

The Surgeon Looks at General Practice

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“EVERY surgeon should spend a few years in general practice before limiting himself to his specialty.” This oft-repeated truism indicates a realization on the part of everyone that there is an ever-present need for close understanding between those engaged in general practice and those who have chosen to devote their lives exclusively to surgery—but this is all that it indicates.

As an ideal goal toward which to strive perhaps the dictum is sound, but as a practical goal toward which progress may be made, it is impossible except in a much modified form.

As surgery has grown up, it has become more complex. From its embryonic stage, which consisted in binding up wounds through the early modern era of “cutting and tying,” it has now developed into an art as well as a science. An art which embraces not only the perfunctory making of a diagnosis and the subsequent technical operation, but also the psychology required in handling the physician—surgeon—patient relationship. Fortunately, that which once was almost exclusively the surgeon’s show has become the concern of all three. From the time that the patient manifests his first symptoms the triumvirate comes into being; thence through his convalescence to his ultimate recovery, each is dependent on the others. It is impossible to place too much emphasis upon the desirability of all three working together; with perhaps, a little special emphasis directed to the surgeon and physician. To work together in a frank, friendly and co-operative manner is the essential duty of both if the most effective treatment is to be carried out.

It is unfortunate but true that our economic set-up to-day is such that it precludes any possibility of the young surgeon spending any time in general practice no matter how earnest and anxious he may be to gain experience in his chosen field. If post-graduate work is ever to be undertaken, it must be carried out immediately after graduation, otherwise it will probably not be possible at all. Should the recent graduate go into general practice as soon as he receives his diploma, for a period of, say, five years, it is almost certain that, at the end of that time, he will find himself firmly established in the community with responsibilities which cannot lightly be laid aside in order to embark upon a long period of post-graduate study in surgery.

On the other hand, should the new graduate decide in favour of immediate advanced study in a limited field, he will find by the time he is finished that he has put in anywhere from six to twelve years, following his six years’ medical course. By this time he will be almost 35 years of age, married, with children playing around his feet, and with a debt hanging around his neck, that looks to him like one of Mr. Ilesley’s war loans. He must start to work.

And yet, even though he may have mastered the technique of handling the knife, of making diagnoses, good or bad, he is certainly not yet ready to handle the patient. John Doe who works in a factory and has a family to support, presents many problems with which he is not familiar. How then, is he to bridge the gap between the strictly technical and the personal aspects of practice? It is just here that the physician is able to help the surgeon quite as much as the surgeon is able to help the physician.

It may be easy to determine that John Doe has associated pain and tenderness in his right lower quadrant, that his White Blood Count is elevated, and that he probably has an acute appendicitis. Unfortunately, this may be all that the surgeon knows of the said John Doe. While, at the moment, the correct choice between a McBurney or a right rectus incision, and the safe execution of an operation may be all that occupies his attention, this is not the entire picture. Once out of the anaesthetic there is more to it than that. There is the post-operative care, the relatives to be dealt with, the economic upheaval in the life of the family, the convalescence and the rehabilitation of the patient himself.

In all these considerations the physician plays a most important part. He is responsible for making the first tentative diagnosis, at a stage in the illness when the time element is of prime importance and also at a stage when the signs and symptoms may not be fully developed. He must struggle through many symptoms and must contend with the absence of many symptoms. He must listen to the explanations of the family and must use his own judgment in what he accepts and what he discards. For every case of appendicitis that the physician diagnoses and sends into hospital, he must weed out and treat at home a dozen cases of good old-fashioned belly-ache, taking care that at no time does he overlook the case requiring surgery. Once having decided that hospitalization is necessary, it is the duty of the physician to arrange for the admission of the patient and to see that he comes under the care of a surgeon who is capable of helping him.

If the relationship between the physician and the surgeon is, at all times, easy and relaxed, the family doctor will not hesitate to call the specialist even though he may realize that his own diagnosis is not entirely clear. Better that a patient should come in with a well-meant but mistaken diagnosis than that he should come in late with a certain diagnosis but with condition so far advanced that it cannot readily be remedied.

Strange as it may sound, the family doctor is responsible to the patient not only for himself, but also for the surgeon. The choice of surgeon usually rests with the physician. There are cases, of course, in which the neighbour over the back fence had Dr. So-and-So when she had her baby, and for that reason, or some other equally illogical reason, a preference may be expressed for Dr. So-and-So, even though the present condition may be a broken leg. If the physician is happy with the choice and knows the man to be interested in, and capable of, the job required, there the matter ends. If, however, he is not happy he has a definite responsibility to his patient and will tactfully suggest someone else.

Once agreed, the family doctor is placed in the position of having recommended the surgeon for the case. For that reason he looks to the specialist to carry through to the very best of his ability and to render the services that the patient and the family, as well as the doctor, expect of him. This is not always easy for the surgeon to do, because relatives are sometimes fussy, and go to great lengths to insist that things be done which the surgeon may know contribute nothing, or even detract from, the physical welfare of the patient. In this situation the physician, who knows the family well, can often save both surgeon and relatives from nervous prostration.

There is something to be said, also for the practice of sending a patient to the consultant without too much information. Instead of saying "This

patient has such and such findings, and is probably a case of bowel obstruction," simply say "I have a patient with an acute abdominal condition. It is an emergency and I would like you to see him right away." By so doing one makes it possible for the consultant to approach the problem with an entirely unbiased mind and gains all the advantages of a fresh viewpoint on the whole proposition. For similar reasons surgeons sometimes like to examine the patient before taking a history. Then if one feels the spleen, or a mass, or muscle resistance, having approached the examination with an open mind, the findings are likely to be fairly sound.

Perhaps a word might be jotted down also about sedatives. In a situation where relief from pain may seem indicated before sending a patient in, or having him seen by someone else, the physician should give the sedative only after due consideration and should send a note along telling how much, of what, was given, and at what time. Otherwise sedatives may mask symptoms and render the surgeon's diagnosis more difficult, since the patient can scarcely be expected to co-operate during examination if under heavy opiate.

In accident cases also the chances of doing something promptly for an injured victim will be greater if he has received adequate first aid care. Haemorrhage should be stopped—by pressure bandage; wounds should be covered—by sterile dressings: shock should be treated—by sedative, warmth and fluids: fractures should be splinted—by anything that is available: a tourniquet, if used, should be supervised during the trip to hospital by someone possessed of intelligence and common sense. These points are so obvious that one is embarrassed to mention them, and only the sad experiences witnessed in the Emergency Department justifies their inclusion here. It is amazing how often the family Ford pulls up to the Emergency door after a 50 mile trip with a puddle of blood on the floor, and an almost unconscious patient huddled in the corner, his severe compound fracture flapping in the breeze.

After the patient has been admitted and during his post-operative stay in hospital, the surgeon would do well to keep the doctor in touch with all progress. Reports should be sent as often as necessary—not oftener. These need not be too detailed nor pompous but rather simple, clear, and direct statements of the situation, designed to help the family doctor in his further care of the patient.

So it would seem that while one man may understand the technique and art of surgery, the other understands his patient as a member of a family group, and of a community. In time of trouble and distress the patient turns, perhaps more often, to his family doctor. He tends to regard the surgeon somewhat as a stranger, just as the surgeon, unless he has been informed of the lights and shades, may look at the patient. The physician can be the interpreter. Furthermore he, and he alone, can be sure that the patient receives proper care at home so as to safeguard the convalescence—a task which is particularly necessary in some types of surgery such as thyroids. This assurance is essential if the work of the surgeon is to bear its fullest fruit.

The physician and the surgeon should try as far as is possible to work hand in hand. If the physician cares to assist with the operation, or at least attend, he will be in a better position to know what the findings were and what was done. He will be able to re-assure the family that all possible was carried out and that they may hope for a certain result. He can carry on the care of

the patient after discharge from hospital with first hand knowledge of all that is necessary for complete recovery, as well as straightening away all the emotional ties. Physicians should look in on the patient if possible, at intervals, while in hospital and never labour under the misapprehension that they are treading on "holy ground". Looking after the patient is a partnership from start to finish. Make no mistake about that.

There may be times when the busy practitioner rushing day and night from home to home and from office to home, distraught by a variety of responsibilities envies the surgeon his seemingly more ordered life. But there are undoubtedly times in every surgeon's career when he looks with a certain amount of nostalgia at the practitioner who is free of the high pressure responsibilities that beset the specialist in the operating room. He envisions the type of practice in which he might be a revered and beloved member of the community, knowing everyone and known to all. He feels that sometimes it would be nice to walk through his waiting room and say, "Hello Joe," instead of having to say to his secretary, "who is that and what did I do for him?" He sometimes longs to feel that the patient under his scalpel is not just a case sent in for operation, but also an individual who counts on him as a personality as well as a surgeon. He wants to know his patient not only inside but out.

Thanks to the general practitioner he can realize some of his dreams. He can find a friend and confidant not only in the Doctor, but, through him, in the patient himself. He knows that the physician is standing by to fill the gaps; to help him get their man or their woman back to health; to make the experience complete.

We have come a long way since the first physician chanted incantations to cast out devils, and the first surgeon bound up wounds with leaves and mud (containing penicillin) to keep out devils. We are on the right road. Let us keep on it.

The Editor's Column

The writer is reliably informed that some editorial comment on the subject of the Annual Meeting is expected at this time. This comment might more suitably have appeared in the October issue of the BULLETIN, had there been time to prepare it before the material went to press. Since, however, the minutes of the meetings are contained in this number, the memories of our readers will already have been refreshed, so that the following remarks may serve to recall further impressions of what was considered by all to be a most successful scientific and social gathering.

It is always difficult to sum up in a few words the events of several crowded days. An innovation this year at Kentville was the presence of representatives of a number of firms whose products concern the medical profession. These men set up their exhibits in the Ballroom and during the four days of meetings a steady stream of doctors and their wives flowed and eddied around the booths. "Something new had been added" and the venture was profitable, financially and otherwise.

Health insurance, that hardy perennial of annual meetings once again reared its head. But, whereas at previous meetings the interest of the members had been somewhat academic, this year the subject had become of practical importance, and the members had awakened to find that the wolf was almost on the doorstep. At least, one got the impression it was a wolf. One also gets the impression that these metaphors are slightly mixed. In order to insure that, if the wolf did get in the door, he should at least be tame, a special meeting of the Executive was held on Wednesday night. This meeting was open to all members and was well attended.

To end this maiden speech on a personal note I should like here to thank the Society for the honour which it did me in making me an honorary member.

M. E. B. G.

There comes a time in the affairs of journals great and small when the amount of material on hand and promised is hopelessly low. It was at one such time this year that the Editors felt that an appeal to certain representative members of the medical profession across Canada might yield satisfying results. We also believed that an appeal widely circulated would lead to a more widespread knowledge of the existence of our little journal. Accordingly, on June 9, 1945 a circular letter was addressed to a number of men in each province in the Dominion. The response has been on the whole satisfactory: from the standpoint of quality eminently so: from that of quantity as good as we had hoped for.

Appearing in this number is an article by Dr. Couch of Toronto, one of those who so kindly responded to our invitation. We are confident that it will appeal to the majority of our readers.

Minutes of the Executive of The Medical Society of Nova Scotia, 1945

THE annual meeting of the Executive of The Medical Society of Nova Scotia was held at the Cornwallis Inn, Kentville, N. S., on Tuesday, October 9, 1945, at 2.40 p.m.

Present: Dr. P. S. Cochrane, President; Dr. A. E. Blackett, Dr. W. L. Muir, Dr. H. G. Grant, Dr. H. W. Schwartz, Dr. J. S. Murray, Dr. N. H. Gosse, Dr. A. R. Morton, Dr. M. G. Tompkins, Dr. P. E. Belliveau, Dr. A. M. Siddall, Dr. D. F. McInnis, Dr. H. K. MacDonald, Dr. J. G. B. Lynch, Dr. J. P. McGrath, Dr. D. M. MacRae, Dr. O. R. Stone, Dr. R. A. Moreash, and Dr. Leon Gerin-Lajoie, and Dr. T. C. Routley, President and General Secretary respectively of the Canadian Medical Association.

The President called the meeting to order.

It was moved by Dr. J. G. B. Lynch and seconded by Dr. A. M. Siddall that the minutes of last year's meeting as published in the MEDICAL BULLETIN of August, 1944, be accepted as read. Carried.

The first communication was a letter from the Canadian Medical Association which was read by the Secretary.

184 College Street
Toronto 2B, Ontario
June 20, 1945

To Secretaries of Divisions

Dear Doctor:

Re Membership for Demobilized Medical Officers

Growing out of a suggestion made by the Ontario Division and approved by General Council, the Executive Committee passed the under-mentioned resolution at its last meeting:

"That this Executive Committee advise the nine Divisions that, upon receipt of advice from a Division that a demobilized doctor has been granted free membership in that Division for a period to include one full calendar year following his demobilization, the C. M. A. will grant that member free membership for the same period, including the *Journal*."

It was abundantly clear in the discussion which took place on this subject, both in General Council and in the Executive Committee, that every effort should be made to welcome demobilized medical officers into membership, both provincially and nationally.

Anticipating the possibility of having all demobilized medical officers active members of our various Associations when they are re-established in civil life, and assuring you of our desire to co-operate with your Division in this important matter, I am,

Yours sincerely

(Sgd.) T. C. Routley, General Secretary

It was moved by Dr. A. E. Blackett and seconded by Dr. M. G. Tompkins that The Medical Society of Nova Scotia grant free membership to medical officers for one year after demobilization. Carried.

The next communication read by the Secretary was a letter from Doctor Routley.

184 College Street
Toronto 2B, Ontario
March 13, 1945

Doctor H. G. Grant
Dalhousie Public Health Centre
Halifax, N. S.

Dear Doctor Grant:

Re Expenses of Collecting Conjoint Fees

In as much as we are giving the Divisions a \$1.00 drawback on each membership fee this year, in connection with C. M. A. membership, the Executive Committee did not concur in paying expenses incurred in the collection of the conjoint fee.

I am sure you will understand the viewpoint of the Committee, especially when the amount of the rebate is greatly in excess of the collection costs.

Yours sincerely

(Sgd.) T. C. Routley, General Secretary

No particular action was taken by the Society on this matter.

The next communication read by the Secretary was one from Doctor Routley re non-payment of fees.

184 College Street
Toronto 2B, Ontario
June 20, 1945

To Secretaries of Divisions

Dear Doctor:

It was with much regret that we were obliged to take off the Journal Mailing list those names appearing on the enclosed sheet because we had not received from you their fees for the current year. We deplore losing members, especially at this time, and express the hope that your Division may find it possible to approach these delinquents urging them to complete their membership.

On receipt of advice from you that any of these fees are paid, we shall be glad to restore their names to the Journal mailing list.

Yours sincerely

(Sgd.) T. C. Routley, General Secretary

After some discussion it was decided to hold this letter over until Doctor Routley's arrival, as he was not present at the beginning of the meeting.

The Secretary next read a letter from Doctor D. S. McCurdy, Secretary-Treasurer of the Colchester-East Hants Medical Society.

Truro, N. S.
June, 1945

Dear Dr. Grant:

Following my correspondence with you re W. C. Board three months' limit on medical accounts I received very explanatory letters from Mr. Rowe and Dr. H. K. MacDonald. Thanks for taking up this matter with them.

The letters were discussed by the Hospital Medical Society and they have instructed me to write and ask you to bring the two following subjects up for general discussion at the Nova Scotia Provincial Medical meeting this year to find out the general opinion of the profession at the Kentville meeting.

1. That the three months' period for rendering medical accounts should be changed to the longer usual time for collecting accounts or for a year at least.
2. That the mileage rate for country calls should be increased especially when going to the woods, etc.

Yours truly

(Sgd.) D. S. McCurdy

It was moved by Dr. M. G. Tompkins and seconded by Dr. A. E. Blackett that this matter be left to the committee of the Workmen's Compensation Board for such action as they see fit, and that it need not be brought up at the general meeting. Carried.

The following letter was next read by the Secretary.

144 Hollis Street
Halifax, N. S.
August 8, 1945

Dr. H. G. Grant, Secretary
The Medical Society of Nova Scotia
Halifax, N. S.

Dear Dr. Grant:

We refer to your letter of June 26th and wish to advise you that the contents of this letter were forwarded immediately to The Dependents' Board of Trustees in Ottawa. We are now advised by Ottawa that the question of a Dominion-wide agreement between the Canadian Medical Association and The Dependents' Board of Trustees in the matter of medical fees is still under negotiation. It is expected that a final agreement will be reached in the very near future. In the meantime, no agreement in this matter between a regional Dependents' Advisory Committee and a Canadian Medical Association Division should be entered into.

The Committee is anxious to co-operate to the fullest extent with the Nova Scotia Medical Association and as soon as further word is heard from the Board in Ottawa, we shall be pleased to get in touch with your Association immediately.

Yours sincerely

(Sgd.) W. F. Carroll, Chairman
Dependents' Advisory Committee

Doctor Cochrane stated that at the Canadian Medical Association meeting when this question had come up, he was under the impression that they had agreed that when they made a payment, it was to be recognized as part payment. It was decided that this matter also be left to be referred to Doctor Routley on his arrival.

The President stated that he had received a letter from Doctor C. G. MacKinnon, now in the Army, who formerly practised at Bridgewater, and he raised the question of men in the services being property owners, and stated that he and Doctor Fraser had been practising in Bridgewater and in their absence two other men had moved in and he raised the question of what was going to happen. The Society have no power to deal with this matter.

The Secretary read the following letter from Doctor Routley.

184 College Street
 Toronto 2B, Ontario
 September 25, 1945

To Secretaries of Divisions

Dr. H. G. Grant
 Dalhousie Public Health Clinic
 Halifax, N. S.

Dear Dr. Grant:

There have appeared in the *Canadian Medical Association Journal* month by month from November, 1944, to June, 1945, articles on various aspects of Industrial Medicine reprints of which are being brought together in booklet form by the Committee on Industrial Medicine of the Association. These are for distribution to physicians who are so located, as to be likely to encounter these problems.

Would you be good enough to send to the Secretary of the Canadian Medical Association at 184 College Street, Toronto, the names of physicians in your Division to whom this booklet should be distributed.

Yours sincerely

(Sgd.) T. C. Routley, General Secretary

It was decided that this letter should be brought before the general meeting.

Report of the Legislative Committee

September 20, 1945

Medical Society of Nova Scotia
 Canadian Medical Association
 Nova Scotia Division

To the Executive:

Your committee has had no matters referred to them during the year.

(Sgd.) K. A. MacKenzie, Chairman

It was moved and seconded by Doctors A. E. Blackett and M. G. Tompkins that this report be received. Carried.

Nomination of Honorary Members.

Doctor A. E. Blackett stated that Doctor W. H. Robbins of New Glasgow had been made a senior member of the Canadian Medical Association at their annual meeting in June and nominated him as an honorary member of The Medical Society of Nova Scotia.

Doctor A. M. Siddall nominated Doctor L. R. Morse of Lawrencetown: Doctor J. G. B. Lynch nominated Doctor G. W. T. Farish of Yarmouth which was seconded by Doctor MacRae: Doctor H. W. Schwartz nominated Doctor J. G. MacDougall: Doctor M. G. Tompkins nominated Doctor C. J. Sparrow of Reserve.

It was moved and seconded by Doctors A. M. Siddall and O. R. Stone that the Society accept these nominations.

At this juncture Doctor Gerin-Lajoie and Doctor T. C. Routley arrived.

The Secretary referred to Doctor Routley his letter of June 20th regarding certain members who had been struck off the mailing list of the C.M.A. for

non-payment of fees and suggested that Doctor Routley have his secretary keep an eye on the dead-line and send us a notice two weeks before that time. Doctor Routley stated that this was a matter over which he had no jurisdiction and that some years ago the Council of the C. M. A. pointed out that the Journal is a costly thing, and that three notices went to these men before their names were struck off the mailing list. He stated that he would certainly look into the matter on his return to Toronto and that the Society could leave it to Doctor Grant and himself to work out a satisfactory plan.

Doctor J. S. Murray suggested that a notice be inserted in the January issue of the BULLETIN calling attention to the members that the Society's year begins in January and that fees would be collected in February. It was also suggested that a list of members be published in the BULLETIN.

In reference to the letter from the Dependents' Advisory Committee which stated that a number of difficulties had arisen between the provinces and the Soldier's Board. Conferences had been held and finally the Board of Trustees agreed to sit down and work out a tariff. In the meantime VJ day came along and they were all hoping that in a few months the need for the Soldiers' Board would be disappearing. The Department of Veterans' Affairs asked the C. M. A. to appoint a committee to devise a tariff for veterans and that committee is hard at work and hope to finalize matters this month at Ottawa. The Government has decided to extend free medical service for one year after demobilization. The C. M. A. more than a year ago urged upon the Government the wisdom of allowing the returned soldier to have access to the doctor of his choice, and the Government has acceded to that request. They were told that the old tariff was unsatisfactory and there will be a tariff which will be higher than the old tariff. It will permit the Government to pay doctors all over Canada for treating sick soldiers. The new policy will be announced within the near future.

Report of the Editorial Board

To the President of The Medical Society of Nova Scotia:

The BULLETIN has survived another season. This is "V.B." day for Doctor A. L. Murphy, a member of the Editorial Board for ten years, and for myself as Editor-in-Chief for nine years. We are resigning because of war-weariness and the need of the BULLETIN for new blood. The transfusion given last year in the person of Doctor H. L. Scammell was most stimulating and the Society is to be congratulated on its selection. Some of his ideas will begin to bear fruit very shortly. One or two more such treatments and the future of our journal will be beyond question. We flatter ourselves that during our term of office the general set up of this publication has been improved—the editorial page was abolished and the Editor's Column established—consequently if the Editor has not anything to say, he is not forced to say it and a proper place is provided for communications, the journal can now be bound without being disfigured by advertising matter; this was a very real achievement and was not accomplished over night; an index was completed and published in 1940 bringing up to that date and under one cover all previous Volume I to XIX volumes. Subsequently the December numbers have the index of the year then ending. It was my intention to consolidate the indices every decade. For some years all articles now appear in the Index Medicus.

I would like particularly to commend to this Society the work of Doctor E. David Sherman of Sydney who has acted as Abstract Editor for over four years. Not once did we have to jog his memory—in fact his much appreciated contributions were always ahead of time.

During my editorship Doctor Grant and Mrs. Currie have been all that one could pray for and often times stayed up my hands when the battle otherwise would have been lost. I want them to know how much their help has been appreciated.

Respectfully submitted

(Sgd.) H. W. Schwartz, Editor-in-Chief

Doctor Schwartz moved the adoption of this report which was seconded by Doctor J. G. B. Lynch. Carried.

Report of Cancer Committee

September 5, 1945

Dr. H. G. Grant, Secretary
The Medical Society of Nova Scotia
Halifax, Nova Scotia

Dear Doctor:

There has been no activity on the part of the Cancer Committee during the past year, so that I shall not have a report to submit at the annual meeting.

Yours truly

(Sgd.) S. R. Johnston, M.D., Chairman

Doctor Grant moved the adoption of this report which was seconded by Doctor P. E. Belliveau. It was decided that this report need not be brought before the general meeting.

Report of the Historical Committee

Halifax, N. S., October 4, 1945

Dr. H. G. Grant
Secretary, Nova Scotia Medical Society
Halifax, N. S.

Dear Dr. Grant:

I beg to report on behalf of the Historical Committee of the Society for the year 1944-45.

Early in the year it was decided by the Committee that a fruitful field of endeavor would be the collection of material from which could be written a biography of the late Dr. John Stewart. Considerable progress has been made but, as this particular task will take a long time, I would respectfully suggest that either the present Committee be re-appointed, or that it be constituted a special Committee to carry out this work and a regular Committee with new members be appointed.

Respectfully submitted

(Sgd.) H. L. Scammell

Doctor M. G. Tompkins moved the adoption of this report which was seconded by Doctor H. W. Schwartz, with the suggestion that it be brought to the attention of the Nominating Committee. Carried.

Public Health Committee

Halifax, Nova Scotia
September 27, 1945

Dr. H. G. Grant
Secretary, Nova Scotia Division
Canadian Medical Association
Dalhousie Public Health Clinic
Halifax, Nova Scotia

Dear Doctor Grant:

Enclosed please find report of the Committee on Public Health for the past year.

May I be permitted to request that another Chairman be appointed for the current year. I am on so many Committees that I find it increasingly difficult to give any proper service to all of them. I would suggest the Committee might remain as at present, constituted without me. The President or Secretary of the Provincial Association of Medical Health Officers would make a logical chairman. It is true the President changes each year and if the Society desired a more or less permanent Chairman, the Secretary would fill the bill.

I desire to thank the Society for honouring me with the position of this Chairmanship for so many years.

Yours sincerely

(Sgd.) P. S. Campbell, M.D.

Report of the Committee on Public Health, Nova Scotia Division of the Canadian Medical Association.

To the Executive and Members of the Nova Scotia Division of the Canadian Medical Association:

The members of your Committee on Public Health were not brought together for a formal meeting during the past year because no health problems were referred to them. In the absence of any specific references the Chairman felt he was not justified in asking the association to pay the travel and other expenses incident to a general meeting. This report will therefore have brief reference to the Public Health in general.

During the year there were no serious outbreaks of communicable disease, despite the fact that it was the fifth year of the worst war in the world's history. Shortly after we entered the war, in the autumn of 1939, it was prophesied that public health progress would suffer a serious set-back. It was said wars always bring epidemics and when a sufficiently large area becomes involved the contagion rapidly spreads throughout the entire globe. It is true history provided considerable evidence for the reasonableness of the gloomy prediction. While we have grave apprehension regarding the post-war period, nevertheless at the end of the greatest struggle we have ever known, nothing of major concern has occurred and the health of our people may properly be described as good. In searching about for the causes of this satisfactory

state we cannot help but believe the splendid spirit of co-operation that existed between the practising members of the profession, the medical officers of National Defence and civilian health organizations has been one of the principal causes and perhaps the chief one.

During the war years the most important individual health problem with which we were faced was the control of the venereal diseases. About a year ago a standard notification card for Dominion wide use was introduced. While this measure has improved reporting there are still too many physicians who do not make use of this means to a good end. These are respectfully requested to aid the total program by adopting the notification system. We have sufficient scientific knowledge to bring venereal diseases under control. This control will depend largely upon early discovery and prompt reporting coupled with early and adequate treatment.

Now that the war is over and with the return of the many medical officers who served so well in the armed forces we may anticipate rapid development in therapeutic and preventive medicine which will give to all the people those services to which they are entitled.

Respectfully submitted

(Sgd.) P. S. Campbell (Chairman)

S. Marcus

C. B. Crummey

W. T. McKeough

J. J. MacRitchie

P. E. Belliveau

Seymour MacKenzie

A. W. Ormistln

Doctor Grant moved the adoption of this letter and report, which was seconded by Doctor P. E. Belliveau, with the suggestion that the letter be brought to the attention of the Nominating Committee, and that the report need not be brought before the general meeting.

Halifax, Nova Scotia
September, 1945

Report of the Provincial Medical Board

Halifax, N. S., October 4, 1945

Dr. H. G. Grant
Secretary, Nova Scotia Medical Society
Halifax, N. S.

Dear Dr. Grant:

I wish to report briefly on the activities of the Provincial Medical Board since your last annual meeting.

Two regular meetings were held, one on November 30, 1944, and the other on April 28, 1945. At the first of these meetings the Board was waited on by your Committee consisting of the President, the Secretary and Dr. J. W. Reid. They outlined fully the position of the Society on the subject of 100% membership, and made the suggestion that an annual fee be collected by the Board as

a requirement for licensure and that a substantial portion of this fee be remitted to the Society to cover fees for membership in it and in the parent Association.

There was a free discussion of the situation and, after your Committee had retired, it was decided that a Committee consisting of the Executive of the Board arrange a meeting with the Committee appointed by the Society with an endeavor, after reviewing the situation, to find a solution to the problem.

Two meetings were subsequently held, at which the Board's solicitor was in attendance. A report of these meetings and their conclusions will no doubt be placed before you by the officers of your Society. They have already been received and adopted by the Board.

The Board has continued to substantially support its Library, which is housed in the Dalhousie University Medical Library and is available to all registered practitioners in the Province.

In April, 1945, forty-five candidates for a license to practise in the Province were examined by the conjoint Board.

Respectfully submitted

(Sgd.) H. L. Scammell, Registrar

It was moved and seconded that this report be received. Carried.

Report of the Medical Museum Committee

September 20, 1945

Medical Society of Nova Scotia
Canadian Medical Association
Nova Scotia Division

To the Executive:

Your committee has no activities to report. There have been no additions to the Museum collection during the year.

(Sgd.) K. A. MacKenzie, Chairman

It was moved and seconded by Doctors M. G. Tompkins and H. K. MacDonald that this report be received. Carried.

Report of the Cogswell Library Committee

October 3, 1945

Dr. H. G. Grant
Secretary, Medical Society of Nova Scotia

Your Committee on the Cogswell Library herewith presents its annual report:

During the sixth and final year of the war, Dalhousie Medical Library maintained its diligent service in the cause of medicine. The statistics show a slight drop in totals, due to the resumption of a summer vacation for the student body; but during terms a large proportion of the undergraduates continue to spend in the library all their studying hours, outside of class and laboratory periods. This dependence on the library for uninterrupted and

peaceful work will persist as long as the crowded conditions in rooming-houses.

The total of readers for the year is 13,494, a daily average of over 40, or over 53 during term. Total circulation was 3,264. Out-of-town loans numbered 273, as against 339 the year before, and this includes material sent to men in the services at out-of-town centres. This is not evidence of any increased zeal for study among practitioners throughout the Maritimes. Actually few of them seem to know how easy it is to obtain any information or reading matter they may be interested in.

A good proportion of the doctors in the services still make full use of the library and appreciate especially the evening hours, and the privilege of borrowing without restriction. From now on we may expect to see fewer uniforms in our reading-room, and may recall their presence as an interesting phase of the war's effect on the Medical School. It is a great satisfaction to be able to reaffirm that we have no reason to regret the generous treatment given to service personnel, and that instances of carelessness on their part have been conspicuously rare. There can be no doubt that the library has contributed not a little colour to the impression of Halifax as a Medical Centre which has been carried away by hundreds of doctors who have served here, and we can rejoice that the new building was acquired just in time to play its role in such a time.

The *Book Stock* was reinforced this year by (1) the purchase of 72 new books. (2) The addition of 14 titles to the MacDougall Collection. (3) 35 new books added to the Psychiatry section by the Department of Psychiatry. (4) Gifts, chiefly from members of The Medical Society of Nova Scotia, of 28 books, and 15 bound volumes of journals or annuals. (Notable was Dr. Levittan's gift of Blackfan's *Atlas of the blood in children*, and Jacobs' *Chemistry and Technology of Food* in 2 volumes.) The *MacDougall Library* now comprises 70 volumes, and is of greater value than that figure would suggest, because almost none of them are slight things. The new titles are:—

Bargen	- - - - -	<i>Colitis.</i>
Boyd	- - - - -	<i>Pathology of Internal Diseases, 1944 ed.</i>
Cole & Elman	- - - - -	<i>General Surgery, 1944.</i>
Ferguson	- - - - -	<i>Surgery of the Ambulatory Patient.</i>
Gould	- - - - -	<i>Trichinosis.</i>
Judowich & Bates	- - - - -	<i>Segmental Neuralgia in Painful Syndromes, 1944.</i>
Levine	- - - - -	<i>Clinical Heart Disease, 1945 ed.</i>
Read	- - - - -	<i>Revelation of Childbirth.</i>
Snapper	- - - - -	<i>Medical Clinics on Bone Diseases.</i>
Stokes	- - - - -	<i>Modern Clinical Syphilology, 1944 ed.</i>
Grey-Turner	- - - - -	<i>Modern Operative Surgery, v. 2, 1943 ed.</i>
Watson-Jones	- - - - -	<i>Fractures and Joint Injuries, 2 v., 1944 ed.</i>
Thorek	- - - - -	<i>Surgical Errors and Safeguards.</i>
Wintrobe	- - - - -	<i>Clinical Haematology.</i>

This year also we acquired an item which we have wanted for years: a set of the *Encyclopaedia Britannica*, the combined 11th, 12th and 13th editions, which suits our needs better than the 14th, as it contains so much outstanding material and authoritative articles that were crowded out of the later edition. The thin leather-bound set in 35 volumes was got from England for £20,

Current *Journal* subscriptions number 173, of which 120 are purchased (costing \$1,532) while 50 come to us free. Nine paid subscriptions are gifts from doctors and staff members. New titles are:—

- (1) By purchase: *British Journal of Industrial Medicine.*
Clinical Science.
Journal of Investigative Dermatology (resuming publication).
- (2) By gift: *American Review of Soviet Medicine.*
Journal International College of Surgeons.
Texas Reports on Biology and Medicine.
Digest of Neurology and Psychiatry.
Journal of the Canadian Medical Services.
Report of the Dalhousie Medical Library, 1944-45.

The task of completing back files is an endless one. Though much is accomplished each year, much ever remains. Gifts of odd numbers of the less familiar publications, and particularly those of the specialties, are most welcome, and it matters little if the copies are worn and shabby. For example, we still lack the earliest issue of *Canadian Public Health Journal* and the NOVA SCOTIA MEDICAL BULLETIN. We make daily use of the unbound duplicates to lend out instead of bound volumes. What we do not need we offer to other libraries through the Medical Library Association Exchange, the co-operative organization which has done so much to help us complete our own files. We expect to ship overseas a good part of our accumulation of longer files, sharing the Association's project of re-stocking libraries destroyed by enemy action.

Interlibrary loans have been cut to a minimum because of the growing use of microfilm copies. The large United States libraries, to which the smaller ones have always turned for material not on their own shelves, now produce microfilm copies of articles wanted, and send these out instead of the original journals. It is done on so large a scale that it is not more costly, to the producing library. It means, in actual practice, that we send our requests to the Army Medical Library (or to the Library of Congress) Washington, and in three or four weeks receive the microfilm copy, free of any charge. (Not even postage, as the United States Government franks such material). The only inconvenience is the necessity of using a "reader." The library hopes to have one of its own very soon. The microfilmed articles are catalogued and stored as part of our own stock.

Respectfully submitted

(Sgd.) G. H. Murphy, Chairman

Dr. Grant moved the adoption of this report which was seconded by Doctor N. H. Gosse. Carried.

Report of the the Committee on Medical Economics

Nova Scotia Medical Society
Doctor H. G. Grant, Secretary
Halifax, Nova Scotia

Members of the Executive:

Your Committee has watched closely the trend of Health Insurance in Canada since the last annual meeting. The subject has been reviewed in a pamphlet written by Dr. A. E. Archer which has been distributed to all members by the Canadian Medical Association.

The speech from the Throne read at the opening of the present Parliament forecasts some legislation during the year. It is doubtful if a nationwide scheme will be provided for until demobilization is complete and rehabilitation of the members of the armed forces and the civilian war workers is an established fact.

During August your Committee, along with Dr. H. L. Scammell and Dr. J. S. Munro, had the privilege of examining and discussing the provisional scale of fees proposed for remuneration of the profession rendering services to returned veterans. These rates in most cases are above those prevailing in Nova Scotia. When approved they are likely to be accepted as the standard of fees in the Dominion. If for no other reason your Committee felt they deserved careful consideration. If adopted as proposed we believe the profession in Nova Scotia has much to gain. However, this is a matter for the Executive of the Canadian Medical Association.

Respectfully submitted

(Sgd.) Eric W. Macdonald and
J. G. B. Lynch

Doctor Lynch moved that this report be received and adopted, which was seconded by Doctor M. G. Tompkins. Carried.

Doctor Routley spoke briefly on this matter and it was moved by Doctor N. H. Gosse and seconded by Doctor J. S. Murray that the recommendation of this Executive be that our Society authorize our representative to conclude the agreement with respect to fees at Ottawa, and that this report should be brought before the general meeting. Carried.

Report of the Narcotic Drug Committee

Halifax, October 4, 1945

The Medical Society of Nova Scotia:

No specific cases have been brought to the attention of this committee during the past year.

The use of non-potable liquids as beverages has been prevalent. This refers particularly to Rubbing Alcohol, Methyl Hydrate and a substance known as "Bee Beer" or "Jungle Juice."

A new paint remover, Monomethyl ethyl glycol was the cause of one death. This is said to have been the first human death caused by this clear, pleasant smelling, inflammable liquid.

Sulfonamides appear to be considered harmless by the public. Druggists seem to vary somewhat in their practice as to requiring prescriptions.

Penicillin in tablet form is now on the market, 25,000 units in a rather expensive tablet. It might be interesting to know what restriction, if any, the Society would place on the counter prescribing of these tablets.

Respectfully submitted

(Sgd.) Frank V. Woodbury, Chairman

Doctor Grant moved that this report be received which was seconded by Doctor H. W. Schwartz. Carried.

Doctor Schwartz moved that the new committee on Narcotic Drugs be authorized to take up the question of dispensing of harmful or dangerous drugs over the counter with the Pharmaceutical Society, and that the Committee take what action they deem necessary, and that this report be brought up at the general meeting. Seconded by Doctor H. K. MacDonald, and carried.

Report of the Committee on Industrial Medicine

The Committee on Industrial Medicine begs to report as follows:

Industrial Medicine in the Province of Nova Scotia has developed much more than many people think during the last three years. There were ten firms in the Province using part-time medical services, and a few using part-time nursing services. In some instances, nurses were doing some social service work as well. It was your chairman's privilege to contact all these firms and find out the number of personnel engaged in this work and they were circularized with "Standard Rules for Industrial Nurses." These "Rules" are accepted by the Industrial Medical Association of the United States and put into use by the Industrial Medical Branch of the C. M. A. in Canada. They also were circularized with a magazine called *The Industrial Nurse* and this should help towards having uniform treatment for accident and sickness cases.

Medical services in industry in the Province became much more sought after by industrialists and there is no question but that this branch of medicine is on the upgrade and the responsibilities of the profession to it will grow day by day.

Pre-placement physical examination, a thing which has been very hard to establish in Nova Scotia, has been adopted in a number of plants, with benefit to the employee and definite information to the employer.

Opportunities shall arise in industry and we, your committee, hope that a number of your medical men returning from the Services will find industrial medicine interesting and take it up as a specialty in their post-graduate courses.

Thanking you for your confidence in this committee, we are,

(Sgd.) J. G. B. Lynch, Chairman

C. B. Crummey

J. C. Wickwire

Doctor Lynch moved the adoption of this report, and that it be brought before the general meeting. This was seconded by Dr. A. E. Blackett and carried.

Report of the Workmen's Compensation Board Committee

October 9, 1945

To the Members of the Nova Scotia Branch
Canadian Medical Association

Re: Report - Workmen's Compensation Board.

As you know, the members of this committee are chosen in such a way that the whole Province is more or less represented. I wrote each member of the committee about one month ago asking for any information, any complaints, etc., so that it could be embodied in this report. One member only of committee replied and he had nothing to report so that I am forced to the conclusion that, so far as the profession and the Workmen's Compensation Board are concerned, satisfaction and co-operation exist. A number of things have happened, however, that I feel might be of interest to you and particularly to one division of the Nova Scotia Branch.

Under date of June 7, 1944, a letter was received from Dr. D. S. McCurdy, Secretary of the Colchester-East Hants Medical Society, which should have been presented at our last annual meeting but, for some unexplainable reason, it was not presented and now, if you will allow me to digress for a moment, I will read the communication which was received and which should have been presented.

June 7, 1944

Dr. H. K. MacDonald
37 South Park Street
Halifax, N. S.

Dear Dr. MacDonald:

Replying to your letter of June 3rd re W. C. Board matters, I have the following six points to present. These have been passed by the Colchester-East Hants Medical Society, and I, as Secretary, have been instructed to pass them on to the Chairman of the W. C. Board Committee, as well as the various Medical Societies in Nova Scotia, so that the matter may receive some consideration at the next annual meeting (1944).

1. That the expiration date for Doctors' Accounts be at least one year from the time of services rendered, and that the doctor be notified by the Board one month before the expiration date that his account has to be in within another month.
2. That the W. C. Board pay for Progress Reports.
3. That mi eage be 75c instead of 50c.
4. That unpaid Doctors' Accounts of past years, which were declared outlawed, be again opened, and the services rendered paid for by the Board. Other accounts are collectable for a much longer time.
5. That the Board revert to its original method of sending out "Surgeon's First Report" and "Doctors' Account," after receipt of notification of the accident.
6. That notices be placed in public places in factories, etc., where men are employed, stating that the injured workman has his choice of medical attention, instead of being told that Dr. So and So is the doctor for this industry.

Last year I sent a list to you, much the same as part of this, but I don't know what consideration was given to the proposals. The medical men are very insistent that these points be dealt with this year.

Yours truly

(Sgd.) D. S. McCurdy

No action was taken for the simple reason that it was not reported but, under date of February 14, 1945, Dr. McCurdy, who was still the Secretary of the Colchester-East Hants Society, wrote our Secretary, Dr. Grant, as follows:

A letter from the Colchester-East Hants Medical Society was forwarded to the annual meeting of your Society asking the Workmen's Compensation Board Committee to consider and, if possible, take some action to have the clause whereby medical accounts must be submitted to the Compensation Board within three months changed to a longer period as other accounts have the privilege of not being outlawed for six years.

We have not heard that this request was dealt with and the members of the C. M. A. in this district feel that through the Nova Scotia Medical Society business of this nature should receive attention.

May this be taken up with the Compensation Board Committee and perhaps if the men here could understand by an explanation why it is deemed necessary to have this three months' limitation a better feeling would exist.

The men claim that it is a difficult thing to always have accounts in within the three months. Even if a reminder notice were to be forwarded from the Board that the date would soon be three months some improvement would be made.

Yours truly

(Sgd.) D. S. McCurdy

Dr. Grant referred this letter to me and I immediately took action in that I contacted Mr. Rowe, Chairman of the Commission, and talked the matter over with him. He wrote Dr. McCurdy on March 2, 1945. It is quite a lengthy letter and I will leave it to you as to whether or not you would like me to read it. I can summarize it, however, and will do so.

(The whole letter is herewith inserted.)

Halifax, N. S., March 2, 1945

Dr. D. S. McCurdy
Truro, N. S.

Dear Dr. McCurdy:

Acting on a suggestion made in a letter from you to Dr. Grant recently, relative to the three months' limitation on payment of doctors' bills by the Board, I am going to try a few words of explanation.

Some years ago a delegation of employers in the lumber industry met the Government of the day and complained somewhat bitterly that they were receiving notices from the Board of payment of doctors' accounts more than a year after the services had been rendered, that these accounts were to their knowledge in many cases exorbitant, but that at such a late date it was impossible to get the necessary information to prove this, as more often than not the injured men were then no longer in their employ. It was therefore suggested that the time for presenting accounts be shortened to three months.

Following this the Board started a systematic checking of large numbers of accounts, only to find that the charges made, had considerable truth in them. Whether through carelessness, or otherwise, we began running across charges for services that had obviously not been performed, charges for unnecessary attendances, and other irregularities that convinced us that a tightening up was necessary and that to be effective accounts should be in our hands much sooner than a year after due. Accordingly, when the above request of the employers was repeated, the Board supported their contentions and the Legislature acted accordingly.

To change back to a longer period it will be necessary for the Legislature again to revise the Act in this connection. Your request for the change has been passed on, without comment, to the proper quarters and there the Board loses control and the matter is up to those who make the laws. I will be quite frank, however, and say that if asked for our opinion, we will reluctantly be compelled to tell the Government that we are still running into irregularities of this nature. We are proving some of them beyond a reasonable doubt. This would be difficult if not impossible to do if accounts could be withheld for a year, as all of this kind would undoubtedly be. If these practices are not eliminated by calling them to the attention of the parties concerned, as we are doing, then it looks as if other methods, such as appointing specified doctors to handle compensation cases, will have to be considered.

As to the three months itself, the Board feels that on an unbiased consideration not too much objection could be raised for the following reasons:

1. The three months' period does not start to run till the last day of attendance. If a doctor treats a patient for thirty days, he has three months from the end of that period to render his account.
2. In cases where a schedule fee is paid, such as for fractures, operations, etc., doctors' accounts rarely show the last date of attendance, so our Medical Aid Officer has been instructed to reckon the three months from the last date the workman would likely receive medical aid so far as can be judged from the file, and that usually is the day he returns to work.
3. The Board's whole financing is based on annual settlements with employers. It is therefore necessary, as far as at all possible, to receive all accounts against the Board before books for the year are closed. The longer the period for rendering bills, the less likely this is to be so.
4. In any event the three months' period, especially on the above interpretations, is not an unreasonable period, particularly where the account is rendered to a party (i.e., the Board) other than the one receiving the services (the workman).

I could elaborate the foregoing if I were talking to you but in general this covers the ground from the Board's standpoint. We are anxious to see that doctors are paid, paid promptly and paid a reasonable fee. We believe records will show that never were accounts paid more promptly or more generously than at present. We are trying our best to co-operate in all reasonable ways with the medical profession in the interests of the workman. We do not think any hardships of a serious nature are being inflicted under the present arrangement.

Yours very truly

(Sgd.) F. Rowe, Chairman

As you will note, in Mr. Rowe's letter to Dr. McCurdy, he dealt only with question No. 1, which appeared in his letter of June 7, 1944, "that the expiration date of Doctors' accounts be at least one year from the time of services rendered and that the Doctor be notified by the Board one month before the expiration date that his account has to be in within another month." Mr. Rowe's letter to Dr. McCurdy explains that situation.

In regard to the second point raised in the letter of June 7, "that the Workmen's Compensation Board pay for progress reports," I discussed that matter with Mr. Rowe and he says that it is impossible on account of the book-keeping which would be entailed.

As regards to the third point raised "that mileage be 75c instead of 50c per mile," that is the decision and was reduced by the Royal Commission of which Mr. Hanway is Chairman.

As regards the fourth point "that unpaid Doctors' accounts of past year, which were declared outlawed be again opened and the services rendered paid by the Board," Mr. Rowe states that legislation to that effect would be necessary.

(5) That the Board revert to its original method of sending out "Surgeon's First Report" and, second, Doctors' accounts after receipt of notification of the accident. Mr. Rowe states that is a regulation which is adopted by all Compensation Boards and that it is impossible to make any change in the method.

(6) That notices be placed in public places and factories, etc., where men are employed, stating that the injured workman has his choice of medical attention, instead of being told that doctor so and so is the doctor for this industry. Mr. Rowe states that this has been done, but he claims that the notices never remain on account of the fact that they are pulled down by some individuals.

Those are the important points in the letter of June 7, 1944, and I feel a satisfactory answer has been given to them.

There are some other matters, however, which have developed in connection with the workings of the Compensation Board. You will note that the period of treatment by legislation has been extended from thirty days until the patient is cured. This is a distinct advance. Another matter which occurred and which tends to simplify the work and this applies to a limited number of the profession only, is that until March 5, 1945, in making our accounts against Canadian National Railways it was necessary to send them in duplicate. That has been done away with and all that is necessary now is one form to be made out.

I think, Mr. Chairman and Gentlemen, that those are the important things that have developed in connection with the Compensation Board during the past year.

Respectfully submitted

(Sgd.) H. K. MacDonald, Chairman

Doctor MacDonald moved the adoption of this report, which was seconded by Doctor J. G. B. Lynch. It was decided that this report should be brought before the general meeting. Carried.

A discussion followed on the report of the committee appointed to meet with the Provincial Medical Board concerning 100% membership, which saw published in the April, 1944, edition of the MEDICAL BULLETIN.

Doctor Routley stated that British Columbia four years ago decided to increase their annual fee and increased it by \$10.00; they provide a benefit fund for their own members. They are now examining the question of a compulsory fee. Alberta has a compulsory fee, Saskatchewan has a compulsory fee, they increased their fee two weeks ago to \$25.00 to include membership in the parent body. Manitoba has a compulsory fee for the two associations, but the fee is not collectable by the College of Physicians and Surgeons; discussions are going on but no action taken yet. In Ontario a joint committee is studying the matter. In Prince Edward Island the fee is now collectable by

the licensing body, and it is a compulsory fee on the Island. New Brunswick has had a compulsory fee for two years and are highly pleased with it. They think it has been a complete success in their province. All provinces have an annual licensing fee except Nova Scotia.

It was moved by Doctor D. M. MacRae that the Executive Committee after hearing the report of the committee appointed to confer with the Provincial Medical Board on the question of obtaining 100% fees that both the original and alternative schemes are impracticable at present. This was seconded by Doctor N. H. Gosse and carried. It was decided that this should be brought before the general meeting.

It was decided that the Nominating Committee appoint a membership committee to work out ways and means of obtaining new members.

It was moved by Doctor J. G. B. Lynch and seconded by Doctor A. E. Blackett that the honoraria to the Treasurer and Editorial Board and the salaries of the Secretary and the clerical secretary and bonus to the clerical secretary as of last year be paid. Carried.

Report of the Secretary

Report of the Secretary for the year 1944.

To the President, the Executive and Members of The Medical Society of Nova Scotia:

The activities of the Society have been carried on through the year and there is nothing of unusual moment to report.

There was a meeting of the Executive held at the Dalhousie Public Health Clinic on February 15th called by the President, Doctor J. C. Wickwire. The business of this meeting was to choose the place of the next annual meeting and to consider the invitation of the Canadian Medical Association to send guest speakers. As the Lunenburg-Queens Medical Society had sent an invitation inviting us to meet at White Point Beach this was decided on. Also the invitation of the Canadian Medical Association to send guest speakers was accepted.

The annual meeting was held at White Point Beach on July 5th and 6th, and in every way was a decided success. The weather was ideal, the surroundings were delightful and the scientific programme well balanced and of a very high order. We were honoured by the presence of Doctor Harris McPhedran, President of the Canadian Medical Association, and of Doctor T. C. Routley, the Général Secretary; also there was a very good representation of the armed forces stationed in the province. Outstanding contributions to the scientific programme were made by Doctor N. W. Philpott, Doctor Harris McPhedran, Doctor E. A. Broughton and Colonel W. P. Warner; and three very excellent papers were read by representatives of our own Society, namely, Doctor E. L. Eagles, Doctor C. A. Donkin and Doctor N. H. Gosse. The annual dinner was held and was most successful. The guest speaker, Mr. T. H. Raddall, the author, gave a most entertaining talk on "Early Medicine in Nova Scotia," and the President, Doctor J. C. Wickwire, followed with a most interesting address on "Dr. Henry Farish." The singing by the quartette made up of Doctor and Mrs. J. C. Wickwire and Doctor and Mrs. D. K. Murray was

enjoyed by all. A most unique feature of the entertainment was the Scottish dancing by a group of young girls.

A meeting of the Executive was held at the Dalhousie Public Health Clinic on November 29, 1944. The first item dealt with was a letter from Doctor T. C. Routley stating that the New Brunswick Medical Society planned to have their annual meeting in October and asking if we could fit in with their plans. The Executive gave the President, Doctor Cochrane, authority to deal with this. The question of advertising booths was next dealt with and the Secretary was given authority to sell advertising space at the next annual meeting. A letter was read from the D. G. M. S. of the Canadian Army offering educational films dealing with physical rehabilitation. Copies of this letter were sent to the branch societies. A letter was read from Doctor T. C. Routley dealing with a resolution of the executive of the Canadian Medical Association suggesting the standardization of pre-medical education. This was referred to the Provincial Medical Board. Certain proposed changes in the set up of the medical services of the Canadian Army which had been sent to the Executive of the Canadian Medical Association were brought before our executive. The important suggested change was that the name of the Royal Canadian Army Medical Corps be changed to that of the Royal Canadian Health Corps. In this change non-medical personnel such as biochemists, pathologists, and so on would have the same military status as medically qualified personnel, although they would wear a different badge for identification. The executive voted against the changes suggested in the proposed draft and decided to bring the topic up at the next general meeting of the Society. The next letter was from Doctor P. E. Belliveau of Meteghan regarding difficulty in securing gasoline. This matter has since been settled in a way satisfactory to Doctor Belliveau. A letter from Doctor Routley advising us of an abatement of one dollar on that part of the combined fee, that is eight dollars, sent to the Canadian Medical Association. Doctor A. B. Campbell of Bear River wrote in regarding the unsatisfactory method of dealing with medical fees by the Dependents' Advisory Committee. It was decided that the Secretary write the General Secretary of the Canadian Medical Association asking that the actions of the local committee of the Dependents' Advisory Committee be brought in line with the views expressed at the executive meeting of the Canadian Medical Association by the President of the National Board.

The President, Doctor Cochrane, brought up the matter of 100% membership and it was decided that the President, the Secretary and Doctor J. W. Reid of Halifax appear before the meeting of the Provincial Medical Board to ask their co-operation in an effort to secure 100% membership in The Medical Society of Nova Scotia.

On November 30, 1944, this committee appeared before the Provincial Medical Board. There was considerable discussion and the Board promised to notify the committee of their action. Two meetings were afterwards held with the committee and a draft was prepared which will be presented to the executive.

Membership. The membership for 1944 totalled three hundred and thirty-six (336). Of these, two hundred and seventy were conjoint members of The Medical Society of Nova Scotia and the Canadian Medical Association; two

The Medical Society of Nova Scotia only, and sixty-four (64) were in the armed forces.

(The obituary list was not read until the general meeting when all members stood.)

Obituary

Joseph Hayes, M.D., University of Pennsylvania 1888, died at Wolfville on March 2nd, at the age of eighty.

William Ross McRae, M.D., McGill University 1894, died at Whitney Pier on April 9th, at the age of seventy.

John William Thompson Patton, M.D., McGill University 1900, died at Halifax on May 19th, at the age of seventy-five.

Frederick Vance Maxwell, M.D., Dalhousie 1932, died at St. George, N. B., on April 19th, at the age of thirty-seven.

Thomas Francis Meahan, M.D., McGill University 1927, died at Glace Bay, on June 22nd, at the age of forty-two.

James Ira Wallace, M.D., Baltimore Medical College 1895, died at Kam-sack, Saskatchewan, in June, at the age of eighty.

Alexander Locke Anderson, M.D., New York Medical College 1898, died at Wolfville on June 20th, at the age of seventy-one.

Angus McDonald Morton, M.D., Dalhousie 1898, died at Halifax on October 26th, at the age of seventy-three.

William Hercules Rice, M.D., Toronto University 1900, died at Sydney on September 26th, at the age of seventy-two.

Gordon Alexander McCurdy, M.D., Dalhousie 1933, died at Victoria, B. C., on November 21st, at the age of thirty-seven.

Frederick Samuel Lampson Ford, M.D., University of Maryland 1894, died at Toronto on November 25th, at the age of seventy-five.

Matthew George Archibald, M.D., Dalhousie 1898, died at Kamloops, B. C., on December 14th, at the age of seventy-one.

Arthur Samuel Kendall, M.D., Bellevue Medical College 1882, died at Sydney on July 18th, at the age of eighty-three.

Respectfully submitted

(Sgd.) H. G. Grant, M.D., Secretary

Doctor Grant moved the adoption of this report which was seconded by Doctor J. G. B. Lynch. Carried.

Report of the Treasurer

FINANCIAL STATEMENT

The Medical Society of Nova Scotia

Year Ending December 31, 1944

RECEIPTS

Cash on hand January 1, 1944.....	\$ 3,078.77
Subscriptions.....	3,843.36
MEDICAL BULLETIN.....	3,384.28
Interest on Savings Bank.....	6.87
	<hr/>
	\$10,313.28

EXPENDITURES

MEDICAL BULLETIN.....	\$ 2,186.79
Canadian Medical Association.....	2,091.00
Sundry Expenses.....	424.43
Salaries and Bonuses.....	2,100.00
Cash on hand December 31, 1944:	
Current Accounts.....	\$2,127.74
Savings Account.....	1,383.32
	<hr/>
	3,511.06
	<hr/>
	\$10,313.28

PROFIT AND LOSS ACCOUNT

Subscriptions.....	\$ 1,752.36
MEDICAL BULLETIN.....	1,197.49
Interest on Savings Account.....	6.87
	<hr/>
	\$ 2,956.72
Less:	
Sundry Expenses.....	\$ 424.43
Salaries.....	2,100.00
	<hr/>
	2,524.43
	<hr/>
Net surplus on year's operations.....	\$ 432.29

COGSWELL LIBRARY FUND

The Medical Society of Nova Scotia

Year Ending December 31, 1944

RECEIPTS

Cash on hand January 1, 1944.....	\$ 95.17
Income.....	182.23
	<hr/>
	\$ 277.40

DISBURSEMENTS

Dalhousie University.....	\$ 180.00
Balance cash on hand December 31, 1944.....	97.40
	<hr/>
	\$ 277.40

Dr. Muir moved the adoption of this report which was seconded by Doctor A. M. Siddall. Carried.

As it was five minutes after six it was moved that the meeting adjourn, to meet again at eight o'clock.

The adjourned meeting of the Executive was called to order by the President at 8.10 p.m.

It was moved by Doctor J. P. McGrath and seconded by Doctor D. M. MacRae that Doctor H. K. MacDonald and Doctor J. G. B. Lynch be reappointed as representative and alternate respectively on the Executive of the Canadian Medical Association for the year 1947. Carried.

It was moved by Doctor M. G. Tompkins and seconded by Doctor D. F. McInnis that Doctor J. G. B. Lynch be reappointed as the representative on the Nominating Committee of the Canadian Medical Association for the year 1946. Carried.

The following were nominated as members of the Council of the Canadian Medical Association.

Doctor J. P. McGrath nominated Doctor Eric W. Macdonald.

Doctor W. L. Muir nominated Doctor P. E. Belliveau.

Doctor J. G. B. Lynch nominated Doctor D. F. McInnis.

Doctor H. W. Schwartz nominated Doctor N. H. Gosse.

Doctor M. G. Tompkins nominated Doctor H. W. Schwartz.

As these five nominations, together with the incoming President and the Secretary, ex officio, and the representatives on the Executive totalled nine Doctor D. M. MacRae moved that nominations cease.

Regarding the appointment of the Divisional Advisory Committee Doctor T. C. Routley advised that the C. M. P. A. B. are having a meeting the end of this month. There are still some 3300 or 3400 doctors in uniform and there is the question of their demobilization and their refresher courses and their placement so the Board will carry on perhaps for another three or four months. The Divisional Advisory Committee should carry on for some time to come.

Doctor A. E. Blackett moved that the three men now forming the Divisional Medical Advisory committee be re-appointed, with Doctor J. R. Corston as Chairman. This was seconded by Doctor A. M. Siddall and carried.

Regarding senior members to the Canadian Medical Association Doctor T. C. Routley advised that ten senior members are elected each year, one from each Division, and a second from the Division in which the Association is meeting. They must have been in good standing for the immediate preceding ten years and must be seventy years of age.

Doctor J. G. B. Lynch nominated Doctor G. W. T. Farish as a senior member.

Doctor N. H. Gosse nominated Doctor H. K. MacDonald as a senior member.

It was moved by Doctor J. G. B. Lynch and seconded by Doctor A. M. Siddall that the following doctors be taken in as members of The Medical Society of Nova Scotia:

Dr. C. H. Young, Dartmouth	Dr. J. R. Ryan, Springhill
Dr. M. J. DeKoven, Sydney	Dr. A. W. Ormiston, Sydney
Dr. W. M. Nicholson, Reserve	Dr. A. M. Arbuckle, Pietou
Dr. R. C. Young, Pietou	Dr. W. T. McKeough, Sydney Mines
Dr. J. D. Sprague, Springhill	Dr. W. Leslie, Camp Hill Hospital
Dr. J. J. Quinlan, Kentville	

Doctor Grant stated that the next item, that of third year medical students serving as assistants to general practitioners, was one in which he was interested himself from the standpoint of medical education. "Our instruction in the clinical side is not so complete as it could be. The boys see their patients as out-patients and in the hospitals, and they do not see them in the homes, and they get a very narrow view in that respect. We had a thought that we would like our students to spend a short time with a busy general practitioner and see what medical practice was like. I brought it up at the last meeting of our Faculty and it passed them and I took it up with the students and they are quite keen on it. The question is whether the doctors of Nova Scotia would take a third year medical student as helper for two months when they complete their third year. Personally I think they would get a wonderful experience from their one or two months."

Several of the members, namely Doctor M. G. Tompkins, Doctor D. F. McInnis, Doctor A. E. Blackett, Doctor P. E. Belliveau and Doctor R. A. Moreash were in favour of such a scheme.

Doctor Grant stated that he would bring the subject up at the general meeting.

The President read the following telegram.

Glace Bay, N. S., October 9, 1945

Dr. P. S. Cochrane

Cornwallis Inn, Kentville, N. S.

Greatly disappointed unable to attend meeting please convey to executive and members my regrets best wishes for a successful meeting.

(Sgd.) Eric Macdonald

Doctor T. C. Routley stated that he and Doctor Gerin-Lajoie had been very much impressed in Edmundston, New Brunswick, a few nights ago when all the returned men, some thirteen or fourteen, were presented with a hand painted scroll. Doctor Laporte, President of the New Brunswick Medical Society, is a man of great artistic ability. He made the scrolls himself in every particular, he designed the crest, he worded the inscription and the comment below it, then he drew the plate and after he had the plate made, he painted it. Doctor Routley was so impressed with the idea that he asked for a blank scroll. He hoped that every Division in Canada would see to it that all of their returned medical men receive something of a like nature from their confreres. The scroll was passed around for inspection. It was moved and seconded by Doctor J. G. B. Lynch and Doctor J. S. Murray that this be brought to the attention of the general meeting. Carried.

Doctor N. H. Gosse thought that The Medical Society should have a suitable crest and moved that steps be taken to develop and provide one, which was seconded by Dr. J. S. Murray. Carried. Doctor J. G. B. Lynch moved that Doctor Gosse be appointed chairman of a committee, with power to add, to provide a crest.

Doctor Routley: "On this trip the President and I have discovered that New Brunswick and Prince Edward Island very much prefer an autumn meeting to a July meeting. Both provinces, Prince Edward Island officially, and New Brunswick unofficially, felt that you would be agreeable in joining with them to changing the meeting dates to the autumn. It is desirable that the three provinces meet in sequence. I would like to know if you care to discuss that."

Doctor Cochrane stated he would like to see the meetings run in conjunction with the Refresher Course.

After some further discussion it was decided that this matter should be brought before the general meeting.

Doctor Gerin-Lajoie stated that he had been very pleased to attend the business meeting of the executive as it gave one a clearer view of the difficulties that arise in each province.

Doctor J. G. B. Lynch moved that the meeting adjourn at 9.15 p.m.

92nd Annual Meeting of The Medical Society of Nova Scotia, 1945

FIRST BUSINESS MEETING

THE first general business meeting of the 92nd annual meeting of The Medical Society of Nova Scotia was held at the Cornwallis Inn, Kentville, N. S., on Wednesday, October 10, 1945, at 9.50 a.m.

The President, Doctor P. S. Cochrane, presided.

Doctor J. E. LeBlanc of West Pubnico introduced Doctor Leon Gerin-Lajoie, first in French and then in English. "I was just asked to present to you in the French language, Doctor Leon Gerin-Lajoie, and the idea that I would express on the spur of the moment was simply this, that it is a great honour for us all to have a member here of the Province of Quebec. I shall not touch our Canadian province, but if you allow me to say this, knowing the medical profession as I do, I believe that the medical profession of this province should know the problems of the province of Quebec. Therefore without digressing, without prolonging this introduction I want to take great pleasure in presenting to you, in my humble way, Doctor Leon Gerin-Lajoie."

Doctor Leon Gerin-Lajoie replied in French first and then in English. "Mr. Chairman I have been deeply touched by what Doctor LeBlanc has said. He told me that he had been asked to present me to you in my mother tongue. I am sure that this gesture on your part is significant as it brings to my mind the thought that there is always between the members of the medical profession this particular faculty of trying to make one foreign to a province as much at home as possible wherever he goes. This is at present carried on not only in the Maritime Provinces, but also all over the Western Provinces and the Central Provinces. I wish to thank you for your most cordial welcome to your Province and I am sure that I will have with my other colleagues, which Doctor Routley calls 'the travelling circus' a most pleasant time in Nova Scotia."

Doctor Cochrane: "We had a meeting of the Executive yesterday afternoon and most of the reports were gone over at that time and certain items picked out to be brought up at the general meeting." He then read the resolution concerning membership for demobilized medical officers. It was moved by Doctor N. H. Gosse and seconded by Doctor R. M. Benvie that the resolution of the Executive be adopted. Carried.

The President referred briefly to the matter of the schedule of fees of the Dependents' Board of Trustees and stated that as Doctor Lynch was on the Medical Economics Committee the matter could be safely left in his hands; that the Society had nothing to gain from the new arrangement.

Regarding the reprints of articles on Industrial Medicine the Secretary said that if anyone wishing a copy of the reprint would send in his name, it would be forwarded to Doctor Routley.

The Secretary next gave the list of honorary members to The Medical Society of Nova Scotia who had been appointed by the Executive.

Doctor Schwartz read the report of the Editorial Board Committee, as given in the Executive minutes, and moved that the action of the executive be confirmed.

The Secretary read the report of the Public Health Committee, as given in the Executive minutes, and moved that the action of the executive be confirmed.

The Secretary next read the report of the Provincial Medical Board, as given in the Executive minutes. He stated that this report brought up another matter and that last year at the semi-annual executive meeting a committee consisting of the President, the Secretary and Doctor J. W. Reid had been requested to meet with the Board regarding the question of 100% membership. After considerable discussion Doctor M. G. Tompkins moved that the General Secretary at the beginning of March in each year notify the secretaries of the local branches the number of paid fees and the number who have not paid their fees for the current year, and that the President and the secretaries of the local branches, by whatever means they may see fit, undertake to bring their membership up to 100%. This motion was seconded by Doctor P. E. Belliveau and carried.

Doctor J. G. B. Lynch read the report of the Medical Economics Committee, as given in the executive minutes, and stated that if any member wished to obtain the pamphlet written by Doctor Archer that he forward his name to the Canadian Medical Association. He stated that if the provisional scale of fees were put into effect Nova Scotia would be very much benefited.

Doctor Routley stated that sometime ago he had written to the nine divisions asking each division for their tariff, and that the mean average of these tariffs is the one that Doctor Lynch is being asked to consider. The Society need have no fear that the mean average tariff will in any way act to their disadvantage.

It was moved by Doctor A. E. Blackett that the Society authorize Doctor Lynch to accept that tariff. This was seconded and carried.

The Secretary next read the report of the Workmen's Compensation Board Committee, as given in the executive minutes. It was moved by Doctor W. H. Eagar and seconded by Doctor J. G. B. Lynch that the action of the executive be confirmed. Carried.

The meeting adjourned at 11.30 a.m.

There was a special meeting of the Executive held at 8.00 p.m. on the evening of October 10, 1945.

Doctor P. S. Cochrane presided, and there were present Doctor H. W. Schwartz, Doctor P. E. Belliveau, Doctor N. H. Gosse, Doctor D. F. McInnis, Doctor R. A. Moreash, Doctor M. G. Tompkins, Doctor J. G. B. Lynch, Doctor J. P. McGrath, Doctor J. W. Reid, Doctor A. E. Blackett, Doctor W. A. Hewat, Doctor H. G. Grant, also Doctor Leon Gerin-Lajoie, the Presi-

dent of the Canadian Medical Association, and Doctor T. C. Routley, General Secretary of the Canadian Medical Association.

This meeting was called to consider the matter of Health Insurance, and to present a report to the general meeting the following day. The following resolutions were adopted and presented for the consideration of the general meeting.

1. The Executive has examined the Dominion Provincial proposals regarding Health Insurance and suggests that the Executive Committee of The Medical Society request an opportunity to call on the Premier of Nova Scotia to discuss with him the present Dominion Provincial proposals regarding Health Insurance.

2. Concerning the planning and organization committee the Executive feels that in the planning and organization committee The Medical Society of Nova Scotia recommends that there be adequate representation from the medical profession, the nursing profession, the dental profession and the hospital organizations. If the committee, for instance, should be twenty in number, we recommend there should be three each from medicine, nursing, dentistry and the hospital organizations.

3. Having studied the proposals of the institution of Health Insurance in two stages, it is the view of the Executive that the manner and detail of implementation of Health Insurance in this province should be subject to the recommendation of the organization and planning committee.

4. The Executive feels that the public health grants should be considered by the planning committee.

5. That the planning and organization committee should consider hospitals as part of its study.

In addition, the Executive voted unanimously that if Health Insurance be brought into effect in Nova Scotia, it should be administered by an independent commission.

The second business meeting of The Medical Society of Nova Scotia was at 4.45 p.m. on Thursday, October 11, 1945, at the Cornwallis Inn, Kentville.

The President called the meeting to order.

The first item was the Secretary's report, as given in the Executive minutes; when the list of obituaries was read the members stood.

The next item was the Treasurer's report, as given in the Executive minutes. Doctor Muir moved the adoption of this report, which was seconded by Doctor W. H. Eagar. Carried.

Doctor Muir: "I have been Treasurer for fourteen years and although it is not particularly heavy, I do not believe a person should carry this too long; I do not know what the nominating committee has decided this year, but I would like them to know this will be the last year I shall serve, which will make fifteen years."

The Secretary stated that at the Executive meeting on Tuesday afternoon Doctor H. K. MacDonald had been appointed as representative on the

Executive of the Canadian Medical Association, with Doctor J. G. B. Lynch as alternate, and the latter also as representative on the Nominating Committee of the Canadian Medical Association. He also read the names of those who had been appointed on the Council of the Canadian Medical Association. Also that the three men on the Divisional Advisory Committee had been re-appointed. He also stated that Doctor G. W. T. Farish and Doctor H. K. MacDonald had been suggested as senior members of the Canadian Medical Association, and read the list of new members.

Doctor H. W. Schwartz moved that in view of the very fine work Doctor Margaret E. B. Gosse had accomplished during the war in connection with the Red Cross Blood Donor Clinic, she be made an honorary member of The Medical Society of Nova Scotia. This was seconded by Doctor J. G. B. Lynch. Carried.

The Secretary spoke on the subject of third year medical students serving as assistants to general practitioners, which he had already presented to the Executive, and several members were in favour of the project.

Doctor T. C. Routley gave a short talk on hand painted scrolls which had been presented to returned medical men of the New Brunswick Medical Society, and the scroll he had brought with him was passed around for inspection.

Doctor N. H. Gosse next spoke on the matter of a suitable crest for The Medical Society of Nova Scotia.

Doctor J. G. B. Lynch moved that Doctor N. H. Gosse and his committee be given authority to devise a scroll, as well as a crest, and that this scroll be presented to the returned medical men at the next meeting of the Executive. This was seconded and carried.

Doctor Routley then spoke on the matter of the annual meeting of The Medical Society of Nova Scotia either being held in the summer or the autumn, and a short discussion followed.

The President stated that a special meeting of the Executive dealing with the question of Health Insurance had been held the previous evening and read the resolutions they had prepared. He stated that at a very early date the new Executive would meet, and they felt very strongly that Doctor Routley should be present at that meeting.

Doctor H. K. MacDonald moved that these recommendations be carried out by the incoming Executive. This was seconded by Doctor J. G. B. Lynch. Carried.

The Nominating Committee, which had been appointed the preceding day, consisting of Doctor J. P. McGrath, Chairman, Doctor N. H. Gosse, Doctor D. K. Murray, Doctor J. S. Robertson and Doctor J. G. B. Lynch, brought in the following report.

Place of meeting in 1946: to be decided by the Executive at the semi-annual meeting.

President, Doctor Arthur E. Blackett, New Glasgow.

1st Vice-President, Doctor N. H. Gosse, Halifax.

- 2nd Vice-President, Doctor Eric W. Macdonald, Glace Bay.
- Treasurer, Doctor W. L. Muir, Halifax.
- Secretary, Doctor H. G. Grant, Halifax.
- Legislative Committee, Doctor J. W. Reid and Doctor A. L. Murphy, Halifax, with power to add.
- Editorial Committee, Doctor M. E. B. Gosse, Editor-in-Chief, Doctor H. L. Scammell and Doctor C. M. Bethune, Halifax.
- Cancer Committee, Doctor H. W. Schwartz, Doctor R. P. Smith and Doctor V. O. Mader, Halifax.
- Public Health Committee, Doctor J. J. MacRitchie and Executive of the Nova Scotia Health Officers' Association.
- Historical Committee, Doctor H. L. Scammell, Doctor H. W. Schwartz and Doctor M. D. Morrison, Halifax and Doctor J. E. LeBlanc, West Pubnico.
- Workmen's Compensation Board, Doctor H. K. MacDonald and Doctor S. R. Johnston, Halifax; Doctor D. S. McCurdy, Truro; Doctor D. K. Murray, Liverpool; Doctor A. L. Sutherland, Sydney, and Doctor G. V. Burton, Yarmouth.
- Medical Museum Committee, Doctor K. A. MacKenzie, Doctor D. J. Mackenzie and Doctor R. P. Smith, Halifax.
- Cogswell Library Committee, Doctor G. H. Murphy, Doctor J. W. Merritt and Doctor C. W. Holland, Halifax.
- Medical Economics Committee, Doctor N. H. Gosse and Doctor J. W. Reid, Halifax; Doctor Eric W. Macdonald, Glace Bay, with power to add.
- Pharmaceutical Committee, Doctor J. S. Robertson, Yarmouth; Doctor J. S. Munro, North Sydney, and Doctor F. J. Granville, Stellarton.
- Industrial Medicine Committee, Doctor A. M. Arbuckle, Pictou; Doctor J. C. Wickwire, Liverpool, and Doctor J. C. Acker, Halifax.
- Divisional representative on Editorial Board of C. M. A., Doctor H. L. Scammell, Halifax.
- Provincial Medical Board, Doctor R. O. Jones, Halifax; Doctor L. M. Morton, Yarmouth; Doctor J. G. MacDougall, Halifax; Doctor J. G. B. Lynch, Sydney; Doctor M. R. Elliott, Wolfville, and Doctor J. S. Murray, River John.
- Membership Committee, Doctor D. K. Murray, Liverpool; Doctor J. C. Wickwire, Liverpool, and Secretaries of Branch Societies.

Doctor McGrath moved the adoption of this report, which was seconded and carried.

Doctor W. H. Eagar moved that Doctor S. R. Johnston be added to the Workmen's Compensation Board Committee. This was seconded by Doctor W. A. Curry. Carried.

Doctor P. S. Cochrane: "I think that that winds up the business of this session. I think if Doctor Blackett would come up, we would be very pleased to see him. I think before we disperse, it would be very inspiring if we had a few brief remarks from Doctor Leon Gerin-Lajoie."

Doctor A. E. Blackett: "I can just say at this moment that we all appreciate the work of Doctor Cochrane. His year of office has not been without controversial moments and I think he has steered the organization along through the year with a minimum of friction and I think we all appreciate Doctor Cochrane's efforts throughout the year. For myself and those who will work with me, it does not take a prophet to see that the ensuing year will not be uneventful. I can only tell you I shall do my best."

Doctor Cochrane: "Before we part I would just like to thank you one and all for the honour you conferred on me for electing me your President, and also for the splendid assistance we have had this year; and I would like to express a word of thanks to Doctor Routley and Doctor Leon Gerin-Lajoie for the excellent team of speakers they have presented to us, and I would like to express my thanks to Doctor Grant and Mrs. Currie for their very kind help, and also for a word for Doctor Muir. He has for many, many years been a tower of strength, the custodian of our purses so to speak, and he has done a very excellent job. No one has any worry. I have a very strong feeling that Doctor Muir has never drawn his honorarium, and for many years he always has been ever ready to help with his advice and his time."

The meeting adjourned at 5.55 p.m.

Abstracts from Current Literature

VITAMIN E IN MENOPAUSE. Christy, C. J.: Amer. Jour. of Obs. & Gyn., 1945, 50: 84.

Christy gave vitamin E in the form of a synthetic preparation, ephynal acetate, in 10 mg. tablets, to 25 patients ranging from 22 to 55 years. Of this group 12 had carcinoma of the cervix, 1 had adenocarcinoma of the fundus, 1 had malignant leiomyoma and sarcoma of the uterus, 6 had fibroids, 1 had carcinoma of the ovary, 1 had hemangioendothelioma of the parametrium, 1 had postmenopausal bleeding after estrogenic therapy, 1 had dysfunctional uterine bleeding due to endocrine disorder and 1 had endometriosis. No patient was treated who did not complain of severe symptoms of vasomotor instability. The amount of the drug taken varied from 10 to 30 mg. a day, depending on the degree of severity of symptoms, over periods of from one to six weeks. Seven patients reported complete and 16 great relief. The relief of symptoms in patients after administration of vitamin E could not be distinguished from that obtained with the natural or synthetic estrogens. In some cases vitamin E seems more effective in relieving the symptoms of vasomotor instability than estrogens. The chief advantage over estrogen is that vitamin E is free of any stimulative effect on the genital system or on the parenchyma of the breast. It plays no carcinogenic role as the estrogens may do and therefore can be used freely in menopausal patients with neoplastic disease. It is well tolerated.

NORMAL PHYSIOLOGIC DOUCHES. Karnaky, K. J.: Amer. Jour. of Surg., 1945, 69: 107.

Karnaky points out that many physicians are still prescribing alkaline substances, sodium perborate, borax, sodium bicarbonate, potassium permanganate, magnesium sulfate and sodium chloride or a combination of these, in the treatment of vaginal leukorrhea or as a cleansing douche when it is scientifically established that the normal hydrogen ion concentration of the adult vagina is acid. He thinks that acid douches (pH 3.0 to 5.0) should be used, because with pathologic changes there is hypoacidity of the vagina, and, as these changes increase, the hydrogen ion concentration approaches the alkaline side. Alkaline douches favour the growth of pathogenic organisms. The best douche found in ten years of research is vinegar. The patient should be instructed to use 5 tablespoons of vinegar to the douche bag if there is an acute vaginitis. After two weeks, 2 to 3 tablespoons is used instead of 5. For an ordinary cleansing douche 3 tablespoons of vinegar should be added to the douche bag.

SUCCINYLSULFATHIAZOLE AND PHTHALYLSULFATHIAZOLE IN SURGERY OF COLON. Poth, E. J.: Surgery, 1945, 17: 773.

According to Poth the mortality of surgery of the colon has been reduced more in recent years than is explainable by improvement in surgical technic. The evidence which has accumulated over the past four years indicates that succinylsulfathiazole (sulfasuxidine) and phthalylsulfathiazole (sulfathalidine), when given in adequate doses, are bacteriostatic agents which will produce a significant modification of the bacterial flora of the bowel and that

their proper administration will help to give a satisfactory mechanical preparation of the bowel preceding surgical operations while the patient is maintained on an adequate protein and carbohydrate diet. Acylated sulfonamides alter and simplify the bacterial flora of the gastrointestinal tract. The question is raised as to whether such a modification is of practical value in making surgery of the large bowel a safer procedure. The first report on a series of 50 patients receiving succinylsulfathiazole both preoperatively and postoperatively when operations were performed on the colon was by Poth in 1942. No fecal fistulas developed, there were no instances of peritonitis and there were no deaths. In 1943 Allen expressed the opinion that with the use of succinylsulfathiazole there was a tendency to increase the number of single stage operations on the large bowel. By 1945, this author considers phthalylsulfathiazole the drug of choice for the preoperative management of patients with carcinomas of the colon, because this drug shows no tendency to cause increased hemorrhage from ulcerating lesions. Poth emphasizes that succinylsulfathiazole and phthalylsulfathiazole are properly used only as aids in colonic surgery and should not encourage a breakdown in surgical principles. So-called aseptic procedures should be used whenever possible, but, when necessary, an open anastomosis can be done with a greater degree of safety than was formerly possible.

REASON FOR USE OF DEXTROSE IN DIABETIC ACIDOSIS. Peters, J. P.: Yale Jour. of Biol. and Med., 1945, 17: 705.

Peters shows that extreme reduction of carbohydrate in the diet lowers the tolerance for dextrose. The phenomena of starvation diabetes have been attributed to variations in the secretion of insulin by those who hold that every fluctuation in the combustion of carbohydrate depends on a change in the secretory activity of the islands of Langerhans. Such a theory is not compatible with the facts. Although the exact modus operandi of insulin on the metabolism of carbohydrate is not known, it has been established that its preponderant action is to accelerate oxidation of muscle glycogen and that it has no direct effect on the formation or breakdown of liver glycogen. Every substance that is capable of forming carbohydrate is converted to glucose, by the depancreatized animal. Since almost all compounds except dextrose must be transformed to glycogen by the liver as a preliminary step in the conversion to glucose, this in itself constitutes proof that hepatic glycogenesis does not require insulin. Among the disorders encountered when the combustion of carbohydrate is impaired or retarded, the most prominent are increased protein catabolism or ketosis. The literature on diabetes in the era from 1915 until insulin was in general use abounds in papers in which acidosis is attributed to the failure of patients to adhere to dietetic requirements that could only have led to slow death from malnutrition or from tuberculosis and other diseases that prey on the malnourished. The aim of treatment was to keep the urine free from sugar, regardless of the nutritive needs of a patient. It was known that although loss of sugar in the urine increased progressively as the carbohydrate in the diet was raised above the amount required to induce glycosuria, there was a wide zone within which only a part of added increments of sugar were excreted, another example of the acceleration of carbohydrate utilization by hyperglycemia. This led some to advocate the prescription of enough carbohydrate to insure the utilization of the largest quantity that

could be accomplished without producing distressing polyuria. With the advent of insulin such expedients were no longer necessary. Nevertheless, the mental attitude, including the doctrine that ketosis is the wages of dietary sin, has been slow in dying. Diabetic acidosis and the coma in which it culminates mark the most extreme diabetic state. The most urgent therapeutic indications are the restoration of the fluid and salt supplies of the body and the integrity of the circulation and elimination of the ketosis and glycosuria which are responsible for the salt and water depletion. Reversal of the metabolic disorder requires the administration of insulin and the provision of sugar. The routine prescribed for the patient in diabetic acidosis consists in the injection of 50 units of insulin. An intravenous infusion of 500 cc. of 10 per cent dextrose solution is then begun, together with subcutaneous injection of isotonic solution of sodium chloride. The patient is prohibited from receiving anything by mouth. After the first priming dose of 50 gm., dextrose is given intravenously at the rate of about 10 gm. per hour with doses of 20 to 40 units of insulin at the same intervals until the blood sugar begins to descend definitely. At this time dextrose is given at a faster rate (about 20 gm. per hour), while the insulin is reduced to half or less of its earlier dosage, according to the course of the blood sugar. Oral administration of fluids is not begun until the patient has been completely conscious and entirely free from all gastrointestinal symptoms for from two to six hours.

TREATMENT OF SYCOSIS BARBAE BY PENICILLIN CREAM. BURROWS, A., Russell, B. and May, H. B.: *Brit. Jour. of Derm. and Syph.*, 1945, 57: 97.

Burrows and his co-workers report observations on 21 patients in whom they used penicillin cream. When bacteriologic examination had disclosed that the predominant organism was penicillin sensitive, the patient was provided with a pot of penicillin cream containing 200 units of penicillin per gram. The sterile cream base can be kept in screw capped jars indefinitely, and when penicillin cream is needed, a jar can be warmed to 60 C. and the penicillin solution added to obtain the concentration required. Little stirring is necessary, as the penicillin diffuses readily in the cream base. The patient was instructed in the technic of the aseptic removal of the cream from the jar. A knife or a spoon can be sterilized by boiling in water for three minutes and cooled under a running tap; the cream is removed from the jar and spread on clean lint and thence applied thinly to the affected area twice a day. Of the 21 cases of sycosis barbae investigated bacteriologically, 19 were caused by a penicillin sensitive strain of staphylococcus. Of 13 cases with a history of more than one year 6 were cleared in an average time of six weeks and 6 were improved during the same period. Of 6 cases with a history of less than one year 4 were cleared in an average time of two and one-half weeks and 1 was improving over a period of five weeks. No improvement resulted from the treatment of 2 cases due to insensitive strains of bacteria. In order to lessen the tendency to relapses the authors recommend (1) application of the penicillin cream to the anterior nares as well as to the skin of the beard area, (2) treatment of nasal discharges, blepharitis, or otitis media or externa if present, (3) treatment of any other manifestations of the seborrheic state, (4) elimination of foci of sepsis in the throat, teeth and sinuses, (5) continuation of treatment for a few weeks after apparent cure, (6) use of the cream prophylactically after relapses or if nasal swabs remain persistently

positive, (7) instruction of the patient to discard his infected shaving brush and face flannel or sterilize them by boiling or to use a brushless shaving cream and (8) consideration in severe cases of the use of X-ray epilation in conjunction with penicillin.

PHYSIOLOGIC CONSIDERATIONS IN VASCULAR SURGERY. Rogers, L.: Med. Jour. of Australia, 1945, 1: 517.

According to Rogers, repair of the arteries under war or any other conditions is but rarely possible, and if an artery has to be tied, care must be taken to ensure minimal interference with peripheral circulation. The artery should be secured in two places and divided between ligatures rather than tied in continuity. Division permits the ends to retract and may suppress a generalized vasospasm. Moreover, embolism from the site of the ligature is less likely to take place from a divided vessel. It is advisable to tie the artery just below a large branch rather than to leave a blind end into which there is a blood flow with each pulse beat; for example, the femoral artery should be tied just below the origin of the profunda rather than an inch or 2 lower in Hunter's canal. Furthermore, the distal ligature should also be placed near, that is, just above, a large branch, and the intervening part of the artery should be resected. For example, in the case of the brachial artery there is less interference with the circulation in the hand and fingers if the artery is tied just distal to the origin of the superior profunda and again just proximal to the origin of the inferior profunda, and the intervening part resected, than if the vessel is tied and divided somewhere between the two branches. The accompanying main vein should also be ligated. Rapid transfusion of 800 to 1,200 cc. of blood, by increasing the blood pressure and forcing open capillaries, has proved valuable.

SUBACUTE BACTERIAL ENDOCARDITIS IN THE AGED. Zeman, F. D.: Amer. Heart Jour., 1945, 29: 661.

A review of 700 postmortem examinations of persons aged 60 years and over revealed a surprisingly high incidence of acute and subacute bacterial endocarditis. There were 18 cases of subacute bacterial endocarditis in the age range 60 to 87 observed in the wards of the Mount Sinai Hospital during the past ten years. Zeman emphasizes the high incidence of rheumatic valvular lesions as the basis for the endocarditis, with the occurrence in this role less frequently and in the order named of arteriosclerotic, syphilitic, congenital and thyrotoxic heart disease. Approximately one-half of the cases exhibited a typical, though often modified, clinical picture. A group of more difficult cases may be subdivided into bacteria free cases, characterized predominantly by heart failure, splenomegaly, anemia and renal insufficiency, and into cases which completely elude precise diagnosis owing to the masking of the endocarditis by involvement of the central nervous system and by a variety of other clinical findings which tend to distort diagnostic emphasis. Clinical recognition of subacute bacterial endocarditis depends on the physician's constant effort to achieve diagnostic accuracy in the aged by utilizing for them the same careful observation and the same methods of precision commonly employed for the young.

E. DAVID SHERMAN, M.D.

Abstract Editor

Personal Interest Notes

Doctor Angus J. Macdonald, who graduated from Dalhousie in 1933, and formerly practised in New Germany, has opened a medical practice in Oshawa, Ontario.

Doctor Frank P. Malcolm who enlisted in the Medical Corps in 1939 and who received his discharge in October, has returned to his medical practice in Dartmouth.

The BULLETIN extends congratulations to Doctor and Mrs. Arthur Mercer (nee Mary Van Zoost) on the birth of a son, Arthur David, at the Montreal General Hospital on November 8th; and to Dr. and Mrs. G. J. LeBrun of Bedford on the birth of a daughter, Suzanne Marie, on November 10th.

Colonel George Ronald Forbes, who formerly practised in Wolfville, was one of the Canadian Army Officers recently mentioned in despatches in recognition of gallant and distinguished service.

Lieutenant Colonel H. D. O'Brien, who recently returned from overseas service was the guest speaker at the October meeting of the Victoria General Hospital Nurses' Alumnae. He gave a most interesting and informative talk on Italy and his work with the R.C.A.M.C., and showed pictures which he had taken himself of different Italian cities.

Nine graduates in nursing at the Nova Scotia Hospital, Woodside, received their diplomas at the exercises held at the hospital on the evening of November 8th. Hon. F. R. Davis, Minister of Public Health, acted as chairman, and the speaker of the evening was Geoffrey Stevens, M.L.A. The Florence Nightingale pledge was given by Dr. E. Pearl Hopgood, assistant medical officer at the hospital.

Dr. C. Henry Reardon, who graduated in May of this year, and who was practising at Sheet Harbour during the summer, has bought a house on Oxford Street, and is now practising in Halifax.

Major D. R. Sutherland, who formerly practised at Middle Musquodoboit, has been discharged from the Army and is now practising at Yarmouth.

The marriage took place at Halifax on October 24th of Miss Antoinette D'Auvergne, younger daughter of Mrs. S. P. Dumaresq and the late S. P. Dumaresq and Surgeon Lieutenant Richard Joseph Francis Murphy, R.C.N.V.R., son of Mr. and Mrs. Harry C. Murphy, all of Halifax. Doctor Murphy graduated from the Dalhousie Medical School on January 5, 1943, and has since been serving with the Royal Canadian Navy. Following the ceremony the bride and groom left on a wedding trip to Montreal and New York, and are at present residing in Halifax.

Doctor Edgar M. Curtis, well known Truro physician, has recently moved to Halifax where he has joined the staff of the Victoria General Hospitals as assistant to Doctor S. R. Johnston in the radiology department.

The BULLETIN extends congratulations to Captain and Mrs. S.B. Bird of Halifax on the birth of a son on October 10th; and to Major Donald H. Ramsay and Mrs. Ramsay (nee Mary Elinor Thomson) on the birth of a son on October 3rd, at Montreal.

The marriage took place at Halifax on January 13th of Miss Dorothy Alice, daughter of Mrs. Gladys Tobin, Halifax, and Doctor Norman James, son of Mr. and Mrs. William J. MacLean of Port Hawkesbury. Doctor MacLean graduated from the Dalhousie Medical School in May of this year.

Graduation exercises were held at Yarmouth early in October when seven nurses received their diplomas from the Yarmouth Hospital. Doctor C. K. Fuller was one of the speakers addressing the class. Miss Lorna Ferguson, violinist, and Doctor L. M. Morton, vocalist, were included in the programme contributing to the exercises.

The marriage took place in Halifax on September 19th of Miss Ruth Chernin, daughter of Mr. and Mrs. William Chernin of Glace Bay, and Doctor Arthur Gerald Shane, son of Mr. and Mrs. L. Shane of Yarmouth. Doctor Shane graduated from the Dalhousie Medical School in 1942.

Lieutenant Colonel Bernard F. Miller has been appointed Assistant District Medical Officer and Officer Commanding No. 6 Company, R.C.A.M.C., at M.D. 6 Headquarters, and promoted from rank of Major.

The following Nova Scotia doctors have recently returned from overseas: Captain Lynn E. Bashow of Liverpool, and Flight Lieutenant James G. MacLean of Glace Bay; also Captain Wilfred E. Boothroyd of Shediac, N. B.

Obituary

GEORGE ARTHUR MACINTOSH

H. L. S.

AT Argyle, Antigonish County, George Arthur MacIntosh was born sixty-seven years ago. Nearby was Loch Katrine, miniature gem of Nova Scotia's lakes, whose surrounding hills were settled by sturdy pioneers from the Western Isles of Scotland. The home of his father, Peter MacIntosh, was one of continuous and unfailing hospitality. Travellers from Goldboro and Isaac's Harbour on their way to or from Antigonish found welcome shelter there. It was a home where tales were told, where songs were sung, of the "lone shieling and the misty island," and where the very essence of Highland Scottish lore, wit and beauty was nourished and appreciated. It is little wonder then that George grew to manhood with these elements of home life becoming part of his very being.

As a child his father took him to Philadelphia for an operation on his foot, and it was after that experience, as he once told me, that he resolved to study medicine. The way was by no means an easy one, and he was quite a mature young man when he entered Pietou Academy.

His two years at this old school were very happy ones. He found there congenial spirits, bred in the same tradition as his own. His comparative maturity gave him a closer and more appreciative approach to his teachers, and mutual friendships developed which lasted for many years. In 1901 he matriculated into the Dalhousie Medical College.

Following his graduation in medicine in 1905 he went to the Nova Scotia Hospital as a resident physician. The superintendent was Dr. W. H. Hattie, then a graduate of sixteen years standing, earnest as a teacher and deeply interested in developing the institution into one of remedial rather than custodial care. During his four years there, Dr. MacIntosh completed the first study of Huntington's Chorea made in Nova Scotia.

In 1909, with the ultimate resolve to establish himself in general practice, he went to England. There he spent a year at Saint Bartholomew's Hospital, London, and in Ireland, six months at the Rotunda Hospital in Dublin. On his return, Halifax was the logical place to commence his career as a practitioner. Many times he told me of the difficulties and discouragement of those early days, when street cars were his most rapid means of transportation. But his ability and eagerness to work soon gained him the appreciation of his patients and golden opinions of the older members of the profession. Suddenly George MacIntosh realized himself a very busy man indeed, and the beginning of World War I found him well and solidly established. That year he married Miss Clara M. Harris, daughter of Rev. V. E. and Mrs. Harris.

The war years made him busier than ever, in uniform as Captain in the R.C.A.M.C., and doing a practice besides. His obstetrical practice was very large and he was surely and steadily gaining a reputation as a surgeon. In 1922, at the age of 44, youthful, vigorous, with a beautiful and happy home to which a young son added his share of bliss, respected by his confreres and loved

by his patients, George MacIntosh may well have faced the future with supreme confidence. But then misfortune struck, and the blow was staggering. The back of his rubber glove was torn during an operation. A virulent infection originated in a cutaneous crack. Within forty-eight hours his arm was amputated. For days his life was despaired of. He had septicaemia, and in those days there were no sulphonamides and no penicillin. At the Halifax Infirmary where he had done so much work, the sisters kept up continuous prayers night and day for his recovery. At Dalhousie Medical School, where he had lectured for several years in medicine, daily bulletins on his progress were anxiously awaited and eagerly scanned. Gradually he "turned the corner." Slowly he recovered. How the prospect had changed. It was the measure of the man that he gave no outward show of discouragement, but only an anxiety to continue to lead a useful, professional life. While still in doubt, Dr. Daniel Hoare resigned as Resident Physician at the Victoria General Hospital. In many ways the situation was uncongenial and the salary offered a mere pittance, but it was a start on the road back, and he took it.

The Victoria General found that a new spirit had entered her portals. Here was a doctor who seemed to be there all the time, and did a good deal of everything. Midnight would see him making rounds in the wards. "Are the patients sleeping?" "Is anyone in pain?" More often than not there was a personal visit to confirm the nurse's report. To all he was kind, but especially to the aged and the poor. Death found him sympathetic but helpful in a way that transcended mere words. The day after I arrived as an interne in the spring of 1926 he met me in the corridor, inquired for my sore feet, which I had, and if I had "hospital sore throat" yet, which I had not, gave me a word of encouragement and passed on. That was our first association in the Victoria General, and one that was to last at intervals for several years.

In the autumn of 1928 he was transferred, following the retirement of Dr. A. C. Jost, to the position of Chief Health Officer for the Province. He always regarded this as being on loan, and in the winter of 1930 was once more back at the Hospital. Just a year later, following an illness of an hour, Mr. W. W. Kenney, Superintendent for thirty-three years, died, and Dr. MacIntosh at once succeeded him.

It was then that the conception of a new Victoria General, dormant for years, germinated and for a time appeared destined for fruition, but a variety of circumstances rendering its early achievement impossible, he gave himself wholeheartedly to doing the best job with what he had. Success crowned his efforts; success too often obscured in a few words and figures in the Annual Report. In the circle of hospital administrators he gained universal respect for sound sense and good judgment.

As the years passed once more the new hospital loomed as a possibility and then an assured reality to his great joy and satisfaction. Time after time he went to see new hospitals in Canada and the United States to secure new ideas and develop dreams into reality. He realized that plans must be literally "lived in," and many a weary day and night he walked their blueprint rooms and corridors.

There came a pleasant autumn afternoon in 1943 when by a lake with congenial friends, amidst nature's charm, contentment seemed to permeate his being and overflow. That night he was to return home to learn that Ian, his son, his only child, had been killed in action in Sicily. The blow was keen and deep, deeper than his outward demeanor ever revealed. He carried on.

In the spring of 1944 came the first ominous warnings. A little pain, a little distress, a little breathlessness. He stopped when he could work no longer. For months while his beloved hospital took form he was confined to bed. Gradually the danger seemed to pass. He got about cautiously, then with greater activity. This enormous structure would need thousands of pieces of equipment and he set to work on the task of enumerating and selecting it. Once more he was greeting old friends. On Wednesday evening, October 17th, he attended the banquet tendered its members in the armed services by the Halifax Medical Society. For many of us it was our last meeting with him. He died suddenly at Annapolis Royal, Saturday night, October 20, 1945. It was as he wished it.

Thus after many days he has gone from among us.

Ave atque vale, amice.

October 25, 1945

THE death occurred at Antigonish on November 12th of Doctor Dougald Joseph MacMaster following a paralytic stroke suffered on November 3rd while attending the Dalhousie—St. F. X. foot ball game. Doctor MacMaster was born at Glen Road, Antigonish County on September 27, 1870, son of the late Angus MacMaster and Margaret (Cameron) MacMaster. He worked his way through college by teaching school and graduated from St. Francis Xavier University, B.A., in 1893. Later he entered the school of medicine at Georgetown University, Washington, and afterwards the College of Physicians and Surgeons, Baltimore, Maryland, from which he graduated in 1904. He first took up the practice of his profession at Inverness, and in 1907 married Katharine MacDonald, daughter of D. D. and Mary Chisholm MacDonald, Bailey's Brook, Pictou County. In 1925 Doctor and Mrs. MacMaster and family moved to Antigonish.

Surviving beside his wife are two daughters, Mrs. E. B. Fairbanks (Mary) Montreal, Miss Margaret "Dixie" at home, and one son Donald of the engineering staff of the C.N.R., Montreal. Also two brothers, Dan at Glen Road, Peter, Addington Forks and one sister Mrs. Alex MacGillivray (Mary) Antigonish. The funeral was held on Thursday morning, November 15th.

The BULLETIN extends sympathy to Doctor H. B. Atlee of Halifax on the death of his father, A. E. Atlee, which occurred at Annapolis Royal on October 19th; to Doctor Ira R. Sutherland of Annapolis Royal on the death of his father Walter Sutherland of Waterside, Pictou County, which occurred on September 18th; to Doctor Mabel G. Patterson of Dartmouth on the death of her sister, Mrs. Maude Hutchinson which occurred on October 21st, and to Doctor and Mrs. A. Ernest Doull of Halifax on the death of their infant son on November 2nd.

The death occurred at Saint John, N. B., on October 21st of Elizabeth, wife of Rev. J. Norrie Anderson, formerly pastor at Fort Massey Church, Halifax. Mrs. Anderson graduated as a nurse in Winnipeg and received her medical degree from the University of Manitoba, and in 1920 went to India with her sister, Doctor Jessie Findlay, and worked with Doctor Ida Scudder. She married Rev. Mr. Anderson in India where he was then stationed. She leaves to mourn their loss, besides her husband, two sons, one attending Mt. Allison University, and the other the University of Toronto.

The Vaccination Party

A Clipping from a Newspaper of 1882

During my life abroad, I had a great many funny experiences, especially in connection with my care and treatment of my young children; for, on this subject, French and American ideas are widely different. One of these experiences amuses me still, and when I tell it, I call it my "Vaccination Party".

My little boy was about two months old when I asked the doctor if he would not vaccinate him. "Not now," he answered, "I always vaccinate in the spring, and when I am ready I will let you know."

I dismissed the matter from my mind, until one day in May a lackey came to my door with a large white envelope directed to me. It was tied around with a blue ribbon, and instead of a monogram there was the figure of a naked baby printed in silver.

Altogether it was so gorgeous that I thought it must be an invitation to a baptism, or, at least, the announcement of a birth, as it is customary in Paris to send out invitations upon either event.

When I opened it, I found it an invitation indeed but unlike any other I had ever seen or received. I translated it to myself.

"Monsieur le docteur Rignier has the honor of informing Madame Smith that he is to vaccinate at his house (with a genisse) on Tuesday, May 21st. He has pleasure in the hope that Master Fred Smith will be present. Two o'clock precisely."

I did not in the least know what was meant by the word "genisse," and being too careless, or too busy to get a dictionary, I contented myself by thinking, "Oh, that probably is French for virus; something about vaccination at any rate." But I was soon to have its real meaning impressed upon my mind.

Baby, on the appointed day, was taken to the doctor's house. As soon as I reached the foot of the staircase which led to the doctor's apartment, I heard the strangest commotion. It seemed as if something very heavy were being pulled or pushed. There was a scuffling of feet, a slipping, scrambling noise, mixed up with the sounds of an animal's heavy panting and moans, and exclamations of "Ho," and "Heh," and "Ha" from men's voices.

Above me, half way up the flight, I saw, to my amazement, a young cow which two peasants were pushing and dragging up the waxed and polished steps of the steep narrow staircase.

The poor beast had its feet tied up in rags to prevent its hoofs from slipping and scratching the wood, and it went slipping and sliding over the glassy surface as if it were skating, and striking out with both sets of legs at once, falling at every step only to be urged on again by the hands and voices of the two peasants.

In the midst of the laughter the scene excited, it suddenly dawned upon me that this was a "genisse," and that it was to be used for vaccination.

Sure enough, the men lead the trembling creature up one more flight, and disappeared in the doctor's side door, while I was shown into the parlor.

There I found twenty-one ladies—I counted them—each with a baby on their knees.

At two o'clock the doctor came in, spoke to us, inquired after the health of each baby, and asked us to undress the little ones at once, so as not to keep him waiting.

Then the folding doors between the dining-room and parlor were thrown open and the work began, each lady passing with her child into the dining-room taking her turn in the order in which she had arrived.

Before my turn came, nearly all the babies had been vaccinated and were howling lustily, and even one young girl was sobbing from sympathy.

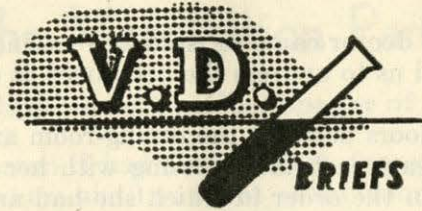
When I went into the dining-room, I found my friend the "genisse" lying flat on the floor, being held down by the two peasants, who were sitting, one on her head, the other on her haunches, while from the sores on her stomach the doctor's assistant was taking the virus the physician needed.

My poor little man soon had the poison in his tender arm, and after listening to a few directions as to what I should do for baby, I carried him back to the parlor, where he added his shrieks to those of his fellow-sufferers.

In spite of my sorrow for the babies, this scene was almost as funny to me as the one on the stairs. Each child had its own key to cry in, its own way of doing it, and each mother had her way of administering comfort.

Some of them walked up and down, jogging the children in their arms; some trotted away for dear life; some rocked and crooned, and nearly all had brought a nursing-bottle, or a cake, or cracker, as a certain panacea.

It was not long before the desired effect was produced, and comparative quiet reigned. We heard the cow departing; the babies' bare shoulders were re clothed; the doctor warned us once more about taking cold, and the Vaccination Party was over. But, as I said. I learned one thing at least—"Genisse" does not mean virus, it means a heifer.—Youth's Companion.



Management of Gonorrhoea in the Male

Diagnosis:—The diagnosis of gonorrhoea should be made only when the characteristic organisms are demonstrated by smear or culture methods. When the gonococcus cannot be demonstrated in a purulent or mucopurulent urethral discharge, the patient should be studied for other urogenital diseases. However, penicillin treatment should be given to all patients with a urethral discharge.

Treatment:—*Penicillin* is the drug of choice for the treatment of gonorrhoea. The initial treatment recommended is 50,000 units of penicillin intramuscularly every 2 or 3 hours for a total of 200,000 units. When a favorable response is not evident by the third post-treatment day, as determined by change in character or disappearance of the discharge and the absence of gonococci by smear or culture, the treatment should be repeated. Patients not responding to a second course should be carefully studied for urologic or other complications which interfere with the response to penicillin therapy. When necessary, the patient should be referred to a urologist.

Determination of Cure:—Relapses following penicillin treatment are infrequent. The presence of mucoid or watery urethral discharge is not sufficient evidence to continue treatment, provided the gonococcus cannot be demonstrated by smear or culture. The patient may be considered cured after clinical and laboratory examinations are negative at the end of observation period of three weeks.

Serologic Tests for Syphilis:—It is particularly important that patients with gonorrhoea be carefully examined for evidence of syphilis. A serologic test for syphilis should be done at the time of treatment for gonorrhoea. Since penicillin in adequate dosage is therapeutically effective in early syphilis as well as in gonorrhoea, it is possible that the development of primary syphilis may be retarded or masked by penicillin therapy of gonorrhoea. A serologic test and clinical examination for syphilis should be performed 3 or 4 months after completion of treatment for gonorrhoea.