THE COUNTRY DOCTOR

SOME DAY a master of words will appear to preserve in epic form the heroic figure of the country doctor. If life—real life—is built on service to one's fellow man, then St. Peter is going to find this human practitioner up near the head of the class when he opens the pearly gates on judgment day. Unheralded, unsung, these faithful healers of human ills undergo more genuine hardship in a year than fall to the lot of most mortals in a lifetime. Rain, snow, sleet, storms, blizzards, zero weather—the country doctor merely takes them as all in the day's work. He never regards his hardships, his sufferings, this never ending labors for a mere pittance as heroism. It is just plain duty with him. Romance? Not a bit of it. It is only service, the fulfillment of the code of ethics he accepted when he dedicated his life to the alleviation of sickness and suffering.

The hardships of country medical practice has produced more uncrowned, unhonored heroes than the world can ever realize. Consider the lot of a country practitioner in winter. It is night, the thermometer is flirting with zero; a 30-mile gale is whipping the snow across the open space like buckshot, and into the sheltered nooks in huge drifts. The country doctor has just turned in after a long, hard day, covering perhaps fifty or sixty miles in attendance at the bedsides of the ill. Praying for a few hours rest, he barely hits the bed when the telephone rings and he learns that John Smith's wife has developed pneumonia. Does the fact that John Smith lives 15 or 20 miles away, over the worst roads imaginable, decide the doctor to wait until morning? Should the physician make the attempt tonight? There is never any question about it. He drags himself from between the warm covers, dresses, goes out and hitches up the horse or cranks the flivver, and is away on his long journey, battering the elements, fighting sleep, mastering fatigue in order that Mrs. Smith may live and care for her home and children.

A hundred years of such work will not make the country doctor rich—that is, as the world views riches. But it will give him something ineffably higher, better, and more satisfactory—the knowledge that he has given a life-time of service to mankind, the feeling that he has returned health, and peace, and happiness to the humble homes around him. The country doctor is one of the greatest, one of the most noble of our institutions. We do not appreciate their worth, even though we may be their patients. The world can never repay them for the services they have given. These are a race of real men.

(An Editorial in The Acadian of Nov. 13th, 1924).

GOITRE

(Being a report of the Address on Goitre given by Dr. Geo. S. Young of Toronto, at a meeting held by the Pictou County Medical Society Oct. 24th, 1924 and reported in the November Bulletin.)

The present conception of thyroid function is that the gland produces an internal secretion which acts through the blood on not only the nervous system, but on every body cell. The amount of energy given off by these cells of the body is proportionate to the amount of the internal secretion in the blood. It is obvious that thyroid activity must vary with the needs of the body, and that in some way or other the thyroid must become aware, as it were, of those needs. We must not forget that behind the thyroid there may be something else. All therapy, therefore, must take into consideration the possibility of thyroid disturbance being due, not to something arising primarily in itself, but to some condition lying outside of the thyroid altogether.

The work of Marine and Kimball has shown conclusively that the common adolescent goitre, a goitre without symptoms, may be absolutely prevented by the administration of minute doses of iodine to boys and girls between the ages of eleven and fourteen. This work has been confirmed on large scale throughout the world. To put it another way, the physicians of Nova Scotia have in their hands the power to eliminate this type of goitre from the province. It is important to note that the quantity of iodine required is very small, not more than one dram of sodium iodine or its equivalent is to be given in one year. As a matter of fact, one grain of sodium iodide contains more iodine than the total quantity in the thyroid at any one time. The importance of getting rid of common symptomless goitre lies not only in its unsightliness, but also in the fact that malignant disease and toxic adenoma in later life, are always preceded by a long standing goitre.

Many years ago it was noted that Graves' Disease can be divided roughly into two groups; those with exophthalmos, and those without exophthalmos. One of the greatest advances in our knowledge of thyroid disturbances is the sharp differentiation between these two groups. One recognizes first exopthalmic goitre, which is characterized by exophthalmos, and by a pathological picture of marked hyperplasia of the whole gland. Secondly, there is thyroid enlargement with increase of metabolic rate and is characterized by an actively growing adenoma, or possibly more than one. In this group, there is no exophthalmos. The differentiation is very important since the latter cases (those of toxic adenomata) require surgical treatment as soon as possible provided that the patient is a good risk. The results of such operations are uniformly good. On the other hand, surgical treatment of exophthalmic goitre is not yet accepted as the only cure. There are several other points of differentiation between these two

conditions—for example, in exophthalmic goitre, in addition to prominence of the eyes, there is a diffuse enlargement of the thyroid. It occurs in a woman under forty generally, the condition frequently comes on suddenly and the patient may be able to set an exact date for its onset. The enlargement of the gland is of less than two years' standing. While the systolic blood pressure may be raised, the diastolic pressure as a rule does not rise proportionately. In toxic adenoma there may be found a definite nodule in the thyroid gland.. There has been a goitre extending over a period of fourteen or fifteen years. The onset of the hyperthyroid symptoms is insidious. The patient is generally approaching the menopause or is at least forty years of age. There is generally a definite hypertension the diastolic as well as the systolic pressure being raised. These distinctions are somewhat arbitrarily made, and of course, are subject to many exceptions.

While the general concensus of opinion is that surgical treatment offers the only rational treatment of toxic adenoma, on the other hand the best treatment of exophthalmic goitre is by no means settled. Without discussing the matter at length several facts may be mentioned. First, every physician of long experience has seen patients with exophthalmic goitre recover completely without surgery, without X-ray treatment, and with very little medicine. Many cases have been cured clinically by radiological treatment. Operations have restored many a woman to good health. On the other hand, in all these methods of treatment certain cases have failed. One cannot avoid the conclusion that the reason for these differences is due to the fact that exophthalmic goitre must yet be subdivided into various groups, perhaps of different causation. When the said groups are clearly recognized, and definitely differentiated, then we may know what particular kind of treatment is to be adopted in a case. In the meantime the general treatment of these cases, either before, without or after operation, is worth considering carefully. Rest of the body has long been recognized as reducing mentabolism to its lowest level. The diet should be generous since the body requires a good deal of fuel. On the other hand protein constituents should be limited since protein is a stimulator of metabolism. One cannot but reach the conclusion that infections play an important part in producing certain cases of exophthalmic goitre. One would naturally feel like getting rid of such foci. I must confess, however, that I have never yet seen a case of exophthalmic goitre benefitted by the removal of a focus of infection. Quinine hydrobrom in 3 gr. doses three times a day after meals is of undoubted benefit. How it acts one cannot say. It is very important that the patient should have a liberal amount of sleep and in order to produce this it may be necessary to give sedatives of one sort or another. I would lay great stress on psychotherap. The patient must be reassurred as to the outcome of the

trouble. The nurse, whether trained or not, must have an intelligent conception of the nature of the disease, and must be able to protect the patient from the outside world. There must be no household responsibilities, no annoyance from the crying of children, no family jars. The attending physician must investigate carefully and tactfully the whole environment of the patient, and must plan his psycho-therapy as carefully as one would plan an operation. Lastly, the patient while in bed must have some mental occupation which is non-stimulating. Our psycho-therapy is based on the knowledge that fear, worry and anxiety increase the basal metabolism to a very huge extent, especially in patients with exophthalmic goitre. While we may give her an environment which will help to eliminate these emotions, we must at the same time give her some occupation to keep her from thinking about herself and her troubles. The physician must suggest from day to day something which th patient can think about, something in which she can take an interest. For this purpose one may urge the study of flowers or birds or clouds. One may interest her in block puzzles or anything else which will help her to put in time without indulging in that fatal introspection which always tends to make matters worse.

During the last two years there has been broadcasted to the world the idea that Lugol's Solution of iodine is of tremendous value in the treatment of exophthalmic goitre, at least at certain stages. If you give 10 drops of Lugol's Solution once a day to some patients with exophthalmic goitre, you will find the pulse rate dropping in two or three days to perhaps 80. There will also be a drop in the metabolic rate, and there may be gain in weight. The change is so spectacular that there is a danger of our being carried away, and giving it in a great many cases where it may do a great deal of harm. In cases of toxic adenoma, Lugol's Solution is distinctly dangerous. This constitutes another reason why a sharp distinction should be made between toxic adenoma and exophthalmic goitre. In certain cases of exophthalmic goitre it does no good. It even may increase the pulse rate. It must be given therefore with caution, and under supervision. Its administration should not be continued for more than ten days or two weeks at a time. At present its greatest value lies in its results when given preliminary to a surgical operation. Here it makes the patient a safer risk, by reducing the basal metabolim. and prevents the toxic storm after the operation.

The discovery that a massive dose of iodine as given in Lugol's Solution is of value in the treatment of exophthalmic goitre, is interesting in view of the clinical experience of many generations, that small or moderate doses of potassium iodide do actual harm. I believe we must accept this clinical evidence. It has come from too many sources through a great many years to be set aside. We are familiar with the old iodine paradox 5 grs. potassium iodide given three times a day may produce iodism. Trebling the dose at once relieves the

symptoms of iodism. If we knew the explanation for this, we might have at the same time the explanation for the other.

There is a group of mild hyperthyroid cases which is worth considering carefully. Take for example the following case:- A bright and alert girl is employed in an office. He employer finds her quick and capable. He gives her a fair amount of work to do, and she does it well. He then begins to unload some of his own burdens on her shoulders and she rises to the occasion and succeeds in pleasing him as no other girl has done. As time goes on she accepts more and more responsibility, and does more work, and does it well. There comes a time when she goes to a physician with the complaint that, while she is feeling well and able to do her work, at night when she sits down to rest she finds it difficult to keep still, and that on going to bed she is unable to sleep. The patient may show eyes slightly prominent, the thyroid slightly enlarged, there is a fine tremor of the hands, and the heart rate is considerably increased.

In all probability this girl is simply suffering from a physiological drive, that is to say, the work that she is doing at the office demands an increased metabolic rate, and therefore an increase of thyroid activity. I have seen several advanced cases of exophthalmic goitre which I believe began in this physiological way. It is therefore important to recognize such a case early. The treatment is obvious. She is instructed to give up her work completely, to leave the city and go to the country, and there lead a simple quiet life free from all emotional disturbances. There is no objection whatever to her taking a fair amount of physical exercise which may be increased as the pulse rate comes down. This girl at the end of three months will come back to the city perfectly well, and if she goes back to work with an intelligent idea of how her troubles began before, she will remain perfectly well. Such cases may be produced in other ways, for example, emotional causes such as love affairs or shock of any kind. The cure lies in the early recognition.

By Way Of Diversion

Here lies the clay of Druggist Brown,
The substitution fiend.
From selling imitation goods
His livelihood was gleaned;
Let not his mourning spouse be doomed.
To life-long widowhood,
The matrimonial market offers
"Something just as good."

DIFFERENTIAL DIAGNOSIS OF ACUTE ABDOMINAL CONDITIONS

(Being a report of the Address delivered by Dr. A. T. Bazin of Montreal, at the Meetings Oct. 24th and Oct. 25th in New Glasgow and Sydney, as reported in the November Bulletin.)

This large subject was approached from an entirely new and novel angle.

Instead of describing the signs and symptoms of one condition after another and citing the distinguishing features Dr. Bazin brought before his audience imaginary patients sufferng from the three cardinol symptoms of all acute abdominal conditions, i.e.—Pain, vomiting and shock.

The first patient was supposedly an infant three to four days old, and signs and symptoms of congenital absence or atresia of some part of the intestinal tract were reviewed.

The next patient was an infant under one year of age—Acute enteritis, acute primary intussusception, acute intestinal obstruction from external or internal hernia and acute appendicitis were the conditions discussed. Special emphasis was laid upon acute intussuscep tion, its age incidence, symptoms, prognosis and its underlying pathology.

The next age period under consideration was that from the first to the twelfth year.

In this period appendicitis loomed large, but of greatest interest perhaps was the incidence of primary pneumococcal peritonitis in girls from two to eleven. The symptoms of onset and development of this disease were enumerated, the etiological factors cited, as also thedifferential diagnosis from acute appendicitis with which it is usually confounded.

Emphasis was also given to the referred abdominal pain from right basal pneumonia, and the grave prognosis which accompanied a laparotomy under the mistaken diagnosis of appendicitis.

In adults the subject was approached from the viewpoint of sex.

There is seldom difficulty in differentiating pelvic conditions from those belonging to the upper abdomen. The difficulty lies in determining between upper abdomen and appendicitis, and between the latter and pelvic infection.

In the female, therefore, one is frequently faced with the following problem—Appendicitis on the one hand or right sided pelvic inflammation, torsion of ovary, or ectopic on the other.

Type cases of all four are easy of diagnosis but atypical cases present great difficulty, the greatest being encountered as between right sided pelvic inflammation and pelvic appendicitis. Fixity of the uterus is not always a dependable sign: in acute pelvic inflammation without previous lesion, either chronic or acute, there may be

neither mass nor fixity; a chronic pelvic inflammation with fixity may develop a superimposed appendicitis. When in grave doubt there are two safe or comparatively safe courses to pursue. Firstly:—If preponderence of signs and symptoms point to appendicitis, operate. laparotomy discloses an acute pelvic inflamatory condition no harm has been done except the slight risk of an anaesthetic, and the unnecessary prolongation of the covalescence. Secondly:—If preponderence of symptoms point to pelvic inflammation, and patient is treated by Fowler's position and baking, the worst that happens is a pelvic appendicular abscess, which is later drained with safety, and again with but prolongation of the period of convalescence.

In the male, the corresponding difficulty, arising from diagnosis, is, in those cases of undescended right testis or abdominal position in which acute epididymo-orchitis develops. This condition is chararacterized by sudden onset vomiting, pyrexia, abdominal pain, extreme tenderness in the right lower quadrant. The pyrexia is much higher than at the onset of appendicitis, and routine examination of the scrotum in all young males will point the way to the necessity of further investigation.

Time precluded the discussion of upper abdominal lesions.

In Sydney Dr. Bazin had the opportunity of demonstrating a patient on whom he had operated in April 1924 for carcinoma of the rectum, the first symptoms of which were noticed in November 1923.

The abdomino-perineal resection of the rectum had been performed, leaving a permanent inguinal anus. The man, aged 47, had been steadily at work since early in July and weighed within 1 1-2 lbs of his heaviest weight. The patient stated that he suffered no distress from the colostomy, the bowel evacuating regularly twice a day with no discomfort from leakage or the passing of offensive flatus.

In his diet he had practically altogether oliminated eggs, meat and fish, substituting nuts of all varieties.

"The Bellman" in the Chronicle recently commented intelligently and favorably on the 1924 Medical Post Graduate Course at Dalhousie. He claims that some of his medical friends enjoy a joke on the clergy, which reminds him of the following on the doctor:-

"Killing Two Birds"

"The doctor's telephone bell rang wildly, and the medical man had to get out of bed to answer the 'phone. It was an urgent call and hardly had he placed the receiver when the bell tinkled again.

"My dear doctor, I must apologize for bringing you out on a night like this," said the second caller, a man who always had something or other the matter with him.

"Oh, don't trouble about that!" replied the doctor. "As a matter of fact, I've just a call from another patient in your neighborhood, so I can kill two birds with one stone."

THE QUALIFIED PRACTITIONER

(Dr. J. A. M. Hemmeon, Wolfville, N.S.)

A trial by jury that is of interest to members of the medical profession has recently been concluded in the ancient city of Gloucester, England.

A licensed physician seventy years of age, and a resident of that city for forty years, was charged with manslaughter in that he, by gross inattention and want of skill, caused the death of one of his patients, a female child, age ten years.

Evidence proved that during an epidemic of diptheria this doctor was called to attend the child, whose disease he diagnosed as tonsillitis, and visited her four times during the nine days of illness, at the end of which time the patient died.

The treatment given consisted of gargles of vinegar and water, and local applications of glycerine.

Evidence further showed this doctor to be a well known anti-vaccinationist and anti-vivisectionist. Testifying in his own behalf he said that he did not believe in the use of diphtheria anti-toxin. he thought it a "dangerous thing," and was "opposed to any and all inoculations." He 'looked on the bacillus of diphtheria as the result of, and not the cause of the disease." He "would not take a swab from a throat under any circumstances."

Post mortem examination revealed the fact that the child's fauces were covered with diphtheritic membrane, and the lungs which were pneumonic, showed diphtheritic membrane throughout.

The accused, who had not made any diagnosis of pneumonia during life, alleged that the pneumonia was caused by the child having left her bed for a short time to get a drink of water.

Sir William Willcox, Chief Medical Consultant to the Home Office, testifying for the Crown, said that, in his opinion, a physician, though not believing in anti-toxin, is guilty of wilful negligence if he does not administer that treatment.

The jury acquitted the accused. who was proudly cheered by the spectators in court and by crowds in the street.

In summing up, the judge said that it would be a deplorable thing if a medical man, acting honestly in the treatment of his patients, were to have hanging over his head the fear that. if anything went wrong, he would be charged with manslaughter.

This recalls similar language used by a learned judge in this Province, on the occasion of the trial of an unlicensed practitioner in the town of Dartmouth, one of whose victims died from septicaemia following an attempt to remove a growth in the breast by means of a caustic paste.

In this case, also, the defendent was acquitted, though I do not think the verdict was received with cheers in the court or on the streets.

The judge in the case under review further said, "a man is allowed to follow the medical profession if he is properly qualified, and even if he holds peculiar views and acts as he considers best, he is not guilty of culpable negligence, although one may say that he is terribly and sadly mistaken."

The foregoing statement indicates a belief that is unsound and dangerous.

Is it reasonable that, after a qualified physician or surgeon is licensed by proper authority to practise the profession, he shall remain licensed, no matter what absurd beliefs he may adopt?

If a licensed ship's Master declared his disbelief in the mariner's compass and the use of the sextant, to say nothing of the myriad of modern devices for maintaining location and ensuring safety on the seas today, and, navigating after the noble example of Mr. Hugh Cabot of revered name, thereby endangered the lives of those in his charge, would it be a reasonable thing, would it be a conceivable circumstance, that the Licensing Board should say; "We must not take away his license. Good fellow that he is, he is acting as he considers best."

Yet this is what, in effect, this learned judge has said as regards the physician.

Sir Almroth Wright, in an address delivered before a meeting of the Medical Society of the Boulogne Base in 1917, said that, for his part, he advocated restriction of treatment, administered by the physician or surgeon, to "the ultimate laboratory experiment." In other words the practitioner was to be allowed to use no treatment other than that tried, proved and recommended by competent authority, after experiment and ultimate conclusion in the laboratory. Why not?

Would the people of any country knowingly allow command of their land, or sea, or air forces to lie in the hands of men who did not believe in submarine torpedo attack, or mobile machine guns battalions, or aerial bombs?

Would the citizens of any town feel sufficiently protected if they knew that their kinsmen did not believe in, did not possess, and would not use, any modern fire-fighting equipment?

And these people, who defend and protect the material things of the nation and community, are required to keep themselves familiar with all modern methods that have been tried and proved in the "ultimate experiment" in their several professions or callings.

And why should not the physician be called up for re-examination and qualification?

No Licensing Board would pass a candidate who denied the existence of the Klebs-Loffler bacillus. And if after licensing, any practitioner denies the existence of this bacillus he should no longer hold the Board's License.

Consider, too, the comforting sight of stale and rusty practitioners, under fear of having their licenses revoked, coming up regularly for "refresher courses."

DOCTORS VERSUS EDITORS

A Doctor can call on another man's wife any time of the night or day, and charge for the visit, if an Editor does, he gets a charge of buckshot.

A Doctor can get out a word a foot long without himself or anyone else knowing what it means. If an Editor uses the same word, he has to spell it.

If an Editor makes a mistake there is lawsuit, if a Doctor makes one there is a funeral, cut flowers and perfect silence.

Any old College can turn out a Doctor but an Editor has to be born.

An epidemic of Meningitis was ravaging the population. One of its victims was a little colored boy who was desperately ill. The village doctor went to the neighboring city and returned with one of the "shining lights of the profession."

Arriving at the cabin, the doctors and their assistants placed the boy on the table. In the farthest corner of the room were three brothers of the sick child, looking on with eyes and mouths with curiosity and fear. Then as the needle was introduced into the spinal canal the child stiffened out—dead. The doctors looked at each other. The silence in the room, so tense that it could be felt, was suddenly broken. One of the negroes who had been watching closely, drew a great deep sigh and whispered in an awe stricken voice; "My God, don't he kill 'em quick?"

The following advertisement appeared in a paper of a town in the Eastern States:-

"Lady wishes position as housekeeper for widower; No objection to having one child."

WHAT WE KNOW FOR CERTAIN REGARDING THE ACTION OF X-RAYS ON CANCER.

A. Howard Pirie, M. D., B. Sc., Royal Victoria Hospital, Montreal.

The Germans claimed to have established a Carcinoma dose which kills Carcinoma cells, but in practice this has not proved correct. Such wide variations are experienced in the response to X-Rays of Carcinomas of apparently the same type, that no rule for a carcinoma dose can be laid down. There is no doubt that it is the type of Carcinoma more than the form of the X-Ray treatment which decides the response of the Tumour to the X-Rays. This of course does not apply to inefficient treatment whether of too small or too large amount. The same is true of Sarcoma.

Ulcerating Tumours are more resistant to X-Ray treatment, and the formation of metastases is more rapid, when there is ulceration. I show you a cast of an "Ulcerating Tumour" of the breast and another cast of the same, four months later, in which the tumour is much smaller and the ulcer has heald. This patient died from metastases in the Liver and Lungs.

Radiation Sickness is not caused by rapid disintegration of a tumour, for it may follow prophylactic treatment after the Cancer has been removed by surgery. A tumour yields to X-Rays more easily when X-Rays are used for the first time, later on the tumour cells become more resistant and X-Rays have less effect. This is more noticeable in Basal-celled Epithelioma which has been improperly treated with X-Rays over a prolonged period. I can recall in my own practice no case of untreated Basal-celled Epithelioma of small size which has not responded promptly and healed after X-Ray treatment. As Carcinoma spreads at the periphery and degenerates in its centre, it may be that the surrounding healthy cells into which it eats its way, act as a resevoir of food for the malignant cells. It is therefore reasonable to suppose that if we weaken the surrounding healthy cells with a lethal dose of X-Ray, we break down a natural barrier to the spread of the disease. Whereas if we leave them intact or strengthen them, they will help to reduce the malignant cells. A moderate dose of X-Rays is stimulating to normal cells, while a larger dose stuns them, and a still larger dose kills them. I have seen hair grow long on a lady's face while treating Tuberculous Glands of the neck. At each application for this treatment the face was covered with lead rubber. After weeks of treatment the line, where the skin was covered with lead rubber, met the uncovered skin, it developed long hairs, from receiving just the correct stimulating dose. I doubt if I could give such a dose intentionally. The stunning dose is seen every time the hair falls out when treating ringworm. The killing dose is seen when hair is overtreated and no regrowth of hair takes place.

When such doses can be clearly shown on normal cells, it is reasonable to suppose that similar results are obtained on cancer cells. The stimulating dose is however never observed in Carcinoma, and only the stunning and killing dose need be considered. The killing of normal cells is brought about in the destruction of the hair sweat glands. These can be regularly destroyed without destroying the skin, but it is impossible to do this with one dose of X-Rays. It is the repetition of the stunning dose applied at monthly intervals for a period of 6 months which in the end produces the killing dose without killing the skin. The analogy between destroying sweat glands in normal skin without destroying the skin is very close to the destruction of malignant cells in healthy tissues, without destroying the healthy tissues. This is the method I have found most successful in Carcinoma. Let me illustrate it to you by means of five casts of a patient whose breast had been removed for Carcinoma. Following the operation Carcinoma returned in the position of the scar and in the glands above and below the clavicle. The second cast made two months later shows absolutely no improvement, though the patient declared she was better as her pain was less. After 6 months the third cast shows improvement and at the succeeding months, up to 10 months the regression of the disease is shown till at the 10th month a hard fibrous condition of the skin and adjacent tissues is left, with no evidence of Carcinoma remaining.

An X-Ray of her chest at the 10th month shows a fibrous condition of the lung opposite the disease. The patient is a lady of 76 and is alive and going about. She has a cough, but it is not due to secondary Carcinoma in the lungs, but may be due to Fibrosis produced in the lung by the X-Rays.

Heavy treatment of the lung almost invariably produces a fibrosis of the lung exposed to the rays. The importance of healthy irradiated tissue is also shown by experiments on Russ or Mouse cancer. He implanted mouse cancer in unirradiated and in radiated healthy tissues, and found, that, while it grew in the unradiated tissues, it would not grow in the radiated tissues. This lends strength to the argument that radiation of the normal healthy tissues surrounding a carcinoma is of importance in limiting the spread of the disease, and accounts for many cases of carcinoma which when treated by X-Rays do not increase, and at the same time do not regress. In such a case, increasing the dose might so injure the healthy cells that the disease would spread, and it is better to be contented with a moderate degree of success than to court failure and death by changing the treatment method. I have in mind such a case,—a man who had carcinoma in the glands and tissues on both sides of the neck. He seemed a hopeless case and small doses once a week were prescribed partly as a placebo. These small doses have however held the disease in check, and after four years of treatment he is still able to go about, and the disease, though present, is in an arrested condition with much fibrous thickening about it. In the final stage of carcinoma in a cachectic

patient X-Rays do no good unless they relieve pain. For in such a case the normal tissues around the carcinoma are in such a low state of vitality that they do not respond to X-Ray treatment. There must be some response however, for I have seen intense radiation sickness follow large X-Ray doses in an extremely cachctic patient. So far I have mentioned only X-Rays, but what is true of X-Rays is true also of radium. Radium and X-Rays have the same curative effect on naevus and basal-celled carcinoma. They both cause hair to fall out and destroying sweat glands. Both act similarly on splenic leucaemia, warts, etc. Both cause redness and burns. The gamma rays of radium are simply waves shorter than can be produced by an X-Ray tube. The difference between the action of a standard Hospital X-Ray machine and a deep therapy machine, is merely a question of penetration. For superficial or moderately superficial disease, an X-Ray machin e,having a 10 inch gap is all that is required. For deep tumours such as in prostate and uterus, the deep Therapy Machine is better. A large supply of radium 4000 to 5000 millegrams produces similar effects as with a deep therapy machine, but smaller quantities such as 200 millegrams cannot be used in the same way as X-Rays from a deep therapy machine.

The easiest and surest cure with X-Rays or Radium is seen in basal-celled Epithelioma. I show you a model of a typical case. This is a rodent ulcer the size of a quarter which had grown to this size on the nose during five years. One application of X-Rays lasting four minutes and forty seconds, caused a complete disappearance of the rodent ulcer with very little evidence left that there had been any lesion present. The second case shows the result 2 months after the X-Ray application. The disease has not returned. This is a typical history of any rodent ulcer which has never been treated improperly by X-Rays. A rodent ulcer which has received many small doses, does not heal as one that receives just one very large dose. The dose I recommend is equal to four times the quantity which causes epilation in a child. The results are so certain that I have on several occasions given this treatment to a rodent ulcer and sent the patient home, (sometimes 800 miles) with instructions to report to me by letter three months later, and so far each one reported, the "Rodent Ulcer quite healed."

In Uterine Cancer, a combination of Radium and X-Rays has had marked success equal to and, in the hands of some surgeons, more successful than operation. Any operable case of carcinoma of the Uterus still goes to the surgeon in my experience, and only the hopeless cases come to me for X-Rays. Even among the hopeless cases we have had a measure of success. There is one woman who is now in perfect health who was operated on twice for Carcinoma of the Uterus, and on whose case sheet the surgeon wrote "Prognosis bad." She received several courses of deep X-Ray Therapy and recovered completely. Many cases however die after X-Ray treatment. I believe the large German doses for Carcinoma hurried on the death of

some patients, and I have gone back to smaller doses applied more frequently as a safer and better treatment. Carcinoma of the Oesophagus still defies Radium and X-Rays. In 1922 I tried to get results in eight cases, but every one died. Last year, one patient diagnosed as Carcinoma of Oesophagus by an eminent Laryngologist after direct Oesophagoscopy, and confirmed by X-Ray examination, is now perfectly well. The result is so outstanding that I feel inclined to class it as a mistaken diagnosis. Another case which could only swallow liquids, has now been able to swallow solids for the last ten months. All other cases in 1923 died, so that nothing can be promised in the way of a cure for Carcinoma of the Oesophagus.

Surgeons complain that patients with Carcinoma do not come to them early enough, and in the same way Radiologists complain that surgeons do not send their recurrences early enough for treatment. It is amazing how often patients come with recurrences at an extremely late stage when it is hopeless to do anything. If surgeons would refer early recurrences for X-Rays, much better results would be obtained. When X-Rays can cause recurrences to disappear, shown in five casts, why should Radiologists not treat the early disease while it is still operable. Such a question sounds like heresy to surgeons, yet about five out of six of all Carcinoma cases operated on die from Carcinoma, so that they have not really much to boast about. I used to think it was unjustifiable to attempt to cure Carcinoma by X-Rays, if there was any hope that it could be removed by surgery, and until this year, (and I have worked with X-Rays since 1896 when I made my first X-Ray photograph), I have always referred to a surgeon any case sent to me in which I thought complete removal was possible. This year, however, I have undertaken what I consider a removable Carcinoma for treatment by radium and so far I am not disappointed. It is an Epitholioma of the lower lip and at present it is growing smaller. I am raying the glands of the neck, although no glands are palpable. I look forward to a result better than can be obtained by surgery as no scarring will result. Having seen masses of Carcinoma considered unremovable disappear under X-Ray treatment, it is quite reasonable to suppose that small early Carcinoma should similarly respond, but few experienced Radiologists care to accept the responsibility, and hence there are no statistics on the subject. We have been so brought up in the teaching of surgery for Carcinoma, both in medical and lay circles, that it is hard to believe anything else is of any use; but does anyone know from experience what X-Rays and Radium will do for removable Carcinoma? I confess I do not from my own experience. Some surgeons have introduced radium in preference to operation for Cacinoma of the Cervix Uteri, and it is no unusual thing at the Memorial Hospital at New York, to treat removable Carcinoma of the lip with Radium.

There is a fear that post-operative X-Rays will break down the scar of the operation. I have never seen this, in fact I have seen the

reverse. I have seen the skin on each side of the scar break down from too large a dose of X-Ray, and the scar remained showing that it was more resistant than the normal skin. The broken skin healed later. There is, therefore, nothing gained by deferring prophylactic post-operative X-Ray treatment following breast removal. There is, however, no use, in my opinion, giving one treatment and resting satisfied that all has been done. Look at that 5 cast case, after two months the growth is really larger, not till the sixth month is there marked diminution of the growth.

I shall show you lantern slides of Sarcoma of the upper end of the humerus, showing the effect of X-Ray treatment.

I have shown you these to show you that it is four months bebore benefit from the X-Ray treatment becomes evident, just as it takes four months to destroy sweat glands and make Carcinoma diminish. I do not advance X-Ray as a perfect cure for cancer; far from it. Sometimes it is, and when it is, it depends on the form of Cancer, the method of treatment by X-Rays and the length of time allowed, which should never be less than six months, and may be much longer. One frequently sees a cancerous mass disappear under X-Rays but the patient dies from metastases. In many cases metastases were probably present before beginning X-Ray treatment, for the case is inoperable before it is sent for X-Ray treatment. We always X-Ray the chest for a mammary Carcinoma, before beginning treatment, and frequently find secondary deposits in the lungs. Such a case is usually hopeless. But even in such a case, the original tumour is seen to diminish under X-Ray treatment, provided the patient lives long enough to allow this to take place. The casts (2) show such a case. On beginning X-Ray treatment on this inoperable Carcinoma an X-Ray of the chest showed the presence of Metastasis. Six months later the second case was made showing the diminution of the original tumour and the healed former ulceration.. The patient died from metastases in lungs and liver.

Malignant disease of bone has not responded in general to X-Ray treatment. This may be due to having had too advanced cases to treat, the wrecks of surgery, or the patient getting discouraged and ceasing to attend. Within the last two or three years there has however, been a ray of hope cast even on this subject. I have already shown you slides of such a case. A man of 25 at hard manual labor, developed a tumour in the head of the humerus. It was diagnosed giant-celled sarcoma. He refused operation and came for X-Rays. X-Rays treatment was given and X-Ray photographs made nearly every month. For the first four months the condition went on getting worse, till at the end of the fourth month the head of the humerus had practically disapeared. At this stage the patient declared he felt better, but we were unable to see any improvement. At the sixth month we could see a clinical improvement and the X-Ray photograph showed a reformation of bone. From that time onward for a year

bone-continued to form and the patient has been back at manual labor for nearly a year. He has a stiff shoulder but is otherwise well. The slides show:

1. Condition on beginning treatment.
2. Four months later when the head of the humerus had disappeared.
3. Eight months later when bone has reformed.

This case is similar to others reported from the Memorial Hospital of New York, and in their cases the same condition of advance was noted up to the fourth month, after which improvement began. I have another sarcoma of the radius following the same course 6 months. Here are three illustrations of the four months necessary to destroy certain cells without harming others. Sweat glands require four months before destruction of glands by X-Ray begins. Metastatic glands of Carcinoma begin to disappear after four months. Giant-celled Carcoma begins to heal after four months. As I would never attempt to destroy sweat glands in less than four to six months, so I do not expect to see tumor begin to lessen in less time than four months. It is useless to order one X-Ray treatment after removal of the breast, and so delude the patient that everything has been done, and yet that is what frequently happens. Some cancers diminish temporarily after the first treatment, and pain disappears. This is probably due to blocking of capillaries by endarteritis. This is a quick effect as seen in the treatment of Naevus by Radium and X-Ray

1. Never produce radiation sickness.
2. Fortify—do not weaken healthy cells.
3. Radium and X-Rays have a selective action. Much experience is necessary in order to make use of this selective action.
4. Too much X-Rays do harm.
5. Much harm may be done by cross fire without causing Erythema.
6. It depends on the form of Cancer as to how it will react to X-Rays.
7. Many forms of malignant diseases resist X-Rays. The following are radio sensitive—Lympho-Carcinoma, Basal-celled Carcinoma, Metastatic growths in skin and superficial glands when treated early, giant-celled Sarcoma of bone.
8. Four months of proper X-Ray treatment are necessary before definite improvement should be expected.

(Read at the 71st Annual Meeting of the Medical Society of Nova Scotia held at Amherst, July 16, 1924.)

THE VALLEY MEDICAL SOCIETY

The semi-Annual Meeting of the Valley Medical Society was held in the Assembly Room of the Town Hall in Annapolis Royal, Tuesday, October 21st. 1924. Dr. P. S. Messenger, of Middleton, occupied the Chair and over 30 doctors were in attendance. While much disappointment was felt, and regret expressed, that the expected speakers from Montreal and Toronto were unable to be present, the emergency programme arranged by the Associate-Secretary was of very great inteest, and the meeting was one of he best the Society has ever held.

At the afternoon session in the Town Hall, Mayor Cunningham extended a cordial welcome to the visitors; so convincing were his eulogies of Annapolis Royal, that all the visitors regretted that all their time was occupied with the meeting and none could be devoted to sight-seeing in this historic town. Some of the visitors will not soon forget the wonderful view of Annapolis Basin in the glow of the setting sun as seen later in the afternoon.

Under the heading of business,—"Reports of Committees," Dr. W. B. Moore submitted a report from a special Committee appointed at the last meeting to consider a report from the Kings County Social Service Council regarding the limitation in the number of prescriptions issued for liquor for medicinal purposes. The report, after covering the question quite fully, concluded with the following Resolution which was adopted without any dissenting votes:

> RESOLVED: that this Valley Medical Society, while desirous individually and collectively of minimizing by all proper means the evils of intemperance; yet considers that it neither has the power nor the right, nor would it be expedient or sound in principle to attempt to curtail the prescribing rights of its members, which can only properly be influenced with regard to this as to all other agents, by an individual recognition of Professional Ethics, Professional Honor, and sense of Professional responsibility to their own Profession, to the individual, to the community and to the State.

The scientific programme was then taken up. Dr. H. B. Atlee,, Professor of Obstetrics and Gynaecology, Dalhousie University, presented a paper under the general title of "Abnormal Uterine Bleeding."

He dealt with any uterine bleeding in the pre-menopausal period of a woman's life that is abnormal—menorrhagia, metrorrhagia, bleeding after coitus, or bleeding on the examining finger. All these

types of bleeding are especially dangerous to procrastinate with at this age of a woman's life, because of the great danger of letting an operable cancer of the cervix or body become inoperable. Any woman in the forties, presenting any one of the four types of abnormal bleeding, should be thoroughly examined, even to the extent of exploring the cavity of the uterus. The causes of abnormal bleeding at this time are as follows:

(1) Chronic Metritis. (2) Cancer of the Cervix. (3) Chronic Endometritis, including cervical and endometrial polyps. (4) Chronic Salpingo-Oophoritis. (5) Cancer of the body of uterus. (6) Fibroids. (7) Bleeding etc., due to upset of the internal secretions.

The bleeding due to upset of internal secretions, i.e. bleeding due to the menopause itself is only to be diagnosed when all the other possibilities have been thoroughly excluded. Many a woman has been told that her abnormal bleeding was due to the upset of the menopause, who has later been found to have an inoperable cancer. Women have been led to expect abnormal bleeding at this time. But all abnormal bleedings should be considered as possibly due to cancer until it is definitely excluded, and this in the case of cancer of the body means curettage.

The diagnosis of the various conditions which cause pre-menopausal bleeding was then gone into, with the treatment suitable to each condition.

Dr. T. B. Acker of Halifax presented a paper which considered the interpretation which should be given to Back Pain. Full notes of this will appear in the next Bulletin.

Dr. A. R. Campbell of Yarmouth, read a Paper on "Surgical Headaches" which was most interesting and instructive, and showed much work and thought in preparation.

He first took up "Diseases of the Brain", taking in detail, concussion, abscess, cyst, hydrocephaly, tumor, gumma, tuberculoma, etc., and scar tissue associated with cortex.

(2) Next he described diseases of Outer Cranial vessels, such as Haemmorhage, of Vessels, Aneurism, etc.

(3) Diseases of Meninges, as tumors.

(4) Diseases of the skull.

(5) Diseases of the special organs.

(6) Spinal Caries of tumors.

(7) Gastro-Intestinal disturbances.

Dr. Campbell cited several cases operated upon which showed symptoms of severe headache and how good results were obtained.

Dr. T. A. Lebbetter of Yarmouth reported a series of cases of Erysipelas treated by the subcutaneous or intramuscular injections of milk. This treatment brought about a remarkable drop in temperature with an amelioration of other symptoms in 24 hours to 48 hours.

As in all cases of protein injections it is better to begin with small doses, as patients may be hypersensitive to milk. The ease and convenience of this treatment with its remarkable results appealed strongly to all who heard this interesting paper.

After a very general discussion was opened, in a somewhat reminiscent vein, by that veteran practitioner, Dr. Argustus Robinson, and in which general appreciation was expressed of the papers presented, the meeting adjourned to the Queen Hotel for a well served and ample banquet. At the conclusion of the dinner, Dr. H. A. Chisholm, Provincial Inspector of Health, addressed the Society on "The Proposed Tuberculosis Campaign for 1925 in Nova Scotia."

This includes the building of extensions or alterations to general hospitals to provide care for advanced cases ineligible for admission to the sanatorium, and a joint effort on the part of the Municipalities and the Government to increase the number of admission to the Sanatorium. It is hoped also to take steps to lessen bovine tuberculosis.

Dr. S. L. Walker presented, without any effort to excuse the profession a picture of what the layity must think of the doctors who are not actively identified with public health endeavors, as being carried on by the Health Department and various philanthropic agencies at the present time. Unless the profession supports this work they will not stand high in the estimation of the public.

While a number of the doctors motored to the meeting, a number took the midnight train East.

A friend inquired of Sandy who had recently married, how he and his wife were getting along.

"We mon get along fine week days," replied Sandy, "but when it comes Sabbath, we walk doon to the corner together and she gaes off to yon Methodist body, while I gang to the House o' God."

The Surgeon—"I'll sew up that scalp wound for you for $10."

The Patient—"Gee, doc! I just want plain sewing, not hemstitching and embroidery."

The Bulletin.

The Official Publication of the Medical Society of Nova Scotia

Dr. S. L. Walker, Associate-Secretary.

MEMBERSHIP ENROLMENT

Early in January 1925, the Associate-Secretary, will make drafts on some three hundred and eighty doctors supposed to be in active practice in this Province. These drafts will read as follows:-

$20.00 *Halifax, N. S., January* 15, 1925

At fifteen days sight please pay to the order of

THE ROYAL BANK OF CANADA

TWENTY DOLLARS

For 1925 Membership in the Canadian Medical Association, $10.00, and the Medical Society of Nova Scotia, $10.00.

If paying Provincial fee only, accept, and pay ten dollars ($10.00).

To..... **THE MEDICAL SOCIETY OF NOVA SCOTIA**

..... **Per** .....

No.....**Due**..... Associate Secretary

This surely speaks plainly and no doctor can fail to understand. We have now about 200 members in the Medical Society of Nova Scotia. These are all eligible for membership in the Canadian Medical Association. No doctor can join the Canadian Medical Society, who is not a member of the Provincial Society, nor can he join the Provincial without belonging to a local Branch. This draft then, gives an opportunity for every doctor in the Province to become a member of the Canadian Medical Society and the Medical Society of Nova Scotia, provided he belongs to the local society. Each year, however, opens up the list again, and every doctor who receives this draft, accepts and pays the same, at Twenty Dollars ($20.00) will be recorded as a member of both the Provincial and Dominion Bodies for 1925. So, too, every doctor who receives this draft, accepts and pays the same at Ten Dollars ($10.00) will be recorded as a member in the Medical Society of Nova Scotia for 1925.

The Royal Bank will request all its agencies to give the doctors every opportunity to pay this draft at either ten or twenty dollars, and

will hold the same to suit your convenience.

The real object of this note is to ask the co-operation of the doctors in the Province to aid the Associate-Secretary in what is usually an unpleasant task, that of collecting annual fees. Please remember if the fees are not paid, the Secretary is blamed, and that is not fair play. If there is anything about this matter of annual fees that is not clear to any member of the profession in Nova Scotia, don't grouse about it, or work yourself into a fever, just drop the Associate-Secretary a note and he will explain.

A meeting of the Executive of the Medical Society of Nova Scotia has been called for Wednesday, December 10th, 1924, in Halifax. There are many matters relating to the work of the Society that will be considered. Among other matters the following are noted:—

The Conference of Medical Services at Ottawa, December 18th, 19th and 20th; The Publication of the Bulletin, which without advertising is too great an expense to the Society; The Report of the Committee on Mental Hygiene; Lister Memorial Clubs; Annual Fees; Uniform Schedule of Fees etc. etc. It is hoped to have a full report of this meeting in the January Bulletin.

The continued publication of the Bulletin is largely a matter of money, but it is also a question of demand and supply. If the doctors of Nova Scotia have enjoyed the monthly visit of the Bulletin since February 1924 and wish it to be continued, this can be easily done. The Associate-Secretary enjoys this part of his work perhaps best of all, although it does entail very considerable effort. This work however is not the vital question. It costs approximately $100.00 per issue which is too much for approximately 200 doctors to pay. Four hundred and fifty copies are mailed each month, about 400 going to doctors in Nova Scotia, the others to Hospitals, Exchanges, etc., etc. That is less than 200 doctors are carrying on the work that the Society is trying to do in the interests of the Community, and the 400 practising physicians in Nova Scotia. If there are any advantages for the Community and the profession in the organization of the Medical Society, over 400 doctors are under obligations to less than 200 who have put their spirit and

money into the work. Now is this quite fair on the part of one class or fair to the other class!

It is not necessary today to discuss the question as to what benefits are derived from an active Medical Organization. We do not hear so much the old question, "What do I get for my money?" Every observing man can recognize in the general attitude of the public the increased interest being taken in efforts to improve health and prevent disease. The moral effect on the public of the mere existence of an active Medical Society means confidence in the Profession as a whole, with consequent benefits to all concerned.

The aim then of the profession should be a one hundred per cent membership in the Provincial Society. Do not let a minority of the doctors furnish all the inspiration needed to carry on a successful Society.

Elsewhere in this issue will be found the Membership List for 1924 according to the records of the Associate-Secretary. There will likely be mistakes in this list and probably some omissions. If any doctor notes a mistake or omission please advise the Associate-Secretary *at once*. The 1925 membership list will be made up on March 1st. and will appear in the March Bulletin if possible.

The October issue of the Practitioner, London, has no less than 12 Articles on the use of alcohol in medicine. These Articles cannot be quoted to bolster up either the platform of the "Wet" or the "Dry," as its utility is admitted, but its abuse condemned. In the same number of the American Medical Association Journal, which summarizes these papers from the Practitioner, there is found a statement of the cases in the County Morgue, Chicago, where death was definitely associated with alcohol:

Total number of cases in morgue (1914)	56
Number of Alcohol cases (1914)	1
" " cases in morgue (1918)	90
" " Alcohol cases (1918)	30
" " cases in morgue (1921)	231
" " Alcohol cases (1921)	121
" " cases in morgue (1922)	267
" " Alcohol cases (1922)	180
" " cases in morgue (1923)	344
" " Alcohol cases (1923)	201

Those who heard Dr. Lebbetter's paper on the Treatment of Erysipelas read at the last meeting of the Valley Medical Society, will note a reference to milk infections in a recent issue of the Journal, American Medical Association, by Dr. Graves of Roanoke, Va.

"Without going into the use of milk hypodermically as a foreign protein, I will merely say that it is one of the most widely used materials we have for this purpose, because of its availability.

"Following the hyperdermic use of milk, I have observed that almost invariably the arm of the patient becomes tender and red at the site of injection, often extending over a space of 5 or more cm. in diameter, beginning in a few hours, and often lasting several days. Owing to the similarity of this reaction to that following the injection of lipovaccine used in the army at one time, I have decided to try fat-free milk instead of whole milk. This has given splendid results, the local reaction being practically nil. Milk is centrifugated, and care is taken to load the syringe with milk well below the cream line. It appears that the cream is undesirable, as it is absorbed slowly and acts as a foreign body, instead of an absorbable solution."

An interesting article appeared in the 4th Vol. of the International Clinics of 1919 by Doctor D'Espine of Paris, entitled "Tuberculosis and the Red Cross." The article points out the work done by the Red Cross in France and Switzerland in anti-tuberculosis work prior to the War and its very much greater activity due to an increase in tuberculosis on account of the War. This Red Cross Health Work is endorsed and carried out by over fifty nations including all the greater nations of the World.

A NEW COURSE AT DALHOUSIE

For the first time in Dalhousie University, all new students will attend a series of lectures directed towards advising how the student body can be kept in best possible health. The Course will consist of ten lectures dealing with factors responsible for physical deterioration and looking towards health maintenance as follows:—Communicable Diseases, Focal Infections, Eating, Drinking, Smoking, Exercise, Rest, the Emunetories, Clothing, Posture, Health, Housing, Heating, Ventilation, Mental Hygiene, Sex Hygiene, Community Health.

DALHOUSIE MEDICAL SOCIETY

The Herald of November 29th thus reports the dinner of the Student Society:—

"The Medical Society of Dalhousie held a dinner in the Green Lantern last night at which were present nearly 150 students and guests. Edgar Kelly, president of the society was the toastmaster. An orchestra under the direction of Ralph Misener provided the music.

The society has long felt the need of having a formal constitution and it was decided at the dinner that such a constitution should be drafted. The work was turned over to a committee comprising Messrs. Merritt, Gilchrist and Bennett.

Dr. Nichols, a guest at the dinner, spoke on the activities of the Medical Society of McGill University. At the college, the society held weekly meetings at which, he said, papers were read and clinic cases were discussed. He felt that something of this nature should be undertaken by the Dalhousie Society. This seemed to meet with the hearty approval of the students.

The chief address of the evening was delivered by Dr. Simons on the subject of "The Relation of Psychology to Medicine" in the course of which he dwelt on the problem of the new psychology and its application to the study and practice of medicine.

Other guests at the dinner included Drs. Cameron, Gibbs, MacKenzie and Young.

DR. JOHN STEWART, BANQUETTED

(From the New Glasgow Evening News)

The dinner held at the Hotel Wallace on Thursday afternoon by the Pictou County Medical Society in honor of Colonel John Stewart, M.D., L.L.D., C.B.E., for many years Secretary of that Society. The dinner started at 2.30 p.m. finished at 6 p.m. The dining room was beautifully decorated with flags. Dr. Clarence Miller, New Glasgow, President of the Pictou County Medical Society acted as Chairman. He called on Dr. John MacKay, who read the following address:

"To Col. John Stewart, C.B.E., M.D., LL.D.

It has long been the desire of the members of the Pictou County Medical Society to express collectively and in some direct manner the feelings of respect, admiration and affection which we have felt towards you throughout the many years of our association.

In offering this tribute to your worth, we feel sure that you will believe that we are animated by the utmost sincerity, nor are these feelings merely the emotions of today or yesterday. They were born in

the earliest stages of your career when you first took up the practice of your profession in the town of Pictou, and have continuously grown stronger, through the testing passage of time. Coming to this first field of labor in your native land, fresh from a long and close association with your great Chief, Lister, your well trained mind and wide knowledge of our art gave you at once the highest place in your profession.

Your just and honorable conduct toward your fellow practitioners, your faithful and unmercenary devotion in the promotion of all good causes connected with the welfare of the community, your constant application to the affairs of life, the high principles of duty, responsibility, honesty and true manliness, made of you a leader of whom we have been justly proud, and an exemplar of the highest ideals of your profession.

In you we have found exhibited in full measure those four qualities which our father, Hippocrates, considered indispensable in every good physician: first, learning; second, sagacity; third, humanity; fourth, probity; while it may well be said of you, as it was written of the great Syme, that your exalted sense of honor, your single-mindedness and earnestness in pursuit of duty made you influential for good with all those who came within the range of your personal teaching.

When at length the scene of your labors was changed, it was with great regret and a sense of loss that your brethren here, as well as the whole community, saw you depart, but they have rejoiced in witnessing the well-merited success which in a larger field continued to be yours. Never turned aside by the desire for honors or for extra professional preferments, these, nevertheless you could not escape; as the widening influence of your qualities of heart and mind reached forth into broader circles. The highest honor at the disposal of your colleagues became yours when you were chosen President of the Canadian Medical Association. Your alma mater the University of Edinburgh saw fit to recognize your scholarship and achievements with the degree of Doctor of Laws. Your service to your King and Country during the Great War, as Colonel Commanding the Dalhousie Hospital Unit and as Consulting Surgeon overseas, crowned a long career of usefulness and devotion to the good of your fellow men and brought you the honor of Commander of the Order of the British Empire.

All these, and the many other recognitions of your services and attainments which have come to you, have been a source of deep gratification to all your friends, but particularly to the members of this Society and as Physicians and Surgeons we wish to assure you that we are all gratefully sensible of the honor and respect which you have brought to our profession.

Your associates of Pictou County wish to congratulate you on your continued good health, and to express the hope that you may be spared in the Providence of God to enjoy many years of happiness."

Dr. Kennedy on behalf of the Society presented Dr. Stewart with a gold watch suitably engraved.

In accepting the presentation Dr. Stewart asked those present to put themselves in his place. He felt deeply. In simple, dignified words he gave some reminiscences of his life in Pictou and his association with his colleagues of that town. He told sympathetically of his relations with Drs. McKenzie, Kirkwood and McKenzie and paid high tribute to their attainments and friendliness. The doctor closed his remarks with the following verse which will express his life:—

Forth in Thy name, O Lord, I go,
My daily labour to pursue
Thee, only Thee, resolved to know
In all I think and speak and do.

Miss Marion Cantley of New Glasgow, sang two Scotch songs. She has a glorious voice, a fine presence and a natural happy manner. She was accompanied by Professor Roderick Fraser.

Mrs. J. P. Grant, New Glasgow, also sang two songs, Mrs. Grant is a singer of more than average ability and delighted the audience.

A toast to the Medical Society was proposed by W. A. Dickson, K. C., and responded to by Dr. John Bell.

A toast to the citizens of Pictou was proposed by Mr. John McKeen, responded to by Mayor McEachern and Dean Ross. A toast to the press was proposed by Dr. Love and responded to by Mr. J. A. Fisher of The Advocate and Don Fraser of the Eastern Chronicle.

NO. 7 CANADIAN STATIONARY HOSPITAL

Annual Banquet November 26th., 1924.

About one hundred guests attended the annual Reunion Dinner of No. 7, Canadian Stationary Hospital C.E.F., (Dalhousie Unit), held in the dining room of the Carleton Hotel last evening. Colonel John Stewart, who commanded the Hospital Unit Overseas and is still its head, presided at the function, which was without doubt the most successful yet held. The success of the dinner was largely due to the efforts of S. R. Balcom, and E. Noseworthy, who has acted as secretary of the unit since its return from overseas.

The dinner menu was attractively gotten up and was in pamphlet form, the cover bearing the name of the Unit under which was placed the coat of arms of Dalhousie University and the words "Reunion Dinner Carleton Hotel, Nov. 21, 1924, Canada-England-France 1915-1919".

Those seated at the head of the table were Col. John Stewart, Lieut.

Col. Jacques, Col. E. V. Hogan, Matron Laura M. Hubley, Nursing Sister Archard, Mrs. Glen Donovan and Dr. A. Love. As may be gathered from the nature of the gathering, there were a number of doctors present including, Drs. S. J. McLennan, V. McKay, K. A. McKenzie, F. V. Woodbury, Major J. A. Murray, J. A. Rankin, and Dr. Karl Woodbury, also Nursing Sisters Fitzgerald, McKinnon, MacDonald, Thomas and Cameron.

There were four toasts on the Program namely "The King" proposed by Col. Stewart, "Our Departed Comrades" proposed by Dr. E. V. Hogan, "Absent Comrades" by Dr. A. Love, of New Glasgow, and "Our Guests" by Dr. Hogan. Letters were read expressing regret at being unable to attend, from G. Fred Pearson and Dr. A. S. MacKenzie, who wished the Unit every success. There were also a number of letters received from out-of-town members.

J. D. Vair read a "poem" composed by a member of the Unit who desired to remain anonymous and references to the various members were much enjoyed.

Drs. Stewart and Hogan delivered short addresses in which they referred to the surplus left over from the fund which was subscribed for the benefit of No. 7 Stationary, just before they sailed overseas and suggested means to which it might be placed.

Dr. Hogan stated in the course of his remarks that he hoped it would not be the last gathering of the members of No. 7 Canadian Stationary Hospital. He referred to the fairly large sum which had been available since the disbanding of the Unit, and suggested that a committee should be appointed to consider the matter of a disposition of the fund. He thought that a certain portion of it should go to charity, but that a definite amount should be retained and should be placed in trust for the benefit of the members of the Unit.

Dr. John Stewart attributed the creation of the fund to the energy of Dr. Hogan. He suggested various uses to which the Hospital Unit fund might be placed and told the members that there was in course of preparation a small volume which would contain a history of the Unit from the date of its formation. Referring to the espirit de corps of the Unit, Dr. Stewart remarked that nowhere had he seen the spirit more exemplified than in No. 7 by everyone on the roll.

'No. 7 still has its staff," he said, "and is no longer a four hundred but a six hundred bed unit. We will be ready if war comes again and I know I can count on every member of the Unit to be with me." The Colonel stated that there would be a nominal roll of members placed out at Dalhousie University and also that part of the money would be used towards the erecting of a brass tablet to the Dalhousians who had fallen in the service of their country. (From a Halifax Daily.)

OBITUARY

George Erastus DeWitt, M. D. Harvard University 1872, Honorary Member Medical Society of Nova Scotia, Wolfville, N. S.

A Wolfville despatch to the Chronicle under date of November 17th, has the following:—

Erastus DeWitt, M. D., passed away at his home on Park Street, at 7 o'clock this evening, at the age of eighty-two, greatly mourned by the townsfolk and friends.

Perhaps no physician of his generation is, or was, more widely known than was Dr. DeWitt, whose name is a household word in many parts of the province. He is survived by his wife (formerly Annie Brown, daughter of the late C. E. Brown of Halifax) by his daughters—Mrs. Wylie Manning, of Amherst; Miss Marguerite, and Miss Kathleen, at home; by his sons—Stanley C., of Toronto; Dr. C. E. Avery, of Wolfville; and Dr. G. E. Herman, of Regina, Sask.; by his sister, Mrs. Dennison, of Santa Barbara, Cal.; and brothers Charles and James, of Bridgetown.

Dr. DeWitt was born at Bridgetown, N. S., Oct. 15, 1842. His ancestors, on his father's side, were Dutch and lived in New York. His great grandfather was a Loyalist, who received a grant of land extending from the Annapolis River to the Bay of Fundy. On his maternal side he was of French descent.

Dr. DeWitt graduated from Dalhousie Medical School in 1869 and from Harvard Medical School in 1872. He began practice in Chester, where he remained until 1886, when, seeking a larger field for his work, he located in Halifax. Here, besides his private practice, which was large, he was a member of the Board of Health, and Assistant City Medical Officer. In 1892, he came to Wolfville, where he remained in active practice for many years. He was Mayor of Wolfville for three years (1903-6), and Health Officer for ten years.

Dr. DeWitt was one of the pioneers in the campaign against tuberculosis and had always kept in close touch with advances in medical research. He was a member of the Canadian Medical Association and a frequent contributor to medical magazines.

Dr. DeWitt was twice married, his first wife being Henrietta M. Chipman, of Middleton.

In politics, Dr. DeWitt was a Conservative. He was a member of St. George's Lodge, A .F. and A. M. In religious belief he was a Baptist and a loyal supporter of the Baptist Church.

Of striking physique and commanding personality, his demise leaves a gap unfilled. The heritage he bequeaths to this generation is a rich one, both in his work and his example.

WOLFVILLE, Nov. 19—The funeral service of the late Dr.

George E. DeWitt took place Wednesday afternoon in the Baptist Church, after a short service at the house, conducted by Dr. A. C. Chute, a long-time friend of the family.

The funeral cortege was a long one testifying to the universal respect in which Dr. DeWitt was held. Dr. A. N. Marshall, officiated, assisted by Dr. MacDonald who read the scripture and offered prayer.

The pall bearers were all members of St. George's Lodge A. F. and A. M. They were Mayor Chambers, Dr. Oakes, Dr. Elliot, Dr. Roach, Ralph Creighton and Prof. Perry. Interment was at Willow Bank cemetery, where Dr. DeWitt, was buried with Masonic honors. Beautiful wreaths were sent from the Town of Wolfville, St. George's Lodge, the Faculty of Acadia University, the Valley Medical Society, and the Rotary Club of Regina, as well as from many others.

Duncan Campbell, M. D. Tulouse University, Louisiana, 1891, West Branch, River John.

After an illness of several years the death occurred at West Branch on November 17th, of Dr. Duncan Campbell, aged 78 years. A newspaper notice of his death makes the following comments:

A year and a holf ago he submitted himself for treatment at the Aberdeen hospital, and again last spring. During the late summer and fall he seemed much improved and attended to his professional duties regularly until two weeks ago, when he sustained a relapse. His condition again improved to such an extent that he was able to be in his office for a couple of days or within a week of his death.

In early manhood he went to New Zealand, where he practised in the army for a number of years. He returned home thirty-five years ago and opened a practice in West Branch and the vicinity and here he laboured with marked efficiency.

He was what we might call a philanthropist in his profession, generous and extremely lenient with the poor.

He is survived by a sister, Miss Jessie Campbell, by whom he was efficiently and tenderly cared for, and three brothers, Daniel at West Branch, William in Dakota, and James in California, and large number of relatives and friends by whom the news will be received with unfeigned sorrow.

The death occurred in Charlottetown, P. E. I. of Mrs. Lemuel Miller at an advanced age. Mrs. Miller was the mother of Mrs. MacKay, widow of the late Dr. N. E. MacKay of Halifax, and of Dr. A. F. Miller, Superintendent of the Nova Scotia Sanatorium.

A sterling and stalwart citizen of Pictou County, died recently in the Aberdeen Hospital, New Glasgow, in the person of Alexander MacDougall, for 30 years Treasurer of the Municipality of Pictou. He was born at Blue Mountain, and was a cousin of Dr. J. G. MacDougall of Halifax.

The death occurred at Minudie, November 4th, of Mrs. Amos

Vernon, aged 65 years, one of the best known women in that part of Cumberland County. Mrs. Munro, wife of Dr. J. A. Munro of Amherst is a daughter of the deceased.

John D. McIsaac, after a lengthy illness, died at his home in Antigonish, November 20th. Members of the family known to the Medical Profession are a daughter, Matron McIsaac of Camp Hill Hospital, and Doctor D. J. McIsaac of Chicago.

At Loch Lomond, Cape Breton, November 12th, 1924, there passed away Mrs. Christy Morrison, after a short illness. She was about eighty years of age and was held in high esteem by all who knew her. She is survived by a large family. She was a sister of Dr. Murdock Chisholm ofHalifax.

Harry H. McNally, M. D., University McGill 1892, Fredericton, N. B. ....

Many doctors in Nova Scotia will regret to learn of the death on December 7th of Doctor H. H. McNally of Fredericton. He died after a short illness of Influenza and Pneumonia. He was 52 years of age and is survived by his widow and one son. It is only a short time ago that his cousin Dr. George J. McNally of Berwick died at the comparatively young age of 51 years.

The Bridgetown Monitor notes the dedication of a beautiful stained glass window November 2nd. 1924, at All Saints Church (Episcopal) Ashmount District, Boston, as a memorial to the late Dr. Charles Herman Miller, a son of the late William Miller of Bridgetown. Dr. Miller practiced many years in Dorchester, Mass. and was universally respected.

Many Nova Scotia members of the C. A. M. C. will regret to learn of the death recently of Dr. F. W. E. Wilson of Niagara Falls. The Canadian MedicalAssociation Journal has the following obituary notice:

"Dr. F. W. E. Wilson died at Niagara Falls on September 23rd. Dr. Wilson was born a Mitchell, Ontario, fifty years ago, and had practiced in the Niagara peninsula for many years. He was keenly interested in all local matters, had been president of the County Conservative Association and of the Rotary and Canadian Clubs in that district. An earnest student of medicine, he had studied in many countries since his graduation. At the outbreak of the war Dr. Wilson left his practice for military service overseas, and on arrival in England was appointed D.A.D.M.S. Later he became A. D. M. S. of the Canadian Training Services with the rank of Lieut. Colonel. He served in the field as medical officer of the 50th Battalion, and subsequently was posted to the command of the medical services of the Canadian Forestry Corps. In recognition of his war services he was decorated as a C.B.E. and was twice mentioned in the despatches. Dr. Wilson is survived by his wife, a daughter of the late Right Honorable John Ferguson, and two children."

PERSONALS

At Halifax December 2nd. 1924, to Dr. and Mrs. J. G. D. Campbell, a son—Congratulations.

It is pleasing to note that Malcolm, son of Dr. and Mrs. J. J. F. MacAulay of Glace Bay, is making good progress at the Nova Scotia Sanatorium.

Among the many enthusiastic medical golfers is Dr. R. H. Sutherland, recently elected President of the Pictou Golf Club.

Dr. W. S. Phinney recently addressed the Yarmouth Rotary Club on the prevention of Small Pox by vaccination. Opportunity to impress the public with the importance of vaccination should be accepted by physicians.

Friends will be glad to know that Mrs. William Keddy, who has been so seriously ill in Pownall, P.E.I. has sufficiently recovered to be brought home by her son Dr. O. B. Keddy of Windsor.

Ross McLeod, son of Dr. J. Knox McLeod of Sydney, has recently been admitted to the Bar and will practise in Sydney.

Dr. E. D. Farrel of Halifax is now engaged in promoting summer bungalow camps, one of which is proposed near Pictou.

Dr. Andrew Love of New Glasgow, attended the Reunion of No. 7 Canadian Stationary Hospital, which was held November 21st. at the Carleton Hotel.

Dr. T. B. Acker of Halifax has been spending several weeks in Boston and New York, visiting Orthopaedic Hospitals and Clinics.

Mrs. William H. Chase died November 12th at her home in Wolfville, after an illness of only three days. She was the sister of Dr. H. B. Webster of Kentville and Dr. A. D. Webster, Edinburgh. Dr. W.

H. Chase of Halifax is a son and Dr. Lalia B. Chase of Canning is a daughter of the deceased.

Dr. E. S. Boyle, formerly in practice at Wallace is now located in Amherst.

Dr. W. G. J. Poirier, who assisted Dr. J. S. Brean at Mulgrave during the summer, has now located at Eastern Harbor, Inverness County.

The profession will regret to learn of the recent illness of Mrs. Withrow, wife of Dr. R. R. Withrow, of Springhill.

Dr. O. R. Stone, formerly of Sherbrooke has moved to Antigonish.

Dr. Victor F. Connor, now at Hampton, N.B. recently spent a vacation in Hantsport, where he formerly resided.

Dr. G. H. Cox left the latter part of November for St. Petersburg, Florida, to spend the winter. This has been his custom for a number of years.

Dr. J. J. Carroll, who has been convalescing at his home in Halifax, after an attack of Typhoid which developed while he was practising at Sherbrooke, has removed to Grand Falls, Newfoundland, and will be Superintendent of the local hospital.

The Boy Scouts are very active in Nova Scotia at present, due to good direction and the cordial support of the Community. One of the enthusiastic suppoters of this splendid work for boys is Troop Surgeon, Dr F. B. Day of Thorburn, who entertained his troop at his own home recently.

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Dr. J. B. Reid, Truro.

Nominated to Executive of the Provincial Society:
Dr R. O. Shatford, Londonderry, and Dr. O. B. Keddy, Windsor

CUMBERLAND COUNTY

Officers

President ..... Dr. Wm Rockwell River Hebert
1st Vice-President ..... Dr. J. R. Gilroy, Oxford.
2nd Vice-President ..... Dr. M. McKenzie, Pugwash.
3rd Vice-President ..... Dr. W. V. Goodwin Pugwash.
Secretary-Treasurer ..... Dr. W T Purdy Amherst, N. S.

Members of Executive Medical Society of Nova Scotia:
Dr. F. E. Boudreau, Amherst.
Dr. J. A. Munro, Amherst, N. S.

EASTERN COUNTIES

Hon. President ..... Dr. Geo. E. Buckley, Guysboro
President ..... Dr. W. F. McKinnon, Antigonish
Vice-Presidents ..... Dr. J. J. MacRitchie, Goldboro.
Dr. John McDonald Sr., St Peters
Dr M. E. McGarry, Margaree
Dr. M. T. McLeod, Orangedale
Secretary-Treasurer ..... Dr. P. S. Campbell, Port Hood

Executive Committee

Dr. J. S. Brean, Dr. J. A. Proudfoot, Dr. A. J. McNeil, Dr. Alex. Kennedy, Dr. Owen Cameron, Dr. R. C. McCullough, Dr. B. A. LeBlanc, Dr. P. A. McGarry.

Nominated to Provincial Executive:—Dr. J. J. Cameron, Antigonish

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

LUNENBURG-QUEENS

Officers for 1923-24

President ..... Dr. J. S. Chisholm, Mahone
Vice-President ..... Dr. F. T. McLeod, Riverport
Secretary-Treasurer ..... Dr. L. T. W. Penny, New Germany

Executive

The above Officers with:

Dr. A. E. G. Forbes, Lunenburg Dr. F. A. Davis, Bridgewater

Annual Meeting is held on the second Tuesday in June of each year, and other Meetings on the second Tuesday of August and January, the time and place of the two latter Meetings to be decided by the Executive.

PICTOU COUNTY

Officers for 1924-25

President ..... Dr. Clarence Miller, New Glasgow
Vice-President ..... Dr. M. R. Young, Pictou
Secretary-Treasurer Dr. John Bell, New Glasgow

Members of Executive and nominated to the Provincial Executive:—Dr. H. H. McKay, New Glasgow and Dr. G. A. Dunn, Pictou.
Beuvie, S. C. MvKenzie, G. A. Dunn, C. W. Stramburg, F. B. Day.

Meetings:—First Tuesday in January April, July and October. Annual Meeting in July.

VALLEY MEDICAL SOCIETY

President ..... Dr. S. F. Messenger Middleton.
Vice-President ..... Dr L. B Braine, Annapolis.
Vice-President ..... Dr. N. H. Gosse Canning.
Vice-President ..... Dr H L. Roberts, Digby
Secretary-Treasurer Dr. C. E. A. DeWitt Wolfville

Representatives on Executive Provincial Society

Dr. N. H. Gosse, Canning, Dr. M. E. Armstrong, Bridgetown
Dr. W. F. Read, Digby.

WESTERN COUNTIES

President ..... Dr A. R. Campbell, Yarmouth
Vice-Presidents ..... Dr. E. R. Melanson, Eel Brook
Dr. H. J. P thier, Weymouth
Dr. F H. Alexander, Lockeport
Secretary-Treasurer ..... Dr. T. A. Labbetter, Yarmouth

Members of the Executive and nominated to the Provincial Executive:—Dr. W. C. O'Brien, Wedgeport, Dr. A. J. Fuller, Yarmouth

MEDICAL SOCIETY OF NOVA SCOTIA

HALIFAX MEDICAL SOCIETY

1924 Officers 1925

President .....Dr. E. V. Hogan, 109 College St.
Vice-President .....Dr. F. R. Little, 454 Robie St.
Secretary-Treasurer .....Dr. W. L. Muir, 245 Robie St.

Executive

Dr. P. Weatherbee, Dr. F. G. Mack,
Dr. V. L. Miller, Dr. A. R. Cunningham, Dr. J. L. Churchill

PROGRAMME FOR 1924-1925

Jan. 14— Medical and Surgical Conditions in West China.
Dr. W. R. Morse, Dean of the Faculty of Medicine, Western China Union University.

Jan. 28— Discussion on "Everyday Obstetrical Problems."
Dr. E. K. MacLellan, "Accidental Hemmorhage; Placenta praevia."
Dr. M. G. Burris, "The First Stage of Labor."
Dr. P. A. MacDonald, "Eclampsia."
Dr. A. McD. Morton, "Management of the Third Stage of Labor."

Feb. 11— Continuation of "Everyday Obstertrical Problems."
Dr. H. B. Atlee, "Abortion—Uninfected."
Dr. V. L. Miller, "Septic Abortion"
Dr. G. H. Murphy, "Indications for Caesareau Section."

Feb. 25.....Victoria General Hospital.
Clinical Medical.
Mar. 11—Discussion on "Blood Chemistry."
Dr. V. N. MacKay.
Dr K. A. MacKenzie, "Diabetes."
Dr. J. L. Churchill, "Kidneys."

Mar. 25—"A Quarter of a Century of Practice Among the Mining population of Cape Breton."
Dr. M. T. Sullivan, New Aberdeen, N. S.
April 8 .....Childrens' Hospital.
Clinical Evening

April 22 .....Annual Meeting

Members are urged to take advantage of the opportunity to discuss the various papers. The time allotted to speakers as follows: Symposia —First Speaker, 15 minutes. Discussion—Each Speaker, 5 minutes, others 10 minutes.

Dr. W. F. Kenney
Rexton, N.B.
Dr. A. S. Kendall
Sydney, C. B.
Dr. R. F. MacDonald
Antigonish, N.S.
Dr. M. D. McKenzie
Parrsboro, N.S.
Dr. F .R. Shankel
Hantsport, N. S.
Dr. M. T. Sullivan
New Aberdeen, C. B.
Dr. L. M. Silver
65 Morris St.. Halifax, N.S.
Dr. H. W. Schwartz
183 South Park St., Halifax, N.S
Dr. M. A. B. Smith
Dartmouth, N.S.
Dr. Lewis Thomas
299 Brunswick St. Halifax, N.S.
Dr. M. G. Thompkins
Dominion, C. B.
Dr. C. B. Trites
Bridgewater. N. S.
Dr. C. A. Webster,
Yarmouth, N. S.
Dr. S. L. Walker
Halifax, N. S.
Dr. F. V. Woodbury
105 South Park St., Halifax, N.S.
Dr. S. W. Williamson
Yarmouth, N.S.
Dr. F. E. Walsh
Springhill. N.S.
Dr. M. J. Wardrope
Springhill. N.S.
Dr. R. R. Withrow
Springhill. N.S.
Dr. C. E. A. DeWitt
Wolfville, N. S.
Dr. Philip Weatherbee
316 Barrington St., Halifax, N.S.
Dr. H. D. Wilson
Barrington, N. S.
Dr. D. W. Zwicker
Chester. N.S.

HONORARY MEMBERS

Dr. James R. Collie
River John, N.S.
Dr. A. J. Cowie
Wolfville, N. S.
Dr. Geo. E. Buckley
Guysboro, N.S.
Dr. Daniel McIntosh
Pugwash. N. S.
Dr. Finlay MacMillam
Sheet Harbor, N. S.
Dr. E. N. Payzant
Wolfville, N. S.
Dr. A. M. Perrin
Yarmouth, N. S.
Dr. Augustus Robinson
Annapolis Royal, N. S.
Dr. John Stewart
South St., Halifax. N. S.
Dr. H. B. Webster
Kentville, N. S.
Dr. W. S. Woodworth
Kentville, N. S.
Dr. Murdoch Chisholm
303 Brunswick St., Halifax, N.S.