

Symposium British Medical Centenary.

PART III

What Should We See?

Paper No. VII.

B. C. ARCHIBALD, M.D., C.M., M.H.O.
Glace Bay, N. S.

IT is with great interest that I have read the impressions of my colleagues, formed while attending the recent Centennial of the British Medical Association, held in London. All recall the happy days spent together while en-route to London and during the brief stay there.

They have written very comprehensively of the days spent from the time we landed at Belfast, until our arrival in London. During a six-weeks' stay in London, I gathered many impressions and shall endeavour in the following brief article to portray a few personal glimpses. At the termination of the convention we made a brief trip to France, via Folkstone and Bologne. Many of the members of our party choose the more rapid and strangely enough less expensive route by air. After a brief stay in Paris, a city so wonderful that mere words fail to describe its glamour, we journeyed to regions around Arras and Vimy. England may well point with pride to the well kept cemeteries for her glorious dead sleeping in "Flanders' Fields." We returned to London and during the following weeks enjoyed to the utmost the varied aspects of that city of many millions.

It was with great pleasure that I renewed acquaintance with two former Dalhousie Professors now resident in London, Dr. D. Fraser Harris, former Professor of Physiology and Dr. John Cameron, until recently Professor of Anatomy. Both are in the best of health and enjoying life and the interests of the big city. Both were most hospitable in welcoming us to London. On a tour of the London Museum, Dr. Cameron acted as an invaluable guide. It happened to be on the day that the fearless Mollison flew across the Atlantic and all London was awaiting news of his safe passage. It was also London's hottest day in many years, the thermometer registering 96° F. The Museum contains an extensive series of old London topographical illustrations, especially remarkable is a representation of the great fire of London. The most recent acquisition of interest is an ancient Roman galley found embedded in the mud of the Thames.

Visits to the British Museum were most interesting. This Museum has no rival in the world. Here we saw the original Magna Charta, Rosetta Stone and the famous Elgin Marbles and many other things of note. It would take months to make a comprehensive study of the whole marvellous collection.

The Royal College of Surgeons contains Hunter's Museum of Anatomy. It was most instructive and contains thousands of anatomical and pathological specimens, an invaluable assistance to the students of London universities. Indeed, any experienced practitioner could profit by time spent there.

A group of buildings in Kensington, comprising Natural History, Science, War, Victoria and Albert Museums, are all worthy of many hours of inspection. The Science Museum containing a highly interesting collection of scientific apparatus and models of every description, provided both entertainment and instruction. Many models are worked by electricity and are a constant source of interest to young and old. The Victoria and Albert Museum, a collection illustrative of arts and crafts of various countries and periods and one of priceless value, both to the artist and general public, was opened in 1909. It is the finest museum of applied art in the world.

The Record Office on Chancery Lane, contains State documents and records, preserved in fireproof chambers. Among the many interesting things to be seen here are the original Domesday Book, the papers of the Gunpowder Plot, etc.

London has a marvellous wealth in her art galleries. The Natural Art Gallery and Natural Portrait Gallery are the largest collections. Of special interest are the private collections recently presented to the nation, the Wallace Collection and the art treasures of the Tate gallery at Millbank. Special mention should be made of the Sloan Museum, a collection formed by Sir John Sloan, architect of the Bank of England. In this interesting and varied gallery are the twelve originals of Hogarth's "Rake's Progress" and pictures by Lawrence, Reynolds, and others.

A description and appreciation of London's churches would fill a volume. Solemnly we treaded the sacred precincts where lie the bones of England's hallowed great, her statesmen, poets, men of art, science and letters. Westminster Abbey, the most venerated spot in the British Empire and the Valhalla of the English nation, was formed in 1042, by Edward The Confessor. It has been the place of coronation, and till George II., of the burial of every English sovereign. Henry VIII.'s Chapel is the most beautiful whilst Edward The Confessor's Chapel, containing his shrine and the famous coronation chair, the most historically interesting. Many of our own most famous men are buried here. In the south transept is the Poets' Corner, while the tomb of the Unknown Warrior is in the West Nave, a slab of black marble with simple inscription. In the words of Ruskin: "There is a power in imagination which enables us to mingle seemingly in the very bodily presence of men long since gathered to the dust."

In the crypt, directly under the dome of mighty St. Paul's, Wren's great masterpiece of architecture, in the place of honor, lie the mortal remains of Horatio Nelson. Other great men buried here are Wellington, Lord Roberts, Turner and Wren, himself. Here, too, is the war carriage used to transport the body of Wellington to its last resting place.

The Temple Church contains tombs of Crusaders. Nearby is the grave of Goldsmith.

St. Bartholomew's Church, founded in 1123, by the Monk, Rahere, contains the tomb of its founder. Nearby is the spot where William Wallace, the Scotch patriot was hanged and his body drawn and quartered. Adjacent is St. Bartholomew's Hospital.

At St. Swithins' Church, embedded in the wall, there is a milestone, supposedly the one used by the Romans to measure distances along the road. Across the river is Southwark Cathedral, frequented by William Shakespeare, containing the tomb of his brother. Many of the other churches scattered throughout London have a more or less historic significance.

There are several places of interest in London that every visitor there endeavours to visit at his earliest opportunity. The Tower of London, occupied successively as a fortress, palace, and prison, speaks eloquently of the dim tragedies of past ages. Its story is linked inseparably with the succession of years in London's history. The three towers of most note are the White, Wakefield and Bloody Towers. On the shores of the Thames, is the Traitor's Gate, through which few entered ever to return. Not far distant is tower erected by Wren to commemorate the Great Fire of London.

The houses of parliament, magnificent structures, rising on the banks of the Thames, are open for inspection every Saturday morning. Especially interesting are the rooms of the House of Commons and House of Lords.

The changing of the Guards at Buckingham Palace, which takes place every morning at 10.30 a.m., is a most picturesque sight. Vast crowds gather each day to witness the ceremony.

Many and varied are the places of amusement. The theatres of dramatic art afford selections for varied tastes. Cinemas are very numerous and well patronized. Madame Tussand's celebrated collection of wax works is always an attraction. Noted personages are represented modelled in wax, most life-like and realistic. Various scenes in history are reproduced in tableaux. A chamber of horrors in the underground regions provides a most thrilling experience.

The Zoological Gardens, is London's chief out of doors place of amusement and the perennial attraction of adult and child alike. Enjoyable trips were made to Kew Botanical Gardens, a collection of thousands of botanical specimens from all over the world. Here are artificial lakes, a Chinese pagoda, etc. In Kensington Gardens, extending westward from Hyde Park, famed for its "soap box orators," is a statue of Peter Pan. The Serpentine is an artificial body of water which provides rowing and bathing.

Many places made famous in literature were of great interest, particularly the Old Curiosity Shop and the Cheshire Cheese, famed tavern of Samuel Johnson and his associates.

Hampton Court, somewhat unwillingly ceded by Cardinal Woolsey to Henry VIII., contains spacious art galleries. The adjoining grounds are magnificent. Here one may see ornamental gardens, the Great Vine, producing hundreds of bunches of grapes annually and the celebrated Maze. Wild deer may be seen in the park approaching the palace, through the celebrated avenue of chestnuts.

A visit was made to Wimbledon to the All-English Tennis courts. A guide took us within to view the famed centre court where the championship finals are staged. This court is not visible from the approach.

Each Thursday during the summer months exhibitions of fireworks are held at the Crystal Palace, South London's principal centre of amusement. A special feature this year was a most realistic portrayal of the bombardment of Shanghai.

Greenwich Observatory was visited after an enjoyable trip down the Thames. We timed our arrival to view the descent of the huge ball which at one p.m. falls to set the time of the world. We stood on the imaginary Meridian of Longitude and also visited the famous Painted Hall, wherein lie relics of Nelson, etc.

It has been said that London speaks many languages, the language of the artist, writer, or perchance the historian. To me, a mere medical practitioner,

all aspects were of interest, but especially the opportunities of visiting London's famous hospitals.

All the hospitals are supported by voluntary public subscription, the patient receiving treatment by the foremost practitioners in the country, gratis. Nursing Homes, with equipment somewhat inferior and less extensive than the hospitals, are selected by the private patients when they require hospitalization. Most of the surgeons do their work at the nursing homes in the morning, their gratuitous work being performed in the afternoon. To become a member of the staff of one of the hospitals a doctor requires his F.R.C.S. and holds his appointment until age of 68, when he is automatically retired.

Being more interested in surgery and its various and different branches, I spent my time daily in the operating rooms. Among the hospitals visited were Middlesex, Westminster, St. Barts, London, West London, Charing Cross, St. Thomas, St. Peters, Cancer Hospital, West Brompton T. B. Hospital and Masonic Orthopaedic and Great Ormond St. Hospital for sick children.

One thing that was very noticeable was the large number of nephrectomies and nephrotomies done. Gastro-enterostomy is not performed as often as partial gastrectomy, which is usually after the Shoemaker technique. Cholecystectomy is performed much oftener than Cholecystotomy. An enormous amount of lung surgery is done in all the hospitals, but more especially at the West Brompton in Kensington which contains about eight hundred beds. As high as 60 or 75 pneumothorax treatments are given in one afternoon.

One of the most vivid impressions was the lack of dietitians in the hospitals. The lighting in all the operating rooms is very effective and all shadows are eliminated. Gentian Violet is used much more extensively than Tinct. Iodine for pre-operative sterilization in abdominal and gynaecological surgery. Green alp sheets are employed instead of white ones, they being much easier on the eyes. Goloshes are worn by the doctors and nurses and certainly must be very uncomfortable during the warm weather.

Running true to English custom, there is always a halt at 4 p.m. for the inevitable cup of tea. After a few minutes relaxation, operating is resumed and continued until 6 or 7 p.m. The Reverdin needle is in great vogue, especially demonstrated by Victor Bonney, at Middlesex, whose modification of the original Reverdin is the one in general use at most hospitals. Both the operator and his assistant carry a spool of catgut and silk, wound around their wrists, thus facilitating the manipulation of this needle.

In the Cancer hospital radium is used very extensively in carcinoma with fairly gratifying results. Anesthesia is induced by Ethyl Chloride, subsequent to preliminary spraying of the nasal passages with sol.-cocaine 15%, followed by gas and oxygen or ether, as the case demands. Much surgery is done under spinal anesthesia, spino-caine being used very extensively.

Nembutal is given in various cases. I remember witnessing a very difficult thyroidectomy performed on a female patient who was completely under the influence of this comparatively new and thoroughly reliable drug.

In every hospital, the British doctors were most kind and considerate in the courtesies extended to our visiting Canadian practitioners. On September 3rd, after a lengthy holiday, filled with memories of pleasures never to be forgotten and with appreciative thoughts for the many considerations shown us as visiting Canadian members, we embarked on the Empress of Australia, arriving at Quebec on September 10th. We realize now more fully, how strong should be the bonds cementing Canada to the Motherland, and how esteemed should be the heritage of our allegiance.

A Talk on Meningitis

DR. ERIC MACDONALD, Reserve, N. S.

Presented at the 1932 Annual Meeting of the Medical Society of Nova Scotia. Important points in these remarks were illustrated by charts.

Mr. Chairman and Gentlemen:—

During the past few years those of us who attend the Hospitals in Glace Bay have noted a large increase in the number of admissions for Meningitis. Having had more than my share of these cases I thought a few facts drawn from our cases might be of interest. In these remarks no attempt will be made to deal with the subject fully, but for the most part to present some of our observations.

First; For our purpose Cerebro Spinal Meningitis may be defined as an infectious disease caused by the Diplococcus Intracellularis occurring sporadically or in epidemics. All our cases occurred separately; except two, which occurred within one week in a brother and sister living in very poor surroundings.

If you accept the clinical diagnosis, we have had 37 cases since the first of January 1930, not including Tubercular ones. Twenty-six of these were definitely shown by the microscope to be due to the Diplococcus Intracellularis. Some of the remainder were due to the Influenza Bacillus, Pneumococcus or Streptococcus; while in the Spinal Fluid of others no organisms were found. In Europe epidemics and stray cases in which after repeated examinations and cultures no organisms have been found are reported as Aseptic Meningitis. Perhaps some of our cases would fall in this class. Statistics at any time are boring so only a few figures will be mentioned. The average mortality for all ages was fifty-seven percent, that is, of the 37 cases 21 died. We will consider only the 26 cases proven to be due to the Diplococcus. If we divide them according to age we find this:—

Age	Cases	Died	Recovery	Mortality
Under 2 years.....	7	6	1	86%
2 to 9 years.....	7	3	4	43%
10 to 19 years.....	7	1	6	14%
20 to 29 years.....	2	0	2	0%
Over 30 years.....	3	3	0	100%
All Ages.....	26	13	13	50%

From this table it may be seen that children under ten years of age have about one chance in three of recovery, while if they are under two years of age only one in seven. All of which may be summed up by saying; "The younger the child the poorer the prognosis." Those with the best chance appear to be young adults between twenty and thirty years of age. I am aware that these figures are based on too few cases to carry much weight.

Another factor which helps one make a prognosis is the temperature chart. A fall to near normal in twenty-four to forty-eight hours after instituting serum treatment or a progressive fall after each dose is the best sign that the serum is going to be efficacious. While if there is no marked fall

or if the temperature falls some but immediately rises the prognosis is bad as it shows that the serum is not going to help much and death will likely result. However, this is not always so, as the temperature is notoriously irregular and the chart may present a saw-toothed appearance for some time before it straightens out and recovery takes place. (It is claimed that this state of affairs can be overcome by changing to a different brand of serum). Death can be expected if the temperature rises steadily in spite of our treatment. It is clearly shown by our charts that most of those that recover showed an early improvement after the initial dose of serum.

Regards After Effects:—Of the thirteen that recovered one has slight deafness, while another is absolutely deaf due to nerve destruction. No after symptoms have been noted in any of the others.

Some of these cases were diagnosed the first day, that is within twenty-four hours of the first symptom, while others were sick for a week or so before being admitted. The average time patients were ill before being admitted to Hospital was about two days.

The **Early Symptoms** are not characteristic. The earliest perhaps being petechial or purpuric rash, but it is quite transient and seems to be rarely observed. The eruption is scattered upon the trunk and extremities. The first symptom noted in children is often a convulsion while in adults the disease sometimes makes its appearance with a chill, or chilly sensations. The temperature does not help much as it may be either low or quite elevated, or, as death is approaching it may reach as high as 107 or 108 degrees. The pulse in children tends to be rapid and in several of our cases at least, was markedly irregular, while in adults it is often slow and full. In one case when the temperature was 101 the pulse was only sixty, never went above ninety, most of the time being around seventy.

As regards the **Diagnosis** in small children; It seems that the best early sign towards putting one on the right track is this; The Mother will likely tell you that the child seems sore all over and that she is unable to touch it without causing it to cry and moan, or if older to scream. This symptom although not the earliest is at least definite enough to make one look for others. Of course, it is not pathognomonic of Meningitis.

Vomiting was an early symptom, occurring in sixteen of our twenty-six cases. It is not troublesome and as a rule soon subsides. Twitching either of the muscles of the face or of the limbs may be either an early or late symptom. It seems to be earlier in babies than in older people. It suggests cerebral trouble and is thus a valuable sign. The most constant symptom noted in our cases was headache which was prominent in fifteen out of nineteen that were old enough to complain. In adults it is an early and perhaps the only symptom complained of when the doctor is consulted. The headache is generally very severe, constant and hard to relieve. The frontal and occipital regions are most often complained of, the pain being of a stabbing nature and not much relieved by the usual remedies. Seventeen of these patients were comatose or semicomatose at times. Other frequent symptoms were head retraction, pain in the back and neck, with or without stiffness, irritability, restlessness and delirium.

Regards Examination:—Children appear to show a somewhat typical facies, as especially regards the eyes, which have a fixed bright stare or birdlike appearance. The eyes otherwise are generally normal except that they may react sluggishly, and that Photophobia may be present. Twitching may be

noticed as well as restlessness and irritability. The knee jerks do not help as the findings are not constant. Either Kernig's or Brudzinski's sign, or both if present helps one make a diagnosis with more or less certainty. Contrary to the general belief only fourteen of our cases showed head retraction, so you see it is possible to diagnose Meningitis correctly without this symptom. A common one that clinches the diagnosis as much as any is rigidity of the neck and back separately or combined. This was noted in the histories as being present in eighteen cases. Along with this rigidity, pain in the back and neck was a common symptom. Many with signs of rigidity of the Spinal column did not have any head retraction.

TREATMENT.

As soon as there is reason to suspect Meningitis a Lumbar Puncture should be done and a dose of serum given, whether the Cerebro Spinal Fluid is under pressure and cloudy, or even if it is not. There is no harm in this even if eventually no organisms are found. Strict Asepsis is not always maintained, although it goes without saying, it should be. Three of our cases showed Secondary Streptococcal infection in the smears some time after the initial puncture, which was positive for Diplococci only. As far as death was concerned, in this series, there did not seem to be any advantage with a local anaesthetic. In young children however, repeated ether anaesthetics seem to lead to congestion of the lungs which terminates with death as these children become choked up, prostrated and die in about a week. Perhaps if the respiratory system did not have to fight against the effects of repeated general anaesthetics these babies would have a better chance.

The ice cap was used constantly in all our cases and appeared to soothe the patient as well as ease the persistent headache. The various drugs used to control the severe headache, restlessness, insomnia and delirium included Bromides, Trinol, Luminal, Codeine and Morphine, as well as the usual headache remedies. These patients appeared to rapidly develop a tolerance for any of these drugs. Morphine does not seem to have its usual power in these cases, but is the best drug we have at our command. Some claim that patients become irrational after its use but we have never observed this; in fact, it was often necessary to keep the patient from yelling.

The remainder of the treatment, outside of careful nursing and attention, might be called Special Treatment, and can be considered under the headings of Drainage, Lavage and Serum.

DRAINAGE.

This generally means of the Subarachnoid space in the Lumbar region but we may include puncture of the Lateral Ventricles and of the Cisterna Magna. In doing a Lumbar Puncture we all know that a little more fluid should be drained off than is to be replaced with serum. In practice it is a question whether we drain enough considering the dose of serum we give. As a matter of fact, we often give more serum than fluid withdrawn. As part of our object is the relief of pressure you can see that by giving too large a dose we are not accomplishing all we desire. It has been observed that if the usual amount of fluid were drained and no serum given, the irritability and headache would be much improved. This was clearly shown by a young man who made very little objection to Lumbar Punctures under local, but would beg not to

be given serum, as he claimed it made his headache worse. This was proved by the noise he would make and the sedatives he would require in a short time. This patient had 160 C. C's of serum by the gravity technique, eleven Lumbar Punctures were done and about 325 C. C's of fluid removed. On those occasions when the fluid was not replaced he seemed to improve and rest better, this of course, was some days after admission. One is inclined to believe that if he were in a comatose state or under general anaesthetic at these times, he would not be in full possession of all his faculties now.

A means of treating young children but of which I have no personal experience, is tapping the lateral ventricles and washing them out with saline as well as giving serum by this route. The opening of the needle should be upon the side and not upon the point as it is liable to become plugged with brain matter. Some writers claim there is a decided reaction following every injection of serum, while others class it as a perfectly safe procedure. Other procedures which cannot be classed as safe, by any means, are cervical and Sphenoidal punctures also puncturing the ventricles after trephining. A site where we may carry on drainage safely, in children especially, is that which lies immediately in front of the Occipito Atlantoid Membrane and between it and the posterior aspect of the Medulla at the level of the Foramen Magnum, that is, between the Occipital bone and the Atlas. The Subarachnoid space is widened out here to form the Cisterna Magna. If we become familiar with the technique of this procedure which is not hard, it should become valuable in conjunction with Lumbar puncture or when the latter fails, as it often does in infants.

LAVAGE.

Very often in doing a Lumbar Puncture we get a dry tap, we feel that we are in the Subarachnoid space but no fluid is obtained. To be sure we are in the canal, if this occurs, leave the needle in situ and introduce a second needle two spaces lower. Provided we are in the canal, saline introduced through the upper needle will flow out the lower. In many cases it is noticed that after repeated Lumbar Punctures we get a dry tap or very little fluid. The principal reasons for this are, that the fluid becomes so thick that it seals itself off or that adhesions form which prevent the fluid entering our needle. The remedy for the adhesions would appear to be puncture of The Cistern and for the fluid, which is practically pus, dilution with some harmless solution and then drainage. We have not had any experience with the introduction of antiseptic solutions but most authorities consider them harmful, the only solution we have used being normal saline. Of course, one should not wait until the Spinal Fluid becomes thick before attempting lavage, its greatest aid is before this; as in washing out the canal we wash out the pus cells the organisms and their toxins, and also dilute the remaining pus and fluid. This helps the patient as well as aids us in our next attempt. To wash out the canal scientifically we should repeat our lavage until the return flow is clear. This may not always be practical but it is something to aim at and we certainly need something. Although some authorities claim that it is useless we believe it helps in some cases at least. In giving lavage, the gravity apparatus is preferable, especially if it is an early case and the Cerebral Spinal Fluid runs readily or if the patient is an infant. If it does not, we can try a syringe, but one must only use a small amount of saline at a time and be sure one's return is as large or larger than the amount injected. The dangers would seem to be;—first

injecting too much saline at one time; second, injecting it too fast; thirdly, too rapid withdrawal. One must remember that the fluid that is drained off before attempting lavage is sluggish toward the last, therefore, we must expect that the last of the saline mixture will be slow coming away. In a baby fourteen months old, ten C. C's of saline were injected quite slowly and without apparent force yet when the pressure was removed from the piston the fluid pushed it out quickly until there were five or six C. C's in the syringe. This showed that that much more at least was used than was desired. Afterwards smaller amounts were used which although slower and more tedious was better treatment. This also shows how we can unconsciously raise the pressure with too large a dose of serum when using the syringe for its administration. Another point that should be insisted upon is that the saline and serum should be warmed to 100 degrees F. or blood heat at least, before being used. This is not always done.

SERUM.

Most patients were given serum with a syringe attached to the Lumbar Puncture needle, but personally, as was mentioned in regards to saline, the administration with the gravity apparatus seems preferable. If we have withdrawn sufficient fluid the serum flows quite freely through the tube, when it slows up or stops, the patient has had sufficient or too much for the amount of fluid withdrawn. If this is noticed the needle should be withdrawn and the remaining serum given intravenously or intramuscularly; which, it is claimed, helps the Toxemia. In fact, it is recommended that serum be given intravenously in all severe cases and in those where the Diplococci have been found in the blood, of course in conjunction with intraspinal injections. It would appear that the tubing supplied for use is too long for treating young children if we are going to hold it as high as possible. We do not know how much pressure this column of serum in the tube and vial exerts but it must be considerable when added to the existing pressure of the spinal fluid in an infant. In this group you will have noticed that only one child under two years of age recovered. All serum given him was with the gravity apparatus, any that did not readily enter being discarded. We are endeavouring by drainage and serum to lessen the pressure surrounding the brain and cord and to neutralize or kill the toxins. Therefore, it does not seem good treatment to neutralize the poison if at the same time we are going to kill the patient by increasing the intracranial pressure with too large doses of serum.

It seems probable that when you collect as much fluid as possible through a Lumbar Puncture, the pressure in the cranial vault is not relieved for some time, that is, the Cerebral Fluid takes some time to seep down along the Medulla and balance the pressure in the subarachnoid space surrounding the cord. When we empty this space as well as we can and immediately inject serum under at least some pressure, the sum total of our manipulations, as regards relief of pressure, is not always as great as it would seem.

The latest procedure advocated is introducing serum into the ventricle and at the same time withdrawing fluid from the spinal subarachnoid space, By thus allowing the pressure to return to the normal after the administration of serum any increase of pressure is obviated.

Regards Dosage:—In many cases we give the patient 20 C. C's of serum irrespective of age. This does not seem correct. In prescribing for children the dose of any drug is always calculated according to the child's age or weight

in proportion to the average adult dose. When it comes to Anti-Meningococcal Serum we do not always bear this in mind. Certainly if a 20 C. C. dose is O. K. for an adult it is far too much for an infant. It would seem from a study of our charts as if children receive too much serum as compared to adults who recover, also too large doses in comparison. None of the adults in our series received more than 20 C. C.'s intraspinally at one time although additional serum was often given intravenously. This does not necessarily mean that adults may not be given larger doses intraspinally if deemed advisable. In severe cases some authorities give as much as from Two to Six Hundred C. C.'s intravenously but no one would attempt to give such amounts intraspinally to children.

I would like to suggest that when you run across your next case, you try giving not more than half as much serum as you have withdrawn fluid and if the patient is a young child not this much, if any quantity is obtained.

Uncommon Enough to be True.

It's the Depression.

Dear Dr. Thomas:

Enclosed herewith please find the shekels
 To repay thee, *best* of surgeons,
 For thy skill with lance and sutures,
 And thy gentle (?) hand in Dressing.*
 Sad was I to keep thee waiting
 For the sum thus justly due thee,
 But insurance, mortgages, taxes,
 With a drastic cut in wages,
 In my purse made an incision
 Which would brook of no cicatrix.
 Though the drain is not removed yet,
 And when "touched" it bleeds in anguish,
 Yet would I no "doubting Thomas"
 Have to weigh upon my conscience;
 Therefore, true to Scotch tradition,
 Squeezed I every cent and nickel,
 Till the metal yielding slowly,
 Was transformed to goodly dollars,
 To be placed within thy coffers.
 Peace be with thee and my blessing.

JAMES SHANKS.

*Especially in removing stitches and adhesions.

Presidential Address

By the Late DR. A. C. PAGE of Truro, N. S.

(An address delivered in 1876 by the late Dr. A. C. Page of Truro to the Medical Society of Nova Scotia. That the Canadian Medical Association Journal should regard republishing in its December last issue a large part of this address is surely good reason for its further publishing in our own Bulletin. Might we from personal knowledge state that Dr. Page was one of the outstanding medical men in Nova Scotia for many years, and until the early years of this Century. S. L. W.)

THE DOCTOR OF THE FUTURE.

“Gentlemen:—

It seems but yesterday that through the exertions of a few earnest and heroic workers in the Profession in Halifax the Nova Scotia Medical Society was formed, without perhaps any very definite plans or aims for the future but with the determination at least to cultivate the acquaintance of each other and their Country Brothers as well. The earliest efforts of the Society were directed to the matter of Legislation so that the Profession should have a position among men equal at least to the Scavenger or Junk Dealer.

Their labours in this direction resulted in the present Medical Act which if not perfect is yet far in advance of anything previously existing in the way of Law. Those rules, needed everywhere, but so light and easily borne by those at all well disposed or properly bred, “Called Medical Ethics” have been revived and we now point to a code that would make a gentleman of a prize fighter if properly observed.

A Medical School has been organized where I am proud to say young men can learn a good deal if they study hard, and more cheaply and with better surroundings than they might have farther from home, and in this connection I may be permitted to suggest that while I admire the ability of our teachers and the completeness of our curriculum as well as the praiseworthy strictness of the Examinations to which the students were subjected before getting their Diplomas, our aspiring young graduates would do well before buckling fairly down, to their life work to spend six months or a year not so much in study, as in observation at one or more of the great Medical Centres in Europe, or on the Continent. You may read Medicine till you are blind and listen, patiently to the best lectures that the world affords, till gray, yet there are some things that must be seen to be believed and may well be doubted even then.

It is cheering to know that altho so much good work has been done since the formation of this Society our medical men are not weary, are not yet satisfied, nor, indeed, will they ever be while there is an uncorrected evil existing, or a case or class of suffering or sorrowing mortals without ample provision being made for their wants. Having improved the Laws of the Land bearing on their Profession, and the Laws governing their Professional Intercourse with each other and Society; and here let me add, that in both instances it is in the interest of Society more than themselves individually that these labors are undertaken, having established a good school of Medicine they have asked for increased facilities in the way of teaching. A new and commodious Medical College has been built and must be furnished in Halifax and I envy that man who steps now in this hour of need to the front with large fists to

complete what has been so well begun. I say I envy that man his fame for no more lasting or better monument could preserve his memory here, or hereafter. I cannot resist the conviction that some one or more of the large hearted and wealthy citizens of Halifax will soon realize how great a privilege it will be in after years to leave their names honorably associated with Institutions bearing the Record that I feel the Nova Scotia Medical College will always deserve. Some weary and impatient people say when will people be done begging and for what next?

My first question I can answer quickly. Never. The second is not so easily answered, not because there are not a thousand charities waiting and all deserving, but because I find it difficult to say which is the most urgent or which can afford to wait. But for the comfort of those who think they are tired giving, and that there will soon be no need of giving let me say, that, when the *Halifax Dispensary* is so complete in all its details that no mortal need suffer for any form of medical aid through poverty; and the *Blind Asylum*, and the *Deaf and Mute Asylum*, are perfected in every part and the *Infant's Home* has enough and to spare for all its wants, and every possible thing has been done that can be thought of for the amusement and comfort of the *Insane*, and when the *Inebriate Asylum* has been so blessed that there is not to be found an unreformed Drunkard in the Land, and the *Hospital for Incurables and Consumptives* (the missing links in our Charities), have been endowed so well that the last conceivable need has been supplied, I say when all this is done you will find you are only at the beginning, the age is a fast one and the needs of the day develop rapidly. In looking back for comfort I see enough to beget a large hope for the future and my imagination, not by any means a brilliant one, pictures many beautiful and desirable things that are to grow out of the efforts that are being put forth to-day by the members of our Profession in behalf of Education and Benevolence. Among other pictures I have sketched a beau ideal of the young Graduate of not many years hence.

He must be a gentleman, born and bred. He must be a Bachelor, if not Master of Arts. He must be a thorough Chemist and Zoologist, and Botanist, in fact a walking Encyclopedia of science.

He must read and converse in all languages, in German and French, and understand well the use and capabilities of the microscope, while a knowledge of the Photographer's art will often prove very useful. He must understand all sanitary science, including drainage and ventilation. He must know no sect, party or creed. He must be religious without being sectarian, patriotic without being a partisan. He must be as abstemious as a Methodist parson or a Good Templar, and as good a judge of wine as a Bishop. He must be as sympathetic as a nursing mother and as cruel as cold steel. He must combine the boldness of a lion with the soft and tender touch of a lady. And when endowed with all these and a hundred other qualifications too numerous to mention, he sets out in his life work. If he comes to the country, I may take the liberty of suggesting to him that he will require a sound body, with a sound mind, but if he can't have both, be sure and bring the sound body. He must have no fear of toil or tempest—no fear of contagion—no fear of poverty. He must be a member of the Y. M. C. A., and the nearest Agricultural Society. He must be able to lecture on temperance, and make funny tea-meeting and picnic speeches. He must know enough law to write a Will, and enough of medicine to know when the Will ought to be written. He may feed often on the fat of the land, but must be happy, and content after, with a boiled herring

and sour bread. He will often sleep soundly in the best bed, but just as often he will find the best bed occupied by too lively a company, in addition to himself, to make sleep just as refreshing as nature designed it to be.

To emunerate all his trials and annoyances would be as unwise as it would be impossible to classify or portray pleasures and joys which, under the most unfavourable circumstances, always far exceed his sorrows and pains. His rewards are not the reward of merchants, lawyers, or statesmen, they are not at all of this world, and just what they will be in the next, I cannot tell you. Here my lamp went out just as I was about to commence a sketch of another medical man of the female persuasion.

The following is not printed, because of its philosophy, truthful picturesqueness, or its poetry, but because it was published by the Berwick Register, so it must have appealed in some way to the Editor, and it does disclose a kindly appreciation of the attributes of the country doctor that always have been present, but not always acknowledged.

THE COUNTRY DOCTOR.

Along the country roads where maples lean,
A faithful pair oft and anon are seen,
Together like old friends about the way,
He and his nag, both growing old and gray.

What secrets lurk within that breast,
Of mother-love, of throb, of pains and ills,
Safely kept beneath that buttoned vest,
Receptable of powders and of pills.

How oft he holds the wrist to mark the slow
Pulsations of the feebly-fluttering heart,
While his kind words, soft, murmuring and low,
Would calm the mourner's pain and smart.

But on second thought I do not know of any other persons who serve the public that receive any better recognition.

(Note:—The doctor is the first person we meet when we come into the world, and unless we go out by accident he is the last with us when we leave it. Such devotion is worthy of the highest praise and that is often all the doctor gets for it). *haha!*

BiSoDol Not Acceptable for N.N.R.

This is a preparation distributed by a firm of the same name and recently refused recognition by the Council on Pharmacy and Chemistry of the American Medical Association. The report of the Council is found in the October 29th, 1932, issue of the Journal of the A.M.A., page 1511. Perhaps there would not be the necessity of making this reference in the BULLETIN were it not that this product has been very extensively advertised by literature and samples throughout Nova Scotia. Recent literature (?) advises its use in "The Early Treatment of Colds." This does seem a little too much to expect from a mixture of Bismuth, Magnesium Carbonate and Sodium Carbonate. The BULLETIN carries the advertisements of Concerns that are duly recognized; read the literature and throw the rest in the waste basket.

A Community Health Program

Transactions of the College of Physicians.

ONE of the most acceptable of our Exchanges is this Annual Volume from the College of Physicians of Philadelphia. An introductory "Notice" reads thus:—"The present volume of Transactions contains the papers read before the College from January, 1931, to December, 1931, inclusive. The Committee of Publication thinks it proper to say that the College holds itself in no way responsible for the statements, reasonings or opinions set forth in the various papers published in its Transactions. Edited by Walter G. Elmer, M.D."

To some extent one wishes that some of the present day pronouncements along scientific lines might be issued with the solid approval of the body corporate, making it a matter of positive knowledge. In such a case ordinary general practitioners might feel they knew where they got off at. But the day for these definite pronouncements has long since passed away and nothing but the cruel test of time speaks finality. Yet it is fair to conclude that, when such papers as noted in this volume are presented to a body like the College of Physicians of Philadelphia and are published in this handsome manner, perhaps they may as nearly state the *Last Word*, as can any similar publication.

So it is, that the BULLETIN very confidently makes reference to a leading article, "The Community Health Programme. By C. E. A. Winslow, D.P.H., Yale School of Medicine." Tracing very briefly the history of early efforts to prevent the spread of diseases he describes "The Great Sanitary Awakening," which began less than a century ago, and still is a vital part of our programme. This had to make room for the next agency, ushering in the golden age of Bacteriology. Then naturally comes immunology as a further adjunct.

The New Public Health thus begins about 1905. Dr. Winslow says:—"By 1905, then, bacteriology and sanitation had placed at our disposal defences of proved and demonstrated efficacy against the epidemic diseases (with the important exception of influenza, which still remains unconquered). Cholera, plague and typhus fever had disappeared from civilized communities, and we had in our hands the weapons to eliminate typhoid, diphtheria and infant diarrhoea.

"Tuberculosis, however, still remained, as in 1880, 'The Captain of the Hosts of Death.' . . . After ten years experience, notification of tuberculosis had proved its value, but it was evident that much more than detection and isolation of open cases was needed for the control of this disease. It is notable that the basic elements in the program by the committee established by the Charity Organization Society of New York in 1902 were 'research into the social, as distinct from the medical, aspects of tuberculosis,' education, development of sanatorium treatment and social relief.

"The public health program of the nineteenth century was concerned with the environment of man, with water and sewage and insect carriers, and with the control of the spread of widespread community infections from one person to another. The new public health, initiated by the pioneers of the tuberculosis movement, is concerned chiefly with the individual and with the upbuilding in that individual of the highest degree of vital resistance by the application of the principles of personal hygiene.

"With the dangers which lie outside us the community could deal directly by legislation and the exercise of the police power. With the problems of personal hygiene it can deal only indirectly through the medium of education for our leaders in public health have learned the lesson which other reformers seem slow to master that changes in habits of daily living come by education and not by legislation.

"The modern community health program, has, therefore, become largely an educational movement designed in an organized fashion to bring the lessons of modern medical science directly into the individual home and to the individual citizen. It is for this reason that the public health nurse has become a central figure in our movement as not only a minister of healing but a messenger of health.

"Thus a cornerstone of the development of the community tuberculosis program has been the establishment of diagnostic clinics, not solely or even primarily for the detection of sources of infection who may be dangerous to others, but chiefly for the early diagnosis of a pathological condition, so that the individual concerned may have the advantage of medical advice. Widespread means of propaganda have been developed to bring the individual under the care of a physician. Nurses seek out contacts and those who are physically in any way below par.

"Now this is a new thing in the world, this organized program for a truly preventive medicine. It is by no means confined, however, to tuberculosis. The campaign for the reduction of infant mortality began as a movement for clean milk, an environmental problem.

"Since the child is in a special sense a ward of the state it is natural that the new public health should have made rapid progress in the field of school hygiene. When the first school doctors in this country were appointed in Boston, in 1894, they were sent into the schools for a definite police function, to detect and exclude children suffering from communicable disease who might be a menace to others. To-day the major interest of the school physician is not in communicable disease at all, but in the detection of incipient physical defects of sight and hearing, diseased teeth, tonsils and adenoids, faulty posture and poor nutrition-conditions which handicap the individual child itself in the enjoyment and efficiency of its daily life.

"*The Community Health Program.* Along such lines as these there has grown up during the past ten years a program of community health organization which has become crystalized in a very definite form. This program is based largely on surveys conducted during the past ten years by the Committee on Administrative Practice of the American Public Health Association and represents not an abstract ideal evolved in the closet but a concrete picture of the best practice in some 300 cities of the country whose actual performance has been studied. In general, the standards set for each particular activity represent the practice of the upper third of the cities in respect to the type of work in question."

The program as worked out in the volume on Community Health Organization prepared for the Committee by Professor Ira V. Hiscock provides for eleven different functions or branches of work which may be summarized very briefly as follows.

These are, first of all, five fundamental activities which represent the older

and more traditional aspects of the subject and which are nearly always the function of the official department of health. These include:

1. Sanitation.
2. Control of milk and other foods.
3. Control of acute communicable diseases.
4. Laboratory service.
5. Vital statistics.

"In addition to these five types of community health service derived from the sanitation and bacteriology of the nineteenth century, there are six others which represent the tendencies of the newer public health. These latter activities are essential to the community health program as a whole, but they need not necessarily be carried out by the official health department. As will be pointed out in later paragraphs, many of these functions may more profitably be performed, in a given case, by voluntary health agencies, by polyclinics or by the private physicians in their offices. These newer activities may be summarized as follows:

6. Tuberculosis control, including reporting and registration (which must of course be official), diagnostic clinic and consultation service, sanatorium treatment and follow-up of arrested cases, systematic machinery for securing examination of suspects and contacts and provision of open-air rooms, day camps and preventoria.

7. Venereal disease service, covering registration, diagnosis, treatment clinics and follow-up of sources of infection.

8. Maternity and infancy work, involving prenatal care, obstetrical care, (including supervision of midwives) and supervision of the health of infants and children of preschool age by means of conferences and home follow-up.

9. School health work, which involves sanitation of school buildings, adequate facilities for physical training, daily classroom inspection for emergency conditions, complete medical examination three times during school life, follow-up for the correction of physical defects and education in the principles of healthy living.

10. Popular health instruction, including preparation of bulletins, newspaper articles, exhibits, motion pictures and radio talks to keep the general public informed as to the bases of disease control and health promotion.

11. Public Health nursing: The public health nurse plays a major role in many of the specific activities listed above. She is the ideal quarantine officer, since education of the family is essential to effective home isolation of communicable disease. She is the chief factor in bringing tuberculosis cases and contacts to the physician for examination and in maintaining standards of home treatment and follow-up of arrested cases. She is the effective agent in making the home contacts which are essential to the success of work for maternity and infancy and school hygiene. Experience has shown, however, that public health nursing is fully effective only when it is organized on a generalized basis. The ideal program calls for one district nurse for each 2,000 people in the general population, rendering bedside care in the home and dealing with all types of public health problems, and this generalized staff should be provided with specialized supervision in the fields of maternity and infancy, tuberculosis nutrition and mental hygiene."

(Dr. Winslow then estimates the per capita cost of this complete health service at \$2.20 per person per year. In this province, however, about one-

half of this amount is already provided for and much machinery available for other development, there being the greatest need in the rural districts, and the burden to be borne fifty-fifty by municipality and the government).

The Problems of the Future. "The public health program as it has developed during the past half century has achieved results that are nothing less than astounding, and these results have altered the whole fundamental picture with which the public health program of the future must deal. . . . The problems of the future are obviously pneumonia, cancer and the diseases of the heart and arteries. It is here that further gains must be made if they are to be made at all, and there is no reason to despair of progress in this field."

There is another future problem to which he refers, that of the field of mental and emotional maladjustment. "We are advised that 1,000,000 children and young people now in school and college are destined to be inmates of mental hospitals at some time in their lives."

Voluntary Health Agencies. "It must be clearly recognised that it is in no sense intended that all the activities discussed should be carried on by the official health department. The health officer of any governmental unit must be recognized as the one person officially responsible to the community for the health of its people. . . . Each particular function in the field of health promotion should, however, be discharged by the particular agency best fitted to perform it. That agency may in many instances be the private practitioner of medicine or the voluntary health agency. . . . Between 40 and 50 per cent of all public health nursing service and about one-fifth of all public health clinic service is provided by voluntary agencies."

The Role of the Medical Practitioner in the Community Health Program. "The sharp separation between official prophylaxis on the one side and private therapeutics on the other which was tenable in 1900 is no longer tenable to-day. . . . The new public health does not decrease but greatly increases the total volume of medical practice. Its whole emphasis is on early diagnosis and prompt medical treatment. . . . The basic ideal of the new public health is that which Dr. Olin West has described as 'the one great outstanding problem before the medical profession to-day—that involved in the delivery of adequate medical service to all people, rich and poor, at a cost that can be easily met by them in their respective stations of life.' "

This entire article, with the discussion that followed should be read by every medical man in Nova Scotia. How can we co-operate with the Department of Health if we are not aware of the problems coming before that Department?
S. L. W.

Heavy Work. The Stone Age writer who weighed every sentence he wrote must have become very tired.

Swat It. The quickness of the hand bereaves the fly.

Here's Health. Nowadays ice cream can create as convivial an atmosphere as whisky and soda, says a temperance man. Drink to me only with thine ice.

Presidential Addresses

THESE are generally regarded by the rank and file of the Profession as an authoritative statement as to the progress of the Science and Art of Medicine and Surgery in the community which is addressed. In Nova Scotia we have been particularly fortunate in having a certain number of Presidents whose keen and broad review of the past has not destroyed their vision of the future. As evidence of this the BULLETIN is in this issue, re-publishing the Presidential Address delivered to the Society in 1876 by the late Dr. A. C. Page of Truro.

But we do not need to go back to those early days for evidences of our point of present applications. A number of Presidents of the Medical Society of Nova Scotia, have enlarged along this line in recent years. In particular we have in mind the addresses of Ex-Presidents, Dr. Murray of Tatamagouche and Dr. Dunbar of Truro.

Perhaps, however, it will not be amiss to direct special attention to the address delivered by Dr. M. G. McLeod of Whycomagh, as published in our December issue of the BULLETIN.

In some ways this address is a splendid contribution by Doctor McLeod to the discussion of present day medical problems. It may not be necessary and it is surely not invidious that the BULLETIN should comment on some of the views presented by Dr. McLeod. Moreover, Dr. McLeod has been located in Whycomagh for the past thirteen years and notice the roseate picture he presents. We are not so sure but other recent graduates could go into rural districts and in five or fifteen years, paint a picture equally attractive. But the General Secretary of the Medical Society knows recent graduates cannot afford, in most instances to wait five years for a profitable practice. The money market is not as flexible as it was ten to twenty years ago, the most of them need money at once. We feel very strongly that Dr. McLeod's final plea,—“something may develop that would assist in giving the good people of our remote rural districts the medical services they desire should be heeded.” Now consider some other points he discussed:—“Training of the Medical Student and Internes;” “Attitude of Some Hospital and Authorities and Others toward the Rural Practitioner;” “The Lay Press.” Then listen to this,—“Gentleman, in these troublesome times it seems to be the custom for the public generally to make demands on our Government. Before the Medical Society of Nova Scotia suggests any rural system of Medical Service let us first remember our duties and obligations individually, as medical practitioners and citizens, collectively as a Society, and let our Nova Scotia Medical Society investigate this matter thoroughly, canvass every source of information available, obtain opinions and suggestions from those who have the knowledge of Country Practice and the requirements of our rural districts. . . . We can then conscientiously go to our Government with our suggestions, and our Government will not only be willing but will be obliged to act.”

The BULLETIN has this to say that Dr. McLeod has again *hit the nail on the head*, something that our Presidents have done many times. Often however, the heart grows sick when one visualizes the little action taken by the Society along the lines suggested in such very able Presidential Reports. What are we going to do about it? My suggestion is that some one, like Doctors McLeod, Dan Murray and Dunbar get together and outline some policy that would be applicable to *Nova Scotia* and present it in definite, resolution form to the next meeting of the medical Society of Nova Scotia. The General Secretary is of the opinion that Dr. McLeod's address deserves this action, especially in view of the remarks of our two previous Presidents of the Provincial Society.—S. L. W.

*Medical Facts and Observations

Edited by Dr. Simmons, Poland Street, London, and Published in 1791. A sequel to the London Medical Journal.

Section I. Case II.

Some Observations on the Prevention and Treatment of Hydrophobia. Communicated in a Letter to Dr. Simmons by Mr. William Loftie, Surgeon at Canterbury, January 24, 1791.

ABOUT two years since a poor man applied to me who had been bitten, both on the leg and arm, the day before, by a dog that died mad, after having bit two other dogs which were immediately killed.

The wounds were small; that on the arm was about two inches above the wrist and only one of the dog's teeth had penetrated: the other, on the tibia, was more considerable; here were the marks of two teeth.

In this case nothing was done till the time of his application to me, (twenty hours after the accident), when I dissected out the different parts, taking off a piece of the integuments, of about the size of half a crown, and removing every part that had even been touched by the teeth.

Lint dipped in a strong solution of corrosive sublimate, was applied to the parts, which were moistened at times with the same.

The next day, the arm and leg being much inflamed, an emollient cataplasm was applied over the dressings, and the patient was directed to take some Glauber's salt.

On the third day the dressings were removed, a large eschar was then formed, and there was considerable discharge from the wound.

From this time the slough came off daily and the wound discharged a laudable pus.

On the eighth day the patient complained that his mouth and gums were swelled; which must have been owing to absorption of the corrosive sublimate, as no mercurials were given internally.

The purging salt was occasionally repeated, and the wounds were kept open for seven or eight weeks, when they were suffered to heal; and the patient has continued well ever since. From every circumstance I have no doubt that the dog by which this person was bit was mad; and I cannot help thinking that the patient's escape was entirely owing to the removal of the parts bitten, and keeping the wounds open so long.

Since that time another case of the same kind has fallen under my care, which I treated in a similar manner and with equal success; but in this the certainty of the animal being mad was not so clear.

Two cases are related by Mr. Foot of excision being attended with success, in one of which the distance of time, between the bite of the dog and the extirpation of the part, was from thirty-two to thirty-five hours; and in the other, sixty-eight hours. Such instances as these, and the first of those which I have related from my own experience, evidently prove the usefulness and necessity of extirpation; and indeed I have long been of opinion, from all I have heard and read on the subject, that nothing less than the complete excision of the

*Case Reports appearing under this head are copied from the first volume of a book with this title, which is my personal property. S.L.W.

parts bitten can be relied on, with any degree of certainty, as a means of prevention in these unfortunate cafes.

In too many instances, however, either from the number and situation of the wounds, or from the fears of the patient, we shall be obliged, perhaps, to content ourselves with destroying the parts bitten by caustic, which is certainly the best substitute for extirpation, though it has sometimes failed of success even in the ablest hands.

The cafes, by M. Sabatier, you have favoured me with from the Memoirs of the Royal Academy of Sciences at Paris for the year 1784, are strongly in point, and confirm the necessity of destroying the wounded parts. With your leave I will copy them. "On the 27th of February, 1784, a dog, kept by way of safeguard in a lone house; bit the gardener belonging to the house in the upper lip. The wound was dressed in the common way, and nothing more was done. The next day the same dog, which had been shut up, but without being supposed to be mad, flew at a young man, who went to carry it some victuals, and bit and scratched him in several places. The dog was immediately killed. Twenty-eight hours after the accident M. Sabatier applied liquid butter of antimony to the wounds, which were more or less considerable, and twenty-five in number, and to the scratches, of which he reckoned fifty. The most considerable were in each hand and fore arm, in the right shoulder, and in the left leg. These were kept open a considerable time, and the patient did well; but the gardener, who thought himself safe, and would not believe the dog had been mad, began, on the 14th of April, fifty-five days after the accident, to lose his appetite; the day following he complained of a pain in the wound, of a severe oppression at his stomach, and of a desire to vomit. The symptoms of hydrophobia came on the same day. He was carried to the Hotel Dieu at Paris, and died on the 16th.

M. Sabatier relates another case, which happened in 1775, of a soldier, bit also by a mad dog, where the caustic was applied with success; while another man, who had been bitten by the same dog, was seized with hydrophobia on the fifty-second day, and died in twenty-four hours."

The method proposed by Dr. Haygarth, of washing the wound with cold water, not slightly and superficially, but abundantly, and with the most persevering attention; in bad cases for hours; and after a plentiful affusion of cold water, but not sooner, applying warm water, is highly commendable for its simplicity, and cannot be too much known and inculcated, as it promotes the wished-for design, and given time for medical assistance.

The Method you have been so good as to communicate to me, as proposed by Professor Mederer, of Fribourg, and which consists in washing the wound thoroughly, first with a dilute solution of lunar caustic in water, (in the proportion of thirty grains of the caustic to a pint of water) and afterwards with warm water, seems also to be highly deserving of notice. At the end of the Professor's paper, I observe some points of theory concerning the supposed action of sea water, in these cases, from its alkaline contents, which may probably by some be deemed too fanciful; but this is a circumstance of no great consequence; and if you give the present remarks a place in the Medical Facts and Observations, I shall request you to add Professor Mederer's letter and other papers on this subject, by way of note, or in any other form you please, as I am persuaded there are many readers who, like myself, will be glad to have a copy of them.

That persons sometimes escape the effects of the bite of rabid animals,

without any prophylactic means being employed, is certain, and must be accounted for from some particular state of the habit at the time. We daily see instances where inoculation fails, though the insertion of the variolous matter is carefully done, and other patients inoculated at the same time, with the same matter, and the same lancet, have the disorder. May not the same thing happen in the bite of a mad dog? I remember a case of a child at the breast being for a fortnight or more in a room where four or five children had the small pox, and some of them the confluent sort, without catching the disease, though, in general, it is so easily contracted. When the means of prevention have been neglected, or have failed, and hydrophobia has actually taken place, what are the most proper remedies to be adopted? The antispasmodic and nervous medicines, which are so generally had recourse to in these cases, have so often failed of success, that I have long determined, in my own mind, should any instance of this dreadful disorder fall under my care, to change the method of treatment, and try the effects of tonics.

The plan I have proposed to myself would be, (after such previous evacuation as might seem necessary) to direct my patient to be kept as much from the light as possible; the bark, in substance, to be given in large quantities, and Port wine plentifully; but that everything liquid should be given from a dark-coloured, unglazed tea pot, that nothing might appear to the patient; that bark clysters, with opium, should be frequently thrown up; oil of amber rubbed on the vertebrae of the neck and back, and vesicatories, as stimulants, applied to the throat; and that, as soon as possible, the cold bath, or, what may be more easily used, the shower bath, should be had recourse to.

I have said nothing of the use of mercury, which has been so often recommended and found inefficacious in these melancholy cases, because the action of it, if there be time for it to enter the circulation, seems likely to counteract the bark and the other tonic remedies I should wish to employ.

I have been confirmed in my opinion of the propriety of at least making trial of the mode of treatment I have ventured to suggest, by reading some observations on the cause and cure of the tetanus, lately published by Dr. Rush, of Philadelphia, in which he gives an account, of the success of the bark and wine, taken in large quantities, in that disease. To these, in one case, he added a blister between the shoulders, and, in another, the oil of amber in large doses, when he suspected bark and wine began to lose their effect.

After assigning his reasons for throwing aside opium, and nervous medicines, he proceeds to observe, that, having had no opportunity of seeing the hydrophobia since he had adopted these principles, he is unable to determine how far his reasoning with respect to tetanus may be applicable on the hydrophobia; but from the spasmodic nature of the latter disorder, from the season of the year, in which it generally occurs, and, above all, from a case related by the late Dr. Fothergill, of a young woman having escaped the effects of a mad cat by means of the wound being kept open, (and which, from its severity, Dr. Rush thinks was probably connected with some degree of inflammation) he asks whether it is not probable that the same remedies, which have been employed with success in the tetanus, may be used with advantage in the hydrophobia.

At the conclusion of his paper he very properly remarks, (and the observation may serve as an excuse for the hints which I myself have ventured to throw out on the subject). That in a disease so deplorable, and hitherto so unsuccessfully treated, even a conjecture may lead to useful experiments and

inquiries. Although the cause of tetanus, and of hydrophobia, may have a different origin yet the effect in both seems, in some manner, to agree, a spasmodic affection of the muscles, and particularly of those belonging to deglutition, being brought on. I am willing to allow that the nervous system is likewise affected, as the disease is always increased upon even the approach of liquids, without attempting to drink, or by any thing of a refining nature.

Before I conclude this letter I shall take the liberty of offering a few more remarks relative to this subject, which have been suggested by a perusal of Dr. Percival's hints towards investigating the nature, causes, etc., of the rabies canina, addressed to Dr. Haygarth, and inserted in the tenth volume of the London Medical Journal. The learned author says he does not perceive any strict analogy between the action of the canine virus and that of lues venerea, small pox, or of the viper; as these evidently affect the lymphatic system, and their progress into the course of circulation may be readily traced, which is not the case with the bite of a mad dog. "Are we then," he asks, "fundamentally right in the idea, that the bite of a rabid animal operates by absorption? and might not its effects be, at least as well, if not better, explained, by ascribing them to local nervous irritation, propagated at different periods of time, according to the varying circumstances of sensibility and irritability to the brain, and from thence to the fauces, gullet, and stomach?" This doctrine is ingenious, but not so clear, I apprehend as that of absorption. It is true that there is a great difference between the virus of rabid animals and of those disorders which the Doctor mentions, but yet the affection may be easily accounted for by absorption, if we allow that a greater length of time is required for the action of the one than is necessary for the other. We know that in the small pox and lues venerea the infection is found to have taken place in a few days, and in some cases in a few hours; in the more active contagion of disorders, from putrid affection by infection, in a very short time indeed. About thirty years since I accidentally wounded my finger with the point of my knife in opening a woman who died of a dropy of the ovarium, where the contained fluid was very putrid. In a very short time I felt a slight uneasiness or irritation in the part, and in the course of the night it might be traced to the glands above the elbow, and from thence to the axilla, where, a collection of matter formed, which I am inclined to think saved my life; and the morning following the accident a ripe pustule was observed on the punctured part.

The virus of rabid animals will certainly lie dormant for weeks, till some change takes place in the habit, when it becomes active. Dr. Hamilton, in his remarks on this subject, (pages 99 and 108) says, that the time required for the virus to become active is rather uncertain; but he thinks from four weeks to three months are by much the most frequent, and that the first symptom is generally a pain in the part where the bite has been received, stretching in the course of the lymphatics towards the heart, or where they unite with the sanguiferous system.

Mr. Jeffe Foot thinks that "forty days is about the general average from the bite to the time of the coming on of hydrophobic symptoms;" though there are cases on record where the morbid affection has not shewn itself for some months, even to the eleventh, and, as in the case related by Mr. Bourne, to the nineteenth, still, however, in general, the appearances take place in the bitten part first, and from thence are conveyed by the lymphatics, or some other series of vessels, to the circulation. It is uncertain what stimulates the virus to

action, but the effect seems to me to be the same as that caused by inoculation, etc.; a local irritation is brought on, and thence communicated to the habit.

Dr. Percival, in the paper already referred to, says, "the accession of canine madness is uncertain as to the distance of time from the bite, and the symptoms by which it first manifests itself; but frequently the cicatrix becomes hard and elevated; pains shoot from it towards the head; it is surrounded with livid or red streaks, and the wound breaks out afresh." This is coming very near the action of the venereal disease or small pox, though the time is so uncertain. It is particularly happy for mankind that the virus of rabid animals required so much time to vegetate, (if I may be allowed the expression) as it admits of preventatives to be made use of, and none, as I have already remarked, seems so likely to succeed as excision.

Canterbury,

January 14, 1791.

Account of an Extra-uterine Conception. Communicated in a Letter to Dr. Simmons by Mr. William Baynham, Member of the Corporation of Surgeons of London, and Surgeon in Effex County in Virginia.

"About ten years ago Mrs. Cock, the wife of a respectable planter in this state, became pregnant a third time, and at the proper time was seized with labour pains, which continued for a day or two, and then left her. She remained in a weak and declining state for some months after; during which time she was visited and attended by several medical practitioners, two of whom, declared her disease to be a dropy of the uterus. At length, however, she regained her health, flesh, and strength, and suffered only a trifling inconvenience from her increased size, which was equal, when I first saw her, to that of a woman in the seventh month of pregnancy. In this state I found her soon after my return to this my native country; and at my first interview with her I told her I was firmly persuaded that she had actually been with child, but that the child had never been in the womb; in which opinion I was more and more confirmed in every subsequent conversation with her.

Some months ago, after a fever attack of the influenza, which has for the last two years raged here with very great, and, during the last fall, with fatal violence, the abdominal tumour began to be painful, and was accompanied with a flight redness and inflammation of the skin, near to, and a little to the left of the navel. After attending her for some considerable time, during which I made one attempt, but failed, to relieve her by extracting the child, I was induced, by circumstances, to undertake the operation a second time; which I accordingly performed on Saturday last.

I made an incision in the belly, beginning opposite to, and a little on the left of the navel, and carrying it a finger's breadth or two obliquely downwards, and to the right towards the linea alba, I continued it afterwards in a straight direction, close to the left of the linea alba, about half way to the os pubis. Through this I, with some difficulty, extracted the child by pieces, from the appearances of which I judge it to have been equal in size (when whole) to a full grown foetus of nine months.

Some degree of putrefaction had taken place in the child, so as to denude the greater part of the bones of the periosteum and other coverings; but some of the soft parts still retained their colour and texture, particularly the heart and lungs, which were perfectly fresh and found, and are in my possession, preserved in spirits.

I could find no remains of a navel string or placenta, although both must have existed; but they had probably rotted, and come away in the discharge of matter which had come on, and continued a few weeks previously to the operation, through a small opening that remained after my first attempt. Although the foetus could not have been supported without the intervention of a navel string and a vascular chorion, yet it will perhaps admit of a doubt whether or not the spongy substance, as in a common placenta, had an existence.

The particulars of the case at large I mean to draw up at my leisure, with the addition of some observations, which I will transmit to you, together with a specimen of the bones. Meantime I flatter myself you will not be sorry at receiving this abridged account of so very uncommon a case.

I left my patient yesterday, being the fourth day after the operation, as well as could be expected; and my horse is now waiting at the door to carry me thirty miles to see her again to-day—which latter circumstance I offer as an apology for the haste in which I write; as before my return home the ship will have sailed by which you will receive this letter."

"Effex County,
Rappahannock River,
Virginia,
January 18, 1791."

The Earliest Version.

"I had long observed a circumstance in this woman's case which puzzled me exceedingly; it was, that she could not distinguish a letter in a book, even when assisted by the best glasses, though her sight was such as to enable her, with the naked eye, to sew and make all her own cloaths, to know the hour by a clock, and, in short, to do most of the offices of life with perfect ease. I had often expressed my surprize at this peculiarity; but it was not till last summer that, with much seeming reluctance and mortification, she confessed that she had never learned to read, and that she was unacquainted even with the letters of the alphabet; thus had I an explanation of a circumstance which, from the appearance of this woman's eyes, and her power of vision in other respects, had led me to form various conjectures relative to her peculiarity of vision; but which, from my ignorance of the real cause, appeared altogether inexplicable." (Medical Facts and Observations. 1791).

Some interesting books are noted in this old volume, "Medical Facts and Observations", as being on the market at this time—1790—For convenience of our readers the modern letter "s" is used instead of "f".

Catalogue of Books.

A new translation of the Pharmacopoeia of the Royal College of Physicians of London, of the Year 1787; with Notes critical and explanatory; doses of the several preparations; likewise a table of the quantities of Opium and Quick-silver in the compound Medicines which contain them; and a List of the new Names, together with Latin and English Indexes. By an Apothecary 8 vo. London, 1789.

Observations on the Duties of a Physician, and the Methods of improving Medicine; accommodated to the present State of Society and Manners in the

United States; delivered in the University of Pennsylvania on the 7th of February, 1789, at the Conclusion of a Course of Lectures upon Chemistry and the Practice of Physic. By Benjamin Rush, 8 vo. Philadelphia, 1789.

A Letter to Sir John Sinclair, Bart. concerning the Virtues of the Muriatic Acid, or Spirit of Sea Salt, in the Cure of Putrid Diseases. By Sir William Fordyce, M.D. F.R.S. 8 vo. London, 1790.

An Enquiry into the Small Pox, Medical and Political; wherein a successful Method of treating that Disease is proposed; the Cause of Pits explained; and the Method of their Prevention pointed out. With an Appendix, representing the present State of the Small Pox. By Robert Walker, M.D. Fellow of the Royal College of Surgeons, Edinburgh, 8 vo. London, 1790.

Elements of Chemistry, in a new Systematic Order, containing all the modern Discoveries; illustrated with thirteen Copper Plates, By M. Lavoifier, Member of the Academy of Sciences, etc. Translated from the French, by Robert Kerr, F.R. & A.S.S. Ed. Member of the Royal College of Surgeons, and Surgeon to the Orphan Hospital, Edinburg, 8 vo. Edinburgh, 1790.

On the Principle of Vitality, a Discourse delivered in the first Church in Boston, Tuesday, June 8th, 1790, before the Humane Society of the Commonwealth of Massachusetts. By B. Waterbourn, M.D. Professor of the Theory and Practice of Physic and Lecturer on Natural History in the University of Cambridge, 4 vo. Boston, 1790.

An Inaugural Dissertation on the Phenomena, causes and effects of Fermentation; submitted to the Provost, Trustees, and Medical Professors of the College of Philadelphia, for the Degree of Doctor of Medicine; June 1790. By John Pennington, 8 vo. Philadelphia. 1790.

The Sexes of Plants vindicated; in a Letter to Mr. William Smellie; containing a refutation of his Arguments against the Sexes of Plants, and Remarks on certain Passages of his Philosophy of Natural History. By John Rotheram, M.D. Fellow of the Linnaean Society, London. 8 vo. London, 1790.

Essays on fashionable Diseases; the dangerous Effects of hot and crowded Rooms; the Clothing of Invalids; Lady and Gentlemen Doctors; and on Quacks and Quackery; With the genuine Patent Prescriptions of Dr. James's Fever Powder, Tickell's Aetherial Spirit, and Godbold's Balsam, taken from the Rolls in Chancery, and under the Seal of the proper Offices; and also the Ingredients and Composition of many of the most celebrated Quack Nostrums, as analysed by several of the best Chemists in Europe. By James M. Adair, formerly M.D., Member of the Royal Medical Society, Fellow of the Royal College of Physicians of Edinburgh; Physician to the Commander in Chief of the Leeward Islands, and to the Colonial Troops; and one of the Judges of the Courts of King's Bench and Common Pleas in the Island of Antigua. 8 vo. London, 1790.

A Treatise of the Plague; containing an historical Journal and medical Account of the Plague at Aleppo in the Years 1760, 1761 and 1762. Also Remarks on Quarantines, Lazarettos, and the Administration of Police in Times of Pestilence. To which is added an Appendix, containing Cases of the Plague, and an Account of the Weather during the pestilential Season. By Patrick Russell, M.D., F.R.S., formerly Physician to the British Factory at Aleppo, 4 vo. Robinson's, London, 1791.

A Treatise on the Fevers of Jamaica; with some Observations on the Intermittent Fever of America; and an Appendix, containing some Hints on the

Means of Preserving the Health of Soldiers in hot Climates. By Robert Jackson, M.D. 8 vo. Murray, London, 1791.

Dissertatio Medica Inauguralis de Hysteria; Edinburgh, 1790.

Dissertatio Medica Inauguralis de Febre Typhoidea; Edin. 1790.

Disseratio Medica Inauguralis de Afthmate.

Dissertatio Medica Inauguralis de Menorrhagia; Auctore Richardo Feild, Virginiense. 8 vo. Edin. 1790.

Dissertatio Medica Inauguralis de Gonorrhoea virulenta; Edin. 1790.

Recently in a Provincial Weekly Newspaper we noted the Card of a Doctor recently located in the community. Just beneath it we saw the Card of a Lawyer, a K. C. living in the same N. S. locality. However the last line of this card stated also another address, State St., Boston. This is a fine example of international amity but for the medical profession the two offices are not quite so convenient, even if only a few miles as compared with one in Nova Scotia and one in Boston. Perhaps on the other hand, this is really an invasion by a smaller party into the territory of a larger body, a Nova Scotia K. C., carrying on a Branch in Boston. We hope, however, the gentleman in question will not remove from Nova Scotia.

Miss Catherine Hebb, daughter of Dr. A. M. Hebb of Dartmouth, is to be congratulated upon being awarded the Eddy Fellowship at Dalhousie.

Shortly after the official opening of the new City of Sydney T. B. Annex, Dr. J. K. McLeod, City Medical Health Officer, addressed the local Rotary Club regarding the great value of this addition to local hospital facilities.

Dr. Carl Smith, Dalhousie 1931, formerly of Berwick, now a Medical Officer in the Royal Air Force (England) has recently been transferred to the Palestine General Hospital at Sarafand.

The teacher had been explaining at length the meaning of the word "zephyr," and then she said. "While I was getting in the car this morning guess what kissed me on my cheek."

Little Tommy:—"The motorman."

To-day in the Garden—Whose heart doesn't gladden to see a lovely stretch of green wavy grass at this time of the year asks a writer. The amateur gardner who expected radishes.

Any Offers—Maintaining that wasps do a great deal of good a naturalist asks us to spare these insects during the summer. We can spare them with pleasure, if anybody wants them.

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VOL. XII

JANUARY, 1933

No. 1

Economic Conditions in Medicine

(From the Presidential Address of DR. A. S. MONRO of Vancouver.)

AS soon as the plethora of material is somewhat lessened in the Business Editor's Office the BULLETIN will republish the Presidential Address of Dr. Monro, presented at the last meeting of the Canadian Medical Association. This is because some form of State Medicine, or some aid by the state to the medical profession in each province, is bound to come in the near future. As Dr. Monro says,—“The policy of *laissez faire*—let George do it,—waiting to see what the government will do, will get us nowhere... The Lord helps those that help themselves.”

However the Conclusions recorded by Dr. Monro may well be noted as a guide to our serious consideration of the question. He is thus reported in the C.M.A. Journal, July 1932, page 7.

1. There is an outstanding problem facing the medical profession to-day which must be solved by the profession, or someone else will solve it for them.
2. Able medical leadership, backed by an active study group in Economics, is a prime need in every community if a solution satisfactory to all concerned is to be reached.
3. The 'insurance principle', as applied to health service, is both logical and sound. It enables the uneven cost of individual sickness to be spread over the group; the experience of numerous industrial medical aid organizations affords ample proof of this.
4. The medical profession should devise means for the adequate medical care of the part-pay patient, should encourage his habits of thrift, and sturdy independence of character, and preserve him from becoming a pauper.
5. Voluntary medical aid organizations in industry and in the low salaried class should be encouraged and developed on sound economic principles.
6. Compulsory health insurance is coming—let us be well prepared to meet it when it arrives.
7. In my opinion, the mingling of cash benefits with a health service will spell ruin for the latter and will confuse the issue with unemployment insurance.
8. In every centre of population there should be a well organized and trained social service department—a commercial credit bureau, if you like—to separate the indigent, the cost of whose care should devolve upon the State from the non-indigent. Local medical societies should initiate and actively prosecute research work of this character. The results will repay the effort.

9. There is great need of systematic education of the public as to the absolute necessity of budgeting for sickness, just as they do now for other necessities and for luxuries.
10. In view of the practical certainty that Health Insurance Legislation will not be considered by any government in Canada in the near future, the establishment of complete diagnostic facilities in all the principal centres, available to all the population as a State contribution, would, in my opinion, be the best single measure towards lowering the cost of medical service, that could be put into operation at this time.

S. L. W.

Vocational Training.

More than ever, and very rapidly now, vocational training is coming to be part of our educational system. As a matter of fact it is recognized now as an economic necessity. We have depended upon Dr. Munroe, Dr. Sexton, Prof. Barteaux (any one sore because his name is not mentioned?) to support this idea and they have succeeded to a very commendable extent. But it remains for a member of the medical profession in Nova Scotia to put this subject on a strict scientific, (or had we better use the term 'biological') basis. Dr. A. S. Burns of Kentville, has a wonderful imagination and he gave it a short venture recently before the local Rotary Club, when he gave, as we have suggested, the biology of vocational training. As it has thus definite basis, it is almost a wonder it took so many centuries to develop. However, this is a newspaper article, abstracted, which quite officially, we think, reports what Dr. Arthur really said:

"He compared the body politic, with its many occupations and professions, and the human body with its numerous tissues and organs. He took up the development of society from a single man, comparing it with the growth of the human body from a single cell.

Later, in both cases, groups of individual beings or cells formed to do the same thing, then we had groups doing different things. This was the first division of labor. In society, groups became larger forming tribes, and later tribes joined forming nations and the complete society of to-day. Groups of cells in the body grouped to do different things, as brain, muscle, lungs, liver, etc., We cannot have division of labor unless groups are different, and cannot have progress without division of labor. Had this change not taken place both body politic and human body would have remained in their primitive state.

He also compared the different groups of the human body to groups in society, the brain to statesmen and leaders, the muscle cells to transportation companies, and gland cells to those who make things, as carpenters, etc., the white cells of the blood to soldiers in their attacks against members, to doctors and nurses in carrying food and medicine to an injured part, and to scavengers in removing waste products(!!).

He also made mention of the great example in co-operation set by the human body. All parts must function well and in dependence on one another, otherwise the body as a whole is out of order. A disordered life gives a *jaundiced view of life*.

He quoted Marcus Aurelius as stating that "The universe has the need of them," referring to men in all walks of life. This creates a more charitable view on our part towards those higher and lower than we are in the scale of life."

Now honestly, was he not deserving of the hearty vote of thanks tendered him by the Club?

WHY CAN'T I STAY UP HERE ALL THE YEAR.

IN a Provincial newspaper not long since, (to be fair it was the Liverpool *Advance*), we noted a cartoon or illustration where an ordinary human man (some are not human), is represented as soaring through the air in his plane, named "The Christmas Spirit"; "Peace" "Happiness" and "Contentment" constitute the air through which he flies; while far away beneath him is seen "the Hum-Drum of Ordinary Life." As he glances down to this hum-drum of the rest of the year, he almost snarls,—what we have written above,—"Geel! Why can't I stay up here all o' th' Time?"

Well; Why can't he? Why can't we?

The Christmas Spirit is one of peace and merriment, the New Year spirit is one of good will and optimism. Would not the continuance of these inspiring emotions of life be of wonderful value if they functioned for the entire year of 1933?

Now, really, it doesn't matter in what channels your usual activities find their progress directed; doctors, nurses, ministers, even lawyers, teachers, any and every field of industrial occupation, day, hour, or office operators—the suggested idea is applicable. We might very wisely have added also editors, politicians and statesmen to our list. If we, as individuals, are really to accomplish something to justify the fact of our existence, perhaps it would be sensible for us to endeavor this year, more than ever before, to keep up this kindly, friendly, optimistic spirit much longer in 1933 *than we ever did before*.

Osteopathy. "The only doctor in the Maritimes who treats with success Arthritis, Rheumatism, *Synovitis*, Neuralgia, Neuritis, Myositis, Sciatica, Headaches and Lumbago, *through the feet*." From an advertisement in the *New Glasgow Evening News*. It may be remarked that New Glasgow has stolen a march on Truro in this kind of osteopathic publicity. We are interested to know if certain prominent people will now need to travel to Ontario to consult a real doctor who has worked up an enormous practice recently along this ridiculous line. However, by the time they get his reputation the far distant man will have gone out of business and the public may not stand for a second or third infliction of this absurdity. With all due appreciation of the laws of libel, etc., the ability of anyone, even an Osteopath, to treat several of the diseases above mentioned, "Through the Feet" is D—n Rot, and very plainly contravenes the Medical Practice Act of Nova Scotia. If this is not a matter that can be handled by the Provincial Medical Board it is quite evident that the Medical Practice Act of this Province is long since overdue for amendment. S. L. W.

Not long since we noted that a doctor in this Province a short time before his demise destroyed all books and documents that might indicate indebtedness to him from his former clientele. It was foolish and poor judgment although the motive was good.

But this sort of quixotic philanthropy is not confined to the medical profession. The *Sydney Post* tells us that a local merchant of Caledonia has recently written off debts, totalling \$38,108.00. Now everyone can start anew.

Why mention this? Just to say that it doesn't happen to-day either in the financial world, unless they are about to assign, or in medical circles, because widows are even poorer collectors than doctors;—so why destroy the accounts?

The B. M. A. Centenary.

The BULLETIN of the Medical Society takes no second place to any medical journal in Canada or the United States in giving graphic and practical descriptions of the 1932 Centenary Meeting of the British Medical Association. For very many more years than he likes to admit the present BULLETIN contributor has been to some extent sizing up the medical magazine publicity given to medical events of such prominence as this one in particular. Never, and we state it very positively, has any medical journal published such an interesting series of articles on such an important event in our medical history.

The medical profession in Nova Scotia owes a deep debt of gratitude to the Doctors who contributed to the series of articles. We have faint hopes that a most readable article will still be available on this subject and we note that even the International Clinics cannot surpass us in our interesting report. The General Secretary extends both thanks and sincere congratulations to each and all contributors to this excellent series of articles.

S. L. W.

The Laboratory Poulenc Freres of Canada, Limited, for which Rougier Freres, 350 LeMoyné Street, Montreal, are Canadian distributors, have issued a small brochure, being a complete *Catalogue and Therapeutical Reminder* of their preparations.

They add,—“All our products are offered strictly to the Medical Profession and are ethical in the true sense of the word. We hold at your disposal additional literature covering most of the Pharmaceutical Specialties included in this Catalogue; in many cases, samples are available. We trust that the accompanying literature concerning VARICANE will also prove of interest; this product has been used successfully in England where it is marketed by May & Baker, of London, who entrusted us with the distribution of this product in Canada.”

The BULLETIN cannot refrain from printing the following, a concluding paragraph of a letter recently received from one of our advertisers:—

“We have had very gratifying results from our last year’s propoganda in your BULLETIN, and during the next few days we shall write further regarding this matter.”

Honestly, we believe the BULLETIN is giving the best possible value for the money and that, unless you advertise in the BULLETIN, you are going to find it hard sledding in Nova Scotia this winter.

Too Diaphanos. It is very old, of course, but was good enough to be recorded in a recent issue of a Nova Scotia daily paper. It was the first vaudeville performance a certain old lady had ever seen, and she was particularly excited over the marvellous feats of the magician. But when he covered a newspaper with a heavy flannel cloth and read the print through it she grew a little nervous. He then doubled the cloth and again read the letters accurately. This was more than she could stand and, rising in her seat, she said,—“I’m goin’ home. This ain’t no place for a lady in a thin calico dress.”

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YARMOUTH COUNTY

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

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

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

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

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

Communicable Diseases Reported by the Medical Health Officers for the Period Commencing Nov. 17th, 1932 until Dec. 21st, 1932.

County	Infantile Paralysis	Meningitis	Chicken Pox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever.	Paratyphoid	Tuberculosis, pul.	Tubep. other forms	Undulant Fever	Whooping Cough	V. D. G.	V. D. S.	TOTAL
	Annapolis.....	65	..	3	1	..	1	1	..	1	4	..	..	79
Antigonish.....	1	1	..	..	..	..	..	..	..	3
Cape Breton.....	5	..	14	..	3	..	1	..	..	2	..	..	25
Colchester.....	2	..	..	11	1	3	..	..	..	1	..	..	..	18
Cumberland.....	7
Digby.....	7	..	..	..	..	..	..	..	..	..	..	..	..	..	7
Guysboro.....	6	..	..	..	2	..	..	..	..	..	..	..	..	..	8
Halifax City.....	4	4	..	12	..	..	10	..	1	..	..	..	..	..	31
Halifax.....	1	..	..	3	..	1	..	..	..	1	1	7
Hants.....	1	..	..	..	..	..	1	..	..	..	..	..	..	..	2
Inverness.....	2	..	..	1	3	..	..	..	..	..	..	..	6
Kings.....	9	1	19	..	..	..	..	..	..	..	..	1	4	..	34
Lunenburg.....
Pictou.....	3	..	2	..	1	1	1	..	1	..	..	1	1	..	11
Queens.....
Richmond.....
Shelburne.....
Victoria.....
Yarmouth.....	7	..	..	..	..	..	..	..	7
TOTAL.....	95	7	31	14	28	5	33	..	5	..	1	8	9	2	238

Report on Tissues sent for examination to the Provincial Laboratory, from September 16th, 1932 to December 15th, 1932, inclusive.

The total number of tissue sectioned is 97.

In addition to this, 2 tissues were sectioned from an autopsies, making 99 tissues in all.

Tumours, malignant.....	16
Tumours, simple.....	11
Tumours, suspicious.....	0
Other conditions.....	64
Awaiting section.....	6— 97

Unfortunately the giving of an accurate Diagnosis is hindered by many of the 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 tumour and any other relevant points in the history of the case would be much appreciated and would be of considerable help in the giving of a fuller report on Diagnosis and Prognosis.

THE fifty bed tuberculosis annex of St. Martha's Hospital at Antigonish was formally opened on Tuesday, Dec., 6th., 1932. This new building, costing equipped, \$65,000, forms another important link in the Nova Scotia Government's war on tuberculosis in the Province. Speakers at the opening following an address of welcome by Mayor Wm. Vinten, beginning at 2 p.m., were Col. The Honourable G. S. Harrington, Premier of Nova Scotia; His Excellency Bishop Morrison; Hon. Dr. G. H. Murphy, Minister of Public Health for Nova Scotia; Hon. Wm. Chisholm, Rev. E. Lockhart, Dr. P. S. Campbell, tuberculosis specialist of the Department of Public Health; Dr. H. T. Parker, President of the Medical Staff of the Aberdeen Hospital, New Glasgow; Rev. Dr. M. M. Coady, St. Francis Xavier University, and Wm. Duff, M. P. The Rev. Father John R. MacDonald, President of the Board of Directors of St. Martha's Hospital. Following the addresses, a chicken supper was served in the new building in conjunction with a bazaar, together with a sale of home cooking, candy and fancy work by the Ladies Aid Society, of which Mrs. C. D. Chisholm is President.

With this new 50-bed annex added to the total, Nova Scotia now has the distinction of heading the all Canadian list with 106 *beds per 100,000 population*. The next highest is New Brunswick with an average of a little over 102 beds. When the present Minister of Public Health took over the reins of office in January 1931 the number of institutional beds numbered 332, representing but 63.3 beds per 100,000 population.

Increase in Mortality from Almost All Diseases.

The statistics of the public health service furnish an instructive picture of the morbidity and mortality as they have developed in recent years under the influence of the prevailing economic conditions. It is indisputable that the figures bearing on these factors show a constant increase. If one compares the mortality figures of 1925 with those of 1930, one notes in diseases of the nervous system an increase of 340 deaths; in pneumonia, 4,000; in diabetes, more than 2,000; in heart disease, more than 6,000; in neoplasms, even 8,000. It is held that the cause for the much higher mortality from pneumonia as compared with the prewar period lies in the reduced resistance of a large portion of the population because of defective nutrition. In explanation of the disorders of the circulatory organs, in addition to defective nutrition attention is called to the psychic factor represented by the manifold worries, and to the present tendency to carry devotion to sport to the stage of exhaustion. Possibly improved diagnosis would explain the "alleged" increase of diabetes. As a parallel observation, one may take the supposed increase of cancer, which may be found to be due chiefly to the perfected means of diagnosis. At present, more patients are going to physicians, and they are seeking a physician in earlier stages of disease. In tuberculosis alone, the number of deaths has been reduced by 10 per cent, during the quinquennium, as a result of the prophylaxis effected by the social aid stations for the tuberculosis and the extensive early therapeutic aid afforded by sanatoriums and hospitals.—A.M.A. Journal, P. 932. Sept. 1932, in Vienna Letter.

Branch Societies

COLCHESTER COUNTY MEDICAL SOCIETY

ON Oct. 25th the final meeting of the Colchester-Hants Medical Society was held at Windsor.

The Report of a Special committee, appointed at the semi-annual meeting, to suggest a plan of reorganization was submitted and after discussion Dr. J. W. Reid of Windsor moved and it was passed that Windsor and West Hants should reorganize or join the Valley Medical Society and that Colchester and East Hants should join together and thus a more practical geographical division would be made.

On Nov. 8th the Colchester and East Hants medical men met at Truro and there organized themselves into the "Colchester-East Hants Medical Society". Officers were appointed and progress made in drawing up a constitution.

A special feature of the Windsor meeting was the retirement of Dr H. V. Kent of Truro from thirty-three years of continuous activity as Secretary, first of the Colchester Medical Society and then on its amalgamation with Hants in 1907, of the Colchester Hants Medical Society.

Dr. Reid of Windsor, one of the oldest members spoke very earnestly of the Secretary's term of office. It was largely due to his untiring efforts that year after year the meetings were kept of an interesting nature and members were kept courteously informed of the Society's work. Dr. Reid regretted very much that there should be a change but moved a hearty vote of thanks to Dr. Kent for his efficient, courteous and loyal manner in which he had performed his duties.

Others speaking in eulogistic manner were Dr. Morris, Dr. Bissett, Dr. Connor and Dr. McLellan.

Dr. Kent in replying spoke of some changes that had come about since 1907 when the Windsor and Truro men used to travel back and forth on the Midland. This is difficult now as train service has been changed. Many things of interest were spoken of and he thanked the members for their support and co-operation.

Organization Meeting of Colchester-East Hants at Truro Nov. 8, 1932.

The special committee Drs. Kent, Murray, and MacLellan, as appointed by the last Colchester-Hants Medical Society meeting in Windsor. Nov. 25th, called a meeting of the Colchester -East Hants Medical men at 4.30 in the Truro Civic Building. Those present were the ex-Pres. Dr. MacLellan, Drs. Kent, Dunbar, Murray, Johnson, Connors, McCurdy, MacKinnon. The following officers were elected;

President—Dr. H. V. Kent.

Vice Pres.—Dr. Connor.

Sec. Treas.—Dr. D. S. McCurdy.

N.S.M. Society representatives—Drs. Dunbar, MacLellan.

It was moved by Dr. Murray, seconded by Dr. Dunbar, and passed that the Secretary obtain a copy of the by-laws applying to all societies to be presented at the next meeting that we may organize along similar lines.

Moved by Dr. Murray, seconded by Dr. Johnson that meetings be held the second Tuesday of May, August, November, or on account of unusual circumstances, the President and Secretary shall fix the exact date.—Passed.

Moved and seconded by Drs. Connors and Kent, that the May meeting be the annual meeting.—Passed.

Moved and seconded Drs. Dunbar and Connors, that the Annual Membership Fee be one dollar.

Meeting adjourned.

D. S. McCURDY.

The Colchester-East Hants Medical Society held their first meeting at Truro on Nov, 8, 1932 at 8 o'clock.

It was called to hear Dr. Clare of the Homewood Sanitarium, Guelph, speak on "What a general Practitioner should know about mental diseases."

Those present were the Pres. Dr. Kent, Drs. Connors, MacLellan, Johnson, Hayes, Murray, Curtis, Fulton, Dickie, McCurdy, MacKinnon, Dunbar, Eaton.

The President—Dr. Kent, introduced Dr. Clare and for two hours we listened with the greatest interest to the subject of Psychiatry, which has become tangled in a maze of definitions and terms, made clear and simple so that it became a practical subject intelligible to all present.

In part Dr. Clare said:

Mental diseases are common. In Ontario 1 in 300 is in an institution. Massachusetts has 1-200, Alabama, where society is not as well organized, 1-800. The percentage of cases depends on the level of the social scale, and organizations for welfare. In the olden days it was the survival of the fittest, now we are raising a generation of weaklings.

Etiology Hereditary.

2. Environment—a normal child cannot be raised in a nervous irritable etc., home.

3. Toxins.

Prognosis—Senile cases of arterio sclerosis, bad. Toxic cases, good.

Manic-Depressive psychosis—Here we have a common condition. These patients are (while in depressive stage), slow in thought, in movements, he answers in a low tone of voice after long hesitation, etc. These cases *all get well*, with one exception, i.e., suicides, and it is often done. The condition *always recurs*.

Treatment.—Keep in bed, in sunlight, feed them, and as soon as they begin to gain in weight they start to improve. Suggestion and psychotherapy have no influence. Massage, electrical therapy, baths, etc., have some influence. Three months is a quick recovery, and it may take years.

Manic phase.—Patient feels fine, looks well, and is tireless in his constant activities. He sleeps little, works and talks incessantly. Never tires and in all this he is sensible and intelligent.

G. P. I.—Before V. D. S. and malarial treatments were used the average life of a G. P. I. was 2½-4 years. Now they do not die from G. P. I.

Treatment.—Intravenous arsenicals, mercury, bismuth, KI and inoculation with malaria.

Dementia Praecox.—This is a large group occurring in early life without apparent cause. These do not get well altho' they have their remissions. They have hallucinations—false sense perceptions,—delusions.

These two symptoms in a young person diagnosis D. Praecox. These cases do not think for themselves. They follow a routine as the man throwing coal on the fire and shaking the grates, while two fire brigades poured water into the burning room. They have mannerisms, habits, gestures, senseless doings without a special reason. They must walk a certain path, pass a person, etc., and if they do not do these things they do not feel comfortable.

Negativism.

Paranoids include many of the D. Praecox. They have 1st. Exalted idea of themselves—Ego.

2nd. Delusions of being persecuted, i.e., they consider themselves superior, clever, etc., but they can't get along as everyone is planning and plotting against them.

They are dangerous when extreme and may burn your house or shoot. They are gradually pushed from society, being odd and become tramps, wanderers, hermits, and dwell in lonely places.

Feeble Minded-People below par.

1. Idiot is lowest—intelligence of 3 years.
2. Imbecile—intelligence of 8 years.
3. Moron—intelligence of 8-12 years.

These latter are a source of trouble as they look well, can talk, understand, read, etc. They always get into trouble. They recognize that they are different from other people, but wanting to mix socially they hang around gangs, go with any kind of person for friendships, are led into stealing, etc., and are left to be caught and generally have a hard time. One man was hanged for a crime and he was so pleased with his new clothes at the trial he scarcely concerned himself with the court proceedings.

These must be treated sympathetically as children. Education will not raise their I. Q.

Sedatives.—Do no good except to quiet him down for a few hours. Treat by a generous diet. Plenty fluids.

Morons may be good steady routine workers under direction or working with someone, but if left alone they do very little work.

Training will not raise their I. Q.

I. Q. Tests.—Ten years ago more faith was had in them, but the result depends so much on judgment and manner of the examiner. Dr. Clare hasn't any special regard for I. Q. tests.

Constitutional Inferiors.—This class is bright, do well until about 18 years, and then they show lack of will power, and so get into difficulties, and drift into bad habits, drugs, etc.

D. S. MCCURDY.

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.)

MEDICAL HISTORY.

THIS is not a half baked or blotched affair, nor has it any reference to a proposed history of medicine in Nova Scotia. We propose simply to refer to an editorial in the BULLETIN of the New York Academy of Medicine as appeared in the July issue of that publication. We make reference to it for the sole purpose of strengthening the belief that the history of medicine is of value, whether it be in Nova Scotia or in the world at large and that, too, irrespective of time.

From this particular article it may be announced for the information of any members of the profession in Nova Scotia, that Adam died at 9 A. M. in 3054 B. C.; the Flood was in 2329 B.C., and 1247 B. C. was the beginning of the Aesculapian Cult. The appearance of Mss and Periodicals on the History of Medicine originated in the 17th. century, for which Dr. Garrison credits Philipp Ludwig Wittwer, born at Nuremburg, May 1752. We quote:—

"After some training under his father the younger Wittwer studied medicine at the Universities of Altdorf and Strassburg, graduating from the latter institution 1774, with a dissertation proposing an adaptation of current dispensaries or pharmacopoeias to the actual needs of the time in which they were published. After a year of study in Paris he settled down to practice in his native city, where he became a member of the local college of Physicians. During this Nuremberg period, Wittwer published a well known anthology of Strassburg medical dissertations in four volumes (1777-81). In 1873 he was called to the vacant chair of medicine at Altdorf, but, a year later, was forced to relinquish this position and return to Nuremburg on account of a nervous breakdown. The rest of Wittwer's short life was spent in travelling in search of health. He died at the age of 40. He was evidently highly esteemed in his native city, for an account of a memorial erected in his honor by the *Blumenorden* of Nuremberg, of which he was a member was published a year after his death (1795). The catalogue of his fine library, published in Nuremberg in three volumes in 1794 covers 1222 pages. The appearance of Wittwer's *Archiv* two years before his death, raises the question: Did he, perhaps, lecture on history of medicine during his incumbency of the Strassburg Chair? It seems possible, if not entirely probable, in the light of the investigation of Seemen, which goes to show that the subject was taught at all German Universities, during the latter half of the 18th. century, while there was an actual chair of the subject in the Paris Medical Faculty held in succession by Goulin and Cabanis (1795-1808)... Wittwer's *Archiv*... bears on the reverse of the title page the following motto of Cicero: 'Nescire, quid antea, quam natus sis, accederit, id est semper esse puerum.' (If you do not know what happened before you were born you are only a boy).

Wittwer's preface is along the broadest lines. He begins with a long series of questions; What is medical history, its scope, subdivisions, sources and aims? How much or how little has been in this field to date and why? How can it be made more pragmatism, attractive and utilizable? What are the consequences of neglecting it? How can the fragmentary findings available be fused and approximated to the idea of an universal history of medicine? All this he answers by a lengthy citation from Hensler, who notices how little has been accomplished since Freind or the introductory bibliographies of Haller, and points out that the subject must be studied by major epochs and in connection with the history of philosophy. In keeping with the cult of pragmatism, Hensler defines history as the "Light of Truth and the Teacher of Life." Wittwer then resumes, stretching his long predilection for the subject, his desire to found such a periodical as far back as 1787 and the interruption of all his plans by repeated attacks of hypochondria. He proposes his *Archiv* shall have the widest scope, covering:—

1. The general history of medicine in all its ramifications, from primitive aspects up to epidemiology, in particular the effect of climate, form of government, religion, immigration and wars of conquests, degree and extent of culture upon the status of Medicine in all times and places.
2. Biographies of great medical leaders, and of notorious charlatans.
3. Bibliography, i.e., descriptions of rare or important medical books and Mss, additions to Haller, Etc.
4. Extracts from travels of physicians or others, who have reported upon the status of medicine among primitive peoples; unprinted letters of deceased physicians of importance; accounts of paintings, etchings, monuments and other artistic productions relating to medicine; portraits of physicians; medical medals and coins; anecdotes, queries, etc. . . . With this slender sheaf of worth while contributions, the periodical literature of the history of medicine may be said to have made a more respectable start than most."

Perhaps Doctors Slayter and McKeagney deserve to stand with Wittwer when they issued the first copy of the *Provincial Medical Journal*, which appeared in the August, 1932, *BULLETIN*. They, too, were pioneers in medical publicity in Nova Scotia.

DR. S. WEIR MITCHELL

The *Transactions of the College of Physicians of Philadelphia* 1931 has a most interesting article by Dr. Francis R. Packard, presented to the College, November 18th, 1931, being the S. Weir Mitchell Oration of that Year. In looking on our shelves we noticed a more or less worn and defaced book entitled "Five Essays by Dr. John Kearsley Mitchell, edited by S. Weir Mitchell, M.D." for this and other reasons the article was of particular interest. Some of our members have Dr. S. W. Mitchell's novel or history, "Hugh Wynn", in their libraries and will welcome some references to Dr. Packard's article.

Perhaps equally with some other men, then and since, Dr. Weir Mitchell was an illustration of "How London and Edinburg Influenced medicine in Philadelphia, in the Eighteenth Centruy." Not only that, but we feel it is a 1932 acknowledgement by the oldest medical centre in America of the inspiration derived from chiefly London and Edinburgh.

Then Dr. Packard mentions where our graduates go to in England for Post Graduate work,

"A curious feature in the history of medicine in this country is the variations in the tendencies of the young medical men who go abroad for study as to where they go. There are certain well defined periods in these migrations. During the Coleman period and down to 1800 the majority went to London and Edinburg, partly for the obvious reason that they regarded Great Britain as their mother country, but I think more especially because at that time London and Edinburg were at the zenith of their fame as medical centers, for reasons to which I shall refer later. When France had settled down after the turmoil of the Revolution and the Napoleonic regime, Paris became the great medical center of the world. Osler has written delightfully of the young Americans who flocked to that city to study in the clinics and laboratories under Louis, Broussais, Dupuytren, Velpeau and other great teachers. It was under Louis that W. W. Gerhard received the training which he turned to such good account later when he studied his cases at the Philadelphia Hospital and discovered the essential difference between typhus and typhoid fever. After the middle of the last century the tide turned and until the Great War the majority of American students went to Germany or Austria for post graduate work."

The orator then gave an extended history of the men in England and Scotland that were famous as teachers for a hundred years or more, from the 17 hundreds to the 18 hundreds. This is, perhaps, the highest tribute that a physician of the United States has paid to the pioneer work of our English and Scotch pioneers. Following this he gives much attention to the men who, with this inspiration, inaugurated the first medical school founded in America the Medical School of the College of Philadelphia, 1765.

Dr. S. W. Mitchell's volume that is before us gives the following table of contents,—

- Essay upon the Cryptogamous Origin of Malarious and Epidemic Fevers.
- An Essay upon Animal Magnetism, or Vital Induction.
- On the Penetrativeness of Fluids.
- On the Penetrativeness of Gases.
- On a new practice in Acute and Chronic Rheumatism.

A further review of the contents of this issue of the Transactions of the College of Physicians of Philadelphia will appear in a later issue of the BULLETIN.

INTERNATIONAL CLINICS.

It is a very great pleasure to four times each year make mention in these pages to the several volumes of the International Clinics published by the J. B. Lippincott Company, Philadelphia, and for sale in Canada, by our good friend Mr. James Wilson, P. O., Box 1443, Montreal.

Now we are in receipt of Volume III of the Forty-Second Series, 1932; 300 pages of clinics and lectures by leading clinicians and specialists. In this volume we note that Electro-Physical and Mechanical Therapy is given considerable prominence. In this field there is now, and always has been a great deal of quackery of which many members of the medical profession have not always been guiltless. It must be remembered that these methods have definite scientific value and must be employed if we are giving adequate service

to the public. But most of us can remember when some enthusiastic general practitioner kept his early X-Ray machine doing duty 18 hours out of the 24. The authoritative papers along this line are well worth the study of every one interested in this line of therapy.

As we have come to expect the Bulletin of the New York Academy of Medicine in its last issue has a further historical paper by Dr. F. H. Garrison, its Editorial writer. His subject is "Medical Geography and Geographic Medicine" and there is something more to it than a distinction without a difference. But the article must be read to be appreciated. Indeed, if some of our students of medical history have the time and the inclination to write we would like an Abstract for BULLETIN publication. Ask for the October 1932 Bulletin of the New York Academy of Medicine.

The Canadian Defence Quarterly for October 1932, is one of the most interesting that has as yet come to our hand. Among the articles of special attraction for the observer rather than the active military or naval man we noted:—Jenghiz Khan's Invasion of South Western Asia; The Western Arctic from a Police Viewpoint; and The Motion Picture as an Aid to Teaching. The latter is timely as the principles involved in the question asked will find application even in the teaching in our Medical Schools. The Quarterly is for sale at 50 cts. per issue or \$1.50 per volume. Address,—

The Secretary,

Canadian Defence Quarterly,

Wood's Building, Slater Street, Ottawa.

Time, The Weekly Magazine makes no bones about the effect on the nation's health by the present period of depression, and quotes Dr. Buck at a recent convention in Washington when he said:—"Let no one be lulled into a feeling of false security based upon the present low death rate. That is something to be thankful for, but it will constitute an added danger if any one is lead to believe thereby that a very real danger does not now exist with even greater dangers in store. But if the number of unemployed continues to grow and we are obliged to meet the increasing demands upon us, with steadily decreasing appropriations, this depression is going to have a much more serious effect on public health than has yet been reflected in sickness and mortality statistics.

We have had to lop off many activities essential to health, and, unfortunately, those which have been most seriously affected are child welfare and public health nursing, which are the most vitally important of all. Results from these activities are not so immediate and dramatic as in the case, for instance, of immunization and other disease-control programs and the public generally has therefore had less appreciation of their value and importance.

Universal approval should be given any additional appropriations for public health at this critical time in Nova Scotia.

Time also reminds us that "the Stockholm Academy of Medicine has recently awarded a Nobel Prize jointly to Professor Sir Charles Scott Sherring-

ton of Oxford and Professor Edward Douglas Adrian of Cambridge for their separate but complementary studies of nerves. Both are experimental physiologists."

The BULLETIN has received from some source connected with the Canadian Medical Association a booklet or pamphlet containing a number of papers on Pharmacology which appeared in the Association Journal in the years 1930 and 1931. The front page reads,—

"Reprints of Articles Appearing in the Canadian Medical Association Journal dealing with *Prescriptions and Therapeutics*." Some of the titles of the papers are,—“The Flavouring of Expectorant Mixtures”, “On the Administration of Iron”, “Mixtures to Depress Cough”, “On the Administration of Bitters”, “The Administration of Gastric Antacids”, “On the Administration of Carminatives”, “The Administration of Bromides and Iodides”, “The Administration of Salicylates”, “On the Use of Nasal Sprays and Drops”, “Urinary Acidifiers and Alkalinizers.”

Dr. V. E. Henderson of the Department of Pharmacology, University of Toronto, is the principal contributor. Anyone interested in the matters considered may obtain reprints from the C.M.A. at 184 College Street, Toronto.

The *Bulletin of the Vancouver Medical Association*, in its latest issue, comments on “The Community Chest” idea that is being so generally employed in City and Town welfare work to-day. That the doctor contributes a great deal of charity work is true, but, “If we have a grievance on the ground that we are to a greater or less extent being exploited, it is a separate question entirely from our obligations to the Community Chest. We can and will, it is hoped, settle this question with the proper authorities, when the time comes, but it does not apply here. Because Peter is picking our pocket, we should not neglect to pay our just debts to Paul.”

We note further that there is a movement on foot in Vancouver for next year's budget to make some provision for payment to doctors who have been giving their services to philanthropic agencies without any remuneration.

MENTAL CASES AND THE DEPRESSION

The statement has been made very openly by those interested particularly in Mental Hygiene, that the strain of straightened finances with its worry is conducive to an increase of mental hospital and clinic cases. In the course of conversations with Dr. Harvey Clare of the Homewood Sanitarium while on his recent trip to Nova Scotia he deprecated statements of this nature, in that admissions to mental hospitals and statistics of crime do not show any increase in 1931, there is even a decrease over 1930.

We are inclined to believe that figures for 1931 to 1933, inclusive, may not be regarded as entirely conclusive as to this particular. Just as mal-nutrition for a considerable period almost invariably shows its effects within half a decade so will these mental effects only become statistical evidence in the coming years.

We are glad to learn from *Mental Health* that with the exception of one province, every provincial mental hospital is now using a uniform card system for information regarding its patients and the work of tabulation is done by the Dominion Bureau of Statistics. Perhaps, after this year these statistics may be of greater informational value.

S. L. W.

Hospital Service

THE Glace Bay General Hospital has good reason to be proud of a recent graduate of their training school, Miss Clara M. MacKinnon, R. N. Upon graduating Miss MacKinnon received eleven out of fifteen prizes awarded to the graduates and in the last October examinations for registration she led the Province. Congratulations, to all concerned, but particularly Miss MacKinnon herself. Sixty nurses passed this examination and are now registered in Nova Scotia.

CONFERENCE AND DINNER

At Dalhousie Clinic Building December 9th, 1932.

There was a conference and dinner held at the Dalhousie Clinic Building on December 9th, 1932, having as its principle object the idea of extension of the health programme of the Clinic in the interest, chiefly, of the people of Halifax, of the activities of this organization. President Stanley of Dalhousie University, Hector McInnis, President of the Board of Governors of Dalhousie University, Dr. Grant, Dean of the Medical College and the Executive Staff of the Clinic, were hosts on this occasion to the Chairman and members of the Halifax Health Board.

Newspaper report states that, "the Chairman and members of the Halifax Board, first visit of the present health moguls to the Clinic, later held a conference when all phases of health measures were discussed."

Naturally Dr. W. D. Forrest was the chief spokesman along this line.

Dr. Grant outlined the full nature of the work carried on in the clinic pointing out its far reaching and beneficial results. The report says further "It is felt that they will do much to bring closer together the work of the two bodies with a view to the future of health problems being considered jointly, as one of the major issues affecting the City in general.

The relations that the Health Centre bears towards the practice of medicine and the administration of health matters in the City of Halifax should, many of us believe, be paralleled to a certain extent by every centralized local hospital in Nova Scotia. The claim that the hospitals of Nova Scotia are already centres of health education is very imperfectly established, and in many there is little or no provision made to utilize the hospital as a health centre.

This we believe is something that should receive careful consideration.

S. L. W.

In connection with the recent opening of the T. B. Annex of the City of Sydney Hospital we note that the local Y's Men Club have presented a very creditable library for the use of the patients who will be admitted to the institution. Doctors J. K. MacLeod and D. A. MacLeod members of the Hospital Commission at the time of the presentation of the library stressed the necessity of the Annex and supported by Rev. E. A. Kinley, expressed great appreciation of the contribution made by the local club.

OBITUARY

**DR. STELLA MESSENGER PEARSON, Dalhousie, 1904, M.D.C.M.,
Yarmouth, N. S.**

Many members of the profession and many of the laity in different parts of Nova Scotia regretted to learn of the death at Yarmouth, Nova Scotia, on December 29th, 1932, of Dr. Stella Messenger-Pearson where she had been in practice for the past two years.

Dr. Pearson was born in Bridgetown in 1879, the daughter of the late Mr. Troop and Mrs. Messenger. She was educated at Dalhousie University and graduated in 1904. After a short period of practice at Lunenburg, she removed to London, England, continued her studies and practised there for several years. There she married Mr. Phillip Pearson, later returning to Canada, where for ten years she practised at Lawrencetown, N. S.

Some three years ago the BULLETIN made mention of the tragic death of her only child, a daughter, the victim of a fatal coasting accident. Shortly afterwards she removed to Yarmouth, where a sister, the wife of Dr. W. S. Phinney of that town was living. During her stay there she developed a considerable practice and made many friends and came to be held in high esteem by all who knew her.

She is survived by her husband, her mother, two brothers and a sister. As intimated this sister is Mrs. W. S. Phinney. To Mr. Pearson, Mrs. Phinney, and other mourning relatives the BULLETIN would extend sincere sympathy,

There will be many persons in Nova Scotia who will be grieved to learn of the passing on December 13th, 1932, of Mrs. Isabella MacKay at the home of her son, Norman E. MacKay, Young Avenue, Halifax. Mrs. MacKay was the widow of the late Dr. Norman E. MacKay, a very prominent surgeon in Halifax for many years. The immediate members of the family who mourn her passing are her son, Norman, a prominent lawyer in Halifax, with whom she resided in recent years, Dr. A. F. Miller, Superintendent of the Nova Scotia Sanatorium and another brother Mr. J. Addison Miller of Charlottetown. All members of the medical profession in Nova Scotia who are conversant with the creditable, strenuous and colorful career of Mrs. MacKay's late husband, Dr. Norman E. MacKay, will extend to those mourning her passing sincere sympathy.

The Associated Press announced the death on December 12th, 1932, of Dr. Edward A. King of New York. The BULLETIN makes this mention for several reasons. In the first place, although born in Pittsburg, his father was at one time manager of a coal mine in Cape Breton and he was a graduate of St. Francis Xavier College. During his collegiate days at Antigonish he became greatly interested and proficient in Athletics. (It is marvellous to note the great number of athletes this small province (comparatively) has developed, and in particular St. Francis Xavier.)

Then he was a great friend, we almost said protege, which might have been true a number of years ago, of our own good friend Dr. George David Stewart of Malagash, Cumberland Co., N. S. Incidentally, Dr. Stewart is still one of the leading surgeons of New York City.

Then the BULLETIN, two or three years ago, mentioned Dr. King as being the Surgeon-in-chief for a prominent New York athlete with whom one of our own medical men met during a sporting trip to witness a World Base Ball Series. All will be interested to learn from this same newspaper report that in 1927, when Manager Muggins of the New York Yankees was asked regarding the sale or transfer of some of his players, he said, "I wouldn't trade any of them but I'd give away any two before I'd let Dr. King get out of my sight."

Dr. King is survived by his wife, two sons and a daughter. One of the sons was named George David.

The reference to Dr. King's athletic interests and his study at St. Francis Xavier College, with its great athletic record reminds us of a sentence we read not long ago in one of our exchanges "that the object of English University teaching seemed to be to produce gentlemen, who excelled in athletic sports and wrote their language well."

The death occurred December 4th, 1932, of Mr. K. Marcus, a native of Russia, who has been a successful merchant in Sydney Mines for the last twenty-five years. He had been visiting for a week at the home of his son, Dr. Samuel Marcus of New Germany, when he was taken suddenly ill and passed away. He is survived by his widow, two sons and a daughter, all, save Doctor Marcus, resident in Cape Breton. To Doctor Marcus, a graduate of Dalhousie in 1925, the members of the Medical Society of Nova Scotia extend their sincere sympathy.

To our recent obituary notice of the passing of the late Dr. J. D. Densmore, formerly of Port Clyde, a recent Halifax Daily published the following:—

"The funeral of Dr. James D. Densmore took place from his residence here, December 4th, at 2 P. M. The services were conducted by Rev. Mr. Chapman, Pastor of the United Church, assisted by the combined Masonic Lodges of Barrington and Clyde. The Nova Scotia Medical Society, of which the Doctor was an Honorary Member, was represented by Dr. Jordan W. Smith of Liverpool. Other members of the medical profession in attendance were Dr. Freeman Smith of Mill Village, Queen's County and Dr. George Brown of Clark's Harbor, both, close friends. The services at the home and grave were very impressive, and the whole countryside will mourn the loss of one who ministered to their ills and sympathised in their sorrows."

Dr. Freeman Smith of Mill Village is now in his 84th year and was elected to Honorary Membership in the Medical Society of Nova Scotia at Truro in 1931; the Society appreciates his attendance at this funeral of another Honorary Member.

In the passing of Dr. Russell A. Hibbs, Orthopedic Surgery lost one of its best and ablest exponents. There is something of the philanthropic nature attached to the term "Orthopedic Surgeon" that was very fully exemplified in the life and work of Dr. Hibbs. Born in Birdsville, Kentucky in 1869 he

came to New York, unknown and without influence at the early age of 30 years his ability made him surgeon-in-chief of the New York Orthopedic Hospital, a post he held until his death. Perhaps, more than any one man, he upheld and developed the magnificent work largely inaugurated by the Sayrs, father and son, shortly before this date.

This reference to his death is suggested by an obituary notice in a recent issue of the Bulletin of the New York Academy of Medicine.

The BULLETIN is not aware that there is any relationship between the late Dr. M. Allan Starr, who died in Marienbad, Germany, in September 1932, and the men of the same name so prominent in the medical realm in Toronto, more than the name and their special attainments. He was one of the pioneers in neurology and its allied surgery. His name is only preceded by Weir Mitchell, W. A. Hammond, Beard and two or three others. In 1893 only fifty cases in all literature of successful removal of tumor of the brain could be collected by Dr. Starr, while in 1930 Dr. Harvey Cushing was able to report two thousand of his own, and Dr. Starr stated shortly before he died that probably ten thousand cases had been operated to date, compared to fifty cases in 1893."

The Bulletin of the New York Academy of Medicine also gives us this information.

To many people in Nova Scotia the late Dr. J. Gordon Bennett has been regarded as one of the oldest medical practitioners in the province. Upon the occasion of his death December 29th, 1932, at his home on Mumford Road, Halifax, many recalled his familiar appearance and commented upon the general high esteem in which he was held by those who knew him. As a matter of fact, Dr. Bennett received his medical degree at the Chicago Eclectic College, as did quite a few other Nova Scotians who came back to this province after receiving their course between the years of 1860 and 1880. The Provincial Medical Board and the Medical Society of Nova Scotia were unable to agree that this course fully qualified such a graduate to practice medicine in this province. In at least two of these cases, however, one being Dr. Bennett, the men themselves were of such high character and standing that no action was taken to hamper their medical practice along lines upon which they had been specially educated. It was thus that while without definite medical standing in the profession, Dr. J. G. Bennett enjoyed the confidence of his patients and was by no means disturbed or ignored by the registered medical men of the profession.

Dr. Bennett's wife predeceased him only two months ago, and he is survived by four sons, two in Hants County, one in Halifax, and one in Kansas, U. S. A. At the time of his death he was in his 80th year and had been a resident in Canada, coming from London, for over 65 years.

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PROGYNON

Personal Interest Notes

WE regret to learn that on December 17th. Dr. W. W. Patton of Port Morien had a narrow escape from death when his auto was struck by the engine of a Sydney and Louisburg express train. Dr. Calder rendered him first aid and he was at once removed to the General Hospital, Glace Bay, where he was going to visit some of his patients. Fortunately all his injuries were lacerations of the face and scalp, and he was able to return home the next day. In the opinion of the writer, who doesn't know anything about a car a lone driver in a coupe, generally closed, should be doubly on the watch. Congratulations it was no worse.

We have heard many definitions of friendship, but none more true to fact than this of the little boy; "A person who knows us—and still likes us."

Barrington Street Dentist:—"Here's something queer. You said the tooth had never been filled, but I find flakes of gold on the point of my drill." Patient (moaning and groaning)—I know it. You've struck my back collar button."

Proof of Blindness:—"I really had to give that poor blind man a copper for what he said as we passed." "What did he say?" "Spare a penny for a blind man, pretty lady," he remarked.

The BULLETIN greatly regrets to learn that falling on an icy sidewalk December 19th, 1932, Mrs. Bishop, wife of Dr. B. S. Bishop of Kentville, fell and sustained a badly dislocated hip. We are glad to learn she has fully recovered.

Drs. Morris and Keddy of Windsor are much interested in the Dalhousie Medical Students this year, David Morris being a first year medical and George Keddy a third year student. Of course both spent Christmas at their homes. We believe this is the second son of Dr. Morris to study medicine, a good many sons of doctors appear to be undaunted and unafraid.

We are afraid that Dr. J. L. MacIsaac of Antigonish will next time run into a very serious motor accident. The last one made him a patient in St. Martha's Hospital suffering from shock, head wounds and a broken collar bone. The accident occurred owing to a collision with another car on a curve on the South River Road a short distance out of Antigonish. Dr. MacIsaac was unconscious for a considerable time and was a patient in the hospital for

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several days. On a previous occasion Dr. MacIsaac had as his travelling companion a Doctor from Guysboro County, they being on their way to visit patients in St. Martha's Hospital. On this occasion, however, the information is that his travelling companion was a local undertaker. Naturally in the previous instance his companion would render first aid. On the last occasion graver emergencies were provided for. We are glad to note the doctor is fully recovered from his experience.

Dr. H. B. Atlee, Professor of Obstetrics and Gynaecology at the Dalhousie Medical College, has been appointed by the Senate of the University as Dalhousie's representative on the Medical Council of Canada.

Teacher. "Give the positive, comparative and superlative degree of sick."
Pupil. "Sick, sicker, dead."

When we were informed that there was no Methodists (Anglicans, Catholics or Presbyterian)s in Paradise, N. S., the explanation was also given there were no members of this sect in Paradise. Well how about doctors? None appear to be resident there? Should we conclude there are no sick there?

All regretted to learn that the house and combined stable and garage of Dr. Hugh MacKinnon of Berwick was totally destroyed by fire the latter part of November. The fire occurred in the early afternoon and the Doctor saved his car and much of his house furnishings and office equipment. His home was one of the best in that vicinity, it was built by the late Dr. Middlemas and for many years occupied by the late Dr. J. G. McNally.

One can hardly imagine what advantage can it be to any sneak thief who swiped a doctor's surgical bag from his auto upon a recent occasion. He could certainly never hope to secure sufficient funds by the sale of its contents to even pay a fine little or big for its purloining. Dr. P. A. MacDonald of Halifax had this experience a short time ago.

On Friday, Dec. 23rd, 1932, a pleasing incident occurred at Headquarters, Military District No. 2, Toronto, when Colonel F. S. L. Ford, C.M.G., V.D., was invested with the Colonial Auxiliary Forces Volunteer Decoration by Major General E. C. Ashton, C.M.G., V.D., in the presence of the Staff and attached officers of the Headquarters. At the same time Colonel Ford was presented with a handsome English chime clock.

Better Leave Him in Greece. The A. M. A. Journal says that a New Haven newspaper thus reported the physical condition of Samuel Insull:—

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"Samuel Insull has a hypertrophic heart, with the left quarter over widened. He is also diabetic. He has an expansion of the liver and a tendency to constipation. Long ago he suffered an encephalic congestion (in the brain), whose traces still are apparent, such as a light pyrosis of the left part of the face."

Dr. E. Fraser Moore has been appointed Port Doctor under the Sick Mariners Act, to succeed the late Dr. P. A. McGarry, who held this post for a number of years previous to his demise.

The BULLETIN regrets to learn that in recent weeks Dr. G. R. Deveau of Arichat has not been enjoying the best of health. We trust that the short visit to him of Dr. MacIsaac put him on his feet again.

Recently Dr. C. E. A. deWitt of Wolfville, gave an interesting address before the Women's Hospital Auxiliary, his general subject being "Public Health Development." It is interesting to note that he had quite an ancient history introduction for he traces the development of Public Health from early Ages up to the present time and the report says "the earliest records date from 10,000 to 7,000 B. C., when Primitive Medicine and Primitive Religion were closely related." Perhaps the good doctor would be good enough to furnish the BULLETIN with some of the material that he presented regarding these early dates.

If any one for a moment thought that Dr. W. H. Eagar, former Radiologist of Halifax, had retired from the practice of this specialty from any reason other than personal, must be interested in reading a recent number of the Kentville Advertiser, in which he is reported as telling the members of the local Rotary Club why certain professional men should retire, apparently as soon as possible. Dr. Eagar is thus reported:—

"Dr. Eagar expressed the opinion that men should retire earlier in life than was the common custom to-day and said, we in Nova Scotia are inclined to hog the jobs of youth. He gave three reasons for retirement, first, health condition or a desire to prolong one's life; second, to enjoy in one's own way, the balance of a well earned existence, and, third, to make way for the younger and, in many cases, more proficient generation. He discussed these reasons in detail and then proceeded to enumerate ways in which a retired man could occupy his time.

It is not my intention, he said, to advocate a life of idleness with its mental decay and physical inertia, "On the contrary, a retired man is free to take up those hobbies denied him during his life work. There is much to choose from and all may be satisfied." Activities suggested by Dr. Eagar to take up a retired man's time included, politics in all its scope from town to federal, community welfare, recreations, personal hobbies and the farm.

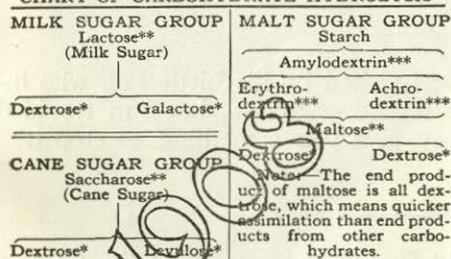
He dealt minutely with the last of these activities and said, "The farm should be considered very early in life as the ultimate home. It should not be taken too seriously, should not be too large nor should the farming be too concentrated." He proceeded to describe the satisfaction enjoyed by those

Relative Values of Carbohydrates

New Findings →
Confirm Old Truths

Recent scientific investigations in rats (tabulated at the right) are in accord with many years of clinical observations on babies, as shown by the following excerpts from authoritative medical literature reflecting the consensus of three decades of pediatric experience.

CHART OF CARBOHYDRATE HYDROLYSIS³



*Monosaccharide **Disaccharide ***Polysaccharide
Maltose splits into two molecules of dextrose. Sucrose and lactose split into one molecule of dextrose and one of levulose or galactose respectively. It is no doubt due to the simpler structure of maltose that it is more readily absorbed than other sugars. It must also be considered that after assimilation the levulose of sucrose and the galactose of lactose must undergo conversion into dextrose, which is the only form in which sugar is present in the blood. It is reasonable to suppose that this conversion requires an expenditure of metabolic energy not required when carbohydrate is absorbed entirely in the form of dextrose.

³Morse, J.L. & Talbot, F.B. *Boston Med. & Surg. J.*, 159:852.

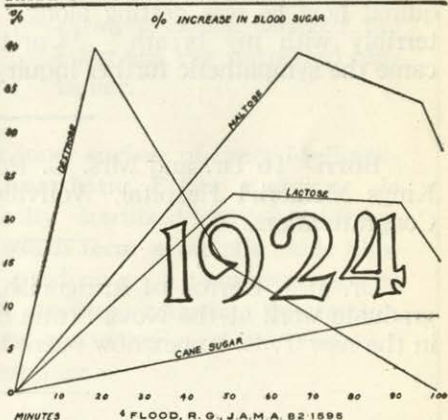
RELATIVE ASSIMILATION VALUES OF VARIOUS CARBOHYDRATES¹

	Average per 100 gms. body weight
1 MALTOSE.....	1.50
2 DEXTRIN + MALTOSE.....	1.32
3 Glucose + dextrin.....	1.32
4 Glucose + sucrose.....	1.32
5 Glucose.....	1.04
6 Sucrose + maltose.....	0.98
7 Fructose + glucose.....	0.98
8 Sucrose + dextrin.....	0.76
9 Sucrose.....	0.76
10 Fructose.....	0.5
11 Glucose + lactose.....	0.26
12 Lactose.....	0.16
13 Galactose.....	0.1

These authors have also stated: "Maltose, fructose, glucose, starch and dextrin lead in nutritive value, followed by galactose, mannose, arabinose, xylose, lactose, sucrose and glycogen."²

¹H. Ariyama and K. Takahasi: *Biochem. Z.*, 216:269 (1929) and ²*J. Agr. Chem. Soc., Japan* 5; 674 (1929).

RATE OF SUGAR ABSORPTION IN NEWBORN⁴



⁴FLOOD, R.G., *J.A.M.A.* 82:1598

MALTOSE OR LACTOSE IN INFANT FEEDING⁵

Answer—The superiority of one form of carbohydrate over another in artificial feeding of infants has been much discussed during recent years. It is generally accepted that cow's milk without modification is not a satisfactory infant food. So far as the carbohydrate is concerned, about one-fifth to one-eighth ounce per pound of infant's body weight is required daily. To supply this amount it is necessary to add carbohydrates in some form. Admitting that lactose is the sugar supplied in human milk, it does not follow that it is the sugar best tolerated in another medium, such as cow's milk. It is generally believed that lactose is more laxative than sucrose—that it must be fed with a certain amount of caution, as fermentative upsets are likely to follow if amounts approximating that found in human milk are fed. There is cause for disagreement among clinicians, as it is important to consider the other food elements; i.e., the amounts of fat and protein fed as well as the medium in which they are fed. For example, when lactic acid milk is used, more added carbohydrate seems to be tolerated than when sweet milk mixtures are fed. Sucrose has the advantage of being much cheaper and is always available. Evidence has not been presented that it should

not be used in infant feeding. With its general use in large infant welfare clinics where supervision is a matter of routine, there is less to be said against it as far as clinical results are concerned. The complaint that it is too sweet is not often encountered when the usual amounts are fed. The dextrin-maltose preparations possess certain advantages. When they are added to cow's milk mixtures, we have a combination of three forms of carbohydrates, lactose, dextrin and maltose, all having different positions in the intestinal tract and different absorption rates. Because of the relatively slower conversion of dextrins to maltose and then to dextrose, fermentative upsets are less likely to develop. Those preparations containing relatively more maltose are more laxative than those containing a higher percentage of dextrin (unless alkali salts such as potassium salts are added). It is common experience clinically that larger amounts of dextrin-maltose preparations may be fed as compared with the simple sugars. Obviously, when there is a lessened sugar tolerance such as occurs in many digestive disturbances, dextrin-maltose compounds may be used to advantage. ⁵*Queries and Minor Notes, J. A. M. A.*, 88:266.

who were able to provide their table with farm delicacies they themselves had raised. "If such should be happiness to you, then remember that you are guarding against depression and want, and that, at least, you are provided with a home and sustenance against adversity." ■

He concluded by advising those who consider such a proposition to start early in life and develop the home of the future while they are still young. "Present means of transportation, make it possible to create an asset for the future and not, like some, a home which will in the end become a burden."

Will Doctor Eagar be good enough to have the Medical Bulletin go to him each month through 1933? To tell the truth we do not want to lose sight of our friend "Will".

"Dr. J. A. M. Hemmeon was recently elected President of the Eastern Kings Memorial Hospital Association." says the Acadia Athenaeum in its December 1932 issue. We do not understand why the medical profession in Nova Scotia has so generally avoided responsibilities of this nature. Is it a case of being both a little modest and a little thin skinned?

The College Student, in hospital, was visited by his Little Pal, who inquired how he was getting along. He replied,—“So, so, but I’m troubled terribly with my breath.” “Can’t they give you something to stop it?” came the sympathetic further inquiry.

Born—To Dr. and Mrs. G. Ronald Forbes of Kentville at the Eastern Kings Memorial Hospital, Wolfville, November 30th, 1932, a daughter. Congratulations.

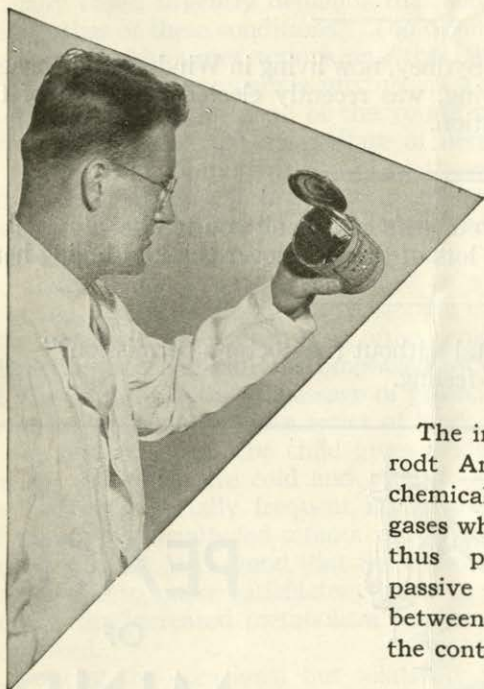
Dr. J. J. Carroll of Antigonish, recently returned after a month’s post graduate work at the Nova Scotia Sanatorium. Presumably he will be chief in the new T. B. Annex now opened at St. Martha’s Hospital.

“The Doctors do not Doctor as They Did” was considered interesting enough to be published in an issue of the BULLETIN not long ago, but the Medical Journal of the University of Western Ontario republished it giving our BULLETIN due—we had almost written “Credit” perhaps a better word would have been “responsibility” or, better still, “culpability.”

Dallas Egan bandit slayer, recently sentenced to the gallows for murder said to the Judge:—“I don’t know whether I’m insane or not. We’re all a little crazy—even you, Judge.” A few years ago the present President of the United States, in speaking of the problem of properly caring for the mental defective said: “The real problem of the mental defective is that there are so many of us.” But years before that Jock told Margot that “All the world is queer, except thee and me; and sometime I suspect thee is a little queer.”

Did it ever occur to you that there may be some truth in this?

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Safer and Better the Anesthesia"

If boxing in Pictou County recently received a set-back when Gordon "Kid" O'Neil failed to come to time for such an event it was no fault of Dr. Seymour McKenzie of Halifax, who certified him in no condition to carry out his agreement. Dr. McKenzie was not only one of the prominent athletes of Dalhousie, prior to 1914, but since the War then he was for several years very prominent in promoting sport in Pictou County. If he says O'Neil was unable to fight that settles it.

The BULLETIN regrets to learn that Dr. C. S. Hennigar of Liverpool was recently under the weather and was admitted as a patient to the local hospital in December.

Dr. H. E. Kendall, formerly of Sydney, now living in Windsor and engaged entirely in farming and fruit growing, was recently elected President of the Nova Scotia Fruit Growers Association.

Quite Customary.—"Does your wife believe all you tell her?"
"Does she? Why she believes lots of things I never think of telling her."

"Why did you leave the hospital without the doctor's permission?"
"Just to show there was no ill-feeling."



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