

Her Majesty's Oculist

A Book Review

C. M. BETHUNE, M. D.

The time was that glorious era in history when England's feats in arms were paralleled in the fields of literature, arts, and architecture. Queen Anne—the last of the Stuarts, the last sovereign to preside at a cabinet meeting and the last to touch for the “Royal Evil”—was on the throne. Anne, dull, greedy and unattractive, was “a woman of even fewer talents than her sister Mary.” Her Consort was Prince George of Denmark, a character so devoid of colour that few seemed to even be aware of his existence. Whether or not on the advice of her oculist, Queen Anne appears to have shut the Royal eyes to his shortcomings and, indeed, perhaps Prince George's perseverance in his marital duties more than compensated for his lack of personality for “in the course of their married life Anne was brought to bed of no less than ten or eleven miscarriages and four children, none of whom survived for more than a few years.”*

Among the Queen's retinue of physicians and chyrurgions was one Sir William Read, “Her Majesty's Oculist and Operator in the Eyes in Ordinary.” Apparently Sir William's duties were not too burdensome, for he found time to write a treatise to which, in the modest and self-effacing style characteristic of the book, he gave the title:

A
SHORT BUT EXACT
ACCOUNT
of all the
DISEASES
Incident to the
EYES
with the
CAUSES
Symptoms and Cures
ALSO
Practical Observations
Upon Some
Extraordinary Diseases of the Eyes
By
Sir William Read
Her Majesty's Oculist and Operator
in the Eyes in Ordinary
LONDON: Printed, and Sold by J. Baker
at the Black Boy, in Paternoster Row
M D C C X
Price, Bound in Calf, 2s. 6d.

In this up to the minute text book, the author allows himself some latitude in subject matter, for not only does he write on the anatomy, the physiology and the pathology of the eye but, in addition, he includes a well-directed slap at “pretended practitioners of the eye, and some errors committed by them” as well as “a short catalogue of most medicines commonly used for the eyes, with the best methods of using them.” In the preface to this “short Catalogue”—consisting of one hundred and thirty-four remedies—Sir William generously gives some credit to his predecessors and authors of previous works.

*Excerpts from “Our Sovereigns” by Osbert Lancaster.

Certainly Sir William's list is a comprehensive one and at least some of the remedies were within the reach, physically and financially, of the whole population. Not only does he list the "Simple" and give directions for its use, but he also states the pharmacological and physiological effects—"Water, cold and moist in the first degree, repercussive," "Vinegar, cold in the first, dry in the third degree, apperutive and discutient," "Starch, cold and dry in the first degree, lightly binding," and "Chichweed, hot and dry, conglutinative" surely merited the name of 'Simple' as well as being readily accessible to all "unfortunate enough to be subject to the diseases incident to the Eye."**

Although perhaps available only to the privileged few, Sir William's directions concerning the use of gold would apply whether used a simple for the eye or in its more mundane role—"Gold, temperately hot, comfortative or Cordial," while "Silver and the dross of Filings thereof are cold and dry, conglutinative."

Some of his remedies are redolent of the Orient and the Wise Men—"Myrrhe, hot and dry in second degree, Incarnative," "Frankincense, hot in the second, dry in the first degree, incarnative, consolidative," and "Honey, hot and dry in the second degree, mundicative and stomachick."

"Foam of the Sea, hot in the first, dry in the third degree, adstersive," "The juice of the black poppy, dried, cold and dry in the fourth degree, stupefactive and mortificative," and "Rose Flowers, cold in the first, lightly binding; this is the white: the red is more adstringent, and less cold: the Damask is partaker of both in lighter substance" have a cadence more characteristic of a lotus-eater than of a busy practitioner of the Eye.

Pleasant as many of these remedies may have been, one wonders if others on his list could be so appealing—"Filings," however easy to obtain, "Dry and much consolidative and adstringent," "Vitriol, hot and dry in the third degree, styptic and corrosive," "Earthworms, conglutinative and comforting the sinews," and "Urine, hot and dry, abstersive, adustive and discutient" could not carry the popular appeal of others in his catalogue.

Apparently, although the final item on his list, Sir William rates the use of ginger most highly as a "pepper-upper." "Ginger, being green, it is hot in the third degree, and moist in the first: but, being dried, it is dry in the first degree, heateth the stomach, and disperseth moist and cold humours." One shudders to think how the modest claims of the author for this panacea would sound in a present day radio commercial or as a "singing jingle."

In the section of the book devoted to the "The Benefit, Use and Situation of the Eyes" the author gives due credit to the Diety for using great judgment in the creation of the eye—a judgment seemingly not always exercised elsewhere in the human frame. "God hath created and framed the Eye with such extraordinary wisdom and endowed them with such marvellous Excellence and Beauty, that deservedly they may be judged the most perfect piece of work which is in our Body . . . They could not have been placed more fitly than in the highest and most eminent part of all the Body, as it were in a sublime high Tower and Station, seeing that they must serve as Spies and Watchmen to defend and guide all other parts. For the better convenience of them, Nature most wisely hath made two hollow places or troughs in the Head, named from their circular Figure, Orbitas."

Chapter follows chapter, each devoted to one aspect of the eye and then come the "Diseases Incident to the Eye"—"Of the withered Eye that fall-eth out of the Place," "Of the Bursten Eye," "Of the Trobled Eye," "Of the

**Glossary of terms used by Sir William Read. The date after each definition is the time when the word passed out of popular usage.

Swollen Eye," "Of the Pore Blind Eye," "Of those who see not in the Night," "Of Day Blindness or Cats-Eye," "Of the Squint Eye," "Of the Horse Eye," "Of the Senseless Eye," "Of the Fig in the Eye Lids," "Of the Hare's Eye," and "Of Lice which Breed in the Eye Lids." A whole section is devoted to "The cancerous or Malicious Eating Ulcerous Eye," and another deals only with "Diseases Incident to the Apple of the Eye." Symptoms, signs, causes and treatment are all set forth in detail and, in order to reassure any doubters, the last thirty pages contain "Practical Observations relating to Some Extraordinary Cures of the Eyes by Sir William Read."

Treatments were always of the multiple variety and included drugs applied topically and taken internally, fomentations, collyria, massage and diet. For the treatment of "Lice which breeds in the Eye-lids called in Greek, Pthiriasis, in Latin, Pediculatio," the author has this to say: "Pthiriasis is, when the hairs on the Eye-lids are infected with little broad lice, bred by excessive eating and drinking, of Uncleaness and Ill Diet. In the cure the Patient must eat good wholesome Meat, since they owe their origin only to ill humours: the Patient's hair must be shorn, he must use friction rubbings, fasting every morning; such remedies must be applied as may dry, strengthen and comfort the Head. After this, the Lice which are already bred, must dexterously be taken away, and such remedies used, as may not only destroy those which remain, but also prevent the Generation of Others."

It is discovered, however, later on in the treatise that the author has not, as yet, revealed all! He is the inventor of a styptick water which he applies with compresses and which works wonders not only upon the eye but is equally efficacious when used in the treatment of "Wens, Cancers of the Face and Breast, Malignant Ulcerations of the Leg and Other Parts of the Mortal Frame." Testimonials from grateful patients occupy many pages, and, aside from some variation in phraseology, might well be abstracts from present-day advertisements, extolling those remedies which cure sore backs, nocturia, hnpleasant breath, body odor and countless other ailments.

To those whose chief concern was the pursuit of pleasure, as well as to the men of arts and letters, Sir William, in his epilogue, hands out a terse and timely warning: "The immoderate use of Venery and the leaning down of the Head after Meat, either with Writing, Reading or Working, is very *Noxious* to the Eyes." However, we may take it for granted that his succinct and sound advice was generally disregarded, for Her Majesty the Queen continued to occupy the Royal lying in Chambers with praiseworthy, but boring, regularity and the writers, artists and architects laboured unceasingly to enhance the prestige of their arts and to make more lustrous the already brilliant name of England.

<i>Abstersive</i> - Having the quality of cleansing or purging.	1541
<i>Adustive</i> - Causng dryness of the body, heat, thirst, burnt colour of the blood little serum in it.	and 1596
<i>Comfortative</i> - Having the quality of comforting.	1683
<i>Consolidative</i> - Serving the property of uniting wounded parts, and so causing healing.	1788
<i>Conglutinative</i> - Serving to cause the parts of a wound to heal.	
<i>Discutient</i> - Having the property of discussing or dissipating morbid matter.	1612
<i>Incarnative</i> - Promoting the growth of flesh in a wound or sore.	1694
<i>Mortificative</i> - Likely from mortific (rare in 1651). Death producing or deadly.	
<i>Mundificative</i> - Having the action of cleansing or purifying.	1674
<i>Pore-Blind</i> - near sighted or blind from close reading or work.	
<i>Repercussive</i> - Serving to repel humours or reduce swellings,	1694
<i>Stomachick</i> - Good for the stomach.	1665

Radioisotopes in Medicine*

C. M. HARLOW, Ph.D., M.D., C.M.

THE subject of radio-active isotopes in general is a vast one. Space would not permit a discussion of all of them so I will limit my remarks to a few generalities and omit many of the details. My plan is to answer as concisely as possible a few simple questions. (1) What are isotopes? (2) How are they produced? (3) How do they act? (4) How are they used from a practical standpoint? A brief resume of the historical background will serve as an introduction.

Radio-active isotopes as tools of research and as therapeutic agents are being used more and more as time goes on. The "cyclotrons" and "uranium pile" have furnished the means of their production in appreciable quantities and at relatively low cost.

The phenomenon of radio-activity was discovered just before the turn of the century, but it was more than a decade later that the concept of isotopes was recognized. Very gradually this newly discovered property of elements came to be applied to tracer studies and experimentation. Thus a whole new field of research was opened.

The first experiments in which radio-active isotopes were used as tracers were performed in 1913 by Hevesy and Paneth. Their experiments were carried out with bean plants using Pb_{210} (lead) having a half life of 10.5 hours. This is a natural radio-active isotope of ordinary non-radio-active lead. Following this initial work, the natural radio-active isotopes were used in a number of experiments of the type which have become to be known as "tracer" or "atom tagging experiments." Because the number of naturally occurring radio-active isotopes is limited, investigation during this period in the development of the use of isotopes were restricted in scope. Although there are some fifty naturally occurring radio-active isotopes known, only a few elements have radio-active isotopes within a range of half life suitable for practical purposes. Further developments had to await the availability of isotopes of elements more closely related to general biochemistry. The first of these was heavy water (deuterium oxide) discovered by Urey and her colleagues in 1932. Thus, its atom is made up of a nucleus, a single proton which carries a positive electrical charge and an orbital electron which carries a negative charge. If by extended electrolysis of ordinary water, a neutron, a particle without any charge, is added to the nucleus of hydrogen we have heavy hydrogen. This has an atomic number of one and an atomic weight of two. It has the same chemical properties as hydrogen one, but differs only in atomic weight. It is not radio-active. It is called deuterium. Its nucleus is composed of a proton plus a neutron. This nucleus is called a deuteron. It has one orbital electron the same as hydrogen one. If we combine O_{16} to heavy hydrogen, we have deuterium oxide or heavy water. In order to determine the toxicity of heavy water Hevesy drank two liters of it. No toxic effects were noted. However, the length of time a given quantity of water remained in the body was astounding. It required nine days before

*Abstracted from notes received while attending a course on isotopes at the United States Naval Medical Centre, Bethesda, Md.

half the original amount of heavy water left the body. The end results indicated that the average time during which a heavy water molecule remained in the human body is 13 to 14 days.

The next step in the development of isotope work occurred in 1934 when the Joliot's discovered artificial radio-activity. This discovery immediately widened the scope of radio-active tracers. It was learned by their research that artificial radio-activity can be produced when the constituent particles, neutrons and protons, are added to or subtracted from the stable nuclei which exist in nature, the result being the production of new nuclei which are radio-active and which have properties similar to those of the naturally occurring radio-active nuclei.

After the Joliot discovery, Ferini produced artificial radio-activity by the principle of neutron bombardment of the elements. Since the coulomb field of a nucleus does not oppose the entry of a neutron as it does of a charged particle, it is possible by this method to render a large number of elements radio-active. Many elements were also bombarded with protons and deuterons which are accelerated in a high voltage apparatus now commonly known as the cyclotron. Hence, by the end of 1935, about one hundred artificial radio-active isotopes were known.

During the following six or seven years, it was chiefly by the use of the cyclotron that the number of radio-active isotopes was increased.

The next milestone in the interesting history of artificially produced radio-active isotopes was the achievement of the so-called uranium "pile." This was an important step in the development of the atom bomb. Besides fission products, the uranium "pile" as a powerful neutron factory, makes possible the production of significant amounts of any radio-active isotopes that can be produced by neutron bombardment.

Since almost all the important known isotopes can thus be produced, this means that virtually all such isotopes should be available in large quantities. So to-day, the list of artificial isotopes totals more than five hundred. Each of the known 96 elements is represented by at least one radio-active isotope. Among the average of some five or six such isotopes, per element, there is usually one whose half life and radio-active characteristics makes it suitable for use as a tracer isotope. There are, however, the well-known exceptions of two elements, oxygen and nitrogen. For these two, no isotopes with suitable radio-active properties have been found, and the prospects of doing so appear very dim.

Hydrogen is the simplest of all atoms. It is composed of a nucleus which is a proton and an orbital electron. These two particles, one carrying a positive and the other a negative charge, are the fundamental building blocks of all matter. Neutrons are considered to be a combination of a proton and electron closely united in a state of electrical neutrality or no charge. All the known elements of the periodic table are composed of these in varying amounts and combinations, and by adding or subtracting neutrons or protons to the nuclear or the parent element isotopes can be produced. This can be brought about by bombardment with neutrons, deuterons, protons, or alpha particles (alpha particles are nuclei of helium the second element in the periodic table).

In 1934 the Curie-Joliot's bombarded sodium with neutrons. The reaction produced was as follows:

$11 \text{ Na}^{23} + \text{O neutron} = 11 \text{ Na}^{24} \text{---} 12 \text{ mg}^{24} + \text{electron} + \text{gamma rays.}$
 The Na^{24} is unstable. It is a radio-active isotope of sodium and during its disintegration to Mg^{24} (magnesium), it gives off beta and gamma rays. This is similar to the process that takes place when a natural radio-active element such as radium or uranium disintegrates to form a stable element. Radiation is given off, hence radio-active isotopes of the element P^{31} (Phosphorus) have been isolated. P^{31} is a beta emitter with a half life of 4.6 seconds, P^{31} is a beta emitter with a half life of 2.55 minutes, and P^{32} is a beta emitter with a half life of 14.5 days. It is obvious from this that P^{32} is the only one with a half life sufficiently long to be of value as a therapeutic agent. It is not an expression of quality or quantity as such, in regard to the radiation given off. In the case of P^{32} for any given amount, 50% of the atoms will disintegrate in 14.5 days, and in 75 days only 1% will remain. The P^{32} for experimental and therapeutic purposes is distributed in solution in the form of phosphoric acid. It arrives in vials in amounts as ordered. The average strength on day of preparation is approximately 1 millicurie per c.c. of solution (1 millicurie is the amount of disintegrations per second in 1 milligram of radium element, while in equilibrium with its disintegration product, radon. In figures this is 37 million disintegrations per second). On disintegration, P^{32} emits electrons or beta particles in a constantly decreasing rate. As these rays pass through tissue, their kinetic energy is lost in collisions with other atoms producing ionization. Also, in collisions with other atoms, X-rays are produced. It has been found that the penetration for beta particles of P^{32} is about 8mm of tissue. Inasmuch as P^{32} has the same chemical properties as its parent element phosphorus, it is absorbed and utilized by the body tissues in the same way.

All living cells contain phosphorus and the amount they contain varies with the degree of selectivity of the particular cell in question. It is obvious that certain cells are more selective for this element than others. By using small doses of P^{32} as tracers, it is found that it is concentrated in the tissues in this order: bone, bone-marrow, liver, spleen, lymph nodes, stomach, and in the smallest amounts in the other tissues. As P^{32} is given by mouth or intravenously, it produces a radiation through the whole body comparable to generalized radiation; at points of its greatest concentration it is comparable to interstitial radium radiation. If all the P^{32} could be localized in one point—such as a tumor mass—than we would have the ideal. Unfortunately, this is not the case (I^{131} more closely approaches this ideal).

P^{32} is given by mouth, diluted in a glass of water, or intravenously. In general, the oral method has proven satisfactory. When given by mouth, it is estimated that about 75% of the total dose will be absorbed with but 25% loss in excretion. The average dose for a person of 50 kilograms would be about 5 millicuries. This is divided into five equal parts and given over a period of 5 to 6 days. This constitutes a course. The number of courses given and the interval between courses depends upon the condition treated and the response obtained. It is conceded that it is better to use small doses over a long period of time, rather than large doses in a short time. The size of the dose given is based upon the age of the patient, the weight, the type and severity of the disease. Once the P^{32} is given, it cannot be removed, its activity will continue until totally disintegrated, for a period of approximately 75 days. It has been found through experience that in treating the average case of polycythemia vera, the initial dose will be 3 to 7 millicuries given in a

course over 4 to 6 days by mouth or in a single dose intravenously. It is inadvisable to repeat the dose sooner than 8 weeks due to the fact that it has been shown that the life span of the erythrocyte in human beings is some 3 to 4 months, and also there is a certain latent period in the action of the isotope so that the degree of inhibitory action of the isotope cannot be assessed with accuracy in periods less than this. In order to determine the necessity of repetition, a complete haematological study is done in 60 to 90 days following the first dose. If the erythrocyte count has not gone below 6 million cells per cubic mm. or the cell volume percentage is not below 55, and there is no marked suppression in the leucocyte count or platelet levels, then a second dose can be given.

The treatment of leukaemias and allied diseases differs somewhat from that of polycythemia. In these cases, the reduction of the leucocytes is the primary object, avoiding as far as possible destruction of red cells and platelets. This can be accomplished by using the fractional method. This consists of giving an initial dose of 1 to 3 millicuries, then 0.5 to 2 millicuries biweekly until the desired result is obtained. Frequent blood studies are done.

There are 10 isotopes of I^{127} (Iodine), the natural stable element. All of these are radio-active except I^{127} . They have half lives varying from 30 seconds for I^{138} to 8 days for I^{131} . Naturally I^{127} is the one of choice.

How does I^{131} act? Inasmuch as it gives off beta and gamma radiation, its action is comparable to radium or radon. As the thyroid gland has a specific affinity for iodine, and iodine plays such an important role in the formation of thyroid hormones, it can be readily seen that it can, in certain conditions, become concentrated in the thyroid gland to almost complete exclusion of the remainder of the body. In sufficient dosage the radiation will become so intense, that the gland is tender, and the throat becomes sore and dry. It is unwise to palpate the thyroid within the first few days of treatment. Due to the fact the iodine is in solution, any excess not absorbed, will gradually be eliminated in the urine. The urine excreted during the first 48 hours is usually so radio-active that special precautions must be observed in handling.

In therapy, both I^{130} and I^{131} have been extensively used. They are usually given in water diluted solutions by mouth. I^{131} appears to be the one of preference because of its longer half life.

In cases of hyperthyroidism, the dosage employed is based upon the weight of the thyroid. The average weight of the normal thyroid is 20 to 25 grams. Hyperthyroid glands double or even triple their weight, averaging from 60 to 75 grams. In cases of carcinoma, the dose is necessarily larger. As yet one is unable to weigh the gland in the living subject. However, in well established clinics they are able to estimate quite accurately the weight by examination of the patient.

At the United States Naval Medical Centre, they have adopted the following policy for the treatment of thyroid diseases and the use of radio-iodine.

A. Hyperthyroidism.

1. Medication (propyl thiouracil).
2. Surgery.
3. Radiation.

Radio-iodine should be used only in cases not suitable for surgery and those that do not respond to medical management.

B. Thyroid carcinoma.

Surgery and local X-ray. Followed by radio-iodine therapeutically as indicated.

2. Radio-iodine with those with metastases.

The naval group admits that they are extremely conservative, but firmly believe it is better to be cautious than sorry because as yet we have no proof as to whether or not late radiation complications will occur.

In order to safeguard their patients and also themselves, they have a regularly appointed Isotope Board or committee. This consists of:

- (1) An internist
- (2) A surgeon
- (3) A pathologist
- (4) A biochemist
- (5) A physicist
- (6) Two radiologists

Their board selects cases treated at the Medical Centre and decides the method of treatment. With a group of this nature, the chances of error in judgment are minimized.

The Ethics of Medical Men

THE ETHICS
OF
MEDICAL MEN

AN INTRODUCTORY LECTURE

TO THE

Medical Course of the University
of the City of New York

SEPTEMBER 28TH, 1875

BY THE

REV. HOWARD CROSBY, D.D., LL.D.

Chancellor of the University of the City of New York

NEW YORK

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REV. HOWARD CROSBY, D.D. LL.D., Chancellor of the University of the City
of New York.

Dear Sir:

At a meeting of the Class of the Medical Department of the University of the City of New York, held on the 2d inst., the undersigned were appointed a committee to wait upon you, for the purpose of procuring the manuscript of the introductory address delivered by you on the evening of the 28th ult. As it is the design of the Faculty, in connection with the members of the Class to have the same published in pamphlet form for distribution in the profession, we sincerely hope that you will grant our request.

Very respectfully, your obedient servants,

J. STEER
H. K. ADAMSON } Committee
WM. S. HURD }

New York, Oct. 5, 1875.

MESSRS. J. STEER, H. K. ADAMSON, WM. S. HURD, Committee

Gentlemen:

Your kind request for my address on the 28th ult. in order to its publication, is far beyond the merit of the manuscript.

In yielding it, I only hope that some hints of value may be found in a composition which belongs chiefly to the department of light literature.

With hearty wishes for the prosperity of the College and its classes, and with grateful acknowledgements of your kindness, I am,

Yours very truly

HOWARD CROSBY

Oct. 6th, 1875, N. Y. University

The Ethics of Medical Men

PLINY said "Ne sutor supra crepidam judicaret," and the world for eighteen centuries has said "Amen" to Pliny by turning his words into a proverb. And yet the Faculty of Medicine of the N. Y. University invited me, who cannot tell epsom salts from oxalic acid, and could not hit a diagnosis between erysipelas and the measles, to open the new Academic Year's Course of Medical Lectures. I confess I was sore puzzled when I received the invitation. No one can say "No" to the Dean of this Faculty and thrive after it; and therefore, of course, I consented, although I knew I was bespeaking an attack of *insomnia* by my compliance. I found myself revolving many subjects in my mind, as appropriate to a medical course, and yet capable of being handled by a layman. I thought of the "Life of Hippocrates;" "Luke, the beloved physician;" "Medicine from a subjective point of view;" "My own experiences in the hands of the doctors," and other like topics, in which I should be able to shun all technical references to long-named diseases and long-named remedies, and might call the *tibia* the shin-bone without offence. Not satisfied, however, with any of these, I bethought myself of my vocation as a teacher of morals, and concluded I should select a moral theme, in the management of which, if I did not produce deep conviction in the minds of my hearers, I might at least have the merit of introducing to them a new anaesthetic. If my audience, then, will take an easy posture, close the eyes, and slightly open the mouth, I shall perform the operation devolving upon me without their feeling it.

My moral theme is, "The Ethics of Medical Men."

Medical men are great men, men of privilege and power, and hence their ethics are of importance to the world. The moral code of coal-heavers and street-sweepers is not of much moment to the public; but where contact is constant and influence potent, a man's principles and manners assume large proportions. A medical man is absolute. His sway knows no limit. He penetrates into the sacred recesses of the home. He wields authority over husband, wife, children and servants. He lays down the law for the household. He interferes with the *cuisine*. Both body and mind must be exposed to his examination. He orders one to Florida, and another to Egypt, and even the Kaiser of Germany to Italy, and they meekly obey. Trusts and confidences he holds like a priest in the confessional, and the secret threads of many strange histories are woven together in his memory. Surely it is no small matter how such an Alexander should behave himself, what should be his manners and methods in society, and how he should manage the immense responsibilities that rest upon him.

Let no one suppose that I am casting a reflection on medical manners when I select this topic. Physicians are men, and they are subject to exactly the same frailties with the rest of us. Correct habits and manners do not grow naturally in any man's life. They must be sedulously cultivated. Your life and mine will be a garden full of weeds, unless there be trimming and training; yes, and uprooting. There is a certain amount of self-respect, and a certain necessity from circumstances, which may assist this process, and the very character of the physician's career of close contact with individuals and families will undoubtedly furnish these conditions. But yet, beyond this provision, there may be an unfortunate margin of error, which may prove

a curse to society and to himself. There must be, independently of circumstance, a deep and sound moral sense that shall rightly round the life and make it equal to its important functions. I believe I can safely say that no profession exhibits more generally a higher tone of morals than the medical. Its members occupy deservedly the front rank in the esteem and respect of the community. Their delicate relations are sustained with wisdom and faithfulness. The advance of social comfort and well-being is largely the result of their high endeavors. But yet, with all this, we may animadvert upon some defects in medical morals, and detract nothing from the exalted honor of the profession.

If I may be allowed, in a very familiar way, to put down my thoughts in the form of items, I would mention as one fault which we should all agree medical men should escape, *personal uncleanness*. The sick-room should have everything in it suited to cheer and refresh the patient. Is this rule observed when medical wisdom is uttered from a tobacco-stained mouth? Or when the touch of medical sympathy is made with an unwashed hand? Or when an invalid looks up from her prone condition to behold an egg-spotted shirt-bosom and a greasy coat? There are men who have little notion of the uses of water, and there are medical men of the good orthodox faith, who, nevertheless might borrow some valuable ideas from hydropathy.

2. A kindred fault to this of uncleanness is *brusqueness* in the chamber of disease. Where nerves are sensitive and the mind weak, what must be the effect of entering the room like a tornado, rubbing the hands and uttering a boisterous "How are you?" The physician should remember that, though *he* is hardened to the facts of pain and physical languor, his patient is *not*, and his cultivated sympathies should suggest a tenderness which his nature might not. The physician should have both the strength of Æsculapius and the refinement of Apollo. I doubt not that the Faculty would sustain me in saying that a refinement of manner in the sick-room has itself a curative influence, or, at least, that the opposite has a hindering effect. It is too often supposed that we may become great by imitating the faults of the great, when we forget that it was their greatness that was able to carry their faults. Dr. John Abernethy, by reason of his acute discernment in disease, his thorough knowledge of constitutional characteristics, and his clear and concise dicta in medical science, could, by reason of these surpassing merits, exhibit a rudeness of manner and speech which in itself was most offensive; but it is a great error for the young practitioner to start out to be an Abernethy, with no other of Abernethy's qualifications but his rudeness. Vices sometimes have a false halo about them, because they have been in the neighborhood, and association of brilliant virtues, and the unthinking mind fails to make the proper discrimination.

3. A third fault in the sick-room is shown by the *gossiping physician*. If the patient is evidently too ill to sustain his end of the conversation, there is a convenient nurse or family friend who will volunteer. Births, marriages, and deaths are freely canvassed, pedigrees unravelled, popular ministers criticised, and an immense amount of personal information exchanged, while the patient tosses in his fever and sighs for repose. There is a great charm in brevity, whether it be in the minister's sermon or in the doctor's visit. A direct attention to the patient's condition, a clear diagnosis of the disease's progress, a plain direction as to treatment, the avoidance of all diffuseness

in words or actions—these are the marks of an adept; they look like “business;” they cheer the sufferer and inspire him with confidence. In a gale of wind at sea, I don’t wish the pilot to be chatting with me or with others. I have higher opinion of *him*, and a safer notion of *myself*, when I see him at the wheel, with his eye fixed on the storm.

4. But do not suppose I advocate the cause of the *solemn-looking practitioner*. I do not believe in grave-stones till the soul has left the body. The man who thinks he ought to look melancholy has no right at the sick bed. He glides in like a malaria, and poisons the ganglia, if he does not the blood. How can he hope to raise the patient up by depressing his nerves? He should strike a partnership with the nurse, who tells of all the sick she has tended who died of the same disease, and the two should unite to them the undertaker as the third partner in the firm. No! no! let the physician come into the chamber like a spring morning, cheerful and hopeful, so that his very look cleanses the blood corpuscles. Moral influence over disease is itself a valuable branch of medical science, and if I were a rich man, I should found a chair in this college that should represent this department of research. Many quacks have got the start of able and learned physicians by knowing something in this line which the learned physicians disregarded, and they have wrought cures in spite of their absurd applications and their medical ignorance, because they have cunningly treated the mind instead of the body.

5. A fifth fault which I would deprecate in the medical man is the *assumption of mystery*. Let him deal honestly with his patient. I do not mean that he is to tell him all he knows or all he thinks about his complaint. That would be folly, and no patient would thank him for the information. But if the patient’s trouble be flatulency, do not by your owl-look of wisdom impress him with the idea of cancer. If you have to hold consultations, do not let the patient know it. Going into the next room, all three of you, and whispering like the muttering of distant thunder, will not increase the patient’s vitality. If you are dealing with an educated man, and you really do not know what is the seat of his distemper, it is far better to tell him so than to play the sphynx. He will honor you the more, yes, and trust you the more. He will watch your investigations and your endeavor to restore his health as the action of a *true* man, and that fact will give him confidence in you. With the *uneducated* you cannot go so far, but you should avoid a system of mystification, which properly belongs only to the charlatan. The question may be asked here, “Would you have a physician tell a patient of his approaching death?” My answer is unhesitatingly and emphatically, “Yes.” If the case be clear, it is your duty as a man to let your brother man know the road he is about to travel. You, as a medical man, can do no more for him. Remedies are useless. Well, then, whatever be your creed or unbelief, let the patient have the opportunity to prepare for another world. You would give that favor to a criminal. If he believes in a hereafter and a God of truth, let him experience that belief in a legitimate way under the knowledge of the few days he has for this world. His eternity may depend upon your faithfulness.

I have said thus much on medical morals in the sick-room. Let me now turn to conduct in the profession generally.

1. The *odium theologicum* has been the butt of satirists for centuries. It ought, however, to divide the honor equally with the *odium medicorum*. A noble and philanthropic science should have in it no strife but that of emu-

lation in good works. The same high aim should make men brothers. The same tastes, experiences and studies should intertwine them in mutual help. But this pretty piece of sound philosophy is sadly disappointed in practical life. The gods fight with one another. Vulcan insults Mars; Jupiter kicks Vulcan out of heaven, and Juno storms at Jupiter, till all Olympus is a Donnybrook. I dare not go into particulars on this painfully interesting subject. The issue might be like that of interfering between husband and wife, where a man requires not only the cunning of the fox, but also the *pachyderma* of the rhinoceros. I must, therefore, deal in "glittering generalities." I may say, perhaps with some degree of safety, that if a man has another theory of a curative process from that which you entertain, that amount of slander which is found in drawing up your lips and making wrinkles at the side of your nose will not greatly help the cause of truth between you. A fraternal conference and friendly argument would suggest themselves as happier channels for the furtherance of science. I might also say, without being overbold, that it never sounds well for a man to be a ready decrier of his own cloth. His opinions will not carry much weight and may be attributed to other motives than the love of truth. Having thus delicately touched on a very large and dangerous subject, I retreat to another item in the morals of the profession at large.

2. It is a good wholesome rule among orthodox physicians not to advertise. Flaming advertisements of panaceas are left to quacks. Now may a verdant mind make a little inquiry here, and ask if advertisements are only made in newspapers or on sign-boards? What think you of a drag and four horses in the Park for an advertisement? Or what think you of a palace with a retinue of liveried servants for the same? Does not an orthodox physician indulge in a little of the quack element of notoriety, when he thrusts himself before the public eye in other than the legitimate and dignified duties of his exalted profession? Does he not espiae the *letter* of offence to run clean counter to the *spirit* of the statute? The spirit of the statute is to prevent a false boost into practice. But, pray, what other proper boost is there, but a man's own industry, knowledge, experience, tact, and faithfulness? What other righteous ground of public esteem is there than the man's real worth? Dr. Popinjay, who rides the top wave of fashion, although he be furnished with a most satisfactory diploma, cannot lisp a syllable of condemnation against Dr. Cozenyou, who advertises the Ambrosial Redintegrating Pills. Each is advertising in his own way. Each is belittling his science and degrading his profession for his low, personal ends. It is high time that the profession should recognize these two worthies as brothers, and treat them with equal respect.

3. My third item on this latter head of remark touches the troublesome matter of money. The world in general needs instruction on the subject of paying professional men. The mass of manufacturing, bartering and hand-laboring men can count nothing as work, but what they can compute by weight in avoirdupois, and reckon in consumption of time. The idea of paying a lawyer five dollars for a piece of advice that did not take him from his seat, and did not occupy one minute by the watch is to the primitive mind of the average man sheer madness. The average man has not much acquaintance with midnight oil (or midnight gas, as we should now call it), nor has he ever *πλλάς θδους ἐληλθέναι φρογγιδος πλάγαις* (as Sophocles styles it—

travelled over many roads in the vast regions of thought, and hence he cannot see that the lawyer's advice given in less than a minute represents years of toil, and is of more value, even at his own mean standard, than his own manual work, for which he is paid ten times the sum. The physician, the teacher, the inventor, the minister, as well as the lawyer, are subject to this false estimate of the money value of their work, and all professions which demand brain-labor should assert themselves in the teeth of this vulgar ignorance. But with this general postulate, we must note this difference between a brain-profession and a mere hand-working, to wit, that while in the latter the money value can be accurately determined by plain standards, in the former the higher elements of philanthropy and social conditions enter as factors in the determination. If I make a pair of boots, their value is (say) ten dollars, whether they be purchased by Lord Whatyecallhim, or by John Smith. But if I set a broken leg the money value of that benefit must depend on the purse of the benefited man. There is no fixed price current for such philanthropic works. I do not perform it as a pure act of philanthropy, but yet philanthropy enters into my motives, and that fact makes the money charge a variable one. If money were my only motive, then only competition would make me charge the patient less than his whole fortune, provided that he were so badly off with the injury as to be willing to give all his fortune for a cure. But my philanthropy comes in and makes me reduce the charge. I do not say but that a provident wisdom helps philanthropy in this matter. But now having reduced the charge to a certain price, the same philanthropy tells me to reduce it still lower for a poorer man. This, I think, is the true philosophy of professional charges. It is not "Greedyly get what you can," but "Philanthropically reduce to what is proper," and you will find that this theory explains the actual condition of professional charges. They are based not on market values, but on high moral conditions. A man who uses the other principle, "Get what you can," is mercenary and befouls his honorable calling. Now, in accordance with this moral theory of charging, a physician should have in view his patient's purse. A thoughtless practitioner will order prescriptions for his patient, including Tokay and Johannisberg wines and a voyage to Europe which would eat up his fortune before they were exhausted. How often have I heard the poor exclaim: "My doctor has ordered remedies that will cost me fifty dollars, and I only get twenty-five dollars a month for my family!" when, in all probability, a little thought on the physician's part would have denoted equally adapted remedies at one-tenth of the cost. But not only the poor, but that large class of cultivated persons, who are living, like the doctors, by their brains, and rarely know the luxury of a spare dollar, deserve due regard at the hands of professional men. Most physicians are very considerate and prove the truth of my theory of professional charges, but now and then you find a physician, who, if he should be knighted, would naturally belong to the Order of the Golden Fleece. The moral element is lacking. A physician was busy making out his bills. His wife came in, and as wives know how, said that she dearly wanted (appropriate phrase) a three-hundred dollar fur suit. "But, my dear," said the husband, "I can't afford it, and you have already plenty of winter garments." Then appeared the inventive genius that is so prominent a grace in the sex, as the wife made the husband's way plain before him by taking up ten of the bills, and putting them under his nose, said "Just add thirty dollars to

each of these bills and I have the furs." And it was done. I cannot believe that many patients are thus bled, after they are cured, but I mention the incident as a contrast to the common and correct course of procedure. I would say as corollary to my story, "Make your bills on the philanthropic basis, and let your wife visit you at (for her) a less convenient season."

But jesting apart, there should be a system, and that an honest one, just as much in the variable charges of professional men as in the fixed values of hand labor. A family ought to know what it may be expected to pay for a day visit, a night visit, an instrumental visit, and not be surprised at the end of the year by a Tweed Ring assessment from the family physician.

4. The last point to which I refer in these rustic remarks must be made with all deference to my Uncle Toby. Hobbies continue to be propagated ever since his day. They are a sort of animal that will not live in myth-land like the phoenix, and will not "out" like the Dodo, but rather imitate the *batrachians* of the Nile or the *culices* of Long Island in their powers of multiplication. Every man is born with a hobby, and when he gives up one, he takes another. Blessed is the man who has the sense not to get astride of his hobby. He may keep him in his stable and go to visit him, stroke him on the haunches, admire his parts, lead him out now and then and note his paces, but he never leaps into the saddle and sets off on a heat. He keeps his hobby for his own amusement and not for a town nuisance. In the barn-yard he will not hurt anything, but in the highway he would knock over apple-stands and run over the children. O, most admirable wisdom! that so circumscribes the curvetings of a hobby. But all men are not wise, and physicians, like other men, will have among them some brethren who have a false conception of the divine injunction, and are as harmless as serpents and as wise as doves. Yes, there are hobby-riding doctors. I've seen them myself. So have you. You remember some of the nags they used to ride. There was a famous crowd of raw-boned, clumsy-shanked, hard-trotting steeds—there were "Blister" and "Lancet" and "Calomel," a trio, the sound of whose hoofs was as the coming of doom. Well, though *these* hobbies may be no longer rule the road, the hobby-riding goes on. One physician goes through the course on "Tonic," another spurs away on "Salines," a third bets all he has on "Potash," a fourth gallops off on "Nitrate of Silver," and a fifth capers away on "Phosphates." The hobby-riding surgeon is always wishing to put in his knife—it will be such a neat and pretty affair. Why take the round-about, slow method of purifying and strengthening the system, when, you see, this blade can be wielded with the skill of a genius and the exquisite taste of an artist. Pooh! the pain is nothing—only think of the sciences! Now, it is not strange that a man who can take a leg off with a beautiful finish in sixty seconds should be longing after legs; but then he is a wise surgeon who subdues his longing in the interests of common understanding. Hobbies are not only inflictions on the public, but they are generally apt to give their riders broken crowns. A man who invariably pursues the same course of treatment, without any modification according to the diathesis of his patient, will be at last deserted. The public do not know much about medicine, but there is a public instinct that detects a man when he is fooling. The only exception to this is when the fooling actor actually becomes a charlatan, and by his barefacedness overcomes the suspicions of the multitude. There is no safety between the mountebank and the wise physician. A hobby-horsing physician is very sure to ride into the bog at last.

A physician should be an impartial surveyor of the whole field of disease, and the whole field of remedies. He should not dote on any curative. He should be like the wise Sultan Mahmoud, who loved no one of his thousand wives any more than another. He should ever carry his science in his thoughts, and true science will have nothing to do with bias and prejudice. He will be ready to adopt any remedial agent that is proved true, even though a homoeopathist first discovered it, and will enlarge his pharmacopoeia according to facts, without relation either to persons or theories. The physician who does not ride a hobby can grow. The hobby-rider cannot. The former is open to new revelation from day to day, but the latter's is sealed—his course is closed. He not only expects no more light, but he has *determined* to have no more.

Hobby-riding is sometimes the result of ignorance, sometimes of a wild impulse, a romantic theorizing, and sometimes of sheer laziness. Whatever the motive, hobby-riding is a poor business, unworthy the disciple of a high science. A hobby is no superb charger that attracts the admiration of the by-stander, but a thin-tailed, long-eared animal, and yet not so much an animal, after all, as not to be often mistaken for his rider. In the name of science and the profession's dignity, let every physician eschew hobbies, and be broad and liberal in research and in practice, allowing no personal bent or party call to contract and circumscribe his usefulness.

But now my preaching is done. It is not a gracious task to seek after dead flies in a very sweet and precious ointment. I would rather far admire its perfume and praise its richness. But I need not praise a profession which has ever been adorned by the highest talent, and which has been ever among the foremost in advancing the world's civilization; a profession which our Lord and Saviour himself honored by mingling its beneficent duties with His heavenly instruction, and thus made a type of His own infinite grace. It is a profession in which anthropology is studied in its foundation principles, and wherein the right-minded student can see marvellously displayed the power, wisdom and goodness of our God. It is a wonder to me how any medical student can become a grovelling materialist. Every nerve tells of the immaterial behind it. The very protoplasm reflects the Creator. The connection of thought and feeling with the tissues of the brain defy all analysis and bewilder the explorer, until he beholds the One Omnipresent and All-wise, who makes the connection. Every bone and blood-vessel, when scientifically searched, leads to the brink from which we look out on God. It is a strange hallucination which reduces mind to matter—the superior to the inferior—when every intuition and every induction would refer matter to its source in mind. The human body is grand beyond description in its complex perfection. Eye, hand, heart, brain—each part a cosmos in itself, yet livingly connected with every other, having functions most diverse yet most accordant, moving a thousand ways by a thousand methods, in common sustentation of the entire aggregate, conserving itself in the very act of expanding itself. Oh! what an object of study is this divine temple of the soul! Aye! and there is its grandest feature, its highest honor, that in this temple, *ἄχειροποίητον* (not made with hands), resides, in the image of God, Man himself. And he who sees, in the body, so exquisitely wrought, Man, as its inhabitant, sees God.

When Man is seen, oxygen, and hydrogen, and carbon are left behind, and we reach a logical avenue that only ends with Deity.

I congratulate this Medical Faculty on the new departure that is celebrated this evening. To speak mathematically, the amount of energy displayed in erecting this most complete edifice, furnished with the most approved apparatus, plus the varied medical talent and experience of the distinguished professors who compose this Faculty equals a bright, successful future. For more than thirty years this school of medicine has held an exalted place among the schools of science, and brilliant names have been connected with its various chairs—names that live in undimmed lustre among us, though the men are gone—but yet, never has this college been better furnished, both with men and material, for the great work of imparting a sound and thorough medical education than at this day. I therefore congratulate the students of medicine who are here enrolled in the classes, and bid them to act worthy of their privileges, building up the fame of Alma Mater by their faithful attention, their untiring industry and their accumulated skill.

A student of medicine is, as yet, unformed. He is like the souls in the rough that were brought before Mohammed. Some became *angels* to protect the human race, and others became *ghouls* who preyed upon human bodies. Gentlemen, choose truth as your guide, charity as your watchword, and science as your panoply, and you will be angels; but make self-aggrandizement your aim, money your standard, and expediency your method, and you will be ghouls. The best mill cannot grind good meal out of cucumbers. The excellence of this college is no guarantee of your future excellence. You must bring the right head and heart here, and then blame the Faculty if they do not make you Galens. You furnish the strong oak, and they'll put it together for the launchng.

With all this ghostly advice, I bid you and the College 'God speed.'

Horner's Announce Art Salon Winner

One of the standard attractions at the recently concluded C.M.A. convention at Saskatoon was the Physicians' Art Salon sponsored by Frank W. Horner Limited. Situated on the convention floor, the salon ran through its fifth year with over 300 entries from all parts of Canada.

The Physicians' Art Salon was officially opened by Dr. William Magner, president of the C.M.A., on June 13th. Judging took place on the 14th with Dr. G. W. Snelgrove, Dr. L. G. Saunders, and Mrs. Reta Summers Cowley serving as the jury of selection. After more than six hours of study, prize winners were selected in the classes of fine art, black and white photography, and color photography. In addition, special awards were given to undergraduates who competed in a special panel for the first time in the history of the salon. Awards which comprise handsome 4-color process plaques and engraved certificates were presented by D. B. Mahoney, Advertising Manager, Frank W. Horner Limited, at a farewell luncheon on June 17th.

The 1949 Physicians' Art Salon was notable for the quantity and quality of the work on exhibit. Next year, the salon will move with the C.M.A. to Halifax where it will be shown in the Nova Scotian Hotel. The Sponsors and the Salon Committee, are looking forward to a greater turnout as this art and photographic competition grows more popular every year.

Under consideration by the Salon Committee is a proposal to form a new class of competitors composed of previous prize winners. This group will not be allowed to compete for the regular prize schedule but will be put into a higher class and judged separately from the rest of the entrants.

A full color brochure is now being prepared by Frank W. Horner Limited featuring all of the prize winners and their works. This will be mailed to all physicians in Canada.

A list of the award winners follows:

Fine Art Section

- First Prize "The New Scarf," by Dr. Anna D. Gelber, Toronto, Ont.
- Second Prize "Heart of Darkness," by Dr. John H. Toogood, Montreal, Que.
- Third Prize "The Green Vase," by Dr. H. J. Laudan, Saskatoon, Sask.
- Award of Merit "Late Afternoon Near Ste. Agathe," by Dr. G. E. Tremble, Montreal, Que.
- Award of Merit "The Three Sisters," by Dr. Robert C. Riley, Calgary, Alta.
- Award of Merit "Social Security," by Dr. Anna Wilson, Winnipeg, Man.
- Award of Merit "Market—St. Vincent," by Dr. Harvey Agnew, Toronto, Ont.
- Award of Merit "Portrait," by Dr. A. E. Robertson, Essondale, B.C.

Monochrome Photography Section

- First Prize "Lachesis," by Lt. Col. C. G. Wood, Ottawa, Ont.
 Second Prize "Peaceful Valley," by Dr. Stuart M. Rose, Lethbridge, Alta.
 Third Prize "Fragile Iceing," by Dr. L. J. Notkin, Montreal, Que.
 Award of Merit "Between Catches," by Dr. Stanley Greenhill, Edmonton, Alta.
 Award of Merit "Song at Twilight," by Dr. G. B. White, Port Colborne, Ont.
 Award of Merit "Porthole View of New York," by Dr. D. C. Eaglesham, Guelph, Ont.
 Award of Merit "Enchanted Forest," by Dr. W. P. Goldman, Vancouver, B. C.

Colour Photography Section

- First Prize "Three children," by Dr. Griffith Binning, Saskatoon, Sask.
 Second Prize "Autumn in B. C.," by Dr. T. M. Jones, Victoria, B.C.
 Third Prize "Coprinus," by Dr. J. F. Burgess, Montreal, Que.
 Award of Merit "Susan's Bath," by Dr. L. M. Edmunds, Smoky Lake, Alta.
 Award of Merit "Thunderhead," by Dr. F. E. Wait, Saskatoon, Sask.
 Award of Merit "Oxteam," by Dr. D. C. MacDonald, North Battleford, Sask.
 Award of Merit "Waterlilies," by Dr. J. T. MacKay, Saskatoon, Sask.

UNDERGRADUATE PANEL

Fine Art Section

- First Prize "Old Bard—Bonaventure Island," by John S. Henry, Montreal, Que.
 Second Prize "June—Stoney Lake," by D. G. Watson, Port Credit, Ont.
 Award of Merit "Old Friends," by Robert A. Love, Quebec, Que.
 Award of Merit "Cabane," by Claude Jutras, Montreal, Que.
 Award of Merit "Black Explosive," by J. Allister Weir, Toronto, Ont.

Monochrome Photography

- First Prize "oooOH!" by Morris Resnick, Toronto, Ont.
 Second Prize "Motif," by Claude Jutras, Montreal, Que.

Colour Photography

- First Prize "Fishes in the Sun," by Claude Jutras, Montreal, Que.

Correspondence

Camp Hill Hospital
Halifax, N. S.
9 Sept., 1949

Dear Doctor:

Once again it is my great pleasure to call to your attention that the Medical Services Officers' Mess opens for another season, at the Garrison Barracks, Halifax, N. S., the first week of October. Through the kind generosity of the General Officer Commanding, Eastern Command, the same quarters with the same privileges of the bowling alleys on Saturday evenings, have been granted to the Mess members.

To those to whom this notice may come for the first time, let me hasten to explain that the Mess Membership is open to all Medical Officers of the three Medical Services, Active, Reserve or Retired. Associate Membership is granted to all who have served in other capacities than Medical Officers, but won the degree in later life. The privileges for either type of membership are the same. Also membership is in no wise confined to the City of Halifax or the Town of Dartmouth; all qualified Medical men are invited to join. So to those out of town, when you come to Halifax for a Hockey Game on Saturday night, be sure to drop across the road, before you start the long journey home.

I will leave the mysteries of Finance to the Treasurer and the auditors men whose great gifts in this field of human endeavour will undoubtedly lift them to National heights. Socially the Saturday evening sessions were a success; the bowling was good, the charm of the feminine guests was beyond comparison, the food was excellent, and the nectar the best procurable. In fact the whole philosophical tone was very high.

It is the intention to start the year with a general business meeting, to be held 19 Sept., 1949, at 8.30 p.m. It is most important that all members be present in order that the best slate of officers be elected. During the last year we have uncovered surprisingly gifted members. Make sure that these men are placed in the proper offices. It has also been discovered that the members' wives can make very good things to eat and are very generous in their efforts. This is most important in sustaining the philosophical tone.

So we ask of you and your good wife to join with us again on Saturday nights in this Valhalla over the drill hall, to swap old campaign tales, bowl 400, bask in the feminine wit and beauty unequalled since the days of King Arthur's Court, give your gormand instinct a fling on our wonderful hams and salads, and wash it down with the best that the Government of a Province, renowned for its gracious living, can procure.

On behalf of the Committee,

C. G. MacKinnon
Secretary

Personal Interest Notes

THE BULLETIN is glad to report that Doctor A. A. Giffin of Kentville, who recently underwent a serious operation at Camp Hill Hospital in Halifax is making good progress.

Doctor Killem Seaman, Dal. 1942, who has been practising at Kinsman's Corner, has been appointed assistant resident at the Royal Victoria Hospital in Montreal.

Doctor and Mrs. David Drury of Amherst entertained the nurses of Highland View Hospital staff and the Victorian Order Nurses at a pleasant evening at their cottage at Tidnish in August. The feature of the evening was the presentation of a gift to Doctor E. J. Gordon who is leaving in September to take post-graduate studies in England.

Doctor C. W. Holland of Halifax has been awarded a Fellowship in the American College of Physicians.

The BULLETIN extends congratulations to Doctor and Mrs. C. R. Adams of Springhill on the birth of a son, John Carl, on August 5th, and to Doctor and Mrs. C. C. Stoddard of Halifax on the birth of a son on July 28th.

Doctor D. S. Clark, Dal. 1947, who has been practising at River John has taken over the practice of Doctor J. J. Stanton at Canso, who is taking a public health course at Toronto.

TO RENT

Office space, suitable for doctor, dentist or other professional man, in the heart of Halifax, with large office, ante room and private washroom facilities. (Over drug store) on Barrington Street.

For further particulars apply to —

Leeds Limited

489 Barrington Street

Obituary

THE BULLETIN extends sympathy to Doctor G. L. Covert of Halifax on the death of his father, Hon. W. H. Covert of Dartmouth which occurred on August 20th, at the age of eighty-three.

The BULLETIN also extends sympathy to Doctor J. B. Reid, Jr., of Truro on the death of his three-year old son, Robert Matthew Reid, who was killed by a truck on August 12th.

Urology Award—The American Urological Association offers an annual award of \$1000.00 (first prize of \$500.00, second prize \$300.00 and third prize \$200.00) for essays on the result of some clinical or laboratory research in Urology. Competition shall be limited to urologists who have been in such specific practice for not more than five years and to residents in urology in recognized hospitals.

The first prize essay will appear on the program of the forthcoming meeting of the American Urological Association, to be held at the Hotel Statler, Washington, D. C., May 29-June 1, 1950.

For full particulars write the Secretary, Dr. Charles H. de T. Shivers, Boardwalk National Arcade Building, Atlantic City, N. J. Essays must be in his hands before February 20, 1950.

DOCTOR WANTED

Doctor wanted for the community of River John in Pictou County. Particulars may be secured from C. E. Carruthers, Secretary of the River John Board of Trade.

Poison in Paint

When paint is brushed onto a surface, the danger of inhaling toxic solvent is small under normal circumstances. But when the painting takes place in a small, confined space there may be danger. In these cases artificial ventilation should be supplied or a respirator should be worn. In spray painting there is considerable danger of inhaling dangerous vapors and operators should take every precaution.

Present Day Safer

Scientific research has discovered methods whereby it is hoped a large percentage of dental decay will be eliminated. But until these new methods have been thoroughly tested and brought into widespread use, one of the best methods of maintaining good dental health is the regular and correct use of the toothbrush. Children particularly should be instructed in habits of good dental hygiene.

Year 'Round Protection

Many parents are under the impression that during the summer they do not need to give their children vitamin D because they get all they need from the sun. Unfortunately, in many areas of Canada there is not enough sunlight to provide adequate amounts of vitamin D, and in any case suntan acts as a screen, keeping out ultra-violet rays. It's necessary to add vitamin D to a child's diet all year 'round.

Happy Homemakers

Many housewives who spend day after day keeping up with the endless chores of maintaining a home feel that they have neither the time nor the energy to spare for recreation. But every homemaker needs some outside interest at which she can relax and enjoy the company of her friends and neighbors. Recreation refreshes mind and body. It is essential to good physical and mental health. Is there an organized community recreation program in your neighborhood? If not, you can help create one.

Time is Important

Failure of patients to obtain early diagnosis and treatment is one of the main problems facing medical men in the fight against cancer. Many of the common forms of cancer can be cured, if they are found early, if you have reason to suspect you may have cancer, see a qualified physician at once. Delay is dangerous. Quick action may save your life. Don't be deceived by "sure cures" offered by quacks and frauds. Every case of cancer needs a qualified doctor's care.