

In the Shadow of the Gas Cone

The actual experience of a well-known physician who was recently under a gas anaesthesia at the Victoria General for a tumor operation.—The Editor.

"Alas! One narrow line is drawn.
That links our sunset with our dawn
In mist and shade life's morning rose
And clouds are round it at its close.
*But ah! No twilight beam ascends
To whisper where that evening ends.*"—O. W. Holmes.

FOR the first time in his life the physician was placed upon the operating table. And he was without conscious fear for he had the best of skilled attendants and the occasion was extremely trivial and only a momentary gas-oxygen anaesthesia would be necessary, and as he lay on the table he felt quite comfortable for the quarter grain of morphia taken an hour before was exerting its peculiar effect. The mask was adjusted and he became conscious of a sweetish odour and taste, to be followed almost at once by some tingling of the hands and feet and a sense of general warmth. So far, so good! For this was just what his hitherto impersonal studies and observations had led him to expect. But the bodily symptoms were whirled away like a band of smoke before the October gale and then, as if Hell itself had yawned wide, releasing all its fiends, there came crowding in upon him legion upon legion of *forces*—dark brown, blood red and black *forces*—indescribably confused, horribly evil in nature and malignant in intention. But the physician, clinging to consciousness, thought "They cannot prevail for I still can think." Nevertheless the battle was joined and at that moment the fear was born—"but what if they *do* prevail?"

Time passed with tremendous speed and in the midst of the desperate strife there came crashing into the field a monstrous creature, without form or substance, and felt only as an overwhelming force—inconceivably more evil and malignant than the whole of the legions already assembled, and this creature was armed with a great sledge hammer which he crashed back and forth with ever increasing speed and power, beating upon the head of the physician so that he knew that his complete annihilation was at hand. And he thought "If there is any *greater* power than this, I must have its aid now or I shall die," and as he thought this thing, he called aloud for help and away on the horizon, millions of miles away so it seemed, and very faint there arose a star and about it a halo in which appeared in three capital letters the name of his Deity. And the physician's attention became fixed upon the star and he saw coming down from it and shining upon him, a cone of light, faint and dim, but as it seemed full of strength

and peace and withal gray in colour—such a gray as perchance was the colour of the garment which the holy St. Francis wore on many a lonely vigil—and in that cone of light there did not appear so much as a wisp of the evil clouds which raged elsewhere all about him—“But ah! The star is too far away!” and then amidst horrible despair come utter blackness and oblivion.

Next the whole world was suffused with the same peaceful gray which had shone from the star like to the earliest light of a summer morn, and everything was quiet. The gray colour became brighter with here and there flashes of rainbow tints—a low murmur was heard, which took on a distinct and very kindly tone and memory reasserting herself, said to the physician—“These are the voices of your friends God bless them!” And he opened his eyes to see the pure white walls of the operating room and his friends the surgeon and anaesthetist bending over him. And he laughed with his friends for the conflict was over but secretly he thought, “Much have I seen of Life and of Death and passing well do I know Life. Mayhap it is that now too, do I know somewhat of Death.”

The Schick Test.

A method whereby the Schick test may be made applicable on a comprehensive scale is promoting immunization against diphtheria, is discussed by Donaldson in the *British Medical Journal* of September 25, 1926. The author stresses the importance of conferring an active, in preference to a passive, immunity. This is achieved by the injection at weekly intervals of 1-cc. doses of diphtheria prophylactic. Three or four such injections are usually sufficient to produce prolonged immunity. Some individuals, however, require further injections if they are found to be Schick-positive three months after treatment.

In view of the irregular morphology of the Klebs-Loeffler bacillus, diagnosis based upon its microscopic appearance alone may be regarded as more or less inconclusive. Susceptibility or non-susceptibility, based upon the Schick test, is considered to be reliable and its adoption on a national scale is advocated.—(Theapeutic Notes).

He ordered some chicken soup in the lunchroom, and having tasted it, said to the waitress: “What is this you have brought me?”

“Deed, sah, dat’s chicken soup,” was the reply.

“Well, there is no chicken in it.”

“No, sah: dere ain’t no dog in dog biscuit either?”

The Mental Defective Problem

*The Findings of the Royal Commission.

FROM the total evidence submitted to us and from our investigations we are of the opinion that:—

(1) The percentage of mentally deficient persons in the Province is:

(a) Among children of school age approximately three per cent. While three per cent, because of inferior intelligence, cannot cope with the regular school curriculum and, according to school standards, are mentally deficient, nevertheless approximately four-fifths have capacity upon leaving school to measure up to minimum social requirements. The proportion who succeed in social adaptation depends, to a considerable degree, upon the adequacy of the training that has been provided. (See Monsignor Newsom's statement concerning mentally deficient children—page 13).

(b) Among the adult population probably more than six-tenths of one per cent are mentally deficient. These individuals are incapable of earning an independent living or of conducting their affairs with ordinary prudence. (See definition by American Association for the Study of the Feeble-minded—page 12).

(2) The conditions under which such persons are living:

In many cases the living conditions are intolerable, and unfit for human beings. We have no doubt that there are many mentally deficient persons in the Province who are living in reasonably comfortable circumstances and that not an inconsiderable number of the children are receiving adequate care and some training, but the fact remains that there is a large number of children and adults living in deplorable conditions.

(3) The effect of such persons upon the General Welfare of the Province:

The social, moral and economic welfare of the Province is very gravely menaced by the presence of such large numbers of mentally deficient persons living under such conditions as have been found.

(4) Ways and means of dealing with mentally deficient persons in their own interest and that of the general public:

*Taken from the Government Report of the work of the Commission and available for distribution.

Immediate steps should be taken to provide:

- (a) Auxiliary classes in the public schools.
- (b) Mental Hygiene Clinics.
- (c) A Provincial Training School for mentally deficient children.
- (d) Scholarships for the encouragement of selected teachers to prepare as special teachers in these Auxiliary classes.
- (e) And maintain a Provincial Psychiatrist with the necessary assistants.
- (f) Special grants for a period of five years for the encouragement of Municipalities, Societies or private individuals who will undertake to provide Psychiatric Social Workers, who will act under the direction of the Provincial Psychiatrist in selected Districts.
- (g) Mental Hygiene instruction in the Normal College and in all teacher training courses.
- (h) A well considered and feasible plan for Mental Hygiene education throughout the Province under the direction of the Provincial Psychiatrist.
- (i) By means of co-operation with Municipalities, Welfare Organizations and private individuals, means for supervision and guidance of the feeble-minded in the Community, especially those on parole from the Training School and graduates of the Auxiliary Classes.

The Children's Protection Act should be amended so as to provide for the adequate institutional care and training of mentally deficient children under eighteen years of age.

(5) Any matter relating to the present care, custody, control and means of support of mentally deficient persons in the Province.

Mentally deficient children are scattered throughout the public schools, in our Child Caring Institutions, with an especially large number in our Reformatories and Institutions caring for neglected children.

Also our County Homes, Municipal Farms, etc., contain a considerable number of mentally deficient children and in our opinion none of these Schools, with the possible exception of the Auxiliary class in the City of Halifax, and Public Institutions are equipped to give such children the training which they require that there is no legal control over mentally deficient persons except as provided for in the Statute regarding Local Asylums for the Harmless Insane.

County Institutions, containing as they generally do, the aged, the infirm poor, the harmless insane so called, adults, idiots and imbeciles all of varying moral standards, are not the proper places for mentally deficient children, especially those of the "Moron" grade, yet for financial and other reasons it is probable

that for some years to come certain of these county institutions must be selected to take care of the "Imbecile" and "Idiot" grades.

CONCLUSIONS AND RECOMMENDATIONS.

The Problems Arising From Mental Deficiency.

The problems arising from mental deficiency are not peculiar to Nova Scotia alone but are noted in all civilized parts of the World. That the problems are acute in this Province is in our opinion due very largely to two causes:—

- (1) The steady stream of emigration.
- (2) The almost entire disregard of these problems in the past.

Three main schemes have been put forward for the control of feeble-mindedness.

Proposals.

(1) There are those who would sterilize all persons found to be mentally deficient, below a certain point.

This scheme has a number of ardent advocates among the recognized authorities on the subject. It is strongly opposed by many of equally high authority. We believe that too little is known regarding the hereditary nature of feeble-mindedness and the total results and effects of sterilization to make any recommendation concerning this particular proposal, beyond stating that in our opinion it is not a feasible solution of our problems at this time.

(2) The second scheme, which was advocated by many until quite recently, is to segregate for life the mentally deficient in Institutions. It is clear, this is not a solution of our problems, as the cost is prohibitive. It is equally clear to careful investigators of the subject that it is unnecessary, as very many of the mentally deficient may under favorable conditions become valuable citizens. Actual experience in Massachusetts and elsewhere has proven beyond doubt that it is neither in the interest of many of the feeble-minded nor of the State to segregate them wholly for life.

(3) The third scheme is to ascertain the mentally deficient while they are young, and to provide for them adequate training so that they may take some useful place in the life of the Community, together with segregation in Institutions for life for those of very low-grade and those who cannot be trained to adjust themselves to their environment. It has been demonstrated in Massachusetts and elsewhere that many of the mentally deficient if properly trained and placed in favourable circumstances under some measure of guidance and supervision will cause little or no trouble in the Community.

The education and training may be considered under two heads:—

(1) That which may be given in the child's home and in the ordinary schools of the Province.

(2) That which may be given in a properly equipped Provincial Training School.

We recommend the adoption of this third scheme as a Provincial policy.

The education of the mentally deficient clearly comes within the scope of the Education Department, and the working out of a practical program for the Province must be left with that Department. We offer for consideration the following suggestions:

(1) That the Education Act be amended so as to provide for, after September 1, 1928, the compulsory establishment of Auxiliary Classes in any section where there are fifteen or more mentally deficient children, as determined by the Provincial Psychiatrist.

(2) That a limited number of scholarships be offered by the Education Department to selected teachers who will undertake to prepare for teaching in these Auxiliary Classes.

(3) That the maintenance of these Auxiliary Classes be borne by the school section as are the ordinary school classes.

(4) That a teacher of experience who is a Psychologist especially trained in Mental Hygiene and in the kind of training mentally deficient children should receive, should be added to the Staff of the Education Department, to have charge under the Superintendent of Education of these classes and to give instructions to students at Normal College and to other teachers in training.

We recommend that public, travelling Mental Hygiene Clinics should be established under the direction of the Psychiatrist for the purpose of advising School Boards as to the number of mentally deficient children to be provided for in Auxiliary Classes, and to advise parents and guardians as to the best means of training mentally deficient children.

As there can be no doubt that feeble-mindedness is a very pressing problem in certain rural districts of the Province, as well as in centers of population, we strongly recommend that the Government provide financial assistance to the extent of fifty per cent. of the salaries, not to exceed in any one case seven hundred dollars, to any Municipality or group of Municipalities or to any recognized Societies or private individuals who will undertake to provide specially trained Psychiatric Social Workers in any approved district; these Psychiatric Social Workers to be under the general direction of the Psychiatrist.

We advise that private persons and Welfare Organizations be urged to co-operate in a campaign for Mental Hygiene education

throughout the Province under the direction of the Psychiatrist.

Owing to the peculiar conditions existing in this Province we are doubtful if the scheme of local supervision and guidance as adopted in England is feasible in this Province, but suggest that every means should be used to secure co-operation with Municipalities, Societies and private individuals for voluntary assistance in such supervision and guidance.

We are strongly of the opinion that a Training School, established in accordance with modern conceptions concerning the education of mentally deficient persons, is a necessity. Such a school should be of the farm colony type and should provide adequate training in agriculture as well as offer opportunities to teach elementary mechanical trades. For this purpose it is desirable that a large tract of land be secured, not too far from a town or centre of population. In selecting such a property certain principles must be kept in mind. The property should not be either too close or too far from a town; adequate water supply must be available as well as an easy disposal of sewage; and facilities for obtaining electric light, etc. It must also be borne in mind that while it is not essential that the land should be highly developed in the beginning, it is essential that the land be capable of being developed and made productive. Such a Training School to be established by the Province and maintained jointly by the Province and Municipalities on a per capita basis.

Such schools have been established and have proven their worth at Waverley and Wrentham, Massachusetts, and at The Manor, Epsom, England. In these institutions emphasis is placed on intensive manual training, good habit-formation and the return of as many inmates as possible to the general community. In addition these institutions supervise farm colonies of mental defectives for the prolonged care of certain types of cases. In these institutions it has been clearly demonstrated that mental defectives, even of low grade, may be taught to be partially, and in many cases, wholly self-supporting, under adequate supervision.

The Staff is more important in such an Institution than the type and quality of the buildings, and we urge great care in its selection, and also of all officials who are to carry out our recommendations.

While the matter is not specifically set out in our Commission we deem it our duty to call attention to the large number of normal children found in our county institutions and to strongly urge that legislation be enacted which will make it impossible for these children to be detained for more than a few days for temporary care in any such Institution. We deem this of very great importance.

We are of the opinion that it is financially impossible for the Province at once adequately to take care of all the feeble-minded. We consider that the most hopeful result may be expected from taking care of the children and would point out that if all the feeble-minded children under eighteen years of age are taken care of, after

a number of years the problem of the adult feeble-minded will be comparatively easy. Our policy therefore should be, in large measure, one of education and child-protection, and we are therefore recommending amendments to the Children's Protection Act to provide for the ascertainment, examination, custodial care and training of mentally deficient children under eighteen years of age. A Draft Bill for such amendment is hereto attached.

Regarding the expenses incurred in carrying out our recommendations, especially in regard to the Training School, we would call attention to the fact that upwards of fifty of the children who would be committed to such an Institution are already being supported by the public as wards of the Children's Aid Society or Director of Child Welfare, and that a considerable number of others are being supported by the public either in County Homes or charitable institutions. Hence in respect to those children it would be merely a matter of changing the account under a different heading.

We are aware of the admirable work which has been done by some of the private charitable institutions, in caring for a limited number of certain types of the feeble-minded, and we wish to point out how desirable and necessary it is for such institutions to continue their humane work for a time at least. For the Province to assume financial obligation for the adequate education of all mentally deficient children and, at the same time, the entire care of all feeble-minded persons who might profit by institutional care, would be a burden of too great a magnitude to bear.

We therefore recommend only what we believe to be within the limits of the financial ability of the Province, and to build on a reasonably sure foundation a policy which may be extended from time to time as our financial conditions and circumstances warrant.

In our opinion immediate action along the lines we have intimated is most urgent.

We wish to record our appreciation of the very great service rendered the Province by the Canadian National Committee for Mental Hygiene, in permitting Dr. C. M. Hincks to conduct the Survey, and to thank Dr. Hincks and his Staff for the comprehensive and admirable report which he has made to us and also for his many helpful suggestions. We are also under obligations to numerous private persons for information and valuable suggestions, and to the various organizations which have so heartily co-operated in the work of the Commission.

Respectfully submitted,

W. L. HALL, Chairman.
S. H. PRINCE.
MARY BAXTER.
J. W. MCKAY.
GEORGE H. MURPHY.

Halifax, N. S.,

January 27, 1927.

Committee on Pharmacy

Canadian Medical Association.

DR. O. S. Gibbs, Professor of Pharmacology at Dalhousie, is in receipt of a letter from the Chairman of the C. M. A. Committee on Pharmacy, inquiring as to the feeling of the profession in Nova Scotia, on matters coming within the scope of this Committee. The Executive desires an expression of opinion from those present at the Annual Meeting. This letter, somewhat curtailed, is as follows:

1. This refers to the interchange of letters, etc., between the general Medical Council of Great Britain and the C. M. A. Committee, considering principally the new British Pharmacopoeia. He also gives particulars as to the reorganization of the present C. M. A. Committee.

2. Your Committee has been saddled by the Executive of the Canadian Medical Association, with the duty of observing the operations of the Opium and Narcotic Drugs Act. There has been a great deal of irritation produced among the physicians in certain areas of Ontario with the Department of Health, owing to the use of an addict as spotter in obtaining the basis for charges against physicians. We are extremely anxious to ascertain whether this irritation is widespread or not and whether the same type of practice has been undertaken widely throughout Canada. Will you please, therefore, consult with your local associations and furnish us with all the information that lies in your power in regard to the number of such charges obtained by the aid of an addict spotter which have been laid against physicians, and also whether these charges appeared to have been laid against physicians who are presumably breaking the law repeatedly with intent, or whether they have been the victims of carelessness and undue display of sympathy. Information on this point is urgently required because if the methods adopted in certain parts of Ontario are being repeated throughout the country, it is the feeling of the Chairman and others with whom he has consulted, that definite steps to warn the profession against being caught should be taken, though this is not to be taken as expressing in any degree the desire to palliate intended breaking of the Act by physicians. The Chairman will submit for your information at a subsequent date, a memorandum in regard to steps that might be taken to diminish the irritation with the Department of Health, but in the meantime it is extremely important that information should be furnished on the subject mentioned.

3. (a) The Committee was asked to study for this year, the question of the establishment of a department which would be some-

what similar to the Council on Therapeutics and Pharmacy of the American Medical Association. In our letter of July 29th, 1926, this matter was referred to and the work was divided into two parts, namely, a Therapeutic, the preparation of articles dealing with the definite indications for the use of drugs in diseases where it is known that they will be of value. If you will refer to this letter, paragraph 2 (1), you will see the question that was put before you. The answers received were in general commendatory though many members failed to reply. None of the letters contained thoughtful, constructive criticism which would indicate that the members writing were willing and anxious to co-operate in such a project, and yet the difficulties in carrying out such a task would be very great.

(b) In regard to the other side of the work, your Chairman spent a day investigating the work of the Committee on Pharmacy, A. M. A. in Chicago. Their work consists in the examination of such drugs or preparation of drugs sold under trade names as firms wish to have included in New and Non-Official Remedies. That is to say, examining brands of such drugs as cinchophen, to see whether they are what their manufacturers purport that they should be, or such things as combined headache tablets, passing on such both for purity and for suitability for administration. Further, the examination of nostrums or quack medicines of a proprietary type and disclosing their true character as published in Nostrums and Quackery. These books can be obtained from the American Medical Association, 535 North Dearborn Street, Chicago. The work undertaken by them is expensive and has in some cases made them liable to suit, though in most cases while proprietors threaten they do not proceed to legal measures as due care is taken not to give them a case. The Department uses great care in the character of their statements and has had in the past the assistance of legal advice. It appears to the Chairman that there is no need for duplication of the efforts of the A. M. A. in regard to the standards of purity of non-official drugs. The Chairman, further learned that the propaganda of the Association in regard to proprietary medicines is having more effect as far as lay bodies are concerned than amongst physicians, and there is greater hope for educating the public against the use of patent and proprietary medicines of the baser sort than in educating the profession to not employ the better ones but write individual prescriptions for individual patients.

Your Chairman considers that a real and valuable work could be done in Canada along certain lines.

(1) The Department at Ottawa is not disclosing to physicians, the deficiencies in strength of samples of drugs analyzed by them and seized by their inspectors as sold to the public. Indeed it will be found on examining the reports of the Deputy Minister for 1924, that the chief medical items examined by them were camphorated

oil, spirits of nitre, liquor arsenicalis, lime water, aromatic spirits of ammonia, tincture of iodine, hydrogen peroxide, zinc ointment. These are by no means the most important drugs that are used. The prosecutions undertaken by them were; aromatic spirits of ammonia, one; camphorated oil, eight; seidlitz powders, six; spirits of camphor, one; spirits of nitrous ether, one; a total of seventeen. It is very obvious, (in view of the fact that it is well known that many aspirin tablets so habitually used by physicians are by no means what they purport to be, that codeine and atropine tablets have been examined and found to be about one-half their supposed strength, that previous reports of the Department have disclosed great deficiencies in such substances as preparations of Nux Vomica) that there is a great deal to be done in securing purer pharmacopoeial drugs for the doctor's use and that an examination made by an independent source and disclosed to the profession would force the Department to take more active steps than they are at the moment doing.

(2) There is a similar lack of evidence of activity in regard to patent and proprietary medicines as only a very limited number of such medicines, as far as we can ascertain only some twenty or so samples, having been examined by the Department to see whether they conform to the Act. The penalties netted the Department only \$35.00 and there seems to have been a very considerable profit from the sub-department. A careful examination of some of these proprietary medicines and a disclosure of their constitution to the profession would do much to undermine the confidence of physician and of the public in them. Indeed, much might be done without analysis in the case of those proprietaries which are not registered but which disclose their ingredients on the cover. Such, for example, as the Bi-SoDol referred to in the Annual Report of Syrup Cocillana Co. Here too, very important work would be accomplished were a department established. Further, Dr. Ward's papers in the *Canadian Medical Journal* disclose a very regrettable state of affairs in regard to the digitalis preparations sold to the public and the Department at Ottawa does not appear to be making very rapid progress with the whole question of biological standardization.

The establishment of such a department would entail the appointment and training of a suitable analyst whose salary would not be less than \$4,000 per annum. He would have to have at least one unskilled assistant. This would care for the actual analytical work undertaken, though the progress would be extremely slow. There would be a further expense for fittings and for chemicals and purchase of specimens. He would have to be advised by a very active sub-committee. The total cost would in a year or two approach \$7,000 per annum.

The great difficulty in this undertaking or in that of writing the therapeutic articles referred to before, consists in obtaining an active

and interested personnel. There are but few trained pharmacologists in Canada and they are widely scattered from Winnipeg to Halifax. There are few members of the profession in general medicine who are informed and would undertake to give the necessary time. Could the assistance of such men be elicited, even were they widely separated and met only once a year and conducted the rest of their work by correspondence, the Chairman feels that useful work could be undertaken. But unless a permanent secretary of such a division be employed which would again increase the cost to over \$10,000 per annum, the work cannot be accomplished by volunteer efforts and direction unless the requisite personnel is forthcoming from the profession.

Will you let me know what the feeling of the profession in your district is in regard to the matter? Are there men who will devote the time and attention necessary to studying the details and undertaking the work.

You will see that there are matters contained in the above on which a personal and careless answer will not suffice. Will you, therefore, be good enough to consult with the other members of the Committee in your district.

EXTRA MURAL LECTURES.

Canadian Medical Association.

THE Canadian Medical Association is co-operating very fully with the various provincial branches. This is being carried out, in one instance, by the delivering of extra-mural lectures on various medical and surgical topics. Each provincial branch medical society has the opportunity of securing these lectures two or three times each year. The various speakers have a high standing in the profession, and come from all parts of the Dominion.

The last week in May and the first three days in June will have Medical Society meetings in eight of the Medical Society Provincial Branches in Nova Scotia. These meetings have been arranged as follows:—

Amherst, May 23rd; Sydney, May 24th; New Glasgow, May 25th; Halifax, May 26th; Bridgewater, May 27th; Windsor, May 30th; Yarmouth, May 31st and Middleton, June 1st.

Those who will address these meetings are Doctor R. V. B. Shier, Associate Professor of Surgery, Toronto University; Doctor G. H. Agnew, Associate Professor of Medicine, Toronto University and Doctor S. L. Walker, General Secretary of the Medical Society of Nova Scotia.

The Heart During Infancy and Childhood

Frederick F. Tisdall, M. D. (Tor.)

Many practitioners fail to realize that the heart during infancy and childhood differs in many respects from that of the adult. The position in the thorax, the rate, the intensity of the heart sounds and the types of murmurs heard all differ greatly from those conditions encountered in the adult heart.

The heart in infancy is higher and more horizontal in position than in the adult. The apex beat varies greatly with the age of the child. It is usually slightly outside the nipple line until the fourth year of age, then in the nipple line until the ninth year, after which it assumes the adult position well inside the nipple line. Instead of being in the fifth interspace the apex beat in the normal child is in the fourth interspace during the first and generally the second year of life. It is then situated in the fifth interspace with increasing frequency until by the seventh year it is almost always in this situation. The apex beat in a normal child may very occasionally be in the mammary line and in the fourth interspace up to the thirteenth year but after this age this position if present must be considered abnormal. The right side of the heart usually extends just beyond the right lateral sternal line.

The pulse rate is normally about 110-130 per minute during the first year of life and diminishes gradually until at five years it is about 90-100 per minute. It reaches the adult rate of 70-80 per minute shortly after puberty. Slight irregularities of the rhythm are usual in normal infants.

The heart sounds on account of the thinness of the chest wall seem relatively louder in the child than in the adult. The normal heart sounds differ from those of the adult in that the pulmonic second sound is louder than the aortic second throughout the whole of childhood.

Heart murmurs may be divided into three types, congenital, functional and acquired. The congenital heart murmur is present from birth. It is loudest over the base or body of the heart and the intensity varies from the very faintest sound to the loud machinery type of murmur. Frequently the very faintest murmurs are the most serious as the intensity of the murmur bears no relation to the severity of the lesion. In many cases it is impossible to tell from the murmur the type of defect present. The enlargement of the heart takes place to the right.

Functional murmurs also occur over the body of the heart and are not transmitted. Although the exact cause is not known they are

usually considered to be the result of changes in the blood due to anaemia or to dilation of the heart as a result of some febrile condition. They are always very soft blowing murmurs which frequently disappear on exercise. The murmur tends to disappear spontaneously. Examination over a long period may be necessary in order to make a definite diagnosis.

The acquired heart murmurs differ considerably from the congenital and functional murmurs. The character of acquired heart murmurs in children is the same as in adults. They are usually systolic in time, heard best at the apex and transmitted toward the axilla. Enlargement of the heart is toward the left. A history of sore throat, rheumatism or chorea is usually obtained. A point of very great practical importance in the differential diagnosis of acquired, congenital and functional murmurs is that acquired heart disease is extremely rare under four years of age.

The foregoing remarks illustrate how the normal standards and the conditions encountered in the examination of the heart of infants and children differ from those found with the adult
(Medical Bulletin, St. Michael's Hospital, Toronto, December, 1926).

The Treatment of Cardiac Pain.—The surgical measures for the relief of cardiac pain, eight in all, most of which give relief only in a small percentage of cases, is noted in the March 1927 *International Clinics*. Many of these procedures develop pain usually of a severe nature in some other area, while the method described is claimed to be absolutely safe as to immediate effects and efficacious in its results. Most pain impulses reach the brain through the dorsal root ganglia, basing their procedure on this fact these authors (Swetlow and Schwartz) map out the area of pain on the chest, and inject 85% alcohol into the dorsal root ganglia which supply the area of the pain. In a carefully worked out set of case histories on this type of operation, a high degree of success is reported in these patients so treated.—(International Clinics.)

Anticipated Pleasure.

Her father had undergone an operation for appendicitis, and five-year-old was making her first call. When nurse came to take her away, she hung back a moment. "Haven't I been very quiet, papa?"

"Yes," whispered the fond parent.

"And haven't I been very good?"

Her father admitted it.

"Then won't you do me a big favor, papa?"

"Certainly. What is it my child?"

"Let me see the baby."

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VOL. VI.

JUNE 1927

No. 6

The Annual Meeting.

ELSEWHERE in this issue will be found the notice and program of the Annual Meeting to be held in Sydney next month. This is the most important meeting of the year. The BULLETIN again, as a year ago, calls the attention of the medical men of the Province to the Annual Meeting. The organization of the medical profession in our province has cost a lot of time and effort and even money, and it is the most elementary economics to suggest that we should get every available benefit from the investment. As shareholders in a business proposition, we have a right to know just where we stand, whether it is a going concern and whether our profits are the highest our organization is capable of producing.

The Annual Meeting is the time to look to these matters. In other words, it is the time to do business, and we wish to remind the Committee of management to this effect. The immortal Sam Weller had a favorable word for "business first" and "appetite afterwards," and the principle, as such, is beyond question; tho,' we fear, some of its most serious defections have occurred at Medical Society meetings. It is the time for the man with a grievance to make it known, and for him with no grievance to help solve the problems and worries of his confrere. It is the time for stock taking, for plain and courteous speaking, for mutual understanding, for co-operative and intelligent effort.

We are a body of medical men with ideals of service derived from the ages and from the essential character of the healing art. We have grown to a great maturity by one cult or family or scientific pathfinder passing on his knowledge to another, and our whole evolution is opposed to the practice of standing apart from one's confreres in a sort of fortified and mournful isolation. We come together to see how we may better our service to the public, to strengthen our ties of professional kinship, to enlarge our outlook on life and our work by getting the other fellow's point of view, and to stimulate a great and rational optimism in order that our profession may be kept free of what is sordid and demeaning, and worthy of the greater things that are to be. We must therefore look over our organization to see that all parts are working to the best advantage. And we do this at the Annual Meeting next month in Sydney.

Business therefore, gentlemen, and enough time for deliberation. We believe our Society has suffered in the past on more than one occasion by hasty, ill considered resolutions pushed through the chinks of a crowded and wearying program.

The scientific side is well looked after as a glance at the program will show; so it looks now that the Sydney meeting would surpass any yet held in that city. And this is saying much for we all recall with enthusiasm the last annual meeting there under the presidency of Dr. M. T. Sullivan. President Dr. J. J. Roy and his Committee will see that the visitors and Cape Breton hospitality get on quite intimate terms. And what about seeing Cape Breton in July? "Can Nature's beauty satisfy the breast?" Then surely Cape Breton holds the passport. Along the beautiful Bras d'Or in the train; or for those, the more fortunate who motor, the Margaree—Baddeck route, or by way of St. Peters, Irish Cove, Big Pond,—there is nothing better in the Highlands of Scotland or perhaps anywhere in the world. It is all, too, in our own Nova Scotia, in peerless Cape Breton. There we can feed our scientific appetites to the full, perform the business of our association and mid the beauties of this charmed Isle, and enjoying the hospitality always assured the members of our Society, we should be able to give real expression to the words of the Latin poet:

"Dulce est disipere in loco."

G. H. M.

Avoid the Ruts.

By Sir William Osler.

There are two types of practitioners—the routinist and the rationalist—neither common in the pure form. Into the clutches of the demon routine the majority of us ultimately come. The mind

like the body falls too easily into the rut of oft repeated experiences. One evening in the far Northwest, beneath the shadows of the Rocky Mountains, we camped beside a small lake from which diverging in all directions were deep furrows, each one as straight as an arrow, as far as the eye could reach. They were the deep ruts or tracks which countless generations of buffalo had worn in the prairie as they followed each other to and from the water. In our minds, countless, oft repeated experiences wear similar ruts in which we find it easiest to travel, and out of which many of us never dream of straying.

Lost and Found.

AN article appearing in one of our local papers recently, throws further light on the ever increasing wonders of radium.

The article contains an account of the loss of a tube of radium, valued at \$6,000.00 while in use in one of the Toronto Hospitals. A diligent search was instituted and by the aid of a delicate instrument, the radium was eventually discovered in the ash heap of the furnace, having passed through the fire without being destroyed.

It is wonderful to think of a fine brownish powder, for such is the appearance of radium in its natural state, passing through a furnace and being re-claimed practically without loss.

The instrument used in the detection of the radium was a Gold Leaf Electroscope, which, when charged with electricity, becomes extremely sensitive in the presence of even a minute quantity of radium, although it be 25 feet or more away. The rays from the radium have been detected through a lead block 12 inches thick, sufficient rays penetrating the lead to cause a fluctuation of the gold leaf.

The article above quoted also calls attention to the hazard of using radium in its natural state, rather than by employing the gases which are constantly given off, and which are the source of all radium activity.

It is gratifying to know that the Victoria General Hospital has the second emanation plant in Canada, the other being owned by the Province of Quebec with \$500,000.00 worth of radium.

By the use of the gas, all the previous objections to the use of radium are overcome. There is no danger of loss; containers of various sizes and shapes can be made, and these may be filled with any quantity of radium activity desired. Also the gas is so concentrated that it can be contained in minute glass or gold tubes so small that they may be embedded in the tissues without causing discomfort. The gas is given off at a definite rate and the supply from a quantity of radium is inexhaustible, radium having a life of 3,600 years.

Reports from the Victoria General Hospital are very encouraging in regard to the therapeutic value of this agent.

S. R. J.

Medical Society of Nova Scotia

74th Annual Meeting.

Sydney, N. S., July 5, 6, 7, 1927.

Preliminary Announcements and Provisional Programme.

Tuesday, July 5, 1927, 8 P. M.—Meeting of the Executive of the Medical Society of Nova Scotia. (Every member of the Executive is required to attend one meeting each year).

Wednesday, July 6th, 9.30 A. M.—Registration. (Those who have not paid the 1927 fee will do so to entitle them to register).

10.15 A. M.—Meeting Called to Order.
Routine Business.

11.00 A. M.—Address in Obstetrics. "Treatment of Eclampsia."
DR. JOHN FRASER, Professor of Obstetrics and Gynaecology, McGill University, Montreal.
Discussion.
Announcements by Chairman of Local Committee.

12.30 A. M.—Adjournment.

2.30 P. M.—Presidential Address.

3.00 P. M.—Address in Surgery. "Diseases of the Female Breast."
DR. A. J. GRANT, Associate Professor in Surgery, Western University, London, Ont. (Lantern Slides.)
Discussion.
Paper—Subject to be announced.
DR: F. G. MACK, Halifax.
Discussion.

5.30 P. M.—Adjournment.

8.00 P. M.—Address in Medicine. "Constipation."
DR. DUNCAN GRAHAM, Professor of Medicine, Toronto University.
Discussion.
Paper—"The Operation of the Workmen's Compensation Act."
DR. M. D. MORRISON, Halifax.
Discussion.
Announcements and Adjournment.

Thursday, July 7th, 9.30 A. M.—Report of Nominating Committee
Unfinished and New Business.

10.30 A. M.—Address in Gynaecology. “Chronic Infections of the
Pelvis.”

DR. JOHN FRASER, Montreal.

Discussion.

Unfinished, Routine and New Business.

Resolutions.

Adjournment Sine Die.

2.30 P. M.—Harbor Excursion and other Entertainment.

8.00 P. M.—Banquet.

GOD SAVE THE KING.

All meetings will be held in the County Court House for obvious reasons. Standard time only recognized, save only that every one is to *have a good time*.

If you desire accommodation write at once to Dr. John McDonald, Sydney, giving the number of your party. While there is accommodation to spare, it is nicer to know where you are going to stay.

Nothing has been said, hitherto, about the ladies. The Cape Breton Society would be delighted to have a visiting lady for every Doctor, and it is not limited at that. A Ladies' Committee is working, and you will be looked after with the usual Cape Breton hospitality,—modesty prevents us saying more.

Discussion of papers:—We have 12 hours in the Several Sessions, five hours being devoted to papers, leaving 7 hours for discussions and regular business. In order that everyone may take part, it is announced that the opener of a discussion shall be given 10 minutes and five minutes to each subsequent speaker.

There is a good strong general Committee and a splendid Ladies' Committee, both of which will do their utmost for your comfort and pleasure. Don't forget your golf bag.

You are welcome. Come and let us entertain you.

Branch Societies

Bridgetown, N. S. Wednesday, May 4, 1927.

THE VALLEY MEDICAL SOCIETY.

THE Twentieth Annual Meeting of the Valley Medical Society, met in the Court House, in Bridgetown, on Wednesday, May 4. In the absence of the President, Dr. Dickie, was elected chairman of the meeting.

Mayor Hicks of Bridgetown, opened the meeting with a very appropriate address of welcome, extending a very cordial invitation to the visiting physicians. The Minutes of the last meeting were read and approved. The Secretary then read several communications, the first being from the Secretary of the Nova Scotia Medical Society, saying that the C. M. A. were sending speakers to Nova Scotia the end of May and asking at what center we would wish to have them. The members spoke very favourably of the opportunity of hearing these representatives sent by the C. M. A. It was moved and seconded that these speakers be asked to come to Middleton the latter part of May, this was unanimously carried. The opinion was also expressed that we try and get these various outside speakers from the upper provinces to come to the different centers in the Valley as often as possible.

A letter was also read from the Secretary of the N. S. Medical Society calling the attention of our meeting to an obvious advertisement by one of our members, it was carried that no action be taken by our Society, but that the matter be referred to the Provincial Medical Board.

The Annual report of the Secretary-Treasurer was read and adopted.

The nominating Committee composed of Dr. Sponagle, Dr. McGrath and Dr. Hallett brought in the following nominations for the next year.

President Dr. A. A. Dechman, Bridgetown.
Vice-Pres. Kings Co. Dr. F. F. Chute, Canning.
Vice-Pres. Annapolis Co. Dr. I. R. Sutherland, Annapolis.
Vice-Pres. Digby Co. Dr. W. R. Dickie, Barton.
Secretary-Treasurer Dr. C. E. A. DeWitt, Wolfville.
Executive Medical Society of Nova Scotia: Dr. E. DuVernet, Digby; Dr. L. R. Morse, Lawrencetown; Dr. R. O. Bethune, Berwick.

The following new names were brought in for membership and duly elected:

Dr. Hugh MacKinnon, Berwick.
Dr. I. R. Sutherland, Annapolis.

Dr. K. A. Baird, Canning.
Dr. G. R. Burns, Kentville.

Place of October meeting to be held in Annapolis. On motion, report of nominating Committee was adopted and above officers duly elected for the ensuing year.

The meeting then proceeded with the regular programme, which was given up entirely to the subject of heart conditions, Dr. Kenneth MacKenzie of Halifax was the special speaker for the occasion. He first gave a splendid address on the Treatment of Heart Disease, followed by a practical clinic on various cases which were brought to the meeting by different members of the Society. Dr. MacKenzie in the course of his remarks, stated that no remedy will restore a damaged heart to its original state, but said we should never be discouraged for there is no organ in the body which lends itself to therapeutic assistance, as does the heart. He emphasized Rest, Exercise, Diet, Eradication of focal infections, surgical measures, etc. He gave detailed information in the use of various drugs in heart cases, such as Digitalis, Nitrites, Hypnotics, Counter-irritants, Cathartics, Diuretics, Ammonia, Quinidine Sulphate, and also spoke regarding the administration of Anaesthetics in Cardiac cases. Dr. MacKenzie closed his address with a discussion of the chief therapeutic problems, such as,—To combat and manage heart failure; To relieve distressing symptoms; To pilot an acutely inflamed heart through a storm, or a normal heart through a febrile illness; To give sound advice to patients who are suffering from an organic heart disease, and to those who only think they have. Dr. MacKenzie's whole address was listened to with the closest attention by all present. The Chairman then called on the different members to present the patients they had brought to the meeting for demonstration purposes, Dr. Morse had two interesting ones, the first a case of Aortic Regurgitation, the second a case of Heart Block. Dr. A. B. Campbell also showed a case in a child of congenital heart condition. Each of these cases were gone into very thoroughly by Dr. MacKenzie, explaining the various signs and symptoms in each case, nearly all the members took part in the discussion and examined the various patients. The meeting adjourned at 6.30 and the members and guests met at the Riverside Inn for dinner, after dinner speeches were given by Mayor Hick, Mr. MacKenzie, M.P.P. for Annapolis-Digby Co.

The above meeting varied somewhat from previous ones, in the fact that we confined our whole attention on the Subject of the Heart, and gave each member a chance to enter into the discussion.

C. E. A. DeWITT,
Secretary-Treasurer,
Valley Medical Society.

THE MONTREAL GENERAL HOSPITAL

The April issue of the *Manitoba Medical Bulletin* is largely devoted to an address on the Manitoba Medical College, but the opening article gives an outline history of the Montreal General Hospital. As this hospital is so familiar to many of our readers we know the *Manitoba Bulletin* will be glad for us to publish it herewith.

One hundred and ten years ago a voyage across the ocean was totally unlike what it is to-day. Instead of modern comfort, the future pioneers endured a long and tedious journey on sailing vessels, living in dingy quarters and under the obligation of providing their own food and bedding. Sickness was not uncommon and ship's fever and other debilitating diseases often compelled the settler to seek aid upon landing in the country of his adoption.

To give this assistance, the Ladies' Benevolent Society opened, in the year 1818, a house on Craig Street, two blocks east of St. Lawrence Main Street, where they could offer food, shelter and medical aid to any needy newcomers. They went a step further, thanks to the Governor-General of that time, and obtained through his assistance, some discarded army beds and bedding, with which they established a small hospital of twenty-four beds, the nucleus of The Montreal General Hospital.

In 1821, the present site was purchased and the corner stone of the original building being laid with appropriate ceremony, the structure was hurried to an early completion. This advanced the hospital capacity to seventy-two beds.

In 1824, The Montreal Medical Institute was inaugurated in connection with The Montreal General Hospital. This was the *first medical school in Canada* and The Montreal General Hospital is in the proud position of being the *first hospital in Canada to admit medical students to the wards for clinical teaching*. In 1828, the doctors of The Montreal General Hospital in attendance at the Medical Institute established what is now known as the Medical Faculty of McGill University.

The consistently steady growth of Montreal made an increasing demand on the hospital's capacity, but the hospital authorities always rose to the occasion, and in 1832, the Richardson Wing was erected in honour of the Honourable John Richardson. This increased the hospital capacity to 100 beds. In this Richardson Wing was the old original "Ward Eleven" so frequently mentioned in Osler's "Medicine." In 1848, the Reid Wing was added in honour of Chief Justice Reid, bringing the total bed capacity to one hundred and thirty. In 1867, a Contagious Disease Building, with a capacity of forty beds, for the treatment of smallpox was erected. In 1874, the

Moreland Wing was added in memory of Thomas Moreland.

The year 1877 is a memorable one in the annals of Canadian Surgery. During that year the Lister method of antiseptic surgery was introduced into the practice of The Montreal General Hospital by the late Dr. Thomas G. Roddick. In 1883, marking another advance in hospital service, The Montreal General Hospital instituted *the first ambulance service to be run in connection with a hospital in Canada.*

The year 1890 saw the establishment of the Training School for Nurses, which, after being opened by the Governor-General and Lady Stanley, was placed under the direction of Miss Nora G. Livingston. In 1892, the Surgical Pavilion, composed of the Campbell Wing (in honour of Dr. G. W. Campbell) and the Greenshields Wing (in honour of David Greenshields) and the Operating Suite (the bequest of the late George Hamilton) were added to the hospital.

In 1897, the corner stone of the new Nurses' Residence—known as the Jubilee Nursing Home—was laid by Lord Lister in the presence of a brilliant and distinguished assembly gathered in honour of this world renowned scientist.

In 1909, the present Pathological Building was added, and in the same year *the first Dental Clinic to be established in a General Hospital* became part of the Institution with six dental chairs. This department has shown steady progress, possessing fifty dental chairs with a separate wing of its own, and is now the Dental Clinic of the Dental Faculty of McGill University.

In 1911, the corner stone of that imposing structure, known as the New Building, was laid. His Excellency, the Governor-General, Earl Grey, graciously officiated at this notable function. The same year saw the establishment of the Social Service department. In 1924, thanks to the generosity of several members of the Board of Management, a Bio-Chemical Laboratory was opened at a cost of \$27,000.

In 1926, there was opened the splendid building of the New School and Residence for Nurses, with every accommodation for 210 nurses. The second floor is devoted solely to teaching purposes and contains class rooms, laboratories, demonstration rooms, etc.

And last, but not least, in the history of this old Institution, there has been consummated within the last few weeks, after a careful study of the hospital situation in the City of Montreal, an agreement for five years, whereby the destinies of The Montreal General Hospital, now amalgamated with The Western Hospital, and The Royal Victoria Hospital, now amalgamated with The Montreal Maternity Hospital, will be guided by a joint commission, composed of five members of the Board of Management of The Montreal General Hospital, five members of The Royal Victoria Hospital, and one representative from McGill University. While each hospital will provide its own autonomy, this commission will have power to decide on the erection of new buildings, raising of campaign funds and their distribution and correla-

tion, for teaching purposes, of medical appointments of the individual hospitals in connection with McGill University.

The kindly members and friends of the Ladies' Benevolent Society builded better than they knew when they gave a beginning to the magnificent institution known far and wide as The Montreal General Hospital. With its long and incomparable record of medical, dental and surgical efficiency, The Montreal General Hospital holds an enviable position among the hospitals on the American continent, and is to-day, as ever, in the forefront of the advance of medical science.

Masked Juvenile Tuberculosis.

It is well established that practically all adults have been infected with the tubercle bacillus. Autopsy findings and studies of the tuberculin reaction confirm this observation.

Except in rare instances the infant at birth is entirely free from infection with the tubercle bacillus.

At some time during infancy or childhood each individual has hidden somewhere in his body an active focus of tuberculosis. These cases are often unsuspected. They present none of the usual clinical evidences such as râles, dullness, etc., with which we associate tuberculosis.

The focus of tuberculosis is most frequently located in the lungs and the glands at the hilum. If the infection is acquired through the intestinal tract the lungs may be entirely free from lesions. Because the focus of infection is obscure and representative of a type of lesion prevalent in childhood and because it is neither *inactive*, *latent*, or *quiescent*, this form of tuberculosis has been referred to as

MASKED JUVENILE TUBERCULOSIS

The presence of masked juvenile tuberculosis is frequently overlooked.

A careful history and examination will usually reveal at least some of the following characteristic points: a history of frequent coughs and colds, with or without known exposure to tuberculosis, attacks of unexplained fever, often with afternoon elevations, anorexia, loss of weight, and asthenia.

On physical examination there is found more or less malnutrition, occasionally anaemia, and chest signs referable to enlarged tracheo-bronchial lymph nodes (one of the earliest reactions to pulmonary infection). The chest findings may be verified by means of the roentgen ray, which not infrequently reveals unsuspected lesions of varying size and age in the lung parenchyma as well as in the glands.

The von Pirquet or intracutaneous tuberculin tests are positive. Sputum examination, in the type of case under discussion, will usually be negative for tubercle bacilli.

The diagnosis must, of course, rest not on any *one* of the points mentioned, but rather upon a review of *all* the findings. As to the fate of children with masked tuberculosis, three possibilities suggest themselves.

The first of these, probably by far the commonest, is regression of the lesion with recovery. It seems quite likely that these relatively harmless lesions may stimulate the body to produce certain protective substances against future infections, and thus constitute part of the defense mechanism against tuberculosis. A second outcome is the development of a more manifest tuberculosis through extension of the process. And finally, the third possibility is the persistence of the masked lesion or tuberculous focus to adult life with a possible later development of an active tuberculosis.

The recognition of this masked form of tuberculosis becomes a matter of the greatest importance.

The inauguration of an anti-tuberculosis regimen results usually in prompt and lasting improvement to the patient, and insures a reasonably good chance of recovery in a disease of notoriously uncertain outcome.

(Bulletin Medical Society County of Kings, N. Y.)

A Little Mixed.

An esteemed writer in a contemporary magazine, waxing very earnest in a plea for the curtailment of venereal diseases, refers to Fournier's Statistics, "embracing women from every walk of life." It would seem as though this gentleman had got his statistics confused with his etiological data. He certainly could not epitomize the etiology of venereal diseases into any more concise or comprehensive a form than the sentence we have quoted.—*Med. Standard.*

Pharmaceutical Heredity.

Dr. Oliver Wendell Holmes once made an address in his native town to a medical association. The president of the association was the son of a man who had been the druggist of the village when Dr. H.—had studied medicine there. "It is good to look at this young man," said the genial autocrat, "and trace his father's liniments in his face."—*Men and Women.*

A perfume and soap manufacturing company advertised a contest for slogans. Here is a slogan that came in which they could not use. It read: "If you don't use our soap, for heaven's sake, use our perfume."

"Before he married me, he said he'd move Heaven and earth for me."

"And then?"

"Oh, now he's raising Hell."

DIATHERMY

The First Reaction.

Bolling pleads for more conservatism in physical therapy, particularly its literature. The surgeon should be interested in the time-proven hydrotherapeutic measures, massage, and corrective exercise. They are sufficiently developed to hold a well-merited place.

Diathermy forms a distinct achievement and its possibilities have not yet been reached. Diathermy in pneumonia has been sufficiently tried and tested to need little further defense.

In bronchitis and whooping cough, diathermy over the bronchial tree, followed with the alpine light to the point of mild skin reaction, is serviceable and excels any medicinal agents, in the opinion of the writer. But, in the field of arthritis, especially chronic, degenerative types, and in neuritis our work is not so brilliant. One must be cautious in promises, but even here again our results are incomparably better than from other known methods. Ruling out the ever-present possibilities of toxemia from pent-up pus somewhere, the patient can generally be assured relief from distressing symptoms, often arresting the degenerative or inflammatory process.

The quartz lamps may be depended upon to stimulate superficial open areas, reduce sepsis to the minimum, and hasten cell proliferation and repair.

For a few treatments, body radiation acts as a general tonic, but the system quickly establishes pronounced immunity. In treating anemias with a check-up from the laboratory on the blood picture, no startling changes have been noted.

Other diseases such as hay fever, asthma, rickets and certain skin diseases, are influenced favorably, nevertheless, in the opinion of Bolling, all these benefits are vitiated by extravagant claims.

The same thoughts are expressed with reference to galvanism and the use of other types of lamps.

"The widest usefulness of physiotherapy is not as a group of agencies, self-sufficient in themselves to combat disease, but rather as a helpful supplement to the usual mode of treatment and management of the physician or surgeon. Recognized as such, it is meeting a hearty reception by profession and public, has found a place in the medical college curriculum, is installed in many large industrial plants and casualty companies, and no well-organized hospital to-day considers its service complete without it.

"It took five years or better to find out we did not possess a specific in the much-lauded 606. It would be passing strange if physiotherapy, with its several modalities, which have enjoyed unprecedented vogue these last five years, did not require as much or more time in elaborating, revising and standardizing to finally take its proper place among the newer medical sciences."

(Fischer's Magazine).

Prof. Fraser-Harris's New Book

MANY physicians in Nova Scotia, particularly those who were privileged to receive instruction from him at Dalhousie, will learn with exceptional interest that a new book has come from the pen of Dr. D. Fraser-Harris. Those who are familiar with his writings, and have come to appreciate his power to present difficult problems clearly and concisely, will wish to immediately possess themselves of "Nerves—Master System of the Body." The book is one of a series known as The Modern Health Books, which Dr. Fraser-Harris has edited. Each of these books is the work of a noted authority, but none is more charmingly written or more vividly phrased than the one under review. While prepared more especially for those of the laity who wish to obtain an intelligent conception of the nervous system, this little volume will be welcomed by medical readers who will find in it an admirable resume of the physiology of the nervous system and the factors concerned in the maintenance of neural health. Those who have heard the author lecture will again hear his voice and thrill under his graceful diction and enthusiasm as they read his latest book. There could be no more gratifying evidence of complete recovery from the illness which necessitated his retirement from the chair at Dalhousie which he filled with conspicuous acceptance. The book is well printed, attractively bound, and offered at the astonishingly low price of 3s. 6d. net. It is published by Faber and Gwyer, 24 Russell Square, London, W. C. I. This volume is not to be confused with one entitled "Nerves," by the same author, which appeared some years ago in the Home University Library.

International Clinics Vol. 1, 37th Series, 1927 has come to hand and is as interesting as usual. Diabetes Mellitus, Diathermy, and some aspects of cardio-vascular disease are subjects of the leading articles in Medicine. In Surgery two important Clinics are reported. Dr. Lewis of Johns Hopkins Hospital and Dr. Sauerbruck of Munich. The clinic of the latter was on Thorocoplasty. A foot note states the Professor has recently performed the operation in remarkably quick time. After the patient had been anaesthetized a complete operation, removing sections from the first to the eleventh rib, but 18 minutes elapsed till the patient was ready to be removed from the operating room. The Editor of the *Clinics*, Dr. H. W. Cattell, of Philadelphia, reviews the progress of Medicine for 1926 the perusal of which will well repay the reader.

Medical Library,

Dalhousie University.

Recent Book Purchases.

PHYSIOLOGY.

- Rogers—Text book of Comparative Physiology.
Gley—Quatre leçons sur les sécrétions internes.
Dodds & Dickens—The Chemical and Physiological properties of the internal secretions.
Ecker & Wiedersheim—Anatomie des Frosches, 3 vols.
MacLeod, J. J. R.—Carbohydrate metabolism and insulin.
Demoll—Die sinnesorgane der Arthropoden, ihr Bau und ihre Funktion.
Verworn, Max—Allgemeine Physiologie.
Putter—Vergleichende Physiologie.
Van Slyke—Factors affecting the distribution of electrolytes.

BIOCHEMISTRY.

- Clark—The determination of Hydrogen Ions.
Heinemann—Milk.
MacLean—Modern views on Digestion and Gastric Analysis.
DuBois—Basal metabolism in health and disease.
Waksman & Davison—Enzymes.
Dale—Lectures on certain aspects of Biochemistry.

LABORATORY DIAGNOSIS.

- Stitt—Practical Bacteriology.

HISTOLOGY AND EMBRYOLOGY.

- Dahlgren & Kepner—Principles of animal histology.
Phillips on Vertebrate embryology.
Guyer—Animal micrology.
Assheton—Growth in length, Embryological essays.
Przibram—Experimental zoology, Part 1, Embryogeny.
Lee—The microtome's vade-Mecum.
Bousfield—Guide to the science of photo-micrography.
Squire—Methods and formulae used in preparation of animal and vegetable tissues for microscopical examination including the staining of bacteria.
Patten—Embryology of the chick.

MEDICAL PSYCHOLOGY.

- Campbell—Problems of personality.
Franz—Nervous and mental re-education.
Craig & Beaton—Physiological medicine.
Stekel—Peculiarities of behaviour.
Ferenczi—Further contributions to the theory and technique of psycho-analysis.

OBSTETRICS AND GYNAECOLOGY.

- Crossen—Diseases of women.
Potter—Podalic version in obstetrics.
Foote—Diseases of the new-born.
Bondler—The expectant mother.
Jolly—Microscopic diagnosis in gynaecology.
Bourne—Recent advances in obstetrics and gynaecology.
DeWesselow and Wyatt—Modern views in the toxemias of pregnancy.

MEDICINE.

- Norris and Landis—Diseases of the chest and physical diagnosis.
Joslin—Treatment of diabetes.
Osler—Practice of medicine.
Opie—Diseases of the pancreas.
Pearce—The spleen and anaemia.
Lewis—Clinical disorders of the heart beat. Electric-cardiography.
MacKenzie—Heart disease and pregnancy. The future of medicine.
Report on the St. Andrew's Institute for Clinical Research.
Head—Studies in neurology.
The Medical Annual.

THERAPEUTICS.

- Glendening—Modern methods of treatment.
Rudolf—Notes on the medical treatment of disease.

SURGERY.

- Rose and Carless—Text book of Surgery.
Carson—Modern operative surgery, 2 v.
Mummery—After-treatment of operations.
Moynihan—Abdominal surgery, 2 v.
Steindler—Operative orthopaedics.
Cochrane—Orthopaedic surgery.
Morison—An introduction to surgery.
Lilienthal—Thoracic surgery, 2 v.
Scudder—Treatment of fractures.
Greenfield and Carmichael—The cerebro-spinal fluid in clinical diagnosis.
Fraser—Surgery of Childhood, 2 v.

DERMATOLOGY.

- Hazen—Diseases of the skin.
Riehl and Van Zumbusch—Atlas of skin diseases.

PATHOLOGY.

- Nichols—Carriers in infectious diseases.
Peterson—Protein therapy and non-specific resistance.

PHARMACOLOGY AND TOXICOLOGY.

- Fuehner—Nachweis und Bestimmen von Giften auf pharmakologischen Wege.
Heintz—Handbuch der experimentelle Pathologie und Pharmakologie.
Korczynski—Quantitative Bestimmung der Alkaloide.
Brouardel—Les Empoisonnements.
Otto—Ausmittelung der Gifte.
Cushny—Optical isomers and biological activity.
Meyer—Pharmacology.
Helmholtz—Physiological optics, 3 v.

RECENT GIFTS TO THE LIBRARY.

- Reid—The heart in modern practice.
Cowan—Diseases of the heart.
MacKenzie—Angina pectoris.
Van Leeuwen—Allergic diseases.
Pratt—Physical diagnosis of diseases of the chest.
Abbott—Appreciations and reminiscences of Sir William Osler.
Cushing—The life of Osler.
Green—Manual of pathology and morbid anatomy.

DEPARTMENT OF HEALTH.

For the information of the doctors in Nova Scotia the following is what the N. S. correspondent to the *C. M. A. Journal* has to say regarding the last Annual report of the Department:

In Nova Scotia the inspection of the humane and the penal institutions is a function of the Department of the Public Health, and to every session of the legislature the Provincial Health Officer makes separate reports on health, and on each of these types of institutions. The reports which Dr. Jost has presented of the experience of the year ended September 30th last are, as in the past, of much interest to the profession. In that which deals with the penal institutions, he presents tables showing ages of those admitted to the several gaols and the numbers of repeaters. This marks the beginning of a study of age in relation to recidivism. He points out that "it is as irrational to attempt the moral regeneration of a criminal without an accurate record concerning his antecedents as it would be to attempt to ameliorate his physical ailments without knowledge of the incidents leading up to the condition for which he seeks relief." He again calls attention to the inadequacy of the present system, which has little tendency to prevent recidivism, and recommends consideration of a more rational method of dealing with offenders against the law. In his report upon humane institutions, which provided care for 17,465 persons during the year, Dr. Jost comments favourably upon the general and special hospitals, but states that several of the local asylums are still far from creditable. Admissions to the hospitals show a considerable increase as compared with the previous year, but the reverse applies to the local asylums. The report on health and vital statistics shows gratifying improvement over all previous years in the infant mortality rate, which was 76.5. There was a small increase, compared with 1925, in the number of births. The general death rate, however, went up a little, while the tuberculosis rate remained practically as for 1925. The pneumonia death rate was unusually high, and there was a sharp rise in influenza deaths. Diphtheria, scarlet fever and typhoid fever combined accounted for only 41 deaths. Reference is made to the successful inauguration of special anti-tuberculosis work, to re-organization of the public health laboratory, to better reporting of infectious conditions, to increased attendance at the various health clinics, and to more extensive educational work. An extended laboratory study of the relative merits of the Wassermann and Kahn tests is in progress.

The Northern part of Colchester County, and Cumberland and Pictou as well, seems to be conducive to longevity. There died recently, at Earltown, Mrs. Margaret MacKenzie, aged 102 years.

Recent additions to the Exchange list of the BULLETIN include The Library, American College of Surgeons; The Library, Dalhousie Medical College; The Library, St. Michael's Hospital, Toronto; The Library of the Medical Society of the County of Kings, Brooklyn, New York.

In all probability the next important address on the heart will be illustrated by the latest invention, the Electric Stethoscope, which magnifies the heart sounds very many times. Everyone in the room will be able to hear the sounds as plainly as if he were examining the patient himself.

UNCOMMON CLAYS.

THE Count was an inveterate smoker. His cigars were made from tobacco from the Vuelta Abajo district in Cuba and he always saw to it that the fibre was long. When he lighted a perfecto he always did so with the greatest care and smoked it so evenly that the ash stood by itself when the cigar was two thirds smoked. A rather foolish, foppish person his fellow scientists considered him, although they were willing to admit that there was none who knew more about rare earths than did he.

One day the Count, or perhaps we had better say, Carl Auer, was sitting in his laboratory balancing the ash of a long cigar when an idea occurred to him. Why could he not devise a scheme for making a cone of ashes stand alone so that he could heat it until it glowed with a white heat? Just at that time he was experimenting with white clays and rare earths and had noticed that after some of these substances had been brought to a white heat, they gave out a strong light. So he made a round cotton wick ending in a cone top, impregnated it with a mixture of thorium and cerium, both rare earths—and lighted it. The cotton fibre burned up, and the earths stood in a cone, which looked not unlike the clinging ash of one of his cigars. The more he heated the cone the whiter and hotter it grew, and thus Auer invented the gas mantle. In recognition of his services the Austrian Government permitted him to become the Count of the little village where he was born—Welsbach.

As precious as are rare earths is kaolin, far from common clay, which the Chinese used in the making of their wonderful porcelains. Fine and white the sediment of granite taken from the primeval seas, this super clay found its way into some of the finest works of art the world has ever known, in fact, the Chinese were so fond of it that they thought it had medicinal qualities and sometimes had it made into pills. These days one does not take kaolin pills, but one knows instinctively that some uncommon clays have a wonderful absorbent quality, which makes them especially efficient as poultices. Such is the kaolin-like earth from which Antiphlogistine is made in part. The Chinese sensed that white clay had wonderful healing qualities, but here in the United States we have learned that they knew only half of the story. This uncommon clay is to-day doing much to relieve the ills to which flesh is heir and has sounded the knell of venesection by making it possible to have a bloodless phlebotomy.

"All right back there?" called the conductor from the front of the car.

"Hold on," cried a feminine voice "Wait until I get my clothes on."

The entire carful of passengers craned their necks to look. A girl got on with a basket of laundry.

OBITUARY

**EDWARD WINSLOW DUNLOP, M. D., University of Vermont
1891, Port Dufferin.**

THE death occurred Thursday night at 11.30 at the Victoria General Hospital of Doctor Edward W. Dunlop of Port Dufferin at the age of 70 years. Doctor Dunlop's last illness was of short duration and his death will come as a great shock to his great friends throughout the province. His health, however, has been more or less impaired for a number of years.

Doctor Dunlop took his Junior Matriculation at the Halifax Medical College about 1887. He was a man greatly esteemed in the Community where he practiced continuously ever since his graduation. A large man, big framed, he withstood for many winters and summers the serious difficulties attending a country practice along the rocky seacoast of Eastern Halifax. In earlier years he met with his professional confreres whenever possible. For a number of years his large frame and smiling face were unseen.

He is survived by a widow and one daughter. The funeral took place at Port Dufferin and was largely attended. To Mrs. Dunlop and daughter the Profession extend their sympathy.

S. L. W.

**GERALD WALLACE GRANT, M.B., Ch.B., Univ. Edin., 1916,
L.G.M.C. 1916. Halifax, N. S.**

The many friends of Doctor Gerald Grant and of his parents Ex-Lieutenant-Governor McCallum Grant and Mrs. Grant, learned with profound sympathy of the news of his death in London, Ont.

As noted above Doctor Grant received his education both in Arts and Medicine at the University of Edinburgh. He started his medical career by serving with great distinction to the R. A. M. C. Near the close of the war he was married to Miss Dorothy Hodgkinson, his wedding took place in England. At college he enjoyed great popularity and also with his brother officers. Upon their return to Halifax they became social favorites and were easily leaders in the younger set. From the time of his return to Halifax until about a year before his death, he was on the staff of the R. S. C. R. Hospital. He also had complete charge of the Physio-Therapy department.

A note in one of the city papers, says.—“He inherited the geniality and generous spirit which so fully characterized both his parents

and was greatly liked wherever known." Again, it may be said that the news of his passing will be received generally with the deepest sympathy for his parents and for his wife. To Mrs. Grant who is now in England, Honorable MacCallum and Mrs. Grant, the profession extends sincere sympathy.

The death occurred in Toronto, April 22, 1927, of Herbert N. Cock, age 32 years. He formerly resided in Truro and was the youngest brother of Doctor Lyall Cock of Coburg Rd., Halifax. He was universally liked by all who knew him.

The death occurred at his home 150 Spring Garden Rd. April 26, 1927, of Hugh R. Little, a well-known and highly esteemed citizen. He was seventy years of age and although not in good health in recent years, his death was unexpected. He was a member of St. Matthew's Church and the North British Society. He is survived by his widow and two sons, one of whom is Doctor F. R. Little of this city to whom the profession extends sympathy.

Age of 84 years, John Kennedy, a leading merchant and citizen of Antigonish, died at his home May 6, 1927 after a brief illness. For many years he was well-known all over Canada, as a railway contractor builder. Many will remember the firm of Kennedy & O'Brien. A daughter and two sons survive, Doctor Alexander Kennedy of Antigonish being one of the sons.

PERSONALS

ON May 5th at Highland View Hospital, Amherst, to Doctor J. A. and Mrs. Munroe a son. Congratulations.

Among the visitors at Halifax May 10th, 1927, were noted,—Doctor J. W. and Mrs. Reid, Windsor; Doctor A. W. Chisholm, Margaree; Doctor M. G. McGary, Margaree Forks; Doctor, T. I. Byrne, Dartmouth; Doctor L. J. Lovett, Bear River; Doctor M. J. Wardrope; Springhill; Doctor R. A. McLellan, Rawdon; Doctor J. B. Reid, Truro; Doctor J. W. Smith, Liverpool; Doctor F. P. Smith, Mill Village; and Doctor F. S. Messinger of Middleton. Presumably most of these attended the Liberal Provincial Convention that was held on that date.

Doctor L. L. Crowe previous to his departure for post-graduate work in New York spent a few days in May in Halifax.

Doctor and Mrs. C. R. Cameron of Petite Riviere spent a day or two in Halifax early in May. We do not know whether or not the date, May 10th had anything to do with the Liberal Convention.

At the meeting of the Historical Association, Annapolis Royal on May 10th, there was placed in the Town Hall a Portrait of the late Doctor Augustus Robinson. A tablet to his memory was also unveiled at the same time. His son Canon Robinson of Shelburne unveiled the portrait. The tablet artistically framed of exquisite workmanship and design, reads as follows:—"Augustus Robinson 1836-1926, beloved Physician, sometime Mayor of Annapolis Royal. Tablet erected to his memory by friends in town and country side." Another memorial will be a fund to be set aside for the perpetual upkeep of the Doctor's burial place. Judge Owen addressed the local association paying a fine tribute to the memory of Doctor Robinson. His son Canon Robinson, expressed on behalf of the family his sincere appreciation of this tribute which was paid to his father.

Doctor J. A. and Mrs. McLellan of Sydney, N. S. spent the month of May in New York. It is quite safe to say that the Doctor spent all his spare time in the various hospitals.

Miss Mary Bates, sister of Doctor Fabian Bates of Glace Bay has entered the Nurses' Training School of St. Joseph's Hospital of Glace Bay.

Mrs. Macaulay, wife of Doctor J. F. Macaulay, Sydney has returned from Boston, where she was receiving surgical treatment. Her health has been very greatly improved. On her return she spent several days in Kentville, visiting her son Balcolm who is a patient in the Nova Scotia Sanatorium.

The Annapolis Spectator says "A singularly embarrassing misprint occurred not long ago, and the Medical Council are said to be up in arms. 'The doctor felt the patient's purse,' the sentence ran, 'and declared there was no hope.' "

St. Joseph's Hospital, Glace Bay, N. S. celebrates this month its twenty-fifth anniversary. The celebration covers three days, May 28th, 29th and 30th. Eleven nurses will receive at this time their diplomas. A very well got up booklet will be distributed as a souvenir of this celebration.

Featured by one of the largest attendances ever gathered at any similar ceremonies in the history of the Sydney City Hospital some eight nurses received their graduating diplomas in May, 1927. Among those who addressed the large audience were Doctors J. J. Roy, G. J. B. Lynch, J. K. McLeod and others. The presentation of diplomas and pins to the graduates was made by Doctor Knox McLeod.

Doctor J. W. McLean of North Sydney was on the sick list the latter part of April, but neither illness or old age keeps him away from his work.

George Eastman, the founder and owner of the Eastman Kodak Co., Rochester, New York, has donated one million five hundred thousand dollars to establish a Dental, Tonsil and Adenoid Clinic in London similar to that now operating in Rochester.

Springhill is anxious to be linked up with the main roads in the Province and Doctor M. J. Wardrope is one of the delegation of two to place the matter before the Minister of Highways.

Mrs. Egan, wife of Doctor W. J. Egan, Sydney, returned the end of April from a month's visit to the United States, spending much of the time visiting a niece, Mrs. (Doctor) Connors in Wyandotte, Michigan.

Early in May Doctor John Stewart of Halifax addressed the St. James United Sunday School, Dartmouth speaking about Sir Joseph Lister. It may be recalled that Doctor Stewart was the brother of the Reverend (Doctor) Thomas Stewart who was for a number of years Rector of St. James Church, Dartmouth.

The Glace Bay Gazette is authority for saying that Doctor R. L. Murray who has been assistant to Doctor F. E. Lawlor, Nova Scotia Hospital, Dartmouth, N. S., will forthwith enter general practice in North Sydney. Doctor Murray received notice of his dismissal from the Nova Scotia Hospital when in North Sydney on the occasion of the burial of his half-brother Doctor Rindress.

Mr. Leonard W. Elliott of Clarence, N. S. celebrated his eightieth birthday, May 1st and incidently attended Church and Sunday School. A member of the Sons of Temperance for 63 years, a leader in the Baptist Church, a staunch Conservative and a prosperous farmer, he has been a man of influence in his community for many years. Dr. M. R. Elliott of Wolfville is a son of this Octogenarian.

The New Glasgow papers carry an advertisement of a "drugless Physician" opening May 10th, 1927.

The man stated to be of unsound mind who assaulted Doctor Fabian Bates at Reserve Mines on the evening of April 30th, has been taken into custody and sent to the Nova Scotia Hospital for treatment.

Doctor J. A. M. Hemmeon of Wolfville is a member of the executive of the Nova Scotia Motor League. Any matters regarding road signs, etc., should be brought to his attention.

Mention has been made in the BULLETIN that doctors should be especially careful in bringing in and out their cars from garages, to avoid the dangers of carbon monoxide gas. The recent death of Mrs. M. S. Doak, a well-known society lady of Sydney is a sad warning of this danger. Never close the garage door unless you are outside of it.

The Eastern Chronicle, its editor Mr. J. A. Fraser, is authority for the following: "A local merchant tells a story that a pronounced temperance man in New Glasgow, has lately been directed by his doctor to take some ale every day, and furnished him with the required "Script" to procure the medicine. Meeting him some days after, the Doctor inquired how he was feeling now?" "No better," was the reply. "Are you taking the beer as I ordered?" asked the medical man. "Yes, some every day," was the reply. "Well, that should have helped you. How much are you taking?" "A teaspoonful in a glass of water every evening."

Mrs. Alice Slayter, widow of the late Doctor J. H. Slayter, has returned to Nova Scotia, after spending the winter in Italy and Malta and opened her hospitable home in Gaspereau.

A policeman to one-arm driver: "Hey young fellow: drive with two arms or ye'll run into a church.

Doctor D. S. Sutherland, Dalhousie 1925, who has been located at Seabright, with Mrs. Sutherland and their young son now resides at the head of St. Margaret's Bay.

The Ontario Medical Association merits the commendation of the profession in Canada in that it has gained a case in Court whereby osteopaths and chiropractors are debarred from using the title of "Doctor." The use of the word by those who are not registered under the Ontario Medical Act is held to be illegal. Can the same thing be done in Nova Scotia? If so, why not?

Dr. L. M. and Mrs. Silver of Morris St., Halifax, have left for their summer home at St. Mary's River.

A full page Advertisement appeared in a recent issue of *The Outlook of Middleton*. The Soldiers' Memorial Hospital of Annapolis County is putting on a drive for the comparatively small amount of \$3,500.00 for equipment and extensions. The page shows at a glance, what the hospital already has done, and what its needs are. It is noted that Dr. L. R. Morse of Lawrencetown and Dr. J. A. Sponagle of Middleton have offered to contribute the X-Ray equipment.

It is a sad commentary on the mental stability of doctors when, presumably affected by love, two recently shot themselves in the Royal Victoria Hospital.

In the list of members of the Medical Society published in the May Bulletin should be added,—Dr. J. W. McLean, North Sydney, Dr. R. L. Blackadar, Port Maitland, and Dr. J. B. Reid, Truro.

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. |

MEDICAL SOCIETY OF NOVA SCOTIA

ANNUAL MEETING, JULY 1927, AT SYDNEY

OFFICERS FOR 1926-1927.

President.....	Dr. J. J. Roy, Sydney.
1st Vice-President.....	Dr. L. R. Morse, Lawrencetown.
2nd Vice-President.....	Dr. H. K. MacDonald, Halifax.
Secretary-Treasurer.....	Dr. J. G. D. Campbell, Halifax.
Assistant-Secretary.....	Dr. S. L. Walker, Halifax.

EXECUTIVE.

Cape Breton Branch.
 Dr. D. McNeil, Glace Bay.
 Dr. Dan McDonald, North Sydney.
 Dr. L. J. Johnstone, Sydney Mines.

Cumberland Branch.
 Dr. J. A. Munro, Amherst.
 Dr. W. T. Purdy, Amherst.

Halifax Branch.
 Dr. J. V. Graham, 51 Coburg Rd.
 Dr. W. L. Muir, 240 Jubilee Rd.
 Dr. P. Weatherbe.
 Dr. G. H. Murphy.
 Dr. S. R. Johnson.

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.

COMMITTEES

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The Cape Breton Medical Society.

Cogswell Library Committee.

Dr. A. G. Nicholls, Chairman.
 Dr. J. R. Corston.
 Dr. John Stewart.
 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.

Editorial Board of C. M. A. Journal.

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

Dr. K. A. MacKenzie.
 Dr. E. V. Hogan.
 Dr. H. B. Atlee.

Workmen's Compensation Board.

Dr. G. H. Murphy.
 Dr. M. G. Burris.
 Dr. E. V. Hogan.

Cancer Committee.

Dr. John Stewart.
 Dr. D. J. MacKenzie.
 Dr. E. V. Hogan.

Members of C. M. A. Council.

Dr. J. J. Roy.
 Dr. J. G. D. Campbell
 Dr. S. L. Walker.
 Dr. W. J. Egan.

(Ex-Officio).

Dr. L. R. Morse.
 Dr. E. D. MacLean.
 Dr. O. B. Keddy.
 Dr. Ross Millar.

Members of Narcotic Drugs' Committee.

Dr. V. N. MacKay, Halifax.

Committee for Radio Broadcasting.

Chairman, Dr. A. C. Jost, with power to appoint his own committee.

Nova Scotia Representative on Board of Governors of the Victorian Order of Nurses.

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

Members of the Provincial Medical Board.

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

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. Rehffuss, 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.

VALLEY MEDICAL SOCIETY

President	Dr. A. A. Deckman, Bridgetown.
Vice-President	Dr. F. F. Chute, Canning.
" "	Dr. I. R. Sutherland, Annapolis Royal.
" "	Dr. W. R. Dickie, Barton.
Secretary-Treasurer	Dr. C. E. A. deWitt, Wolfville.

Nominated to the Executive of the Medical Society of Nova Scotia

Dr. R. O. Bethune, Berwick, Dr. L. R. Morse, Lawrencetown and E. DuVernet, Digby.

Date of Annual Meeting—May.

Semi-annual in October.

WESTERN NOVA SCOTIA MEDICAL ASSOCIATION

Officers 1927-28

President	Dr. G. W. T. Farrish, Yarmouth
Vice-President for Digby	Dr. H. T. Pothier, Weymouth.
" " " Shel.	Dr. L. P. Churchill, Lockeport.
" " " Yar.	Dr. A. R. Melanson, Eel Brook.
Secretary-Treasurer	Dr. T. A. Lebbetter, Yarmouth.

Nominated to Executive of Medical Society of Nova Scotia

Doctors C. K. Fuller and C. A. Webster of Yarmouth.