortal'."

In passing, we note that Dr. Primrose has reached the age where he automatically retires from the Deanship of the University of Toronto, of which further reference will appear in future issues.

Women vs. Cold and Pain

PROF. D. FRASER-HARRIS, London.

(The following is of interest on account of its author, so well-known in Nova Scotia and as an indication of the variety of subjects that are dealt with by medical men in the newspapers to-day. It was published by *The Daily Express*, London, and by arrangement in the *Halifax Herald*.—S. L. W.)

There seems little doubt that women do not feel the cold to the same extent that men do.

It is a matter of common knowledge that women are much less sensitive to draughts than men. Girls are able to remain longer in cold sea water without discomfort than boys can.

When we consider evening clothes, we cannot but be convinced that the same degree of undressing which is comfortable to a woman would be decidedly distressing to a man.

This difference of withstanding cold without discomfort is not entirely a matter of the greater amount of fat present under the skin in the female, for thin girls can endure a lack of clothing which would be intolerable to a man.

We are, therefore, compelled to assume that the cold-perceiving nerves are not so sensitive in women as in men.

Belief is Correct.

In the next place, most people firmly believe that women endure pain better than men. There is little doubt this belief is correct. The female nervous system appears to be so organized that injury to it is less acutely perceived than would be the same degree of injury to a male nervous system of the same age.

The explanation of it which is based on recognizing the necessity of women enduring the pain of child-birth, is of course, entirely a matter of speculation.

Sense of Resistance.

Another sense in which the female is deficient, as measured by the male standard, is the muscular sense or sense of resistance in active muscles. This is contrary to the popular notion of women's "delicate" fingers and the "manipulative dexterity" which some women can certainly display.

The experience of many teachers of practical physiology inclines them to the belief that it is the men of their classes who perform most successfully the exacting manipulations with the delicate apparatus they have to use.

As a teacher, I should agree with this, I found that in operations depending on the accurate estimation of the precise amount if pressure to be applied to some part of the mechanism there was this sex-difference. The girls pressed the delicate and fragile "writing-point" of the apparatus either too firmly or not firmly enough.

Are Deficient.

Finally, in the matter of perceiving odours women have been prove by experimental methods to be deficient as compared with men. Until recently, "teatasters" were always men.

Some one has pointed out that there is no feminine of the French word "gourmet"—the "man" who appreciates good cooking, the especially good judge of food.

The appreciation of cooking depends largely on the delicate perception not only of the few true tastes—sweet, bitter, acid, soapy, and saline—but of the odours, or flavours, which accompany these. As every one knows, men are much more fastidious and discriminating critics of the "bouquet" of wines than are women.

Centenarians.

An English lady and a Montreal Physician recently returned from a tour or visit to Thibet the inhabitants of which they claim are the lost tribes of the ancient Chaldeans. They are reported as saying, speaking of the people:—

"They live about a hundred and ten years and are a very hardy people without any trace of disease. They don't even have colds. They mostly eat vegetables and go down to the jungle in summer to find their food for the winter. They live as naturally as any race now left on earth and although the climate is so very cold they go about very scantily clad.

"They are white people and appear to belong to the cradle of civilization. It is possible that some two thousand or more years B. C. they moved away from their home in Mesopotamia and travelled to the lands of North India.

"They continue to marry at the age of seventy-five or eighty. Their girls are attractive and have good skins and long hair hanging in disorder down their backs. They know nothing of the use of cosmetics or perfumes. They use fats on their hair and a girl will wear a comb made of bamboo reed and the teeth of the yak. The culture of this tribe is more surprising in many ways than that of the western world. There is no nervous tensions, the people being athletic and are lovers of splendid physical fitness."

The Provincial Press makes the following announcement regarding the proposed increase in the Nursing Service under the direction of the Department of Public Health:—

Halifax, N. S., March 4.—A Provincial nursing staff to work under the direction of the Nova Scotia Department of Health, was announced in the legislature to-day by Hon. Dr. George H. Murphy, Minister of Health. The service would be inaugurated on May 1st, he said.

These nurses will cover a territory that has been mapped out for them, having regard to population and geography.

There will be six nurses and a supervisor, all of whom will be in direct communication with the Department. They will be paid by the government.

Outlining their functions, the Minister said their first commission would be inspection of rural schools, it was in rural sections that their need was most urgent, because in the larger centres hospital facilities were readily available.

In answer to a request for assistance in reorganizing the psychiatric department of the Department of Health in Prince Edward Island made necessary by the recent destruction by fire of the Falconwood Mental Hospital near Charlottetown, the Ontario Department of Health is sending Dr. E. A. Clark, a member of the Ontario Hospital at Hamilton, to help in the work. (*Mental Health*).

Branch Societies

DR. S. L. WALKER,

Editor N. S. Medical "Bulletin."

Dear Sir:—

I beg to submit the following:

The Annual Meeting of the Medical staff of Aberdeen Hospital was hel l on January 15th in the Nurses Home. Election of officers for the ensuing year resulted in Dr. V. N. T. Parker being re-elected President; Vice-President, Dr. J. J. MacDonald; Secy.-Treasurer, Dr. N. F. McKay. Before the seventeen doctors assembled Dr. Clarence Miller gave an extremely interesting paper on "Surgical Traps" handling the subject of *misleading* systems in surgery in a very able manner.

Yours truly,

N. F. MCKAY, *Secy.*

The regular Monthly Meeting of the Medical Staff of Aberdeen Hospital was held on February 11th in the Nurses Home—fifteen doctors present. A resolution of sympathy was passed to the family of the late Dr. D. MacIntosh of Pugwash.

The speaker for the day, Dr. H. H. McKay gave an address which he left untitled, but, which might be termed "Seeking the Truth"—"Hector" in his own inimitable way reviewed the many advances in diagnosis, and treatment of medical conditions in the past forty years. Mentioning a use for Brandy that had never been tried by the younger members present, namely that of external application in cases of Pneumonia.

Refreshments were served by the Hospital and the meeting adjourned.

Yours truly,

N. F. MCKAY, *Secy.*

Plural Pneumonia is what a N. S. Daily paper said was the cause of the recent hospitalization of one of its prominent citizens. He became convalescent but the number of attacks is not stated.

"I am sorry," said the dentist, "but you cannot have an appointment with me this afternoon, I have eighteen cavities to fill." And he picked up his golf bag and went out. (C. P. H. Journal.)

Correspondence

S. L. Walker, M.D.,
Secretary N. S. Medical Society.

Dear Doctor:—

Another year has rolled by and once more and with stronger regrets I am obliged to let that draft go back. As a result of changes in the Municipal Council, I am deprived of jobs that "kept the pot boiling". It is needless to say it is quite a problem for a country doctor to make both ends meet nowadays, especially if he has a large family. After travelling on a sick call, over roads that are almost impassible, in disagreeable weather, and after doing all one can to relieve distress, "Thank you; will see you again, etc.," it is time to go tinkering. Let us hope for better times. With best wishes,

Sincerely.

Are there more than usual this year who are in this position? At any rate it is much more ethical and courteous to write the Secretary as above than to simply ignore the draft without any comment.

AN OPPORTUNITY TO EARN $15,000.

Mead Johnson & Company announce an award of $15,000 to be given to the investigator or group of investigators producing the most conclusive research on the vitamin A requirements of human beings.

Requirements.

Candidates for the award must be physicians or biochemists, residents of the United States or Canada who are not in the employ of any commercial house. Manuscripts must be accepted for publication before December 31st, 1934, by a recognized scientific journal. Investigations shall be essentially clinical in nature, although animal experimentation may be employed secondarily.

Committee on Award.

The Committee on Award will consist of eminent authorities who are not connected with Mead Johnson & Company, the names of whom will be announced later.

Source of Supplies.

There are no restrictions regarding the source of Vitamin A employed in these investigations.

For other details of the Mead Johnson Vitamin A Clinical Research Award, see special announcement, pages 14 and 15, in Journal of the A. M. A., January 30, 1932.

C. A. M. C.

MILITARY SECTION OF C. M. A.

It is quite possible that a number of active and retired C. A. M. C. officers have not read the announcement in the C. M. A. *Journal* of the formation of a Military Section of the Association. The BULLETIN therefore republishes the same although present members have likely received a reprint through the courtesy of Lt. Col. R. M. Gorrsline, R. C. A. M. C

ONE of the outstanding features of the last annual meeting of the Association, held in Vancouver, was the inauguration of a Military Section. This section held one session and was very largely attended. The inaugural address, delivered by Col. J. T. Clarke, D.G.M.S., Ottawa, was an important pronouncement and contained some practical suggestions which should be listened to, as they would be very pertinent in the event of another World War. Col. Clarke's address was discussed at a Round Table Conference. His remarks follow.

"I appreciate most sincerely the privilege of being allowed to assist in the making of history for this august Canadian Medical Association, by the inauguration to-day of a Military Section. The Executive of the Canadian Medical Association received, last autumn, a petition signed by some of its most distinguished members from the Atlantic to the Pacific, and who are also members of the Canadian Army Medical Corps, asking for the formation of this Section, and giving certain reasons which appeared to convince the Executive, so the necessary action was promptly taken, and now the responsibility rests with the military members to make it successful.

"Many ways will suggest themselves to the members for bringing this about. A resolution of the Canadian Medical Association, recommending certain procedures to the Department of Defence, is bound to carry great weight, and to receive most careful consideration, as, in case of a mobilization of the Canadian Forces, we would have to depend on the Canadian Medical Association for not only our ordinary medical officers but also our specialists and consultants. Therefore, if your experience shows you that, under existing regulations, there is a condition which works to the disadvantage of either the profession or the public, this might be made the subject of a resolution, which, if passed after due discussion, could be forwarded to the Executive, or to the whole assembly, for further action in taking up the matter with the Department of Defence.

"For example, when mobilization was ordered in 1914, the members of the medical profession flocked to the colours, as they have always done in the past, and will always do in the future. They were taken on as fast as they offered, until our requirements (including specialists) were satiafied. This was all right for the Department, and we obtained a lot of most excellent medical officers. It was found, however, that certain hospitals had been denuded of their pathologists, or their surgeons, or their radiologists, etc., and also that certain whole towns and cities had been similarly denuded. This state of affairs could be easily prevented in a future mobilization, by having a control plan worked out by this Section, and forwarded to Defence Headquarters for consideration. The plan, when approved, would be pigeon-holed at Headquarters, ready to become operative as soon as mobilization is ordered. The Control Plan

would function somewhat as follows. In accordance with its provisions, instructions would be sent to the Officer in Command of each District to appoint a distinguished and influential local member of the profession to act with the District Medical Officer, the two to have full power as to the selection of officers for service from those who apply. In this way the needs of both the army and the general public could be looked after.

"Another way in which this Section will be able to function for the good of the general public is, to induce the Executive to take the necessary steps to encourage all of the members of the Canadian Medical Association to make themselves acquainted in peace time with all the books and literature which are issued by the War Office dealing with chemical warfare and bacteriological warfare, thus enabling them to become instructors of the public as soon as there is a state of war. Somebody must, in this event, teach the people in a hurry how to improvise gas respirators, and protective clothing, how to do the decontamination of clothing, articles, and areas which have been splashed by the gas; how to give first aid to those who have been exposed, and what materials should be kept on hand for those purposes. The struggle in the next war will not be confined to the areas where the troops are concentrated, but aeroplanes will carry the offensive directly to the home cities which supply the re-inforcements, and the factory areas which supply the equipment for war. It may be news to some of you that, for the last eighteen months, an important scientific European country has been experimenting, with very marked results, in the explosion, by wireless, of gas bombs, even in large quantities. The *modus operandi* would be something as follows. A large fleet of bomb carriers would be loaded with a huge quantity of these bombs, and would fly at a great altitude, in order to get over its objective without being seen or heard. They could, however, see their objective through their powerful glasses. They would be accompanied by a plan fitted up with the "touching off" wireless apparatus. When in the desired position the bombs would be released, and would be carried gently down to all parts of the city, the speed being checked by a sort of parachute apparatus. Then, when they were well settled to earth, they would be all exploded simultaneously. Those of you who know the deadly effect of mustard gas can appreciate the tragic results to the chosen city. I hope I have made clear the need for medical men to make themselves acquainted in peace time, with enough information as to chemical warfare, to qualify themselves as instructors of the general public. I am not, at this time, stressing the matter of bacteriological warfare, as one would think it impossible for any nation that exists to-day, to take up that form of warfare. However, the possibility is there, and it is well to keep it in mind.

"Many other openings for recommendations to Defence Headquarters will suggest themselves as time goes on, and it might even be possible to start something for the benefit of the profession as well as for the public and the Department of Defence, as those of you who served through the last war can remember that you served under some certain conditions which might stand a little improvement in order to bring our service on a par with that of Great Britain and some of our allies.

"Of course, in one way, this discussion appears to be a waste of breath and energy, for we find plenty of well posted and brainy people, both men and women, who assure us, with the greatest candour, that the League of Nations, the Kellogg Pact, and the various Disarmament Conferences have

made it absolutely impossible for another war, with all its horrors, to break out. However, in spite of these well meant assurances, it appears that the majority of the hard-headed citizens of the world are inclined to institute precautions, and take no chances.

"In this connection it might be well to point out that, under present conditions, if two nations did come to blows it is hard to understand how any nation can keep out of it, and still keep the solemn argeement entered into in the League of Nations and the Kellogg Pact. At the time of the Russo-Japanese War it was quite possible for other nations to sit back and watch them settle their differences, and this was done, but, if such a thing occurred to-day, none of the signatories of the League of Nations could keep out of it, as they are all bound by solemn agreement to crush the aggressor, and the Kellogg Pact would also bring in our neighbours to the south. The trouble would be to decide as to which was the aggressor nation, as it is not likely that either side would admit it. We fought all through the Great War with each side declaring most emphatically that the other was the aggressor, and both sides attracted many adherents, but these adherents appeared to line up, not so much on account of the justice of the cause, but on account of their own private interests. It is safe to predict that the same influences of self-interest and self-preservation will be brought to bear in deciding which side to take when that next fight starts, and, as no nation can keep out of it, not even Canada with her new "status," it promises to be a merry old war.

"I hope, at any rate, I have shown a couple of examples of how this Section may function for the benefit of both the public and the Department of Defence. It may also be possible to devise some way for it to produce some benefit to the members of the profession, but that will be a matter for later consideration.

"It might be argued that a recommendation from this Association might not carry very great weight at Defence Headquarters, but, apart from the large number of influential citizens who would be behind such Resolutions, we might pause to consider some of the things which the army owes to the medical profession, such as—

First. Cutting down disease in the army to such an extent that, whereas in former wars 9 soldiers were killed by disease to every one killed by battle; in this last war 16 were killed by battle for every 1 killed by disease.

Secondly. In the Great War, because of inoculation, and various hygienic preventive procedures, the incidence of disease was actually less than in peace times.

Thirdly. Wound infection was so well conquered that, of the wounded who survived 6 hours 90 per cent. recovered; of the wounded who reached a field hospital 95 per cent. recovered; and of the wounded who reached a base hospital 98 per cent. recovered. Barely 2 per cent. of the wounded became crippled or permanently completely disabled.

Fourthly. During the Great War the various British hospitals did such wonderful work for the army that they were able to send back to duty, in various categories, the enormous number of 4,862,089 who had been admitted to hospital for sickness or wounds. That means that the Medical Services actually recruited for the British Army nearly five million men, and they were not

raw recruits, but trained men, and men who, under the old conditions, would have been lost to the service.

"You may be quite sure that Military Headquarters are quite well aware of these figures and appreciate what the medical profession can do for them, if properly organized. It is, therefore, quite apparent that Headquarters will be ready to turn a friendly ear, and to give careful consideration to any well thought-out recommendations from this Association."

Narcotics.

The last annual report of the Department of Pensions and National Health has this to say regarding the observance of the Narcotic Act in the Province of Nova Scotia:—

"In Nova Scotia nine cases of opium smoking were handled by the municpal police forces, as compared with two cases in the previous year, which involved the possession of opium pipes. In addition the federal authorities encountered a somewhat unusual case involving the transportation of opium from another province. A parcel was delivered to a wrong address in Sydney, having been consigned to a post office box, the ownership of which had changed. Upon the parcel being opened by the person to whom it was delivered, it was found to contain opium, and the facts were immediately reported to the authorities. The parcel was again returned to the post office, and a watch kept for any person who might make enquiries thereto. In due course a man made the expected inquiries, but becoming nervous left the post office without accepting the parcel. Subsequently, another man came for the same and took it away. Upon being arrested, however, he was able to indicate his innocent participation in the transaction, and give information as to the person who had requested him to obtain the parcel. With this as a background, further corroborative evidence was obtained, and the original consignee was eventually convicted, and sentenced to six months' imprisonment and a fine of $200.

"Outwitting the Mosquito" is the title of a very interesting paper in the December issue of the *Dalhousie Review*. It portrays the part taken by several of the principal workers chiefly in the mastering of Malaria. It is written with a strict regard to its scientific accuracy, but so that the layman will enjoy it. Mention is made of one of the many martyrs to science in the person of Lazear, who, while working at the bedside of a yellow fever case, noticed a mosquito alight on his hand. He allowed it to remain and in five days he became very ill and a few days later died. This article was one of the last written by the late Dr. W. H. Hattie.

OBITUARY

ARTHUR WELLESLEY COGSWELL, M.D., C.M., Halifax Medical College, 1884, Halifax.

After an illness of over a year, Dr. A. W. Cogswell passed away, February 16th, 1932, at his home No. 3 Inglis Street, Halifax. Dr. Cogswell was born in Dartmouth in February, 1862 and was thus just 70 years of age. He was of English descent although his parents lived in the United States until 1860. His father was a dentist and the deceased qualified both as a doctor and dentist and practiced both professions until his father's death, since when he devoted his time entirely to dentistry. In both professions he was regarded with respect by his brother practitioners.

Dr. Cogswell was a man who figured prominently in the sporting life of the community, especially in the Royal Yacht Squadron, the Halifax Curling Club the Red Cap Snow Shoe Club and other organizations.

He is survived by his widow and one son to whom the BULLETIN extends sympathy. The funeral took place on the 19th of February, Rev. (Dr.) J. A. Clark conducting the service at the house and at the grave in Camp Hill Cemetery. The attendance was very large and a profusion of flowers betokened the kindly feelings of many friends.

The death occurred at New Glasgow on February 19th of Mrs. Cox, wife of Dr. G. H. Cox of the town and St. Petersburg, Florida. As is generally known Dr. Cox has retired from active practice and has spent his winters in the South. Mrs. Cox was a lady whose contribution to the social and welfare institutions of the community was very greatly appreciated. Sincere sympathy is extended by the profession generally to Dr. Cox in his loss which he has sustained.

The BULLETIN greatly regrets to note the passing at The Payzant Memorial Hospital on Monday, Feb. 15th of Mrs. Hines, wife of Dr. Arthur Hines, of Cheverie. It is recalled that Mrs. Hines was severely injured in a car accident on January 28th and was a patient in the hospital until her decease. Mrs. Hines was formerly a Miss Hagarty of Halifax and was very well known and an exceedingly popular lady both before and after her marriage. At the interment in St. John's Church cemetery, Windsor, the pall bearers were Drs. Keddy, Reid (J. W.) Smith, Bissett, Morris and Reid (A. R.). An exceedngly large number were present and the floral tributes were very great. The BULLETIN extends to Dr. Hines and family sincere sympathy.

The death occurred at Wirral, N. B., late in February of Geo. W. Kirkpatrick, a man of sterling character known and respected by all who knew him. He is survived by six sons and daughters. Two of the sons are Dr. H. W. Kirkpatrick of Halifax and Dr. T. A. Kirkpatrick of Kentville. To these members of our profession the BULLETIN extends sincere sympathy.

The death occurred recently of Mrs. Melinda Morrison a well known and highly respected Sydney woman. Among those who mourn her passing is a daughter, Mrs. McInnis, wife of Dr. D. F. McInnis of Shubenacadie.

Mental Hygiene and the Schools.

Mental Hygiene is primarily an educational matter. Its main work or at least a great portion of it must be done in and through the schools. Its aims and methods are so intimately interwoven with those of education as to render it impossible to separate the two. The two are not wholly the same, but overlap to a great extent.

About 2% of the children in the schools are feeble-minded and probably another 2% are distinctly abnormal mentally or emotionally. These two groups are of great importance in any mental hygiene programme in the schools. They cannot be looked after by the educational administrator, but require the services of an educational psychologist or psychiatrist. Study of these groups, except very briefly, is out of place in the curriculum of a graduate school of education of which the chief function should be to turn out educational administrators.

However, the importance of these two somewhat conspicuous groups should not obscure the far greater importance of the other 96% of the pupils, who, while they are not distinctly abnormal, require assistance in grading, vocational and school guidance, etc. Such cases together with a great many problem cases and disciplinary cases can best be taken care of by school administration—either the superintendent, principal or some one else specially trained for such work.

To summarize:—Canada has excellent teachers, but very few competent trained educational administrators. The mental hygiene programme cannot touch any but about 4% of the school population except through the administrator, particularly the school superintendent. Problem cases such as the child of low I. Q. are not a challenge to the teacher, but to the administrator. To further the aims of mental hygiene, it is necessary for graduate schools of education to turh out trained men for principals, superintendents, etc., and for all school systems to employ such skilled educationists.

(Extracts from an article in *Mental Health*, February, 1932).

Dr. Pepys in his diary in the A. M. A. *Journal* attended a recent conference on medical education. Regarding one session he says:—

"In ye afternoon hath been presented a discussion by one who felt that the future of medicine should be entrusted to ye hands of big business, whereat ye secretary of ye Association hath said that two years ago we had great respect for big business, but alas, not now. It seemeth there is a great cry for some type of leadership to lead ye medical profession away from ye House of Bondage into which ye social workers and economists would drive it. Unfortunately, however, we see only those who shout 'what shall we do?' or 'why doesn't somebody do something?' but themselves have naught to offer. Great economic and social changes come by evolution or by revolution, but stability and economic saving are associated only with ye changes that come by evolution."

Personal Interest Notes

Dr. J. A. M. Hemmeon of Wolfville has recently been re-elected President of the Local Chamber of Commerce for the ensuing year.

Dr. Alvihus Calder of Sydney returned in February from his recent trip to England.

Dr. William Crant of Wolfville has been re-elected President of the Wolfville branch of the Victorian Order of Nurses. The recent Council meeting shows that a very considerable amount of work has been done.

There was apparently some difference of opinion as to who should be County physician for the Municipality of Cape Breton, as the Council divided in a tie vote by the ruling of the Attorney General and the Warden Dr. Freeman O'Neill was appointed.

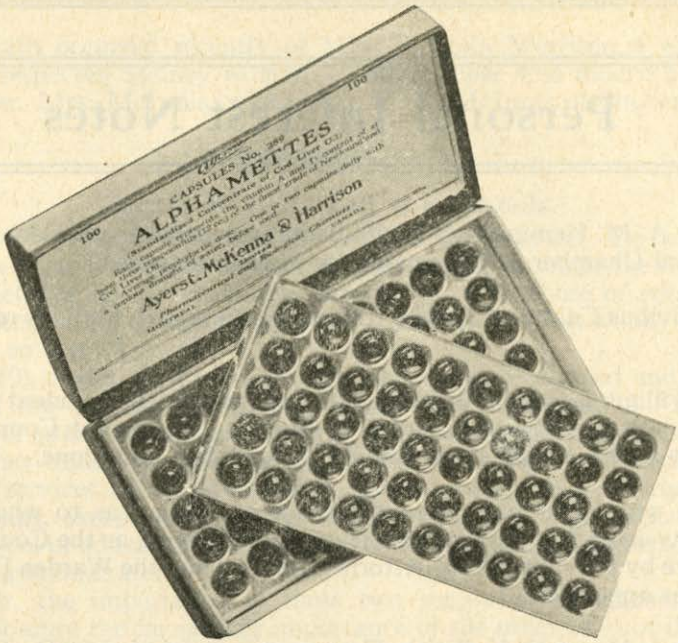
It is now Mayor G. K. Smith, Hantsport, instead of plain Dr. G. K. Smith. Also it is Mayor F. R. Davis, Bridgewater and Mayor Dr. M. R. Young of Pictou. Of course Dr. H. B. Havey holds this office in Stewiacke at his pleasure. It is also Mayor Clarence Miller of New Glasgow.

Dr. W. MacKay MacLeod, Honorary Member of The Medical Society of Nova Scotia is a patient at present in the Victoria General Hospital. Mrs. MacLeod accompanied him to the City and remained several days. The doctor will be in hospital for two or three weeks. He has now returned home.

The annual social function of the Phi Rho Sigma Fraternity of Dalhousie University took the form of a supper dance Feb. 19th at the Nova Scotian Hotel. The guests of honor were the Honorary Members of the Fraternity and their wives:—Dr. and Mrs. W. Alan Curry, Dr. and Mrs. H. K. MacDonald, Dr. and Mrs. J. R. Corston, Dr. and Mrs. C. E. Kinley, Dr. and Mrs. J. W. Reid, Dr. and Mrs. W. G. Colwell, Dr. and Mrs. Evatt Mathers, Dr. and Mrs. E. K. McLellan, Dr. and Mrs. S. R. Johnston, and Dr. Gerald Burns.

Dr. C. J. W. Beckwith of Kentville, was the speaker before a recent meeting of the Kentville Rotary Club.

It is not all smooth sailing for medical men in Newfoundland as was the experience of Dr. Lidstone of Green Bay. The Sydney Poet thus describes his latest experiences. On Friday, Dr. Lidstone left for Burlington, on the north side of Green Bay, in a motor boat. He was accompanied by a boatman. On the return trip they were overtaken by a blizzard. Not knowing whither they went, they kept the boat moving until it was stopped by floating ice. The ice crushed the boat and they were forced to abandon it. Both reached land but it was unfriendly land—an uninhabited cove.



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Too exhausted to proceed further, the doctor, a delicate man, stayed in the cove while his companion went to seek help along the southern arm. Late Saturday night a search party led by the boatman found the doctor and conveyed him to the nearest settlement. He was badly frost-bitten but he is expected to recover.

Dr. N. MacDonald spent several days in Ottawa recently. It was, of course, in connection with Military matters.

It is now Mayor Clarence Miller, he having been so elected by a comfortable majority in the recent New Glasgow elections. Doctors Robbins and Bell have seats at the Council Table of this town.

Dr. J. J. Roy has again been re-elected President of the Victorian Order of Nurses in Sydney.

Dr. J. G. McDougall recently enjoyed a four weeks trip to the West Indies returning to Halifax March 4th.

Dr. F. E. Lawlor of the Nova Scotia Hospital left Halifax, March 6th, for a five weeks trip to the West Indies.

Dr. J. Ellery Pollard of Hantsport recently had his car badly damaged by a freight train operating on a branch line to a pulp mill. The doctor was visiting a patient and left his car parked several feet from the track.

The airplane is being used in Cape Breton by local doctors and for the moving of patients. Recently, Dr. W. H. Rice of Sydney was thus taken to Gabarus in an emergency call and Dr. Freeman O'Neil to Mira.

Well, after all, there is very little difference between an Englishman and a Scotsman. Thank goodness for the difference.

Father:—"Dear me, the baby has swallowed a piece of worsted."
Mother:—"That's nothing to the yarns she will have to swallow if she lives to grow up."

Meeting the local doctor, Brown inquired: "How is the lawyer going on, doctor?" "Poor fellow" returned the medico with a shake of his head, "he's lying at death's door." "There's grit for you," commented Brown, "at death's door and still lying."

Dr. A. E. Blackett, New Glasgow, is now Capt. Blackett, C.A.M.C., and is posted to No. 6 Casualty Clearing Station.

There are at least two outstanding women in Nova Scotia who have served the V. O. N. long and faithfully for over twenty years,—Mrs. Wm. Dennis of Halifax and Mrs. A. A. Archibald of Truro, being Presidents continuously for over that period of time. We suspect that Mrs. James Purvis of North Sydney is also out for a record if she heeds the desires of the local people.

It is announced that Mr. George A. Wood of Lunenburg, upon graduation from Dalhousie, will take an internship on the surgical side of the Charity Hospital, Cleveland, Ohio. Mr. John Colquhoun of Salt Springs, Pictou Co., will go to the medical side of the Montreal General Hospital.

It is reported that on account of a recent outbreak of smallpox in Fitchburg, Mass., 23,000 people have recently been vaccinated. What a travesty on health work that this was necessary.

The story is going the rounds of the press that a 70 year old doctor in Pennsylvania operated on himself for appendicitis. We don't believe it.

Our old friend Dr. W. B. Moore has been spending some months in India with his son, Dr. Moore, Major in the R. A. M. C. He has written home of some of his impressions and the letter was published recently in the Kentville *Advertiser*. There are some very characteristic paragraphs in the letter. For instance he says:—

> Things are still unsettled in India, but fairly quiet in this city and province, and the firm action of the Government in immediately arresting and imprisoning the leaders of rebellion and their followers, is having good results, and, of course, should have been done years ago and the old hypocrite and law-breaker Gandhi deported, instead of being weakly dealt with by the British and Indian Governments, and trusted by the fatuous old fools of Church and State. Before we left England in Autumn, he was an honoured guest of some of the big people, (in their own estimation and position) of England. Truly the country is producing an awful lot of asses, and it will be a narrow escape if Great Britain doesn't continue on the down grade. His whole influence here for years has been evil, and his so-called "non-violent" campaign of law breaking has logically and inevitably produced an awful condition of cold blooded murders, fanatical assassination and frightful terrorism throughout the country involving not only the British but also the better class of Indian people who will not join the rebellion.

Again, referring to the petition from 106 religious leaders in the United States to Premier MacDonald, asking for the release of Gandhi, Dr. Moore says:—

> One would think that their experience of the terrible results of the law breaking by millions, of their Prohibition laws, leading inevitably to law breaking to a more serious degree to murder, gangster terrorism, burglary and arson, etc., even in such a highly civilized people as the Americans, would lead them to recognize the awful danger of encouraging law breaking by the ignorant, superstitious and fanatical Asiatic masses of India, of whom Mr. Gandhi has been the leading law-breaker for years.
>
> However, in spite of the awful blunder of Prohibition, I have a great admiration for the pride, self respect, and ambition of the great American people, and believe that had Mr. Gandhi attempted to defy the Government of the United Stats, and to stir up trouble in the Phillippines or Hawaiian Islands, as he has done in India his evil and dangerous influence would have been quieted forever, whether he posed as Saint, Martyr, Holy Man or Devil.

In the very excellent report by Dr. S. R. Johnson of the Victoria General Hospital on the treatment of cancer published in this issue, it is pointed out that the follow-up system does not work out satisfactorily. When this Province inaugurates a modern system of Health Nursing that will cover the entire province, we may expect a great improvement in the whole business of follow-up cases, a very important phase of public health work.

UNUSUAL BIRTH ANNOUNCEMENTS

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(A. M. A. Journal).

LINDEN AND FLORINDA STARK, INC.

(A Holding Company)

4135 LYNDALE AVENUE SO.

MINNEAPOLIS, MINN.

NOTICE OF DIVIDEND

FIRST 100% STOCK DIVIDEND

The Directors of the above Company have declared a 100% stock dividend as of April 27, 1931, in the form of preferred, non-voting, fully-paid shares of the newly-created subsidiary.

DAVID LINDEN STARK,

management and control of which is vested in the parent Company.

HISTORY: The parent company was incorporated June 30, 1923, and has shown consistent progress since its inception; but pursuing a conservative policy, the Directors have deemed it inadvisable to declare any dividends until now. The satisfactory position of the Company is indicated by the fact that in a period of world-wide depression it has shown a marked expansion, particularly during the last three quarters.

This new issue is offered to the public at the Swedish Hospital. It has shown great activity, opening strong at £6¾ and giving promise of tripling this figure during the coming year. Being an infant industry, it is readily recognized as a liquid investment, and its sponsors expect it to be a howling success.

This issue grants the parent company an additional exemption under the Federal Income Tax of $400. Medical details handled by C. O. Maland, M.D., and Nurses Schultz and Lindquist. Listed on the Minneapolis Stork Exchange.

The Old Ones are the Best.

They tell of an old lady in "Amstead Eath" who was taken with pains on the appendicitis side. The new district medico was called in, made examinations, quieted fears and went his way. That evening the old lady remarked to her daughter.

"It was nice of the new vicar to call."

"But, Mumsie, that wasn't the vicar; that was the doctor."

"O", said the old lady, musing, "I thought he was a little familiar for a ivcar."

Supplementing our publication of the report on Nursing Education in the February *Mental Health* thus summarizes the findings:—

"With regard to the reorganization and control of nursing services, the following are suggested:—(1) 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; (2) supervision of the nurse in service with the object of promoting her professional growth; (3) a system of superannuation, similar to that now enjoyed by teachers; (4) provision of continuous employment through removal of the economic barrier now preventing use of nurses by the majority of those requiring nursing services; (5) nursing services to be in the hands of provincial councils of nurses working in conjunction with a federal council."

A very handsome booklet has been issued by the Canadian Medical Association descriptive of the proposed Canadian tour to attend the 100th Annual Meeting of the British Medical Association. If you are thinking of going be sure to get this descriptive booklet.

A couple of doctors were commenting upon their County Medical Society, saying we've been paying into the society for 15 or 20 years and what has it done for us? We certainly need help if we ever did, and what is it doing to get us out of our troubles?

"Parents should stand up for their children," says a writer. And children bend over for their parents?

Husband—You are always wishing for what you haven't got.

Wife—Well, goodness, there's no sense in wishing for what I have got, is there?