# Rheumatic Fever

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J. G. was a boy of 13 and was born in Glasgow and came to Canada at five. He had Rheumatic fever at 8, lasting some weeks. At 12 his tonsils were removed, not because he had sore throats but because the school doctor advised it. He had no other diseases. He could play with other children and did well at school. Lately his color was not very good and his father thinks he was getting thinner.

On December 3rd. he felt chilly in school and shivered all day. That night he had pain in his ankles, the next day in his knee and in both hips. Then he got a bad pain in his left side, then in his shoulder, and over his heart, where it was very severe. He stayed at home a week in bed and then was brought to the hospital. When I saw him he was propped up in bed and his wan little white face looked old and worried. He breathed painfully and with a short grunt. His nails and lips were blue and his fingers slightly clubbed. His pulse was 120 and the temperature 103. To make a long story shorter he had a large heart with signs of mitral and aortic endocarditis and a pericardical effusion as well as dulness at his left lung base. In addition he had a fleeting arthritis. He vomited often and was in constant distress in breathing.

He improved for a time and the temperature came down somewhat but went up again, and it did this six times in the three weeks he was in hospital. His leucocytes ranged from 23,000 on admission to 10,000 on discharge. The red cells were 3,000,000 and the haemoglobin 65%. He went home in the ambulance with a temperature of 100 and pulse of 116 to remain in bed three months more and is now free from fever but with a sadly damaged heart.

The next picture:—A young woman of 20, a nurse in training, who had all the diseases of childhood, including scarlet fever, was subject to colds and sore throat until Tonsillectomy at 15. At 10 she had severe growing pains in the feet and ankles and calves, most severe at night. She was always active and took part in all sports and had no shortness of breath.

In January 1927 she began to have pain in her feet and ankles with some swelling and she reported to the Orthopaedic Department and was transferred to Medicine February 28th. Examination showed a displaced and forcible apex impulse and an apical systolic murmur with a much accentuated pullmonary second sound. After a few days the pain in the ankles disappeared but frequent leucocyte counts were all in the neighborhood of 10 and 11,000 and an electrocardiogram showed

a P. R. interval of .22 second returning later to .20 second. In spite of the normal temperature and pulse she was regarded as a case of acute Rheumatism and put on prolonged bed rest.

Again:—Peter L. aet. 5½ years was a healthy baby until one year old. Since then he has had croupy coughs most of every winter. No tonsilitis. He never was really robust, and is undersized and underweight. A few weeks ago he had a pain in the stomach with vomiting and on being examined a mitral leak was found.

This child has been snuffling without apparent reason for the last three weeks and the mother says that he complains that his underwear is too tight and he is always hitching his hips on this account, though she has specially made his clothing of ample size. When examining him he would frequently stick his tongue halfway out. Advice was desired as to the removal of tonsils and adenoids, but as the condition was regarded as choreic an operation was postponed.

These three cases have been taken as illustrations, not because either singly or as a group they show all the features of Rheumatic fever, but because they appeared in succession within a short time of each other, and a short time ago, and they may keep us from wandering too far afield in a region which is clinically boundless.

If a text were needed for a talk upon the Clinical Aspects of Rheumatic fever it would properly be taken from the book of Jeremiah, the weeping prophet, and no words would suit it better than these,—"Peace, Peace, when there is no Peace." The prophet of evil was never any more popular than a death's head at a feast, and he, with the candid friend and truthful critic, will get scant encouragement to proceed, but anyone who chooses Rheumatic fever for a subject cannot go far without being forced to adopt the roll of one or the other, or all three.

Rheumatic fever has, as a disease, a more unpleasant past, a more troubled present and a more gloomy future than any other malady of which we know anything. And altho' it appears but seldom on certificates of death under its own name, it peoples the graveyards of the country in an appalling fashion under a legion of other names.

It took generations for the doctrine of the unity of Tuberculosis to be established in Medicine, but now all of us think in terms of the Tubercle Bacillus when Lupus, Hip Joint disease, Pleurisy with effusion, Meningitis or Phthisis is mentioned. We do not look upon any of them as sequels of Tuberculosis. We think of them *as* Tuberculosis. And so when we think of Mitral Stenosis, Chorea, of Adherent Pericardium, of Auricular fibrillation, of Subcutaneous nodules, of forms of continued fever, or of migratory arthritis, we should look upon them not as results of Rheumatism but as *Rheumatism* itself.

By such an attitude we cease to look upon the disease as a short lived nuisance, which in some instances in the distant future may cause trouble in the valves of the heart, and regard it instead, as an invader which once established digs itself in, working under ground month

after month with perhaps occasional ruffling of the surface, bringing about eventually a damaged heart muscle, a narrowed valve, damaged arteries and damaged kidneys which all the king's horses and all the king's men cannot set to rights any more.

In the inexorable march towards physical breakdown which the rheumatic infection sets going, one cannot help being reminded that

> "The moving finger writes, and having writ moves on,
> Not all your piety or wit can call it back
> Nor cancel half a line,
> Nor all your tears wipe out one word of it."

This, then, in some sense, is the sort of thing we think about when we talk of Rheumatic fever.

What is the agent responsible?—that it is an infection no one can doubt. That it is a special organism of the streptococcus group, Poynton and Paine believed twenty-five years ago and some still hold, but few have been able to confirm. As late as January, 1927, Small of Philadelphia published a study of an organism which he believes satisfies the requirements for an etiological factor, but it will require more detailed study. This is a Streptococcus named by him the Streptococcus Cardioarthritidis, obtained from the blood of an adult patient with Rheumatic fever, which he was able to grow on media, and on injection into rabbits to produce an Arthritis and, in one instance, choreiform movements. There were focal necroses and inflammatory foci in the heart muscle, resembling but not identical with Aschoff's bodies. He prepared a horse serum and treated a number of cases of Rheumatic fever with varying success. But whether either or neither of these organisms is eventually established in the seat of dishonour, the histological basis of the disease is now firmly fixed.

The essential histological unit or Submilliary Nodule is found in the heart muscle, on the pericardium, in the synovial membrane of a joint, and in the subcutaneousn odule. It is of vascular origin and shows an active proliferation of the endothelial and fibrous tissue cells of the neighborhood. Polynuclear leucocytosis is not a feature, any leucocytic reaction being of a lymphocytic character. The lesion is essentially a productive one.

Taking this unit as our starting point, in the same way as we have the Miliary tubercle in Tuberculosis, how can we explain the course of the disease?

Carey Coombs insists that Rheumatic Fever should be regarded as a disease of childhood, and states that three-quarters of the cases do so begin, and again the parallelism with tuberculosis and syphilis may be invoked. Infections of Tuberculosis in early life and syphilitic disease in its earlier and secondary stages tend to be generalized and severe. In later life there tends to be a more local but more locally severe reaction, for example ulcerative or caseating pulmonary tuber-

culosis, or local tertiary syphilitic manifestations. This type of reaction, Von Pirquet refers to as allergy or altered reaction, and is an effort by the body already sensitized, to react violently, locally, for the purpose of restricting the infection to a smaller area. This same form of reaction Homer Swift says is seen in Rheumatic fever.

In children the wide spread nature of the disease is seen in Chorea, in nodules and in Carditis, either together or successively; and in adults the more violent local reactions are seen, in the joints, as acute and painful arthritis, and as sclerosing processes in the Mitral and Aortic valves.

A very interesting observation by Swift is that in Acute Rheumatic Arthritis, bits of joint tissue when excised showed the typical vascular and perivascular lesions found in subcutaneous nodules, and when the patient had received no salicylates there was marked oedema, but when Salicylates had been given the exudation was less marked, but the proliferative lesions were still to be found.

There are then two general types of response to the rheumatic poison. One proliferative, represented by the submiliary nodules, uninfluenced by Salicylates, the other exudative, to which the signs of joint inflammation, and which subside under Salicylates. This offers a reason why after the apparent cure of the symptoms of Acute Rheumatism, the slow but certain progress of cardiac damage goes on.

This chronic proliferative type of reaction may explain many cases of rheumatic endocarditis without a history of rheumatism, and on the other hand what may be regarded as recurrent attacks of rheumatism may be but the appearance of exudative features in a person for a long time the subject of rheumatic infection in its proliferative form.

One may then speak of Rheumatic fever as a general disease with submiliary nodules of proliferative nature in various organs; and the common feature of rheumatism as we know it clinically, the valvular endocarditis, has this same origin. Coombs and Swift have shown, and Swift has demonstrated in four cases dying early in the course of rheumatic arthritis that the heart valves show proliferative change and submiliary nodules in their interstitial tissue before any verrucae are deposited upon their surface, and that these verrucae or warty vegetation arise from thrombi deposited upon the endothelium at the site of the interstitial inflammation.

Submiliary nodules in the substance of the myocardium, proliferative in character, with a tendency to necrosis at the centre, described in 1904 by Aschoff, and known by this name are the essential and typical lesions of Rheumatism in the heart muscle, and from these develop areas of fibrosis which lead to the breaking down of the myocardium.

Letulle, Bezancon and Weil make the observation that from the histological character of these lesions one is justified in comparing the action of the rheumatic virus yet unknown, to that of Tuberculosis and Syphilis.

In the absence of definite knowledge of the cause of Rheumatism the inquiry has been pursued along many lines, and the social aspects of the disease have come in for much study. G. F. Still states that in the Children's Outpatient Department of King's College Hospital, among 229 medical cases, between six and ten years old, 13.1% showed evidence of Acute Rheumatism in some form, whereas in 700 consectuive cases of the same age among private patients, chiefly well to do, only 7% showed evidence of Rheumatism. Two investigations in recent years have shed much light upon Rheumatism as a social disease, one a report of the Medical Research Council of Great Britain, the other the report of the Subcommittee of the British Medical Association on rheumatic heart disease in children. From both of these I shall quote freely.

The first inquiry took as a basis the histories of a group of patients suffering from Rheumatism or Rheumatic Carditis drawn from Great Ormand Street Hospital, London; St. Thomas' Hospital, London; and the Royal Hospital for Sick Children, Glasgow; and a control group of histories of 100 non rheumatic children of the same hospital class.

It was found that among the living brothers and sisters of the rheumatic cases 8% had rheumatism, while among the non rheumatic only 2% of the brothers and sisters were affected, and the parents of rheumatic children had rheumatism much more frequently than those of the non rheumatic. These figures would point to the probable infectious character of rheumatism, and all of us have seen instances in which the disease has occurred too frequently in one neighborhood to be regarded as a coincidence. Within the past few months three members of one class in a training school for nurses came down with acute rheumatism within one week of each other.

The association of rheumatism with sore throat has always been a live question, and in the Medical Research Council's group the proportion of healthy throats was significantly greater in the non rheumatic patients than in the rheumatic ones, but the number of healthy throats was not greater in the members of non rheumatic families than in the non rheumatic children of rheumatic families. One very interesting series of statistics refers to 129 cases who had tonsil operations, and subsequently developed rheumatism. These operations were all done on members of rheumatic families. Of these 129, 60 who had clear records of satisfactory enucleation developed rheumatism up to 9 years after operation.

Reginald Miller in the B. M. A. Committee's report followed the histories of rheumatism developing in 45 cases previously subjected to Tonsillectomy. He found sore throat, arthritis and carditis to be greatly diminished in the cases of Rheumatism developing in patients whose tonsils had been previously removed. Muscular pains continued to be frequent and chorea seemed to be totally uncontrolled by previous tonsillectomy. The fact that 45 cases in one group and 60 in another

developed rheumatism after tonsillectomy shows that the removal of diseased tonsils is only one factor in dealing with those pre-disposed toward the disease.

An interesting feature of the disease which has been commented on from time to time is the social distribution of the cases. The figures given by Still showing the great predominance of hospital cases over private cases are comfirmed by very many other observers.

In the Research Council report the families studied were grouped into Classes A. B. and C.; the A. families having sufficient incomes and a margin over, the B. group being just able to make ends meet and with no margin over, the C. group being distinctly under the poverty line. The cases of rheumatism were disposed in the proportion of 13% to A., 65% to B., and 22% to C. So that if wealth is a bar to rheumatism extreme poverty alone does not apparently induce the disease.

Such features as the vocation of parents, comfort of dwellings, alcoholism in the parents, congestion of sleeping quarters, quality of clothing, body cleanliness and freedom from vermin and distance from school, were all studied and found to have little or no bearing upon the incidence of the disease, whereas better maternal care, greater freedom from dampness and higher elevation of houses were all noted among the control cases.

A most interesting sidelight on the problem appears in the comparison of the general incidence of rheumatism in the Children of London board schools with that in four "poor law schools" to which children are sent on account of destitution, illegitimacy, death of parents etc. These resident schools contain from 250 to 550 children each, and are well lighted, with ample space, in the suburbs of London, and the children are well fed, and only one per cent of cases of rheumatism were found among the inmates, as compared with 3.6% in the board school where the children lived at their own homes.

Rheumatism is a disease of the towns rather than the country. In the English recruiting figures there were 32 cases per thousand of vavular disease of the heart in youths from the East Riding of Yorkshire to one per thousand from the Channel Islands; and in Wales rural Carmarthen showed two per 1.000 and industrial Cardiff 22 per 1000.

It is also a disease of childhood, 1% of children entering school at Bath and 2.36 leaving had organic Heart disease.

Though the late winter and early spring bring most cases of Rheumatic fever into hospitals there is rarely a time of the year that a case is not to be found in a medical ward, and a detailed description of the clinical features seems unnecessary. We might, however, spend a few moments on a definition of what the disease is and what it isn't.

It is a general infection in which the heart is practically always affected and frequently permanently damaged, and in which the nervous system is often involved. It has frequent periods of febrile reaction,

commonly associated with a multiple non suppurative and non-deforming arthritis. Neither this nor any other definition will cover all we mean nor leave out what we do not wish to include.

The features of Rheumatism are simulated and even its name applied to a multitude of affections of the joints and here we may define the differences as we see them clinically. An arthritis may be due to a recognized and nameable diseases as Rheumatic fever, Scarlet fever, Cerebrospinal meninigitis, Pneumonia, Typhoid, Dysentery, Tuberculosis, Syphilis or Gonorrhoea, but only one of these is *Rheumatism.* So called *Infectious Arthritis* includes another group due to infection from the tonsils, teeth, sinuses, prostate, female genital tract, lungs and bronchi, gall bladder or bowel, and these are not Rheumatism. Again—the types spoken of as Primary progressive polyarthritis and Primary Osteo-arthritis, and finally gout, and none of these are Rheumatism.

The diagnosis of Rheumatic fever from the other forms of arthritis is sometimes simplicity itself, and sometimes extremely difficult. No single absolutely diagnostic feature exists, but a multitude and migratory arthritis which is both painful and tender, usually preceded by a tonsilitis and accompanied by cardiac involvement and leucocytosis, which yields to Salicylates, and which leaves no deformity, is characteristic of Rheumatism.

On the other hand an arthritis, multiple at first and later localizing in one joint, with limitation of movement from any other cause than pain is not likely to be Rheumatism. Similarly an onset in young boys of very acute pain and tenderness about one joint is more significant of acute epiphysitis.

The more lingering types of arthritis without heart involvement always raise the question of some non-rheumatic state, and I confess that in some the positive diagnosis seems impossible except through time.

Rheumatism as it is seen in children gives the most significant clue to the understanding of the disease. The cycle of anaemia, chorea, tonsillitis, arthritis and rheumatic nodules in which more often than not the arthritis follows rather than precedes the other features, illustrates the aspect of a general infection, which I think is the important feature we should bear in mind. What have been often described as predisposing causes toward rheumatism and chorea are almost certainly symptoms of the disease.

A child who is pale, irritable, fidgety, inclined to sore throats and unexplained fever, and in whom tuberculosis can be excluded, should be regarded as a potential subject of rheumatic infection and safeguarded accordingly. The matter of fever may introduce a doubt into the diagnosis of Rheumatic Carditis, for naturally the association of Endocarditis with fever, raises the question of Subacute Bacterial Endocarditis. It is not perhaps generally recognized that the Endocarditis of Rheumatism may be the source of continued fever; but

such is the case. The question, of course, is readily cleared up by the finding of the strepococcus virdidous in the blood culture, which establishes the presence of the subacute form. A negative blood culture, however, simply means "not proven"; but a careful estimate of the clinical features usually gives the answer. The presence of embolic signs strongly suggests the graver disease, and these may be found in the petechial spots on the limbs or body, in the tender points in the ends of the fingers and toes, in flame shaped patches in the retina, in sudden splenic pain and tenderness in the presence of red blood cells in the urine, and in cerebral embolism.

The fever of subacute endocarditis is likely to be of higher range and more irregular type. Clubbing of the fingers and enlargement of the spleen suggests the subacute form, and also does the more rapid change in Cardiac sounds under observation; but the development of Auricular Fibrillation is on the other hand characteristic of the rheumatic infection. Cheadle whose delightful monograph on "The rheumatic state in Childhood" was published in 1889, first emphasized the fact that many children had rheumatism and rheumatic heart disease long before they had arthritis.

Subcutaneous nodules, which aside from nitral stenosis are the one incontrovertible sign of rheumatism in the living, would seem to be less common in this country than in England; but they are usually found most often where the search is most careful. Barlow and Warner in 1881 pointed out their importance in reumatism. They are subcutaneous, attached to fascia or tendons, and are to be felt rather than seen, varying in size from a hemp seed to an almond. They are usually painless, and are found over the malleoli, the elbows, the exterior and flexor surfaces of the hands and the extensors of the feet, the vertebral spine, the scapula and the occiput. They may come in crops and may last from days to months. Cheadle points out that the prognosis is graver the greater their number.

Chorea—a phase of the Rheumatic Cycle, has of late come to be regarded as a true encephalitis of rheumatic origin, and I shall not do more than lay stress upon its inclusion in the unity of rheumatism, except to point out a pitfall in the diagnosis from so called habit spasm. A Tic or habit spasm is more localized and more sterotyped, but having said that, it would take a Sydenham or an Osler to say in some instances what was Chorea and what was not. In the matter of skin rashes, many such have been regarded as rheumatic and it is traditional to speak of Rheumatic Purpura and Rheumatic Erythema. In the realm of speculation all men are free and equal, but speaking for myself I know of no rash which can with proof be called rheumatic.

The treatment of Rhematic fever must of necessity be considered in sections, for though the disease is one, its treatment in the form of Mitral Stenosis and heart failure, offers a problem as different from the treatment of Rheumatic Arthritis, as is the treatment of Pott's disease from that of Acute Pleurisy. For that reason we shall confine ourselves

to the management of the earlier and progressive phases of rheumatic infection.

In the Acute Arthritis we have two aspects—as acute tuberculosis pleurisy has two aspects. 1. An acute and painful illness to be symptomatically treated and 2, a warning of the presence of systemic disease, the care of which will run into months or years.

The first group of symptoms results from the exudative reaction in the joints, and demands bed rest—absolute bed rest. The profuse sweating requires sponging and a bed garment of the nature of flannel or flannelette. Much can be done for the patient's comfort by immobilizing the joints. Cotton batting or pillow splints are useful about the knees and ankles. Hot lead and opium fomentations or ice baths bring comfort. The application of Oil of Gaultheria acts as a counter irritant and may be of service though practically no salicylate effect can be expected from its absorption.

We are fortunate in having a drug or drugs Salicyl and Cinchophen Compounds which in 80% of cases, if properly employed, rapidly give relief to the pain and the fever. The proper employment implies the giving of the drug to the point of toxic effect or improvement. Fifteen grains (1 gm.) every hour will answer on the average, and as a rule, six to ten such doses produce the symptoms of nausea or tinnitus. The drug is then discontinued for 12 hours and two thirds of the dose given the next day and repeated as required. Given thus we have all seen the almost miraculous results in the relief of pain. Delirium and renal poisoning may occur. Acetyl Salicylic Acid (Aspirin) may be given in two thirds, the dose of Sodium Salicylate or Neo Cinchophen (Tolysin) in an equal dose to the Salicylate. Tolysin is insoluble in water, and less readily absorbed, and thus probably causes fewer toxic effects. Undoubtedly, however, there are individual peculiarities and one may give relief when the other fails.

In regard to toxicity, the fatal dose of the Sodium Salicylate is from 1 to 1.5 gm. per kilo of body weight and of Acetyl Salicylic acid about half that amount. Neo Cinchophen seems not to be fatal in any dosage. The average toxic dose of Sodium Salicylate was found by Hanzlyk to be for males 180 grains (12 gm.) and for females 140 grains (9 gm.) of Acetyl Salicylic acid 100 gr. and 85 gr. and of Neo-Cinchophen 225 gr. or 15 gm.

As to the specific action of the Salicyl group towards rheumatism, Hanzlyk is of opinion that this has not been proven, as similar relief has been given by combinations of opium and non salicyl analgesics, though he admits that in two parallel groups of cases, these treated by salicyl received a better measure of relief. His impression is that the salicylates are efficient symptomatic remedies which may be administered in large doses combining antipyretic and analgesic effects, and their efficiency outweighs any danger to kidney function which their use may entail, but in no way must they be regarded as specifics against Rheumatic infection; one illustration of this being that with

the symptomatic improvement, subcutaneous nodules may continue to appear, the heart show progressive involvement and the leucocyte count may continue high. In spite of this, the lowered fever and pulse rate, the relief of pain and the sense of well being engendered, save labour to the heart and shorten the period of convalescnece. One hazard in Salicylate medication which must be considered is the artificial sense of improvement under the drug, as a result of which patients have been allowed up, and on withdrawal of the salicyl have had relapses, or have developed symptoms of cardiac damage.

The most difficult period in the treatment is when symptomatic improvement has occurred and more liberty is demanded. It takes considerable back bone in the physician to refuse such liberty, but in view of what we know of the pathology of the disease one must be adamant on this point. May we remind ourselves again that the Acute Arthritis is only an incident in the disease, that in addition to the exudative features shown by the arthritis, the proliferative process still continues, and that involvement of the Myocardium in this process is not the exception but the rule. As an example of this, one may quote the work of Cohn and Swift in which of 37 cases of Acute Rheumatism having daily electrocardio-graphic tracings, 35 showed signs of myocardial damage, either a prolonged P. R. interval, alteration in the ventricular complex or the occurrence of numberous irregularities in the rhythm. Facing this fact, we are as blamable if we allow a patient up and about as soon as his fever subsides, as we would be, should we permit a patient with an acute pleurisy to return to work without treating him as a case of incipient tuberculosis, or as we would be if we permitted a syphilitic to go untreated once his primary sore had healed. It is regrettable that even with a prolonged period of rest we cannot guarantee future cardiac soundness to the rheumatic patient, but to give him ample rest is the one best thing that we can do. Rest for how long? Five signs there are which help us to say how long:—

Normal temperature,
Normal pulse rate,
Absolute cardiac regularity,
Gain in weight and colour.
A normal leucocyte count.

These are the outward and visible signs of subsidence of the infection and as a rule this takes at least 100 days and after that there should be a period of convalescence without work. Even then we may remember that after 100 days Napoleon returned from Elba and set Europe by the ears, and the 100 days may sometimes need to be lengthened to 100 weeks.

In the meantime what may be done? There are the tonsils. I hesitate to say it, but in this disease when life hangs on what we do—the attitude toward the tonsils is that they should be considered guilty until they are proved innocent—and who is sufficient for this thing?

If we recall that in the figures given above there were many relapses and even new attacks of Rheumatism after tonsillectomy, but the type of attach was milder and cardiac damage less pronounced it is hard to see how we can take the responsibility of leaving tonsils which are even suspicious. All other septic foci should be treated, but the tonsil is the most important.

In the matter of feeding I think the uric acid bugaboo has died a natural death. Rheumatic fever has no more connection with uric acid than it has with the War in China, and what a convalescent from acute infection requires is good food and lots of it, and this is true of Rheumatism.

Another matter of therapy concerns sunshine, and direct sunlight or the Quartz lamp. Either or both of these is of great value, as the aid which they give in combating chronic infections makes them especially useful in this long struggle. Iron and Cod Liver Oil as the patient can take them are of definite benefit.

Therapeutically, however, we are still in the same position toward this disease as we are toward Chronic Nephritis, and as we were toward Diabetes before Insulin. Until we know the etiology we "manage" our cases, we do not "treat" them, and since "management" has done so much for Tuberculosis we can hope for much in rheumatism. It is taken as a matter of course that six months is practically a minimum in the treatment of Tuberculosis and we should not grudge that in treating this disease which is a greater vital and economic menace.

You may recall a paper by Sir Wm. Osler in 1919 on the prevention of vernereal disease in which he analyzed the mortality returns of England and Wales for 1915 and found that 1886 deaths were debited to Syphilis out of a total of 562,000. He dissected the returns and taking such causes of death as meningitis, general paresis, tabes, cerebral haemorrhage and thrombosis, insanity, aneurism, organic heart disease and still births, and considering the percentage of each which were syphilitic, he found that Syphilis rose from 10th place to 1st place among "the ten best killers" and assumed the place of "Captain of the men of death." Similarly if Rheumatism were to be blamed for its proportion of the Cardiac, Arterial and renal deaths, its place in the rogues gallery would be very near the top, and we who daily see its ravages in those who largely people the medical wards of all hospitals, cannot look at the mildest form of its appearance and say "Peace, Peace when there is no Peace."

# In the Venezulan Jungle.

By Dr. A. J. Walker

*A Personal Narrative*

IN the Spring of 1925, being the junior-est on the medical staff of a large oil company, I found myself sent by stages of lake boat, river cruiser, launch and canoe into the interior of Venezuela near the Colombian border, about 9°N., in that part of the District of Perija known as the Santa Ana country.

Our base camp, a generous clearing in the midst of dense and humid jungle, was situated on the bank of a seasonal river, named no doubt on account of the multitude of devoted pairs of parrots—the Rio Lora. Here, on the site of an old drilling camp, the largest of the screened and palm thatched buildings was the hospital and here commenced the little narrow-gauge railway leading in to the drilling site some fifteen kilometers to the north. Probably most important of the assets of this base camp, called Camp No. 2, was the abandoned well of a previous exploration company which had been drilled on the bank of the river to encounter at a depth of 2,300 ft., not the Black Golconda, but hot (temp. 108°F.) sulphurous water at a pressure of 60 pounds: this had been piped to all the buildings. It was magnificent for baths and not unserviceable for hydrotherapy.

The railroad, as has been noted, was only 15 kilometers in length, but had in that distance no less than 148 bridges of heights varying from three to thirty feet and really wonderful in its grades and windings. It required 60 to 100 peons working continually to resist the ravaging advance of the jungle, as ruthless in its attacks against man-made structures as it was against its own flora amongst whom the war of survival was bitterly carried on. It was always a wonder to me that with the rapid rotting of ties, the great grades, sharp turns and towering railles bridges there were so few accidents on this line and that we were able to maintain a fairly regular communication with the well and the intermediate camps.

My own work involved, in addition to the treatment of the sick and injured, as may readily be imagined, a great deal of microscopic work, a rather careful record of diagnoses—correct or not, as the case might be—with the number of cases of each and the number of working days lost by each case; sanitation of the two white and six native camps, in addition to the usual examination of workmen, hookworm and malaria prophylaxis. In short, the medico-pater familias to a population ranging from 12-30 whites and 200-500 peons.

The humidity of that region was very high, and for nine months of the year one to seven inches of rain could be expected daily, and oddly enough 98% of it fell from dark to dawn to the accompaniment

of a continuous heavenly bombardment and a play of lightning that beggars description. I leave to those who have seen or perhaps only heard of the so-called "Maracaibo Lights" to imagine what it is like in the very centre of their origin.

On and even before my arrival there, I was duly informed of attacks by Indians in the past, of narrow escapes from wounding by arrows and of the general exodus of frightened peons at intervals, and was so impressed by them that for the first three months my expeditions out and round the camps hunting up mosquito breeding places usually found me accompanied by my issue .38 Colt automatic.

The first few months passed uneventfully. The mosquitoes were proving far more dangerous and the ticks and red bugs far more annoying than Indians, so that my arms became supplanted by a machete and a ditching shovel and a spare can of spraying oil, all far more to the point. Beri-Beri made its appearance too, striking first at convalescing surgical cases, and for that reason had me badly bothered. Finally I grew to consider the Indian tales a bit overdrawn, and well remember saying that I would carry no more perspiration-inducing artillery until I had treated an arrow wound.

Bravo! No end! But one stormy night in November, a tiny launch putt-putt-ed up to the muddy bank without its usual tow of two flat scow-like river cargo boats, called bongos; bearing instead some seven or eight excited natives who had manned them, one of whom had his arm skewered at right angles to his side by a wooden arrow which had passed through the posterior portion of his shoulder muscle, out through the axilla and into the loose tissues of the chest wall for about three inches. The launch and its tow had been proceeding slowly up river when they were suddenly attacked by a shower of arrows from the bank and, being unarmed, the men cut the bangos loose and came on to camp as speedily as possible with the wounded man. That same night, leaving one in camp, the remaining whites went down to retrieve the bangos which they found completely emptied of their contents of oil, gasoline and grain, all of which had been thrown overboard into the river.

These Indians, of whom little really accurate information is known, belong to a tribe of Motilones numbering less than one thousand it is believed, and inhabiting the mountainous part of the country extending south and east to the Colombian border, having little or nothing in common with adjacent tribes, while never aggressively savage in recent years, they have become "real ornery." From aeroplane photographs of that region, they are said to live in large community houses, near which in concealed gardens they grow plantains, sugar cane, yams, etc., travel great distances and build temporary camps (several of which I have seen) in their forays for game, alligator eggs and fish. They hunt with bows and arrows fashioned out of a remarkably tough and hard black wood obtained from a spinous kind of palm tree. In the matter of clothes and some of the other finer develop-

ments of civilization they are extremely primitive, but from the number of steel tools they have stolen by this time they should be well acquainted with some of its uses.

The arrows, supposed to be as long as the man using them, are straight as a die and well balanced with varying barbs on the points and finished with a light reed shaft, having no feathering and wrapped with a cotton thread of native manufacture. They are innocent of any metal or poison and are effective because of the weight, accuracy and tremendous force given them by the heavy blow. Truly a powerful weapon, as evidenced by what happened later and our fleeting glimpse one morning of a huge alligator with only the shaft protruding from its heavy armoured neck.

About this time I had some dealings with the arms cabinet, and came away with a heavy .45 and a belt that carried an extra clip of ammunition, and I noticed too that the peons in the various camps very quickly rid themselves of any night guards they caught sleeping on their jobs.

Aside from occasional visits when tracks were seen in the vicinity of camps or on the river banks, they troubled us very little after that until January, when a poor native woodcutter almost in sight of the rig reached up to cut an overhanging vine and drew upon him a flight of three arrows, one unfortunately in the solar plexus, and in spite of operation within six hours he died in two days. He neither saw nor heard anything unusual before or after being hit. I hesitate to describe the plight of the poor unfortunate at the hands of a doctor not even a pretended surgeon, a camp clerk anaesthetist and a transportation foreman as first assistant. What they lacked in skill they made up for in anxiety to do the best they could, and I've seen worse technique in some hospitals than they exhibited after a brief drilling. Again, in April, after a quiescent two months, a few arrows were shot from a distance into the drilling camp, and on one night several fell into the rig itself, but without any casualties.

Beri-Beri and dysentery and the ever present malaria were keeping me pretty well occupied, when like a bolt from the blue, on the night of May 1st, four or five Indians under cover of the darkness crept within ten yards of the driller's bunkhouse and shot arrows at the men sitting talking within. Two passed through the copper screening, one to find its mark in the right chest of the head driller, one W. G. Smith, passing completely through his chest and imbedding itself in a rib in front.

The story of how four natives walked the track those 15 Km. through the jungle in a downpour of rain—because falling trees had broken the telephone wire in several places—to call me, of how we stood guard over the train crew whilst they hewed away at other fallen trees blocking the track, of how we finally arrived at the camp with the sterilizer boiling, would make a fitting movie prologue to the job of removing that arrow. From 2 until 5 a. m. I slaved,

sweated, cursed and prayed, until finally the devilish six-barbed thing was out and my patient was resting comfortably. In fiction, too the patient would have recovered,—this one, however, died in six days from a generalized streptococcus infection, for although not poisoned, these arrows are anything but clean.

That episode closed down the well for some weeks until more drillers and adequate guards could be secured, and after relieving everyone else somebody finally thought of the doctor and they sent him a relief too. Before leaving, the new incumbent (how I wished him luck) and I, after dressing a wounded engine helper, went out and brought in the rest of a train which the Indians, becoming bolder to attack such a noisy and awesome machine, had ambushed at Km. 8. But we saw nothing more than the footprints of the wretches and the eight broken arrows—ironic calling cards—they had stuck upright in the ground between the rails at regular intervals on either side of the cars they had overturned.

The well being re-manned was carried on to completion, and as the results did not justify further drilling the material was pulled out and the evacuation of the district completed some two months after the occurrence of the incident with the Motilones.

The Indian, therefore, probably believes that he has succeeded in driving the White Man from his domain, and will be even more eager to "do in" further explorers whose fearful engines will no longer frighten him—he is waiting to receive all who wish to come. In my peaceful little hospital located in the midst of a vast grazing country I can sit back and wish him well with his darned old jungle—if he wants it for himself badly enough to fight for it so successfully, I hope that the world lets him keep it.

(From the *McGill News*).

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*The Toronto Globe*, during the last meeting of the Canadian Medical Association in Toronto, credits Sir Charles Sherrington with being the first to use anti-toxin in the treatment of Diphtheria. With a colleague he had been working on a horse serum for diphtheria when he received word of the serious illness from this disease of his nephew. He took some of the untested serum with him and saw the sick young man. The doctor in charge predicted his death next day in any case. Within a few hours he was assured of recovery. Sir Charles at once went to Lord Lister and told him what had happened. A dinner was on at Lord Lister's house in Park Square, but the great surgeon was so impressed that he took Sherrington and his co-worker into the dining room, where the guests were assembled, and made them relate the story before dinner was proceeded with.

S. L. W.

# The Nova Scotia Medical Bulletin

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# Who Would Fill My Place

THE above title is not original. It is the title of a copy-righted article broadcasted by the Associated Newspapers and published in at least one daily newspaper in Nova Scotia. The author is John Carlyle of whom the writer knows nothing save that he nearly always hits the nail on the head, whereas the most of us frequently fail in making a strike.

"Who would fill my place" is the answer given by a country practitioner in a very difficult field, but who has made good, and has the offer of a fine opening in a large medical center. Despite the bad roads, mud in the spring and snow drifts in winter; poverty in many of the homes; no living conveniences; loneliness; poor pay or no pay;—for these very reasons he refuses the offer with the one reply, "Who will fill my place?"

There is much of truth in this review of such situations. Even in Nova Scotia there are places where a doctor has been needed but was not available for the above reasons. The people have suffered; maternal mortality has been increased; emergency operations have been missed and lives lost; knowing the difficulties the sick have been left to suffer without aid; pride has kept the poor from sending for the doctor, and, perhaps the most serious of all, a suitable Nursing Service, for sickness or better health, is wholly impossible.

Nor is it a full answer to state that this service is better now than it was a generation or two ago. Automobiles and better roads, hospitals in many small centres, easier transportation for the sick, the universal telephone,—all of these combine to aid these scattered rural districts in their medical and nursing wants. Yet if these conditions are not so bad as formerly, still greater advantages have accrued

to the people in the cities and larger rural centres. Thus, both proportionately and relatively, such rural sections are very seriously handicapped and the field is most unattractive for the doctor who desires a living practice with a little to the good.

To the young man starting out in the practice of medicine, the outlook is not promising and he will not go. Even were there a good living in it he would rather grub along in some larger town with all the modern facilities at hand for diagnosis and treatment, perchance, too, entertainment. In doing so, however, he misses the greatest experience it is possible for a young man to obtain,—to think, act and conclude for himself. In spite of his training he has been leaning on all the aids and props that the city can afford. Here, if he is a man and has absorbed his teaching, he has to stand alone and he does it! Let him once feel the pride of bossing his own job alone he feels a greater respect for himself which shows in the assurance with which he carries on his work and the confidence in him that grows in the minds of the people. True, he will make mistakes, who says he does not, either does no work, or he is a barefaced liar. But mistakes are the stepping stones, to lead to ultimate success when recognized and studied.

When one refuses to leave the difficult field on account of the reason quoted above there is the sense of being of community service, the motto of every unselfish man. To be of service to his fellows to the extent of his power is the chief, if not the only, excuse that a man has for cumbering this earth with his presence. There is a tendency to make much of this self-sacrifice to one's own satisfaction. In the old days it even became the fad of martyrs. But is it necessary?

There is a real danger in making this excuse, or giving this reason, for not taking up the burden of the larger field. If service is his motto, here is his opportunity,—to be of greater service to a larger number. To refuse the call on the point of service alone is not logical; there is very likely a personal factor entering into the problem that, perchance, is not recognized, which influences the decision, and detracts very much from an otherwise altruistic action.

Is the reply, moreover, true in fact? The answer is nearly always in the negative. We see a different answer every day as we read of the passing by death or misfortune of some financier or statesman, some professional leader, inventor or philanthropist. He passes on, there is a little gurgle or splash, a ripple or two, and the sea takes on its former restless movement, unchanged on account of the vacancy. When one begins to think he is essential to the job, it cannot carry on without him, then he is beginning to ride for a fall.

To tell the truth, "Who would fill my place," is not your business or mine, ours is but to do the best day by day, but with eyes and ears open to the call for greater service for a greater number:—Service beyond Self.

S. L. W.

# Correspondence

To the Editor, The Nova Scotia Medical Bulletin.

Sir:—Will you kindly allow me an opportunity through your columns to substantiate a statement that I made at the Meeting of the Medical Society of Nova Scotia at Sydney on July 6th, 1927.

In the course of the discussion upon a most able and interesting paper on "Treatment of Eclampsia" by Dr. John Fraser of McGill University, Montreal, Dr. Corston of Halifax referred to the treatment of this condition by the intravenous injection of a solution of Sulphate of Magnesia, which he had practised in accordance with a formula in the Grace Maternity Hospital, Halifax. He said that he gave, over a period of three hours, "30 cc of a ten per cent Solution", making about 46 grains of Sulphate of Magnesia. This formula is to be found in the Hospital.

I then stated that according to Lauder-Brunton, the Sulphate of Magnesia intravenously is a poison. I now quote from Lauder-Brunton's work—"Lectures on the Action of Medicine", 1897 as follows. On page 625, he says, speaking of the treatment of Carbolic Acid Poisoning:—"You endeavor next to neutralize any Carbolic "Acid that may be present in the blood and this is done by getting "into the blood *as quickly as ever you can*, some Soluble Sulphate, "such as Sulphate of Soda or Sulphate of Magnesia; but you must also remember that altho Sulphate of Magnesia is quite harmless "when introduced into the intestines, it is a poison when introduced "directly into the blood; whereas, Sulphate of Soda is not. Magnesia "is a directly poisonous body."

Again, in his work on "Pharmacology, Theruapeutics and Materia Medica", he says on page 343: "The Sulphate of Soda exhibits no "poisonous action when injected into the circulation. The Sulphate "of Magnesia on the other hand, is particularly toxic when so injected, "paralysing first, the respirations, and afterwards, the heart, and "abolishing sensation or paralysing the sensory motor reflex centers."

Whether it is advisable to add this poison to a system already poisoned, is a question we would think seriously about, if this treatment were going to be administered to ourselves.

Dr. Fraser said that they had at McGill tried small doses of the Magnesia treatment, but had not noticed benefit.

This treatment of Eclampsia was brought out about a year and a half ago by Dr. Lassard of Los Angeles, and he reported 103 cases, in the Journal of Obstetrics last autumn, treated in this way. Dr. P. A. McDonald of Halifax states that he has treated six cases of Eclampsia with this intravenous injection; sometimes with marked benefit.

In closing, I would like to express my appreciation of the delightful way in which we were entertained, both by the President, Dr. Roy, and the Medical Profession of Sydney at the time of the meetings there.

M. A. B. SMITH.

Dartmouth, N. S., July 11th, 1927.

# Society Meetings

### Halifax Branch Society.

THE Annual Meeting of the Society was held at the Halifax Golf and Country Club on the evening of April 28th., 1927. Forty (40) members were present. After an enjoyable dinner the regular business session was proceeded with, Dr. Weatherbe in the Chair.

The minutes of the last meeting were read and adopted. A communication from Dr. Walker, concerning the visit of the two lecturers from the C. M. A., was read and discussed. The Society decided to co-operate and to have a special meeting on the occasion of their visit. Moved and seconded that the Executive make the necessary arrangements.

The Secretary was instructed to send a letter of condolence to Dr. F. R. Little, expressing the sympathy of the Society in his recent bereavement.

The report of the Secretary-Treasurer shows that the Society is in a flourishing state with a membership of 96. During the year 14 meetings were held with an average attendance of 32. The Society lost two members by death and three by change of residence. The Financial Statement showed a credit balance of over two hundred and fifty dollars ($250.00). The Statement being approved by the Auditors was on motion adopted.

The Nominating Committee brought in a slate of officers and after some discussion the following were declared elected.

President.....Dr. G. H. Murphy.
1st. Vice-President.....Dr. S. R. Johnston.
2nd. Vice-President.....Dr. A. E. Doull.
3rd. Vice-President.....Dr. H. A. Payzant.
Secretary-Treasurer.....Dr. Clement McLeod.
Executive—The above Officers with Drs. J. N. Lyons and T. M. Sieniewicz.
Nominsted to the Provincial Executive—Doctors G. H. Murphy, S. R. Johnston, J. R. Corston, John Rankin, C. McLeod.

The retiring President expressed his appreciation for the valued assistance given him by his officers and by the Society generally. Dr. Murphy thanked the members for the honor bestowed upon him and stated that it would be his purpose, and that of his officers to carry on in the high standard already established.

Meeting adjourned.

Signed. Clement McLeod,
Secretary-Treasurer.

**Special Meeting.** A special meeting of the Society took place on Thursday, May 26th., in order that the members be afforded the opportunity of hearing the speakers touring the Province under the

auspices of the C. M. A. There were two sessions, afternoon and evening.

In the afternoon the Society met in the Victoria General Hospital at three o'clock for clinics. Thirty-five were present. Drs. Shier and Agnew of Toronto were happily introduced by the President and the scientific programme commenced. Six cases were shown and were ably and thoroughly discussed by the visitors. The meeting adjourned at 5.30 P. M.

The evening meeting was held in the Public Health Clinic lecture room. Meeting was called to order by the President. Forty-nine members and several students were present. Dr. Shier was called upon and for the occasion read a paper on "Intestinal Obstruction". This was a comprehensible review of the disease and was taken up under the headings, Classification, Symptomology, Diagnosis and Treatment. Dr. Agnew followed and, in reading a paper on the "Medical Problems of Pregnancy", limited himself to the discussion of heart disease and albuminuria. Both papers were discussed freely and several questions were asked by members. A hearty vote of thanks was tendered to the speakers. Meeting adjourned.

Signed. CLEMENT MCLEOD,
Secretary-Treasurer.

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*Old Time Medical News* is the heading given in a provincial newspaper to some notes from "Occasional" in *The Recorder* not long since. Not until after 1800 did native born sons of Nova Scotia study medicine, old Countrymen and Loyalists occupying the field till that time. The first *natives* were Dr. Samuel Head of Halifax; Dr. D. B. Lynds of Truro; Dr. Robert Bayard of Cornwallis, and Dr. W. B. Almon of Halifax.

The first vaccination is credited to Dr. Norman Bond of Yarmouth and this is true of Canada. But in 1797 or 98 vaccination was employed in St. John's, Newfoundland.

"Occasional" then goes on to say:—

"In 1836, Dr. W. B. Webster, of Kentville, performed the first successful operation for cataract. In 1845, Dr. D. McNeil Parker heard of the discovery of ether in Boston. Lawrence VanBuskirk, a dentist of this city, went to Boston and familiarized himself with its use. Shortly after the dentist's return, Dr. Parker was called upon to perform an amputation, and he asked VanBuskirk to etherize him, that he might test the new discovery for himself. This was partly done, when the dentist got nervous and desisted. Next day the patient was fully anaesthetized, the amputation performed successfully, and Dr. Parker was thus the first to operate under an anesthetic in this province, and Lawrence VanBuskirk was the first to administer the lethean vapor."

S. L. W.

# Extra-Mural Post Graduate Lectures

C. M. A. Tour in Nova Scotia, September 19th to 30th, 1927.

ARRANGEMENTS have been made for another tour of C. M. A. speakers to address the Branch Medical Societies in Nova Scotia. The very large attendance at all these meetings, being from fifty to ninety per cent. of the local membership, and the hearty reception accorded the visitors, is proof, that this combined action of the Canadian Medical Association, The Medical Society of Nova Scotia and the several Provincial Branches, meets with the cordial approval of the medical profession in Nova Scotia. Indeed all over the Dominion these meetings have been uniformly successful.

Perhaps the month of October would have suited us better in this Province, but the grant of the Sun Life for this purpose expires September 30th, 1927, with no assurance of its renewal. On this account the above dates were selected and the nine meetings will be the conclusion of what has been a wonderful winter, spring, summer and autumn series of medical meetings, unsurpassed in the history of our 75 year-old Society.

The Secretaries of all the Branches have been advised of all particulars, the places and dates of meetings being as follows:—

**Cumberland County Branch.** Amherst, Monday, September 19th, 1927, forenoon and afternoon.

**Pictou County Branch.** New Glasgow, Tuesday, September 20th, afternoon and evening.

**Eastern Counties Branch.** Antigonish, Wednesday forenoon, afternoon and evening, September 21st.

**Cape Breton Branch.** Sydney, Thursday forenoon and afternoon, September 22nd, 1927.

**Halifax, City and County, Branch.** Halifax, Friday, afternoon and evening, September 23rd, 1927.

**Valley Medical Society Branch.** Annapolis Royal, Monday afternoon and evening, September 26th, 1927.

**Western N. S. Medical Association Branch.** Yarmouth, Tuesday, September 27th, afternoon and evening.

**Lunenburg-Queens Branch.** Bridgewater, Wednesday, afternoon and evening, September 28th.

**Colchester-Hants Branch.** Truro, Friday, afternoon and evening, September 30th, 1927.

The visiting lecturers will be,—Dr. H. B. Cushing, B.A., M. D., Assistant Professor of Paediatrics, McGill University and Dr. L. H.

McKim, Demonstrator of Anatomy, Surgery and Clinical Surgery, McGill University. Dr. Cushing will speak on any two of the following topics in Medicine:—Prevention and Treatment of Diphtheria; Scarlet Fever; Variola and Varicella; Recent work on Measles; Erysipelas. In Paediatrics,—Typhoid; Rickets; Rheumatism; Chorea; Tuberculosis. Dr. McKim will give two addresses,—(a) Infections of the Hand, (b) Compound Fractures and Crushing Injuries. The lectures of both speakers will be illustrated by Lantern Slides.

Dr. S. L. Walker, Secretary of the Medical Society of Nova Scotia, will attend a number of these meetings and present the following topics,—(a) Membership in Local, Provincial and Federal Societies, (b) The 1928 Anniversary Meeting. (c) Some Urgent Health Problems. These talks will not be illustrated by lantern slides, but the speaker hopes to throw some light and get some action.

Meetings of this nature give both pleasure and profit.

1. The doctor, leaving care behind for a few hours, enjoys the drive, is pleased to meet the visiting speakers and is glad to spend a few hours with his district confreres.

2. Pleasure is enhanced by the profit derived from this little bit of Post Graduate Work, brought to your door at practically no expense.

3. Secondarily the community will profit because you will gain some information and some inspiration from every medical meeting you attend. You will then give the community better service which is the aim of every honest physician.

4. By your presence you acknowledge the value of medical organization as shown in the activities of the local, provincial and Federal bodies.

If you are absent, and that not unavoidable, what does it signify?

1. You get no pleasure in attending and you do not want to associate for even a short time with your *Brother* practitioners.

2. You think you could not profit from anything that would be said or done. You know it all.

3. You do not want to be of any greater service to the community and they will soon believe that of you.

4. You have no *use for* medical societies and you couldn't be of any *use to* them.

This is plain talking, but it is the truth, so no one need get peeved over it. Stop knocking and sulking, come on with us. The Medical Society of Nova Scotia has ordered a drive for over 300 members for 1928; membership in it will look better to you after you have attended these meetings.

(Signed) S. L. Walker.

Halifax, N. S., August 20, 1927.

# Notes and Comments

*The Nova Scotia Pharmaceutical Society* held its 53rd. annual meeting in 1927 at Pictou Lodge, the C. N. R. summer hostelry about four miles from Pictou. Some 50 druggists were present and much business transacted. On the second athletic sports, a banquet and a dance made the session a very pleasant social event. The opinion was expressed that the Pharmaceutical and Medical Societies might jointly consider the extent to which hospital prescriptions might be compounded by the local nursing staff.

*Regarding Typhoid in Montreal* the nation's Health in its June number credits the Mayor of Montreal with saying, "That 3,000 cases of Typhoid in a city the size of Montreal was nothing out of the ordinary and was to be expected." The Mayor evidently did not realize that Montreal is finished as a Convention City until such time as better assurance of safety to visitors is given than that in his absurd statement. It is also stated that "the true story of the outbreak will point out the results that follow the prostitution of public health work to satisfy political greed."

*Hydrophobia.* Apropos of the case of Hydrophobia in the practice of Dr. Roninson Cox of Upper Stewiacke, as noted in the June Bulletin, it is observed that Rabies is on the increase in many States both East and West of the Mississippi. Contrary to the popular notion of mad dogs and 'dog days', the Spring shows the greatest incidence of animal rabies in a number of states. There is a good deal of evidence to show that rabies is a "cold weather" affliction. Human deaths from rabies have increased considerably in the last decade. In many cities and towns in the United States the use of anti-rabic vaccine for dogs has been made compulsory and optional vaccination is practised in many communities.

*Sterilization of Defectives.* The United States Supreme Court has sustained the Virginia State Law providing for the sterilization of mental defectives. A number of States will now take advantage of this ruling to enforce existing legislation along this line. It is asserted in the opinion delivered that "the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the state for these lesser

sacrifices (sterilization), often not felt to be such by those concerned, in order to prevent our being swamped by incompetents."

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The Annual Meeting of the Manitoba Medical Association will be held on September 12, 13, and 14, in the Royal Alexandria Hotel, Winnipeg. The visiting speakers will be Drs. Bazin and Campbell Howard of Montreal; Dr. J. K. McGreggor, of Hamilton; Drs. Alan Brown and T. C. Routley of Toronto. This is from the July issue of the Association Bulletin, which comes regularly to the Nova Scotia Bulletin in exchange, and it is all they say about the prospective meeting.

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Dr. M. G. Burris of Dartmouth, is to be congratulated upon his contribution to practical surgery as noted in the August issue of the *Canadian Medical Association Journal.* He gives plans and specifications for a modified Thomas splint which are theoretically convincing as to its utility. For a splint so widely used we think any good manufacturing concern handling such surgical supplies would be glad to make up a number of these splints and as Demonstrator in Clinical Surgery at Dalhousie it could be tested by Dr. Burris. We fully expect to hear more of the "Burris Modified Thomas Splint".

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*Chiropractic* is thus defined by the New Jersey Legislature:—

"The term chiropractic when used in this act shall be construed to mean and be the name given to the study and application of a universal philosophy of biology, theology, theosophy, health, disease, and art of permitting the restoration of the triune relationships between all attributes necessary to normal composite forms, to harmonious quantities and qualities by placing in juxta-position the abnormal concrete positions of definite mechanical portions with each other by hand, thus correcting all subluxations of the articulations of the spinal column, for the purpose of permitting the recreation of all normal cyclic currents through nerves that were formerly not permitted to be transmitted through impingement, but have now assumed their normal size and capacity for conduction as they emanate through intervertebral foramina—the expressions which were formerly lacking—named disease."

What is Chiropractic? A MYSTERY. The above proves it.

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If any physicians are interested in obtaining reliable information regarding the tenets held and preached by quacks and cultists, (including, we suppose, the cultist, "Dr." McCoy), the volume, "The New Medical Follies", by Morris Fishbein, M. D., Editor of the

Journal of the American Medical Association, will well repay its perusal.

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In view of the request of the Medical Society of Prince Edward Island, made to the Provincial Government, to relieve the profession of the writing of liquor prescriptions, the *Charlottetown Guardian* remarks:—

"With the doctors limited to prescriptions for only extreme and acute cases of illness the Island would be in poor shape to face an epidemic, if it were not for the bootleggers, who at present appear to have a monopoly of the drug business."

S. L. W.

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In connection with the Refresher Course for Physicians, to be given under the auspices of the Faculty of Medicine of Dalhousie University, from the fifth to the ninth of September, the Faculty is to have the assistance of several distinguished representatives of other medical schools. These include Dr. R. D. Rudolf, Professor of Therapeutics at the University of Toronto, Dr. B. M. Randolph, Professor of Clinical Medicine at the George Washington University, Dr. L. J. Austin, Professor of Surgery at Queen's University, and Dr. R. E. Powell, Lecturer in Urology at McGill University. An excellent programme has been arranged, and there should be a large attendance. No fee is charged for the course and it is open to graduates of any medical school.

Dr. G. S. Eadie has been appointed to succeed Dr. N. B. Dreyer as assistant Professor of Physiology at Dalhousie Univesity. Dr. Eadie is a graduate of the University of Toronto who has had a long period of special training at Cambridge and comes to Dalhousie very highly recommended.

Dr. John Stewart, Dean of Medicine at Dalhousie University, was one of those chosen to make addresses at the celebration of the centenary of Lister's birth, which was held during the recent meeting of the British Medical Association of Edinburgh. Dean Stewart spoke particularly of the high idealism and simple religious faith of his old friend and chief.

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Among those who attended the recent meeting of the British Medical Association was Dr. W. B. Moore, who is so well known to and so popular with the profession throughout Nova Scotia. Dr. Moore has recently completed a round the world trip, and is at present making headquarters at Bournemouth, England.

W. H. H.

## A DISTINGUISHED VISITOR.

About the year 1880 and for some time after, before McGill, Toronto and Dalhousie Universities attained their present high standing as medical centres, students from Nova Scotia looked to New York for their medical training. One of the outstanding colleges at that time was Bellevue Hospital Medical College with its fine staff of professors and large hospital. Such names as:—

The Austin Flints, Senior and Junior

| | |
|---|---|
| Edward Janway; | Wm. T. Lusk; |
| Lewis Sayre; | Wm. H. Van Buren; |
| James R. Wood; | Frederick S. Dennis, |

were members of that distinguished faculty and made its name famous on both sides of the Atlantic as a seat of medical science.

Dr. Dennis is the sole remaining member of that faculty and is remembered by his students, as a clear lecturer and very popular with his class. He is also, the author of Dennis Surgery which was and is a very popular work in Canadian Medical circles.

He is now retired from active work, but still retains his interest in all matters medical and surgical, especially those affecting public health.

Recently he visited Cape Breton and was charmed with the splendid scenery of the Island. He visited the old town of Louisburg and was most interested in the remains of that most famous French fort—in the capture of which many Americans, who were then British subjects, took such an important part.

During his short visit to Sydney an evening was spent at the residence of Dr. John Knox McLeod, "Sherwood", when he met a few of his former students.

Dr. Wm. McK. McLeod of the class of 1875 a fellow student.
Drs. A. S. Kendall and E. J. Johnstone of the class of 1882.
Dr. John Knox McLeod of the class of 1883.
Dr. Lewis Johnstone, M.P., of the class of 1886.
Dr. Freeman O'Neil of the class of 1897.

A very pleasant evening was spent by the Professor with his old students some of whom he had not seen for well nigh half a century. It is needless to say that reminiscenses were the order of the day and one could easily appreciate the tremendous advances made in surgery during that long period, between 1880 and 1927.

Dr. Dennis, though well advanced in years, still looks hale and hearty and still possesses the same kind and sympathetic manner which made him so popular with students long ago.

J. K. McL.

# OBITUARY

**ARTHUR EDWARD GRANT FORBES.** M. D., C. M., McGill Univ. 1906, F. A. C. S., 1920, Lunenburg, N. S.

AS intimated in the August BULLETIN we would give expression in our feeble way to our appreciation of the person and work of the late Dr. Forbes of Lunenburg.

Dr. Forbes was born at Little Harbor, Pictou Co., N. S., February 25th., 1881. He was a son of the late George Forbes and Susan Creelman Forbes. The country public school, with the Pictou and Halifax Academies prepared him to enter Dalhousie Medical College in 1902. He graduated from McGill in 1906. In August of that year he went to Lunenburg and was associated with Dr. H. K. McD9nald till the latter removed to Halifax. For several years he had associated with him the late Dr. L. T. W. Penney, a McGill graduate of 1907. When Dr. Penney located in New Germany Dr. R. G. McLellan, of Halifax, a Dalhousie graduate of 1909, and Dr. Forbes became partners, under the firm name of Forbes and McLellan. Dr. Forbes indentified himself largely with the surgical work in their combined practice and it was during an operation he received the infection which caused his death. In 1920 he was elected a Fellow of the American College of Surgeons.

Dr. Forbes was a valued member of the Lunenburg-Queens Medical Society and one of its past Presidents. He was also a member continuously of the Medical Society of Nova Scotia and of the Canadian Medical Association. He was a Free Mason and a Shriner; a member of the Subordinate Lodge of the I. O. O. F., of the Encampment and Rebekah Degree Branches. He had even a larger conception of a man's duty to the community than is suggested by his professional and fraternal attachments, as he discharged the duties of Councillor in his town for a period of ten years, being also for a time Deputy Mayor. With a large practice, some of it quite scattered, but the calls of which he met and kept most religiously and his many activities taxed his vitality, handicapping him in the final encounter with disease.

In September 1914 he married Miss Bessie Winnifred Burns, a daughter of the late Mr. and Mrs. John G. Burns of Lunenburg and a sister of Mrs. W. C. Acker of Halifax. Mrs. Acker is the mother of Drs. T. B. and J. C. Acker of Halifax. Besides his widow he is survived by four sisters and two brothers.

Awaiting the completion of a new residence Dr. and Mrs. Forbes had been boarding for a time at King's Hotel where his illness and death took place. The funeral, however, was from the home of Mr.

J. J. Kinley, a great personal friend of the deceased. Several thousand people assembled on this occasion to pay their last tribute of respect; all places of business were closed; flags were at half mast; grief was registered on every face, old and young. One sobbing little girl of about ten years said to her mother, "There will be a lot more people die now."

Doctor Forbes took a keen and intelligent delight in his profession and, had he been spared, would have become widely known as a prominent surgeon. While men of his stamp and ability are found in various towns the small hospital is a God-send to the community. Quiet and unassuming in all walks of life his words and opinions always carried weight and conveyed the impression that he was holding the rights of the matter. In his questions or comments upon a medical paper at a Society meeting he evidenced a great knowledge and an appreciation of the salient points that were, or should have been, brought out in such paper.

*The Progress-Enterprise* of Lunenburg published a splendid tribute to the life and work of Dr. Forbes and we quote a paragraph:—

"Until the end came at 1.45 A. M. on Sunday Dr. Forbes made a gallant fight for life, but the angel of death came in the silent watches of the night, the windows of Heaven opened and the soul, grown weary in the struggle, entered into its inheritance, the glorious crown of immortal life.

"To the heartbroken wife, the sorrowing brothers and sisters, attending physicians, who loved Dr. Forbes beyond measure, the realization of their irreparable loss comes as a crushing blow to all their hopes of his recovery, to which science and human affection had been constantly devoted. To the community as well, the sense of loss is universal among rich and poor, the sick and unfortunate, in whose hearts the life of unselfish service of Dr. Forbes will for ever remain as an enduring monument to the man whom, as one mourning citizen remarked to-day, 'He gave his life for others but himself he could not save'."

S. L. W.

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## CORRESPONDENCE.

To the Editor,
Nova Scotia Medical Bulletin.

I notice in your August number, you refer to the death of the late Dr. Arthur E. G. Forbes, and state in your September copy a more extended obituary notice will appear.

Will you not allow space for the following tribute from the humble pen of one of the many patients who knew and loved Dr. Forbes.

To few are given gifts such as the late Dr. Forbes had, skill above the average in his chosen profession, and the remarkably lovable

qualities for making friends. He was a friend to rich and poor. Because there was no money at the other end of the journey he would not refuse calls that meant exposure and hard work. Dr. Forbes was self-sacrificing and great hearted. In the performance of his duty he gave his life for another, but his memory will live on in the hearts of those he labored among so faithfully for 21 years.

This tribute would not be complete if I did not acknowledge the loyal devotion shown to Dr. Forbes by his partner, Dr. R. Gordon MacLellan. Both coming from Pictou County, and friends since boyhood, they entered partnership in Lunenburg, sixteen years ago.

Rarely, if ever, is seen a bond of friendship that meant so much as the partnership of Drs. Forbes and MacLellan.

Dr. MacLellan spent his hours almost constantly at the bed-side of his friend, doing everything within any surgeon's power to stay the hand of death, until the final ending.

Deploring our personal loss in the county of Lunenburg, and extending the deepest sympathy to the widow of the late Dr. Forbes, I would also like to express my sympathy to Dr. R. G. MacLellan in the loss of his loved friend and partner.

Yours truly,
A Friend.

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In the June BULLETIN reference was made to the illness of Mr. James Denoon, who was present at the C. M. A. meeting of the Pictou County Branch when Dr. Agnew highly commended blood transfusions in cases of Pernicious Anaemia. Young Denoon, a medical student in Toronto University, had been a blood donor to a patient under Dr. Agnew's care early last spring in the Toronto General Hospital, as such he was presented to the meeting. Altho he did not look well at the time (the last of May) he took up his usual summer work as a student preacher, this year his field being Rockingham. One week later he took sick with blood-poisoning. He was operated on for Mastoid trouble, had a number of blood transfusions, but after six weeks finally succumbed. He was a son of the Rev. A. H. Denoon of New Glasgow, exceptionally clever and well liked, and purposed becoming a medical missionary. If the transfusion in which he furnished the blood was a factor in his subsequent illness, it is another example of personal sacrifices of the medical profession, in the interests of humanity.

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Another break occurred in the well known and long honored Brookfield family in Nova Scotia recently in the death in London, Eng., of Dr. John S. Brookfield, a brother of Walter and Herbert Brookfield of Halifax. He was 83 years of age, had always practised in England and visited his brothers and a sister, the late Mrs. Henry Romans, in Halifax a few years ago.

The July BULLETIN noted the marriage of Miss Mary A. C. Fraser of New Glasgow to Dr. Peter E. O'Shaughnessy of Cobalt. We now note the death, July 16th., at New Glasgow, of Mrs. O'Shaughnessey's grandmother, Mrs. Fraser, at the advanced age of 86 years.

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The death occurred suddenly of heart failure at Shubenacadie, August 1st, of Mr. J. R. McLean, merchant, aged 32 years. He is survived by his wife and three children. He was a son of the late Dr. Duncan McLean of Shubenacadie and a brother of Dr. E. D. McLean of Truro.

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Mrs. John D. Medcalfe, formerly of Halifax, Windsor and Yarmouth, died in Montreal July 20th, 1927. She was a daughter of the late William Curry of Windsor. Dr. M. A. Curry, formerly of Halifax, now residing in Saint John, is a brother of the deceased.

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The death, under unusual circumstances, occurred suddenly in Wolfville, August 16th of Dr. E. H. McCurdy of North Scituate, Rhode Island. He and Mrs. McCurdy were motoring through Nova Scotia when he took suddenly ill on Main Street, while at the wheel. Removed at once to Westwood Hospital he died three hours later. He was born in Maitland 1871, graduated from Acadia 1901, studied Medicine at Missouri State University and Rush Medical College. He is survived by his wife, formerly Miss Etta Elliott of Clarence, N. S.

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Miss Madge Cruise was drowned at Rainbow Haven on the afternoon of July 29th, when attempting to rescue a child from drowning. This is one of several summer camps for undernourished and crippled children in Nova Scotia and Miss Cruise lost her life in an effort to save one girl from drowning. She had been the resident nurse of Whitman Hall Acadia University, for 1926-27 and was universally liked and respected.

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Miss Christine Mackenzie of Sydney, a member of the nursing staff of the Victoria General Hospital for the past three years, died at the hospital August 17th. Her remains, accompanied by Miss Strum, Supervisor of Nurses, were taken to Sydney for interment.

S. L. W.

# With Our Advertisers

THIS page costs as much to print as any other, but it would not appear unless the BULLETIN considered that its advertising department was of exceptional value to the profession in Nova Scotia. If you read it in the BULLETIN you may be sure it expresses an honest opinion, our advertising being selected upon that basis. We consider every advertiser is honest in the expression of his opinion on what he offers to the doctors. Honest opinion must always be given the courtesy of equally honest consideration. Should you fail to be convinced that the facts are as stated, the pages of the BULLETIN are equally open to you to object and give the correction, with the advantage of not having to pay for your space. Remember that the BULLETIN, and all that is therein, is yours and you should take a special interest in those who, by their patronage contribute something towards its cost.

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But, by the way, do you think any firm is foolish enough to pay reasonable prices to advertise in a journal of only 500 circulation, if it were thought the announcements made would not catch the eye and receive the consideration of all its reading clientele? In this matter there are two parties and a go-between; the advertiser, the reader and the paper. The BULLETIN introduces the one to the other, so go ahead and make up to each other.

We welcome some new friends this issue with the promise of more in the near future. Please meet:—

**McLEOD, BALCOM, LTD., DRUGGISTS, Halifax.**

**AYERST, McKENNA & HARRISON, LTD., Montreal.**

**NOVA MOTORS, LTD., Halifax.**

**REMINGTON TYPEWRITERS, LIMITED, Halifax.**

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A feature of the Sydney meeting was the unique exhibit of Ayerst "Calcium A" capsules. Carefully mounted skeletons of Albino rats were used to demonstrate the calcium loss occurring during pregnancy and lactation as it affects the teeth and frame bones. The relative value of cod liver oil compared with Calcium A capsules, when administered during these periods as a means of preventing this depletion, were well illustrated, and the advantages of added calcium in this form were apparent.

Exhibits of this type should be encouraged at future conventions and are worthy of careful study by every practitioner.

Proprietary preparations to be used by the profession can only become popular and generally used if they possess merit. A preparation in constant, but steadily increasing, use for 35 years, as Antiphlogistine, surely meets this requirement. The Denver Chemical Company says:—"The external application for inflammation and congestions is perfectly harmless, soft and pliable, non-irritating, non-toxic, soothing and antiseptic dressing, always ready for immediate use, possessing hygroscopic, nutrient, exosmotic, endosmotic, and indirectly hypnotic and anodyne properties."....

"The action of Antiphlogistine is primarily to restore normal circulation in an inflamed part. and to inhibit or counteract infection in the already congested tissues."

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Dr. R. C. McCullough of Guysboro, N. S. writes the BULLETIN to the effect that he is about to confine himself to special work and would like to dispose of his present practice and residence. Terms, easy, small part cash, balance in mortgage. Write him directly. Constant readers of the BULLETIN will show their friendship by passing the word along. If this interests you, write to Dr. McCullough direct and at once.

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**"Very Dry."** Whether "Fergus Byrne" be a real name or a nom-de-plume matters not, but he has an extraordinary amount of "Best Stories" which appear daily in the *Sydney Post*. As he lives in New Waterford we fault Doctors Hartigan, Miller, Morrison, McLeod and Poirier that they have not reported this cure before this.

During the last epidemic of Flu that visited the town a miner was ailing a day or two but continued working until he collapsed and his physician did not expect him to recover. Being much overworked the Doctor was compelled to leave instructions with his wife in taking his temperature and giving him medicine. On his early arrival at the house next morning he was greeted by the sight of his patient sitting up in bed and smoking, looking hale and hearty. "What has happened?" he asked of Sandy's wife. "Well," she replied, "you told me to take Sandy's temperature and treat accordingly. I couldn't get a thermometer, but I got the next best thing, a barometer, and placed it on his chest. It pointed out 'very dry' so I went and got a bottle of rum and gave it to Sandy. He drank it and is now as you see him." "Very good, says the Doctor, "always follow advice literally."

Then Byrne adds, "If anything ever happens Sandy that woman of his won't be long a widow."

# Locals and Personals

*THE Three Quarter of a Century Club* was the title of one of the Radio talks given last year by Dr. Jost, Chairman of the Radio Broadcasting Committee of the Medical Society of Nova Scotia, which will be published in an early number of the BULLETIN.

Dr. W. W. Chipman of Montreal spent some time the latter part of July visiting his former home in Bridgetown. He still takes a practical interest in matters relating to the welfare of his old home town.

Teacher:—"What is the meaning of the word 'matrimony,' Robert?"

Robert:—"Please, Miss, father says it isn't a word, its a sentence."

At Boston, July 12th, 1927, Colonel McIntosh Millar of Halifax was married to Mrs. Winnifred B. Clark of Kentville. Both bride and groom are well-known in Nova Scotia and will be warmly welcomed to Halifax, where they will reside. Dr. Ross Millar of Amherst is a brother of the groom and loyally supported him at the wedding as best man.

Dr. G. R. Forbes formerly of Halifax, a Dalhousie graduate of 1926 has purchased the house and office of Dr. J. P. McGrath of Kentville and has permanently located in that Valley town. He has been there for the past year.

Mrs. Byers, wife of Dr. D. W. Byers of Annapolis Royal, who has been looking after their financial interests in the West, has now returned to her Annapolis home.

Dr. Margaret Chase, Dalhousie 1923, is home from New York spending the summer with her mother, Mrs. Oscar Chase, Church St., Kings Co., N. S.

The BULLETIN apologizes to Dr. A. C. Jost for not congratulating him months ago upon winning the prize for the best historical essay, a prize offered by the Maritime Library Association. Here and now, congratulations.

Dr. George V. Burton of Yarmouth after post-graduate work at the Boston City Hospital has returned to his home town, where he begins practice.

Dr. C. A. S. McQueen of Amherst, with Ex-Lieut.-Governor J. B. Douglas, returned home July 22nd after several weeks visiting in England and Scotland. They are both in excellent health as a result of the change and the holiday.

Dr. C. S. Morton of Halifax, has been called several times to Toronto and to Montreal owing to the illness of his mother during July and August. Owing to her age, up in the eighties, any illness is regarded as serious.

*Hopes*:—"Has the doctor given up all hopes?"
"Oh, no, he thinks the estate will settle the bill if the patient dies."

The Medical Society of the County of Kings, New York, whose Bulletin exchanges with this publication, was organized in 1822 and has had a continuous existence ever since.

Dr. Charles W. Stramburg, Trenton, N. S., accompanied by Mrs. Stramburg, spent a week in July motoring and visiting friends in Cape Breton.

*Better Business Methods* is one of the aims of Rotary but this incident appears to go too far:—

Doctor to Tired Business Man,—"You are pretty sick, Sir, but I believe I can cure you."

T. B. M.,—"What will you charge for a full cure?"

Dr.,—"Well it's rather irregular to estimate but I'm ready to cure you for $200.00."

T. B. M.,—(Shaking head weakly)—"You'll have to shade that price considerably, Doc, I got a darn sight better bid from the undertaker."

Dr. J. Knox and Mrs. McLeod of Sydney motored to Halifax and visited friends for some days in the latter part of July.

Mrs. Hicks:—"I don't take any stock in these faith cures brought about by the laying on of hands."

Mrs. Wicks:—"Well, I do; I cured my little boy of the cigarette habit that way."

Dr. A. C. Jost of Halifax, Provincial Health Officer, has been elected Vice-President of the State and Provincial Health Authorities of North America. This is an Association composed of Medical Health Officers of the entire continent. It would be fine if Halifax had a big hotel and could invite this organization to hold its 1928 meeting in Nova Scotia. Perhaps, however, Saint John might be able to arrange for such a meeting.

Dr. Cecil Kinley has been appointed Health Officer and Chairman of the Clinic Committee for the Town of Lunenburg, offices made vacant by the death of Dr. Forbes.

Dr. J. A. Sponagle of Middleton had his car slightly damaged when run into by a car following when the Doctor turned into a driveway.

Dr. A. J. Fuller of Yarmouth recently spent a week visiting his son, Mr. A. S. Fuller of Avonport.

**Smith-Ells.** Dr. G. K. Smith of Hantsport was married June 22nd, 1927, in the United Church at Upper Canard, to Mabel Rand Ells, daughter of Mr. and Mrs. Percy Ells. Upper Canard. The bride was formerly Dietitian at the Nova Scotia Sanatorium. The groom is a graduate of Dalhousie of 1922, and a son of the late Professor Smith of Windsor on the staff of Mount Allison University. Dr. J. W. Reid Jr., of Windsor, supported the groom. After the ceremony a reception was held at which Dr. Smith was the recipient of an address read by Miss Annie Stewart of Grand Pre from twelve of his former friends and patients of that locality. At the same time they presented him with a beautiful leather case in which reposed twelve sovereigns. The first part of the honeymoon was spent in a motor trip through Nova Scotia, the remainder is being spent at Hantsport where they will always be at home to their many friends. Congratulations and best wishes.

**Bezanson-Troop.** The United Church of Upper Granville was the scene of a pretty wedding June 21st, 1927, when Miss Gladys Louise Woodbury Troop, daughter of Mr. and Mrs. Archibald Troop of Bellisle, N. S., and Dr. Corey Seldon Bezanson, son of Mr. and Mrs. W. V. Bezanson of New Germany, were united in marriage. Dr. Bezanson graduated from Dalhousie in 1922 and has practised in Aylesford for the past five years. Among the many guests at the wedding and the usual reception following were Dr. and Mrs. Killam Lakeville and Dr. and Mrs. W. S. Phinney, Yarmouth. Following a short stay at Kedgemakooge and a motor trip through the Province, Dr. and Mrs. Bezanson, a fortnight later returned to their new home, where their many friends of Aylesford and vicinity gave them a hearty, also noisy, welcome. Many friends wish them much happiness including the BULLETIN and its clientele.

Mr. Harry Morton, son of Dr. C. S. Morton of Halifax, left for England July 29th, 1927. At the London Hospital he will complete his final years in medicine. He has recently spent some weeks at the Fisheries Experimental Station at St. Andrews, N. B. Both on his own account, as well as being his father's son, he has our best wishes for continued success.

Dr. J. P. McGrath, Dalhousie 1917, of Kentville, is leaving shortly for Glasgow, Scotland, where he will work under Professor W. S. Syme for a period of six months. The following six months will be spent at the various European Clinics and in London. Dr. McGrath then proposes returning to Kentville, confining his work to Eye, Ear, Nose and Throat. It is a matter for congratulation that Dr. McGrath has had ten years of general practice before training in a Specialty. This gives a broad basis upon which all specialists should build. Those who know Dr. McGrath were not surprised to learn that he became a very prominent figure in the civic life of Kentville. He was a Councillor for several years, a Vice-President of the Economic Independence League of Nova Scotia (whatever that means), a keen politician (he comes from Yarmouth County), and the leading supporter of all forms of athletics. He was rather proud of being the Manager of the famous Wildcats and chaperoned them to Boston.

During the Doctor's absence Mrs. McGrath, who has been an active worker in the I. O. D. E., the C. W. L. and other local organizations, as well as a popular hostess, will reside, with their two young sons in Weymouth, going in the fall to Massachussetts for the winter.

Few physicians will admit they are living on the fat of the land, yet it is reported that some are making fortunes by treating patients for obesity.

Dr. E. M. McDonald of Sydney, with his family, five in all, spent several weeks in August in a very pleasant motor trip through Prince Edward Island and Nova Scotia. The trip through the Annapolis Valley to Yarmouth and return to Halifax by the South Shore, with calls on many friends, was greatly enjoyed.

Dr. Hubert Lyons of New York was an August visitor to the home of his parents, Postmaster and Mrs. J. R. Lyons of Kentville. He was accompanied by Dr. James Seffern Ennis, Eye, Ear, Nose and Throat specialist of New York and Mrs. Ennis. While here they visited the home of Dr. Ennis' mother's family at Seffernville, Lunenburg Co.

Miss Evelyn Brown, a recent graduate of the Melrose (Mass.) Hospital Training School, is spending her summer vacation with her parents, Dr. and Mrs. G. W. Brown of Clark's Harbor.

Dr. Arthur J. Walker of Maracaibo, Venezuela, is home on an extended vacation, visiting his parents Dr. and Mrs. S. L. Walker of Halifax. In this issue will be found an article by him copied from a recent supplement of the *McGill News* that makes pleasant reading. Perhaps he may contribute to the BULLETIN, as he did in the issue of October 1924, a resume of the lectures, clinics and discussions of this year's Refresher Course at Dalhousie.

Dr. A. F. Miller, Superintendent of the Nova Scotia Sanatorium, gave an address recently before the Kentville Rotary Club, on the origin and development of the treatment of Tuberculosis. The address was illustrated by charts and X-Ray plates. The Kentville Rotary Club especially supports the campaign against tuberculosis.

Dr. Wm. H. Chase, Dalhousie 1922 and Mrs. Chase, Montreal, visited relatives and friends in the Annapolis Valley in July and August.

July 27th, at Windsor, Mrs. (Dr.) Clement McLeod, mention of whose marriage was made in the August BULLETIN, was the guest of honor at a post-wedding bridal shower. Mrs. (Dr.) Keddy read the messages attached to each gift.

The latter part of July Dr. C. S. Marshall of Bridgewater left on an extended trip to the United States.

It is now,—Dr. W. F. Grenfell, K.C.M.G.,—the King bestowing Knighthood upon him on the occasion of the opening of a new hospital at St. Anthony, Newfoundland. A medical hero and pioneer.

Dr. William McDonald, Dalhousie 1925, and Mrs. McDonald spent a part of July and August on vacation in Nova Scotia. Since leaving Elmsdale Dr. McDonald has been on the staff of the State Health Board of West Virginia.

Dr. L. R. Meech of North Sydney, accompanied by Mrs. Meech spent a few days in August visiting in Halifax.

Col. F. S. L. Ford, C.M.G., S.M.O., Military District No. 2, Toronto, spent a portion of his official leave as usual at his former home Milton, Queens' County, during the month of August. Also he visited his brother, R. W. Tufts of Wolfville.

D'Arcy Sullivan, who is a medical student at Harvard, is spending August at the home of his parents Dr. and Mrs. M. T. Sullivan of Glace Bay.

Dr. Kenneth Hayes, Dalhousie 1925, now associated in practice with Dr. L. W. Johnstone of Sydney Mines, spent his vacation with his parents at their home in Halifax.

Dr. M. R. Elliott and family spent the month of August at Evangeline Beach; hardly far enough away for the doctor.

Dr. C. E. A. DeWitt of Wolfville is the Honorary President of the Nova Scotia Tennis Association.

Early in August Dr. F. P. Smith of Mill Village, when backing his car out of a yard, was run into by another car the view being obstructed by a hedge. When getting his car repaired the next day in Liverpool, he opened the door of another to speak to some friends, when a bull dog caught him by the hand and wrist, causing severe lacerations. There being no doctors available at the time he supervised the first aid dressing. The wound is healing nicely.

Dr. V. H. T. Parker of Stellarton, with Mrs. Parker and a friend, spent a week early in August, motoring in the Eastern part of Nova Scotia. He called upon many relatives and former acquaintances through the Valley.

Dr. T. H. McDonald of Somerville, Mass. spent two weeks recently visiting his former home in New Glasgow. He was a Dalhousie graduate of 1904.

Mr. W. F. Donkin, Ex-Town Clerk of Amherst, and Mrs. Donkin have returned to Amherst after spending a year with their son, Dr. C. A. Donkin of Bridgewater.

Dr. W. B. Almon of Halifax was without the service of his usual car for three or four days recently. It was parked before the City Club during the evening and four days later it was found on Water Street.

A pleasant social function recently at Kentville was a farewell "At Home" of Mrs. (Dr.) J. P. McGrath, previous to her leaving Kentville for the year Dr. McGrath is in England.

While Dr. E. M. McDonald was making the tour of Nova Scotia already mentioned, among many friends visited was Dr. S. S. Slauenwhite of Rose Bay. These two were roommates when attending Dalhousie 32 years ago; strange to say they had not met since.

S. L. W.

# MEDICAL SOCIETY OF NOVA SCOTIA

## ANNUAL MEETING (ANNIVERSARY) JULY 5, 6, 7, 1928. ANNAPOLIS ROYAL, N. S.

### OFFICERS FOR 1927-1928.

President.....Dr. L. R. Morse, Lawrencetown, N. S.
1st Vice-President.....Dr. R. H. Sutherland, Pictou, N. S.
2nd Vice-President.....Dr. H. K. McDonald, Halifax.
Secretary.....Dr. S. L. Walker, Halifax.
Treasurer.....Dr. J. G. D. Campbell, Halifax, N. S.

### EXECUTIVE.

The above officers and the following from affiliated Branches.

**Cape Breton Branch.**
Dr. D. R. McRae, Sydney Mines.
Dr. J. K. McLeod, Sydney.
Dr. M. T. Sullivan, Glace Bay.

**Cumberland County Branch.**
Dr. J. A. Munro, Amherst.
Dr. M. J. Wardrope, Springhill.

**Halifax Branch.**
Dr. G. H. Murphy.
Dr. A. E. Doull.
Dr. P. Weatherbe.
Dr. S. R. Johnston.
Dr. H. A. Payzant, Dartmouth.

**Lunenburg-Queens Branch.**
Dr. W. N. Rehfuss, Bridgewater.
Dr. W. N. Cochran, Mahone.

**Valley Medical Society Branch.**
Dr. R. O. Bethune, Berwick.
Dr. A. B. Campbell, Bear River.
Dr. L. B. Braine, Annapolis Royal.

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

**Eastern Counties Branch.**
Dr. J. L. McIsaac, Antigonish.

**Colchester-Hants Branch.**
Dr. H. B. Havey, Stewiacke.
Dr. E. E. Bissett, Windsor.

**Western Nova Scotia Branch.**
Dr. C. K. Fuller, Yarmouth.
Dr. C. A. Webster, Yarmouth.

### STANDING COMMITTEES.

**Arrangements.**

To be appointed by the President.

**Cogswell Library Committee.**
Dr. Nicholls, Halifax.
Dr. Corston, Halifax.
Dr. Stewart, Halifax.
Dr. Weatherbe, Halifax.
Dr. C. S. Morton, Halifax.

**Public Health Committee.**
Dr. A. C. Jost, Halifax.
Dr. R. L. Blackadar, Port Maitland.
Dr. J. K. McLeod, Sydney.
Dr. W. N. Rehfuss, Bridgewater.
Dr. E. D. McLean, Truro.

**Editorial Board of C. M. A. Journal.**
Dr. W. H. Hattie, Halifax.
Dr. G. H. Murphy, Halifax.
Dr. J. G. McDougall, Halifax.
Dr. M. T. Sullivan, Glace Bay.
Dr. J. J. Roy, Sydney.
Dr. T. A. Lebbetter, Yarmouth.

**Workmen's Compensation Board.**
Dr. G. H. Murphy, Halifax.
Dr. M. G. Burris, Dartmouth.
Dr. J. R. Corston, Halifax.

**Cancer Committee.**
Dr. John Stewart, Halifax.
Dr. E. V. Hogan, Halifax.
Dr. D. J. McKenzie, Halifax.

**Council to Canadian Medical Association.**
Dr. L. R. Morse, Dr. S. L. Walker. } (Ex-Officio).
Dr. Ross Millar, Amherst.
Dr. W. H. Cochran, Mahone.
Dr. E. V. Hogan, Halifax.
Dr. O. B. Keddy, Windsor.
Dr. J. S. Brean, Mulgrave.

**Narcotic Drugs— (Including Pharmacy).**

Dr. E. E. Bissett, Windsor, to name his own Committee.

A feature of the Sydney meeting was the unique exhibit of Ayerst "Calcium A" capsules. Carefully mounted specimens of Albino rats were used to demonstrate the calcium loss occurring during pregnancy and lactation, as it affects the teeth and frame bones. The relative value of cod liver oil compared with Calcium A capsules when administered during these periods, as a means of preventing this depletion, were well illustrated and the advantage of added calcium apparent.

Exhibits of this type should be encouraged at future conventions and are worthy of careful study by every practitioner. Regarding this pharmaceutical read the September Bulletin.

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Drs. R. B. Archibald and W. Sidney Gilchrist, both of whom graduated at Dalhousie this spring, have received appointments as health officers in the Mississippi flood area. They left Halifax late in June to take a short special course in public health before assuming duty. Dr. E. L. McQuade is to follow them as soon as he has completely convalesced from his recent serious illness.

Dr. John Stewart, Dean of Medicine of Dalhousie University, was honored by being an honorary fellow of the Royal College of Surgeons of Edinburgh at the Lister celebration recently held by the College.

**Radio Broadcasting.**
Dr. A. C. Jost, Halifax, to name his Committee.

**Legislative Committee (Two members for the C. M. A. Committee).**
Dr. W. H. Hattie and Dr. J. G. McDougall, both of Halifax.

**Publicity.**
Drs. Walker and Hattie of Halifax.

**Solicitor.**
J. McG. Stewart, Roy Building, Halifax.

**V. O. N. Board of Governors.**
Dr. C. S. Morton, Halifax.

**Tuberculosis Commission.**
Dr. L. R. Morse, Lawrencetown; Dr. K. A. McKenzie, Halifax.

**Special Advisory Committee to Tuberculosis Commission.**
Dr. A. McD. Morton, Halifax. Dr. M. G. Burris, Dartmouth.
Dr. C. E. A. DeWitt, Wolfville.

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# MEDICAL SOCIETY OF NOVA SCOTIA

## DIRECTORY AFFILIATED BRANCHES

### CAPE BRETON

President.....Dr. M. G. Tompkins, Dominion.
Vice-President.....Dr. J. C. Morrison, New Waterford.
Vice-President.....Dr. J. G. B. Lynch, Sydney.
Secretary-Treasurer.....Dr. Eric W. McDonald, Reserve.
Executive:—Dr. D. A. McLeod, Sydney; Dr. E. J. Johnson, Sydney;
Dr. John McDonald, Sydney.

**Nominated to Provincial Executive.**

Dr. D. R. McRae, Whitney Pier; Dr. J. K. McLeod, Sydney; Dr. M. T. Sullivan, Glace Bay.

Annual Meeting 2nd Thursday in May.

### EASTERN COUNTIES.

Hon. President.....Dr. G. E. Buckley, Guysboro.
President.....Dr. J. J. McRitchie, Goldboro.
1st Vice-President.....Dr. R. F. McDonald, Antigonish.
2nd Vice-President.....Dr. M. E. McGarry, Margaree.
Secretary-Treasurer.....Dr. P. S. Campbell, Port Hood.

**Executive Committee.**

Dr. O. R. Stone. Dr. P. S. Cochrane.
Dr. W. F. McKinnon. Dr. J. A. McDonald.
Dr. D. M. Chisholm. Dr. J. S. Brean.

**Nominated to Provincial Executive.**
Dr. J. L. McIsaac, Antigonish.

### PICTOU COUNTY

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

**Executixe**

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

Date of Annual Meeting—July 1928.

# MEDICAL SOCIETY OF NOVA SCOTIA

## DIRECTORY AFFILIATED BRANCHES

### COLCHESTER—HANTS

**Officers 1927-28**

President.....Dr. G. K. Smith, Hantsport, N. S.
Vice-President.....Dr. J. B. Reid, Truro.
Secretary-Treasurer.....Dr. H. V. Kent, Truro.

**Executive**

The officers and Dr. R. A. McLellan, Rawdon, Dr. D. S. McCurdy, Truro, and Dr J. W. Reid, ex-M. P. P. of Windsor.

**Nominated to the N. S. Executive.**

Dr. H. B. Havey, Stewiacke and Dr. E. E. Bissett, Windsor.

### CUMBERLAND COUNTY.

President.....Dr. M. J. Wardrope, Springhill.
Vice-President.....Dr. A. E. Mackintosh, Amherst.
Secretary-Treasurer.....Dr. W. T. Purdy, Amherst.

**Nominated to Provincial Executive.**

Dr. M. J. Wardrope, Springhill; Dr. J. A. Munro, Amherst.

### 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 Dr. 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.

### 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 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. Rehfuss, Bridgewater and Dr. W. N. Cochran, Mahone Bay.