


NOTHING in life is more wonderful than faith—the one great moving force which we can neither weigh in the balance nor test in the crucible . . . To each one of the religions, past or present, faith has been the Jacob's ladder. Creeds pass; an inexhaustible supply of faith remains with which man proceeds to rebuild temples, churches, chapels and shrines . . . Christendom lives on it, and countless thousands are happy in the possession of that most touching of all confessions, "Lord! I believe; help Thou my unbelief." But, with its Greek infection, the western mind is a poor transmitter of faith, the apotheosis of which must be sought in the religions of the east. The Nemesis of faith is that neither in its intensity nor in its effects does man find any warrant of the worthiness of the subject on which it is lavished—the followers of Joe Smith, the Mormon, are as earnest and believing as are those of Confucius!

Sir William Osler.



Chronic Headaches from the View-point of General Medicine

THE investigation and correct interpretation of the causes of a chronic headache is often a real problem and may tax to the limit the practitioner's clinical acumen.

The subject is so wide that it will simplify things by at once excluding from consideration the large group of reflex headaches from the eyes, nose, ears and throat coming within the field of the specialist on these regions. These will be considered in a coming issue of the "Bulletin." The pure neuralgias are also cut out. Firstly we must attempt to get them into groups. Morley Fletcher divides them as follows:—

A. Causes due to organic disease.

1. Diseases of the Brain:—Concussion, Tumours, Disseminated Sclerosis, G. P. I. etc.
2. Diseases of Intracranial Vessels:—Haemorrhage, Syphilitic Endarteritis, Arterio sclerosis, etc.
3. Diseases of Meninges:—Syphilis—other forms of Meningitis.
4. Diseases of the Skull:—Tumours, Tertiary Syphilis, Dental abscess. etc.
5. Diseases of Special Sense Organs:—Glaucoma, Refraction errors, Nasal disease (vide supra). etc.

B. Toxic Causes.

1. Of Exogenous origin:—Foul air, Drugs, (Alcohol, Tobacco). etc.
2. Of Endogenous origin:—Uraemia, gout, constipation. The toxæmias of specific fevers of long duration, e. g. tuberculosis, syphilis, suppuration and chronic sepsis.

C. Functional Causes.

(a) Abnormal blood-pressure high or low, high, in renal disease, arterio-sclerosis and "essential" hypertension (hyperpiesia of Allbutt) low, in anaemia, heart disease. Addison's disease. (b) Venous congestion. (c) Excessive mental strain. (d) Pressure on head (heavy hats, etc.). (e) Persistent noises. (f) Menstruation. (g) Hysteria. (h) Migraine. (i) Epilepsy. (j) Sunstroke.

It is obvious that many other examples especially in the class of Organic Disease may be supplied by the reader himself. A word

or two as to the causes of head pain in such a varied group of pathological conditions. The brain itself is insensitive, as we know, the membranes, at any rate the dura, are supplied with sensory fibres from the vagus—so that abnormal stimuli from these reach the cortex and give rise to the impression of pain. It is not yet definitely known (and I have consulted Professor Babkin on this point) whether there are sensory afferent fibres from the *blood-vessels* of the brain, although we know that abnormal states of these vessels may give rise to pain. One has to consider in so many cases the possible effect on the brain as a whole within its rigid box, and the possible presence of the slighter degrees of “wet brain” or “Serous Meningitis” so called. One has only to see once the dripping membranes of the brain of a chronic alcoholic to appreciate this point. Pain in such cases may fairly be attributed to tension of the membranes with consequent stimulation of their sensory fibres.

When we are dealing with the large and complicated group of “reflex” headaches from the various viscera, we come within the sphere of the vagus nerve especially and its associates. Here one must mention Head’s well-known zones of cutaneous hyperaesthesia on the trunk and the corresponding headache zones on the cranium. A knowledge of these may at times help in pointing towards the offending viscus. Finally on the scalp and other parts the dominant role of the 5th nerve and its connections as a “headache centre” merely needs mention.

Taking up now a few special forms of chronic headache, let me refer to that known as *fibrositic or indurative headache*. The classical paper on this was that of Stockman of Edinburgh many years ago. In this affection the pain radiates from the neck and forehead muscles unilaterally or bilaterally over the scalp; and in the trapezius, rhomboid, splenii, frontalis and other muscles, there are to be recognized diffuse or circumscribed swellings which are sometimes yielding and elastic, sometimes firm and hard—the latter in the more chronic cases. There may be enlargement of the local lymph nodes and infiltration of the skin at the back of the neck. The pain may be severe and lead reflexly to nausea and vomiting. These indurations show according to some observers the changes characteristic of a low grade inflammatory process, whilst others find no microscopic changes, and regard them as due to localized areas of muscular hypertonia. In the history there is usually elicited exposure to cold, damp and the other so-called “rheumatic” excitants. They have been described as the “rust” of the muscles, from lack of use and associated with deficient arterial, venous and lymphatic circulation in those of sedentary habits.

They are efficiently treated by heat, salicylate medication or ionization, and, notably, by massage. They must be “rubbed away” despite the fact that definite tenderness may make this at first somewhat strenuous. Stockman insisted on the dominant role of this massage in treatment.

Another variety of headache not too well recognized is that dependant on certain *Endocrine* disturbances. Of this type those arising from *pituitary defect* and the minor grades of *hypo-thyroidism* seem the most clearly defined. In the former, the sufferer may be a stout middle-aged woman who shows some coarsening of features, a tendency to hirsuties, some degree of hypertension and some morning puffiness about the eyes. The headache is apt to be bilateral and temporal. A recollection of this possibility will at times suggest a trial of pituitary treatment with gratifying results. The symptoms of hypo-thyroidism in its "fruste" forms are now getting pretty well known. Briefly, the dry skin, loss of hair on head and eyebrows, subnormal temperature, slow pulse, sluggish metabolism (basal test if possible) and increased sugar tolerance make a straight-forward diagnosis. When only one or two signs point the way, the true cause of the chronic headache may be overlooked. Initial Thyroid dosage should be small and tentative. Blair Bell gives 3 grains at bed-time as his maximum dose. One of the commonest causes of chronic or recurrent headache is *excessive blood pressure*. It is apt to masquerade under the guise of neurasthenia. It is usually of a throbbing character and worse in the evening. Incidentally, the 100 plus the age formula is fallacious in estimating high tension. Really in old age the pressure, if health is still sound, is of anything rather lower than in the mid-period of life, and at 70 a systolic pressure of 170 cannot be considered normal.

Relief of the symptom is difficult. In the nephritic (uraemic) class, in addition to the general treatment, lumbar puncture may give relief for a considerable time; or a trial may be made of the MgSO₄ enema (3 oz. in 6 oz. normal saline daily) which is said to be valuable in reducing the oedematous condition of the membranes, and so lessening intracranial pressure.

Another obstinate type we must all have come across is the persistent headache *following traumatism to the head*, often of apparently slight degree.

In a recent article in the *Lancet*, Wilfred Trotter discusses the matter. *Contusion Headache* usually appears within a few weeks of the accident. If the patient has been laid up the headache often begins after the resumption of active life. sometimes, and especially if there has been no period of rest, headache comes on from the first and increases in severity. It may occur in attacks of several hours' duration and it may be accompanied by other less conspicuous elements, such as giddiness, slight changes of disposition, and minor mental and physical disabilities.

Anything that raises the intracranial pressure aggravates the symptom—coughing, sneezing, stooping, emotional excitement or fatigue. There may be mere transient discomfort or swimminess up to headache of severe, throbbing or bursting character. It makes the patient intolerant of movement, effort or interference; and he is apt to

become irritable. The headache is usually relieved by rest in bed in quiet and darkness, and the attack often ends if the patient can get prolonged sleep.

Only when the arterial circulation is in its most placid state, and the venous outflow at its freest, is it possible in some degree to prevent the intracranial pressure from rising to the point of producing symptoms. Hence rest in bed is the foundation of the treatment of cerebral contusion. It has long been known that prolonged rest after head injuries is an indispensable prophylactic against the development of sequelae. Even when contusion headache is definitely established, rest in bed may itself be effective. As in other conditions accompanied by oedema of the brain, there is in cerebral contusion a certain excess of cerebro-spinal fluid which contributes to the disturbance of the intra-cranial tension.

The measures for relief of this condition mentioned by Trotter are (a) lumbar puncture, (b) administration of hypertonic saline solutions preferably in the form of an enema (3 oz. MgSO₄ in 6 oz. normal saline—daily). Since the recumbent posture raises the pressure in the jugular veins and thus checks the venous current from the brain the patient should be trained to sleep propped up in bed, for this often diminishes the severity of the headaches.

If thorough treatment by these means for a month or two proves ineffective, a small decompressive opening low down in the right temporal fossa should be advised. If the contusion headache has followed a local injury of skull, so often seen in the war wounds, the opening should be made at the injured spot. *Migraine* is too wide a subject to consider more than sketchily. It is one of the commonest of the recurring headaches and in its primary and essential form is to be regarded as a neurosis *sui generis*. A hereditary history is to be elicited in a large proportion of cases, and it affects the sexes in the proportion of about 80 females to 20 males. Quite 90% of cases set in before the 20th year of life. One has seen it start in a boy of 7 where there was a clear migraine history in the two generations preceding. In the majority of hemicranics the tendency is for the symptoms to remit or die away in the 5th decade, sometimes in women almost exactly at the menopause.

Most cases—if we disregard the accompanying psycho-neurotic conditions sometimes present—are free from symptoms between attacks. These occur at either regular or irregular intervals. If regular, the most frequent rhythm is with menstruation.

The symptoms of the regular migraine attack, (Simple Hemicrania), are sufficiently well-known, they are classical. It is enough to state that they point largely to a wide-spread disturbance of the sympathetic mechanism; so the physiologist DuBois-Reymond noticed in his own migraine attacks, pallor of the face, redness and heat of the ear, hyperaemia of the conjunctiva, and narrowing of the palpebral ficeure. Bing of Basle saw circumscribed oedema of the face, "dead

fingers," and flow of tears as accompaniments of the attack, and the writer observed transient dimness of vision and tingling numbness of one forearm and hand in one case, and thickness of speech and paraesthesias of lips and tongue in another.

The visual disturbances (hemianopia, fortification lines, central scotomata) are generally familiar.

In the *particular varieties of migraine* should be mentioned, first, the *abortive attacks* which are frequent. These show slight prodromal symptoms, slight pressure on head, and some nausea, all these quickly passing off and the patient feels well. In the so-called *ophthalmic* form, the eye symptoms briefly referred to are predominant. In the ophthalmo-plegic form there is a weakness of the eye muscles which may terminate in a complete oculo-motor palsy of indefinite duration. As to the *pathogenesis* of migraine, the theory that best explains its varied pictures is, that the attacks depend on vascular spasms in the brain, a vaso-constrictor neurosis, and this on an inherited basis of nervous instability.

The writer observed in one case referred to, that during an attack with partial transient blindness in one eye, the retina on the affected side was pale and blanched in comparison with its fellow—also that the vessels slowly filled under the influence of nitroglycerine and vision returned to normal with subjective flashes of light. Others have reported similar experiences.

The treatment of migraine has always been one of the bug-bears of medicine. Strict general hygiene and a very simple lacto-vegetarian diet are recommended. The drugs suggested have been very varied, probably an occasional course of Bromide with small doses of Sod Salicylate between attacks is as good as any. Bing gives Ext. Cannabis Ind. gr 1/5 every night for several months. Calcium lactate in 15 gr. doses t.i.d. is well worth a trial.

Recently Hurst of London maintains that a perfect refraction correction will benefit greatly nearly every case, if it is *really* done accurately. This should never be neglected.

Finally as to diagnosis Martinet of Paris gives some useful points in the investigation of headache which we append in closing.

A. History of the Illness.

1. Are there paroxysms, sometimes at regular intervals (monthly) or with ocular disturbances, nausea, etc. (Migraine)?
2. Is the headache periodic and accompanied by attacks of fever (Malaria)?
3. Are there evidences of specific infection (Syphilis)?
4. Have there ever been manifestations of a psycho-neurosis (Neurasthenia)? etc., etc.

B. During the clinical examination, one should always examine:

1. The *eyes*, including the retina (albuminuric retinitis, vascular disturbances, optic neuritis, etc.) The pupils (Argyll-Robertson pupil, inequality etc. showing a specific meningo-encephalitis). The intraocular tension (glaucoma).
2. The *ears*, middle and internal (otitis, brain abscess).
3. The *nose* and its *annexes*. (sinusitis).
4. The *temperature* (toxi-infectious headache).
5. The *blood-pressure* (hypertension, uraemic headache, hypotension).
6. The *urine* (albuminuric, indicanuric, and acetonuric headache).
7. The *blood* (determination of blood urea, Wassermann reaction).
8. If necessary, the cerebro-spinal fluid. (tuberculous meningitis, etc.).
9. The muscle insertions on cranium and neck region (fibrositic or "indurative" headache).

A. B.

Vote of Thanks Appreciated.

Mr. W. W. Kenney writes the Secretary of the Medical Society of Nova Scotia most delightfully as follows:—

"Dr. S. L. Walker
Secretary Medical Society of Nova Scotia,
Halifax, N. S.

Dear Sir:

I beg to acknowledge receipt of your letter of the 24th inst. conveying to us the appreciation of the Medical Society of Nova Scotia, for the little help we were fitted to render them in their meetings held recently in the city. I can assure you that whatever this help was it was a service of love, and I would be obliged to you if you would thank the Society for us for this manifestation of good will to the old institution, which stands for nothing so much as service directly, and indirectly to the sick people of Nova Scotia, and remain,

Yours sincerely,

(Signed) W. W. KENNEY,
Superintendent."

Reminiscences

Murdoch Chisholm, M.D., C.M., L.R.C.P., Halifax, N. S.

THE selection of a subject is not the least of the difficulties facing the reader of a paper. That he be familiar with his subject and be able to talk from experience goes without saying. So in order that you cannot find fault with me on that score, I have chosen 'Reminiscences,' and when I have done, I think you will be able to say, at least he stuck to his text.

I cannot soon forget a remark of Dr. Sheppard's of Montreal, on one of my visits there. He was showing me over the College, and we happened into a surgical lecture room, and stood for a few moments listening, after which he turned to me saying,—“Hear that young fellow giving text books to his students, instead of teaching from experience.” I may as well admit that the reflection upon that fellow, was a rebuke to myself, for how often had I stood in those shoes! and yet the whole truth is, that it is well to avail ourselves at all times of the assistance of Authority, nor should we ever become so self-centred as to refuse text books as our guide.

It is a great calamity when a Doctor or Teacher becomes too self-centred. Not over ten years ago a doctor in this city shocked me by raving against Antitoxine. On the same plane are our Anti-vaccinationists and I have heard one, who took his F.R.C.S. of Edinburgh, say that one of his examiners had the reputation of plucking students if they prescribed Mercury for Syphilis. Self-centring, revolving about one's past, neglecting or refusing to receive or learn or keep pace with modern progress. Getting stuck upon one's self is one of the temptations of age to which most men succumb. I remember being called to a case of Diphtheritic Croup. One of our oldest city doctors had been in attendance and gave the little patient up to die, whereupon they ran for another doctor, and indeed death was marked upon the little one's face when I got there. There was no time to lose. I rushed for my intubation set and was fortunate enough to be in time with the insertion of the tube. The doctor came next day expecting to find the patient dead. They told me his eyes stood in his head when on opening the door, he saw the child sitting in bed playing with its toys. How many parents have been bereaved by similar failures? I have seen some very sad ones.

And yet, how much easier it is to preach than to practice, you may learn from the fact that I have never yet given an injection of 606. This, however, not because I know not its importance and value; but from another failing indisposition for exertion, in one word—laziness, for which I blame the bent acquired in early life, of which more anon.

Next to the folly of being too self-centred, comes that of being blindly Profession-centred. Had Jenner been so, we might not yet have discovered the benefits of vaccination, nor Quinine in Malaria, which we owe first of all to the Indians of South Africa, and then to their disciples, the Jesuits. Nor of digitalis in heart disease, nor of many other things. It is well to keep an open mind and a watchful eye for we are far from knowing it all. I am sure we all owe several valuable wrinkles to popular observation. One of these stood me in good stead on my late trip South. A big strapping muscular coloured man came to me with severe pain in the groin, the result of strain, he said, but this time coming on suddenly. I found a hernia which I failed to reduce by taxis, nor yet by position and taxis. I left him for a while with his body down over an inclined plane which I devised; but he was suffering acutely, and I went for chloroform. The first bottle I picked up was three-quarters empty, tropical heat, though it was never opened. Then I thought of a similar case I had in this city, in which I failed even under chloroform, after which I urged him to go to the hospital for operation. He refused, saying he would wait till the morning. On my first visit, I was as much humiliated as surprised, to find him well. On enquiry, I learned he succeeded where I failed, by turning on his well side, acutely flexing his thigh on the affected side, and resorting to such taxis as he could command. I immediately resorted to the same trick and succeeded in a few minutes. It is surprising how this position relaxes the ligaments around the inguinal ring; but I never saw it recommended in text books. The patient is to be turned with the hernial side uppermost. In this position too, there must be a pull from the inside, when the bowels fall to the lower side. In any case the manoeuvre served me well on the high seas, where the facilities for operation are not of the best.

As to the bent of early life referred to, I was brought up on a farm. Our busy seasons were Spring and Fall, sowing and reaping. At other times we loitered and lounged, with the result that a happy-go-lucky unsystematic disposition became second nature to me. On the farm we had a forge, also a mill, and these conduced to inventiveness and manual dexterity. Indeed the Chisholm Clan in Scotland used to be nicknamed the tinkers by some of its poets. These, inventiveness and manual dexterity, are no mean accomplishments in the medical profession. Shortly after I graduated, while practising in a Newfoundland outport, I encountered an epidemic of diphtheria, some of which developed into croup. I had no tracheotomy tubes, nor any means of getting any, so I got one made at a tinsmiths. It served the purpose well enough; but did not save the patient. To-day we little know the terrors of diphtheria, before Antitoxine was discovered.

My first Hysterectomy was forced upon me by accident before I had read it up or seen it done. I only knew that it was being done. It came this way. I was following the practice in vogue at that time

for cancer of the cervix, in excising it. On doing so I found I had not removed it all, and then went higher up. I found to my dismay that I had opened the peritoneal cavity. I thought the only way out of it was to remove the whole uterus, which I did, and "God being good," as Dr. George Campbell said, the patient made an excellent recovery. Quite often enough, a man's success depends upon mere luck with his first few cases.

Shortly after I came here, a patient consulted me with a painful ring finger which radiated up the arm, rendering it useless, and causing her much suffering. She had been treated by some of our best men in Halifax. One of these, Dr. Parker, finally strapped up the arm to the chest for weeks; but with no benefit. There was nothing to be seen on the closest inspection, nor on palpation, beyond a spot of tenderness on the inner portion of the pulpy surface of the last phalanx; but this tenderness extended upwards towards the arm, leaving one somewhat doubtful as to the actual seat of the trouble. I made up my mind, however, to excise an elliptical piece comprising the painful spot from the finger tip. Before doing so, however, I had occasion to go to Boston, and sitting in an amphitheatre looking at operations, I entered into conversation with a stranger sitting next to me, and described the case to him, and my proposed treatment. "Oh yes!" he said, "that is an Neuroma, I have seen several of them. You generally find them in washerwomen. The cure is excision. You will find a small round tumor, not as large as a pea," which turned out to be correct.

The interesting sequella is that this same patient, after thirty years, developed the same trouble again, in the same ulnar nerve, below the elbow, a nasty place for a pea-sized tumor. I thought of X-Ray, and after a few applications at the Infirmary, she was completely cured. The instructive point is that tissue cells are not so easily destroyed as tumor cells.

My recollections of early school days are not by any means pleasant. Gaelic was the only language I knew, and the text books used were poorly, if at all, graded. What words I learned, I repeated like a parrot, for they conveyed to me no meaning. My cup of misery became full when I was set to learn the definitions in Murray's Grammar. These are inordinately long and abstruse. One of them, I do not now remember which, was nearly half a page in length. I was making no progress with it whatsoever, and received a strapping. Then my older brother took me in hand and succeeded in getting me to recite it off for the teacher next day, like a gramophone, than which I understood not a whit more. He was quite well pleased; but on asking me some questions as to what it all meant, he laughed and gave me up as a hopeless job. He seemed to realize my disability and afterwards he became very kind, as if to make up for the strapping.

When I came to Dalhousie, the only thing I got good marks for was for my essays. Professor DeMill gave me his best mark "Very

well presented" more than once, and I never received less than his next best mark "Well presented." For this I give some of the credit to the literary training received in learning a new language. I am convinced that we make a serious mistake in letting our Mother's tongue die, and in not teaching our children more than one language, in our homes and schools.

But unfortunately for myself, the day came when I was switched off into Medicine. It was upon the advice of two of the leading men in the city, Doctors Gordon and Parker. While attending classes in old Dalhousie, I developed Asthma and went to Dr. Gordon for treatment. On finding a heart murmur he sent me to Dr. Parker. With very long faces they advised me against the Ministry as a profession, and in this way, not knowing what else to take up, I entered upon the study of Medicine. Two years afterwards Dr. Howard of Montreal, on examining me laughed, saying "Yes you have a heart murmur; but it will never do you any harm." So also seven years afterwards said Dr. Charcot of London. I relate this to show you how our knowledge of the heart has widened, and how little harm there may be in murmurs which cause no perceptible disturbance of function.

I took my first two years in Medicine in the Halifax Medical College, and in two years more, graduated in McGill. Both places lacked a great deal that we now have in our schools; but they both turned out fairly good practitioners. Many of our men went from Halifax to New York at the beginning of their third year, and came home fully fledged M. D's. in six months. This shows that the schools in the U. S. at that time were of a very superficial order, while McGill ranked as first in America.

Our favourite professors were Drs. Howard and Osler. Dr. Howard was head and shoulders above them all. I need not say more in his praise than that Osler's Practice of Medicine is Dr. Howard's Course of lectures amplified. He died of Pneumonia in the zenith of his career and upon Osler, though specializing in Physiology and Pathology, fell the sheen of his Mantle. Had Dr. Howard lived and been co-editor with Osler, we would have had a book as valuable in treatment, as Osler's work is great in Diagnosis and Pathology. For, as is well known and quite apparent in his book, Dr. Osler did not earn his bread and butter through faith in the action of drugs. He was an enthusiastic teacher. He loved the students, and the supreme joy of his life seemed to be to be able to help. Inspired by this motive, he left no stone unturned to improve the Course, and McGill owes much to his initiative.

We had no Chair in Diseases of Women, and in remitting twenty-five dollars which I borrowed from him to take me home, I took occasion to say I missed very much the lack of instruction in that branch, and that but for a book by Dr. Howard of N. Y. on that subject, I would be badly left in my practice. He wrote, thanking me for my letter, saying that he was very glad indeed to have it, and would soon make

use of it, which he must have done, for the Chair was filled up for the next term. His memory of names was uncanny, I did not see him for twenty-five years, after which I called upon him in Baltimore. I rang the bell, and Osler himself opened the door, in the act of escorting two patients out of his office. He gave me a scrutinizing look and I blurted out "Chisholm." He responded with "Murdoch come in, I am so glad to see you." He could not do enough for me, and next day showed special attention in the Wards. Then suddenly he said, "Oh come, I want to show you a new disease." It was a case of Pulmonary Osteo Arthropathy. I said it was not new to me, that some years before I had demonstrated the condition to my students; but had no name for it. He gave me a doubting look and proceeded to test me. "In what kind of a case was it?" he asked. "In an old empyema case which had been drained and continued to discharge for several years." At once the doubting look gave way to a beaming smile, and he said "Yes! yes! these are the kind of cases in which you meet it. Did you report it?" When I told him I had not he said, "What a pity, you fellows down there hide your light under a bushel." He then switched round to show a case of Leprosy; but it was not well developed, and it left no abiding picture of the disease upon my mind.

I want to say now, for the benefit of recent graduates, that I can never be sufficiently grateful for the seven months I spent in St. Thomas Hospital, London, nor for the six years in practice I spent before I went there. It would have been better perhaps if it had only been three. Short or long it forms an excellent preparation for a post-graduate course. It makes one hungry, and gives him the power to digest well the profusion of Medical pabulum which they serve out in those large centres. Their teachers are saturated with clinical knowledge and are very approachable, more so in fact than the class of students who go to St. Thomas. We followed Dr. Ord and Dr. Stone through the Medical wards in the mornings. Dr. Ord was very thorough, and Dr. Stone was also funny. He would have his class laughing at his jokes and funny stories. Himself, or a friend of his, remembered when the first stethoscope was showed to one of their professors on his clinical rounds in the wards. He took it, looked at it, raised it to his eye, closing the other and said, "Yes, I do believe I can see better through it." Dr. Jones was a good surgeon, but spectacular. I remember him operating on a tumor of the chest wall. He made one bold dash, cutting nearly from the clavicle down and out to the side of the chest. He then turned his back, leaving the tying up of vessels to his house surgeons. By the time they were done, the patient was deathly pale from loss of blood, and the anaesthetiser's arm was the first thing that made the Dr. turn to his patient. The patient died of shock shortly after the operation.

Sir Wm. McCormack also operated and had the Chair of Didactic Surgery. He was Knighted for brilliant work during the Franco-Prussian War. I saw him one day operating for a plate of teeth in

the Oesophagus. He got into trouble and was conscientious enough to send for the Anatomist, Dr. Anderson. He dissected downwards and on exposing the plate, gave Sir William the honor of extracting it with forceps. The picture of Sir William, who was a very large man, jumping for joy and holding the plate up for our gaze, will never fade from my mind.

In conclusion let me say that I fear that I have wandered from my text, that my reminiscences have been more of an autobiography, but that I crave indulgence on the plea that it is hard to say where one ends and the other begins.

Let me say that one goes to those large centres now, more for the extra large quantity of clinical material to be seen, than for any superiority of didactic teaching one receives. As to our primary branches, I am sure one must go very far afield to find a match for our Anatomy. I took it from Dr. Lindsay, Dr. Shepherd of Montreal, and Dr. Anderson of St. Thomas, and I listened to Dr. Cameron. I wish I had also listened to more of our Primary Professors, for then I could, I have no doubt, speak with equal praise.

Somewhat Unusual.

The following item is going the rounds of Nova Scotia newspapers. It is worthy of a place in *Tonics and Sedatives* of the A. M. A. Journal.

Walking into a drug store in Milwaukee, Wis., Jack Quest, a lumberman complained of a severe pain in the neck. Examining him, the druggist found his neck was broken. He was rushed at once to the hospital.

Quest told the doctors he fell the day before but was not aware he was seriously injured.

As may well be imagined, Walter Hagen, the well-known American golfer, has a rare fund of anecdotes relating to the game.

One of the best concerns an extremely dapper major who, playing a round for substantial stakes, was none too pleased when at one hole he was kept waiting for a few minutes by a woman who sauntered carelessly down the fair way with a baby in her arms.

"Come away, madam," he called out testily. "Hurry up with that baby of yours."

The woman glared at him indignantly.

"Baby yourself," she snapped, "playing with that little ball, and in those ridiculous short trousers, too."

Carbon Monoxide.

A Danger Card should be tacked up in each garage. "Don't Flirt with Death by Running Your Engine in a Closed Garage."

Consecratio Medici

THE above is the title of the Commencement Address at Jefferson Medical College, Philadelphia, June 5th, 1926, delivered by Dr. Harvey Cushing of Boston. The Lecturer emphasizes in the beginning the foundation of a successful medical organization, "a common devotion to their life's work binds the profession, with ties more close and enduring than those which hold any other group of people engaged in a common purpose. There is nothing than this justly famous *credo* (Hippocratic Oath) that can better express the ideals which from the first have actuated the doctor and have led to the solidarity of the profession. . .No guild has a sounder code of ethics, no masonic group stronger ties of brotherhood."

Doctor Cushing uses his text to develop the doctor-and-patient relationship. Too often science courses have been emphasized and the patient left in the background, and too often teachers have little clinical experience, and their perspective is largely institutional; hence the little instruction on the relations of the doctor to doctor, to patient and family, to the community and to other professions. This personal relationship and the necessity of observing the Golden Rule is necessary even in this day of periodic examinations and preventive medicine. It may be permitted to quote,—

"But say what one will, the time inevitably comes to each and every one, now in the best of health, when he will needs cry out for some experienced and sensible doctor who can alleviate, if not cure, his particular ailments, be they physical or mental; and the kind of sagacity and resourcefulness he will expect and need is less laboratory-born than bred of long and sympathetic familiarity with the anxieties and complaints of ailing, damaged and worn-out human beings. These things were perhaps best learned in the days of student apprenticeships, and our efforts to recall something of the old-time elbow-to-elbow familiarity of teacher and pupil, under the guise of a tutorial arrangement, shows a growing appreciation of the advantages of a long abandoned system."

While there are thus two parties recognized, Dr. Cushing gives his own experiences as suggestive of a middle course being desirable.

"Personally I have been too long astride the fence to take sides strongly in regard to the relative satisfactions of a life so devoted, or to one dedicated to teaching and investigation. With a background of family practitioners, I have by the fall of the dice, come to lead a life different from theirs, not so sequestered as that of some, but sufficiently so to let me estimate the recompenses and weigh the satisfactions which come from an existence of the two kinds. Certainly the self-sacrificing career of the practising physician, respected and

beloved of his community, is no less, perhaps even more, character-making and ennobling than the secluded life of a pure laboratory worker whatever be the importance of his researches and discoveries. In either case, 'success dwells in the silences though fame be in the song.'

There may also come in early days a 'waiting time,' how desirable to cultivate an acquaintance with appropriate biography and fiction and, in particular, the story of the spirit of devotion inspiring the leaders in the earlier days of the struggling medical school. The student should be conversant with the traditions of his *ama mater*, in order to have implanted in his life this *Consecratio Medici*. In closing he quotes from Stephen Paget's "Confessio Medici."

"Every year, young men enter the medical profession who neither are born doctors, nor have any great love of science, nor are helped by name of influence. Without a welcome, without money, without prospects, they fight their way into practice; they find it hard work, ill-thanked, ill-paid; there are times when they say 'What call had I to be a doctor? I should have done better for my wife and the children in some other calling.' But they stick to it, and that not only from necessity, but from pride, honor, conviction; and Heaven, sooner or later, lets them know what it thinks of them. The information comes quite as a surprise to them, being the first received from any source, that they were indeed called to be doctors; and they hesitate to give the name of divine vocation to work paid by the job, and shamefully underpaid at that. Calls, they imagine, should master men, beating down on them; surely a diploma, obtained by hard examination and hard cash, and signed and sealed by earthly examiners, cannot be a summons from Heaven. But it may be. For, if a doctor's life may not be a divine vocation, then no life is a vocation, and nothing is divine."

S. L. W.

The Council of the College of Physicians and Surgeons of Alberta are trying to define what constitutes a Specialist. This is necessary because The Medical Profession Act of Alberta has been recently amended in the following particulars,—

"No person shall advertise or hold himself out to the public as a specialist or as being specially qualified in any branch of any class or system of practice in this section mentioned without having received from the Registrar of the University of Alberta, a certificate of having complied with such conditions precedent as to qualifications or fitness as may be prescribed by the Senate of the said University."

"The said conditions may be based either upon the possession of certain diplomas or other professional qualifications or upon compliance with prescribed tests by way of examination or otherwise."

"This Act shall come into force on the first day of June 1926."

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

Confined to, and Covering every Practising Physician in Nova Scotia.
Published on the 20th of each month. Advertising Forms close on the
5th of month of issue. Subscription Price:—\$3.00 per year.

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VOL. V.

SEPTEMBER 1926

No. 9

Let There Be Light

IT was in the year 1860, at a meeting of the National Sanitary Association that Dr. Oliver Wendell Holmes, in a poem prepared for the occasion, gave expression to many fine thoughts on the subject of public health; among them the following:—

God lent his creatures light and air,
And water open to the skies;
Man locks him in a stifling lair
And wonder why his brother dies.

Tuberculosis, or Consumption as it was then known, was the disease the poet-physician had principally in mind. The tubercle bacillus had not yet been forced to disclose his identity under the glare of the microscope. The whole germ theory was still in the womb of time. The world was barely entering on the threshold of that great temple which supreme genius and unremitting research have since filled with the noblest truths of scientific medicine. Tracking the disease enemy to his remotest lair, discovering him and studying his evil habits with the aid of the microscope, and placing a danger signal near his haunts were not in the scope of the physicians of 1860. But they made many correct observations, and their clinical knowledge was soundly based. The contagiousness of child-bed fever was well established before the armies of microbes could be marched up to confirm the evidence. And so with many other disease conditions.

Dr. Holmes was one of the first to see the uselessness of much of the drug therapeutics in vogue, and he urged attention to the fundamental principles of hygiene. Good air, plenty sunlight, pure water,

etc. It was not a new doctrine. Throughout the centuries physicians, from time to time, had pointed to the value of life in the open as a potent measure in promoting the best health and curing disease. That the sun's rays had special effect on certain diseases was held by some of the ancients, but they are rather vague in the manner and the application of the sunlight as a therapeutic agent. "When one comes into a city," says Hippocrates, "he ought to consider how it lies as to winds and the rising of the sun; for its influence on health is not the same whether it lies to the rising or the setting of the sun." Let the sunshine pour into a room for a few hours and you needn't worry about your chemical disinfectants. It has, too, the quality of cheapness, and up to the present, has not been subjected to a tax. Our Rainbow Havens, our Fresh Air Funds, etc., are all national assets and their promoters represent the most useful citizenship in our country.

Those of us who have had the privilege of hearing Sir Henry Gauvain during the recent post-graduate clinic were impressed, as indeed we had every right to be, with his delightful personality, his brilliant mind and his fine powers as a lecturer and clinician. But the greatest interest centred about the account of his results in the treatment of surgical tuberculosis at the Lord Mayor Preloar Tuberculosis Hospital in England. Spinal and all types of joint tuberculosis were described and illustrated with lantern slides. The part of the treatment which impressed one most was the systematic and persistent exposure to the sun's rays of the affected part and in fact the whole body of the patient. The more pigment, the more efficient the treatment and the better the results. "Brown as a berry" has a real therapeutic meaning in Sir Henry's clinic. Outdoor sunlight is more efficient than indoor. Of course, sunlight is but part of the treatment; but evidently a most important part. Sea bathing also takes a big place in the life and triumph of this English hospital.

Here our experience is much the same regarding the value of the sun's rays on tuberculous lesions. At the present time I have a case of tuberculous peritonitis undergoing sun and air exposure at the V. G. Hospital. Improvement is marked and I am confident of a complete cure in time. I have had cases of this disease get well after a year's exposure of the abdomen to the sun. It is hard to carry it out well in the average general hospital. Special arrangements must often be made; and these arrangements may be made as well at the patient's home in the country as elsewhere. It is a matter largely of supervision and the patient's complete acquiescence to what are, for a time at least, irksome details.

Readers of the Breakfast Table will recall one of the Professor's rambles. He tells of his coming on a large flat stone lying on the surface of the ground, and in obedience to some instinct putting his foot under it and turning it over. What did he see? Bugs, worms and slimy creeping things; and, when the sunlight was let in on them,

they hastened to hide themselves; because being creatures of the dark and filth, they cannot live in the light. Later on in the season he came upon the same spot, but where the stone once had lain he found the green grass spangled with daisies nodding in the mellow sunshine. He found life and beauty where previously existed the sordid and the vile. He had let the light in.

G. H. M.

Honorary Membership.

Upon nomination by the Valley Medical Society of Dr. S. N. Miller of Middleton for election to Honorary Membership in the Medical Society of Nova Scotia, this was made effective at the Annual Meeting in Halifax, July 8th, 1926. Upon being notified of this election, Dr. Miller wrote the following note of appreciation and thanks:—

MIDDLETON, September 1st, 1926

DR. S. L. WALKER, Esq., M.D.,
Halifax, N. S.

My dear Doctor Walker:—

On my return from a very pleasant auto trip to and over P. E. Island, I found yours of the 24th of August, advising me of my election to Honorary Membership in the Medical Society of Nova Scotia.

This is certainly a very pleasant surprise to me and I wish to express through you my deepest appreciation of this honor from my medical brethern. While it is a reminder that I am growing old in the profession, it is good to know I am not forgotten.

When I look into the faces of children on their way to school, and think that I introduced many of their grandparents into the world, it also reminds me that I am growing old in years if not in spirit. Writing to a medical friend when in St. Petersburg, where I had gone to spend the winter of 1924-5, to take a rest before starting in the last half century of my practice, "I feel like a young graduate, except that *profound* knowledge which we all think we have when we start on our medical career, but soon drop when we get well in harness.

Looking back I see great changes, in the modes and methods in medicine and surgery, wonderful advances in many lines, and yet our knowledge of the great Art in comparison with what there is to know, is like a pebble in comparison to the sands of the sea-shore.

Trusting that I may be spared a while longer to do my bit,

I am sincerely yours,

(Signed) S. N. MILLER.

DR. W. N. COCHRAN'S SUIT FOR SERVICES.

A summary is made of the Judgment of Judge Armstrong, allowing Doctor Cochran's account for services rendered to a man injured in an auto collision. On June 2nd the defendant was driving his auto near Blockhouse about two miles from Mahone Bay. He collided with a man riding a bicycle. This man was pinned under the auto, and the defendant immediately sent for the nearest doctor... The injured man had been extracted from under the defendant's auto and was first seen by the plaintiff, sitting in another auto nearby. The plaintiff's evidence is "when I arrived on the scene, the defendant came to me and said, there is a man who has been injured by a collision, and he asked me to attend to him. I am paying the expenses in connection with the case, which latter statement he repeated three or four times."

The plaintiff advised removal to the hospital at Bridgewater, to treat him for shock and to reduce the fractures. This course was also approved by Dr. W. N. Rehfuss, who was driving past the scene of the accident. Dr. Rehfuss stated that the defendant was present while the disposal of the case was considered, and he (the defendant) remarked that "we should do all we could for the injured man." He, (Dr. Rehfuss) considered the patient was rightly in the care of Dr. Cochran. He was accordingly removed to the hospital, his injury cared for and a perfect recovery was made.

The dispute arose over that part of the plaintiff's claim for attendance upon the injured man at the hospital. The defendant positively denied that he made any arrangement with the plaintiff for this purpose, or that he agreed to pay for it, or was in any way liable, or had rendered himself liable therefor. The defendant admitted liability for the first call, and some months after a reasonable bill for \$40.00 was rendered, he tendered a cheque for \$5.00 in payment of the first attendance. The Judgment then reads as follows:—

"As stated above there is a conflict of evidence as to the facts, as to what was said and occurred at Mahone Bay as between the plaintiff and the defendant. The defendant stated positively that he told the plaintiff that he would pay him for his trip to Blockhouse, i. e. the place of the accident and that he never agreed or intimated that he would pay 'all expenses' which might or might not ultimately mean heavy obligations. The plaintiff on the other hand stated equally positively that the defendant clearly and repeatedly assured him, the plaintiff, that he, the defendant, would be responsible for 'all expenses,' that the defendant asked him to attend to the injured man, that he had charge of and considered it, from a professional standpoint, his case and that defendant expressly asked the plaintiff to go to Bridgewater to look after the patient; that the defendant asked him to go to Bridgewater to attend to the patient, but from a medical point of view he considered it his duty to do so." There is no doubt that at the time of the accident there was no little commotion

and that the defendant properly and naturally was much perturbed even though he felt satisfied that he was exonerated from any negligence. Naturally he would be much more disturbed than the plaintiff under all the circumstances. This may explain the variances as to what actually transpired. Counsel argued that it was a case for the Court to determine which version was to be accepted and it must decide which one of the parties was mistaken. On this question I accept the version of the plaintiff as the more reasonable and likely. I find therefore that the defendant expressly engaged the plaintiff to attend the injured man. That the plaintiff placed a most reasonable interpretation upon the promise of the defendant is evident from the fact that his claim against the defendant is admittedly fair. The evidence of the Hon. Dr. Reh fuss and the plaintiff is to the effect that the plaintiff did not make any more visits than good professional conduct would justify, but all based on the assurance of the defendant that he would be responsible. The defendant admits his liability for the visit made by the plaintiff at Blockhouse, and the plaintiff would be unquestionably entitled to judgment for that amount. There can be no doubt that the 'case' was that of the plaintiff and once his professional services were engaged by defendant in the absence of special limitations from the defendant, the plaintiff even without further instructions was the proper judge of the necessity of further professional visits. He was in charge of the case and according to the ethics of the profession was in duty bound to do what he did, even apart from an express request of the defendant."

Then after referring again to the tendered cheque for payment for first call, the Judgment concludes thus,—

"I am of the opinion, therefore, that from the evidence the defendant did expressly promise to pay the plaintiff not only for his services at Blockhouse; but for his services at Bridgewater. Even if there was no express contract, which I find there was, I would have no difficulty in finding that from all the circumstances the plaintiff performed the services under such conditions that the defendant would have reasonably expected to pay plaintiff for same.

The appeal will therefore be dismissed with costs and the plaintiff have judgment for the amount claimed \$40.00, together with costs of Court below and on appeal."

Municipality Should be Liable.

Judgment has recently been given in a suit for damages in Owen Sound which will be followed with interest to its final conclusion. The town has had several epidemics of typhoid and at least one source of water supply was known to be dangerous. In his finding, the judge, rebuked the civic authorities, the corporation, the utilities commission and the local board of health for negligence.

Cape Breton Branch, Medical Society of Nova Scotia

Artificial Pneumo-Thorax, Phrenicotomy and Thoracoplasty.

THE annual meeting of this Branch was held at Sydney on the eighteenth of May, under the Presidency of Dr. John K. MacLeod. The principal address was delivered by Dr. E. V. Hogan, of Halifax, who discussed the surgical treatment of pulmonary tuberculosis. Dr. Hogan prefaced his remarks by commending the programme of the Nova Scotia Tuberculosis Commission to the profession. He then referred to the part which surgery now plays in the treatment of pulmonary tuberculosis. Rest is just as important to the diseased lung as to the diseased joint. Artificial pneumothorax provides this rest in properly selected cases. While it is a comparatively simple operation, it occasionally gives rise to gas embolism and pleural shock, so it is not devoid of danger. As it is often necessary to repeat the operation at intervals, and as it is difficult to determine when this form of compression may safely be discontinued, artificial pneumothorax has its drawbacks. If expansion is permitted to take place too soon, scar tissue (our main line of defence) may break down, activity may be re-established, and encapsulated cavities may be opened up. Serous effusions follow the operation in about 50 per cent. of cases, and of these about 5 per cent. become purulent. Even without pus formation, effusions may be followed by adhesions.

Because of such limitations to artificial pneumo-thorax, other surgical procedures have been devised, notably phrenicotomy and extra-pleural thoracoplasty. Phrenicotomy, which is a comparatively simple and safe operation, paralyses one side of the diaphragm. The main danger lies in mistaking the vagus or the thoracic duct for the phrenic nerve. Should the accessory phrenic nerve escape the operator, the diaphragm will continue to function, so it must be given suitable attention.

After Dr. Hogan had described fully the technique of this operation; and then that of extra-pleural thoracoplasty, he proceeded to discuss the indications for such procedures, which may be summarized as follows: For phrenicotomy alone: (a) acute, highly febrile and progressive types, even if there be considerable activity in the better lung, and when adhesions militate against artificial pneumo-thorax, or there are contra-indications to thoracoplasty: (b) chronic types with adhesions precluding pneumo-thorax, and conditions which contra-indicate thoracoplasty; (c) moderately or far advanced cases

which are likely to do as well after phrenicotomy as after the more serious thoracoplasty; (d) early types which do not promise good results from ordinary sanatorium treatment. For phrenicotomy combined with pneumo-thorax; (a) basal adhesions, especially if they cause pain, irritative cough and vomiting; (b) persistent haemoptysis in spite of pneumo-thorax; (c) cases requiring a permanent reduction of the size of the thoracic cavity. For phrenicotomy supplementary to thoracoplasty; (a) cases which require improvement before thoracoplasty is undertaken; (b) preliminary to thoracoplasty of upper ribs only; (c) case requiring increased compression owing to extensive disease of lower lobe.

Thoracoplasty should not be undertaken until the patient's condition has been thoroughly investigated by a competent specialist. In general, patients suitable for the operation are those with moderately or far advanced chronic tuberculosis, with or without haemoptysis, with or without cavities or empyema, but with the disease confined principally to one lung, who have not been relieved by sanatorium treatment, artificial pneumo-thorax and phrenicotomy, and who are fair surgical risks. Results to be expected are rapid diminution of cough, sputum and fever and striking improvement in the general condition. The statistics from various sources are most encouraging, especially when it is considered that the operation is one which is usually done only after all other means of treatment have proved futile.

The paper was discussed by Dr. J. J. Roy and others, after which the thanks of the Branch was extended to Dr. Hogan.

Dr. Lynch showed an interesting case of umbilical hernia in a child one day old.

It was decided to extend an invitation to the Medical Society of Nova Scotia to hold its 1927 meeting at Sydney.

Officers elected for the new year are as follows: President, Dr. D. W. Archibald, Sydney Mines; Vice-Presidents, Drs. M. G. Thompkins of Dominion; and J. C. Morrison, of New Waterford; Secretary-Treasurer, Dr. H. R. Ross of Sydney. Dr. J. G. B. Lynch of Sydney, who has served as Secretary for fifteen years, declined to offer for re-election. He was tendered the hearty thanks of the Society. Drs. D. MacNeil of Glace Bay, D. MacDonald, of North Sydney, and L. J. Johnstone, of Sydney Mines, were appointed to the executive of the Medical Society of Nova Scotia. Drs. J. K. MacLeod, J. J. Roy and J. G. B. Lynch, all of Sydney, were appointed to the Executive of the Branch. (*C. M. A. Journal*).

Heroes of Medicine.

Thomas Sydenham.

Thomas Sydenham, born in England in 1624, lived during an age of civil and religious strife, and this is thought to have influenced his professional work, study for which was carried on, with some interruptions, in both England and France. Certainly he had acquired, either from his puritan ancestry or from his taste of military activity, an independent spirit that prevented his following the prevailing style of medical practice. In fact, Sydenham was rather contemptuous of all physicians save Hippocrates, who was his ideal and model. He was essentially a man of action, caring nothing for theory; his method was to watch by the bedside, carefully observing and recording all symptoms. The results of these observations he published, together with his diagnoses and treatments. While the treatments have long since been discarded, his detailed descriptions of many common diseases, especially scarlet fever, hysteria, gout and chorea, for many years formed the basis for the diagnosis and study for these diseases.

In his extreme sympathy and consideration of his patients; in his conservative treatment, relying more on nature and less on drugs; and in his practice of advising moderation, fresh air and regular life, Sydenham approached the modern physician more nearly than any man up to his time. He died in 1689. (*Hygeia*)

Medical Association Affiliates.

The Canadian Medical Association at its Victoria meeting in June 1926, recognized the work of certain agencies more or less directed by laymen. The Public Health Journal thus comments on this action:

“While the proceedings of the Convention included many items of great interest, perhaps the not least important occurrence was the granting of affiliation to the Canadian Social Hygiene Council and the Victorian Order of Nurses. As the Public Health Journal has pointed out on more than one previous occasion, one of the most serious of modern dangers has been the development of the spirit of specialism and the tendency for various activities to progress along individualistic and non-co-operative lines. The matter of achieving health for the community at large is not simple, and will involve in the long run the co-operation of every citizen. The affiliations entered into at the Victoria meeting will unquestionably create a better understanding and much better opportunity for co-operation between the three bodies concerned and constitute decidedly a step in the right direction.”

OBITUARY

ALPHONSUS HILARY GANNON, M. D., C. M., Queens University 1910, New Waterford, C. B.

Dr. A. H. Gannon of New Waterford died suddenly August 24th, 1926. While Dr. Gannon had not been in the best of health for some time, he had only been at his former home in North Sydney under treatment for two weeks prior to his death.

Following his graduation from Queen's University, Kingston, in 1910, he was an interne at the Victoria General Hospital, and acted as locum tenens in Yarmouth and in Newfoundland. For the past 10 years he practised in New Waterford. He had a large circle of friends in Cape Breton, who greatly regretted the news of his death at the early age of 46 years.

He was a son of the late Anthony Gannon for many years post-master of Glace Bay, and later residing in North Sydney. There are no members of the family surviving. It will be recalled that a cousin, Dr. J. W. Gannon, died in June 1925.

Since the above was in type the Bulletin is in receipt of the copy of a letter of sympathy sent by the Cape Breton Medical Society to Miss Margaret Gannon of North Sydney.

September 10th, 1926.

Miss Margaret Gannon,
North Sydney, N. S.

My dear Miss Gannon:—

The following resolution was adopted at a meeting of the Cape Breton Medical Association held at St. Joseph's Hospital on September 9th, and it was requested a copy of same be forwarded to you, and also to the Nova Scotia Medical Bulletin:—

"This Society has learned, with deep regret of the death of the late Dr. Gannon, and desires to place on record their high appreciation of his many estimable qualities as a physician and citizen. In this Society of which he was for many years a member, he is remembered as a quiet unassuming gentleman, whose opinion on medical questions was much valued. As a Medical Health Officer of New Waterford, he had the confidence of the Town Council as well as the Public generally."

Yours truly,

(Sgd.) JOHN K. McLEOD

J. W. McLEAN, Committee

**WILLIAM HUNTLEY MACDONALD, M.D., Harvard University
1892, Vancouver, B. C.**

The death occurred in Vancouver August 16th, 1926, of Dr. W. H. MacDonald aged 57 years. Dr. "Huntley" as he was always called, began practice with his father Dr. William MacDonald in

1892 in Antigonish. He was the third of the family in succession in that section of the Province.

Dr. Alexander MacDonald, Dr. Huntley's grandfather came to Antigonish about 1806 being, according to the late Dr. D. A. Campbell, the second physician to settle there. He practised for over 50 years and his son, the late Dr. W. H. MacDonald, "Dr. Bill" was associated with him during his later years. Dr. Campbell says that the grandfather was a man of high professional attainments and sterling character. His memory will live long in the county of Antigonish. In this instance his mantle was passed on to his son, and he, in turn, passed it to his son, the late Dr. Huntley.

Dr. Huntley MacDonald following his graduation, was on the staff of the Boston City Hospital. In 1911 he took a year abroad studying in London and Vienna. On his return for a few months he practised in Halifax and then removed to Weyburn, Sask. In 1918 he moved to Vancouver; but for the last few years he has not been in active practice. Dr. Huntley was a man of sympathetic temperament, yet a natural leader in his profession and in the community. He was one of the founders of St. Martha's Hospital, which is an outstanding institution in Canada to-day in its aims and equipment. For several years he was also the Secretary-Treasurer of the Medical Society of Nova Scotia.

He was married to Mrs. Kelley of Boston in 1911, and is survived by her, his mother five sisters and one brother Dr. Ralph E. MacDonald of Rossland, B. C., formerly of Halifax. None of his immediate family now reside in Nova Scotia.

**CHARLES ERNEST AIKENS, M.D.C.M., McGill University,
1919.**

Dr. Charles E. Aikens of Guysboro died in St. Martha's Hospital August 31st, 1926. He had been lame for a number of years and while in Antigonish visiting relatives and resting, the disability became acute. The leg was amputated and he was making a satisfactory recovery when complications set in and he died four days after the operation.

The late Dr. Aikens was the son of Mr. and Mrs. John M. Aikens of Guysboro Intervale and was born July 29th, 1886. Following a public school education he studied one year at Dalhousie and then entered upon the study of Medicine at McGill, graduating in 1919. He practised in Harbor Brittain and St. John's, Newfoundland for two years, and has been at Guysboro since 1921. He was married Sept. 5th, 1923 to Miss Mary Buckley, daughter of Mr. and Mrs. W. H. Buckley of Guysboro and a grand niece of Dr. George E. Buckley, who has practised nearly 60 years in the Guysboro district. The profession will extend sincere sympathy to Mrs. Aikens and other relatives.

The eldest son of the late Dr. Henri Shaw of Kentville, Mr. Fred D. Shaw, died August 11th, 1926, at his home in Lethbridge, Alberta, aged 70 years.

The death occurred in Wallace, N. S. of Mr. Frank Kirwan on August 15th, 1926. He was an ex-councillor of Cumberland and is survived by three sons and three daughters. Two of the sons are graduates in medicine of Dalhousie. Dr. Philip Kirwan, Dal. 1919 of Rogerville, N. B. and Dr. Patrick Kirwan of Burges, Nfld.

The *bug bear* of advertising has again bitten the British Medical Association and Sir William Arbuthnot-Lane is responsible for a rather severe infection. A new health society, an article entitled "The Athletes' Diet", menu cards embellished with Dr. Lane's photographs shown in 250 chain tea stores, all combined to bring about the climax which the Associated Press broadcasts over the world. Big men do little things, serious bodies take foolish action, and the lay press sends out its own misconceptions.

The *physicians of the Province* have been having their annual courses and clinics this week under the arrangements made by the Faculty of Medicine of Dalhousie University and are of both interest and advantage to the profession. There has been a good attendance of the physicians and surgeons of the Province and a number of the leaders of the profession in other parts of Canada and from abroad have assisted in the work which was laid out for this year's meetings.

Notwithstanding the attractiveness of other parts of the continent to which many Nova Scotians who are members of the medical profession go, we have a body of surgeons and physicians in the Province who take high rank in the profession. And the work which is being done by the Faculty of Dalhousie, in which the profession generally co-operates, is continually increasing the prestige of medicine and surgery in Nova Scotia. The people are fortunate in having at their services such a fine body of practitioners. (*Halifax Daily*)

A new society to combat the theory and practice of contraception has been started in London under the presidency of the distinguished gynaecologist, Dr. Frederick J. McCann, and with the title of the League of National Life. Many Catholics are on the executive committee and Dr. Halliday Sutherland who initiated a noted House of Lord's appeal against a decision given in favor of Marie Stopes, is acting secretary. (*The Casket*.)

PERSONALS

DR. Lawrence McKim of Montreal, accompanied by his wife, after a short visit to his former home in Wallace, N. S. is spending an Autumn vacation in Newfoundland.

Dr. J. Fabian Bates of Dominion spent an Autumn vacation in New Brunswick.

Dr. Daniel Webb of Scranton, Penn., was a recent visitor at his old home in Harbor Boucher.

In a recent severe fire in Yarmouth, a home owned by Dr. A. J. Fuller was one of the several burned.

The engagement is announced of Miss Winnifred, eldest daughter of Dr. L. B. Braine of Annapolis Royal.

Dr. Charles Homans, Dal. 1926 of Port Mouton, Queens County, has located in Caledonia, also in Queens County.

Doctors Stewart, Hogan and McDougall, attended the August meeting of the Dominion Medical Council in Ottawa.

Dr. and Mrs. Max Freeman, Medical Missionaries in India, are spending part of a well-earned furlough in Nova Scotia.

Dr. Lewis Thomas of Halifax spent a week of his August vacation visiting his sister, Mrs. A. G. Sparks of Sydney, N. S.

Dr. D. Campbell Smythe and wife of Boston, recently motored through Cape Breton and visited their former home in Port Hood.

Dr. and Mrs. Robinson Cox recently spent a short holiday with the latter's sister, Mrs. Creelman, widow of the late Dr. F. S. Creelman of Maitland.

Dr. O. R. Stone of Sherbrooke, with Mrs. Stone, spent several days in August in North Sydney, visiting his parents Mr. and Mrs. Edward Stone.

Dr. James R. Robertson, McGill 1925, son of Mr. and Mrs. T. R. Robertson of Halifax, has located at Elmsdale, when until now Dr. W. J. McDonald has practiced.

The little five year old daughter of Dr. H. B. Havey of Stewiacke had the misfortune to break an arm as a result of falling from the piazza of their home.

Among recent graduates from the Royal Victoria Hospital, Montreal, is Miss Clara Morris, daughter of Dr. C. H. and Mrs. Morris of Windsor, N. S.

In December 1857, Dr. Henry G. Farish of Liverpool was married to Frances L. daughter of Hon. R. M. Cutter of Guysboro. (From Liverpool Advance 69 years ago).

Dr. Daniel McNeil of Glace Bay, with Mrs. McNeil, took his vacation this year in a motor trip through the Maritime Provinces. This is a good example to follow.

Mrs. Chase, wife of Dr. W. H. Chase, Montreal, and baby, are visiting in Pictou at the home of Mrs. Chase's parents, C. O. H. Webster, D.D.S., and Mrs. Webster.

Dr. A. E. G. Forbes of Lunenburg, was a guest at the McGill Graduates' Banquet in honor of Sir Arthur Currie, at the Halifax Hotel, Tuesday evening, August 31st, 1926.

Dr. P. O. Bagnell, Dalhousie 1921, of St. Georges', Nfld., recently visited his parents in Glace Bay, Mr. and Mrs. J. J. Bagnell; he was accompanied on his vacation by his wife.

Dr. Charles McQueen Avar for a number of years practising in Scranton, Penn., has been visiting for a number of weeks at his old home in Amherst and elsewhere in Nova Scotia.

Dr. F. B. Day of Thorburn was the Camp Physician at the Scout Camp held at Big Cove, Pictou County, August 17th to 28th. Dr. Day is an enthusiastic supporter of the Boy Scouts.

Dr. G. K. Burriss of Halifax, Dalhousie 1925, during part of August, supplied for Dr. W. W. Patton of Dominion. Dr. Patton enjoyed a lengthy motor trip throughout the Province.

Dr. D. W. Byers of Annapolis Royal, who was so seriously injured in October 1924, is still very lame and fears the disability will be permanent. He depends upon a cane always in walking.

Miss Mary Marguerite, daughter of the late Dr. G. E. DeWitt and sister of Dr. C. E. A. DeWitt of Wolfville, was married August 10th, 1926, to Mr. Harold Stuart Trenholm of Grand Pre.

Dr. G. H. Murphy of Halifax, attended the 4th Annual Meeting of the Maritime Conference of the Catholic Hospital Association opened at St. Martha's Hospital, Antigonish, Sept. 1st.

The marriage took place in Sydney August 26, 1926, of Miss Eunice, second daughter of Dr. and Mrs. E. J. Johnson of Sydney to Mr. Carr Stewart, formerly of Sydney; but now of Fall River, Mass.

Col. H. M. Jacques of Ottawa with Mrs. Jacques and Miss Aileen, spent the month of August in Nova Scotia, chiefly in Halifax and in Kings County. They are being heartily welcomed by their many friends.

Dr. E. E. Sinclair and family of Summerside, P. E. I. were motor visitors to Cape Breton in the latter part of August. Dr. Sinclair at one time practised in Glace Bay, being associated with the late Dr. R. A. H. McKeen.

Dr. and Mrs. W. H. Hattie, Dartmouth, announce the engagement of their daughter Marjorie Elizabeth, to Mr. Charles Wallace Moffatt Jr. formerly of North Sydney, now of Dartmouth. The wedding is to take place in September.

Quite a family gathering of Sutherlands and McKenzies met recently in Malagash, Cumberland County. Among those present were Dr. and Mrs. H. D. Reid and baby of Pubnico, and Dr. D. R. Sutherland and Mrs. Sutherland of Tusket.

Doctors W. H. Hattie and S. L. Walker, recently addressed the Rotary Club of Truro. Dr. Hattie spoke on Theory and Practice as illustrated by advances in medical science. Dr. Walker outlined on another occasion the Health Work of the Red Cross.

At a session of the recent meeting of the Canadian Dental Association in Halifax, the Canadian Dental Golf Association was organized and the first tournament was played at Ashburn. Why should not the Medical Society of Nova Scotia follow suit and play their first games on the Lingan Course?

Dr. and Mrs. W. F. McKinnon of Antigonish, Dr. and Mrs. D. J. MacMaster of Antigonish, Dr. and Mrs. J. J. McDonald of New Glasgow, and Dr. R. St. J. and Mrs. McDonald were guests August 18th, 1926, of Councillor J. W. and Mrs. MacDonald of Bailey's Brook, Pictou County. The occasion was the marriage of Mary Adele, eldest daughter of Mr. and Mrs. MacDonald to Dr. Roy W. H. Smith of Bungay, Norfolk County, England. The bride was a niece of Mrs. (Dr.) MacMaster and of Col. R. St. J. McDonald.

Dr. and Mrs. Ross Faulkner, who have been summering as usual at Chester returned to New York early in September.

Supplementing a previous announcement a very pretty wedding was celebrated in the United Church of Annapolis Royal on September 1st. 1926, Winnifred Margaret, eldest daughter of Dr. L. B. W. and Mrs. Braine, being married to Mr. Sydney John Stewart Woods of St. Johns', Newfoundland.

Medical Missionaries are pioneers of the most practical kind. Mr. Benjamin Gullison, nephew of Dr. and Mrs. F. E. Gullison of Yarmouth, a recent graduate of Acadia, after a short visit with his relatives, will begin his medical studies in Edinburgh to prepare for this work. He belongs to a missionary family.

Dr. H. L. Seavey of Cambridge, Mass., accompanied by his wife and son, spent several weeks in August motoring and visiting in Nova Scotia. In Halifax they were the guests of Mrs. Seavey's sister, Mrs. S. L. Walker. Dr. Seavey enjoyed many games of golf and met many physicians during his stay in the Province.

Dr. J. P. McGrath of Kentville, has on several occasions taken visiting physicians to Nova Scotia on short fishing trips. His latest guest was Dr. E. Downs of Swedesboro, N. J. and after taking in the Guides' Sports at Lake Rossignol, spent four days in the Milford District, Annapolis County, landing some eighty good sized trout.

Dr. A. C. Fales of Middleton, at present residing in Annapolis, has made a unique presentation to the Annapolis Royal Historical Association. It consisted of his entire collection of fifteen mounted game heads, including moose, deer, elk, caribou, mountain sheep and goats. They are all fine specimens of the sportsman's and taxidermist's skill.

The July C. M. A. Journal has a Review of an Article on the Control of Diphtheria by Dr. W. H. Hattie of Halifax. Dr. D. Fraser Harris, formerly of the Dalhousie Medical College staff, writes the usual London letter for the same issue of the Journal. Reports of a meeting of the Cape Breton Society and the Valley Medical Society also appear in the same issue.

Dr. S. J. MacLennan of Halifax has an easily read article in the August number of "The X-Ray" entitled "The relation of the Upper Air Passages to Respiratory Disease." Seldom has an article by a Specialist been so free of scientific words and explanations and just quite fitting for the majority of the readers,—patients and friends of patients in the Nova Scotia Sanatorium.

Dr. N. H. Gosse of Canning and family are spending the month of September in Newfoundland.

Dr. G. K. Smith of Hantsport, spent a week or more on a motor trip to Quebec during the latter days of August.

Dr. J. F. Bates, Dalhousie 1926, is now assisting Dr. A. W. Miller of New Waterford who has been laid by on account of lumbago for several weeks.

Dr. A. F. Miller of the Nova Scotia Sanatorium, spent a month recently in Newfoundland and addressed the Medical Society at its recent Annual Meeting in St. John's.

Dr. G. A. McIntosh, Medical Superintendent of the Victoria General Hospital, and Mrs. McIntosh have closed their summer home at Bedford and returned to Halifax for the winter.

Dr. V. N. McKay, of Halifax, spent his August vacation this year motoring all over Nova Scotia, a most enjoyable trip. Earltown, with all its home ties, being of course a place of call for several days.

Dr. H. M. Tory, of Edmonton, Alberta, brother of His Honor Lieutenant Governor Tory, has spent several weeks in Nova Scotia during the past summer, several days being in his former home in Guysboro. Dr. Tory is President of the University of Alberta and head of the Faculty of Medicine.

Dr. Geo. Nathanson, formerly of Sydney, is now located in Brooklyn, N. Y., his address being 225 Parkside Ave. He writes the Bulletin asking to be placed on the mailing list. So he may still keep in touch with the profession in Nova Scotia. He states he is on the staff of the Caledonian, Jewish and Ocean Hill Memorial Hospitals.

The Halifax Branch of the Medical Society of Nova Scotia writes the following pleasing acknowledgement of the Vote of Thanks passed at the Annual Meeting:—

DEAR DR. WALKER,

Dr. Weatherbee and the Executive of the Halifax Branch of the Medical Society of Nova Scotia wish me to acknowledge your letter of thanks of behalf of the Medical Society of Nova Scotia when they were our guests in Halifax this summer.

Our Society is very pleased that the meeting was a success, and we appreciate your communication which has confirmed our own belief.

Yours truly,

(Signed) VICTOR MADER,
Secretary.

Practice and Good Will.

A recent suit in the Supreme Judicial Court of Massachusetts, brings up the question of the purchase of a practice and goodwill. It is pointed out that there is a question as to whether or not there is a good will attached to a practice that can be regarded as an asset to an estate. Is this not rather something purely personal, depending on the confidence reposed in his skill and ability and after his death, or removal, has no real intrinsic value.

Under present conditions, where competition is keen, it must be acknowledged that "good will" is a rather elusive commodity to attempt to purchase. Even a doctor well established has no assurance that he will retain his clientele as long as he desires. The time has gone by when, if the regular family doctor is away or engaged, the patient will await his return or convenience, he goes to the nearest or other doctor of his choice.

As conditions exist in Nova Scotia to-day, and the same is applicable to the entire Dominion, when a doctor wishes to change his location the best he can expect is a purchaser for his house, office and partial outfit. Then another difficulty arises. Anyone financially able to thus purchase is probably earning a fair living already, and hesitates to change, knowing that his success does not depend upon any purchasable "good will" but upon his own personality which may be at once challenged by another newcomer.

As a suggestion to facilitate these transfers, which are very desirable for those desiring to specialize or to enter a larger field, as well as the beginning practitioner, might it be well for the established physician to associate with him, for one or more years, another physician who would gradually acquire the confidence of the people. The same course might be followed by doctors who have a large and arduous practice or are well advanced in years. It has often occurred that a physician 30 or 40 years in practice is compelled to work beyond his strength because a young doctor has come into the community as a competitor. There is no use in denying that the established doctor does not feel badly when his patients of a life time, at night or in bad weather, call upon the new doctor for medical service. This is only human. Instead of looking upon such a doctor as a *competitor*, why not look around, do some selecting, then bring him in as an *assistant*.

The reply that the practice is not sufficient for two does not meet the situation. It will be better for two to share the work and profits for a year or two and make a good opening for a successor. Otherwise it is uphill work for one, with over work for the other, and perhaps some uncomfortable feelings on both sides.

Perhaps some of the profession will express opinions on this subject.

REGISTRATION.

Seventy-third Annual Meeting, Medical Society of Nova Scotia.
Halifax, N. S., July 7th and 8th, 1926.

CLEMENT MACLEOD.....	319 Barrington St., Halifax.
J. G. D. CAMPBELL.....	407 Brunswick St., Halifax.
L. L. CROWE.....	Bridgetown.
A. B. CAMPBELL.....	Bear River.
W. H. HATTIE.....	Newcastle St., Dartmouth.
F. T. MACLEOD.....	New Waterford, N. S.
C. S. ELLIOT.....	97 Gottingen St., Halifax.
W. J. KEATING.....	109 Creighton St., Halifax.
E. V. HOGAN.....	College St., Halifax.
W. T. PURDY.....	Amherst, N. S.
G. H. MURPHY.....	28 Carleton St., Halifax.
J. A. MUNRO.....	Amherst, N. S.
F. R. LITTLE.....	94 Gottingen St., Halifax
W. L. MUIR.....	240 Jubilee Rd., Halifax.
C. G. MASTERS.....	Bass River, N. S.
W. F. MACKINNON.....	Antigonish, N. S.
PHILIP WEATHERBEE.....	316 Barrington St., Halifax.
GERALD C. W. BLISS.....	Amherst, N. S.
E. D. MACLEAN.....	Truro, N. S.
A. McD. MORTON.....	52 Quinpool Rd., Halifax.
VICTOR O. MADER.....	7 Spring Garden Rd., Halifax.
M. T. SULLIVAN.....	Glace Bay, N. S.
J. S. BREAN.....	Mulgrave, N. S.
W. N. REHFUSS.....	Bridgewater, N. S.
C. S. MARSHALL.....	Bridgewater, N. S.
H. K. MACDONALD.....	11 Coburg Rd., Halifax.
W. BRUCE ALMON.....	35 Hollis St., Halifax.
W. J. EGAN.....	Sydney, N. S.
W. N. COCHRAN.....	Mahone Bay, N. S.
ROSS MILLAR.....	Amherst, N. S.
JOHN K. MCLEOD.....	Sydney, N. S.
H. B. ATLEE.....	31 South St. Halifax.
J. J. CAMERON.....	Antigonish, N. S.
M. A. MACAULAY.....	35 Spring Garden Rd., Halifax.
F. E. BOUDREAU.....	Amherst, N. S.
F. E. WALSH.....	Springhill, N. S.
J. STEWART MURRAY.....	River John, N. S.
N. H. GOSSE.....	Canning, N. S.
S. W. WILLIAMSON.....	Yarmouth, N. S.
Z. HAWKINS.....	South Ohio.
CHARLES S. MORTON.....	52 Spring Garden Rd., Halifax.
GEORGE A. MACINTOSH.....	Victoria General Hospital, Halifax, N. S.
JOHN STEWART.....	Upper Stewiacke, N. S.
J. R. CORSTON.....	337 Brunswick St., Halifax, N. S.
B. S. BISHOP.....	Kentville, N. S.
W. D. FORREST.....	257 Barrington St., Halifax.
JOHN J. ROY.....	Sydney, N. S.
D. A. MACLEOD.....	Sydney, N. S.

JOHN MACDONALD	Sydney, N. S.
L. W. JOHNSTONE	Sydney Mines, C. B.
D. R. MACRAE	Sydney Mines, C. B.
H. A. CHISHOLM	102 Inglis St., Halifax.
A. I. MADER	57 Merrie St., Halifax.
J. FRED LESSEL	151 South Park St., Halifax.
H. V. KENT	Truro, N. S.
J. W. T. PATTON	Truro, N. S.
H. W. KIRKPATRICK	317 Barrington St., Halifax.
M. A. B. SMITH	Dartmouth, N. S.
E. T. GRANVILLE	Bedford, N. S.
LEWIS THOMAS	299 Brunswick St., Halifax.
R. C. E. HAWKINS	383 Brunswick St., Halifax.
C. E. AIKINS	Guysboro, N. S.
P. S. CAMPBELL	Port Hood, N. S.
D. A. CAMPBELL	Bridgewater, N. S.
V. L. MILLER	133 Spring Garden Rd., Halifax.
H. W. SCHWARTZ	183 South Park St., Halifax.
DAN MURRAY	Tatamagouche, N. S.
A. C. JOST	85 Cambridge St., Halifax.
M. J. WARDROPE	Springhill, N. S.
T. M. SIENIEWICZ	28½ South Bland St., Halifax.
T. B. ACKER	315 Barrington St., Halifax.
S. J. MACLENNAN	197 South Park St., Halifax.
M. D. MORRISON	282 Robie St., Halifax.
G. R. BURNS	New Waterford, C. B.
G. R. FORBES	Halifax, N. S.
E. K. MACLELLAN	Spring Garden Rd., Halifax.
L. N. MORRISON	Mahone Bay, N. S.
R. H. SUTHERLAND	Pictou, N. S.
W. H. Eagar	Dennis Apt., Halifax.
G. A. DUNN	Pictou, N. S.
W. ALAN CURRY	121 South Park St., Halifax.
H. H. BANKS	Barrington.
JUDSON V. GRAHAM	51 Coburg Rd., Halifax.
ROY SIMPSON	Toronto.
ARTHUR BIRT	61 College St., Halifax.
F. C. LAVERS	New Ross, Lunenburg, N. S.
G. K. SMITH	Hantsport, N. S.
D. J. MACDONALD	168 South St., Halifax.
S. H. KESHEN	Green Lantern Bldg., Halifax.
M. CHISHOLM	303 Brunswick St., Halifax.
ALLAN R. MORTON	Wolfville, N. S.
J. W. REID, JR.	Newport, N. S.
S. L. WALKER	Metropole Bldg., Halifax.
S. R. JOHNSTON	54 Inglis St., Halifax.
C. A. DONKIN	Bridgewater, N. S.
A. R. REID	Windsor, N. S.
GERALD W. GRANT	18 Summer St., Halifax.
P. E. BELLIVEAU	Meteghan, N. S.
FRANK M. LAHEY	Boston.
JOSEPH S. PRATT	Boston.

W. P. MACKASEY	27 Willow St., Halifax.
GEORGE GANDIER	Dartmouth, N. S.
A. F. MILLER	Kentville, N. S.
E. P. HOPGOOD	Dartmouth, N. S.
L. R. MORSE	Lawrencetown, N. S.
W. J. BARTON	323 Brunswick St., Halifax
W. W. KENNY	Halifax, N. S.
M. G. BURRIS	Dartmouth, N. S.
FRANK G. MACK	140 Spring Garden Rd., Halifax.
ALLAN R. CUNNINGHAM	260 Barrington St., Halifax.
P. D. McLARREN	317 Barrington St., Halifax.
J. W. REID, SR.	Windsor, N. S.
J. L. CHURCHILL	7 Quinpool Rd., Halifax.
DUNCAN MURRAY	Pictou, N. S.
E. I. GLENISTER	Dartmouth, N. S.
H. A. PAYZANT	Dartmouth, N. S.
H. E. KELLEY	Halifax, N. S.
J. RANKINE	19 Kaye St., Halifax.
D. J. MACKENZIE	44 Chestnut St., Halifax.
ARTHUR E. DOULL	34½ Morris St., Halifax.
R. M. LUTON	Major R.C.A.M.C., Halifax.
R. E. MATHERS	34½ Morris St., Halifax.
J. G. MACDOUGALL	97 Spring Garden Rd., Halifax.
W. E. DALEY	94 Gottingen St., Halifax.
GUY R. FISHER	Staunton, Virginia.
R. E. WODEHOUSE	Ottawa.

Number registered One Hundred and twenty-six.

Good-bye, Brethren!

A minister in a certain town in Alabama took permanent leave of a congregation in the following manner: "Brothers and sisters, I come to say good-bye. I don't think God loves thus church, because none of you ever die. I don't think you love each other, because I never marry any of you. I don't think you love me, because you have not paid my salary. Your donations are moldy fruit and wormy apples, and 'by their fruits ye shall know them.'

"Brethren, I am going away to a better place, I have been called to be chaplain of a penitentiary. Where I go ye cannot come, but I go to prepare a place for you, and may the Lord have mercy on your souls. Good-bye."—*The Shaft*.

Young wife: "Patrick, is it true that money talks?"

Husband: "So they say, my dear."

Young Wife: "Well, I wish you'd leave a little here to talk to me during the day. I get so lonely."

"Is Trachoma a Deficiency Disease," was the title of a paper read at the last Annual Meeting of the American Medical Association, held at Dallas, Texas, by Dr. B. Franklyn Royer of 370 Seventh Avenue, New York City, N. Y. The paper and an abstract of the discussion appears in the August 14th number of the Journal A. M. A.

THE CANADIAN MEDICAL ASSOCIATION

OFFICERS

1926-1927.

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MEDICAL SOCIETY OF NOVA SCOTIA

ANNUAL MEETING, JULY 1927, AT SYDNEY

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 Dr. Dan McDonald, North Sydney.
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 Dr. W. T. Purdy, Amherst.

Halifax Branch.
 Dr. J. V. Graham, 51 Coburg Rd.
 Dr. W. L. Muir, 240 Jubilee Rd.

Lunenburg-Queens Branch.
 Dr. W. N. Rehffuss, Bridgewater.
 Dr. W. N. Cochran, Mahone Bay.

Valley Branch.
 Dr. R. O. Bethune, Berwick.
 Dr. L. L. Crowe, Bridgetown.
 Dr. A. B. Campbell, Bear River.

Pictou Branch.
 Dr. S. G. McKenzie, Westville.
 Dr. G. A. Dunn, Pictou.

Eastern Counties Branch.
 Dr. W. F. McKinnon, Antigonish.
Colchester-Hants Branch.
 Dr. F. D. Charman, Truro.
 Dr. F. R. Shankel, Windsor.

Western Counties Branch.
 Dr. A. R. Campbell, Yarmouth.
 Dr. C. A. Webster, Yarmouth.

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Cogswell Library Committee.

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 Dr. J. R. Corston.
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 Dr. Philip Weatherbee.
 Dr. C. S. Morton.

Public Health Committee.

Dr. A. C. Jost, Chairman.
 Dr. R. L. Blackadar.
 Dr. J. K. McLeod.
 Dr. W. N. Rehffuss.
 Dr. C. W. Bliss.

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Dr. W. H. Hattie.
 Dr. G. H. Murphy.
 Dr. J. G. MacDougall.

Dr. K. A. MacKenzie.
 Dr. E. V. Hogan.
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 Dr. J. G. D. Campbell } (Ex-Officio).
 Dr. S. L. Walker. }
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Dr. L. R. Morse.
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Dr. V. N. MacKay, Halifax.

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Dr. C. S. Morton, Halifax, N. S.

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Dr. G. H. Murphy.
 Dr. J. G. MacDougall.
 Dr. G. W. T. Farrish.

Dr. John MacDonald.
 Dr. H. K. MacDonald.
 Dr. Jordan Smith.

MEDICAL SOCIETY OF NOVA SCOTIA
DIRECTORY AFFILIATED BRANCHES

HALIFAX BRANCH

President	Dr. P. Weatherbee, 316 Barrington St.
Vice-President	Dr. G. H. Murphy, 28 Carleton St.
“ “	Dr. S. R. Johnson, 54 Inglis St.
“ “	Dr. A. E. Doull, 34½ Morris St.
Sec.-Treas.	Dr. V. O. Mader, 7 Spring Garden Road.
Executive	The Officers and Drs. Graham and Muir.

LUNENBURG-QUEENS

Officers 1926-27

President	Dr. F. R. Davis, Bridgewater.
Vice-President	Dr. G. A. Barss, Rose Bay.
Secretary-Treasurer	Dr. C. A. Donkin, Bridgewater.

Executive

The above Officers with:

The officers and Dr. W. N. Cochran, Mahone Bay and Dr. A. E. G. Forbes, Lunenburg.

Nominated to the Executive of the Medical Society of Nova Scotia

Dr. W. N. Reh fuss, Bridgewater and Dr. W. N. Cochran, Mahone Bay.

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

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

Executix

Medical Society of Nova Scotia . . . Dr. S. G. McKenzie, Westville.
 Dr. G. A. Dunn, Pictou.

Date of Annual Meeting—July 1927.

VALLEY MEDICAL SOCIETY

President	Dr. William Grant, Wolfville.
Vice-President	Dr. W. R. Dickie, Barton.
“ “	Dr. A. A. Deckman, Bridgetown.
“ “	Dr. J. P. McGrath, Kentville.
Secretary-Treasurer	Dr. C. E. A. DeWitt, Wolfville.

Executive

Medical Society of Nova Scotia . . . Dr. R. O. Bethune, Berwick
 Dr. L. L. Crowe, Bridgetown
 Dr. A. B. Campbell, Bear River

Date of Annual Meeting in May.
 Semi Annual in October.

WESTERN NOVA SCOTIA MEDICAL ASSOCIATION

Officers 1926-27

President	Dr. W. C. O'Brien for Wedgeport, Yar. Co.
Vice-President	Dr. S. H. Thibault for Digby County.
“ “	Dr. L. O. Fuller for Shelburne County.
“ “	Dr. A. R. Melanson for Yarmouth County.
Secretary-Treasurer	Dr. Thomas A. Lebbetter, Yarmouth.

Representatives to the Nova Scotia Medical Society Executive:—

Doctors A. R. Campbell and C. A. Webster, of Yarmouth.

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

CAPE BRETON

President.....	Dr. D. W. Archibald, Sydney Mines.
Vice-President.....	Dr. M. G. Tompkins, Dominion.
	Dr. J. C. Morrison, New Waterford.
Secretary-Treasurer.....	Dr. Ray Ross, Sydney.

Nominated to the Executive of the Medical Society of Nova Scotia

Dr. D. McNeil, Glace Bay; Dr. Dan McDonald, North Sydney; Dr. E. J. Johnston, Sydney.

Annual Meeting 2nd Thursday in May.

COLCHESTER-HANTS

Officers 1926-27

President.....	
Vice-President.....	
Secretary-Treasurer.....	Dr. H. V. Kent, Truro.

Executive Committee

Dr. J. B. Reid, Truro. Dr. F. R. Shankel, Windsor.

Nominated to Provincial Executive

Dr. C. H. Morris, Windsor, and Dr. E. D. McLean, Truro.

CUMBERLAND COUNTY.

Officers 1926-27

President.....	Dr. Ross Millar, Amherst.
Vice-President.....	Dr. M. J. Wardrope, Springfield.
Secretary-Treasurer.....	Dr. W. T. Purdy, Amherst.

Nominated to the Executive of the Medical Society of Nova Scotia.

Dr. J. A. Munro, Amherst, and Dr. W. T. Purdy, Amherst.

EASTERN COUNTIES

Hon. President.....	Dr. G. E. Buckley, Guysboro.
President.....	Dr. J. L. McIsaac, Antigonish.
1st Vice-President.....	Dr. J. J. McRitchie, Goldboro.
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