
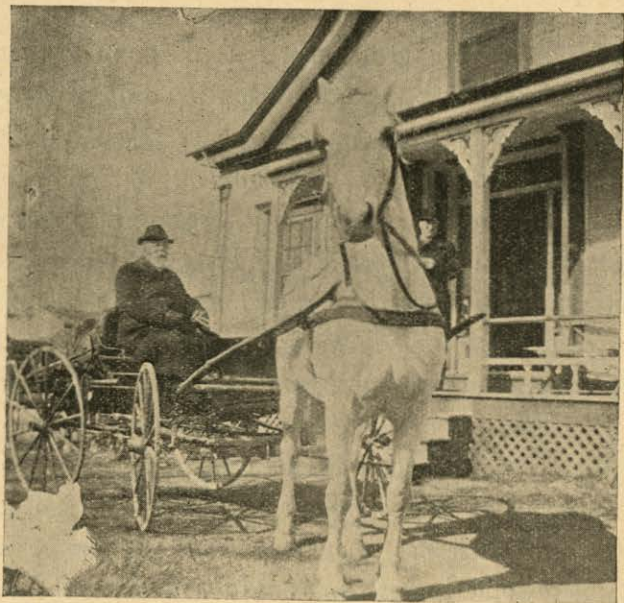


AND, therefore, gentlemen, I would point to that liquid and say to you, I have taken my drop of water from the immensity of creation, and I have taken it full of the elements suitable for the development of inferior beings. And I wait, I watch, I question it, begging it to recommence for me the beautiful spectacle of the first creation. But it is dumb; dumb since these experiments were begun several years ago; it is dumb because I have kept it from the only thing man cannot produce, from the germs that float in the air; from life, for life is a germ and a germ is life. Never will the doctrine of spontaneous generation recover from the mortal blow of this simple experiment . . . No, there is now no circumstance known in which it can be affirmed that microscopic beings came into the world without germs, without parents similar to themselves. Those who affirm it have been duped by illusions, by ill-conducted experiments spoiled by errors, that they either did not perceive or did not know how to avoid.

Louis Pasteur, 1822-1895





The late DR. A. C. PAGE of Truro
and his familiar white horse.

The team is standing just in front of the east entrance to the home and office of the late Dr. W. S. Muir, Prince St., Truro. Dr. Muir can be seen behind the horse standing on the porch. Dr. Page died in 1900 having been in practice since 1856. He was exceedingly well known throughout the province and a prominent member of the Provincial Medical Board for many years.

Modern Trends in Medical Education

Dr. W. H. Hattie, Dean of the Faculty of Medicine, Dalhousie University, Halifax, N. S.

IF our profession could boast such a character as is delineated in Irving's Rip Van Winkle, and he could be fancied as just returned to the ranks of active practitioners after a sleep extended over say a generation, what a hopelessly mystified son of Aesculapius he would be! Medicine, aptly termed by Huxley "the foster mother of many sciences," is not the profession of choice for the sluggard. The marvellous advances in science which in recent years have revolutionized the thought and mode of life of mankind have had a profound influence upon the theory and art and practice of medicine. Even the most quick witted finds the task of keeping quite *au fait* with all the newer developments far beyond his power, and I fancy that any of my auditors whose college course was taken more than a score of years ago would sympathize profoundly with a colleague who, through some strange mishap, had undergone a Rip Van Winklian period of repose and after long slumber was now obliged to adapt himself to the modern conception of the pathology and treatment of disease.

We oldsters of the profession must endeavor to fancy some such situation in order to become properly oriented in respect of present day medical education. A generation ago a modest quantum of high school teaching admitted one to even the best of the medical schools, and four or perhaps but three years of study covering biology, chemistry and physics in addition to the strictly professional courses qualified him for the coveted doctorate. To-day it is a practically universal requirement that the aspirant to a course in medicine shall have had not less than two years of preparatory work *in college* before he is admitted to medical studies; that in those two (or more) years he shall have wholly or nearly completed his grounding in biology, chemistry and physics; and that he must then reconcile himself to five years of hard grinding at the professional courses. So great an advance in requirements has naturally created much criticism, but to this it would be bootless to direct discussion. While methods vary somewhat, the standard set for admission to medical practice is much the same everywhere, and we must perforce accommodate ourselves to a situation which is general throughout the civilized world.

Of the advantage of at least moderately thorough training in the fundamentals of biology, chemistry and physics there is little question.

All are necessary to easy comprehension of biochemistry, physiology and pharmacology, which are taking a more and ever more important part in the medical curriculum. If one were to read nothing but the "literature" with which the pharmaceutical firms deluge us, one would be impressed with the enormous amount of experimental investigation that is going on, which if it is not to be worse than valueless, requires the most precise interpretation of biological and chemical reactions. The Dean of the Harvard Medical School recently expressed the opinion that the future of medicine is to be largely a matter of chemistry. But chemistry, it would appear, is about to be resolved to a great extent into physics. Many of the most important of recent discoveries have been made in the realm of what is termed physico-chemistry. Many of the problems of the physiologist and the pathologist and others come within this realm, and the chemist has for many years admitted his dependence upon the physicist. But when the physicists announced that atoms are composed of protons and electrons, and that in the simplest of all atoms (hydrogen) the electron revolves around its proton at the rate of about 1400 miles a second, making approximately 7,000,000,000 revolutions in the millionth part of a second, they took away not only the breath of the chemists but the atom as well—and it is now theirs. Further and greater inroads upon the domain of chemistry are said to be imminent, but quite apart from this possibility such weird developments as radio and the phono-film make one hesitate about setting any bound to the practical application of physics to any of our problems. It would seem, therefore, that we must reconcile ourselves to a probable increase rather than a decrease of the importance of physics as a basic subject in pre-medical education.

This reference to pre-medical education is necessary because of the importance now attached to laboratory work in so many of the professional subjects. This, also, is universal, and the expensively equipped laboratories manned by highly trained full-time teachers, to be found in every modern medical school, account mainly for the increased cost of medical education. The laboratory work in anatomy, histology and embryology is greatly simplified by a previous grounding in biology, while that in biochemistry, physiology and pharmacology would be hopelessly confusing to one who lacked a basic knowledge of chemistry and physics.

The medical graduate of thirty years or so ago who returns to-day for the first time to visit his alma mater and the hospitals associated with it is impressed particularly with the development of the laboratories. He sees the students busily engaged in the manipulation of fearsome looking apparatus much of which is strange to him. The didactic lectures have been displaced to a considerable extent by the laboratory and the clinic. Beginning with the anatomy room, he finds that the freshman comes to his first human dissection with a fair knowledge of the structure and functions of the animal body gained in his course in biology, and that the course in anatomy, while still

necessarily systematized, is emphasized in the particulars which are to be of greatest importance in the actual practice of medicine. In the laboratory of histology, after becoming familiar with the structure of the various tissues, the student proceeds to study the arrangement of these tissues in the various organs—but not until he has obtained some inkling of the primary functions of the organs. Embryology is meanwhile being studied by the investigation of the most suitable types of embryos of various ages, and in this way knowledge is acquired of the development of the tissues and organs, and light is thrown upon their functional activities. When the courses in histology and embryology have been completed, and he has had a year at anatomy, the student passes on to physiology, biochemistry and pharmacology. These three subjects are so closely related that one does not know just where to draw the dividing lines. They are complimentary and supplementary, one to the other, and for ready comprehension must be taught largely in the laboratory. And so the student sees and records such items as the action of the frog's heart *in situ* and the effect upon it of physical and chemical agents—heat, electricity, drugs, etc.; the evidence of transmission of impulses along the nerves and the effect of various kinds of artificial stimulation of the nerves; the phenomena of secretion, excretion, etc., and in fact all the phrases of vital activity which may, under average laboratory conditions, be made the subject of demonstration. By varying the circumstances from the nearest possible approach to the normal through more and more considerable departures from the normal, an insight is obtained of the manner in which the body reacts to and accommodates itself to abnormal conditions. Information is thus gained which aids in clarifying problems which confront the student in his later work in bacteriology, immunology and pathology, and which prepares him for a clearer understanding of the processes that produce the morbid conditions which he must study in his clinical years.

The advances which have been made in our knowledge of the bacteria have necessarily led to great modification of the teaching of bacteriology. The study of these organisms under the microscope and in the culture tube now represents but a small part of the work involved. The manner in which they produce disease, the reaction of the tissues to their presence and to their activities, the mechanism of anti-body production and therefore of immunity—these are among the problems which mainly concern the student of to-day. Such problems are manifestly complex, involving very intricate chemical and biological reaction which can be understood only by one who has a fair grasp of biochemistry and related subjects. Similarly the teaching of pathology has been profoundly modified. It is no longer sufficient that one should be familiar with the gross microscopic appearance of diseased tissues and organs. He must know as far as possible why the changes in tissues and organs have come about, and the effect which such changes have upon functional activity. It is through the investigation

of such problems, in the fields of bacteriology and pathology, that means have been made available to us of determining whether or not there exists natural or acquired immunity to certain infections, of co-operation with nature in establishing immunity, of detecting insufficiency of various internal secretions and of supplementing nature's efforts by providing the equivalent of such secretions. Examples such as these might be multiplied almost indefinitely. The few which have been cited have been chosen because they are known to all, but they are enough to illustrate how rapidly medical practice is being based upon scientific knowledge. One cannot but feel that our colleagues of the laboratory are making tremendous strides in fathoming the mysteries of disease processes and in relieving us of the stigma of empiricism which has been so long borne as a heavy cross by our profession.

Until within a few years there has been little disposition to bridge the work of the pre-clinical with that of the clinical years. The pre-clinical work has, of course, been applied to no inconsiderable extent in the clinical teaching, but it has now become so vast that few clinicians, especially if they engage in private practice, find it possible to keep *au fait* with both laboratory and clinical developments. In several schools the full time clinical teacher is now on trial. At some such schools, medical units and surgical units have been established, which include various types of laboratory men in their personnel. This permits of intensive team study of definite problems from many angles. From the research standpoint the plan promises excellent results, but its value to the student has not been generally conceded. The atmosphere of the research laboratory seems to possess a curious power of stimulating the interest of the student, even though he may have no part in, and very little comprehension of the work being done. Whatever be the explanation, students show a preference for the subjects in which the instructors are researchers, even though the matter of research may not be formally brought before the class. It is, therefore, not surprising that many clinical teachers urge the desirability of making research a feature of their work, but just as the student shares little in the research work of his pre-clinical teachers, it is unlikely that he will have much practical concern in that phrase of the activity of his clinical teachers. Marvellous as is the capacity of the modern medical student, it is not entirely without limitation.

The clinical years, however, are not lacking in evidences of the applicability of newly acquired knowledge to investigation at the bedside. Has not the chemistry of the blood and spinal fluid proved useful to the clinician? The application to diagnosis of the computation of basal metabolism, of the tests for protein sensitivity, of devices for determining with much precision the appearance of parts of the body which were formerly inaccessible to ready investigation, of the x-ray and of the electro-cardiograph may be cited as but a few of our "modern instances". And in therapy, will it not suffice to

mention merely the organic extracts and the host of synthetic remedies which have come to us from the laboratories?

It is not alone in respect of the treatment of disease, however, that the view point has changed. Prevention is fast becoming the watch-word of the profession. The time honoured methods of sanitation, aimed at the protection of the public health through the control of communicable diseases and the assurance of pure air, safe water and wholesome food, have become in many places the function of public officials. But equally important duties remain to the practising physician everywhere. Among these we may place the early recognition, not merely of communicable diseases but of evidences of endocrinic insufficiencies and unfavorable dietetic and environmental conditions. Time does not permit a discussion of such matters, but mention may be made of the ease which many disabling conditions may be prevented by the use of foods containing the appropriate vitamins; the part of the ultra-violet rays, either sun-made or man-made, in the prevention of rickets and other maladies; the likelihood that many surgical operations, such as those for gall stones, renal stones, gastric and duodenal ulcers, perhaps even cancer, may be averted by the adoption of a suitable diet. One might almost summarize the trend of our time by saying that effort is now being directed to the elimination of the predisposing causes of disease quite as much as to the elimination of determining causes—an obviously logical forward step. Methods which are useful in prevention have a place, also, in our endeavours to cure disease, and so we find that there is a much more intimate relationship between preventive and curative practice than was formerly recognized. The publicity which is given health problems in general may be regarded as an index of the interest taken in them by the laity. The press is quick to sense the preferences of its readers and promptly rejects material which is not in popular demand. So it may be conceded that reading people to-day are much concerned in the conservation of health, and it follows that the profession is expected by them to be equally and similarly concerned. The physician who has been led into discussions of newspaper articles on medical matters knows that many laymen have acquired more than a little knowledge of such things—enough at any rate to make them dangerous disputants if he is not well versed in the subjects which are brought up for debate. Ill advised and prejudiced statements by medical men will do no harm to the "health movement" but may materially harm professional interests. Perhaps it is because of such statements that the profession is sometimes so unjustly accused of being unsympathetic towards methods aimed at the betterment of the public health. At times we hear that a proper professional attitude in this respect will come on'y when medical men are made servants of the state. Only a few years ago such a proposal was contemplated as a plank in the platform of one of the political parties of Canada. In my opinion nothing is more likely to defeat the machinations of the state

medicine propagandists than a united profession which has been trained to a sane and practical view of the social aspects of medicine.

For a good many years, keen men of affairs, sitting on the administrative boards of hospitals, have been insisting upon the direct effort towards the correction of home conditions which have come to be recognized as responsible for the repeated readmissions of certain patients to hospital. Hospital social service has grown out of this, and it is considered "good business" by many hospitals to maintain a social service department, made up of a specially trained personnel. Just a quarter of a century ago, consequent upon a remark made by Osler to the effect that organization was lacking for the relief of about 70 per cent of dispensary patients, a beginning was made at one American medical school at what may be termed environmental medicine. Students of this school were at first advised and a few years later were required, to visit the homes of poor patients to investigate the conditions there which might have a bearing upon the illnesses of these patients. The evolutionary process goes on. At Dalhousie University, the clinical teaching in minor and many of the chronic ambulatory ailments is done in the outpatient clinics of the University Health Centre, and there the endeavour is being made to correct the all too common fault that the student sees patients only under hospital or dispensary conditions by sending him to the homes of outpatients to study, if need be with the assistance of a nurse who has had training in social service, the home conditions of such patients. Our object is to give the student opportunity to learn not only the factors in the home life which may have had a causal association with a patient's illness, but also the ways by which unwholesome conditions may be overcome. It is obviously of little avail to prescribe medicines for an illness which is the result of uncleanness, lack of fresh air or sunshine, badly selected or badly prepared foods, domestic disharmony, and so on almost *ad infinitum* unless such things can be remedied. Now that we are getting a better insight into psycho-pathology we have come to realize that many chronic ailments, which baffle ordinary methods of treatment, are not merely the result of disordered imagination but are dependent upon nutritional faults or endocrinic imbalance, or both, and that the emotional instability which is so commonly associated is intensified through lack of understanding on the part of friends. The vicious circle must be broken if satisfactory results are to be achieved, and this cannot be done by the administration of drugs alone. We aim at demonstrating to the student the means of breaking the vicious circle, even to the extent of straightening out domestic infelicities—a form of service in which some medical men have outshone competitors from all other ranks of social workers. Perhaps in this we are pursuing a will-o-the-wisp, but I do not think so. It is one of the newest adventures in medical education, and is being undertaken with two purposes in the ultimate view—the defeat of the movement towards state medicine and the elimination of irregulars who owe their successes

to a more practical psychology than is possessed by some of the regular school.

In his rapid review, it has been impossible to touch upon all matters that are of interest, but I trust that what has been advanced will indicate to you something of the way in which medical educators are endeavouring to present to their students the vast amount of information which is requisite to the preparation for entrance upon a career in medicine in these our days.

Colchester County Hospital.

The official opening of this new and up to date hospital took place in Truro September 21st, 1926. It marks, not the completion, but the culmination of efforts extending over nearly 25 years, and it is a credit to the people of Colchester County. Perhaps E. A. Randall D.D.S., the President of the Hospital Trust, may be regarded as having devoted the most time, energy and thought to this project. As has happened many times, the death of a man highly esteemed in a community is the inspiration for many a philanthropic effort. Dr. William S. Muir of Truro, father of Dr. Walter L. Muir of Halifax, brother of the late Dr. D. H. Muir and son of the late Dr. Samuel Muir of Truro, died of appendicitis March 10th, 1902, after but four days illness, aged 49 years. A graduate of Dalhousie in 1874, he stood high in the esteem of the profession, enjoyed a large practice and was universally loved by the people generally. The suddenness of his passing, and the grief of the vast concourse of people in attendance at the funeral, so impressed Dr. E. A. Randall, that he suggested a Muir memorial which should take the form of a hospital, the funds being raised by popular subscriptions of one dollar. At once \$6,000.00 was raised and, although from one reason and another no steps were taken to erect a hospital, in 1922 the Fund amounted to \$15,000.00. Then this amount was used to purchase the old hospital and a campaign started for a larger and better one. The present hospital located on Willow St., on grounds originally owned by the late J. B. Calkin of educational fame, represents an outlay of approximately \$100,000.00.

To emphasize the idea of a memorial to the late Dr. "Will" Muir the operating room with its equipment will be dedicated to him. The X-Ray equipment was obtained by donations in memory of the late Dr. A. C. Page and others. The Tablet indicating this was unveiled by Dr. John Stewart of Halifax. The furnishings for a large two-bed room were donated by Mrs. Kinsman in memory of the late Dr. F. S. Kinsman of Canning and, later, of Truro.

The dedication and opening was attended by over a thousand people and Hon. W. L. Hall, Attorney-General, declared the hospital formally opened.

Common Maladies

The Importance of Recognizing Symptoms.

By Dr. M. E. McGarry, Margaree Harbor, C. B.

(Read at Annual Meeting Eastern Counties Branch Society.)

IN reviewing our most interesting and instructive experiences at the bedside and in our consulting rooms, we all have many memories of first hand impressions that were not subsequently verified by the course of the cases. No practitioner of medicine can have failed to experience such incidents. The purpose of this paper is to summon up into the foreground a few of these points of interest and to categorize them for practical purposes.

There are many groups of diseases that present to us such similarities in their phenomena, that an observer prejudiced perhaps by his first impression of the case, may on the one hand institute some *prompt* form of treatment or on the other hand postpone some *important* action, eventually causing serious disappointment and even regret.

For the purpose of systemizing the subject, it will be of advantage to approach it under three headings, any one of which may involve one or both of the other two in their application. Under each of the first two headings a few of the individual considerations will be treated. The three headings to be dealt with are these:—

- (1) Subjective symptoms complained of by the patient spontaneously, or upon close interrogation.
- (2) Physical signs as elicited by the observer in his examination of the case.
- (3) Laboratory tests as obtained by reference to physical chemical or biological reactions in special diagnostic procedure.

In this paper I do not propose to deal with the considerations under the third heading for the reason that my object is to treat specially of the observations which come immediately to the family physician.

Under the first heading let us consider only a few of the more important ones.

Pain in the right Iliac region—This is a symptom that may be the source of many professional worries. Its close proximity to the appendix is liable to induce in the clinician such powerful impressions that second thoughts are liable to be missing in the hurry to have the

operating room put in order. Pain and tenderness in the right iliac region with chill, increased pulse rate, fever, vomiting, splinting of the right rectus muscle, and leukocytosis have more than once resulted in the removal of a perfect, fully normal appendix. When a careful observation of the respiratory function would have spared a patient with a right lobar pneumonia, a great deal of operation trauma, an operation fee, and perhaps a premature withdrawal from an otherwise pleasant environment. Possibly in no other syndrome are second thoughts more to be cultivated; and these will lead the observer to note the character and frequency of the respirations, the response of the right lower thoracic wall to percussion and the finding by the stethoscope of perhaps no more than a few crepitations at the right base posteriorly. But let us not place all the blame of this syndrome upon either Physician or Surgeon. On the contrary having given careful inquiry, and after giving second thought to other possible causes, including right sided pyelitis, and ureteral calculus, one should not neglect the precious moments of timely surgical intervention.

Pain in the right Hypochondrium—What has been said of pain in the right iliac region may be said of pain in the right hypochondrium but one must substitute acute suppurative cholecystitis for acute appendicitis in our first impressions and to add acute suppurative pleurisy to acute lobar pneumonia as a possible contingency for second thought.

Pain in the Epigastrium—Sudden pain in this region associate with tenderness, rigidity, vomiting, and facies hippocratica, naturally gives one a first impression of perforating gastric ulcer or acute pancreatitis, both of which conditions are essentially surgical. Yet here again granted the patient is of mature age, a timely observation of a pair of Argyll Robertson pupils and absent knee and ankle jerk may justify the second thought and some hesitation in preparing the operating room; for the gastric crises of Tabes are non-surgical so far as the attack is concerned at any rate. On the other hand a perforating ulcer, unless it happens to be a perforation into strong adhesions will not as a rule respond to a period of rest in bed, liquid diet, and bismuth and soda every two hours. Physicians and Surgeons should have their heads very close together in such emergencies with plenty of room for the second thought.

Pain in the Hypogastrium—Pain or pain and tenderness in the hypogastrium may not give either physician or surgeon such great concern as the symptoms already referred to. Perhaps the danger is the other way. A hasty examination or perhaps only a verbal enquiry, may be made. The absence of vomiting, fever and other members of the acute abdominal syndrome may tend to give the doctor a feeling of security as his first impression. A second thought, however, might result in the detection of a bulging mass above the pubis, palpable and

percussible, easily relieved in a few minutes with a soft rubber catheter. Patients are frequently at a loss to give the required information leading to a prompt diagnosis of a full bladder from retention caused by the onset of acute infections or other agencies.

Pain in one leg near the knee—The patient enters the room limping and complaining of pain in one knee. He walks with difficulty. After careful examination of the knee, nothing is seen or felt that may excite suspicion of trouble in the joint. A diagnosis of strain is made and a liniment is prescribed. A timely second thought before ordering liniment for the knee would lead to an examination of the function of the hip joint where the real cause of the pain might be discovered and the subsequent X-ray might reveal a beginning tubercular caies or a well defined Osteo-Arthritis.

Pain in both legs with spasticity of muscles—This symptom may be presented by the patient in such a way that the unwary practitioner may assume that he has to deal with that ancient Will O'the Wisp known as chronic rheumatism. An expensive course of dieting and baths at some hot springs may be prescribed. A timely second thought however, may lead to an examination of the spine and a careful study of the motor, sensory, and reflex functions. One of three things may be found requiring a more rational therapy than hot springs. Namely:

- (1) Pott's disease of the spine.
- (2) Tumour of the spinal cord.
- (3) Sclerosis of the cord.

Vomiting Blood—There are few more alarming conditions for an individual than the ejection of blood from the stomach. Haematemesis gives much concern to the physician and surgeon. Perhaps cancer is the first impression of the patient and doctor. The second impression that of ulcer. With opium, icebag and starvation the symptom usually subsides; the X-Ray is called in at an early date. The second thought will, however, defer that expensive procedure until a careful history is taken and a careful examination of the whole patient is made, which may reveal either splenic anaemia or cirrhosis of the liver from prolonged worship at the shrine of Bacchus.

Expectoration of blood—This is also a terrifying symptom. It is not sufficient to conclude it is the sign of phthisis and to institute treatment along these lines. It is true that the symptom is generally due to that cause but there are enough instances of other causes to justify a second thought which will lead to an examination of the heart and larynx where on the one hand may be discovered a mitral stenosis or a growth of the larynx on the other. While one must bear in mind the possibility of a leaking aneurysm of the pulmonary artery.

Diarrhoea with bloody stools—In these cases the doctor may accept the patients own theory that the cause of the trouble is haemorrh-

hoids, an ointment is prescribed and possibly an operation recommended. The second thought may lead to a closer observation of the stools and possibly a further examination of the colon or rectum which may result in the discovery of a malignant growth of the colon or sigmoid and the surgeon may have the satisfaction of doing a radical cure instead of merely temporizing with a symptom which latter course is likely to end in disaster.

Hoarseness—The busy doctor may be consulted by a middle aged man complaining of an obstinate hoarseness. Hastily by glancing at the posterior pharyngeal wall the busy doctor may dash off a prescription for tincture of benzoin inhalations. A month or so later the same patient presents himself with a small growth on one or both sides of his larynx. On further examination a malignant growth of the larynx is found. It is too late, however, the second thought was delayed too long to justify a reasonable expectation of cure by operation.

Periodical convulsions in middle aged adults—The patient may give a history of a fall from a height followed shortly by an occasional epileptiform convulsion and difficulty in remembering dates. A diagnosis of Epilepsy may be made and a course of bromides or luminol prescribed. If a second thought be summoned and a Wasserman test resorted to there may be revealed the secrets of a cerebral syphilis, and thus is discovered the cause for the whole train of symptoms including the fall.

So much for these important symptoms. Let us now consider in a similar manner a few important physical signs.

Dullness over a lung with bronchial breathing—I have no doubt that all here present have been confronted with this logical combination of signs, where through some peculiarity in the course of the case, you have been compelled to ask yourself "Is it consolidation or effusion or both?" Usually consolidation might well be assumed. The second thought invariably arises and a suspicion of fluid *without* consolidation is aroused. The exploring needle, if skillfully managed, will tell the tale, but before using the needle, the study of tactile fremitus on the two sides may reveal diminished or absent fremitus associated with dullness. The discovery of such a finding gives the doctor much more confidence in proceeding with the needle, and by the evacuation of the fluid the respiratory function is relieved.

Faint, distant heart sounds—Before hastily concluding that such finding, by the stethoscope, is due to myocardial degeneration a second thought will result in a careful percussio of the heart. The area of deep cardiac dullness may be found to be greatly increased to the right as well as considerably to the left and the correct diagnosis of a large pericardial effusion may be made. Aspiration may save the patient's life when digitalis would be utterly useless.

Slight icterus with gastric symptoms—Before clearing the decks for belligerent action on the gall bladder, it is always well to make a complete blood count. This may reveal a pernicious anaemia. This second thought is productive of more benefit to the patient than to rush him to the operating table.

Palpable lumps in the abdomen—On examination of the abdomen the finding of a small palpable lump is not a justification for a diagnosis of neoplasm demanding immediate operation. It may be only faecal matter and may not be demonstrated at a second examination. In a muscular abdomen, a palpable lump on the right side may be only the right rectus muscle.

Enlarged tonsils with irregular fever—These symptoms are likely to suggest septic tonsils with treatment by tonsillectomy. On invoking second thought the doctor may be led to do a routine examination of the lymph glands in other parts of the body. This in turn may lead to a blood count, the result of which points unmistakably to leukaemia. In this disease the removal of the tonsils would have as little effect as would the excision of two rose spots for the cure of enteric fever.

Absent knee jerks that are present—It is frequently found that the knee jerks are declared to be absent when an incorrect technique has been used for the purpose of eliciting them. Perfunctory methods are worse than useless. The knee muscles must be semi-flexed and all the leg muscles fully relaxed. A sharp tap on the patella tendon will usually elicit the knee jerk if it is present but its absence should not be diagnosed until tried under reinforcement. A hasty diagnosis of Tabes may be avoided.

Many other cases might be mentioned which anew demonstrate the importance of the clinician recognizing the subjective and objective symptoms of many common maladies which come under his notice.

Observation, correlation and interpretation of symptoms would have saved for many of us patients we have lost. But the all important thing is that the people for whom the doctor lives and has his being would have been saved much needless and serious illness by having the little things taken in time and would have been saved the great expense of going the rounds of the clinic. We are failing to use our *natural faculties* of observation and deduction in our growing dependence upon *refined and elaborate* technique.

Our schools are giving splendid training as they should in the genuinely serious ills, but I fear they are overlooking the so-called little things which make up the greater part of the average doctor's work. In our zeal to properly handle the rare cases, we are overlooking the common and to be expected ills.

We concede that most of the little things will get well without a doctor, but some of them will not. Even if they should, while they last

they are real and what is a doctor for anyway if not to help when his help is wanted? People are not expected to get sick with just the kind of sickness that will best accommodate the doctor.

Because our medical schools are teaching more and more, and the medical student studying more and more, the scientific side rather than the human kind of medicine, there has been springing up on all sides a host of cults-pseudo doctors-if you please-whose only virtue is that they will do for the people those things that the educated physician has refused to do.

Medical progress has indeed been wonderful, and we want to make it still more wonderful by bolstering up the weak side and using our scientific knowledge in the treatment of human beings with souls rather than merely an inanimate body likened unto a magnified test tube. If we will do our duty, we will have the love, loyalty, appreciation and respect of the people, and very soon put off the face of the earth every Chiropractor, Osteopath, Christian Scientist and Quack.

We must not only remember that thorough examinations are important but the laity should be impressed with this idea as well. As too frequently members of the laity are adverse to very thorough examinations because of the expense, because they think that their case must be a simple one to the average medical man, and curiously enough they do not want to take the time and the trouble which is necessary for a thorough examination. The average citizen offers a feeble complaint when the man in the automobile shop states that his car has to be left there for a period of a week in order that its condition may be thoroughly investigated and the proper repairs made. The same man walks into a doctor's office and seems to expect that an infinitely more complex mechanism, the human body shall have all its problems unravelled in a very few minutes. However complimentary this may seem to be in regard to the *doctor's ability*, the *physician* who yields to the compliment and the *patient* who gives it are *both* too frequently disappointed in the result.

The September Bulletin had a short reference to this eminent English physician, who was born in 1624. The Annual Transactions of the College of Physicians, Philadelphia, contains a paper prepared by Dr. David Riesman of the College Staff. Dr. Reisman has also edited a small book giving notes of Sydenham's life and work. It is published by "Paul B. Haeber, Inc.," New York.

Charlottetown, P. E. I. may see the 1928 meeting of the C. M. A. as such an invitation has been extended by the P. E. I. Medical Association. Saint John, N. B. also extended an invitation for the same annual session.

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VOL. V.

OCTOBER 1926

No. 10

Looking Back

Galen (A.D. 131—201).

A GIANT figure that stands out across the centuries, is Galen. History pays him the supreme compliment of having dominated the teaching of medicine and surgery for fourteen hundred years. Surely the Immortals could claim no more shining mark, nor suggest a more potent test of supreme greatness. Some of the commentators on the life and work of this man, impress one strangely. There are touches of bitterness that he impregnated his teaching with such conviction that it lived on and on throughout the centuries, the error and the truth being accepted with equal confidence. He is blamed for having debauched with false metaphysics and weird speculation the whole practice of medicine, and weighed it down with authority which kept it in thralldom, until Abdollatif boldly loosened the chains, and began to appeal to Nature, as a greater source of truth than even Galen.

It is not easy for the average student to accept a disparagement of Galen on this line of reasoning. If fault there be, it would seem to lie with the easy going centuries, which were content to accept formulae without studying the data upon which they rested. What the world following his day seemed to lack, was a discriminating sense. Its scientific men seemed somewhat out of luck. If they had accepted the many truths Galen had proven experimentally, and proceeded to a fuller use of his methods, the history of medicine would surely have been different. But they failed to appraise adequately the

many sided mentality of Galen, and seem to have concluded, because he had proven some things to be right, that every utterance thereafter must needs bear the stamp of infallibility. They used his conclusions, all of them, instead of adopting and investigating the methods by which the conclusions were reached. This was no fault of Galen. He is criticized because he saw design in nature, and inferred a designer; instead of anticipating the modern biologist that difference in structure is the resultant of the forces of environment, acting upon innate heredity. The biologist two thousand years hence may, for all we know, look bigger beside the present day exponent, than the latter does beside Galen.

"Science moves but slowly, slowly,
Creeping on from point to point."

Galen gave us the deductive method. Hippocrates observed and speculated. Galen observed, speculated, and then put his speculations to the test of actual experiment. Hippocrates and his school observed that certain injuries of the spine produced paraplegia, and after weighing the evidence in a number of cases, concluded that these were due, probably, to injury of the spinal cord. Galen made the same observation; he then cut the spinal cord in an animal and changed a supposition into a certainty, and established, for all time, the relation of the spinal cord to muscle movement. He cut the recurrent laryngeal nerve, and produced hoarseness and aphonia. He was the first to describe the cranial nerves and the sympathetic nerve system. He demonstrated the flow of urine into the bladder through the ureters, and we are told he fairly trembled on the edge of the discovery of the circulation of the blood. Of this he wrote, "When you kill an animal by cutting through some of its large arteries you find that the veins become empty along with the arteries; now this could never occur if there was not an anastomosis between them." Surely there is here thought for the genius of drama and of poetry. A dramatic crisis in Longfellow's *Evangeline* comes to one's mind. You recall where the boat with the wandering Gabriel is passed in the night by *Evangeline* and her protector. They are sleeping; and neither one sees the other. There is dramatic pathos in the poet's words:

"Angel of God, was there none
To awaken the slumbering maiden?"

Was not the good angel of science remiss in his duty at this great crisis in Galen's life? Was he, too, asleep? Or was he but mocking the limitations of human genius, by showing it the golden steps leading up to the palace, but throwing an impenetrable screen about the coveted edifice itself? At all events, Galen never entered; and its secret slept with the centuries, until William Harvey disclosed its treasures nearly 1,500 years afterwards.

G. H. M.

ONTARIO MEDICAL SOCIETY.

The 46th Annual Meeting was held in London, May 25th to 28th. Like the Annual Meeting in Nova Scotia, and New Brunswick, an unusually good attendance was recorded, 540 members registering. A number of matters of general interest to other provincial societies were considered.

Considerable discussion arose over matters of legislation. It appears that Drugless Practitioners are permitted free scope to practice their specialties. The Medical Act however, does not permit these persons to assume the title "Doctor" "Surgeon" or "Physician" or any prefix or affix which would suggest the qualifications required by the above titled. Perhaps this is a sufficient brake to prevent a serious downward course.

A vigorous discussion ensued upon a proposition to apportion definite percentages of a set operation fee among those interested. Owing to the difficulty on the part of the laity, perhaps to some extent in the profession, of distiguishing between the division of fees and splitting of fees, no action was taken. In this connection it may be noted that the Medical Society of Nova Scotia has taken no final action in the matter of a Uniform Schedule of Fees.

It is apparent from the report that Ontario has made no greater advance in Mental Hygiene that has been made in Nova Scotia, if as much. It also appears that in the medical inspection of rural schools, the employment of full time health officials, provision for the care (medical and hospital) of children unable to pay, and especially as regards medical and nursing services in unorganized territories, the question of rural health is much to the fore. There is one rural district in Nova Scotia with over 90 miles of roads, over 6,000 people, one doctor and no nurse.

A lengthy report was presented by the Historical Committee referring especially to documents, books, etc., of deceased members, and the collection of all reports of obituaries, medical trials, etc., which would be available for an official historian.

"Oh, what a Fall there was, my Countrymen."

A press despatch in the Edmonton Journal reads: Montreal, July 21.—When morgue autopists first examined the body of Victor Morand, instantly killed by a train last night, they could not find his heart. It was lodged in the lower part of his abdomen, they later discovered.

Death had been caused by the displacement of the heart, which fell and ruptured the diaphragm and landed in the abdomen.

THE NEW BRUNSWICK MEDICAL SOCIETY.

The Annual Meeting was held in July of this year at Moncton, with the exceptionally large number of doctors in attendance, ninety-four being registered. Dr. L. M. Curren of Saint John was elected President and Dr. J. R. Nugent of Saint John, Secretary. From a report of the meeting in the *C. M. A. Journal*, several items of interest to doctors in Nova Scotia may be found.

A committee was appointed to canvas the members for the Lister Memorial Fund. At least one province took longer than Nova Scotia to raise its quota.

A Canadian Medical Association Membership Committee was appointed to secure an increase of members for the Canadian Society. While this would also be desirable in Nova Scotia, we have a more acute problem—How to increase our provincial membership to 400.

It was resolved to request the N. B. Legislature to change the law so that suits for mal practice may be tried by judge instead of jury.

It was resolved to seek legislation to increase registration fees, and that the yearly registration be \$7.00, \$5.00 of which shall go to the N. B. Medical Society. Should Nova Scotia adopt this plan? It is worth considering.

A special committee was appointed to act permanently on matters connected with the Workmen's Compensation Board. This has been done in Nova Scotia for several years.

Nominations were made for representation of the N. B. Society on all the standing committees of the C. M. A. Association.

On invitation from members of the Miramichi District, it was decided to hold the annual meeting of 1927 in Chatham. The programme of the Moncton meeting was varied, interesting and instructive. The contributors from outside the province brought messages of friendship and good-will from the Universities of Toronto, McGill and Dalhousie.

Dr. Geo. H. Murphy of Halifax was on the programme as the representative from Nova Scotia.

Medical Week is the title of the first item in the weekly letter of the Paris Correspondent of the *Journal A. M. A.* which says,—“Following the example of Brussels, Paris celebrated from July 14th-19th its 'medical week,' or 'journées médicales' which proved a marked success. Well, Halifax did the same, August 23-28, and it too, was a marked success.”

Talking of shirts reminds us of the story of the fellow who took his shirt to the pawnbroker in order to realize the price of a drink. He asked the pawnbroker as he threw the shirt on the counter, “How much will yuh gimme on that?” The pawnbroker examined it gingerly, and said, “Take it away quickly, bo, you got far too much on it now.”

EASTERN COUNTIES MEDICAL SOCIETY

Programme.

TUESDAY, SEPTEMBER, 21st, 1926.

- 2.00 p. m.—Registration. Business Meeting.
 2.45 p. m.—Talk—Some Clinical Experiences—Dr. G. H. Murphy, Halifax.
 3.45 p. m.—Demonstration—Gastro-Intestinal X-Ray—Dr. S. R. Johnston, Halifax.
 4.45 p. m.—Some Recollections of Many Years Ago—Dr. G. E. Buckley, Guysboro.
 5.10 p. m.—Curious Experiences in the Early Days of Practice—Dr. D. M. Chisholm, Port Hood.
 5.40 p. m.—Short Talk—Dr. P. S. Cochrane, Inverness.

EVENING SESSION.

- 7.30 p. m.—Glancing Back Over Fifteen Years Country Practice—Dr. J. J. McRitchie, Goldboro.
 8.00 p. m.—Paper—Dr. E. F. Moore, Canso.
 8.40 p. n.—Case Reports—Dr. O. R. Stone, Sherbrooke.
 9.10 p. m.—The Importance of Careful Observation and Interpretation of Symptoms—Dr. M. E. McGarry, Margaree Forks.
 9.50 p. m.—Presentation of Cases—Drs. J. J. Cameron, W. F. McKinnon, J. L. McIsaac, R. F. McDonald, A. Kennedy, O. Cameron, D. J. MacMaster, Antigonish.
 11.00 p. m.—Unfinished Business.

WEDNESDAY, SEPTEMBER, 22nd, 1926.

- 8.00 a. m.—Tour of the new St. Martha's Hospital. Demonstration in Hydro and Electro-Therapy Departments.
 9.00 a. m.—Operative Clinic—The Surgical Staff of St. Martha's Hospital.
 11.00 a. m.—Paper—Dr. J. A. McDonald, St. Peter's.
 12.00 noon.—Adjournment.

Every Day in Every Way recalls the pharmacist Coue who died recently in Paris. An institute was established by him with a dispensary for the application of his method. A few days after his death, an application was made to declare it to be "of public utility" in order that it might receive gifts, bequests, etc. The Academy of Medicine was requested by the Minister in charge, to express an opinion, which when given, resulted in the application being refused. The reasons assigned were:—

Autosuggestion, while it presents facts that are of unquestionable interest, cannot serve as the basis of a mode of treatment for all diseases. It may, in certain cases, expose patients to the danger of an aggravation of their ailments, by inducing them to neglect the normal therapeutic methods that are indicated; for example, in neurosyphilis, patients might be deprived of specific treatment."

A concrete case where a young man being treated by this method, died of acute appendicitis, demonstrated the wisdom of the refusal.

OBITUARY

Augustus Robinson, M. D., Univ. Penn., 1857. M. R. C. S. England 1858, L. S. A., London 1863, Annapolis Royal.

Honorary Member Medical Society of Nova Scotia.

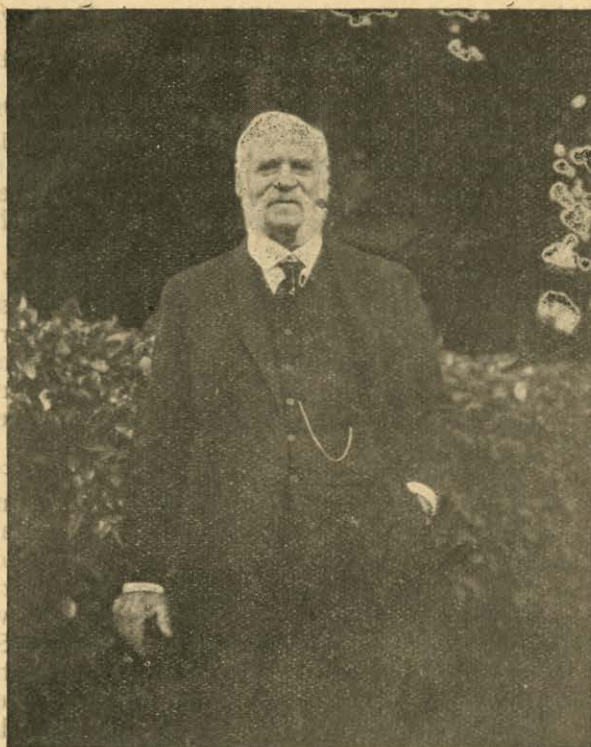
IN his ninety-first year on September 16th., 1926, Dr. Augustus Robinson of Annapolis Royal, after a few days illness, passed on to his last rest. He was in active practice to within ten days of his death, making, with two years of combined study and associate practice, a grand total of seventy years, undoubtedly a record for Nova Scotia and probably Canada.

Dr. Robinson was born in Annapolis Royal, January 11th, 1836, son of the late George Robinson, Surgeon to His Majesty's 60th Royal Rifles. His mother was Miss Isabel Hinkle, daughter of George Hinkle, M. D., who was surgeon to the 7th Infantry Regiment coming to Halifax about 1793, and two years later being appointed Surgeon to the garrison at Annapolis, he remained there many years and engaged in general practice.

Dr. Robinson graduated from the University of Pennsylvania when 21 years of age, and he took post graduate work as noted above. He married Sarah Kinear of St. John, who, with three daughters and one son, survives him. Two daughters, Misses Grace and Nellie, are at home, and the son is Canon R. A. Robinson of Shelburne.

While at work for nearly 70 years, not all his time was spent in Nova Scotia. Following the obtaining of his M. R. C. S. Degree in 1858 owing to ill health he was ordered to go to sea and as ship's surgeon he made two trips around the world. Then followed several years of practice in Devonshire, and only his love for his home brought him back to Nova Scotia. He settled first in Meteghan; but after four years he removed to Annapolis, where, with the exception of four years, 1903 to 1907 when he resided in Alberta, he has continually practised, practically 60 years in one place.

The writer has never been in Annapolis Royal without calling upon this veteran practitioner in his beautiful home, surrounded by his books, pictures, mahogany and valuable furniture and numerous interesting curios, and mementoes. Always bright, clear thinking and speaking, interested in all matters relating to his profession, such calls were most pleasant. When he began practice, anaesthesia was by no means generally employed, and he has witnessed practically all the advances that have been made in aseptic surgery and preventive medicine. As he recalled many virulent epidemics of small pox, diphtheria, typhus and typhoid, and the ever present tuberculosis, he rejoiced that these diseases were, or could be, practically eliminated. While he could



DR. AUGUSTUS ROBINSON,
Annapolis Royal.

Died September 16th, 1926.

(This photograph was taken September 1st, 1926 and is available for the BULLETIN through the kindness of Miss Clara Dennis of Halifax).

not expect his scientific medicine to be up to date, he had a rich clinical experience, based upon careful observation, which made him even in his latest years a safe physician and a wise consultant. Like the family doctor of the olden day he inspired faith in all his patients and they recovered at his bidding.

But Doctor Robinson was more than a good doctor, he was in every sense of the word a good citizen and a Christian gentleman. On seven occasions he served the town of Annapolis Royal as Mayor and was identified with all enterprises and organizations concerned with the religious, social, intellectual and business life of the community. So for nearly seventy years he has been highly esteemed professionally and came to be loved by the entire community.

It was quite the expected that happened on the occasion of his funeral, when residents of Annapolis and surrounding country districts and elsewhere in the province gathered to pay their last tribute of respect to the beloved physician. The church was not able to accommodate the large assembly and the funeral procession was said to be the largest ever seen in the county. The Annapolis correspondent to a Halifax paper gives the following:—

“Rev. S. J. Woodrofe, Rector of St. Lukes, was the officiating clergyman. He was assisted by Rev. A. W. L. Smith, of Clemensport. In accordance with the wishes of the deceased there was no address, but the impressive funeral service of the Masonic Order, of which the deceased was an ardent member, was rendered in part at the church and the remainder at the cemetery. The Masonic service was conducted by H. Layton, master of the Annapolis Royal Lodge, No. 33, assisted by about 75 members of the Lodge.

The choir of the church led in the singing of the old hymns, “Unto The Hills Around”, “Nearer My God to Thee”, and “Now The Laborer’s Task is O’er”. The scripture read was the 90th and 23rd Psalms.

The floral tributes received were numerous and beautiful. They included a wreath from the Grand Chapter Royal Arch Masons of Nova Scotia and the Nova Scotia Medical Society.

The pall bearers were, Judge J. M. Owen, Dr. L. B. Braine, F. W. Harris, Harry Reed, Arthur Kelsall, and Sarruel Pickup.

Among those present were: Judge J. M. Owen, and John H. Potter, of Middleton, representing the Grand Chapter of Arch Masons of Nova Scotia, Dr. L. R. Morse, Lawrencetown, representing the Nova Scotia Medical Society, Dr. F. M. Miller, Middleton and Dr. Graham, Annapolis, representing the Valley Medical Society.”

A message of sympathy was sent from the Medical Society of Nova Scotia and as intimated above, a wreath of flowers, while Dr. L. R. Morse, Vice-President of the Society, attended as the official representative. The profession generally will join with the members of the Society in sympathy to the family paying tribute to his life of service to his community.

S. L. W

Supplementing the above *The Spectator* has the following in its issue of September 23rd.—

It was while in Meteghan that Dr. Robinson joined the Masonic Fraternity, becoming a member of Hiram Lodge in Yarmouth, afterwards affiliating with Annapolis Royal Lodge No. 33 and attaining the highest local positions in the Order. He was for a time chief of a lodge in Granville Ferry and was one of the original members of Eureka Chapter No. 5, Royal Arch Masons, when it was organized on April 12, 1872. Of the membership of that date only one now survives: J. M. Owen, still of this town. Dr. Robinson, had filled with honor the highest offices in local and Grand lodges. He and Judge Owen were presented with special jewels by the Royal Arch Chapter marking the 50th anniversary of their membership.

As a citizen there was no gift of esteem too high to be accorded him by acclamation. He had served as mayor of the town seven years, covering four consecutive terms from 1899 to 1902 inclusive and 1915 to 1917 inclusive and during the war besides his duties as mayor he was the leading and most active physician, on duty night and day. Active practice meant more to Dr. Robinson than to many a physician, for he was always ready, while the speed and care necessary in some cases or the patience and long suffering treatment in others were parts of his work taken with equal efficiency and uncomplainingly. Always cheerful, he inspired confidence from the moment he entered a sick room and in commanding help (often crude) he knew instinctively which person to assign best to each duty. With such a constant strain upon his vigor, it is marvelous how he attained such an age. A delightful companion, he had an inexhaustible fund of stories and was an incomparable raconteur. In all respects of life a matchless man we ne'er shall see his like again. Two years ago at a crowded public meeting in the Town Hall his standing in popular esteem was attested by the presentation of an address and a substantial purse, with part of which he had prepared a souvenir piece of plate appropriately inscribed which is now the property of the family.

Following within a week of the death of her husband, after several years of invalidism, Mrs. Augustus Robinson passed away September 23rd at the old homestead, Victoria Street, Annapolis Royal. Those who knew how frail she has been in recent years, will believe that the strength of body, mind and heart of her husband, the late Dr. Robinson, was all that held her to earth for some time. Deprived of this sustaining aid she quietly passed on to rejoin the departed one.

She was eighty-two years of age, was formerly Miss Sarah Kinear of Saint John and the last surviving member of her family, a brother J. M. Kinear of Sussex, N. B. having died in 1919.

DR. ALLISON CUMMING, Vancouver, B. C.

IN the June Bulletin note was made of the death of Dr. Allison Cumming in Vancouver, B. C. As he was so well known to many in Nova Scotia, the following excerpts from an Obituary in the August C. M. A. *Journal* will be appreciated by readers of the Bulletin:—

“DR. ALLISON CUMMING died on June 4th at Vancouver. In his passing, the medical profession of British Columbia has

lost one of its most distinguished members. Known equally among his confreres and the public for his professional attainments and splendid character, his place in the ranks of the profession will not be easily filled. Born at Truro, Nova Scotia, September 25th, 1877, he was the second of three sons of the Rev. Thos. Cumming, Presbyterian Minister.

Dr. Cumming received his early education at Truro Academy and from it entered Dalhousie University, graduating with the degree of B. A. in 1899.

Halifax, in Cumming's student days, was the summer station for the Atlantic fleet and "Services" always had on their rugby football teams members who set a very high standard for the game as then played in the Maritimes. To Cumming, however, came the honour to captain his university team to championship over these crack players. His record in football and hockey and as a leader of his team is one that all old Dalhousians greatly envy. His love of sport was no doubt a factor in deciding him after graduating to try his fortune on a tropical plantation in Trinidad. Here he contracted malaria and after a severe and protracted illness was compelled to give up the venture. His health was never so robust after this infection and he felt the effects of it for years.

From the time he entered McGill until his graduation in 1905 he pursued his studies earnestly and on completing his medical course he was elected to a position on the resident staff of the Royal Victoria Hospital, entering that institution in June 1905.

The west has always held a lure for an adventurous young man and to the Pacific coast he went in June 1907, and at once entered upon the duties as resident in the Vancouver General Hospital, and later on held in succession the position of assistant pathologist, 1908-1914; pathologist, 1914-1916; physician to the tubercular ward, 1916-1918; and senior physician on the staff 1918-1926. His connection with this institution was terminated only by his untimely illness and death.

In the early months of 1925 the malady to which he finally succumbed, first made its presence felt and during the long year of increasing weakness and often accompanied with much pain, he bore his affliction with fortitude and fought a good fight to the end.

It is not given to every consultant, however well informed he may be, to possess that happy faculty of shedding light and knowledge on the subject in hand so that his confreres feel they are gainers thereby and the better for their contact with him. In this respect Dr. Cumming was a born teacher and always generous in drawing upon his storehouse of knowledge for the benefit of others.

As a physician he inspired confidence in his patients not only by his ready sympathy for them but even more by the sound judgment and knowledge of his work displayed in the treatment of their ailments. Always fond of outdoor life he found recreation at golf at which game he was an adept. He was a member of

Jericho and Shaughnessy Golf Clubs, the Vancouver Polo Club, and for many years of the Vancouver Club. Loved and respected by all who knew him and to his intimates, who affectionately dubbed him "Deacon," his untimely passing has brought unfeigned sorrow and regret. To his devoted wife and little family we offer our sincere sympathy in their hour of trial."

Mrs. O. J. Spencer was buried at her home, Holmsville, Port Morien, C. B. September 9th, 1926. She resided the last few years with her daughter in Windsor, Mrs. E. E. Bissett, wife of Dr. Bissett of that town.

Dr. James Christie, formerly of Saint John, who will be remembered by all the older members of the Maritime Medical Society, died at the Philips House, Massachusetts General Hospital, Boston, on September 10th, 1926, aged 96 years. *The Canadian Press* despatch states:—

"Dr. Christie was the eldest of three Doctor Christie's who were practicing their profession in this city at one time, all members of one family.

Dr. James Christie assisted and supported Dr. William Bayard, in his pioneer work in establishing the General Public Hospital in Saint John. Up to about ten years ago he was a member of the board of Commissioners.

Dr. James Christie was a former President of the N. B. Medical and a former member of the medical Council of New Brunswick."

**WILLIAM EDMOND DALEY, M.D., C.M., Dalhousie 1920,
Halifax, N. S.**

Dr. W. E. Daley of Halifax died suddenly in his office on September 29th. He had been ill for some months; in fact, he had never been really well since a severe automobile accident some time ago, in which he suffered the loss of an eye.

Shortly before one o'clock yesterday Dr. Daley, when at his office, was suddenly taken ill and telephoned to his brother, G. McL. Daley, to come right away to his office as he was suffering from a severe attack of angina pectoris.

Dr. F. R. Little was summoned, responded immediately, and found Dr. Daley dying. Dr. E. V. Hogan was also summoned, but on his arrival Dr. Daley had passed away.

The late physician was a son of Rev. E. E. Daley, of Chester, N. S., formerly pastor of the Tabernacle Baptist Church, this city. Besides his parents, his brother and his wife, who was Miss Vera Longley, of Paradise, N. S., survive him.

Dr. Daley was born in Saint John, N. B., in 1897, and therefore was not quite thirty years of age. He graduated from Dalhousie University Medical School, in 1920, being in that medical class during the war that was not allowed to be recruited for service but held for what eventualities that might accrue. The funeral was held from his late residence, 548 Robie Street, Halifax, and the burial was in Camp Hill cemetery. He was a member of the Central Baptist Church, Robie Street.

(Halifax Chronicle).

The death occurred in Wolfville in September of Rev. J. Howard Barss. He was a brother of the late Dr. Andrew DeWolfe Barss of Wolfville and is survived by one son, Dr. J. Ernest Barss of Ann Arbor, Michigan.

The Abrams Machine received its quietus at the last meeting of the C. M. A. when a Committee reported against any further action upon the grounds that its use was rapidly waning in the United States and in Canada. Further, any prosecutions of persons, or doctors, using the machine would only drive such parties into other forms of quackery. Farewell Abrams.

At the Victoria Meeting of the C. M. A. it was agreed to ask the Sun Life Assurance Company to continue their grant to the Association for extra-murel post-graduate work. These lectures from representative Canadian Doctors were much appreciated in Nova Scotia in 1925 and 1926.

The Manitoba Medical Association holds its Annual Meeting in the Fort Garry Hotel, Winnipeg, Sept. 21, 22, 23. A good programme has been arranged. Sir Henry Gauvin is the chief guest and principal speaker. The Annual Dinner is to be held the evening of the first day of the session. The 1930 session of the British Medical Association will be held in Winnipeg, making the third time only its meeting has been held outside the British Isles.

PERSONALS

A WEDDING of very considerable interest was celebrated in Dartmouth September 22nd, when Miss Marjory Hattie, daughter of Dr. W. H. and Mrs. Hattie, was married to Mr. Charles W. Moffatt, formerly of Sydney; but now in business in Dartmouth. It was a pretty home wedding attended by many guests, many of them being friends from out of town points. The honeymoon will be enjoyed motoring through Cape Breton and Nova Scotia, New Brunswick and Quebec. Congratulations.

At the Halifax Infirmary September 21st, to Dr. and Mrs. E. T. Granville of Bedford, a son.

Dr. C. K. Fuller and family of Yarmouth were recently in Halifax, while motoring through the province.

His Royal Highness, the Prince of Wales, is now Honorary Patron of The Canadian Medical Association.

Dr. G. W. Smith, lately on the staff of the Nova Scotia Sanatorium, has returned to his home in Merigomish.

Dr. McKiggan, Dominion No. 6 is now on vacation and Dr. Donald Webster of Pictou is supplying for him.

The C. B. Medical Society met in Glace Bay at St. Joseph's Hospital September 9th. No account has yet been received.

Dr. W. J. McDonald, Dal. 1925, who practiced a year at Elmsdale, Hants County, has gone to New York for post-graduate work.

Mrs. Woodworth, widow of the late Dr. W. S. Woodworth of Kentville was recently a patient in the Victoria General Hospital.

Dr. W. E. and Mrs. Da'ey of Halifax, spent a short vacation in September, visiting Mrs. Daley's parents, Mr. and Mrs. H. W. Longley, Paradise.

Dr. W. J. Kennedy, Musquodoboit Harbour, and family, took their vacation this year in a motor trip to P. E. I. in the early part of September.

Dr. D. Fraser Harris, formerly on the staff of Dalhousie University, is now Correspondent of the C. M. A. Journal, furnishing the regular London Letter.

Dr. H. K. McDonald of Halifax, the profession in the Province will be glad to learn, has quite recovered his former good health, and resumed his private and consulting practice.

On September 8th, Dorothy Elizabeth, daughter of Dr. Alexander and Mrs. Ross, Merigomish, was married to Mr. Harold Gordon of Glace Bay. It was a quiet home wedding.

Early in September Dr. E. O. McDonald of New Aberdeen, had a return of an illness which necessitated last year a visit to a southern climate. It is hoped he will make a quick recovery this year.

Sir James Purvis of London, visited Canada recently as a Consultant during the recent illness of Lady Beaverbrook. It may be recalled that Lady Beaverbrook is a daughter of the late Major General Drury of Halifax.

The case reported in the July Bulletin by Dr. W. C. Harris, Tubal Pregnancy, appears in the Case Reports of the C. M. A. Journal for September. The N. S. T. A. also receives some attention in the same issue of the Journal.

Dr. H. R. Corbett, formerly of the Nova Scotia Sanatorium staff, now of Fort Wayne, Indiana, visited his home in Halifax for two weeks in September. He is now on the staff of the Irene Byron, Tuberculosis Association of Indiana.

Dr. John A. McDonald of St. Peters, and Dr. L. W. Johnstone of Sydney Mines were successful in the recent election, while Dr. L. J. Lovett of Bear River lost out to Mr. H. B. Short. Only three doctors in Nova Scotia were nominated.

"Pilots Champions" tops the picture of Dr. S. G. McKenzie of Westville on the sporting page of a Halifax Daily September 17th. He has been a good manager of the Westville Base-Ball Club, and has done a lot for good sport in Pictou County.

The profession will be glad to know that Dr. E. P. Brison has so greatly improved in health, that she is returning to her work in Halifax October 1st. Besides looking after the residents of the I.O.D.E. Home, she will be available for Consultant work in Psychiatry.

Dr. Lewis Thomas, of Halifax, accompanied by his sister, attended the memorial services held in Stellarton September 5th, in connection with the internment of several bodies recently found in opening the Ford Pit. Doctor Thomas' father was one of the victims of that explosion 46 years ago.

Dr. G. Ronald Forbes, Dalhousie 1926, was a patient for a few days in September in the Victoria General Hospital. On his return to Kentville, he was accompanied by his mother, Mrs. G. O. Forbes of Halifax. He has leased a home on Main Street and will make a home there for the present.

The Dalhousie Medical Students' Society held its opening meeting of the year in the Munro room, Forrest Building, Monday Evening September 27th. Officers were elected, committees appointed to arrange for future meetings and functions, and managers of teams for foot-ball, basket-ball and hockey also appointed.

A College Family—Early in September, two boys returned to their studies in St. F. X. College, a girl to Mount St. Bernard and another boy to Dalhousie Medical College. They were all from New Waterford, sons and daughter of Dr. A. W. and Mrs. Miller of that place.

Dr. J. G. McDougall of Halifax in June addressed many Medical Societies in Saskatchewan, associated with Dr. Henderson of Toronto and Dr. Mason of Montreal. They formed one of the several C. M. A. Extra-Mural Lecture teams made possible by the grant of the Sun Life to the Canadian Medical Association.

Dr. Wilfred G. T. Poirier, Dal, 1926, who has been located at Inverness, has removed to New Waterford, to take up the practice of the late Dr. A. H. Gannon, who died recently at his former home in North Sydney. Dr. Poirier was born and brought up in Glace Bay and will be quite at home in his new field.

The wedding took place at Imperoyal September 15th, of Miss Margaret Davidson and Mr. W. F. Cameron, both of Imperoyal. The bride was formerly Supervisor of Nurses at the Nova Scotia Hospital, and Dr. E. P. Hopgood of the hospital staff, assisted in the ceremony as bridesmaid.

At Aylesford, September 15th, Dr. Cassius Ward Friberg, of Johnstone City, Tennessee, was married to Miss Alice Fairn, daughter of Mr. Leslie R. Fairn and the late Mrs. Fairn. Among the guests were Dr. and Mrs. W. N. Refhuss of Bridgewater, and Dr. and Mrs. Conant of Cambridge, Mass.

Dr. W. H. and Mrs. Robbins of Stellarton, had a very enjoyable motor trip early in September from Nova Scotia, all road through New Brunswick, Quebec, and then Niagara Falls, Toronto, North Bay and Ottawa. The doctor believes our Nova Scotia roads compare favorably with those in any province visited.

Many doctors with their families motored to Halifax September 22nd and were in attendance at the Sousa Band Concert. Among those noted were Dr. L. R. Morse, Lawrencetown, Dr. A. A. Dechman, Bridgetown, Dr. A. E. G. Forbes, Lunenburg, Dr. A. E. Blackett, New Glasgow, Dr. F. R. Shankel of Windsor, and others.

Dr. C. G. Campbell, West Branch, River John, Dalhousie 1924, who has been practicing in West Branch, Pictou County for the past two years, has gone to Montreal. He will hold an internship under Doctors Chipman and Fraser, in the Royal Victoria Hospital. He paid a short visit to his home in Halifax previous to his departure. There is a good opening for a physician in this section of Pictou and Colchester Counties.

Bridgetown is now considering the establishment of a hospital for that town and vicinity. Mrs. O. T. Daniels has made the town an offer of her property for this purpose. The town Council will confer with Doctors Armstrong, Dechman and Crowe on the project. The question might be raised as to whether or not the money required might not be better invested in preventing disease and the general improvement of health.

As the fall approaches, the medical golfer doubtless begins to think of winter, ice and curling. It may be recalled, as it was by the Edinburgh correspondent of the C. M. A. Journal, that on January 12th, 1926, the Edinburgh Medical Curling Club played a draw against the touring Canadian Curlers. He also recalls that this Club put up quite the best game against the visitors of any Club in the City. Keen sight and delicate hand well co-ordinated.

Dr. M. G. Archibald of Kamloops, B. C. upon his return from a hasty visit to his old home in Nova Scotia, writes a kind note of appreciation of the Bulletin. His letter concludes,—

“Was very sorry indeed not to be able to stay for the Course which began on 23rd August. Did little more than register and meet some of the boys. Am delighted that Dr. John is to be honored in the founding of the John Stewart Chair of Surgery in Dalhousie. When the time comes to make contributions, would like to do so, even if only in a small way. Wishing you every success and assuring you of my continued interest in things medical in Nova Scotia, I am,

Yours very sincerely,”

Musquodoboit figures prominently in The Kamloops Clinic, as the first three doctors of the five constituting the Clinic, are Doctors J. S. Burris, W. G. Archibald and H. L. Burris.

At Glace Bay on September 8th, Miss Agnes Ells McKinnon, became the bride of Dr. William J. Cameron of Lansing, Michigan. It was a brilliant home wedding followed by an elaborate supper. After a short honeymoon in Cape Breton, they will proceed via Boston, New York and Chicago, to Lansing, where Dr. Cameron has a position on the State Board of Health. Mrs. Cameron for a time previous to her marriage, was bookkeeper at the Glace Bay General Hospital. Dr. Cameron was a Dalhousie graduate of 1924 and practised first in Glace Bay with Drs. Calder and McAskill.

Dr. Chas. Spiro of New Glasgow, who has but recently completed a special post graduate course at the Manhattan Eye, Ear and Throat Hospital, has gone to Vienna for further study, leaving Halifax October 2nd.

Dr. Murdoch Chisholm of Halifax recently visited his brother at his old home in Loch Lomond. The brother, Mr. William Chisholm, has now gone to Toronto to reside.

The marriage took place in St. Patrick's Church, Halifax, Sept. 29, 1926, of Miss Louisa Ross, for several years on the staff of G. M. Smith and Company, to Dr. Charles Herbin of St. Peter's. Dr. Herbin is a graduate of Arts of Dalhousie and received his M.D., C.M. in 1925. He has been located at St. Peter's for over a year.

Dr. A. F. Miller, of the N. S. Sanatorium, Kentville, left Sept. 28th to attend an International Tuberculosis Conference in Washington, D. C.

In these days of advanced chest surgery, the following from a newspaper published in Summerville, Georgia, will be of interest:—

“The pneumothorax, a machine which is used to pump gas into the lungs of persons afflicted with tuberculosis, after these organs have become deflated and collapsed, has been purchased by Dr. Fred W. Hall, of Summerville, and he has used it very successfully in the treatment of one of his patients here. There are only three of these machines in the south, one in Atlanta, one in Asheville, N. C., and Dr. Hall has the other.

The results accomplished by the use of the pneumothorax by Dr. Hall has attracted widespread attention, and Dr. Hall was asked to carry his machine to Rome Friday night for the purpose of demonstrating it to the members of the Floyd County Medical Association at a meeting of that organization.

Dr. Hall expects to take a special course under the government sometime in June.

Making it Clear.

Circular of a New York poultry market.

Ask your doctor from which will you receive most nourishment from poultry that has been killed from three to six months and packed on ice for the same length of time or from the farmer that is killed after you ordered it.

"The obligation of the physician to aid in the medical and health education of the public is being more and more completely realized." So says the A. M. A. Journal July 31st, 1926. Any physician of standing, when visiting in a strange city or town, is almost certain to be invited to address a Kiwanis, Rotary, Commercial or other Luncheon Club, besides various societies and welfare organizations. There is a demand on the part of all these bodies for information on the improvement of health and the prevention of disease. The medical profession is the natural source of information and to it these lay organizations look for the gospel teaching.

In Kansas city if each organization had but one health talk each year, it would require 150 physicians to give 30 talks to each to supply the demand. This fact led the Kansas City Public Health Institute to co-operate with the County Medical Society to establish a school for instruction of physicians who desire to prepare themselves to give health talks to laymen. Seventy-five physicians in that city have taken a special course in order to become effective speakers. It is, indeed, an art to speak effectively on medical and health matters in language intelligible to a non-medical audience.

The Bulletin is in receipt of the *Transactions of the College of Physicians*, Philadelphia, Volume 47, for the year 1925. It is a well bound and printed volume of 850 pages containing many notable addresses and papers, some of which may be epitomized for Bulletin readers.

THE CANADIAN MEDICAL ASSOCIATION

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MEDICAL SOCIETY OF NOVA SCOTIA
ANNUAL MEETING, JULY 1927, AT SYDNEY

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 Dr. F. R. Shankel, Windsor.

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 Dr. C. A. Webster, Yarmouth.

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Dr. V. N. MacKay, Halifax.

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 Dr. J. G. MacDougall.
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“ “	Dr. A. E. Doull, 34½ Morris St.
Sec.-Treas.	Dr. V. O. Mader, 7 Spring Garden Road.
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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.

Executive

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

Date of Annual Meeting—July 1927.

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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.

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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.

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

MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

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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.

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Officers 1926-27

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

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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.

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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.

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