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The Celestial Surgeon

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"If I have faltered more or less
In my great task of happiness;
If I have moved among my race
And shown no glorious face;
If beams from happy human eyes
Have moved me not; if morning skies,
Books, and my food, and summer rain
Knocked on my sullen heart in vain:—
Lord, thy most pointed pleasure take
And stab my spirit broad awake;
Or, Lord, if too obdurate I,
Choose thou, before that spirit die,
A piercing pain, a killing sin,
And to my dead heart run them in!"

Pitfalls in the Diagnosis and Treatment of Tuberculosis

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IT IS a great pleasure for me to be present at this meeting of the Nova Scotia Medical Society at your invitation as the representative of the Ontario Medical Association. I can assure you that I bring with me most cordial good wishes from your Ontario confreres for its success.

It has been a great disappointment that Professor Lyle Cummins was unable to make the Canadian tour which should have brought him to you to-day. When I was notified that I had been chosen for this address I felt rather diffident in accepting the honour since my field for years, although in that of internal medicine, has been a somewhat restricted one. I have therefore chosen a title with the aim of developing the subject of tuberculosis as intimately related to the field of internal medicine rather than as a specialty, and of gaining perspective rather than entering upon the details of differential diagnosis.

I believe the subject of tuberculosis is a timely one to be discussed in Nova Scotia, since for various reasons there is here an unduly high death rate from tuberculosis which continues to hold first place as a cause of death.

During the past quarter of a century the desirability of the early recognition of tuberculosis by the practitioner has been emphasized by many writers, and, despite the many claims made upon him, in this province it is still perhaps his greatest responsibility. He is the most important factor, from the medical standpoint, in the anti-tuberculosis campaign. His functions are various. He owes prompt diagnosis to his own patients who are developing the disease, or who have it all too definitely when he is consulted; and he must properly supervise their treatment which, while simple in principle, may be difficult to arrange. The protection of children from contact infection is all important, and for this, and the hunting out of infective foci, he will require the help of the public health nurse. He must in return generously support her work in his community. The special clinics, both stationary and mobile, now provided as an aid in diagnosis will require his backing if they are to become effective, and his selection of cases for admission will enlarge or restrict the usefulness of the sanatoria and special hospitals of the province. His consistent compliance with the

requirements for the notification of tuberculosis is necessary if this measure is to be of value. None can do so much in quietly creating public opinion favourable to anti-tuberculosis measures, and at the same time allay phthisophobia.

The diagnosis of tuberculosis is beset with pitfalls which can only be avoided by maintaining the point of view that tuberculosis may be present as a cause of illness at all age periods and in people of most varied social conditions, and that it may only be recognised by the conscientious use of painstaking methods of investigation. It is recognised that infections take place throughout the years, as shown by Opie, from the X-raying of lungs of people of all ages dying of other diseases, and by well attested cases of recent adult infection described by various English writers; but the long established conception that tuberculosis is acquired in comparatively early life, that such early infections can be demonstrated in the great majority of the population, and that clinical tuberculosis results from a lowered resistance to the already present infection, affords a working hypothesis well supported by fact. Tuberculosis, therefore, is a physical incubus which must be reckoned with as possible in everyone, but the tuberculosis patient is also subject to all the other ills that flesh is heir to. Desirable as it is to have a single cause explain all symptons of disease, one diagnosis will frequently prove insufficient and the recognition of tuberculosis may too readily stop further investigation.

I am not unappreciative of the many difficulties that confront the doctor. The cases of possible phthisis are too few in any one man's practice for him to be always on the alert, and detailed observations and examinations also mean much time in a busy man's day. The patient, moreover, may be suspicious of examinations that must be an additional expense and prejudice is often aroused against the doctor for making a positive or tentative diagnosis of tuberculosis. The safety of the patient is however, better ensured by occasional error regarding a reasonable suspicion left for correction by the consultant or sanatorium physician. On the other hand, at the sanatorium or hospital the point of view should be critical and no suspicious case accepted as tuberculosis until all other possible causes of disease have been eliminated. It seems reasonable, therefore, that the opportunities for diagnosis now afforded by the well equipped sanatorium and special hospital should be freely used for a period of observation in doubtful cases, and that during this period of observation every effort should be made to avoid stigmatizing the patient as tuberculous and to avoid as much as possible upsetting his home and work. Modified somewhat by local conditions, sanatoria and wards of general hospitals show that from 10 p. c. to 20 p. c. of the patients admitted are on clinical grounds found to be non-tuberculous, and from institutions accepting advanced cases it has been shown that from 5 % to 11% of the cases going to autopsy, accepted and possibly treated as tuberculous, are non-tuberculous. There is, therefore, reason for the officers

of an institution being very critical of the diagnosis of all cases in which bacilli have not been found.

My own experience of 500 consecutive admissions to a sanatorium for pulmonary tuberculosis is, that 13% were considered to be non-tuberculous and the patients of the tuberculous group were classified as, 26% incipient, 24% moderately advanced and 50% far advanced. 25% of the tuberculous suffered from non-tuberculous complications and 26% from tuberculous complications. Therefore, 56% of all patients had other illness than the suspected or actual tuberculosis. My experience is necessarily based on those cases which enter a sanatorium or which can come to it for diagnosis and is relatively limited in regard to children and to certain conditions seen in general practice and at the clinics or in the wards of a general hospital. Such conditions are especially the grave sequelae following pneumonia, pulmonary abscess, cardiac and cardio-renal disease, intrathoracic neoplasm, aneurism, the tuberculous pneumonias and miliary tuberculosis—all presenting sometimes difficulties in diagnosis.

For convenience of discussion I have grouped the various types of cases that enter a sanatorium as follows:-

1. Uncomplicated pulmonary tuberculosis:
   (a) Early cases requiring the application of painstaking methods of investigation, a period of observation, and cautious elimination.
   (b) Advanced cases of varying degree in which unfortunately the diagnosis is all too plain.
   (c) Arrested cases of manifest clinical tuberculosis in which activity may be suspected.
2. Pulmonary cases belonging to all three of the above groups with tuberculous complications.
3. Pulmonary cases of all three groups with concomitant non-tuberculous disease, present at the time of the original diagnosis, or which may develop while the patient is under treatment.
4. Non-tuberculous disease simulating tuberculosis because of some striking symptom.

Due attention to the classical modes of onset and the repeated investigation of negative sputa will gain many early diagnoses. The experience of the past two decades, however, shows that no early stage is recognisable in many cases of pulmonary tuberculosis. The omnipresent infection has become disease, with no noticeable event to mark the change. The disease has developed along with an acquired resistance or remarkable endurance until the balance is lost, when physical breakdown results. The patient then presents himself to his physician with an advanced tuberculosis and if he has been to some extent

under his doctor's casual supervision the latter is often unjustly blamed for an event which could not have been forseen. Some unusual exertion may have been the cause of the hemorrhage at the site of an indolent focus, with resulting broncho-pneumonia and the development of a new area from the aspiration of blood infected with bacilli, or unrecognised tuberculous sputum may have been aspirated, similarly causing a broncho-pneumonia, or the rupture of a tuberculous gland into a blood vessel may have resulted in a disseminated haematogenous tuberculosis.

Milary tuberculosis, both in children and in adults, may be difficult to detect by the ordinary means of examination although symptons have drawn attention to the patient. Careful percussion and X-ray examination are here essential to diagnosis and are both more reliable than auscultation, since auscultatory sounds will probabbly not be evident until the lesion is within 1 1/2" of the periphery of the lung. Walsh found 2% of this type at autopsy. A case in point is that of a man, 27 years of age, with a well marked family history of tuberculosis, who had given strenuous service overseas and for four years following discharge had remained quite well. He played tennis strenuously, but last mid-summer began to tire more easily. A cold, after which slight cough persisted, was followed by slight fever and night sweats. In October the temperature reached 102. Three abscessed teeth were removed at this time, after which he felt rather better and continued his intense professional work. Although he had received several chest examinations, the diagnosis was not clear until X-ray plates were taken in January, when a marked bilateral infiltration spreading from the hilum and reaching the lateral periphery on both sides was found. Even then auscultatory sounds were relatively slight, although dulness was fairly marked. Sputum had been present for about two months and was positive for bacilli shortly after the plates were taken. He was classed as far advanced.

Basal tuberculosis presents a real difficulty, but the general rule that basal conditions should be confirmed by positive bacillary findings before being diagnosed tuberculous, may mean disaster to both the patient and the family. There is usually an original apical lesion but this may be difficult to demonstrate. The following is an example of this comparatively rare condition; A young woman, ten months after confinement, caught a severe cold which was shortly followed by a pleurisy of the right side. There was slight blood stained sputum, but both cough and sputum shortly disappeared. X-ray plates were taken and tubercle bacilli were said to have been found once. She received tuberculin treatment for two months. A month later, while absent from her usual physician, she had severe fever, with frequent sweats, and a diagnostic puncture suggests that there was dulness at the right base. Sputum then twice examined was negative. A streptococcus was obtained and an autogenous vaccine given. An experienced consultant, a month later, unaware of bacillary findings,

considered the case one of unresolved pneumonia. Slight cough, sputum, and occasional slight fever continued. The next spring a cold was followed in two months by a slight haemoptysis when tubercle bacilli were found, more than a year after onset. The patient was removed to a sanatorium within a month, when an intense lesion was found in the right lower lobe along with an apparently severe lesion in the left lower lobe, but probably due to loudly transmitted auscultatory signs. Apical signs were minimal. The X-ray showed an excavation of 4 cm. diameter in the middle of the right lower lobe, with many scattered isolated so-called tubercles surrounding it. Two months after the patient was admitted, her little boy, hitherto quite well, died of tuberculous meningitis.

Many advanced cases show singularly few physical signs, due in some instances to dimished air entry; in others to compensatory emphysema or because of deep seated lesions. The degree of involvement in such cases may only be properly estimated by X-ray.

Patients with old tuberculous disease no longer active may have demonstrable physical signs, even rales, and well defined radiographic shadows. Such patients present real difficulty when suffering from disorders having no relation to the old tuberculosis. The conscientious attempt to recognise tuberculosis causes them to be referred occasionally for treatment when constitutional symptoms do not warrant the judgment of recent activity.

Tuberculous complications may be present although unsuspected. They were found in 26% of the tuberculous group.

The larynx was involved in 13% of this series.

In a series of more than 100 cases examined with the X-ray for intestinal tuberculosis, a positive diagnosis was made in 9%, and a probable diagnosis in an additional 5%. Tuberculous colitis or enteritis was present in 9% of all cases under treatment during the two years of this study. A tuberculous appendix has only rarely been found in a number of operations for appendicitis. Ischio-rectal abscess, while not infrequent, is usually, but not necessarily, tuberculous in tuberculous patients.

Tubal tuberculosis, with or without peritonitis, has been found in a few instances. Tuberculosis of the kidney, bladder and prostate and epidydimis have been occasional complications.

A tuberculous otitis media is not rare. Subcutaneous abscess from necrotic ribs, sternum or rib cartilages have arisen occasionally.

Spinal caries as a possibility should always be remembered when patients complain of a pain in the back. A singular coincidence two years ago was that of two young men occupying the same room, both just entering manhood, who simultaneously developed spinal caries. Both were tall and had grown rapidly. One of these patients had bilateral apical disease which had cleared up materially, but the course was marked by slight relapses, not explained by the indolent lung lesions. While on bed rest he complained occasionally of rheumatic

pains in the lumbar spine. They became more pronounced and an immediate examination was made with caries in mind. This was repeated several times during the next six weeks while the patient continued in bed. An X-ray examination was unfortunately not made at this time because of local difficulties. The patient was referred to an orthopedist. He went home, delayed the consultation, developed pulmonary hemorrhage, returned to the sanatorium without having consulted the orthopedist, and when allowed again to get out of bed he had marked spinal curvature and psoas abscess. The other patient had widely spread bilateral disease with minimal physical signs and but occasional sputum. He was absent when symptons first developed and they subsided before his return, but the varying degree of distress in the sacral region was supported by slight X-ray evidence and caries was diagnosed by an orthopedist.

Miliary tuberculosis and tuberculous meningitis have been only occasional. Pleurisy with effusion has been mistaken for massive consolidation by well qualified physicians when there has been no great displacement of the heart's apex, and when tubular breath sounds were loudly transmitted to the stethoscope. Even rales may sometimes be heard through fluid. Spontaneous pneumothorax is quite frequent in hospitals for advanced cases—as high as 8% or 10%—but is comparatively rare in sanatorium practice. Some years ago it occurred in 6 of 25 deaths of tuberculous patients during about six years of practice.

A retino-choroiditis, considered to be of toxic rather than bacillary causation, is an interesting rare complication.

Amongst concomitant non-tuberculous diseases the various focal infections have first place.

Abscessed teeth have been the cause of suspected or actual breakdown in a number of instances. A man, 39 years of age, had had definite bilateral apical tuberculosis twelve years previously and had had hard service throughout the war. He became nervous, lost weight had little endurance, marked but irregular acceleration of pulse, and some abdominal symptoms suggestive of a chronic appendicitis. His condition strongly suggested a possible pulmonary relapse, but this could not be supported by repeated examinations. The teeth had been several times X-rayed, but good opinion was against apical trouble being present. Later examination showed several periapical abscesses After extraction symptons were intensified for two days after which they subsided and health greatly improved, the symptons suggesting reactivation of the tuberculosis disappearing. There was a recurrence of symptons with further involvement of teeth and improvement again after removal. He also suffered from a chronic appendicitis which later caused his death. Abscessed teeth, through their depraving influence upon health, are undoubtedly the cause of actual breakdown of a latent tuberculosis which may never have previously given clinical signs, or of an arrested manifest tuberculosis. A patient whose minimal lesion had been promptly recognised showed a limited parenchymatous

shadow on the X-ray plate. He made consistent rapid improvement upon the removal of several abscessed teeth and a brief rest cure of less than four months. He resumed his business at once and is apparently well. Another patient, 52 years of age, who had given hard medical service during the war, had recurrent bronchitis and was referred with the diagnosis of an old apical fibrosis with multiple excavation at the right apex and recent infiltration in the left upper lobe. It is believed that the removal of eight abscessed teeth materially helped toward his recovery. Pyorrhoea has occasionally been found to cause persistent mild temperature sufficient to suggest pulmonary activity. Tonsils have occasionally been removed with benefit. In apparently quiescent cases they have been found to be the cause of persistent slight fever.

Accessory nasal sinus disease has been responsible for possible relapse, or at least the presence of bronchitis with mild constitutional symptoms in patients who have had physical signs and history indicating tuberculosis. Disappearance of the general bronchitis, with improvement in local signs and constitutional symptoms, have followed the treatment of the sinus disease. Oezena has similarly been the cause of pulmonary symptons which simulated relapse in a patient with limited tuberculous signs. Prompt and lasting improvement followed treatment of the nasal condition.

Patients with limited physical signs and a history suggestive of tuberculosis, in whom there is probably an old focus, are occasionally found with a diffuse bronchitis due to some peculiar organism. In one instance Friedleander's bacillus and in another a diphthroid organism which grew in nodules in the mucous membrane of the larynx and trachea were responsible for symptoms simulating tuberculosis.

A chronic cholecystitis was the probable focal infection which was responsible for pronounced tachycardia and cardiac irregularities associated with an apparently indolent tuberculosis. The symptoms largely disappeared with the removal of the gall bladder.

A chronic appendicitis has quite frequently been the cause of confusing symptoms, impaired nutrition, and the depraving influence which permitted tuberculosis to develop or relapse. The following case was rather dramatic: A man, aged 25, suffered from recurring pains in the abdomen for five years following typhoid fever. After four years symptoms of a mild toxaemia developed and he was treated as tuberculous. There was an indolent tuberculosis of the right lung. Cough and expectoration had been absent, but after an influenzal cold, bacilli were found. The appendix could be felt and he was seen during a characteristic attack of appendicitis. A very long and thickened appendix attached to the sigmoid was removed, which, on microscopical examination was not found to be tuberculous. Three months after the operation he returned to work which has been consistently followed for twelve years without relapse. He is apparently cured, in excellent health, and the lungs show few signs of the old lesion.

A latent focus of infection in the pelvis has produced toxaemia resembling tuberculosis. In a case of indolent pulmonary disease the removal of bilateral pyosalpinx cleared up irregular febrile attacks with marked tachycardia. No symptoms pointing to pelvic disease had been obtained in the history and there was nothing to indicate the need of pelvic examination until several months after the patient first came under observation, when pain occurred at a menstrual period, with tenderness in the right iliac fossa. Fourteen years later this patient was in very good health, and when last seen, three years ago, there had been no change in the lung lesion.

Hyperthyroidism in patients with history, physical and X-ray signs of an old, probably quiescent, tuberculosis may readily be overlooked and the recognised tuberculous disease held responsible for illness. A nurse, aged 31, asthenic since puberty, in 1918 suffered from moderate fever and did not respond to modified rest. Nine months later she entered a sanatorium. At no time had she had cough or expectoration. Marked fatigue, loss of appetite and fever to 100 were main symptoms. Five months before admission she had had mild influenza. There were suggestive signs at the right apex, the X-ray plates showed slight peribronchial involvement of the right upper lobe, but no parenchymatous shadow. 5 mg. of old tuberculin subcutaneously produced marked local, slight focal, and slight general reaction. There was slight general enlargement of the thyroid, slight tremor and but slight acceleration of pulse. There were no eye symptoms. She perspired easily. She reacted to 5 cc. adrenalin subcutaneously, and was sensitive also to thyroid extract. Further rest in bed made no material improvement upon a temperature that continued to run above 99. A small cyst was found in the thyroid and she was subjected to a series of X-radiations of the thyroid. Rapid improvement followed, and two years later she wrote that she had remained quite well and was able to carry on normally. The slight tuberculous infection was probably the exciting cause. Several other cases associated with quiescent or recently active tuberculosis have been found, in which symptoms of hyperthyroidism have apparently resulted from the tuberculosis. In others some infection other than the tuberculosis has been held responsible.

Lues is found often enough to warn one to be constantly on guard for it in history and to have a serological test made. A young woman with pleurisy with effusion gave a history of four pregnancies, including abortions, but no children living. She had a marked Wasserman reaction. She came only for diagnosis and result is unknown.

Glandular enlargements in cases of tuberculosis should not be too readily accepted as tuberculous. A lady, aged 49, with a history of tuberculosis for upwards of 20 years, developed general glandular enlargement. She was soon diagnosed as Hodgkin's disease. When she came under observation there was an enormous enlargement of the mediastinal glands. The tuberculosis was of a very indolent type.

Reflexes and congestive disorders occuring with menstruation can so depress the general health that sufficient resistance to overcome the pulmonary disease cannot be gained in the interval. A married woman, aged 39, with a history of tuberculosis for two years, showed a disseminated tuberculosis affecting all lobes. There was also a mild degree of hyperthyroidism. There had been two attacks of appendicitis during 13 years. The thyroid and heart were enlarged, haemoglobin was reduced 25%, tenderness and a small movable mass were noted in the right iliac fossa. During three months on next treatment there was slight improvement. The third and fourth menstrual crisis were accompanied by excruciating headaches, nausea, vomiting, frequent micturation, pain, tenderness and muscular rigidity over the right iliac fossa. She was referred to the gynecologist, as further improvement was impossible in the face of such prostrating illness. The ovaries and appendix were removed. The ovaries were cystic; the appendix, while bound down by a short mesentary, did not appear to be diseased. Three months after the operation she left greatly improved. Eight years later she was seen, the pulmonary lesion had markedly receded and was arrested, and she had enjoyed almost uninterrupted good health in the interval.

A limited apical lesion may be secondary to prolonged dyspepsia. A young lady, with a definite clinical tuberculosis of the right apex, had for some months suffered from increasing dyspepsia (thought to be associated with the tuberculosis) and was extremely emaciated. The history of dyspepsia, with seizures of tetany, should have made the diagnosis of gastrectasis quite clear. At operation an enormously dilated stomach was found; the pylorus was almost completely occluded. She died from shock.

Severe tuberculosis has simply been accepted as such, one case even by a consultant, and no urinalysis made, when there was severe diabetes present.

Paratyphoid fever, diagnosed on the history of sudden onset of intestinal symptoms, along with hemorrhage, was found in a former pneumothorax patient seen in consultation who had at the same time signs of reactivation in her formerly good lung. The later history of an epidemic in the locality apparently justified the diagnosis, as she made a good recovery and has had no relapse during the past nine years.

Non-tuberculous ulcerative colitis may be found in cases presenting a history of recent definite pulmonary tuberculosis. One such case was confirmed at operation, undertaken for the urgent symptoms.

The acute abdominal conditions mainly associated with appendix and ovaries have developed in patients under treatment and have necessitated operation.

Pneumonoconiosis has been occasionally found in patients giving histories of underground mining or exposure to factory dust. This condition, and the tuberculosis which may be associated with it, may

be difficult to recognise from physical signs which have been extraordinarily slight, and the tuberculosis may be thought to be unduly extensive when the plates are seen.

Cardiac disorders associated with phthisis have been relatively few. Occasional murmurs are heard in apparently well compensated lesions. Cardiac and cardio-renal conditions, frequently mistaken for tuberculosis, form one of the larger groups admitted to advanced tuberculosis wards in error.

Cases of bronchitis form a very difficult group. Since the war and the influenza epidemics, these cases have been more numerous; every X-ray plate has some tuberculous stigmata and such cases, especially in soldiers where pension is under consideration, present real difficulties. Repeated sputum examinations, concentration tests and guinea pig inoculations, when negative, confirm the non-tuberculous origin which is usually supported by history, physical signs and symptoms. In people beyond middle age the tuberculous stigmata of the X-ray plate may be even more pronounced. The later bronchiectasis and the accompanying fibrosis increase the difficulties. The death rate from tuberculosis rises quite markedly in late life. It is improbable, however, that all the patients whose deaths are thus recorded have had the diagnosis confirmed by the finding of tubercle bacilli in the sputum. Persistent search of sputum may be necessary to commit such cases to a diagnosis of tuberculosis. It is a great error, however, to accept lightly a diagnosis of bronchitis in people of later life, since they may be foci for the distribution of tuberculous infection.

Deformities of the thorax related to scoliosis, and others due to vocation or avocation, may cause error. An interesting case of the last mentioned is the following: A young man of athletic type was much worried and had sought much advice regarding marked deformity of the upper right chest. The physical signs suggested a rather diffuse but apparently arrested tuberculosis and many dessiminated small calcified nodules in the right lung were seen on the X-ray plate. He was right handed. The right arm was no at all well developed; the left arm and forearm and the left sterno-cleidomastoid were relatively much enlarged. No clue could be found to explain the deformity in his clerical occupation, nor in previous college sports. It was then found that he was a very keen hunter and when unable to hunt had shot thousands of shells for years at the traps. The recoil of the gun was the obvious cause of the deformity and the hypertrophies.

Non-tuberculous disease simulating tuberculosis because of some striking symptom may be troublesome to differentiate.

A trifling reflex cause of cough may be overlooked if the ears are not examined for wax. A dramatic instance of this was that of a lady whose husband was tuberculous and who had developed an irritable cough for which no cause could be found. She travelled 1000 miles for examination. On removal of a piece of hard wax from the external

meatus she coughed and remarked "That is the way I cough." She coughed once the following day, when the symptom disappeared.

Pulmonary hemorrhage may have other causes than tuberculosis but good reasons should be forthcoming before haemoptysis is ascribed to another cause. The following case shows, however, that the diagnosis can be too lightly made: A lady, 28 years of age, presented herself with a history of blood spitting of two drachms three years before, since which time soreness under the upper part of the sternum had been frequent. For the three years she had had little endurance, and a year before consultation she had blood spitting which lasted for four days (about 12 ozs. in all), accompanied by a fever of 99.4. The pulse had been rapid—at times as high as 140, the temperature irregular, but usually not above 100, and there had been several severe night sweats. Bacilli were reported once, but the finding was not verified. The chest had been X-rayed and a barium meal had been given. A diagnosis of tuberculosis had been made and the patient had spent the greater part of the preceding year in bed, but the fever was not materially altered. There had been slight cough for a few weeks and sputum was rarely present. The principal complaints were soreness of the ribs, aching of the body and some distress in the abdomen. The colour was rather high. Chest findings were quite incommensurate with the history. Abdominal palpation at once revealed a spleen reaching the pubes and the blood picture was characteristic of myelogenous leukemia. Radiographic examination of the chest was not possible.

Fevers of obscure origin, especially the lighter forms, will be associated with a group of symptoms not in themselves giving a clue to diagnosis. Typhoid fever, accompanied by bronchitis with basal consolidation, has been mistaken and referred as tuberculosis. Paratyphoid, as already suggested, and septic endocarditis also present real difficulties.

The various focal infections, hyperthyroidism and premenstrual rises of temperature, may all be responsible for slight fever. A woman of 39 years of age had pronounced asthenia and a 40% reduction in haemoglobin without other alteration of the blood picture. There was a persistent fever of 99.5. She gave a history of pronounced dyspepsia and a gradual loss of 17 lbs. in weight. All symptoms had lasted for years but had become accentuated during the previous year and tuberculosis was suspected. The diagnosis couldnot be confirmed. She made dramatic improvement and regained normal health rapidly with the removal of a number of abscessed teeth.

Respiratory infections past or present, recurring chest colds, attacks of so-called "grippe" and the true influenza of recent years all demand that satisfactory cause for persistent cough should be found and the patient not lost sight of until this is done. The presence of fever makes such obligation all the more imperative.

The sub-acute and chronic non-tuberculous infections especially common since the influenza, are well described by J. A. Miller and by

McCrae and Funk. They frequently have a lower lobe localization and the extensive physical signs are disproportionate to the relatively slight constitutional symptoms. The X-ray suggests a non-tuberculous cause, showing thickened bronchi and absence of parenchymatous shadows. Tubercle bacilli are not found on repeated examinations while micro organisms of the acute respiratory infections are found in the sputum. The occasional occurence of haemoptyses in this group is confusing. The symptoms, however, ultimately clear more quickly than could be expected if the lesion were tuberculous.

Bronchiectasis, with more or less marked fibrosis, frequently with lower lobe cavities and pleural adhesions may also be difficult. It usually is related to previous pneumonia or "grippe." Exacerbations are due probably to bronchopneumonia. The physical signs may be variable, cyanosis or clubbing of the fingers may be present and the sputum is negative on persistent examination.

Chronic bronchitis and emphysema, sometimes associated with asthma in older people, may mask a chronic phthisis. A non-tuberculous diagnosis should not be made until there have been a number of negative sputum examinations.

The bronchitis frequent amongst ex-service men has been troublesome in diagnosis, especially because of the pension adjustment, since all chest plates show some slight stigmata of tuberculosis. The substitution of another's positive sputum in order to get a record in a hospital of a tuberculosis diagnosis has occasionally been done. Such an explanation is the only possible one in a patient who had long had negative sputa, then abundant bacilli on one examination, after which throughout many months no bacilli could be found. These bronchitic cases undoubtedly suffer at times considerable disability. One associated with marked tachycardia was found to have the history of a transient glycosuria for a brief period. He was ultimately considered mild diabetic and his bronchitis and other symptoms were much improved with dietetic restrictions. The relatively negative chest with occasional variable rales and the very negative X-ray plates showing slight diffuse bronchial thickening are fairly characteristic of this group.

Lues, with definite chest symptoms and signs, while rare, will cause trouble unless serological tests are made. A man, 51 years of age, had cough (rarely with sputum) throughout five years, fever, occasional night sweats and a loss of 10 lbs., from 245 lbs., after operations for hemorrhoids 18 months before consultation. A fistula rather slow in healing and two or three slight haemoptyses followed the operations. The sputum had been negative for bacilli, and tuberculin tests negative. Specialists and special clinics had been consulted. There was marked dulness of the left side on percussion and general suppression of breath sounds. A dense shadow extending from the 2nd to the 5th i. s. anteriorly and from the heart shadow to the lateral periphery, suggested a pneumonia area. Numerous dense hilary shad-

ows were also present on both sides. Rales had previously been noted at irregular intervals. Exploratory puncture at different depths under the fluoroscope were negative. Further enquiry elicited the history of lues at 22, followed by brief treatment, and of a positive Wasserman 18 months previous to consultation, which was not followed by treatment. This was confirmed and it was reported that the mass cleared almost entirely and symptons disappeared under antiluetic treatment.

A man, aged 44, complained of lack of endurance for five months, cough with expectoration, a loss of 23 lbs. in weight, temperature to 101, some dyspnoes, negative sputum on two examinations, and pains in both sides of the chest (severe for six months). He gave a history of multiple neuritis beginning nine years ago. Ataxic symptoms were fairly marked. The X-ray shadows were not proportionate to the physical signs at the right apex. The diagnosis of syphilis was confirmed serologically and the patient referred for specific treatment, which apparently cleared up the pulmonary condition.

Rarely an intrathoracic neoplasm reaches the sanatorium. A young woman, aged 22, had suffered pain in the left back for six months previous to admission, with a very slight cough, fever to 102 for three days; diagnosis of pneumonia made. Recovery. Two months later, grippe, malaise, cough, fever to 104. Recovery. Two months prior to admission she suffered considerable pain in the upper left chest, increased cough, wheezing, dyspnoea, slight expectoration, a few night sweats. There had been 10 lbs. loss in weight. Sputum examination had been negative and exploratory puncture negative. The temperature maximun was 101 during brief observation. The diagnosis of neoplasm was confirmed by rib resection and microscopical examination.

While the early diagnosis of tuberculosis may not always be possible, greater promptness than now obtains is possible in the majority of instances. An analysis of a group of 100 civilians from Ontario, in comfortable circumstances, admitted to a sanatorium, who were classified as 18% minimal, 44% moderately advanced and 38% far advanced, shows that the diagnosis had been made promptly in 48%, was delayed in 24% and was negligent in 28%. Credit should be given for an additional 10% of cases referred on suspicion which proved to be non-tuberculous.

This congeries of cases suggest that with a presumptive diagnosis of tuberculosis there is much need for discrimination, since efficient treatment requires accurate diagnosis. Moreover, when a tuberculous patient does not respond to treatment as he should, in accord with the type of disease, or when unexplained relapse occurs, he should again be investigated for an unrecognized complication. With recognition of the view point that a depraving influence within the body may be the cause of physical breakdown, surgery may become an important therapeutic measure in the treatment of tuberculosis. By the relief of such handicaps a tuberculous patient may freq uently be enabled t

develop sufficient resistance to bring about a relatively speedy arrest of his disease. Suitable cases of intestinal tuberculosis are amenable to intestinal exclusion or resection and many cases of laryngeal tuberculosis yield promptly to rest and sun treatment, aided not infrequently by the galvanocautery. The patient should not be lightly subjected to operation, but time and opportunity may easily be lost by undue delay. Occasionally a no-trump declaration, at a critical period, saves the rubber, while the failure to estimate a no-trump hand correctly may lose the game. After a reasonable period of observation, and not too long delay, if unwarranted, remediable conditions should be remedied.

In regard to more conventional treatment, the consistent application of prolonged and thorough rest in bed, is by no means fully appreciated. Fluctuating opinion, by those who treat most tuberculosis in regard to value of rest and exercise has fairly steadied down in this country to the full appreciation of prolonged early rest. This appreciation has resulted from the now considerable experience obtained through the use of different methods in the past and especially by the results obtained by Pratt with advanced cases among the poor in Boston. The patients treated by him have retained a working capacity and remained well a longer time, and in proportionately greater numbers than have those of sanatoria where prolonged rest has not been prominent in treatment and where a considerable amount of exercise has been allowed. In the Canadian sanatoria, too, the X-ray has confirmed the value of prolonged rest by showing the remarkable clearing of shadows in patients who have undergone this form of treatment. The reasonable early application of artificial pneumothorax to the 10% of patients for whom it may be suitable and the consideration for extra pleural thoraroplasty for about one-third of such cases in whom pneumothorax may have proved impracticable, are surgical means for the further carrying out of a rest cure. Both of these methods have been highly successful when discretion has been used in the selection of the cases and in the details of the treatment. The diagnosis of tuberculosis in many cases is hard and will require all methods of clinical examination in expert hands to verify it or to eliminate it and reach a satisfying diagnosis. At the beautiful sanatorium at Kentville —unsurpassed in design, equipment and efficiency of administration— there is under the direction of Dr. A. F. Miller, an organization competent to meet most difficult problems in diagnosis.

(Read at the Annual Meeting of the Medical Society of Nova Scotia, at Amherst, July 17th 1924.)

Minutes of the Executive Meeting of the Medical Society of Nova Scotia, December 10, 1924.

According to notices issued by the authority of the President, a meeting of the Executive of the Medical Society of Nova Scotia, was held in the St. Julien Room of the Halifax Hotel, on Wednesday afternoon, December 10th, 1924.

Dr. W. N. Rehfuss, President, took the chair and called the meeting to order at 2.30 o'clock. The members present were:

Dr. W. N. Rehfuss	Bridgewater.	Dr. E. V. Hogan	Halifax.
Dr. L. W. Johnstone	Sydney Mines.	Dr. J. G. D. Campbell	Halifax.
Dr. S. L. Walker	Halifax.	Dr. D. R. McRae	Sydney Mines.
Dr. W. F. Read	Digby.	Dr. M. E. Armstrong	Bridgetown.
Dr. V. L. Miller	Halifax.	Dr. Philip Weatherbee	Halifax.
Dr. H. H. McKay	New Glasgow.	Dr. W. C. O'Brien.	Wedgeport.
	Dr. A. J. Fuller	Yarmouth.	

A letter regretting his inability to attend was read from Dr. L.W. T. Penney, New Germany. The following matters of business presented by the Associate-Secretary were then taken up:

(1) **Affiliation Western Counties Medical Society.**

The application for affiliation by this Society was read, and on motion the Western Counties Medical Society was duly declared a Branch of the Medical Society of Nova Scotia.

(2) The following nominated by Branch Societies, were upon motion duly elected members of the Executive of the Provincial Society:

Cape Breton	Dr. E. M. McDonald, Sydney. Dr. D. R. McRae, Sydney Mines. Dr. Dan McNeil, Glace Bay.
Eastern Counties	Dr. J. J. Cameron, Antigonish.
Pictou	Dr. H. H. McKay, New Glasgow. Dr. G. A. Dunn, Pictou.
Valley Society	Dr. H. N. Gosee, Canning. to replace Dr. G. J. McNally.
Western Counties	Dr. W. C. O'Brien, Wedgeport. Dr. A. J. Fuller, Yarmouth.
Halifax Society	Dr. V. L. Miller. Dr. J. L. Churchill. Dr. P. Weatherbee. Dr. F. G. Mack. Dr. A. R. Cunningham.

(3) **Medical Service Conference at Ottawa, December 18th, 19th and 20th.**

The correspondence and circumstances relating to this Conference were considered and on motion of Dr. Johnstone, seconded by H. H. McKay, it was resolved that the President and the Associate-Secretary be a special committee of two to arrange that the Medical Society of Nova Scotia be represented at the Conference by two members of the Profession and that their legitimate expenses be defrayed by the Society. (The committee subsequently arranged that Dr. W. N. Rehfuss of Bridgewater and Dr. W. H. Hattie of Halifax, be the two representatives.)

(4) **Publication of the Bulletin.**

After consideration of the utility of the Bulletin and various matters relating to its cost of publication, it was resolved as follows:

(a) That the Associate-Secretary be instructed to continue the Publication of the Bulletin monthly, and that he solicit the services of a reliable Advertising Agency for the purpose of securing such advertising as will be required to lessen the cost of publication.

(b) In view of the desirability of having the matters of Branch Societies fully reported in the Bulletin, it was moved by Dr. Johnstone, seconded by Dr. Fuller and passed unanimously, that the Associate-Secretary be instructed to write a very impressive letter to the Secretary of each branch, asking that this officer report immediately after each regular meeting, the proceedings of that meeting for publication. It was Further Resolved that the importance of this should be emphasised as having behind it the unanimous opinion of the Executive.

(c) That an Advisory Committee of three be appointed by the Executive, with whom the Associate-Secretary can confer from time to time. On motion the President named the following as a committee which was duly confirmed: Dr. K. A. MacKenzie, Dr. Philip Weatherbee and Dr. E. V. Hogan.

(5) **District Meetings Canadian Medical Association.**

This was considered together with the following recommendation which was adopted:

Resolved that the Executive of the Medical Society of Nova Scotia, approves heartily of the Canadian Medical Association policy of post graduate lectures under the asupices of the various Provincial Associations, without expense to these Provincial bodies.

(6) **Annual Fees.**

(a) The Resolution re Annual Fees deferred by the meeting of the Executive, July 15th, 1924, was considered. This referred to the Provision in article 10 for collection of branch society fees at the same

time and in the same manner as Provincial Fees. This procedure was not considered advisable and on motion the question was laid on the table.

(b) A further report regarding an annual fee instead of a registration fee also deferred from the July meeting of the Executive was considered. It was not considered advisable to take any action in the matter; but the Associate-Secretary was instructed to observe and note any reference that might be made to this matter at the Conference at Ottawa.

(c) On motion the Executive approved of the method of collecting Annual Fees as adopted in 1923 and 1924. The Associate-Secretary was instructed to carry out the collection for 1925 in the same manner.

(7) **1925 Annual Meeting.**

It was moved by Dr. Fuller, seconded by Dr. Weatherbee, and passed, that the Associate-Secretary, President, and Vice-President be appointed a special committee of the Executive, to consider the matter of programme for the 1925 Annual Meeting.

(8) **Committee on Mental Hygiene.**

The following Resolution was moved by Dr. Walker, seconded by Dr. Weatherbee and carried:—Whereas the special committee appointed in 1923 to consider a paper on Mental Hygiene prepared by Dr. Lawlor, and said committee reported at the last Annual Meeting in favor of making certain representations to the Government.

And Whereas various organizations such as the Red Cross, the Social Service Council, I. O. D. E. and others have from time to time considered this matter, and have also made representations to the Government, and propose to make still further recommendations.

Further Resolved that the Committee on Mental Hygiene consisting of Dr. W. H. Hattie, Dr. F. E. Lawlor, Dr. J. J. Cameron, and Dr. S. L. Walker, be requested to arrange a Conference of persons and organizations interested in this matter in order that combined representations may be made to the Government.

(9) The matter of appointing a committee to form a Medical Advisory Board on the Nova Scotia Division of the Red Cross Society was considered. It was moved by Dr. Weatherbee, seconded by Dr. Fuller, that the matter be referred to a general meeting of the Society for discussion and action. Motion carried.

(10) **Lister Memorial Club.**

The desirability of Nova Scotia making a contribution to the Lister Memorial Fund was considered and it was felt that the matter should be more fully presented to the Profession. It was therefore Resolved that Dr. John Stewart be requested to write an article bringing this matter fully and definitely before the Profession and action be taken as provided at the last Annual Meeting of the Society.

(11) **Obituary.**

The action of the Associate-Secretary in having messages of sympathy sent to the families of the late Dr. Black, Dr. DeWitt and Dr. McNally, and others was approved. On motion of Doctors Weatherbee and Johnstone it was Resolved that the matter of sending a wreath on such occasions be referred to the Annual Meeting.

(12) Appointment to Committee on Pharmacology of the Canadian Medical Association. The Executive on motion approved of the appointment of Dr. J. R. Corston of Halifax to this committee.

(13) The Committee approved of paying actual travelling expenses of their members to special meetings of the Executive, in accordance with a Resolution adopted by the Society at its Annual Meeting in 1922.

(14) **Home Nursing Service Corps.**

Correspondence, etc., in connection with this was on motion laid on the table.

(15) **The Alberta Questionaire.**

Although this matter was ordered by the Executive to be passed to the Provincial Medical Board as it refers to matters to be considered at the Ottawa Conference, it was Resolved that the Associate-Secretary be instructed to observe and report to this Executive any action taken by the Conference in this matter.

(16) **Locum Tenens.**

On motion of Dr. Armstrong, seconded by Dr. Hogan, this matter was laid on the table.

(17) **Publicity.**

Upon the request of the Associate-Secretary, Dr. Sieniewicz was added to the Publicity Committee of the Society.

(18) The matter of Uniform Insurance Fees for the Province was considered and on motion laid on the table.

(19) **Uniform Schedule of Fees.**

On motion the Associate-Secretary was instructed to again write the local Societies for their reports regarding this subject.

(20) **Workmen's Compensation Board.**

The Associate-Secretary was instructed to again remind the Branches of the course of action they should take in the complaints against the Compensation Board.

(21) The action of British Columbia in endeavouring to ascertain the cost of a State of Medical Service, was intimated by considerable correspondence. The Associate-Secretary was instructed to observe and note any discussion on this subject at the Ottawa Conference.

(22) **Cancer Control.**

It was resolved that the use of the film owned by the Society should be again brought to the attention of the local Branches, so that it might be used in further publicity campaigns.

Dr. Weatherbee moved and Dr. Miller seconded the following Resolution which was passed:

"To aid in advancement of our knowledge of malignancy, to improve the general health of the Province, to further the early diagnosis of Cancer, and to encourage the examination of tissue, Resolved that in the opinion of the Executive all pathological examinations of tissue should be made at the Government Laboratory free of charge."

Dr. Hogan extended an invitation to the visiting doctors to attend the local meeting of the Halifax Medical Society in the evening. It was Resolved that the Secretary-Treasurer pay expenses of the meeting to the extent of $140.00. On motion meeting adjourned at 7.30 p. m.

Signed,
J. G. D. CAMPBELL,
Secretary-Treasurer.

Signed,
S. L. WALKER,
Associate-Secretary.

State Health Insurance.

Health insurance, now figuring prominently in the calculations of the medical world, should be brought into existence as soon as possible because it presupposes the application of the principle of prevention rather than the principle of cure to the diseases of humanity.

Some system of health insurance would render necessary physical examinations for everybody at fixed intervals.

The healing professions would find it more profitable to keep people well than to cure them after they became sick.

If the principle of prevention rather than cure ever became firmly established in medical practice, it would be the means of pulling the medical profession out of the slough of archaic and stagnant "ethics" and giving it the opportunity to progress and advance as other businesses have progressed and advanced.

If doctors were ever cut loose from the nonsensical theory that prohibits them from telling the public that they know all about the body and can keep the body in good health, the death rate would be cut in half in a very few years.—Vancouver Sun.

The Nova Scotia Medical Bulletin

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Editor:—S. L. WALKER, B. A., M. D.

VOL. IV. JANUARY 1925 NO. 1

AS will be seen by reading the minutes of the Executive of the Medical Society of Nova Socita, it was resolved to continue the issue of the Bulletin, and to enlist the aid of a reliable Advertising Agency to lessen the cost of publication. This number will be the first under the new plan and it is hoped in three or four months to secure sufficient advertising to materially reduce the cost of printing.

Again at the risk of appearing importunate, to put it mildly, the medical profession must realize that the Bulletin belongs to each and every practitioner. Its success by no means depends solely upon the Associate-Secretary or the Advertising Agency. If it does not succeed it will be from lack of support of nearly 400 doctors in this province.

The Executive at its recent meeting expressed the opinion that Secretaries of Branches should supply news notes regarding their meetings, and they were not discharging their obligations if they failed in this particular. Not more than five doctors, in the province made any voluntary contribution to the Bulletin in 1924.

Why are we in Nova Scotia so backward in boosting and so ready to knock? Why of all men should doctors develop this habit? May not 1925 see a better get-together spirit, and a genuine effort to extend all our activities that are in the public interests?

Generalized or Specialized Nursing.

IN view of some differences of opinion that have been expressed regarding the best principles to guide a Public Health Nursing Service, the following editorial from the "Nation's Health" in its November issue may be of interest to members of the Medical Profession. This journal is edited by Dr. C. E. Winslow, Professor of Public Health, Yale School of Medicine:—

> "In no field of public health administration does opinion and practice vary so much as it does with reference to the best plan of public health nursing. Administrators of equal authority hold conflicting opinions. Such differences of opinion among those equally well qualified to judge usually indicate differences of viewpoint which, in turn, are dependent upon differences in conditions.

"Conditions differ with time and with place and it is probable that there are times when the specialized plan of public health nursing is indicated and and other times when the generalized plan should be followed; moreover there are places where the specialized plan is most appropriate and there are other places where the generalized plan will give the larger service.

"When in city health administration it is impossible to secure a sufficient force of adequately trained public health nurses, then the specialized plan of nursing may be indicated, not as theoretically desirable, but as practically necessary. It is comparatively easy to train a nurse to meet some special public health problem, to teach a nurse to do tuberculosis work or pre-natal work, or school work, and then to assign to her that special field of service. On the other hand, it is difficult to train a nurse to meet these three problems, and additional ones, requiring years of general training where only months are necessary for special training. It is for this reason that, in the past many cities have clung to the specialized plan of public health nursing. When, on the other hand, it is possible for a city health department to secure a sufficient number of adequately trained nurses for the generalized plan of public health nursing, then the generalized plan is, on account of its absence of overlapping service, of greater efficiency and of simplified administration, the plan of choice. This all means that as more nurses with adequate training become available for public health work, the specialized plan will gradually be transformed into the generalized plan of public health nursing.

"An illustration of a local character makes clear this whole process of the transformation of the specialized plan of nursing into the generalized plan. In the city of Detroit for about 900,000 of its population the specialized plan of nursing is in operation. In the Delray district of Detroit, with about 100,000 population, the generalized plan is in operation. The relation between the two plans is that a nurse, after having been in specialized work for several years, having had experience in tuberculosis work, pre-natal work, child hygiene, school work and other service, in short after having become possessed of general nursing training and experience, is transferred to the generalized plan in the Delray district. This perhaps carried to its conclusion will gradually convert the specialized plan of nursing into the generalized plan, and the Delray district will be continually enlarged from the standpoint of public health nursing until it supplies the entire city."

Men in Middle Life.

THE Western Chronicle thus reports an address given by Dr. A. S. Burns to the Kentville Rotary Club:—

There was a large attendance at the weekly luncheon of the Rotary Club Thursday, with Rotarian Jim Webster in the chair. When the name of the late Ralph Macdonald was called the members stood for one minute in respectful silence. Rotarian Arthur S. Burns was the Speaker for the day. His subject was "Busy Business Men in Middle Life." When a man has reached maturity his body needs more attention, and in order that the attention be correct frequent consultation of a physician should be made. By having regular consultations with a qualified doctor serious sickness may

be prevented and heavy expense saved. It is poor economy to wait until one is sick to consult a medical adviser. The human machine is very complicated and we know so little about it that it is imperative for the preservation of good health that we have expert advice. We should guard against three fallacies: (a) That it is an evidence of weakness to consult a doctor about minor ailments. (b) Leaving things to nature. Nature, if left to itself will often complicate matters. (c) Dying from overwork. This is but a half-truth. Work is one of the greatest essentials of good health. The food for the matured person should be different from the growing person. Regular exercise and rest are very important. It is a grevious mistake to eat heartily when one is tired—better rest and if possible sleep a little before eating. Food as a consequence will be more easily digested. The address was very informative and Dr. Burns was tendered the sincere thanks of the Club by chairman Jim Webster.

Friends of Medical Progress.

A MONOGRAPH on Small Pox has recently been sent to the Medical Profession. The real significance of this is that it was written and published by the Society of Friends of Medical Progress Inc. As our readers are aware, this is a National Lay Society organized and incorporated in the year 1923 to encourage and aid all research and humane experimentation for the advancement of medical science; and to inform the public of the truth concerning the value of scientific medicine to humanity and to animals.

Among its officers are the following notables:—

President Emeritus of Harvard, Dr. Eliot, the President of Yale, the Archbishop of Philadelphia, Hon. C. E. Hughes, the President of Wellesley College and others.

This is lay support of the highest order for the Medical Profession.

The Sheppard-Towner Act.

THE general intention of this United States Act was indicated in a short review by Dr. M. R. Elliott of Wolfville in May 1924 issue of the Bulletin. Briefly its object is to improve maternal and infant hygiene in the United States and it operates in 40 States with an expenditure in two years of approximately three million dollars. It is pointed out in a recent issue of the American Medical Association Journal, that the passage of this Bill was strongly opposed by the Medical Profession, and that its operation has not brought about any marked change in maternity and infant mortality.

Whether the Journal is right or wrong is not our present reason for this reference to the Act. It is desired to point out that the Act was a result of a desire on the part of the Public for better health conditions, and this desire produced legislation opposed by the medical profession.

The lesson should be obvious, that the medical profession should be leaders in every form of health activity, to anticipate the public demand and to develop and formulate public opinion. Then there will be no danger of legislation that will be unacceptable to the profession. In Nova Scotia as well as other places, the profession is in a fair way to have health legislation passed, or health procedures adopted, which may be quite contrary to the interests of the profession, and not as desirable as might be in the interests of the community. As a profession we should become leaders and not followers and knockers.

Criminal Neglect.

THE lay press is responsible for the following reference to a trial by jury in Winnipeg, that differed materially in its findings to those mentioned by Dr. Hemmeon in the December Bulletin:—

> "A girl of thirteen years died in Winnipeg of diphtheria. An inquest was held and the father of the child with two "Christian Science" practitioners, was arrested.
>
> The jury said there had been "gross neglect on the part of the parents," and that Christian Science practitioners had "committed a breach of the Medical Act of Manitoba by undertaking the cure of the disease, contrary to the law."
>
> According to the evidence of Dr. A. J. Fraser, a local physician, he had been refused permission to administer antitoxin to the girl. The father had objected to the treatment, having faith in the Science practitioners."
>
> The mother of the child contracted the disease, but submitted to the antitoxin treatment at a local hospital, and recovered."

While this has happened in Nova Scotia in the past, we are remarkably free from such dangerous Irregulars at present, although the arsenical paste still claims its victims.

Oscilloclasty.

APROPOS of the Abrams fake treatment which was fully exposed in the circulars recently sent to every doctor in Nova Scotia, the A. M. A. Journal gives particulars of a ten thousand dollar suit for damages awarded against an operator of one of these machines in New Zealand. The item reads:—

> "Mrs. Lawrence of Hamilton, New Zealand, has been awarded $10,000 damages against Dr. H. Dendas MacKenzie of Auckland, in a case involving the Abrams "magic box." The damages were awarded for negligent treatment and false representation tending to needless delay and suffering before undergoing an operation for cancer elsewhere. Dr. MacKenzie gave evidence that when Mrs. Lawrence first saw him, she said that two physicians had advised an operation, which she refused. He administered the Abrams

treatment, and she improved, but she did not allow the treatment to be continuous, and he suggested that the interruptions prevented success. He gave forty-five treatments at $5.00 each. The plaintiff's Lawyer referred to the fantastic claims of the Abrams machine. It was claimed that not only, that the machine could diagnose and cure diseases, but also could tell a man's religion, and even predict the sex of an unborn child. The judge said that he understood that it could do more than that—determine the paternity of a child. For the defense it was urged that any such claims were entirely apart from the Abrams method of treatment of disease. For the plaintiff it was pointed out that Dr. MacKenzie had represented to the plaintiff that he could cure her. She failed to derive any benefit from the machine, and until too late, he failed to advise an operation."

The Manitoba Bulletin.

THE November 1924 Bulletin of the Manitoba Medical Association recently came to hand. It contains the Minutes in full of the Executive meeting of the Association held in Winnipeg October 23rd. In appearance it is now much like the Bulletin hitherto, but it is starting out at once with advertisements which will almost pay the cost of publishing. We venture to predict that within a year the Manitoba Bulletin will grow until its pages equal those of our own. As a matter of fact each Provincial Association should have its own official organ.

Dermatitis Mah-Jongatata is one of the latest diseases. Presumably it will never be recognized as an Industrial disease and so have a claim for recognition by the Workman's Compensation Board. Some of us, however, would be more likely to have Meningitus learning to play, and perhaps this new skin disease is after all a fitting reward for those who undertake the game as an occupation.

Superstition never dies. While we laugh at what we read regarding the "Kings Evil" there were very many people however upon the death of Lord Carnarvaon who spoke of the Kings' Curse, and that his death was due to some subtle poison concealed in the tomb to prevent desecration. As a matter of fact the infection in this case came from the bite of a sand flea.

By card announcement we learn that Dr. A. I. Mader of Halifax has associated with him his son, Dr. Victor Dean Mader, McGill Univ., 1923. in the practice of Surgery, Roentgenology, and Radium Therapy. Office 57 Morris St., and Hospital, 21 Coburg Road.

OBITUARY

JUDSON BURPEE BLACK, M. D., Dartmouth College 1890, Windsor, N. S.

After about three weeks acute illness, Dr. Judson Burpee Black, ex-M. P. for Hants County, and a widely known physician in Nova Scotia, passed away Tuesday morning Dec. 9th, at eight o'clock.

Dr. Black was born at St. Martin's, N. B., August 15th, 1842. He was a son of the late Thomas Henry Black, of Armagh, Ireland. He studied first at Mount Allison, and graduated in medicine in the United States. In 1864 he began the practice of medicine in Prince Edward Island, afterward opening an office at Hantsport where he practiced until 1870 when he settled in Windsor. He married early in life Miss Bessie Churchill, daughter of the late Senator Ezra Churchill, shipbuilder, Hantsport. Afterward coming to Windsor, Dr. Black built up a splendid practice and was greatly beloved in his profession. He was honored by having been elected to the office of President of the Nova Scotia Medical Society and was also an ex-President of the Hants and Colchester Society. Besides his widow he is survived by children as follows: Paul, in Grand Forks, B. C.; Brett, physician, at Rangoon, India; Lewis, banker in Toronto; Maurice Weeks Black, C. E., Fredericton, N. B.; Mrs. Jessie Rice, and Mrs. Madeline Davies, at the home in Windsor; Mrs. Horace Longley, Sydney, and Mrs. Begg, in Medicine Hat, Alberta.

IN PUBLIC LIFE.

Besides being a medical practitioner of note, Dr. Black took an interest in public questions and was a keen supporter in all that made for community welfare. He was a Liberal in politics, first being elected to the federal constituency of Hants County in 1904 and was again elected in 1908 and was defeated only when the Laurier government went out of office in 1911. As a member Dr. Black was a hard worker for his county and an earnest advocate of all measures for the development of the natural resources of the country and an enthusiastic exponent of public health.

Dr. Black was the first federal member to advocate the establishment of a public health bureau for Canada and never lost an opportunity of urging upon the government its duty toward the health of the youth of the land. He was the means of stirring up enthusiasm among the medical members of parliament during his term of office, and public health interests all over Canada owe much to Dr. Black.

In addition to his federal services, Dr. Black took a keen interest in civic politics and served the town for more than one term as Mayor. He was energetic in all things, a member of the Methodist Church holding liberal views and was a friend to all forms of true religion.

As a practical physician he kept up-to-date in scientific research and when in Ottawa attending to his parliamentary duties he was in and out of the hospital daily. Although having retired from the activities of the profession a few years ago, Dr. Black was always ready to give assistance to the younger men of his profession by whom his experienced counsel was ever considered with respect.

A familiar figure in Windsor and Hants County, the passing of this well known physician will be regretted by his friends, but for him death brought a happy release from much suffering.

The funeral service was held Wednesday at 2.30 p. m., from the home. Rev. F. E. Barrett, of the Methodist Church, conducted the service, assisted by Rev. C. Patterson-Smyth, rector of Christ Church of England.

The service was largely attended, the stores of the town being closed for two hours to give the merchants an opportunity of attending. The pall bearers were Dr. J. W. Reid, M. P. P., Rufus Curry, Dr. O. B. Keddy, J. A. Russell, Dr. Bissett and L. H. Martell, M. P.

Mrs. Florence Black sang "Crossing the Bar," a favorite hymn of the late Dr. Black's. The sentiment of the sacred song, which expressed the hope that there would be "no sadness of farewell when I embark," was in accordance with thought of the doctor who in life had expressed the wish that his funeral service might be made brief, the least harrowing to his friends as possible.—(*Windsor Tribune*)

WILLIAM HENRY MCDONALD, M. D. C. M. Dalhousie University, 1896. Medicine Hat.

As the result of an attack of heart trouble Dr. W. H. McDonald, expired suddenly today, while driving his auto on North Railway street. He was returning home from making a call on Dominion Street, at about a quarter after one o'clock and when opposite the Hartley Block his car was observed to waver as he drew into the curb. Wm. Collins noted the incident and ran across the street, but the end came too quickly for him to be of any assistance. Dr. Boe arrived shortly afterwards and arrangements were made to remove the body to Nott's Chapel.

The doctor had suffered from attacks of this nature since his return from Overseas and quite understood the slight tenure upon life which he held.

The deceased was born at Newcastle, N. B., in 1873, was educated at Dalhousie University and came to Medicine Hat from Rose Bay, N. S., in 1912. He had practised his profession here since that time, with the exception of the period when he went Overseas with the 175th. His kindly disposition, wide range of information on many subjects together with the gift of clothing his thoughts in very expressive language made for him many friends.

He leaves a widow and two sons, Bruce and Ian, the former being at present a student of the University of Alberta. Dr. T. F. MacDonald, also of Medicine Hat is a brother.—(*Medicine Hat News*).

The death is noted in a recent issue of the American Medical Journal of Dr. Alexander Stuart, a graduate of Columbia College, New York, in 1865. His former home was Melrose, Guysboro County, Nova Scotia.

Mr. Thomas McLean died recently at his home in Springville, Pictou County. Dr. T. W. McLean of Scotsburn is a son of the deceased.

"What Is It To Die?"

Epictetus, Born 50 A. D., the stoic Philosopher.

"But now is the time come to die.

"What say you? to die? Nay, make no tragedy of the business, but tell it as it is. Now is it time for my substance to be resolved again into the things wherefrom it came together. And what is dreadful in this? What of the things in the universe is about to perish? What new, or what unaccountable thing is about to come to pass? Is it for these things that a tyrant is feared? through these that the guards seem to bear swords so large and sharp? Tell that to others; but by me all these things have been examined; no man hath power on me. I have been set free by God, I know his commandments, henceforth no man can lead me captive. I have a liberator such as I need, and judges such as I need. Are you not the master of my body? What is that to me? Of my property? What is that to me? Of exile or captivity? Again, I say, from all these things, and the poor body itself, I will depart when you will. Try your power, and you shall know how far it reaches.

"But the tyrant will bind—what? The leg. He will take away—what? The head. What then, can he not bind and not take away? The Will. And hence that precept of the ancients—*Know Thyself.*

"Whom, then, can I still fear? The lackeys of the bedchamber? For what that they can do? Shut me out? Let them shut me out, if they find me wishing to go in."

"I heard your son was an undertaker. I thought you said he was a physician?"

"Not at all. I just said he followed the medical profession."

Tablet Unveiled.

A few weeks ago Lieut. Governor Grant unveiled a beautiful memorial tablet in memory of Senator Almon in St. Paul's Church, Halifax. The inscription is as follows.

To the Glory of God,
and in Loving Memory of
WILLIAM JOHNSTON ALMON,
M. D.
Senator of Canada, son of the Hon.
William Bruce Almon, M. D.
Born January 27th, 1816, died
February 18th, 1901; and of his wife
ELIZABETH LIGHENSTEIN,
Daughter of Mr. Justice Ritchie of
Annapolis Royal, Born Oct. 1, 1817;
Died 30th June, 1896.
The just shall live forevermore,
And their reward is with the Lord,
And the care of them is with the
Most High.

Senator Almon had a distinguished ancestry. His grandfather was Dr. William James Almon, an army surgeon, who was appointed assistant surgeon to the Royal Artillery in New York in June, 1776. He served with great distinction in the army until the close of the American Revolutionary War. He came to Halifax with the British troops, and was garrison surgeon here until his death. He married Miss Rebecca Byles, granddaughter of the Rev. Mather Byles, of Boston, Mass., long associated with the Rev. Dr. Breynton, first Rector of St. Paul's, and the first Rector of Trinity Church, St. John, N. B. Dr. Mather Byles was descended on the maternal side from Rev. John Cotton, who came to Boston, Mass., from Boston, Lincolnshire, England in 1633. In this remarkable family the celebrated Cotton Mather, the most outstanding figure in New England in his day, had a place.

Senator Almon was educated at King's College, Windsor, where he took the degree of B. A., just ninety years ago. He proceeded to Edinburgh and Glasgow, and graduated as doctor of medicine at Glasgow University. He filled many positions of prominence in his native city and in 1872 sat for this constitutency. He was called to the Senate in 1879. He held strong imperialistic views, and was in favor not only of perpetuating but of strengthening our connection with the Mother Land.

Dalhousie Medical College Library.

BOOKS RECENTLY ADDED TO THE LIBRARY.

Food and Dietetics:

Berg:	Vitamines.
Funk:	Vitamines.
Hutchison:	Food and the Principles of Dietetics.

Gynaecology)

Berkley & Bonney:	Gynaecological Surgery.
Crossen:	Operative Gynaecology.

Hygiene:

Ashby:	Infant Mortality.
Collis and Greenwood:	Health of the Industrious Workers.
Hope:	Industrial Hygiene and Medicine.
Hutt:	Hygiene for Health Visitors.
Purvis:	Chemical Examination of Water, Sewage, Foods and other substances.

Medicine:

Kidd:	Common Affections of the Kidneys.
McLean:	Kidney Function.
Robertson:	Therapeutic Immunization.

Medical Jurisprudence and Toxicology:

Authenraith:	Detection of Poisonous Drugs.
Glaister:	Medical Jurisprudence and Toxicology.
Robertson, (Aitchson):	Medical Jurisprudence and Toxicology.
Robertson, (Aitchson):	Aids to Forensic Medicine and Toxicology.

Neurology:

War Neurosis and Shell Shock by Mott.

Obstetrics:

Berkley & Bonney:	Obstetrical Emergencies.
Herman:	Difficult Labor.
Marshall:	The Physiology of Reproduction.

Physiology:

Bayliss:	Interfacial Forces and Phenomena of Physiology.

Psychiatry:

Barnes:	Mental Disorders.
Mickle:	General Paralysis of the Insane.
White:	Outlines of Psychiatry.

Surgery:

Choyce & Beattie:	System of Surgery, Vols. 2, 3.
Lochart & Mummery:	Diseases of the Rectum and Colon.

Journals:

Abstracts of Bacteriology.
American Naturalist.
American Journal of Physiology.
Annales de Medicine.
American Journal of Public Health.
Annals of Medical History.
Bio-chemical Journal.
Bulletin of John Hopkins Hospital.
Canada Lancet.
Canadian Medical Association Journal.
Child Health.
Endocrine Survey.
Hospital, Medical and Nursing World.
Hygeia.
Index Medicus.
Japan Medical World.
Journal of American Medical Association.
Journal of Bacteriology.
Journal of Biological Chemistry.
Journal of General Physiology.
Journal of Laboratory and Clinical Medicine.
Journal of Missouri State Medical Association.
Journal of Pathology and Bacteriology.
Journal of Physiology.
Journal of State Medicine.
Nation's Health.
Physiological Abstracts.
Physiological Review.
Public Health Journal. (Canadian.)
Surgery, Gynaecology and Obstetrics.
Therapeutic Gazette.

Periodicals:

Medical Clinics of North America.
Surgical Clinics of North America.
International Clinics.

Informing the Public.

Announcement of a Chiropractor in Minnesota.

"Abrams knew that the body—that all things, ert and inert—are composed of electrons. Radio is the activating of a flow of electrons that radiate in all directions, carrying along with it the sound waves which are heard in the receiving sets in your home or elsewhere. Goiter is quite prevalent, especially since the Flu. The reason is that most goiters are caused by streptococci which the Flu germ brought about."

PERSONALS

For the present Dr. H. W. Kirkpatrick will be at his office in Middleton by appointment.

Dr. Augustus Robinson of Annapolis Royal is now in the 69th year of his practice. Congratulations.

At Londonderry, December 7th, 1924, to Dr. and Mrs. R. O. Shatford a daughter. Congratulations.

Dr. E. S. Boyle, who removed from Wallace to Amherst, is at present serving an internship at Bellevue Hospital, New York.

Dr. and Mrs. I. M. Lovitt of Yarmouth, spent a very pleasant ten days visit in Boston and vicinity during the month of December.

Mr. Henry Messenger of Clarence, died suddenly December 7th, aged 68 years. His widow is a sister of Dr. S. N. Miller of Middleton.

Dr. Prescott Irwin, son of Hon. Robert Irwin of Shelburne, is medical officer on the S. S. "Chignecto" to and from the West Indies.

Dr. Z. Hawkins of South Ohio was a patient in the Yarmouth Hospital in December, but was able to return to his home just before New Years.

Jordan Smith, son of Dr. J. W. Smith, M. P. P. Liverpool, is making good progress at the Nova Scotia Sanatorium, where he has been for the past six months.

Dr. R. J. MacDonald, who was recently burned out at Port-au-Port, Newfoundland, has moved to Aguathuna, being connected with the Dominion Iron & Steel Company.

The marriage occurred recently at the home of Dr. J. V. Graham, Coburg Rd., Halifax, of his sister Blanche Graham, to Major Welsford McDonald, M. P. P. for Pictou County. They will make their future home in Pictou.

Dr. and Mrs. W. S. Woodworth of Kentville were presented during the Christmas season with a very fine four tube Radio with receivers and loud speakers. It was presented by old patients of the doctor, and was accompanied by an address showing the high esteem in which he is held.

Dr. F. B. Day of Thorburn was recently laid up for a few weeks with a broken ankle. The local Scout Troop missed his assistance during his indisposition, as well as his patients.

Dr. Arthur Walker, son of Dr. S. L. Walker of Halifax, has secured a good position with the Standard Oil Company, and for the next three years will be located in Maracaibo, Venezuela.

Dr. and Mrs. R. H. Sutherland, of Pictou, celebrated their wooden wedding anniversary recently, when Mrs. Lawrence of Hantsport, Mother of Mrs. Sutherland, was a guest of honor.

Dr. Lalia Chase, Dalhousie 1924, who has been located at Port Williams, is about to remove to Winnipeg. On her way West she will visit her sister Dr. Margaret Chase, Dalhousie 1923, in Philadelphia.

Dr. J. N. Lyons of Halifax left Tuesday evening, January 6th, for Winnipeg, called there by the serious illness of his brother John B. Lyons, a graduate of Dalhousie Law School, who has been a number of years in the West.

Among the welcome visitors to Nova Scotia in December was Dr. George Johnson of Calgary, who spent a few days in Annapolis among his relatives. He took a prominent part in the proceedings of the recent Ottawa Conference.

Church Union certainly exercised the good people of New Glasgow. The Evening News states that six of the local doctors are Unionists and that Doctors Kennedy, H. H. and John McKay are "stumping" the County in its favor.

A Pictou County Boy Scout Association was recently organized of which Dr. Andrew Love of New Glasgow was elected President, Dr. Clarence Miller Vice-President, and Dr. F. B. Day of Thorburn a member of the Executive.

Appointments to the staff of McGill for the 1924-25 year include Dr. A. T. Bazin, Professor of Surgery, Dr. W. T. Hamilton, Professor of Medicine, Dr. W. D. Tait, Professor of Psychology, with Doctors E. M. Eberts, and A. H. Gordon, Associate Professor of Surgery and Medicine respectively.

During December some schools in New Glasgow were closesd on account of Diphtheria and Scarlet Fever. It is very seldom now-a-days for this to occur. Perhpas a very careful inspection of all children attending school might be a better method of checking the spread of such diseases, rather than turning them loose in the town.

"Flash" Sullivan appears on the lineup of the McGill Hockey team. He is however Thomas Sullivan, son of Dr. and Mrs. M. T. Sullivan of Glace Bay. He learned his hockey at St. F. X. College.

Dr. R. F. MacDonald of Antigonish, who is now doing post graduate eye, ear, nose and throat work in London, is a junior assistant to Doctors Whiting and Juler and Sir William Lister, at the Royal London Ophthalmic hospital.

A very pleasant Golden Wedding celebration took place recently at Upper Clarence, Annapolis County, being that of Mr. and Mrs. Leonard W. Elliott. Dr. M. R. Elliott of Wolfville is a son, and with his wife, presented the bridal bouquet.

Dr. D. J. McMaster of Inverness, who recently did post graduate work in New York is now located at Antigonish. Since St. Martha's Hospital in that town has increased its capacity and equipment, Antigonish has become a large centre for medical activities.

A visitor in Halifax for the Christmas season was Dr. Anna Creighton, who is now in practice in Ohio. She was visiting at her home with her parents Mr. and Mrs. Graham Creighton of Halifax. Following her graduation from Dalhousie Medical College, she held an internship in the St. John City Hospital, before proceeding to her present home in Ohio.

The Press all over Canada, gave great publicity to the Conference of Medical Services which was held in Ottawa December 20th to 22nd. Doctors Rehfuss and Hattie represented the Medical Society of Nova Scotia, Doctors Jost and Chisholm the Provincial Health Department and Dr. Walker attended as a member of the Executive of the Canadian Medical Association, under whose auspices the Conference was held. As a verbatim report is to be furnished to all who were present, it will be dealt with fully in the February issue of the Bulletin. Sufficient to say now that the Conference was so successful that another will be held in the latter part of 1925.

Dr. W. T. Purdy of Amherst, has been engaged for almost a year in a lawsuit that is of considerable interest to the public generally. Dr. Purdy purchased the well known Hewson residence in Amherst for a very low figure as compared with the original cost of the property. The property was assessed for some five thousand dollars more than the purchase price. On an appeal to the Appeal Board of the Town Council the assessment was reduced Three Thousand Dollars. The case was taken into Court on the grounds that the assessment should not be higher than the purchase price. Judge Patterson in the County Court found in favor of Dr. Purdy and the Supreme Court of Nova Scotia has now confirmed this ruling after an appeal was made by the town.

THE CANADIAN MEDICAL ASSOCIATION

President—J. F. Kidd, Ottawa.
President-Elect—David Low, Regina. Annual Meeting, Regina, 1925.
Vice-Presidents ex-officio—Presidents of Affiliated Associations.
Honorary Treasurer—A. T. Bazin, 836 University Street, Montreal.
General Secretary—T. C. Routley, 184 College Street, Toronto.

THE COUNCIL

A. Primrose, Toronto, *Chairman*.
J. F. Kidd, Ottawa.
David Low, Regina.
A. T. Bazin, Montreal.
A. D. Blackader, Montreal.
T. C. Routley. Toronto.
H. B. Anderson, Toronto.
J. F. Argue, Ottawa.
L. J. Austin, Kingston.
J. Bell, New Glasgow, N. S.
R. J. Blanchard, Winnipeg.
G. S. Cameron, Peterborough.
A. M. Campbell, Winnipeg.
J. G. D. Campbell, Halifax.
G. F. Dewar, Charlottetown.
W. J. Egan, Sydney.
W. J. Elliott, Brandon.
F. J. Farley, Trenton.
W. A. Gardner, Winnipeg.
W. Hackney, Calgary.
T. G. Hamilton, Winnipeg.
V. E. Henderson, Toronto.
A. W. Knox, Weyburn, Sask.
T. M. Leask, Moose Jaw.
J. H. MacDermot, Vancouver.
N. J. MacLean, Winnipeg.
A. A. Macdonald, Souris, P. E. I.
M. MacLaren, St. John, N. B.
A. F. Menzies, Morden.
H. K. McDonald, Halifax.
J. S. McEachern, Calgary.
F. W. Marlow, Toronto.
C. F. Martin, Montreal.
D. P. Miller, Prince Albert.
A. S. Munro, Vancouver.
L. R. Morse, Lawrencetown, N. S.
T. A. Morrison, Regina.
S. E. Moore, Regina.
G. H. Murphy, Halifax.
T. A. Patrick, Yorkton, Sask.
J. I. Pratt, Port Arthur.
W. D. Rankin, Woodstock, N. B.
W. N. Rehfuss, Bridgewater, N. S.
W. G. Reilly, Montreal.
W. H. Secord, Winnipeg.
H. B. Small, Ottawa.
F. N. G. Starr, Toronto.
D. A. Stewart, Ninette, Man.
W. Turnbull, Winnipeg.
J. M. Ulrich, Regina.
C. H. Vrooman, Vancouver.
S. L. Walker, Halifax.
T. W. Walker, Saskatoon.
N. W. Warner, Winnipeg.
A. MacG. Young, Saskatoon.
Geo. S. Young, Toronto.

EXECUTIVE COMMITTEE

W. G. Reilly, Montreal, *Chairman*.
J. F. Kidd, Ottawa.
David Low, Regina.
A. Primrose, Toronto.
A. T. Bazin, Montreal.
T. C. Routley, Toronto.
G. S. Cameron, Peterborough.
T. G. Hamilton, Winnipeg.
C. F. Martin, Montreal.
S. E. Moore, Regina.
J. S. McEachern, Calgary.
M. MacLaren, St. John, N. B.
F. N. G. Starr, Toronto.
S. L. Walker, Halifax.

SPECIAL COMMITTEES

Lister Memorial - - - - - - - - R. J. Blanchard, Winnipeg.
Conference on Medical services - - - - A. Primrose, Toronto.

MEDICAL SOCIETY OF NOVA SCOTIA

OFFICERS FOR 1924-1925.

President.....Dr. W. N. Rehfuss, Bridgewater.
1st Vice-President.....Dr. E. V. Hogan, Halifax.
2nd Vice-President.....Dr. L. W. Johnstone, Sydney Mines.
Secretary-Treasurer.....Dr. J. G. D. Campbell, Halifax.
Associate-Secretary.....Dr. S. L. Walker, Halifax.

EXECUTIVE

Cape Breton Branch.
Dr. E. M. McDonald, Sydney.
Dr. D. R. McRae, Sydney Mines.
Dr. Dan. McNeil, Glace Bay.

Eastern Counties.
Dr. J. J. Cameron, Antigonish.

Colchester-Hants.
Dr. R. O. Shatford, Londonderry.
Dr. O. B. Keddy, Windsor.

Cumberland County.
Dr. F. R. Boudreau, Amherst.
Dr. J. A. Munro, Amherst.

Lunenburg-Queens.
Dr. R. G. McLellan, Lunenburg.
Dr. L. W. T. Penny, New Germany.

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

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

Pictou County.
Dr. H. H. McKay, New Glasgow.
Dr. G. A. Dunn, Pictou, N. S.

Western Counties.
Dr. W. C. O'Brien, Wedgeport.
Dr. A. J. Fuller, Yarmouth.

COMMITTEES

Cogswell Library.
Dr. A. G. Nicholls.
Dr. J. R. Corston.
Dr. John Stewart.
Dr. Philip Weatherbee.
Dr. C. S. Morton.

Public Health.
Dr. A. C. Jost, Halifax.
Dr. E. Kennedy, New Glasgow.
Dr. M. E. Armstrong, Bridgetown.
Dr. J. K. McLeod, Sydney.
Dr. L. W. T. Penny, New Germany.

Arrangements.
The Executive Committee, with the Members of the Lunenburg-Queens Medical Society.

X-Ray (Special Committee)
Dr. A. F. Miller, Kentville, N. S.
Dr. J. J. Roy, Sydney.
Dr. A. I. Mader, Halifax, N. S.

Editorial Board—C. M. A. Journal.
Dr. W. H. Hattie.
Dr. G. H. Murphy.
Dr. J. G. McDougall.
Dr. K. A. McKenzie.
Dr. E. V. Hogan.

Annual Fees P. M. B. (Special Committee).
Dr. J. R. Corston.
Dr. S. L. Walker.
Dr. L. R. Morse.

Mental Hygiene (Special Committee).
Dr. W. H. Hattie, Halifax.
Dr. J. J. Cameron, Antigonish.
Dr. F. E. Lawlor, Dartmouth.
Dr. S. L. Walker, Halifax.

Workmen' Compensation Board.
Dr. G. H. Murphy.
Dr. E. V. Hogan.
Dr. M. G. Burris.

Members of C. M. A. Council

Dr. W. N. Rehfuss (Ex-Officio) Bridgewater.
Dr. J. G. D. Campbell (Ex-Officio) Halifax.
Dr. S. L. Walker (Ex-Officio) Halifax.
Dr. L. R. Morse, Lawrencetown.
Dr. G. H. Murphy, Halifax. Dr. H. K. McDonald, Halifax.
Dr. W. J. Egan, Sydney. Dr. John Bell, New Glasgow, N. S.

Nominated to Education Committee C. M. A.
Dr. K. A. McKenzie, Halifax, N. S.

Nominated to Legislative Committee C. M. A.
Dr. J. G. McDougall, Halifax. Dr. W. H. Hattie, Halifax.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

CAPE BRETON

President.....Dr. Allister Calder, Glace Bay.
1st Vice-President.....Dr. D. A. McLeod, Sydney.
2nd Vice-President.....Dr. D. W. Archibald, Sydney Mines.
Secretary-Treasurer.....Dr. J. G. B. Lynch, Sydney.

EXECUTIVE

The Officers with Doctors McDonald, Patton and Curry. Nominated to Provincial Executive:—Dr. E. M. McDonald, Sydney, Dr. D. R. McRae, Sydney Mines, Dr. Dan. McNeil, Glace Bay.

COLCHESTER-HANTS

Officers 1924-25

President.....Dr. A. R. Reid, Brooklyn, N. S.
Vice-President.....Dr. R. O. Shatford, Londonderry.
Secretary-Treasurer.....Dr. H. V. Kent, Truro.

Executive

Dr. D. F. McInnis, Shubenacadie. Dr. E. E. Bisset, Windsor.
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, Parrsboro.
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. LcBlanc, 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.
Benvie, S. C. McKenzie, 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. Pothier, 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-Traesurer.....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. 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 Obstetrical Problems."
Dr. H. B. Atlee, "Abortion—Uninfected."
Dr. V. L. Miller, "Septic Abortion."
Dr. G. H. Murphy, "Indications for Caesarean 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.....Children's 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.