



Being A Man

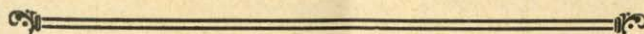
If you can keep your head when all about you
Are losing theirs and blaming it on you:
If you can trust yourself when all men doubt you,
But make allowance for their doubting, too;
If you can wait and not be tired by waiting,
Or being lied about don't deal in lies,
Or being hated don't give way to hating,
And yet don't look too good nor talk too wise.

If you can dream—and not make dreams your master;
If you can think—and not make thoughts your aim;
If you can meet with triumph and disaster
And treat those two imposters just the same;
If you can bear to hear the truth you've spoken,
Twisted by knaves to make a trap for fools,
Or watch the things you gave your life to, broken,
And stoop and build them up with worn-out tools.

If you can make one heap of all your winnings,
And risk it on one turn of pitch-and-toss,
And lose and start again at your beginnings,
And never breathe a word about your loss;
If you can force your heart and nerve and sinew,
To serve your turn long after they are gone,
And so hold on when there is nothing in you,
Except the will which says to them, "Hold on!"

If you can talk with crowds and keep your virtue,
Or walk with kings—nor lose the common touch;
If neither foes nor loving friends can hurt you;
If all men count with you but none too much;
If you can fill the unforgiving minute
With sixty seconds worth of distance run,
Yours is the earth and everything that's in it,
And what is more—you'll be a man, my son!

—Rudyard Kipling.



Nonspecific—Specific Therapy in Inflammatory and Infectious States

By George Nathanson, M. D. Sydney, N. S.

During the routine of general practice, we are confronted with conditions that in view of every known therapeutic means being invoked, persist or in turn are self limiting.

About eight years ago my attention was drawn to the practicability and therapeutic efficacy of foreign proteins. Since that time after using and experimenting with various preparations and applying same in numerous pathologic states, with a degree of success worthy of further serious observatory consideration, I feel that it is a distinct progressive step in our therapeutic armamentarium.

The realization of the value of foreign proteins was evolved in the course of experimentation with specific bacterial agents when used in the production of specific immunity. Until ten years ago although phenomena following attempts at active specific immunization indicating nonspecificity were noted, the actual theoretical explanation and practical value were not grasped. Until recent years the medical profession have shared the conviction that immunization was always strictly specific. In 1891 Buchner demonstrated clearly that bacterial products other than Tuberculin would activate previously latent resistive functions. Rumpf in 1893, after using various strains of bacterial vaccines concluded that all bacteria probably contained a common biological component which acted in a nonspecific capacity. Koch pointed out that the fever producing element in Tuberculin was not part of the specific action that he was seeking, and realized the presence of nonspecific stimulating by-products. In 1895 Matthes demonstrated the influence that protein split products chief of which was Deuteroalbumose, was the causative factor in the production of fever following the use of Tuberculin. Fochier's fixation abscess caused by injecting Turpentine was a method commonly in vogue about this time. Other methods were reported, such as Credes use of colloidal metals, Gilbert's autoserotherapy in Pleurisy with effusion, and Coley's fluid used in treating Sarcomas. Preceding 1910, Paton, Lillienthal and McCallum, clearly proved the value of normal serum and Diphtheria Anti-toxin in the treatment of special types of Tuberculosis, localized and general sepsis, acute and subacute arthropathies. From that time on numerous

investigators have contributed timely findings and reasonable physiological concepts of the why and wherefore of the non-specific reaction.

The "Arndt Schulz" biological basic law is that life and activity of cells are dependent on constant stimulation. That artificial stimuli are beneficial when they reach the optimum or threshold value. To obtain the point of optimum reaction is the theoretical goal of non specific therapy. The dosage required varies with the physiological status of cellular activity. Normal tissue with its ample reserve is least sensitive and requires larger amounts of protein substances. Acutely inflamed tissues when reacting to toxins with its reserve or complimentary functions already imposed on, need comparatively large doses. In chronic, subacute or low grade prolonged general infections, the tissues are sensitive and react to smaller doses.

Peterson quotes as follows in reference to Weichardt's theory:—"As a result of his researches and clinical experience, Weichardt has come to the conclusion that when we make use of nonspecific therapy we stimulate all the cells of the organism to greater activity in the production of either specific substances antibacterial in character, or merely increase the general resistance to intoxication by speeding up the mechanism of detoxication, either synthetic (formation of conjugate proteins from the toxic forms) or lytic (degradation of the toxic fragments to the amino acids), or in some other way hastening the elimination of the intoxicating material.

In several recent papers he has emphasized a number of points of interest. Thus his general conception that nonspecific therapy is a plasmaactivation—a stimulation of the cell metabolism and function, of physiological effort rather than a pharmacologic alteration in the biological processes leads to a correlation with the problem of fatigue, to which he has devoted a considerable study.

Weichardt, contrary to the theory of Dollken, considers this stimulation or activation as omnicellular. The leukocytosis, the increase of oxidation, of catalysis, the mobilization of enzymes and antibodies all indicate a general rather than a localized stimulation of some particular kind of tissue.

This stimulation does not involve any alteration in function. The organism by nonspecific reaction acquires no new method of defence, probably does not overcome infection or intoxication through agencies other than those always at its disposal. But the stimulation presents a summation, a cumulative effort of the defensive agencies of all the organs. And as a necessary corollary it is but logical that we can achieve no therapeutic effect when once the organs have by complete exhaustion been rendered incapable of reaction, as in terminal stages of disease processes or in profound intoxication, etc.

While the stimulation does not involve any new method of defense, differences in reaction exist between normal individuals and individuals ill, or sensitized. The cell that has been sensitized responds more

promptly with a mobilization of protective agents, both specific antibodies as well as enzymes and others nonspecific in resistance."

Close observance of the temperature curve gives one an early insight as to efficacy or inefficiency of nonspecific therapy in the case under treatment. If the fever subsides following one or two injections it indicates that there has occurred an optimum or threshold stimulation. If the temperature continues to rise following one or two injections the optimum dose has in all probability not been reached. With a continued rise in temperature following several injections, one can be positive that cellular activation is impossible. That is the organism has reached its highest reactive capacity. Nonspecific therapy is most valuable when given early in the course of a toxemia, bacterial or metabolic. The tissues still retaining their maximum reactive powers invoke a more rapid production of defensive substances against the infection. Careful clinical observation is highly essential since any new irritation will only add insult to injury, once the maximum of resistance is reached.

Numerous products and methods, varied as to their integral constituents have been used at one time or another in attempts at nonspecific stimulation. Those commonly used and experimented with, are horse, sheep, convalescent, bacterial and blister serums; various bacterial vaccines; tuberculins; antitoxins, whole and skim milk, caseins, egg albumins, plant proteins, proteoses, peptones, snake venom, tumor autolysates, colloidal and inorganic drugs.

At present I am partial to the preparations of Yatren and Yatren-Casein. These have a universal and widespread application in Continental Europe. Yatren is iodo-oxyquinolin sulphonic acid containing 30% iodine and an admixture of sodium carbonate which facilitates diffusion and solubility. I am partial to same as it is a product, chemically known and uniform. It permits of exact dosage, and the smallest doses will in suitable cases produce beneficial therapeutic effects. Yatren is nontoxic and is sterile. It causes the slightest possible general reaction with a definite focal reaction at the point of pathologic or functional involvement. At times focal reactions are noted in sites other than those primarily treated. This is in my estimation, a definite sign that a low grade symptomless inflammatory condition was present, which latterly would present definite signs with further progression of the disease.

Realizing the proven efficacy and shortcomings of specific and nonspecific therapy I have, in an effort to utilize synergistic forces simultaneously, combined vaccines where indicated, with Yatren and Yatren-Casein admixtures. These are combined in varying proportions dependent entirely on acuity or chronicity of condition under treatment, and given simultaneously as one intramuscular or subcutaneous injection. In other words I am aiming at a unified method of specific nonspecific physiological and biological stimulation of cellular activity.

That this synergistic action is practical has proven itself in a limited series of cases which I will report in another communication.

The use of the nonspecific stimulating substances singly or combined with vaccines, cover practically the entire field of infections or inflammatory processes. At first I applied the nonspecific therapy to infective arthropathies, single or multiple, acute, subacute, or chronic, irrespective of etiological factor. The results obtained far exceeded those treated by routine medical means. In fact in numerous instances arthritides of long standing non-yielding to any other form of treatment were cleared up by same. That this was readily evident was borne out by the fact that after two or three treatments, patients in several instances, demanded repeated injections of the "yellow medicine." Results in Gonorrhoeal complications, such as Arthritis, Epididymitis, Orchitis, Tendo-synovitis of feet, Pelvic inflammatory states, yielded perceptibly and exceeded on numerous occasions my fondest expectations. Latterly, I have applied same in cases of acute and chronic Muscular Rheumatism, Neuritides and Neuralgias, spasmodic catarrhal Bronchitis, Glandular infections, Infective Mononucleosis, Staphylococcal infections, such as local or general Furunculosis, Carbuncles, Ecthyma, and Mastitis. Also in local or general Streptococcal infections, Abscesses, Lymphangitis, Tonsillitis, Streptococcal Angina, Lung abscess, Erysipelas, Osteomyelitis and Endo and Perimetritis.

Influenza, Scarlet Fever and Pertussis are favorably influenced. Details as to indications, methods and treatment will be continued in a further communication.

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Correspondence

Wolfville, N. S.

March 28, 1925.

The Editor,
Medical Bulletin.

Dear Dr. Walker:—

You have asked me to write something to The Bulletin in reference to a statement dealing with the use of "drops in the eyes" that has recently appeared over my name in the local newspapers.

I am very glad to do this for two reasons.

First, it gives me an opportunity to call the attention of the members of the medical profession to the fostering and spread of a very dangerous belief among the laity in regard to the use of cycloplegics in refraction and examination of the eyes, and, secondly, I think an explanation to the other members of our profession is due, as to why three fellow members insert what is obviously an advertisement in these newspapers.

I do not think that it is necessary for me to go into the theory or practice of the use of cycloplegics by the oculist. It will suffice to state that the use of cycloplegics is considered necessary in the refraction of all children and young adults, and that this is the universal practice among oculists.

Atropin and homatropin are commonly used, the former in young patients and the latter preferred in older cases where prolonged cycloplegia interferes with necessary use of the eyes. Since "near vision" is blurred for a time, i. e. for from twenty-four hours in the use of Atropin to several days in the case of homatropin, it has followed, that among the less intelligent classes, certain co-incident affections of the eye have been attributed to the use of the "drops."

We frequently hear such people say, "the drops cause blindness." Any oculist will, almost daily, have to meet this objection to the use of the drops. Patients will present themselves saying, "I want my eyes examined, but I won't have any drops in them."

Fortunately the majority of these patients will readily consent to the use of "drops" when one explains their use and what the patient may expect to follow. It will be well worth our time to explain to

all patients who present themselves for refraction, whether we use a cycloplegic or not, exactly why the drops are used and what they will do.

If a cycloplegic is not used it will be well to explain why one is not required. This will prevent the patient from harrowing the feelings of a fellow oculist by saying, "Dr. So-and-So does not use drops".

Now this antipathy to the use of cycloplegics, bred in ignorance, is fostered and incited by prejudice and jealousy. During the last few years there has appeared in this country and in the United States, a great number of opticians and optometrists. These people test the eyes without the use of cycloplegics and even pretend to diagnose pathological conditions of the eyes.

The laws of the Provinces and of the different States prevent them from using cycloplegics. In many of the States and in some of our Provinces, opticians have petitioned to be permitted to use cycloplegics.

Up to the present they have, very properly, been refused this privilege. The result has been that these opticians, recognizing the objections to the use of cycloplegics and seeking to encourage this feeling among the public are saying boldly, "We do not use drops. We can examine your eyes without them". The advertisement of one optician reads, "drops not used."

It may be that the more fair minded among the opticians do not indulge in this practice and disapprove of it. If this is so it is to be hoped that they will use their influence to stop the practice.

In this county it has been, and is, the habit of certain opticians to boldly put this into print. The public is told that drops are unnecessary and, by inference, harmful, and that modern instruments have supplanted their use.

Here appeared an opportunity to correct this mis-statement and at the same time to do the public a real service in an effort to present the truth of the matter.

One has, from time to time, in health talks before schools, teachers and Women's Institutes, an opportunity of explaining some of these things.

It occurred to me that one might put the matter in the form of an advertisement in the local papers.

After talking the matter over with Dr. H. V. Pearman of Wolfville, and Dr. A. C. Fales, of Middleton, we decided to publish the following advertisement. We will endeavour to correct any mis-statements that may appear in the future and, like all good advertisers we will endeavour to tell nothing but the truth.

We ask the physicians of the Province to assist us to correct this antiquated error by taking advantage of every opportunity to tell their patients why drops are used and especially of the frequency of their use, in general practice, for all sorts of eye conditions. Here the general practitioner can help the oculist.

Oculists do not encourage their patients to consult osteopaths or chiropractors and we may be sure that physicians will prefer to entrust the care of their patients' eyes to qualified oculists.

Following is the text of the advertisement signed by the oculists mentioned above and by myself.

On the Use of Drops in the Eyes.

"Certain incorrect and misleading statements concerning the use of drops in the eyes for the purpose of examining or testing eyesight, have appeared in the public press from time to time. The following statement has been prepared by the undersigned, licensed physicians, specializing in the treatment of the eye both in disease and health, solely for the purpose of putting the facts of this matter before the public.

Only licensed physicians are permitted to use drops in the examination of the eyes.

The use of these drops in the hands of qualified people is entirely harmless. Moreover the use of drops is considered necessary in the majority of cases for refraction of the eyes and invariably so in the case of children and young people, by all Medical Schools, Hospitals and Oculists.

Furthermore, among Oculists and in Eye Hospitals the world over, no instruments have been devised to supplant the use of these drops, but modern instruments are used in conjunction with drops."

J. A. M. HEMMEON,
Wolfville.

The Ottawa Conference

Halifax, N. S.

March 18th, 1925.

To the Members of the Medical Society of Nova Scotia:—

Your representatives at the Conference on the Medical Services of Canada, held by arrangement of the Canadian Medical Association at Ottawa on December 18, 19 and 20, 1924, beg to report as follows:—

It was the desire of the Canadian Medical Association that all medical licensing bodies, medical associations and health departments, whether federal or provincial, and all Canadian medical schools, should be represented at the Conference. This wish was met, in some instances, by one or more delegates representing more than one organization. As neither the Provincial Medical Board nor Dalhousie University were officially represented, your representatives ventured, when occasion demanded, to speak for them in an unofficial way. Altogether nearly 75 delegates signed the register of the Conference. Those in attendance from Nova Scotia, in addition to your representatives, were Dr. S. L. Walker, of the Executive of the Canadian Medical Association, and Doctors Jost and Chisholm of the Provincial Department of Health.

The Chairman of the Conference was Dr. Alexander Primrose of Toronto. After the delegates had been welcomed by the Acting Minister of Health (Hon. George P. Graham), the President, and the President-elect of the Canadian Medical Association, the Chairman delivered his address. In this he first dealt comprehensively with the development of state organization for the betterment of the public health in England, the United States and Canada; detailed fully the work being undertaken by the health section of the League of Nations referred to the programme of the International Health Board of the Rockefeller Foundation and to the munificent support given by that Board to various schools of hygiene, including the contribution of \$650,000, for such a school at the University of Toronto; and mentioned some of the results of activities of public health organizations. Turning his attention to medical education, he dealt with factors which have led to the adoption of the curriculum followed in the leading Canadian schools; defended the methods in common use as being more logical and practical than the alternatives usually offered by the critics; deprecated the proposals that professional courses should be standardized by licensing bodies as likely to kill initiative and destroy individuality; and declared that progressive schools will ever be compelled to

make frequent changes in their curricula. In discussing medical licensure, he referred to the different methods followed in the various provinces; urged that such differences were unnecessary and undesirable; pointed out that in Great Britain there is but one licensing body, while in Canada with less than one-fifth the population there are nine such bodies; and expressed the hope that, as a means toward the attainment of a national ideal, the Medical Council of Canada should be made the sole examining body for the license to practice in the Dominion.

Dr. John A. Amyot, Deputy Minister of Health, followed Dr. Primrose. He spoke of the idealism and altruism of the medical profession. Medical men are licensed not for the protection of the profession but for the protection of the public. The education of the physician must be such that he will be enabled to practice his profession both efficiently and unselfishly. He must sacrifice himself for the benefit of humanity. The increasing public interest in the preservation of health is due to the teaching of physicians, and has resulted in a demand for the administration of public health measures by men who have made a special study of the means of advancing the public health. Among recent innovations are health surveys and health nurses. Some physicians have been critical of the methods followed, but he was sure that this was due to misunderstanding of the real motive and that the great heart of the profession was with the health worker and behind the movement, and he asked for the co-operation of the Conference in overcoming opposition from the ranks of the profession.

The next address was by Dr. J. M. MacCallum, of Toronto, on the subject of Medical Licensure. In this, the procedure of the various licensing bodies of Canada was analyzed. Under the British North America Act, each province determines its own educational standards. This limits the Medical Council of Canada to examinations in the professional subjects only—it must accept provincial requirements in respect of preliminary education. An agreement has been reached by which the several provinces accept the license of the Medical Council of Canada, the standard of which must not be lower than the highest of any of the provinces. There is no direct reciprocity between the different provinces, but all the provinces except British Columbia have had a reciprocal arrangement with the General Medical Council of the United Kingdom. By this latter arrangement a physician registered in one province may become registered in another province, so that what is equivalent to interprovincial registration really obtains although standards of preliminary and professional education differ. Dr. MacCallum characterized this as “a money order business in registration certificates”, and a “back door” method of entering one province from another. The Medical Council of Canada suffers from this arrangement, and Dr. MacCallum claimed that equality (not necessarily uniformity) of standards can only be obtained through cancellation of British reciprocity and agreement by the provinces to accept the license of the Medical Council of Canada.

Dr. T. Glen Hamilton, of Winnipeg, contributed a paper in which it was pointed out that the only persons who are licensed in the interest of the public, and whose licenses are not periodically scrutinized by some public official, are those who undertake to practice the healing art. He argued that if the licenses granted to all who undertake to treat disease were regularly inspected much quackery would soon be eliminated.

The discussion which followed these various papers centered around the proposal that the Medical Council of Canada should be made the single portal for entry upon the practice of medicine in the Dominion. Fully a third of the delegates took part in the debate, the majority being favourable to the proposal. Dr. Marlow, Chairman of a Committee of the Canadian Medical Association which has been studying the question of higher degrees in Canada, sent a letter which was read by Dr. Bazin, in which it was stated that the abolition of provincial licensing examinations and the recognition of the Medical Council of Canada (re-christened as the College of Physicians and Surgeons of Canada) was requisite to the scheme under consideration. Delegates from the Western provinces saw in the proposal the removal of difficulties which now beset them. Emphasis was laid on the development of a national spirit. Discordant notes came from Quebec and Nova Scotia. Dr. Normand, speaking for Quebec said of that province: "Never will it forego the regulations of its own Board and accept only one Dominion license for all Canada. It is only a dream to think that such a thing will happen." Dr. Hattie said that he felt that the Provincial Medical Board of Nova Scotia would be rather loath to depart from its present practice, which has been very satisfactory, in favour of one which might not prove so satisfactory.

Some of those who referred to the fact that the reciprocal arrangement existing between the General Medical Council of the United Kingdom and each of the Provincial Boards (with the exception of that of British Columbia) provides indirectly for interprovincial reciprocity, claimed that the Provincial Boards did not anticipate such a result. As far as Nova Scotia is concerned, it was pointed out that an indirect method of interprovincial regulation was fully anticipated when reciprocal arrangements were made with the General Medical Council.

The matter of Dr. MacCallum's paper was referred to a special committee, which after spending several hours in its consideration, decided to make no definite recommendation to the Congress.

The morning of the second day was given up to three papers; one by Dr. M. M. Seymour, describing the administration of the public health department of Saskatchewan; one by Dr. A. C. Jost urging the need for greater attention to the reporting of communicable diseases; and one by Dr. J. W. S. McCullough, Chief Officer of Health of Ontario, entitled "The greatest public health need of Canada"—which he characterized to be full-time local health organizations. In the discussion on Dr. Jost's paper several provincial health officers ex-

pressed the opinion that physicians should be paid a fee for reporting cases of communicable disease.

The afternoon session of the second day was opened with a paper by Dr. J. H. MacDermot, of Vancouver, on "Health Insurance". This recorded an investigation of this subject by the British Columbia Medical Association, for the purpose of placing the profession in a position to consider intelligently legislative action which, it is expected, will soon be undertaken in that province. The paper is one which cannot be epitomized, but the necessity for careful study of the possible effect of such legislation, both upon the public and the profession, was emphasized. As the matter is one which may, at any time, come up in any province, it was decided to refer it for thorough investigation to the Executive of the Association. Dr. Helen MacMurchy followed, dealing with Maternity Mortality in Canada. This was shown to be higher in Canada than in most other countries, and higher in our rural than in our urban communities. Dr. J. C. Connell, Dean of Medicine, Queens University, discussed the classification of Canadian medical schools by the American Medical Association and took exception to the classification which had been published recently although several schools have not been investigated for several years. An animated discussion followed, which was continued on the following morning, but the decision reached was that no action should be taken. The afternoon's session was completed by the hearing and discussion of a paper by Professor V. E. Henderson of Toronto, on the "Purity and Potency of Drugs," which led to a resolution which will be mentioned later.

On the third day, Medical Education was discussed. Papers by Professor J. J. R. MacLeod, of Toronto, and by Dean Martin of McGill, dealt with undergraduate instruction, while one by Dr. George S. Young, of Toronto, dealt with post-graduate courses. Neither these papers nor the discussion they elicited can be readily epitomized, but the difficulty of presenting to the student the rapidly multiplying acquisitions to our knowledge of medicine and the sciences upon which it is based, was shown to necessitate great attention to the academic preparation of the student, and to his thorough grounding in the basic sciences—physics, chemistry and biology. The Ontario plan of carrying post-graduate instruction to the local medical societies was commended, and by resolution it was decided to ask the Canadian Medical Association to endeavour to procure funds to permit of this work being extended to the whole Dominion. It may be said, parenthetically, that the work in Ontario was financed largely by the Red Cross Society of that province.

It is impossible to adequately set forth the proceedings of the crowded days of the Conference in a report which would not be of undue length. Most of the resolutions were first discussed in Committee and thereafter, in some cases, considered by the Conference, before final adoption. In addition to those already noted, the resolu-

tions which were passed, in all cases unanimously, were to the following effect:

1. That the Conference should become an annual event.
2. That Federal and Provincial governments should give continuous and increasing financial support to work aimed at the control of venereal infection.
3. That the course of instruction in Canadian schools should extend over five sessions, exclusive of "pre-medical" years, of not less than 30 weeks each.
4. That students should have instruction in pre-natal and post-natal care of obstetrical patients, and attend on at least 10 maternity cases under instruction.
5. That provincial councils and medical schools should encourage students to register at the beginning of their course and that for such registration a nominal fee only be exacted.
6. That the Attorney-General in each province be urged to enforce the laws of the Province with respect to irregular practitioners.
7. That approval be given to the proposal of the Federal Department of Health to regulate the potency of drug stuffs requiring physiological standardization; that the Department be urged to require its approval of all drugs offered for sale as standardized products; and that gratification be expressed that the Department proposes to supply the requisites for such a policy.
8. That the Canadian Medical Association, through the provincial and branch societies, call the attention of physicians to the importance of reporting communicable diseases and the adoption of such methods to that end as may seem to each provincial society most advisable.
9. That the Federal Department of Health be requested to undertake a comprehensive inquiry in regard to maternal mortality in Canada.

Respectfully Submitted,

C. M. A. Committee on Pharmacology

Two suggestions have been put before the Committee on Pharmacy, which I pass on for your consideration:—

1. The Secretary of the Canadian Medical Association has been approached by a group of business men and druggists who contemplate instituting a series of drug stores spread throughout the country on somewhat new lines, which I shall presently detail. They have asked the Secretary to get an expression of opinion, if possible, from the Medical Association in regard to their proposal, and the Directors have asked the Committee on Pharmacy to undertake this duty.

The proposal is to have a drug store which will not sell medicines save on a Doctor's prescription, and which will confine its work to the dispensing of Doctor's prescriptions. They are prepared to guarantee that the best drugs and apparatus such as a physician requires, will be kept in stock, and only the best. They will not refill a prescription without the permission of the Doctor who prescribed it, save under very exceptional circumstances. They will undertake in no case to prescribe for a patient. They will be open day and night, and will have a proper delivery system.

Secondly, they intend to have in each such drug store, a department in charge of a Doctor who will undertake to carry out commercial analyses of all types, such as are likely to be required by a practising physician, on blood, urine, etc., and possibly, pathological examinations as well. They will do no commercial analyses for industrial companies, but will work solely for the medical profession and the dental and veterinary professions.

It will be seen that their proposal is that they establish drug stores of a higher ethical type, and will do, as is regularly done in France, chemical examinations for practising physicians. This system has been one of the factors which has saved French pharmacy and made it one of the best professions in the world.

11. I have received from Dr. J. R. Corston of Halifax, a member of the committee, some suggestions in which he concurs, put forward by Dr. O. S. Gibbs, Professor of Pharmacology, Dalhousie University, which may be summarized as follows:—

(1) A revision of the Pharmacopoeia at present in use in Canada is necessary, owing to the fact that the present pharmacopoeia includes many useless drugs.

(2) In any such revision of the Pharmacopoeia, a provision should be made that pure chemicals when sold for use should bear the chemical analysis. This is at present the practice of many manufacturing houses. The words "chemically pure" are, of course quite misleading.

(3) Pharmacological analysis should be insisted upon in all cases where chemical standardization is inadequate.

(4) In the case of patent medicines, regulations should be introduced which would necessitate that, if such a medicine or drug consist of a single patent compound, that label should bear its true chemical name, and it must be chemically pure by analysis or contain a statement of the amount of impurity.

(5) In the case of a compound mixture, each and every ingredient and its quantities shall be shown upon the label.

(6) The medical profession should endeavour by propaganda to educate the public to the view that medicines of unknown formula should in no case be sold, first, because no person should be treated or should treat himself with drugs whose actions are unknown; secondly, because an unknown formula is usually a cloak for taking money from the public without adequate services being rendered.

(This is a letter from the Chairman of the C. M. A. Committee on Pharmacology, sent to Dr. J. R. Corston of Halifax, the Nova Scotia representative on this Committee, and the subject-matter should be considered by all Branch Societies).

Be Examined on Your Birthday

(Dr. Chas. J. Hastings, Medical Officer of Health, Toronto).

Public health activities have reduced our infant mortality fifty per cent. within the past fifteen or twenty years, and have also materially controlled many of the communicable diseases, especially typhoid fever and tuberculosis.

The death rate from these two diseases has also been reduced fifty per cent. during the past fifteen years, but for the man of fifty years of age or over, there has been practically no change. There has been little or no prolongation of life, nor are his chances any better for a longer life and a more useful and happier life than they were fifteen years ago.

The complete physical examinations required by Life Insurance Companies have demonstrated the frequency and seriousness of the chronic diseases of the heart, kidneys, arteries, liver and other organs, the existence of which in the various candidates examined had frequently been not even suspected.

These wasting diseases of middle life unfortunately come on insidiously and the only way by which they can be detected and their disastrous results controlled, is by a complete physical examination, which you should have made by your family physician at least once a year.

None of us are looking forward with pleasure to old age. What we desire is to be young at sixty and remain young for one or two decades after.

Canadians would be well advised in keeping constantly before them the following valuable slogan of our neighbors across the line—"Have a complete physical examination by your family physician on your birthday." By doing so, you may add from five to twenty-five years to your life.

The Nova Scotia Medical Bulletin

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Editor:—S. L. WALKER, B. A., M. D.

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The Bulletin.

It is very gratifying to hear words of appreciation from so many members of the profession of the three last issues of the Bulletin. Then others are good enough to write their expressions of approval, and some of these would be published from time to time if the writers would only leave out the personal references. Of course the "Editor" (the Associate-Secretary) feels assured that all this praise is fully merited, but he has not yet reached the callous editorial state of mind when he can read such things in print without feeling that he should blush.

One thing has occurred, which convinces the Editor that the Bulletin is a good publication, in that many expressions of satisfaction are received from actual and prospective advertisers. Invariably they have a word of congratulation upon the good appearance of the official organ of the Medical Society of Nova Scotia. They are paying their good money to send a message to the profession in Nova Scotia, it is business with them, they are not swayed by sentiment. Hence they speak with authority.

In this connection many doctors can materially assist in making the Bulletin a success. Without advertising we cannot afford to print a Journal of this size and interest, and advertisers like to see something for their money. The great majority of our doctors will be writing to these advertisers sometime during the year. This may be only an inquiry, but if you mention seeing their Ad in the Bulletin, they will realize they have advertised in a good medium.

In a short time we will devote at least a full page calling your attention to the firms using our space. Our policy will be to have a class of advertising that will be not only reliable but desirable, and presenting commodities or inducements particularly attractive to the profession. For instance, note the March Ad of the Nova Scotia Trust Company. Then as one doctor suggests, a "Want, Sale or Exchange" page can be featured where a doctor can state his desires to 400 other doctors at a very small cost.

The Bulletin is absolutely necessary to the success of the Medical Society of Nova Scotia, and if every one helps a little sometime during the year, it will accomplish its purpose.

Laparotrachelotomy.

A splendidly illustrated article by Joseph B. DeLee, M. D., of Chicago, appears in the March 14th issue of the Journal of the American Medical Association. The conclusions are based upon a series of 330 cesarian sections performed at the Chicago Lying-In Hospital, with two deaths, only one of which however was preventable. Vomiting was present in eighty-eight cases, but was marked in only four. Since local anaesthesia has been used, nausea and vomiting have almost disappeared and bronchitis and pneumonia are known no more. Tympany never was a threatening symptom, and gas pains have not been troublesome. Forty percent of the cases showed a rise in temperature. This is explained first by including the brief frequent post-operative reaction. Secondly the operation has been very often on women who have been long in labor and have had many manipulations with consequent complications.

But reference is made to this article especially on account of the illustrative colored cuts showing every stage of the Low, or Cervical, Cesarian Section. Each Figure is clearly described so one can easily visualize the entire operation.

The author claims the following points in favor of the low over the classic Cesarian Section:—

1. A decidedly lower mortality.
2. A decidedly lower primary morbidity.
3. A greater guarantee against rupture of the uterus in subsequent pregnancy and labor (only five cases on record, all during labor, and three improved.)
4. A greater guarantee against intraperitoneal adhesions.
5. Much less likelihood of utero-abdominal fistuls (no case yet reported) and fewer hernias.
6. The permissibility to extend the indication for abdominal delivery to cases of neglected labor, even when infection is suspected. Thus we reduce the field of crantotomy on the living child almost to the vanishing point.
7. The possibility of giving the parturient a real test of labor before concluding that abdominal delivery is necessary. Thus many of the latter will be avoided.
8. A broadening of the indication for abdominal delivery for the purpose of saving the life of the child and preventing damages to the mother's soft parts.

We have all noted the difficulty in cities, of renting apartments, when the prospective tenant has children in his family. But in the small towns of Nova Scotia one does not expect such restrictions. Yet the Editor of the *Acadian* states that a number of people desirous of settling in Wolfville during the last four years were unable to do so because they had children in the family. A town that wants to thrive should advertise for residents with large families and offer them special inducements, especially when they are intelligent substantial citizens. It is just another little phase of the race suicide question.

The D. S. C. R.

THE report of the work of the Soldiers' Civil Re-establishment for the year ending December 31st, 1924 was received by the Editor of the *Bulletin* on March 10th, 1925. This report had of course, to be ready to present to the Federal Parliament now in session. The first comment is naturally that it is an illustration of good administration to have a report containing so much of a statistical nature ready for distribution within two months after the close of its business year. Our acquaintance with provincial reports where the year ends September 30th, lead us not to expect their appearance until some time in the New Year from four to five months after the close of its fiscal year.

While some of our readers are interested in this report because they were in uniform during the war, have been associated with the work of the D. S. C. R. and B. P. C., or have been interested in seeing some of our patients being treated or refused treatment or pension, the profession generally will doubtless find the references to the Treatment Branch of definite interest, and perhaps of value.

In the first place it may be noted that this report illustrates very definitely the great extent to which matters primarily of concern to the medical profession are dealt with by the administrative portion of the Department, rather than by the Director of Medical Services. While Dr. H. S. Beland is the Minister (and also Minister of Health) the Deputy and Assistant Deputy Ministers are both of the laity. Not only this, but such matters as Admissions, Discharges, and Deaths, Training and care of the Blind, Orthopedic and Surgical Appliances, Clinical Treatments, Dental Services, Dietetics, Hospitals Mental and Hospitals operated or used by the Department, Imperials on treatment, Medical Stores, Neuropsychiatric Service, Pension Medical Examinations, Pension Statistics, Sanatoria, and Treatment of Tuberculosis, all appear in the Report as prepared by the Deputy Minister and not as might be expected by the Director of Medical Services.

This is quite as might be expected by anyone who has been at all conversant with the operation of the Department which has always been dominated by the lay Administrative Branch. It was just this assumption which led to an effort a year or more ago, to replace Medical

Superintendents of hospitals by lay Superintendents, which brought about a general protest all over the Dominion, which was sponsored by the Canadian Medical Association. Indeed, were it not for a page devoted to naming those officials of the Head Office, where we learn that W. C. Arnold, M. D., is the Director of Medical Services, and R. B. O'Sullivan, D. D. S., O. B. E., is Director of Dental Services, this Annual Report does not indicate that any professional men have been at all responsible for the work of the Department in 1924. *A perusal of the Report, however, shows that the great bulk of the work of the Department has been carried on by the Medical Profession.*

On December 31st, 1924 there were on the treatment strength of the D. S. C. R. in Canada, 3,105, besides 101 in Great Britain, and 221 in the United States. The total admissions to Hospitals from July 1st, 1915 to December 31st, 1922 were 135,121; for 1923 the admissions were 8,516 and for 1924 they were 8,234. The figures for 1923 and 1924 seem to indicate that hospitalization will be required for a very considerable number of years. In addition to this, Clinical Treatments, mostly by general practitioners, for 1924 amounted to 147,675.

In "B" Unit which includes Nova Scotia, New Brunswick and Prince Edward Island, two general hospitals are directly under the D. S. C. R., Camp Hill, Halifax, with a 200 bed capacity and Lancaster, St. John, with a 100 bed capacity. Patients are also treated at the Nova Scotia Hospital, Dartmouth, the Nova Scotia Sanatorium, Kentville, the Jordan Memorial Sanatorium, River Glade, N. B., the St. John County Hospital, St. John, and Falconwood Hospital, Charlottetown. Approximately 200 patients are under treatment in the Maritime Provinces in general Hospitals, the rest, approximately 175, being treated for Tuberculosis or Mental Disease in the special institutions mentioned.

Any one desiring a copy of this report may secure the same by writing to the Federal Member of his County or to the Assistant Deputy Minister, D. S. C. R., Mr. E. H. Scammell, Daly Building, Ottawa.

Pasteurization.

After noting the effect of certain varieties of feed on milk, and stating that "feed may be quite as important as breed", in milk production, an article in *Hygeia* goes on to say:—

"Particularly does this seem to be true for the antiscorbutic potency and the content of vitamin A in cow's milk. These important conclusions should be recognized, especially in regulating the diet of children, in order that possible deficiencies may be supplemented. For example, in the case of infant feeding, consideration should be given to the value of fruit and vegetable juices to supplement the antiscorbutic vitamin present in milk in variable amounts whether or not the milk is pasteurized.

Inasmuch as milk is a vital food for which there is no adequate substitute, it is imperative that safe milk be at all times available for the public. Milk is also an excellent medium for bacterial growth and must, therefore, be produced and handled under the most favorable conditions of modern sanitation. Pasteurization by the holding process is the most reliable safeguard at present available for practical use in communities. The study made by the New York City Board of Health on children fed at the fifty-five municipal milk stations in that city demonstrated the tremendous value of pasteurization in combating diarrheal diseases of infants, and showed also that these children gained weight regularly. Realizing that the production of clean, safe milk is essential, the dairy industry is co-operating with various agencies to improve the milk supply to further safeguard this essential food by proper pasteurization. The National Dairy Council has published a summary of the opinions of many leading scientists, physicians and welfare organizations on this subject. It is generally considered that pasteurization is not a substitute for sanitation, but should be coupled with adequate supervision at the source and at the milk plant. No epidemic of disease has ever been traced to properly pasteurized milk. In accord with modern experience the committee emphasizes the importance of pasteurization of all cream used to make butter, and of milk and cream used in the manufacture of ice cream."

Hygeia is the official lay publication of the American Medical Association. Enough said.

Annual Report—Department of Public Health.

The 32nd Annual Report of The Department of Public Health, has just been issued and presented to the Legislature. This Department is under the direction of the Provincial Secretary. It is worthy of note that Hospitals and the Sanatorium have been under the Department of Works and Mines. While the reasons for this are obvious, it is an anomaly just the same.

With the exception of some three pages, the report proper is profusely illustrated with charts and statistical tables. These very clearly convey the information it is desirable to give, but one questions to what extent will the profession in Nova Scotia study these sufficiently to appreciate their full significance.

As a matter of fact, the Public Health Notes issued by the Department at certain intervals, contain more practical information for the profession than the annual report. Although these notes have been mailed to all practitioners, we think they are more likely to read them if they appear in the Bulletin. The following selections are therefore given from the "Notes" issued March 30th, 1925.—

General Death Rates.

The total number of reported deaths was 6564, equivalent to a crude death rate of approximately 12.5 per thousand. During a five year period ending in 1913, (and that too, when deaths were not being so accurately or fully reported, and from a smaller population) the average number of deaths was 7337. This latter figure has not been exceeded since 1918-19, the Influenza year. The average for the latest five year period is 6821, so that the year 1923-24 has been a year in which the number of deaths was less than the five year average.

Comparing the two five year periods, there have been about five hundred fewer deaths during each year, of the latter period. Statisticians tell us that for each death, many attacks of illness, the equivalent of several years confinement to bed, are experienced by other members of the community. Expressed in another way, there are about 100 attacks of illness in a community for each annual death.

There has thus been a saving of much more than 2500 lives during the period. There has been as well freedom from sickness, the extent of which it is difficult to determine. These appear to be the easily determinable facts; the reasons for them may not be so easily determinable.

Infant Mortality.

The Infant Mortality was the lowest heretofore recorded, being in the vicinity of 92. To a great extent the improvement in the Provincial showing is due to the marked change in the Halifax City rate, where, of 1448 infants born alive, only 141 died. This is a rate of less than 100. If Halifax infants had died at the rate quite often seen in former years, over 200 would have died.—the Provincial rate would then have been about 100.

Under ordinary circumstances the city rates of disease and death exceed the rural rates. This is well seen in our older Provincial figures, where the rates for the city of Halifax for many years exceeded the Provincial rates. There are many instances, however, in which a city, by making full use of its superior health advantages, has been able to bring about a reversal of this condition. New York and Toronto have done so, for instance, and it will be seen that the same may very shortly be true for Halifax. The Halifax City rates are now but little, if any, above the rates of the rest of the Province. Education, the better supervision of food and water, and the control of infections are quite largely contributory to this result. These are wresting from the rural communities the credit for superior health conditions which they have hitherto enjoyed.

Tuberculosis.

The total number of Tuberculosis deaths was 659. The figures for the former year were 651. Has the decline in number of Tubercul-

osis deaths, which has been uninterrupted for a number of years, come to an end? We may need new methods of attack if the decline is to continue. A measure now before the Local House is aimed to encourage the reception of cases for treatment in the Local Hospitals. If the Local Hospitals can be induced to establish wards or wings in which advanced cases can be looked after, a valuable addition to our control efforts will have been made.

Of the total number of Tuberculosis deaths, 555 were cases of the Pulmonary form of the disease, 104 being of other forms. In the year 1922-23 the figures were 558 and 93 respectively. There has been a slight reduction of deaths from Pulmonary form and an increased number of deaths from Tuberculosis other forms. It is a fact which ought not to be overlooked that the improvement which this Province has experienced since 1908 is in the Pulmonary form of the disease. There has been a tendency for other forms of tuberculosis, not to diminish in number, but actually to increase, and the 1924 experience resembles in this particular that of other years. Many of this class of cases owe their disease to infection from cattle. This indicates one avenue along which attack must be made if we are to bring about improvement.

Other Infections.

This Province ought to be one of the most favored places in the world so far as many of these infections are concerned. Indeed our records are equalled by those of but few countries. The relative freedom of the Province from Diphtheria is a matter of congratulation. The relative absence of typhoid is connected with our advantageous position, with abundance of potable and safe water, and almost an entire absence of sewage problems. It is noteworthy that to a disease usually considered as a minor ailment is given the place second to Tuberculosis as the most fatal infection. This disease is whooping cough, which killed last year a number of patients, only less in number by one, than the total deaths from measles, typhoid, scarlet fever and diphtheria. It may not be so easy of control as all or any of these, but any disease, communicable and the cause of so many deaths, ought not to be disregarded by our Boards of Health.

Fraternity—Phi Rho Sigma.

Dalhousie University Medical College, now has a branch of the Phi Rho Sigma Fraternity, its organization being effected March 31st. The Chapter was installed with the aid of Dr. Ralph Elliott of Cleveland, Ohio; Dr. MacNeil of Philadelphia; Dr. Prescott Irwin, Shelburne, N. S. and Dr. Norman Higginbotham of Montreal. Besides sixteen student members, Doctors H. K. McDonald, W. A. Curry and E. K. McLellan were initiated as honorary members. At the conclusion

of the ceremonies, the entire party were dinner guests of Dr. P. Irwin on the R. M. S. P. "Chignecto". The following are the Charter Members: James W. Read, William S. Gilchrist, Chesley M. Oake, Samuel McL. Wood, Harry S. Morton, John C. Thurrott, William A. Hewat, Alex. J. McLeod, James M. Beardsley, Herbert DeMontfort Haslam, Gordon A. Winfred, Gordon M. Bruce, Hugh Fraser McKay, Kenneth M. Grant, Douglas F. McDonald, J. G. Toombs.

Some Peculiar Medical Reports.

It is not so long ago that a Medical Officer now in general practice in a city in Nova Scotia, furnished a report on a case of Tertiary Syphilis, stating in the medical history that the patient had a "Mitral Chancre" in 1916. Some diagnosis.

Another doctor now in practice in another city in Nova Scotia, recommended an ex-soldier for vocational training in the following report:—

"I would suggest, that as he also lost a leg, that he be at once started upon a Course of Vocational Training, as he seems inclined towards Tailoring. I think the Department would do well to get him away from the Doctors and hand him over to the Tailors for the rest of his natural life."

Verbatim copy of a report furnished on an ex-soldier by a doctor now practicing in a mining town in this Province:—

"This is to certify that I have this day examined F. N. and find he has the following disability or disabilities, and disabling condition or conditions—'He says he has leakage of the heart'—The probable duration of the disability will be 'Till he gets a pension.'"

Signed—

This man may not have been so far astray after all when he writes:

"I was admitted to Hospital at Charlottetown, P. E. I. for further treatment under the Inflated Soldiers' Commission."

A general practitioner in Nova Scotia, a few years ago, addressed a public meeting on the general subject of the prevention of Tuberculosis. Shortly after, he received the following letter, and one would naturally inquire as to the nature of his reply:—

"I have seen on an advertisement that you could cured Tuberculosis. Please let me know if you can cure them when taken in the arms, legs, kidney and bladder. I've had them for four years. I was taken sick four years ago and the Doctor said it was Tuberculosis in the Bladder, then in the kidneys in my left wrist. I am better in the bladder I can hold my water longer than I use too and my water

has stopped three or four times. I had to call a physician but there is six months I have not felt anything. One year ago last September, I had what I thought and abscess, the Doctor split it and it left a little whole and then 3 months afterwards it came again and bursted in the same first whole and a fortnight ago it came again, but it only swelled a little bit. The left wrist began to hurt me last fall, it is swollen and last week it bursted. I don't think I had them in the stomach, it seems only to be in the flesh. I have a good appetite, I keep going in the neighbors house. I was in Y. last fall, I went to church in March and it does not hurt me any more than staying home. I don't cough any, my bowels are alright, I got no headache. Now please let me know what you think of my sickness I have tried most every Doctors all kinds medicines I am better than I have been. I'll have pain in the legs arms sides and after a while it goes away when I put a Poultrice, it helps a good deal. Tell me all."

Remain yours,

PERSONALS

Dr. I. M. Lovitt and Mrs. Lovitt of Yarmouth, went to Boston for a visit the latter part of March.

Dr. L. B. Braine of Annapolis Royal, was recently called to Kentville, owing to the serious illness of his father.

Mrs. Pothier, wife of Dr. H. J. Pothier, of Weymouth, was recently a patient in Yarmouth Clinic Hospital, for a short time.

Dr. P. S. Campbell of the Provincial Health Department, has again been attached to the Staff of the Sanatorium for duty.

Dr. J. S. Brean of Mulgrave, following operation at St. Martha's Hospital is convalescing in various towns in Eastern Nova Scotia.

Dr. G. W. Whitman of Stellarton, was elected President of the Nova Scotia Command, G. W. V. A. at the Annual Convention, held at Truro, in March.

Reports from Miami, Florida, speak of continued improvement in health of Dr. C. H. Morris of Windsor. Dr. and Mrs. Morris expect to return to their home in May.

On Thursday he took a display sign off a lady's blouse and put it on a bathtub. The sign read: "How would you like to see your best girl in this for \$2.75." They fired him Friday.

Dr. S. W. Williamson of Yarmouth recently addressed the Rotary Club of that town, his general subject being to point out what Medical Science has accomplished in the prevention of disease.

A citizen recently speaking on pasteurization as a member of a delegation to a town council said,—“She thought very little of it, and personally would feed her children on cow's milk.” Another thought,—“More than the milk in the town needed pasteurization. A similar plant should be erected to pasteurize the moonshine that was being sold to the fathers of the children.” Yet such representations carry weight in a community.

Dr. A. F. Miller returned to Kentville after six weeks stay in the Victoria General Hospital. He has made a good recovery following operation, but will be unable to fully resume his duties at the Sanatorium for some weeks.

Many doctors were laid up during March with Influenza. Dr. and Mrs. McMillan of Sheet Harbour were quite ill for a time. Dr. Whitman of Stellarton and Dr. Augustus Robinson of Annapolis Royal, were also on the list.

Dr. H. A. Chisholm, of the Provincial Health Department, attended the Special Course for Farmers recently held in Antigonish. He addressed the classes on general health topics and exhibited several moving picture health films.

Are you getting old? "If in advanced life the lower end of your breast bone feels elastic when pushed inward, you may assume that no important changes have yet taken place." Thus the lay press point out how one may know whether or no he is still a chicken.

The canny Scott was not quite sure whether business might not keep him away from his evening meal.

"Jeanie, my girl," said he to his wife, ere he left home in the morning, "if I'm no able to be hame I'll ring ye up at 6 precisely. Dinna tak the receiver off, and then I'll no ha' to pit in my two-pence."

Illustrative of the movement on the part of the Profession to give the public proper views on health matters, and the work of the doctors, only a few weeks ago a doctor in an isolated section of the Province wrote the Associate-Secretary, asking for material suitable for public health talks which he proposed to give during the coming summer, in the several settlements in his district. Then recently the Press had a reference to what must have been an interesting and profitable address by Dr. E. V. Hogan on the Progress of Medical Science delivered at St. Mary's College. In part it stated:—

"Dr. Hogan traced the development of medical science from the dawn of the Christian era and outlined some of the efforts of the great scientists in their pursuit and fight against disease and pain. Modern scientists who had and who are now engaged in the same pursuit, that of greater knowledge of disease, manner of treating the ills of the body and most effectively looking after the same, were also referred to. The nursing profession, so closely allied to the medical and surgical calling, was spoken of. Dr. Hogan told of the fight made against cholera in Halifax many years ago and the self sacrifice and work of the local doctors and the nurses who looked after the victims of this dreadful plague."

At a recent meeting of a Municipal Council, the Clerk announced he wanted a supply of ribbons for his typewriter. A Scotch Councillor protested against such extravagance, saying,—“She may be a very nice girl, but I do not see why she should be provided with finery at the expense of the ratepayers.”

To the list of Nobel Prize awards published in the March 1924 issue, it is possible that the names of two Chicago physicians may be added this year. The Gorgas Memorial Institute of Tropical and Preventive Medicine, have nominated Dr. George F. Dick and his wife, Dr. Gladys H. Dick for this distinction on account of their work in the prevention of Scarlet Fever.

It is expected that the new \$70,000.00 hospital at Inverness will be ready for occupancy sometime this month. One is inclined to wonder if it is good policy to have more than one hospital in small towns. The overhead is nearly as much for a large hospital as a small one; besides the struggle for maintenance, and the folly of duplicating special equipment as X-Ray etc., does not promise the greatest efficiency.

A provincial newspaper is authority for the following:—

“London has 5000 qualified physicians tramping the streets looking for jobs at anything from \$10.00 a week up. Some of them are sleeping at night along the great Thames Embankment, the world famous resort for down-and-outers.”

Whether this is due to the operation of the State Medicine Legislation or because London is abnormally healthy, they are not much worse off than many physicians in mining towns in Nova Scotia, who have given their services and supply all medicines etc., needed with little prospect of ever being re-imbursed for this outlay.

Not long ago in addressing a nurses graduating class a doctor spoke to its members as follows:—

“I confess I am sorry that all nurses are not sisters. I do not believe that any man or woman can properly take care of sick people, and deal with suffering without being intensely religious. They may not show it in any form of ritual whatever, but they must have the religious spirit, they must have religion in their hearts. Whether they be doctors or nurses, they must donate their entire lives to that one function.”

There is a great truth here expressed and the more we grasp the idea of Service to humanity as our main inspiration, the more we have of the ‘religious spirit.’

OBITUARY

Howard Douglas Wilson, M. D. University of Pennsylvania, 1878.
Barrington, N. S.

After a long illness Dr. H. D. Wilson, of Barrington, N. S. died at his home, March 5th. He was a son of the late Dr. J. K. Wilson who practised in the same district for fifty years, and their services to the community for nearly 100 years were always greatly appreciated. Dr. Wilson was a gentleman of the old school, and a capable conscientious practitioner. A son of Dr. Wilson is a member of the graduating class this year at Dalhousie Medical College.

A correspondent in the Yarmouth Light pays him the following tribute:—

“The whole countryside mourns the death of Dr. H. D. Wilson, who passed away on March 5th. Cancer of the stomach was the cause. We feel in the passing of this man a great sense of loss, for in nearly every home along these shores, he has carried relief to the sick and suffering, and was greatly beloved. Though confined to the house for months he continued to minister to all in need of medical aid, to within a few weeks of his death. Combining the years he practiced his profession with those of his father, nearly a century is covered, and now we look forward to the continuance of his work in the person of his son, Alpheus, who expects to take up his father’s work this year.

During his illness he was tenderly cared for by the members of his family. He leaves to mourn, two sons and a daughter, Kenneth and Alpheus, and Mrs. Austin Watson. He is the last member of his family, a sister, Mrs. Hardwick, having pre-deceased him but a few days. His age was 72 years and 2 months. Because of insufficient means of conveyance many friends were unable to attend the funeral, but numbers came by foot and boat, and a large crowd thronged the house and grounds. Permission was given to use cars but this was not generally known. Beautiful flowers gave mute testimony of love and sympathy. Rev. Mr. Croft conducted the service, assisted by Rev. Mr. Lewis.”

John Ferguson Black, M. D. College of Physicians and Surgeons N. Y.,
1868, Stone, Somersetshire, Eng.

The Halifax Press, a few weeks ago had the following reference to the death of Dr. J. F. Black, formerly of Halifax:—

“Dr. John F. Black, a native and former resident of Halifax, but who had been living in England for twenty-three years, died at his home, Stone, Somersetshire, England, yesterday, according to word which reached Halifax yesterday afternoon. Dr. Black,

who was the son of the late Dr. Rufus F. Black, in his day a prominent physician of this city, belonged to one of the oldest and best known families of Nova Scotia, and besides a few close relatives living in Halifax, had many old acquaintances and friends among the more advanced generation. He was seventy-nine years of age, and left Halifax in 1902 to take up his residence in England, never returning to his native Province. He retained certain interests here and it is believed possessed considerable of an estate in the Province.

Dr. Black is survived by one sister residing in Halifax, Miss Louise T. Black, and three sisters in Pasadena, California—Miss Fanny, Miss Laura and Miss Edith Black. The late Mrs. (Rev.) J. A. Rogers was another sister, and Mrs. M. O. Crowell and Mrs. E. L. Jack, of Halifax, are nieces, and Rev. Alfred Rogers a nephew of the deceased. Dr. Black never married.

In the news of the death of Dr. Black, older citizens of Halifax recalled the changes which have taken place in the older residential sections of Halifax, and remarked on the fact that the father of the deceased, Dr. Rufus Black, had his residence and offices where Donovan's Soda Water Works now are, a portion of the city which is to-day almost entirely given over to business. Dr. Black was a direct descendant of Bishop William Black, the founder of the Methodist Church in what is now eastern Canada."

At the regular meeting of the Halifax Medical Society, March 25th, the following Resolution was passed being spoken to very feelingly by Dr. M. A. B. Smith, Dr. Murdock Chisholm and Dr. E. V. Hogan:—

"Resolved that this Society, having learned of the death near London yesterday of Dr. John F. Black, desires to place on record its regret at the passing of one who stood at the head of his profession in Halifax for many years, and who with the late Dr. Farrell and Dr. Parker, represented the best surgery of their time in this Province. Dr. Black was also one of the founders of the Halifax Medical College, the nucleus of a movement which has even now made Halifax an important medical centre.

And Further Resolved that the sympathy of this Society be extended to the sisters of the late Dr. Black at this time, and that a copy of this Resolution be forwarded to them."

The death occurred in March 1925, of August Paul Wasserman, Berlin, the noted Bacteriologist. He was born in 1866 and his work especially in Syphilis had given him a world wide fame. It is, however, a striking illustration of the interest the public is taking in matters relating to health, to find a provincial newspaper, The Evening News, publishing the following editorial under the heading of "A Servant of Science."—

"So curiously constituted is the public mind that the end of a notorious criminal often attracts more attention than the passing

of some famous scientist who has achieved something for humanity. The meagre despatches announcing the death of August von Wassermann afford a case in point. Known to scientists throughout the world as one of the foremost pathologists of the day, he is accorded over the cables a mere paragraph. Yet Wassermann earned the undying gratitude of humanity. It was his discovery of an unailing reaction test of blood for a specific disease that opened the door to the relief of millions of suffering humanity. He gave it to the world. He might have kept it a secret and made millions out of it. But he made mankind his debtor instead.

Wassermann worked unobtrusively along original lines. For years before his death, he had been engaged in research work to ascertain a cure for cancer. Whether he had come as near success as recent reports tended to indicate will not, perhaps, be known for some time. He certainly cleared the ground for others in this field of research. He served his day and generation and he left the world a healthier place than he found it. What scientist could ask for a finer epitaph."

The death took place March 20th, 1925 at Lower Mount Thom, Pictou County, of Mrs. Duncan C. Davies, after an illness of one week. Besides her husband she leaves three sons viz. Dr. Jack James, Royal Victoria Hospital; Dr. E. R. Davies who settled at Saltsprings, but is now house physician at the Aberdeen Hospital, New Glasgow; and Dr. William Davies of Westville.

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*.
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 M. MacLaren, St. John, N. B.

A. F. Menzies, Morden.
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 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.
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 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. Reh fuss, 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.

Members of C. M. A. Council

- Dr. W. N. Reh fuss (Ex-Officio)
 Dr. J. G. D. Campbell (Ex-Officio)
 Dr. S. L. Walker (Ex-Officio)
 Dr. L. R. Morse,
 Dr. G. H. Murphy, Halifax.
 Dr. W. J. Egan, Sydney.

- Bridgewater.
 Halifax.
 Halifax.
 Lawrencetown.
 Dr. H. K. McDonald, Halifax.
 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.

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.

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. LeBlanc, Dr. P. A. McGarry,
 Nominated to Provincial Executive:—Dr. J. J. Cameron, Antigonish.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

LUNENBURG-QUEENS

Officers for 1923-24

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

Executive

The above Officers with:

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

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

PICTOU COUNTY

Officers for 1924-25

Priestident.....Dr. Clarence Miller, New Glasgow
 Vece-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.
 iBnvie, S. C. McKenzie, G. A. Dunn, C. W. Stramburg, F. B. Day.

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

Members of the Executive and nominated to the Provincial Executive:—

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

MEDICAL SOCIETY OF NOVA SCOTIA

HALIFAX MEDICAL SOCIETY**1924 Officers 1925**

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

Executive

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

PROGRAMME FOR 1924-1925

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.