

The Nova Scotia Medical Bulletin

APRIL 1929



Leading Features This Issue :

PRE-SCHOOL AGE DENTAL CLINICS
MARITIME HOSPITALS
HISTORICAL MEDICINE
OBITUARIES EDITORIAL PERSONALS

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Pre School Age Dental Clinics and Co-operation of the Medical, Dental and Nursing Professions

GEORGE KERR THOMSON, D.D.S., F.A.C.D., Halifax, N. S.

IT is generally recognized that at the present time universal prevention of decay of the teeth is practically impossible. I say practically because, while some enthusiasts claim that it is possible, the most advanced theories and methods are really not practical.

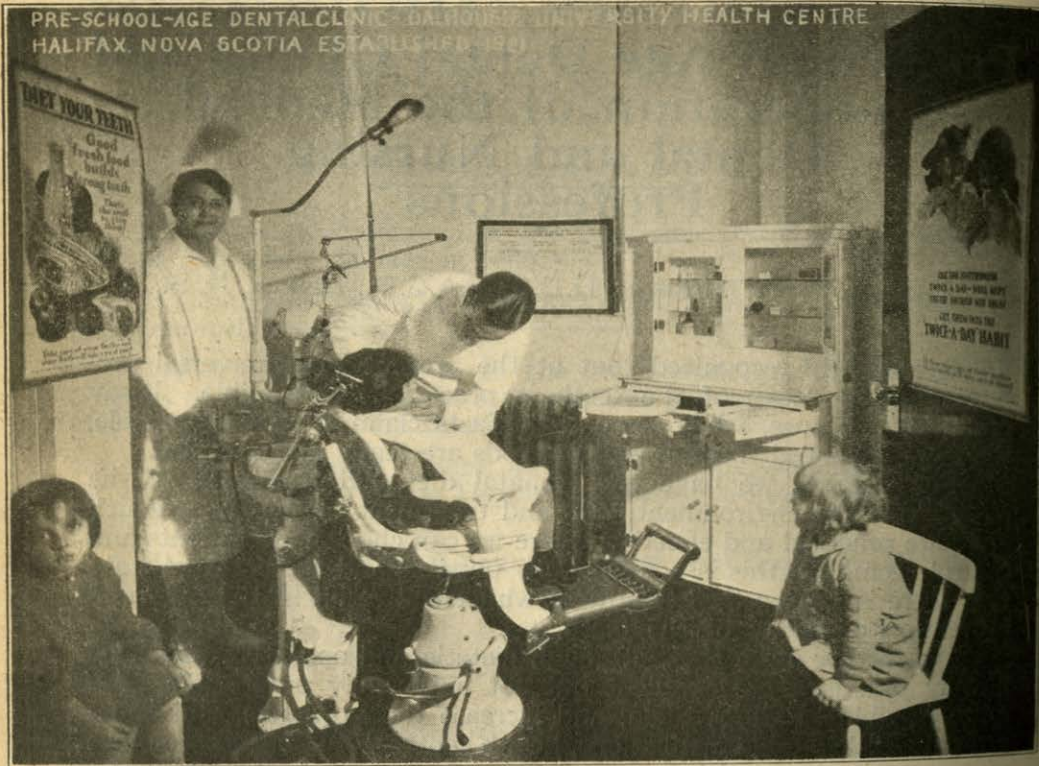
For instance we have the prenatal diet and treatment of the mother and the environment, diet and treatment of the child, which are quite practical and effective where we can choose our patients and control them, but this is not generally possible and therefore we state that there is no *practical* treatment which will result in the universal prevention of decay of the teeth.

We further state that, although dietetic and operative methods already practised are excellent but not universally practicable, it is quite possible to adopt them, and increase their practice, and effect not only in charitable institutions, health centres, etc., but in the office of every private practitioner.

Still further, granting that it is impossible to universally prevent decay, it is possible *at least*, to prevent universally the exposure of pulps and tooth ache with all their painful and serious results including focal infection, extraction, systemic diseases and even death.

Unfortunately we have in our profession general practitioners and specialists who, while not actively opposed to the practice of *preventive dentistry*, do not realize its possibilities, and are quite satisfied to conduct their practices, mostly lucrative, with apparently no thought of *prevention* of diseases of the mouth and teeth, the ravages of which they are called upon to repair. It would almost seem that they are satisfied to actually permit a *preventable* disease to develop so that they may have the opportunity of treating that disease and repairing its ravages.

It is quite true that this is not *intentional* on the part of a large majority of ethical practitioners, but the effect is the same, and if all the members of the Dental profession would *concentrate* their thoughts and energy on *preventive* methods it would not be long before 75% extractions, root canal treatment, and dental focal infections, at least 50% reparative and restorative operations, and 25% orthodontic cases would be eliminated.



This clinic, besides providing services for children of pre-school age, is utilized for teaching combined groups of medical and dental students, showing the importance of prenatal advice to mothers and early preventive dental service for children. The students are also impressed with the value of co-operation among members of the medical, dental and nursing professions so that toothache, unnecessary extraction and a very large percentage of systemic diseases due to focal infection from the teeth may be avoided.

In this connection in 1927 at a meeting of the American Association of Dental Schools a paper by Dr. F. B. Rhobotham on "Children's Dentistry in the curriculum" and its discussion resulted in the appointment of a committee for the purpose of encouraging the establishment of preschool age dental clinics and greater co-operation between the professions of Medicine and Dentistry. Space does not permit of the publication of Dr. Rhobotham's paper, the resulting discussion, and subsequent report of this committee, but interested readers are referred to the Proceedings of the A. A. D. S. 1927-28 for detailed information. In the 1928 Proceedings the report of the committee on "Children's Dental Clinics" is also of much interest.

However, we may say that about eighty letters were forwarded by this committee to deans of medical and dental schools faculties in common of Universities in the United States and Canada and thirty



replies expressing appreciation of the importance of the matter and a desire to co-operate with the committee were received. Very few of them indicated recognition of the fact that while preventive dental service for the children of preschool age is important, the prime object of the establishment of these Clinics in hospitals, health centres, medical and dental schools is the closer association of the medical and dental students, so that when they graduate the co-operation of the medical and dental professions will be greater than that existing at present.

Letters from the American Association of Medical Colleges, the Canadian Medical Association and the Nova Scotia Medical Society express approval of the action of, and a desire to co-operate with the American Association of Dental Schools in this matter.

At the last meeting of this Association the following recommendations were presented in the report of the Committee:

- (1) The establishment of clinics with Children's Units and equipment for the treatment of children of preschool age where medical and dental students together in small groups will be required to attend demonstrations in preventive dentistry according to the accepted principles of prevention as applied to Children's dentistry.

(2) That these clinics be established generally and particularly wherever possible in hospitals, health centres utilized by medical and dental schools for educational purposes.

(3) That demonstrations in such clinics be supplemented by a course of lectures on practical preventive dentistry to combined classes of medical and dental students stressing particularly the importance and value to the health of the public and co-operation of the Medical, Dental and Nursing Professions.

(4) That wherever possible investigation and research with a view to improvement in existing methods be conducted in these clinics.

(5) That in cases where the establishment and direction of such clinics by Universities is difficult or impossible, that efforts be made to obtain the co-operation of the State Health Departments, Red Cross Societies or other organizations.

(6) That a committee to promote and expedite the fulfilment of these recommendations be appointed by your association.

As members of the nursing profession are so closely allied with medical practitioners and are in an ideal position to co-operate with them in the instruction and treatment of prospective mothers, and after birth the children as well as the parents, they are included in these recommendations. We believe that to-day this co-operation preventive treatment is without exception the most important matter for the consideration of every member of the Medical, Dental and Nursing Professions.

This plan of education and development of co-operation is offered as most practical and effective, but not by any means perfect. In the name of humanity we appeal to the professions concerned to unselfishly co-operate in concentration on some such method.

In addition to the preceding the Dental Cosmos for March, 1929, has the following Editorial:

"A kindred movement, and one that has back of it also the preventive motif, but directed at an earlier stage, is presented in the article by Dr. George K. Thomson, of Halifax, Nova Scotia, in the January 1929 issue of the *American Dental Surgeon*, under the title, "Pre-School Age Dental Clinics, and Co-operation of the Medical, Dental and Nursing Professions."

As chairman of the Committee on Children's Dental Clinics of the American Association of Dental Schools, Dr. Thomson makes a strong appeal for the establishment of pre-school clinics in hospitals, health centres, medical and dental schools, for the double purpose of providing dental services for children of pre-school age and as an adjunct to the university in teaching combined groups of medical and dental students the importance of prenatal advice to mothers and early preventive dental service for children.

The expressed purpose of Dr. Thomson's committee is to include children's dentistry in the medical and dental curricula and incident-

ally to promote in a very practical manner preventive dentistry, a purpose that is worthy the serious consideration of these concerned in the educational phase of dentistry in its manifest tendency toward the goal of prevention of dental disease.

The two movements above noted are but expressions of the trend of dental practice in recent years, and while true prevention must begin, as some one has expressed it, in our great-grandparents, there is an immediate need to be met which imposes an obligation with regard to the present generation equally as pressing as that which we hope to fulfill for future generations."

Sydney Practitioners Play Hockey.—A recent issue of the *Sydney Post* describes with considerable vividness a hockey game in which the medical men undertook to put the dope over the lawyers of the city. We regret that our limited space prevents us from giving a description of this famous contest in full, but we must quote some references to it as published. It is stated that Dr. Lynch, not to be outdone by an officer of the law court, appearing in court regalia himself, appeared in full operating uniform including skull-cap and face covered with gauze. It is said that Dr. J. K. McLeod dazzled the eye with a passionate red sweater bearing the lucky (No. 7) with legs encased in leather leggings, while Roy, Land and Bruce were clad in full golf costume. The medical line up consisted of Doctors John MacDonald, J. K. McLeod, Dan Land, J. A. Curry, J. G. B. Lynch, J. J. Roy, James Bruce, W. H. Roy, and Ray Ross.

It is stated that Dr. John MacDonald tended the nets for the meds comfortably seated in a large swivel chair. As a matter of fact we think that that is the best way that he would enjoy the game.

The play was fast and furious and Dr. Bruce staged a head on collision with a legal opponent both going down with a crash. The first period ended 1-1. Then MacDonald was wheeled in his chair down the ice towards the other goal, and the second period commenced. It is intimated that a basket ball had been substituted for the puck and little could be seen of the players for the forest of waving sticks. Some penalties were issued; Ray Ross was put off for tripping and Dr. Land was "rather woozy" for several minutes. As a little variety it states that during the intermission, Dr. J. K. McLeod contested with James Willie Madden in a two lap race around the rink. Apparently no decision was given.

In the third period Dr. MacDonald utilized in addition to his easy chair, a rink snow plow which, of course, contributed very greatly to the defence of his nets. It is needless to say that the score ended in a draw.

Maritime Hospitals

G. HARVEY AGNEW, M. D.,

Secretary, Department of Hospital Service Canadian Medical Association.

A FEW months ago a tour, extending over some weeks, was made of the Maritime Provinces, visiting various hospitals and those interested in their administration. As a result of these visits and of considerable correspondence during the past year, our Department of Hospital Service has received considerable insight into many of the problems with which these hospitals must cope. The aim of this Department has been, not to give destructive criticism, but to furnish constructive suggestions that will be of practical assistance to the hospitals concerned.

The work done by the great majority of these hospitals is worthy of the highest praise. Everywhere one sees an earnest effort to meet the needs of the people in the most efficient, yet economical, way possible. Considering the various handicaps under which so many of our hospitals carry on, the wonder is not that an occasional hospital makes mistakes, but that the hospitals function so well as they now do. The majority of the hospitals visited were filled to capacity and, after all, that is a good index of the confidence of the public. The Soldiers' Memorial Hospital at Middleton, for instance, is badly overcrowded and a new addition is urgently needed. This might be said also of the Inverness County Memorial Hospital and of the Payzant Memorial Hospital at Windsor to mention but two. The new hospitals recently erected embody many of the most up-to-date features in modern hospital construction. Notably among these are St. Martha's at Antigonish, the Sutherland Memorial Hospital at Pictou and the Hotel Dieu at Moncton. Amherst citizens have been badly hit but the ashes were not cold before the board and staff were planning for the new structure that would rise up finer than ever. The bravery of Mrs. Barker and her loyal nurses on that wild night of flame and deluge is an epic that will grace a golden page in the annals of Canadian Nursing.

The Great Handicap.

However, the hospitals of the Maritime Provinces are laboring under one great handicap. Efficient as they now are, they could be still more so if they had an opportunity of comparing notes and methods, of discussing mutual problems, and so profit by each other's experiences. This has been emphasized by various hospital executives in Nova

Scotia and they have expressed a keen desire to see the Maritime Provinces form a Hospital Association.

Hospital associations form a vital factor in the hospital life of the other provinces. British Columbia, Alberta, Saskatchewan, Manitoba, and Ontario all have flourishing associations. The annual meetings are very well attended, excellent papers on administration, staff privileges and duties, construction and other interesting subjects are given, "round table" talks on selected problems or questions are arranged and everyone gains tremendously by the contact.

Not only do the hospitals gain by their conventions, but they gain by presenting a united front when making an endeavor to correct legislative errors or discrepancies. Government grants, municipal grants, "indigent" regulations, Workmen's Compensation Board rates, may all need revision and a united front accomplishes what can never be achieved by the individual. During the last year Ontario hospitals gained approximately one half million dollars additional revenue by legislative revisions. Without an active hospital association to bring these necessary reforms to the attention of the government, one doubts if any of this increased revenue could have been obtained.

In the minds of many hospital administrators and doctors, this should be a joint association for the three Eastern provinces. The geographic relationship is such that mileage is not great from any hospital. The problems of the hospitals of the different provinces are closely akin. A joint convention would mean a greater attendance, more enthusiasm, more contacts, more opportunity to get ideas and a better programme. Separate provincial associations would lessen these advantages and Prince Edward Island would probably be unable to take action at all.

The Maritime Conference of the Catholic Hospital Association now holds excellent meetings each year. The meetings have proven very helpful to the sisters attending. A number of the sisters have expressed their willingness to participate also in the larger organization. This can be made quite feasible by having the two organizations meet simultaneously, the smaller unit having a separate business session, etc., and uniting with the larger in the scientific program.

Lack of Medical Co-operation.

The Department of Hospital Service of the Canadian Medical Association has been in close contact with our different hospital associations during this last year and hospital directors have made more than an occasional reference to the lack of interest on the part of staff physicians generally. Very few medical men attend the various hospital conventions and those who do attend are usually medical superintendents or otherwise interested in an administrative capacity. We have pointed out, of course, that neither time nor finances permits

the average doctor to pick up and go as he pleases and the various medical associations may take most of the time which he feels that he can give to conventions.

But the fact remains that the hospital is the doctors' workshop; we would feel very handicapped indeed if all our surgical and other serious cases had to remain at home. If our hospitals are to reach their maximum efficiency the viewpoint of the physician must be placed beside the executive opinion of the superintendent and the financial consideration of the board. The chief reason why disagreements arise in hospitals seems to be that the various groups interested do not make an earnest effort to get together and discuss these difficulties as one body.

An organization meeting of superintendents, doctors, and trustees, interested in the formation of a Maritime Hospital Association is being held early this year. Considerable correspondence between the various hospitals has already taken place and very enthusiastic support has been promised. At this meeting preparations will be made in all probability for the first annual meeting to be held later in the year.

THE ALMON MEDICAL FAMILY.

Dr. W. H. Hattie of Halifax writes in the March C. M. A. Journal thus:—

“A paper by Miss S. W. A. Almon, on the career of the late Senator Almon, recently read before the Nova Scotia Historical Society, reminds us of a rather remarkable sequence of medical men in the Almon family. Dr. William James Almon, who had held a commission as assistant surgeon in the Royal Artillery, when a battalion of that regiment was stationed at New York during the revolutionary war, came to Halifax when the royalist troops evacuated New York in 1776. Since that time there has always been a Doctor Almon in active practice in Halifax. The second generation was represented professionally by Dr. William Bruce Almon, who was the father of Dr. William Johnston Almon, Senator. Senator Almon was born in 1816. At King's College he belonged to a class of which several became distinguished, including General Sir John Inglis and Sir Edward Cunard, the founder of the Cunard Line. He received his medical education at Edinburgh and Glasgow. He took an active interest in public matters, and was called to the Senate of Canada in 1879, but continued in medical practice until 1890. His son, Dr. Thomas R. Almon, was the fourth physician of the name in the direct line of descent. He died some years ago, but not before his nephew, Dr. William Bruce Almon, the present City Medical Officer, had established himself professionally in Halifax.”

The Medical Society of Nova Scotia

Some Early History Gleaned from the Columns of the Recorder

RECENTLY Dr. W. H. Hattie wrote in the *Bulletin* about the formation of The Medical Society of Nova Scotia and Dr. L. R. Morse incorporated this in his Presidential Address at the 75th Anniversary Meeting, held last October. In both of these communications mention was made of the early using of the newspapers for a certain amount of medical publicity. It is interesting to note that the idea in the minds of the organizers of the Medical Society was that the papers should be used to convey to the public generally as also to members of the profession, the most authoritative opinion regarding diseases and conditions which were prevalent at the time. In other words, the Society in its very beginning endeavored to acquaint the people with facts regarding disease and so be of community service.

When we undertook the task of finding out what these early members of our society wrote for the Press we find that our only source of information was the old files of the *Acadian Recorder*. The writer is under obligations to Mr. C. C. Blackadar of the *Acadian Recorder* for the privilege of looking over and making comments on the articles that were published for a year or more over 73 years ago. More than once the BULLETIN has been indebted to Mr. Blackadar and the *Recorder* for definite information upon events connected with our profession that occurred many years ago.

From the Minutes of the Society we learn that a Resolution was passed in November 1854, to supply a column of medical information to a weekly newspaper. Incidentally we notice that at that period a large portion of the advertising space of the newspapers in Halifax was devoted to the exploitation of quack and patent remedies. It frequently happened that the medical column of information would be next to a column devoted entirely to publicity of these questionable remedies. Probably this tendency was one reason for the action taken by these early members. As illustrative of this in the *Recorder* of January 21st, 1854, of twenty-four columns of reading matter, at least, five full columns were devoted to advertising matter about patent medicines and cure alls.

The first considerable contribution appears in the pages of the *Recorder* of November 18th, 1854, and is signed by J. R. DeWolf, as Secretary. This opening article is entitled *Medical Literature and Science*. This article in full is as follows:—

"At the first quarterly meeting of the Medical Society of Nova Scotia, November 1st, the following Resolution was passed:—

That the Secretary communicate with the publishers of all the newspapers in Halifax, to ascertain whether they will, gratuitously, appropriate a column of their papers weekly for medical intelligence; and that the following gentlemen, Dr. Jennings, Dr. Allan, Dr. Crane, be appointed a Committee to superintend the publication of it for a year and we are happy to state that the majority of the proprietors of Halifax papers have willingly consented to allow their periodicals to be the medium of medical information. The Committee are anxious to avoid invidious distinction in selecting a paper from which the others will, we trust, with good feeling, copy for the first year. As from a lottery, the *Recorder* is chosen to commence with. The initials of the Editor Pro Tem will be affixed.

The objects in contemplation to accomplish are, 1st, to maintain harmony in the Medical Society of Nova Scotia, which comprises nearly all the regularly qualified practitioners in this Province. 2nd. To publish as far as our space will permit, a synopsis of what we may consider instructive or interesting, points from the most recent works of merit. 3rd. To receive communications from any legally qualified physicians, or Surgeon, on any subject pertaining to the profession. The publication of the whole, or a part, to be left at our option. 4th. To publish the proceedings of the Society, including the decisions of the Council; in all disputed questions submitted for their adjudication, and to give such other information as may be required relative to medical Ethics, etc., etc.

It may be inferred from the above that our desire is to make this column particularly useful. The History of Medical periodicals in Canada prove the impracticability of their success for the present. Our effort is not attended with such difficulties. Altho novel, we trust the general reader will peruse our department with gusto. Suggestions, available to families, will occasionally be found in it.

No greater advantage can be conferred on the general practitioner who has but few opportunities of selecting works, than an introduction to a book which may be depended on for its practical utility. Of the latest publications there is none more worthy of attention than "Wilde's on Diseases of the Ear." The author has accomplished, perhaps, better than any living man could do, his intention, "to lay down just particulars for an accurate diagnosis of diseases of the ear, to rescue their treatment from empiricism and base it upon the well-established laws of modern pathology, practical Surgery and reasonable therapeutics. We could not exaggerate the merits of this work. The ignorance which has prevailed, and still prevails of aural diseases, has been the cause of innumerable quack remedies and cures for deafness being published every year.

We fear that an empirical system of treating this class of diseases is even now adopted by many in the profession. Read Wilde's Diseases of the Ear. You must profit by its perusal."

There is also in this issue an account of the first Annual Meeting of the Medical Society of Nova Scotia, which was held at Halifax on the 5th of October and six following days. "Apologies for non-attendance were sent in by many of the members whose residence at a distance prevented them from being present." One is inclined to think that every doctor failing to attend an Annual Meeting of the Society should at least send his apology.

Dr. Edward Jennings, General Secretary of the Editorial Board, contributes an article in other issues on the Treatment of Ophthalmia Tarsi. Dr. Mackenzie, in his very excellent Treatise on Diseases of the Eye, comprehends in the treatment of this disease. 1st. Such remedies as are likely to abate the inflammation upon which the whole treating of systems originally depends, to soothe the pain and itching and prevent the bad effects of the gluing together of the lids. 2nd. The use of such applications, whether a stringent, stimulant, escharotic or epilotic, as may deaden the excoriated and ulcerated parts, promote their healing, or strengthen the debilitated eyelids, and 3rd., constitutional remedies.

"It would be ingratitude on our part to undervalue the many advantages we have derived from the study of Dr. Mackenzie's work, yet we trust it will not be considered presumptuous to differ from so high an authority after close observation in the treatment of nearly 300 cases of Ophthalmia Tarsi, all of which have had a favorable termination. The unfavorable results from 'the gluing together of the lids', are expressed by Dr. Mackenzie as "the aggravation of the inflammation of the sebaceous follicles at their roots and a succession of little abscesses and ulcers with the eyelashes have been forcibly separated, and that frequently torn out in this way and their bulbs injured or destroyed, the eyelashes are apt to become feeble, dwarfish, and irregular, and their reproduction to cease." This is the only and most substantial point of difference in the indications of our treatment. When the eye lids become inflamed the "myboneum follicles" and ciliary glands, being involved, the cilia or eyelashes act as a source of irritation. Hence their immediate removal as advised, if not indispensable. It is advisable to prevent the very result which Dr. Mackenzie dreads it would produce; namely, 'a feeble, dwarfish, and irregular growth of the lashes'. In no instance have we seen any deficiency in the reproduction of the eyelashes after evulsion. On the contrary, we have seen the lids restored to more than their original beauty by a luxuriant growth of eyelashes, when evulsion was restored to preserve the disorganization of the structure of the lids; nor is this strange, for hair may be torn from the head and other parts and in a short time reproduction takes place. When Distichiasis takes place, plucking out the eyelashes will not remedy the evil, it will soon be reproduced; nor will it change its direction. The bulb must first be destroyed ere it ceases to grow. 'Trichiasis', or inversion of the eyelash, and Distichiasis, or misplaced eyelashes, are produced, we think

by the growth of cicatrization, one portion of the gland, or bulb is contracted and consequently the cilia misdirected, while the other portion is partially capable of performing its functions in supplying nutriment. Just in proportion to the impairment of the bulb will the eyelash be feeble, dwarfish or approximating to health, and in proportion to its contraction will the lash be changed from its natural course. It is evident then, to avoid such consequences, the eyelash should be removed on the first appearance of ulceration of the lids, and the most efficient remedies used to produce a healthy state of the part affected."

Dr. Jennings further adds,—

"We have requested the Proprietors of this paper to send a copy to every member of the Medical Society of Nova Scotia should there be any who does not wish it to be continued, he will please return it by the first mail."

The column was thus intended to be of special value to the members of the medical profession and was the first attempt at a medical journal in Nova Scotia.

The next issue of the *Recorder* has a continuation of this article by Dr. Jennings and a report of fatal poisoning by pink root, the notes for this case were taken from Dr. Jennings' own case book of 1851, and which he had been asked to see with Dr. W. J. Almon. We note that a later article is "On the Management of Labor characterized by Defective Uterine action and the comparative value of Ergot of Rye and Galvanism in Obstetric Practice".

Again, Dr. Jennings says,—“We regret that the Medical Society of Nova Scotia has not yet arrived at such a state of perfection as to meet all the difficulties which necessarily arise in all important countries. The Management Committee must, however, have the indulgence of the profession should apparent delay occur in carrying primarily into effect measures which some may think demand immediate attention.”

He further adds, after speaking about the rather interesting correspondence of the Secretary,—“Dr. Creed of Pugwash, will perceive that any correspondence appearing in this column under the heading of ‘Medical Intelligence’ is wholly without any expense to the Society. We trust that he, and all others interested will assist to increase the circulation of this paper and aid by contributions to the interest of our column, that the Proprietor may not suffer pecuniary loss. We notice subsequently that a Question and Answer section was started, but practically confined to the profession, a method rather different from that seen in modern so-called Health Articles. Dr. J. R. DeWolf was in charge of this department. Replying to one correspondent Dr. DeWolf says,—“The publication of medical literature in a public newspaper is for the present an experiment. It is to be hoped that careful discrimination and a full cognizance of personal considerations, will overcome all the objections that may be urged against it. Many

other members of the Society concur in your opinion of medical men receiving advertisements." This explains why all these articles were only signed by initials.

Dr. Crane, in the January 13th, 1855, issue of the *Recorder*, has a long article on "The Pathology of Phthisis." We regret that it is impossible to make a summary of this interesting paper.

The January 27th, 1855, issue gives Dr. Crane's Summary of a paper contributed by Dr. Samuel Denison, of Newport, the subject being, "Medical Science Opposed to Quackery." From the summary given the paper must have been of great historical value.

The following communication from Dr. Jennings entitled "Past, Present and Future," appears to be of particular interest. In the issue of February 3rd, 1855, we read:—

"What reminiscences would the records of more than a hundred years of hard labor in the medical profession in Nova Scotia afford to a writer at the present time? It is difficult even to conjecture; for, alas! a great deal of what was good died with our ancestors. No annals remained to show their success or disappointment; yet, like all other mortals, it is to be supposed they had both. To the chronicler who is better acquainted with the facts, I must leave this part of my subject, and hurry to the present. In this and the future we are more interested, but 1854 must not, however, be forgotten, it is an epoch in the existence of medical affairs, in this Province. The Provincial Medical Society was organized in that year, and its healthful influence is now beginning to show itself.

"Seventy members united, ready to incorporate for the advantage of all. Can it be imagined, that some great good will not arise from such a convention? Will the genius lie dormant for years? We think not. There are many here endowed with as good sense and as strong reasoning faculties as can be found in any other country. Why then, it may be asked, do we not hear something about their scientific researches? The answer is plain and short. There is no field for scientific investigation. The study of Botany might certainly be prosecuted with success, for nature has done everything to favor the student. But what has been done for the student in Medicine and Surgery? Can you find, in the extensive province of Nova Scotia, a medical institution dedicated exclusively to the sick. The Legislature granted £50 a year to the Halifax Dispensary, about £25 of which is expended in house-rent, fuel, etc. What becomes of the remainder? Divided into 3,000 shares, nearly this number of patients said to be registered in the books. My conscience! The best we have of medicine for our patient for the year. There's a field for the Homeopathist where he will be sure enough to kill by giving too much. It is not my desire to throw a slur on the Dispensary, but to point out how useless it must be either as a school of medicine or for the purpose for which it was originally designed. You might as well attempt to take Sebastopol with a canister of powder, as to subdue diseases with a moiety of medicine.

Generalship, without ammunition is of comparatively little value. However strategic the movements may be, final discomfiture will be the result. The sad experiences of the Past—of a thousand circumstances which might have been turned to gain,—is all of which the Present could boast. Yet this is no trifling advantage. We commence new undertakings with negative proof that success will crown our efforts. The failure of the Past will act as beacons for the future. Is not the public at present aware of the absolute necessity that exists for the establishment of a hospital or Dispensary, or both? In which, or at which, the poor and destitute of the City,—I may say the province—shall receive proper medical attendance. It is necessary to state that perhaps hundreds, at the present moment, a disease (Scarlet Fever) of the most malignant character has prostrated would receive, with gladness the relief such an institution would afford. Is it necessary to excite christian sympathy in a christian land, by drawing pictures of the most loathsome suffering in the haunts of poverty? If so, let it be done quickly. A Dispensary must be established which may be the nucleus for a general hospital, such is the necessity. We doubt not the public will subscribe liberally, and, in our opinion, when in operation, Legislative and Civic grants will be obtained for it. But it must be a Dispensary in the real sense of the word, supplied with abundance of medicine, and attended by physicians and surgeons whose only compensation will be the consciousness of having contributed to ameliorate the condition of the unfortunate pauper and the vast amount of information accumulated in the accomplishment of the act. This latter is not a small remuneration. It leads to both fame and fortune and will be a motive to stimulate the Faculty to assiduity and labor. In the medical profession there should be no end to study. A man of 50 may be a tyro. "In learning age and youth go for nothing, the best informed takes the precedence;" let us hope, then, for the future that when opportunities be afforded no time shall be lost to make up for the past."

And here our material and our comments cease.

S. L. WALKER, M.D.

It Travelled Some. The Cleveland press mentions that although without funds, Mr. Heldman will bury his dead wife, adding,—

The body rests in an undertaking establishment, and examination shows Mrs. Heldman was shot in the left side. The bullet entering two and one-half inches above the frontal bone of the chest took a downward course thru the apex of the heart, cut off the spleen and went thru the back where it cut thru the upholstery of the auto and lodged in the metal framework.

Historical Medicine

DR. JOHN STEWART, Halifax, Nova Scotia.

Lorenz Heister, 1683-1758.

THROUGH the kindness of Dr. Slauenwhite, of Rose Bay, Nova Scotia, who presented the Volume to our General Secretary, Dr. S. L. Walker, I have had the opportunity of examining a copy of Heister's Surgery in the original German. It is a stout quarto volume of 900 pages, bound in leather. Apparently it has been rebound, as no title is impressed either on the back or sides. It is beautifully printed and there are inter-leaved sheets or charts with copper plate engravings of surgical instruments and their application. These are very instructive and far more artistic than many of the photo-process prints in some modern books.

The title page has been unfortunately lost so that we cannot say what the date of this edition may be. Dr. Billings tells us he has never seen a copy of the first edition, that of 1718. The copy in the Washington Library is of 1719. One of the charts of illustrations is also missing. With this exception every page is present a testimony to the good work of the German book-binder of two centuries ago.

Lorenz Heister was born at Frankfurt-on-the-Main in 1683 and died at Helmstadt, near Würzburg in 1758. He studied medicine at Giessen and other German Universities for four years, and then went to Amsterdam where he continued his studies in anatomy and surgery. About this time the universities of Holland had attained a high position. The illustrious Boerhaave at Leyden was the recognized leader in medical teaching and students flocked to him from all over Europe. Heister took his degree at Leyden in 1708. He then served as an army surgeon in Flanders. It is interesting to think that he may have made the acquaintance of English surgeons in Marlborough's army. At any rate he visited Britain and would seem to have made friends there. Among other young surgeons of his own age who were then studying in London was William Cheselden who within a few years was the leading surgeon in England. In 1710, at 27 years of age, Heister was appointed Professor of Anatomy and Surgery at the University of Altdorf. This University does not now exist, but in its time was famous. It began as an academy about the middle of the sixteenth century, at Nuremberg where Albert Dürer and his associates were inaugurating a golden era in German Art. Nuremberg is a walled city and perhaps there was no room for expansion, for the Academy was soon removed to Altdorf, a small town of Bavaria a few miles east of Nuremberg. Here

it increased in influence and importance and in 1578 it was created a University by a Charter of Rudolf II. The glory of Altdorf was in its department of philosophy which in the opinion of Sir William Hamilton, of Edinburgh, was of exceptional brilliance. But a period of declension set in and in 1807 this University was merged in that of Erlangen. Here then Heister began his life work. He planned his text book of Surgery and lectured to his students in Latin. At this time Latin was the common language of science, and all educated men read and spoke Latin. But Heister soon found that his students were not educated men. The effects of the thirty years war, although peace had been signed fifty years ago, were still to be seen and felt. This devastating war had reduced the German States to the last extremity of poverty and desolation. From an economic and social point of view the condition of the people was deplorable. As an eminent historian said "it was a poverty-stricken land from which art and science seemed to have fled forever." It was no wonder if students and young surgeons were ignorant and unlearned. Heister resolved to write his text-book in the Mother-tongue.

The first edition was published in Nuremberg in 1718. No similar treatise existed in Germany. It became the chief surgical text-book in Europe. It was translated into French, Italian, Spanish and Latin. From the Latin version an English translation was made in 1743. It was profusely illustrated, and although now two hundred years old is still, as Dr. John Billings has said, "excellent reading for a surgeon". Samuel Sharp of Guy's Hospital, one of the leading English Surgeons of the eighteenth century, in his "Critical Enquiry into the Present State of Surgery", a notable treatise, translated into French, German and Spanish, says of Heister's surgery that "it is in everybody's hands, and the character of Heister is so well established in England that any account of that work is needless." This reference to "character" gives the pleasing impression that Heister had gained the esteem of his English friends for his personal qualities as well as his surgical knowledge. Dr. John S. Billings, from whose interesting chapter in Dennis' "System of Surgery" we have learned most of what we know of Heister, in describing another eminent European Surgeon, Hildanus of Berne, says, "he is sometimes called the 'Father of German Surgery' although the title belongs more properly to Heister."

It is evident that Heister was a man of great energy, ability and industry and well posted in the history of his profession. He makes many references to the work of his predecessors and contemporaries and among the English authorities he quotes are Cheselden, Cowper, Winslow and Young (a naval surgeon who wrote much on the value of turpentine in surgery). Heister's style is a model for a text-book, clear, concise, interesting, and easy to read.

The only reference I can find to the work of Heister in English text-books is by Erichsen in his chapter on Injuries of the Spine, (See "Science and Art of Surgery 10th Edition, Volume 1, page 814.) Erich-

sen says, "As the fatal result of fracture of the spine with compression of the cord by the broken vertebra or by extravasated blood is almost inevitable the idea has naturally suggested itself to surgeons that life might be prolonged and health perhaps restored if the same operation were extended to the spine which is successfully employed in analogous cases of injury to the head, namely, the elevation and removal, if necessary, of the depressed portion of bone. This operation originally proposed by Heister was first performed by Louis and Cline. In all cases of compound fracture the wound must be enlarged and any fragments removed." The following is what Heister says (Book 11, Chapter 6, page 174). "But if the fracture is so extensive and severe that in consequence the spinal cord itself is crushed and wounded death as a rule follows quickly. Notwithstanding this, however, such a patient should not be abandoned. We must carefully investigate the condition of the fracture and if, perchance, we find fragments of the vertebrae quite detached, we remove them. For this purpose we must often make an incision. Should the fragments of these broken bones press upon the spinal cord we must, either with the fingers or with suitable forceps, elevate these, or, if they are quite loose remove them entirely. Afterwards we must attempt to cleanse the wound of all impurities and apply balsamic medicaments just as has been ordered for wounds of the spinal cord, see page 104." On referring to page 104 we find the surgeon cannot do better than apply Peruvian balsam or the essence of myrrh and amber . . . applied warm on lint and bandage in place. And for the rest "commend all to God and Nature." Here it is evident that even if the fracture were not compound Heister would not hesitate to cut down on the fragments. Erichsen doubtless had some authority for his statement that this treatment was "originally proposed" by Heister but "first performed by Louis & Cline". Heister's description of the procedure reads like the work of one who had carried out the treatment.

The MacTavish was not a mean man. No; he just knew the value of money.

So, when the MacTavish developed a sore throat he meditated fearfully upon the expenditure of a doctor's fee. As an alternative he hung about for a day and a half outside the local doctor's establishment. Finally he managed to catch the great man.

"Say, doctor, hoo's beez-ness wi' ye the noo?"

"Oh, feyr, feyr."

"Ai s'pose ye've a deal of prescribing tae dae for coolds an' sair throats?"

"Ap."

"An' what dae ya gin'rally gie fer a sair throat?"

"Naethin'," replied the canny old doctor. "I dinna want a sair throat."

Medical Pioneers in Lunenburg County

IN August 1928, the General Secretary made a pleasant call on Dr. S. S. Slauenwhite of Rose Bay, was taken to see a very historic place, "Big House" as it has been called for about 100 years and was presented with a copy of Heister's Surgery, and the loan of Desbrisay's History of Lunenburg County. Besides all this the Doctor entertained the party of four at a bounteous supper at the Myrtle House, Riverport.

Ever since we have been trying to get a review of this famous old book and to make some historical notes of the early practitioners in Lunenburg County. Not until this issue of the BULLETIN have we succeeded as regards the book, and we herewith offer a few notes on the early doctors.

In the first place it is necessary to pay a tribute to the indefatigable energy of the late Dr. D. A. Campbell for the amount of information he obtained for his booklet on "Pioneers of Medicine" in Nova Scotia, published in the *Maritime Medical News* in 1904 and republished in the BULLETIN in 1925. He writes of Dr. John Burger Erad as the medical adviser of a party of immigrants who settled in Lunenburg in 1751 probably the first medical man in the County. Somewhat later Dr. Jonathan Prescott settled at Chester.

From the civil salary list of June 30th, 1764, we learn that a shilling to one and sixpence was a good day's pay for a civilian employee. The salary of Maria Moser, midwife, for three months was £3,15.0. but Maria Tatteray, midwife only received £1,5.0. For the previous year there were 70 births and 5 deaths.

In the year 1753 the great grandfather of the late Joshua Mossman of Kingsburg, Lunenburg County, came to Lunenburg, and he had in his possession a copy of Heister's Surgery. This is quite likely, for how would it otherwise come into the possession of his son who passed it along to his son, following whose death it came into the hands of Dr. Slauenwhite. How the emigrating Joshua Mossman from Saxony came to have this volume I am not advised, and I have no knowledge of any doctor of that name. Perhaps Doctor Slauenwhite may come across some further history regarding the book. Doctor John Stewart's review of the book, published concurrently in this month's issue of the C. M. A. Journal and the Nova Scotia Medical Society Bulletin, will be read with interest by all. In the volume there was also found two leaves of a German Edition, Mss type, of Bunyan's Pilgrim's Progress. Also I found a page from a modern New Testament in the book, including Chapter XI of First Corinthians, which

has, as none of you know, largely to do with the covering of women and what it consists of. This is of course not applicable to these days of abbreviated skirts and bobbed hair.

From Desbrisay's History we quote the following references to Lunenburg County Medical Practitioners. Incidentally we raise the question why these so-called historians will devote many pages and chapters to various religious denominations and Clergymen and little or nothing to Doctors and Lawyers, at least one of the latter was always needed.

It seems that a certain Dr. Bolman is credited with owning the first four-wheeled carriage in Lunenburg County.

John Harley, Esq., M. D. was born in London, educated in Dublin, and studied medicine in that city with his uncle, Richard Clarke, during an apprenticeship of seven years, receiving, in 1797, from Andrew Thynne, M. D., a certificate of his diligent attendance on the lectures prescribed. After graduating, he went to Portchester Castle, where there were five hundred French prisoners, many of whom were ill with typhus fever, to which disease he paid particular attention. He was persuaded by a brother, who was coming to America, to accompany him, but he was so disappointed with the country, that if he had not written for his wife to come out, he would have returned. His sons John and Thomas, and his daughters Mary and Charlotte, came with him. They had a very rough passage of sixty days, and suffered much with sea-sickness. Three years were spent in Boston, where Dr. Harley heard from a gentleman who lived in Lunenburg, that typhus fever prevailed in the town, and that there was only one resident doctor, and he decided to remove there. In dealing with the disease, he was very successful, and it is said he lost but one patient—a man who, when becoming convalescent, went into his garden, and ate green cucumbers. Dr. Harley lived in Lunenburg many years, and had a very extensive practice.

Owing to want of proper roads, much of a doctor's travel had to be done in the saddle, and Dr. Harley had many long and hard journeys in that way. He once nearly lost his life by his horse breaking through the ice, while returning from a visit to Martin Henneberry, of Chester. In 1832, Sir Peregrine Maitland appointed him surgeon in the Lunenburg militia. He died on October 12th, 1846. His wife died January 14th, 1858, aged seventy-eight years. The Harley house in Lunenburg was on the site of the present imposing residence of James Rudolf, Esq. The last of the family who lived there was Miss Charlotte Harley, who died in Geneseo, Illinois, U. S., April 17th, 1894, aged ninety-three years.

Godfrey Jacobs, Esq., M. D., who was born at Halifax, died at Lunenburg, May 28th, 1863, aged sixty-nine years. He was skilful in his profession, which he practised in Lunenburg and the surrounding country for forty years, and was highly and deservedly esteemed.

His wife was Mary Ann, eldest daughter of Rev. Thomas Shreve. Three sons of the Doctor became members of the same profession. One of them, James Stannage Jacobs, M. D., called after Rev. John Stannage, practised in Lunenburg thirty-one years, and died there, February 3rd, 1891, aged fifty-four years. He married at Saint John, N. B., Henrietta, daughter of Lieutenant Samuel Huyghue, 60th Regiment. Their daughter Florence Edith is the wife of Charles W. Lane, Esq., Barrister.

Dr. Joseph Steverman, an old and highly respected resident of this county, passed away on September 24th, 1886, at the advanced age of seventy-seven years and ten months. The deceased was a native of Westphalia, a Province of Prussia, where he studied medicine emigrating to Nova Scotia in 1830. For five years he practised his profession in Halifax, removing to Lunenburg in 1835. In 1836, he obtained an additional diploma in the College of Physicians and Surgeons, New York. He married Mary Ann Schrage, daughter of a former prominent and wealthy citizen of Halifax. After about forty years of practice in Lunenburg, he retired, and lived a quiet and secluded life on his beautiful property at Lily Dale. He left two sons and four daughters.

Charles C. Aitken, Esq., M. D.—The Progress of August 14th, 1895, contained the following notice of the decease of the above-named gentleman: "About two months ago, Dr. Aitken remarked to a friend that he was not feeling well. He, however, kept on practising till some two weeks later, when he was compelled to take to his bed and become the patient of Drs. Mack and Gray. In the face of their best efforts, seconded by careful nursing he gradually sank, expiring at eleven o'clock on Saturday evening at the age of seventy-one. Deceased was a son of Lieutenant Roger Aitken, of the Royal Navy, and grandson of the Rev. Roger Aitken, who came from Scotland to Lunenburg in 1816, and for eight years performed the duties of rector of St. John's Church. While his father was rector, Lieutenant Aitken visited Lunenburg, married a daughter of Dr. Bolman, and afterwards resided here. Unto this couple were born two children, one being Charles C., who, after obtaining a good common school education, became a student at King's College, Windsor. On finishing a collegiate course he went to Trinity Bay, Newfoundland, and there studied medicine with Dr. Goff, and a few years later on he graduated at Harvard. Shortly after becoming an M. D. he settled in Pictou, where he practised for some time. Eventually he moved to Bridgewater, and two years later returned to his native town, where he built up a wide practice, made hosts of warm friends, and enjoyed the confidence of the community at large till the last moment of his life. This will be apparent when it is known that all through Sunday, and up to the closing of the casket on Monday, men and women in numbers

from the outlying sections came to town to take a parting look at one who had been their family doctor for well on to forty years." The funeral was attended by seven clergymen, five medical men, the resident barristers, and a large concourse from town and country.

This volume quotes the following obituary of Dr. Robertson:—

William Sumner Robertson, whose death occurred at his residence in New Germany, on the morning of June 12th, 1888, was born at Saint John, New Brunswick, and at the time of his decease was in his fifty-second year. He was for some years a student at Sackville, N. B., and afterwards entered the College of Physicians and Surgeons New York, where, in due course, he received the degree of Doctor of Medicine. One of his lecturers was the late celebrated John William Draper—a man of world-wide reputation on account of his scientific researches and philosophical writings. Through the influence of Thaddeus Sumner, a connection of his through his mother, the Doctor obtained a position in the Federal Army, as assistant surgeon, and was attached to the 5th corps under General Warren. The Civil War was then in full progress, and the Doctor was in five engagements before Petersburg, and at the Crater—which latter action was called "The Tragedy of the Crater". He remained in active service for two years, and was twice wounded. After the close of the war he returned home, and fourteen years ago settled in New Germany, where he practised his profession and devoted his leisure time to farming and mechanical inventions, for which latter he had a great fondness. As a man he was genial and warm-hearted, and at the beck and call of all who needed his services. He had a fund of varied knowledge, and was a pleasing conversationalist and forcible debater. Dr. Robertson left a widow and a large family of children.

Parenthetically it may be mentioned that there was a "Rev. J. W. Weeks of St. Michael's Church, Marblehead, Mass. (built in 1714) for whose outspoken loyalty to the King the church was closed. He then came to Nova Scotia, and was probably grandfather to the clergyman first above named." We are advised the Rev. J. W. Weeks was the clergyman who baptized the mother of Dr. S. S. Slauenwhite to whom we are so much indebted for this general material.

Thomas Belcher DesBrisay, M. D., son of Captain and Adjutant Thomas DesBrisay, Royal Artillery, and grandson of Lieut. General DesBrisay, at one time Commandant at Halifax, practised his profession for some years at Chester, and in 1832, removed thence to Dartmouth, of which parish his brother, Rev. Mather Byles DesBrisay, M. A., (King's), was rector, where he continued to practise until his decease in 1869. In Dartmouth, as in Chester, he was highly esteemed. He proved himself, both in his profession and outside of it, the good Samaritan to the poor and the suffering, and died deeply regretted.

William A. Kearney, M. D., was born in Waterford, Ireland, came to this country in 1831, and took up his residence at Guysboro. He soon decided to return home, but was advised by the late George Miller, Esq., to remove to this county, and practised at Chester for seven years. He was married in Halifax to Lucy, daughter of John Creighton, Esq., who now resides at Chester with her daughter. Dr. Kearney died there suddenly in 1840 from a severe cold, which he took on a visit to Tancook.

Charles W. Hiltz, M. D., son of the late John F. Hiltz, Esq., practised his profession in Chester for some years. He had been formerly engaged as a teacher, and succeeded Mr. Lawson in the office of Inspector of Schools. He died in Chester, January 31st, 1882, much regretted. His ability was admitted both as teacher and doctor.

Severin W. Wielobycki, M. D. was born in the Province of Volbynia, Poland, January 8th, 1793. "After his university career he fought for Polish independence in thirty-six battles, often sleeping with his horse in the open when the snow was on the ground. When Russia, Prussia, and Austria, divided Poland amongst them, he was allowed to choose between going to America or Great Britain." He passed through ten years of great privations in Edinburgh, where he graduated in medicine, and decided to practise in Nova Scotia. He came to Chester about 1842, after the death of Dr. Kearney, and remained for some years. Much of his travelling was done in the saddle, and he is remembered as a very expert horseman, and skilful in his profession. He spent the latter part of his life in London, where he died September 7th, 1893, aged one hundred years and eight months. He attributed his great age to "No alcohol, no tobacco, and very little animal food." His centenary was celebrated in the rooms of the Medical Society, London, January 10th, 1893. Dr. Norman Kerr presided, and among the many distinguished persons present were Canons Duckworth and Leigh, Dr. Dawson Burns, Lady Henry Somerset, and Miss Willard. Congratulatory messages were received from Lady Frederick Cavendish, Dr. B. W. Richardson, the Bishop of Marlborough, and a host of others.

Charlotte Arenberg, was seen by the writer in March, 1894. She said: "My father, George Arenberg, came from Germany. I will be ninety-one years old next May. Before we went to the island we lived on the main, a little below Josiah Rudolf's. My father had thirteen brothers and several sisters. I had five sisters and two brothers, and I am the only one of the family living. When I was young there used to be a great deal of small-pox, measles, and slow fever, about the country, but they don't seem to come so much now. Dr. Harley came out from Lunenburg to see the sick. He had a great run. He vaccinated me, and three days afterwards he came

along and saw me out-of-doors, and boxed my ears and told me to go to bed.

All my friends of those days are dead. I have never had much sickness. I feel very well now, only a dizziness in my head when I have a cold. I can read and sew a good deal of the time without glasses. My sister Sally died on the island. She took her dinner and tea, and had been well as usual. After a while she asked me what o'clock it was, and I said it was six. Then she fell in the doorway dead. My sister Catherine, who died in Bridgewater, had never been much sick in her life. I don't think father ever paid much doctor's bills for his children. In June 1893, I had been across the river, and walked about among my friends the Mullochs and others, and when I came back to this side Mr. Alexander McDonnell took me in his waggon; but I could walk all right. I can walk to Conquerall Bank like nothing. Just before last Christmas I walked from Bridgewater to my nephew's William Hebb's, a mile and a half I walked down here today to mind the children while Mrs. Oakes went to the Bank."

Dr. Alice L. Ernest is a fine example of the advantage that can be taken of the opportunities now afforded to women. She is a daughter of Christian and Sophia E. Ernst, and was born at Upper LaHave, near Bridgewater, where she attended the public school, and obtained a C common school license, teaching afterwards at Maitland, Middle LaHave, and Ritcey's Cove. She attended the Normal School at Truro for nine months, and secured a B license. Giving up school teaching, she studied medicine with J. S. Calder, M. D. at Bridgewater, for six months, and spent three years at the Woman's Medical College in Philadelphia, from which she graduated in March, 1888, receiving an appointment as assistant physician to the College Hospital, which position she filled for one year. She then sailed from New York with missionaries for the far East, in the magnificent steamship City of Rome, and enjoyed a short holiday in London, seeing the places of note, and hearing Farrar and Spurgeon—getting from the latter an expression of his wish for abundant success in her work in India. In a letter dated Calcutta, July 17th, 1894, Dr. Ernst says that she was sent out by the Woman's Union Missionary Society (headquarters at New York) as a medical missionary, and has been so engaged for over four years. There is a large orphanage connected with the mission, of which she is physician. Her work is medical, with evangelistic teaching as opportunity offers. She has a large dispensary, attended by more than one hundred patients daily, with a hospital for widow patients, and in her work uses the Bengali and Hindustani languages without the need of an interpreter. Specimens of the patients' tickets, in each tongue, were enclosed.

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Vacation and Sight-Seeing

A PPLYING the above heading to the medical profession as a whole we believe medical men know less about what it implies than any other citizens, professional or civilian, male or female. We wax very eloquent and speak very profoundly when the tired business man or frazzled society dame needs a rest or change, but not for us. This at once raises the question, why should this not apply to doctors as well as others? Surely, most of us lead strenuous lives and naturally must tire, wear out, break down, die or sink into a helpless and hopeless decrepitude.

Now it is our business to prolong life by promoting health in others. It is, therefore, unreasonable for us to let ourselves get into the condition against which we warn our patients. When a doctor breaks down, everybody knows it and he is regarded as a kind of a hero or martyr, possibly he may have been only foolish.

In saying this we must make it clear that the financial awards to the general practitioner often make the avoidance of his physical break down an impossibility. In other words there are many members of the profession who have been continuously broken down financially. The solution of the problem in these cases may be some form of State Medicine which will safeguard the financial interest of the honest doctor in so-called poor districts. But these exceptions do not alter in any way the fact that the doctor should consider himself a citizen and preserve his own health so he can properly discharge his duties to the state. We have always recognized the necessity of the pro-

fessional refresher every year or two but we have notoriously neglected the vacational need upon both mental and physical grounds. Theoretically a month's stay in a quiet secluded country district, resting in sun or shade all day and sleeping ten or twelve hours at night might be the best thing in the world, but not for more than one doctor in a hundred. This is why we have linked the word 'sight-seeing' with 'vacation'.

The actual exciting cause of this contribution to the pages of the BULLETIN was the receipt of a circular letter from Sinclair Laird, Dean of Macdonald College, Quebec, regarding the 1929 "Across Canada and Back" personally conducted tour, which he is again arranging. We have noted some very pleasant and interesting tours arranged from the American Continent to Europe, the Mediterranean, etc. but we have not had very often presented the attractions of a tour across Canada. As a matter of fact many of us can visualize from memory scenes in Great Britain and Europe, who have never seen grander or more beautiful scenes easily available in our own Dominion of Canada.

Dean Laird's tour starts from Toronto, Monday July 20th, 1929 at 1 p. m. Then follows an itinerary of over three weeks that gives one everything there is to be seen between there and Victoria and return. That this is very desirable to the tired or over-worked physician is because he has no fuss, bother or responsibility in the matter,—he gets on the train and is looked after till he returns. He sleeps in the best hotels or Standard C. P. R. sleepers or compartment cars; he eats at similar hotels and in C. P. R. diners; and he sees everything of interest, beauty and grandeur along the transcontinental line of the C. P. R.. Rail, automobile, and steamer are used to vary the route and method of travel and to make the sight-seeing complete.

The trip is concluded at Toronto on August 12th, just three weeks. If you leave from Nova Scotia in order to spend a day or two in Toronto, looking up Doctors Primrose, Murray, Routley and others of our acquaintance, just add one week and you have laid out for yourself a most attractive and profitable vacation and sight-seeing trip. The Booklet—"Across Canada and Back", published by the Canadian Pacific Railway, gives some idea of the wonderful scenery that the traveler enjoys.

A number of our doctors go to Europe, the West Indies or the Southern States, generally in the winter time when most of the general practitioners cannot leave their practice. July and August are our really quiet months. These two are the best months to make a transcontinental Canadian trip.

This is written with the sole purpose of suggesting to the profession that, in their own persons, or members of their family, or their patients, a trip of this nature might be desirable and profitable for the reasons that we have indicated.

S. L. W.

Correspondence

Dr. W. H. Hattie writes the BULLETIN as follows:—

“Received the February BULLETIN today and am naturally much interested in it. Many thanks for your kind reference to me. Would you be good enough to send a copy of that issue to Dr. T. J. T. McHattie, Mascotte, OxLane, Harpenden, Hants, England? He will be interested in the references to his father.

I note what you say re the desirability of the Provincial Department of Health having an advisory committee appointed by the Medical Society. Down here in Alabama the profession has put things over very nicely. The State Medical Association is the State Board of Health, and also the medical licensing body. Administration is through a committee which may sit in either one of three capacities: (1). As a Board of Censors (for general administration of affairs of association) (2). As a Committee on Public Health. (3). As a Committee to deal with registration and matters incidental thereto. The State Medical Association elects the State Health Officer, while the County Medical Association elects (subject to approval of the State Association's Committee on Public Health) the County Health Officer. The term in each instance is five years, but at the last election the Health Officer for Mobile County was elected for two terms—just to save the trouble of too frequent elections.

I am gaining steadily and can get about quite a little, although some joints are still stiff and sore. Hope that you are in fine fettle.

Faithfully,”

(signed) W. H. HATTIE.

Under the date of March 2nd, 1929, Dr. C. F. Moriarity, Dalhousie 1925, now Deputy State Health Officer of Maryland, with headquarters at Salisbury, writes the General Secretary, enclosing his subscription to the BULLETIN.

In a previous letter he spoke very highly of the special Dalhousie Medical College issue of February. He also suggested that a further story of the Dalhousie Hospital Unit in the Great War might well be written. In spite of its intense significance, its terrible sorrows, sufferings and sacrifices, there were many incidents of a humorous nature. The Dalhousie Unit had its quota of these as well as other Units. In part Dr. Moriarity writes:—

"Dear Doctor Walker:—

Many thanks for your letter of the twenty-sixth ult., concerning the inclusion of my name on the mailing list of the N. S. Medical Society BULLETIN.

I am sending my cheque for the amount of three dollars.

My suggestion of a brief humorous sketch of the doings of "No. 7" should not have been taken to mean that I am offering to write it.

I rather think that Dr. Holland would write the thing. His pen moves with greater facility than mine, and he is in a position to check on the incidents, where as I am too far away.

I called on Colonel Jost yesterday. You know he is State Health Officer for Delaware. I rather hope he will come down to spend the coming Sunday with me. He and my father-in-law, Colonel Magee of Saint John, were well acquainted during the war period. Colonel Jost seems rather pleased with Delaware. There is an excellent organization in that State, and the legislative body is always generous and sympathetic with public health activities. Then too, Dover, the capital, is a rather delightful little city, with a very marked atmosphere of the old Colonial days.

Since I correspond rather often with Dr. Holland I shall mention the matter of the sketch to him. Perhaps he can get in touch with you.

With kindest personal regards.

I am,

Very truly yours,

(signed) C. F. MORIARITY."

Strolling along the quays of New York Harbor an Irishman came across the wooden barricade placed around the enclosure where emigrants suspected of suffering from contagious diseases are isolated.

"Phwat's this boarding for?" he inquired of a bystander.

"O," was the reply, "that's to keep out fever and things like that, you know." "Indade!" said Pat, "Oi've often heard of the Board of Health, but, bejabbers, it's the first time Oi've seen it!"

In the middle of the high trestle over a river the Scotchman prepared to alight from the bus. He handed the conductor a nickel.

"Ten cents, please," said the conductor.

"I'll nay pay it," mumbled Sandy.

"Then it'll cost you a lot more," roared the man in the uniform, seizing Sandy's suitcase and heaving it into the river.

"Mon! Mon!" groaned the Scot. "Ye not only rob me but noo ye are drownin' my youngest son."

Osler Memorial Fund

A LITTLE over three years ago some members of the Canadian Medical Association became impressed with the idea that memory of that great and shining light in the realm of Medicine, Sir William Osler, should be perpetuated in some practical manner. Following a very wise and well established precedent the Association at its Annual Meeting in 1926 decided that once in three years a William Osler Oration should be delivered before the Association. Despite a good committee and organization the absurdly small sum of less than \$3300. was raised. To this fund but 15 physicians in Nova Scotia contributed to the extent only of \$146.00.

The BULLETIN and the Medical Society of Nova Scotia is in receipt of the following letter from Dr. M. D. Morrison of Halifax who has assumed the duties of Provincial Secretary of this C. M. A. Committee. Dr. Morrison has sent this letter to the Secretaries of all Branch Societies.

282 Robie St.,
Halifax, N. S., March 12, 1919

Dear Doctor:

I enclose herewith a communication respecting the Osler Memorial Fund which kindly have read at the first meeting of your Society. Please favor me at an early date with some intimation as to what may be expected by way of response.

Yours sincerely,

(Signed) M. D. MORRISON."

The Communication mentioned is:—

Sir William Osler, M. D., F. R. C. P., Canada's most noted Medical son and one of the world's famous physicians, died on December 29, 1919. At the Annual Meeting of the Canadian Medical Association held at Victoria, B. C., in 1926 it was decided that, in commemoration of his great achievements, an Osler Oration should be given at an Annual Meeting of the Association once in three years; and a Committee was appointed to make all the necessary arrangements. This Committee succeeded in having organized in each Province what is known as a Provincial Unit, whose duty it is to interest the profession generally in the object to be accomplished and to solicit funds for the same. It was estimated that \$5000, at least, would be necessary to finance the undertaking, and it was thought that the first Oration might be delivered at the Montreal meeting of the Association in June 1929. But, so far, only \$3298 has been paid in from all over Canada; and as considerably more than \$5000 shall be required to carry on the work intended by the Committee an urgent appeal has been sent out by the Chairman to bring the attention of all medical men in the Dominion to the desirability of attaining this objective. The opinion was cherished, at the outset, that double this amount could be secured without much difficulty and that, in addition to the Oration, some Osler scholarships could be established. Of the 516 men on the Medical Register of Nova Scotia only 15 have subscribed and paid the sum of \$146. This is rather regrettable; and in the absence from the Province, on account of ill health, of the Convenor of our Unit, Dr. W. H. Hattie, I am hereby respectfully asking you to

have this matter considered at the first meeting of your Society, or at an earlier date by your Executive, as I believe that there are certainly many doctors in the country who would contribute to this Fund once the matter was clearly presented to them.

I enclose some subscription Forms which your canvassers may find convenient in their work; an additional supply shall be furnished on application. I enclose also copies of Reports made by the Committee from time to time.

Hoping to hear favorably from you at an early date.

I remain,

Yours faithfully,

(Signed) M. D. MORRISON.

Secretary: Nova Scotia Provincial Unit.

In the BULLETIN of January 1928 full publicity was given to this matter, and the report of the action taken by the C. M. A. at its 1927 annual meeting. At that time Dr. Hattie announced that several additional representatives in Nova Scotia had been named to cooperate with him in bringing Nova Scotia contribution up to a fair standard. Whether these named developed stiff joints or cold feet or simply a spirit of *laissez faire* we are not advised. The fact only remains that nothing more has been done in Nova Scotia

Undoubtedly Dr. Morrison will report what further has been done in Nova Scotia at the C. M. A. meeting in Montreal June 14th, to 21st and at our Provincial Meeting in Pictou June 25th to 27th. The BULLETIN strongly urges all Branch Societies to take immediate official or unofficial action in order that the best medically organized Province in the Dominion will not be at the bottom of the scale in a matter of such vital concern to the medical profession in Canada.

The Mallinckrodt Chemical Works Limited, feel that the time has now arrived to place before the Medical profession Monsol—the Germicide and Disinfectant.

The active principle from which Monsol is derived, originates in certain oils, known as Mond oils. As an antiseptic, Monsol embodies both the active germicidal power in the presence of organic matter, characteristic of the coal tar disinfectants, and also, owing to its relatively non-toxic and non-caustic properties, the advantages of the oxidising disinfectants. Thus a new epoch in the history of disinfectants, has been marked.

Monsol has been tested in leading institutions such as the Pathological Institute of McGill University, Montreal, and proven to be several times more powerful than any other disinfectant.

Monsol meets the doctor's every day need for the non-toxic and non-irritating antiseptic. In the treatment of many affections of the mouth, pharynx and respiratory passages, comparatively strong solutions can be applied. In addition to its special uses, Monsol is ideal for the sterilization of the instruments and hands.

Dalhousie Medical Students' Banquet

TO THE SCHOOL.

Professor R. J. BEAN, Acting Assistant Dean Dalhousie
Medical College.

(Responding to the toast "To the School", at the Dalhousie Medical Students' Banquet).

Mr. Toastmaster, fellow students, ladies and gentlemen:

I consider this opportunity to respond to the toast "To The School", an honor indeed, but, I feel that I owe an apology to this specially assembled group. I was born with a musical temperament, my boyhood ambition was to become a marine engineer, by accident I became a biologist, and by necessity I am now a simple college professor. Let me repeat then, the honor is all mine.

I know not what I am supposed to say to you, but, after thinking the matter over I have decided to preface my remarks with that familiar quotation which appears at the head of Vigilant's Column, "Without or with offense to friend or foe, etc.", and I would address such remarks to the junior students in medicine, in particular.

From the beginning of my association with the university, I am proud to acknowledge that I have always had a sincere interest in Dalhousie and her students. This, in spite of the fact that during those earlier years the average student felt a degree of warmth toward my department comparable to that which is expressed for the final examination in Medical Jurisprudence. It was during these early days however, that I discovered something about the attitude of the medical student toward Dalhousie. Late one afternoon in the solitude of my laboratory in the old Forrest Building, a couple of students remained after class to ask me some questions about the cell. I proceeded to divest myself of certain expert opinions and at the close of this conversation one student remarked, "That's what this place is, a Cell." Now, I have a tendency to be rather dumb at times, and I immediately jumped to the conclusion that he was making a comparison between my department and certain private quarters to be found at the City Hall or at Rockhead. Therefore, I asked him to explain himself. He replied to the effect, that in cells the nucleus was generally the all important organization and in the case of the Dalhousie Cell, the nucleus was situated on the Studley Campus. Such an interesting answer encouraged me to go a bit further, and I asked, "What relation had the medical school to the nucleus?" He hesitated a moment, and then said: "Well, so far as the students are concerned, we are just cytoplasmic inclusions, I guess". I then added, "In other words, unless you are a chromosome you have no chance at all." "That's

it", he agreed. Then, wishing to make him carry the analogy a bit further, I asked him just where the medical faculty fitted into this scheme. Again he hesitated, then grinning broadly as only a husky young Scotsman can grin, he said, "The faculty are *vacuoles*".

I soon found that this was simply a quaint expression of the way in which the average medical student looked upon his position in the medical school and the position of the medical school in the university, and it disturbed me not a little. As the years passed I saw the tremendous part the medical student was playing in university life, and the potential strength for good or bad that rested in medical student opinion. For instance, the best football player I have seen at Dalhousie was a medical student, the best hockey player a medical student; the best decorations I have seen in the gymnasium were arranged by the Medical Society, and the best orchestra leader is now a second year student in the Faculty of Medicine. Right here may I combine my compliments with a bit of free advertising. On Thursday afternoon and evening the Glee Club is putting on an excellent play at the Majestic Theatre. If that show did not have the active support of medical and premedical students, not to mention the material assistance of a certain member of the teaching staff and the young son of one of our genial professors of surgery, it would fall as flat as a glass of cocoa cola at 113 Market Street. Thus it goes, wherever one finds an energetic student group interested in the affairs of student life at Dalhousie, one finds the medical student.

Now Fate is forever playing a game with mere man, and, a little over a year ago the game of Life was in full and ordinary swing here upon our campus. Suddenly, Health gave our Assistant Dean a rotten deal and he was forced temporarily out of the game. The "Powers that be" cast an anxious eye, yea, an evil eye over the various departments, an eye which came to rest eventually on the Laboratory of Histology and Embryology. "Here *It* is", they cried in diabolical glee, "This pickled specimen of a developmental arrest, with his microscopic brain and ideas embryological, he will make an excellent goat. He is of the stuff that Deans are made."

Thus, during the past several months, I have had ample opportunity to study, even to worry over, the problems of the medical student and the medical school. Things are "looking up" a bit. We have not been blind to our problems during the past few years. A while back, the Gynaecologist, the Biochemist, and others whom I cannot recollect, made a careful diagnosis of the medical curriculum, performed some successful amputations, and thereby reduced somewhat the hyperpyresia of student opinion. The Pharmacologist practised some special therapeuties on the Student Medical Society, and it seems to be doing very well. Even that High and Mighty Body, the Committee on Studies, suffered a transfusion of student ideas, and submitted most gracefully too. As a result of such ministrations or manumissions, I hope, I even dare to believe, that the present student

body has a more healthy attitude toward the university than has been the case for the past several years.

One must understand the varied difficulties which beset our organization to really appreciate even slight improvements. Remember, the Arts College, the Law School, the Dental School, are all organized within the university as complete units for rounding out the instruction in each respective course. In Medicine, the university has but a short autonomous reign. The nature of our course and the incidence of our location, compels us to secure the assistance and co-operation of a wide group of institutions. Some of these institutions are controlled by a private corporation, some by Municipal government, some by Provincial government, and in some cases we have to deal with an institution supported by the Federal Government at Ottawa. It is the business of the university then, to endeavor to make a perfect whole out of such widely diverse parts. That we often fail is to be expected, for, the obstacles may be political, they may be due to disinterest or ignorance of things educational, or it may merely be a matter of the individuality of a single person or group of persons. In either case, the university must tread slowly, and lightly.

Again, you must not lose sight of the fact of rapid growth and development of the medical school. In 1911 the warp and woof of the old Halifax Medical College was remodeled to suit the more modern attire of the University Medical School. A few years, and partly from ambition and partly because of necessity, we blossomed forth in the full dress uniform of the Class A. institution. Now my own opinion may be wrong, but it seems to me that we obtained this glittering raiment about two years later than we might have tried it on, and at least five years earlier than we were ready to wear it. Does it fit? Do you want it to fit? Can we wear it with dignity? These are all burning questions before our administration to-day.

In closing may I say that I believe we have a good engine, we've got plenty of gas, and if you are all willing to get behind and push a little at the right time we shall presently be off under our own. Have faith in yourselves and in your school, and I promise that you will one day awaken and find yourselves raised to the dignity of mitochondria.

TO THE PROFESSION

Dalhousie Students' Medical Society Banquet, February 12th, 1929.
Mr. Arthur Murphy, Halifax.

Mr. President, Gentlemen:

I shall speak to you of a commodity that has served men of all creeds and cultural states, through all ages. There is no man too poor to possess one. He may not have a car, a tramway ticket or soles for his dilapidated shoes. But he can always speak with the pride of full possession of "My Doctor".

So long as men have ailed and died, so long have there been doctors. "I was on Death's threshold and ye pulled me through."

Yet the profession's first aim is not to stave off Death. It is to preserve health. The husky of two hundred pounds with knots for his biceps and bellows in his chest who boasts of being never to a doctor reminds me of Mark Twain's research on dying. During his travels he invested, time upon time, in accident insurance tickets and never did he receive any returns. Highly incensed, he investigated the matter only to find that ninety nine per cent of people died in their beds, so, in place of buying insurance he resorted to abstaining from his bed.

It is not a sign of health to abstain from medical men. Indeed it is now nigh the impossible. They have become health's harbingers and shed the warm rays of a prophylactic sun over all mankind until the medical student looks to the sky with doleful mien lest there be no clouds left for him.

But humanity has always its clouds and in their haze the doctor is seen in his noblest light. It is not through his thearapeusis, his skill with the scalpel, that he stands a pillar of strength, a source of hope and confidence to the weak in body and spirit. I think, in rubbing shoulders with Death he has caught a bit of the infinite which others may not hope to possess.

I would not have you think him perfect. He is very human. He may rant and storm about the operating room. Call loudly for dry sponges and scold because they are not wet. Swear aptly when he snaps a suture and intersperse all his remarks with impatient hurry ups. But when his patient returns to consciousness she finds him with a thoughtful smile, she feels an ethereal air about her and she understands how Kipling came to write,

"There are men, and classes of men, who stand above the common herd. The soldier, the sailor and the sherherd not infrequently; the artist rarely; rarelier still, the clergyman; the physician almost as a rule".

As medical students we know teachers rather than doctors. From our texts we learn the ideal medicine, from their lips its more difficult applications. We are their progeny. It is to us they must pass the torch. On them we rely to prepare us, that we may hold it firm and high.

And we take pride in the honor that is to be ours. It is we, the coming generations, who shall raise this torch to new heights. It is we who shall cure what are now the uncurable; who shall unearth the cause of cancer, the specific treatment of tuberculosis. Already we feel some confidence as, with the chapter of a text imprinted in our mind, we step forward to examine a case. But while we elicit symptoms *a* and *c*, *b* and *d* are missing. The printed page becomes a haze before our eyes and we poke the tissues with fingers that prod and prod and do not feel. There is a kindly presence beside us, a gentle hand takes the place of ours, and stepping back we bow—to the PROFESSION.

Hospital Organization

SEVERAL very profitable meetings were held in Nova Scotia the latter part of March at which Dr. G. Harvey Agnew, Secretary of the Hospital Service of the Canadian Medical Association of Toronto, was the chief speaker.

On March 15th a meeting was held at Truro which was attended by one or more representatives from some 24 hospitals in Nova Scotia. Here an association was organized to include all hospitals in Nova Scotia and Prince Edward Island. It was made very clear that this action was anticipatory of the time when union with the recently formed New Brunswick Association might be effected.

In our opinion a striking feature of this meeting was the large number of doctors who were present. Among these, besides Dr. Agnew from the Canadian Medical Association and Dr. S. L. Walker, General Secretary of the Medical Society of Nova Scotia, were Doctors Dunbar, Kent, Eaton, McCurdy, Charman and Reid of Truro; F. E. Lawlor, of Dartmouth, J. C. Morrison of New Waterford, J. G. McDougall of Halifax and some others we do not now recall.

While questions as to increased government grants and the care of indigents were fully discussed the dominant ideas emphasized was that the object of the Association was to improve the service all hospitals are rendering to the public in the care of the sick, the prevention of disease and the improvement of community health. The field in the Maritime Provinces is only large enough for one Association and all present hoped this amalgamation would take place in the immediate future.

The March issue of the C. M. A. Journal has this to say about the BULLETIN of the Medical Society of Nova Scotia.

"The Nova Scotia Medical BULLETIN for February is a special issue devoted largely to commemoration of the 60th anniversary of the founding of the Dalhousie Medical School, which coincided with the 75th annual meeting of the Medical Society of Nova Scotia, referred to in our December issue. This BULLETIN contains much interesting and valuable historical material in connection with the teaching of medicine in Eastern Canada. There are records of the men who have contributed to the growth of the School at the present, and accounts of the part taken by Dalhousie and its graduates in the Great War"

With Our Advertisers

DOES it ever occur to medical men that when they commit themselves to a proposition such as we have done regarding the value of the Ultra Violet Rays that our duty is not ended? We must in honor advise the employment of the agent in which we believe. Yet while we believe in the scientific fact that these rays do not penetrate ordinary glass we have made little or no move to advise the adoption of a window glass that will permit the passing of these rays. The BULLETIN therefore calls to your attention the use of "Vita Glass" and the following circular letter from Harry Legg of the Halifax Branch of the firm manufacturing this glass.

Vita Glass.

"Dear Sir:

Bringing sunlight indoors—making Ultra Violet Health Rays available in home, school and hospital—has been a problem of great interest to the Medical profession.

Vita Glass transmits somewhat over half of the Sun's Ultra Violet Energy in the actinic band. Its use in place of window and plate glass make possible the preventive and curative application of sunlight indoors, protected from all adverse weather conditions.

We are mailing you certain literature pertaining to this Vita Glass which we are manufacturing in England and trust you will find same of interest and perhaps you will be able to recommend its use in certain of your cases.

We carry a stock of this glass in Halifax and are in a position to make prompt shipment.

Yours very truly,

Pilkington Brothers Canada Limited,

(Signed) H. C. LEGG."

If there is one thing more than another which characterizes the output of British firms it is their absolute reliability, they are just what they say they are. We know very well this applies to everything of concern to the Medical profession, books, instruments, drugs, etc. We were, therefore, pleased to note recently that the Mallinckrott Chemical Works Limited are the Canadian Agents for the Monsol preparation of the Mond Staffordshire Refining Co., Limited, Victoria St., London. We suggest our readers accept samples by mailing an addressed post card forwarded you recently by mail.

MEDICAL REUNION IN PARIS

9th-14th June, 1929.

(Broadcasted to readers of the BULLETIN by Rougier Freres of Montreal)

The forthcoming Medical Reunion in Paris will extend from the 9th to the 14th of June; it will be organized with the co-operation of the *Revue Medicale Francaise* and its contributors, and will be open to all French and Foreign physicians, and also to medical students.

The constitution of the Central Committee is as follows:

President	Professor DELBET.
Vice-Presidents	Professors SERGENT and DESGREZ.
General Organizer	Professor BALTHAZARD.
General Secretary	Dr. Léon TIXIER.
Assistant General Secretary ..	M. DEVAL, Director of the Laboratory in the Faculty of Medicine.
Treasurer	Dr. Léon GIROUX, formerly Director of the Clinics in the Faculty of Medicine.

The meeting will be held in the Palais des Expositions, Paris (Porte de Vaugirard) where an Exhibition will be organized under the auspices of the French Exhibition Committee, the arrangements for which will be superintended by M. Jean FAURE, President of the Syndicate of Manufactures of Pharmaceutical Products.

During the afternoon, various addresses will be given in the new hall of the Palais des Expositions, by Professor DELBET and SERGENT, by Dr. LESNE, and others.

For the morning, a well considered programme has been drawn up, which provides for attendance at practical demonstrations with the assistance of the Directors of the various sections in the Clinics of the Faculty of Medicine, and in the public and private hospitals, the Poor Law Administration, Pasteur Institute, Radium Institute, etc.

The Entertainment Committee, presided over by Dr. Henri de Rothschild, has projected a particularly attractive programme:

- Sunday, 9th June: Official Reception in the Palais des Expositions; orchestra theatrical representation, refreshments.
- Tuesday, 11th June: Evening at the Opera.
- Thursday, 13th June: Motor excursion to the Vallée de Chevreuse, lunch at Rambouillet, visit to the Château of Rambouillet and Dampierre, to the Abbaye of Port-Royal des Champs, collation at the Abbaye des Vaux-de-Cernay.
- Friday, 14th June: The visitors will be received at the various climatic, thermal, and seaside-health centres, under particularly agreeable and advantageous conditions.

A Ladies' Committee will organize daily visits to the large dressmaking establishments, museums, concerts, tea rooms, etc. *It may already be said with certainty that the success of the Medical Reunion of 1929 will be even greater than that of preceding years as the Committee has benefited by the experience of the past to introduce every possible improvement.*

SUBSCRIPTION: 50 Francs for those attending the Reunion:
20 Francs for ladies and Medical Students. Payment by cheque.

For all particulars, apply to:

MONSIEUR LÉON TIXIER,
18, Rue de Verneuil,
Paris, (7e).

Deafness and Catarrh

Offensive Catarrhal Conditions Ended and Ear Tubal Deafness Successfully Treated by a Famous Specialist and by a Simple Home Method.

SUCH are the headlines of a full page advertisement in one of the Halifax City Dailies in its issue of February 16th, 1929. Just a year previous, to the day, almost the same full page advertisement appeared in a Cape Breton daily paper. Shortly after observing that full page fraud, the April 1928 issue of the BULLETIN published an article headed, "Fakes, Fakirs and Faddists," from which we quote the following paragraph:—

"But we do not need to go to Faddist Magazines for quack advertisements on a large scale. The leading daily newspapers in Eastern Canada just last November came out with a full page advertisement of a quack "Deafness" cure. Applying to the American Medical Association for information we learn that the "Coffee" fraud was exposed in *Collier's* prior to 1925 in a series of articles by Samuel Hopkins Adams. His business waned just about that time and he could not pay his advertising accounts. Then he removed from Des Moines, Iowa to Davenport, Iowa. In the latter place he made extravagant claims for himself as an "Eye Specialist", but in recent years has been doing a mail order business with full page newspaper advertisements. Some papers having investigated his claims accepted *Collier's* verdict and refused further business. That his business does not require such knowledge as the ordinary medical man possesses is shown by the fact that Dr. Coffee died October 4th, 1927, but his business, it is stated, is to be carried on by the W. O. Coffee Company. Full page advertisements cost money hence there must be a number of sufferers who send away money they can ill afford in the vain hope of relief. The obligation upon the profession to state the facts regarding these absurd claims of cure is quite evident."

Apparently the advertising department of this fraudulent concern gathers in enough money from the suckers in Nova Scotia to carry on this expensive advertising at least once each year, probably in several papers. In addition to what we have quoted above we would emphasize the obligation resting upon the medical profession in Nova Scotia to again warn the public so they shall not be victimized by this and similar frauds. The Medical Society of Nova Scotia should not only pass a Resolution, the most inefficient thing that can be done, but should make a definite request to all newspapers to carefully examine the merits of such advertising of extravagant claims for the treatment of disease. Indeed it seems rather strange that the advertising department of a city daily paper would not know that this particular fraud was fully exposed in *Collier's* in 1925.

S. L. W.

OBITUARY

ALBERT HUGH MACKINNON, M.D., C.M., Dalhousie University, 1913, Bathurst, N. B.

It was with profound regret that those members of the medical profession who had the pleasure of knowing Dr. MacKinnon learned that he was admitted as a patient into Camp Hill Hospital, where two weeks later, on March 8th, 1929, he passed away. After returning from overseas, Dr. MacKinnon located in company with Dr. L. D. Densmore, in Bathurst, N. B., where they developed a very extensive practice. Dr. MacKinnon was essentially a Nova Scotian. He was born at Pictou Landing, in 1887, a son of the late Hugh MacKinnon. After graduating from Dalhousie, he began practice in Upper Musquodoboit, and continued there until 1916 when he elisted in the St. Francis Xavier Unit of No. 9 Expeditionary Hospital, C.A.M.C. in 1917, but transferred to No. 7 Canadian Expeditionary Hospital and returned to Canada with that Unit in 1919. He was on the staff of Camp Hill Hospital until late in 1919, when he removed to Bathurst.

For several years Dr. MacKinnon waged a more or less successful resistance to tuberculosis but finally succumbed. He is survived by his wife, formerly Miss Maude Taylor of Stratford, Ontario, two young sons and three married sisters. Interment took place at Pictou Landing with military honors. Dr. E. V. Hogan of Halifax, his former Commanding Officer in the Dalhousie Unit, being present.

Dr. MacKinnon was a man who very easily made friends with his medical associates; most genial and kindly in his manner. He made you certain that he was most friendly disposed to you. It will be a long time before some of us will forget his genial smile and the merry twinkle of his eye. Not even the insidious attacks of his fatal disease could rob him of this pleasing manner. To Mrs. MacKinnon and the family and to his friend of many years standing Dr. Densmore, of Bathurst, the medical profession in Nova Scotia will at this time extend sincere sympathy.

ANDREW JAMES COWIE, M.D., University of Pennsylvania, 1860, L.R.C.P. London, 1897, Halifax, N. S.

Honorary Member Medical Society of Nova Scotia, 1922. The death took place in Halifax, on March 19th, of Dr. A. J. Cowie, at the advanced age of 93 years. In paying a tribute to the memory of this deceased medical gentleman the **Bulletin** ventures to reprint the notes written about him and published in the September 1924 **BULLETIN**.

Doctor Cowie's father was born in Scotland in 1798 and came to Halifax in 1816. Very soon after he removed to Liverpool and engaged in lumbering. In time he became both prosperous and influential with his lumber interests, milling and a large tannery, besides owning a number of vessels. Shortly after he moved to Liverpool the Episcopal Church there was opened, and from that time, until his death at the ripe old age of 92 years in 1890, he was warden of this Church. Dr. Cowie's mother was Janet More, she was of Loyalist descent, her parents having been in the party of Loyalists, under the direction of Colonel Sylvanus Cobb, who settled in Liverpool in 1761.

Doctor Cowie's school days were spent in the public schools and the Academy at Liverpool, his teacher being an Englishman who afterwards became a clergyman. The school curriculum must have been quite different from to-day, for when he left school at 16 he had finished Euclid, had read Virgil and Caesar and some Greek, he also had a working knowledge of navigation and land surveying. An accident in his father's mill at this time laid him up for a number of weeks and was responsible for a sea trip, which he took in one of his father's vessels, which nearly led him to follow the sea as his life's occupation. Following his illness he took a trip in one of the vessels to the West Indies, and from there to England, and wishing to continue at sea he did not return to his studies. After three years he sailed on a clipper barque to South America with a Captain Sponagle as Second Mate. On this trip he recalls very plainly an unusual storm in which the vessel nearly foundered as a result of what appeared to be a solid body of water many feet high moving rapidly across an otherwise fairly quiet ocean. It was a sorry ship and crew that finally limped into Rio Janerio. Here he came into contact with yellow fever.

After this trip he went to London, passed examination for First Mate, and was ready to sail as such with a Captain Merriam of Truro, when his father offered to send him to College. College, however, did not appeal to him, unless he looked forward to studying medicine. He was at King's College a year and, under the direction of Professor Howe, took a special interest in subjects that suggested a medical vocation. He was at this time in his 21st year when he went to Halifax and entered the office as a student under the direction of Dr. D. McN. Parker. For this tuition he paid a fee of \$100.00. He kept accounts, put up prescriptions, made pills, tinctures, syrups, etc., and read everything he could find in Dr. Parker's splendid library.

He had had considerable microscopic training at King's College, and Doctor Parker, on the occasion of one of his visits to England, brought a microscope back with him. He then took up the work more extensively being, perhaps, the first physician in Halifax to use a microscope for medical work. He assisted at operations and gave anaesthetics,—chloroform being in general use. He entered the University of Pennsylvania in 1858 and graduated in the class of 1860. He returned to Halifax and opened an office over what was then known

as Woodill's Drug Store, corner of Sackville and Hollis Streets, which was kept then by Dr. James R. DeWolf, who later became the first Superintendent of the Nova Scotia Hospital. This corner still has its drug store, being now known as Fader's Pharmacy.

Among those who were in practice when Doctor Cowie started in 1860 were Doctors Almon, Black, DeWolf, Hume and Gilpin (partners), Jennings, Slayter and others. Shortly afterwards came Doctors Rigby, Woodill, Venables and later Doctor Charles Tupper. For some time Dr. Tupper practised medicine in the city until his political activities required all his attention.

Fees in those early days were not high when he took a house on Argyle Street in 1865, his sister keeping house for him, two and six (2/6) for usual office consultations and visits for laboring men. For merchants and others of their ilk the fee was Five Shillings. Midwifery \$8.00, which included nine days subsequent attendance. Tonsils were removed in the early sixties for \$5.00. These fees were remedied later by the local Medical Society, which was even then active. They met regularly at each others' houses and always refreshments were available for those present. There were no specialists in those days, but Doctor Cowie is under the impression that Doctor Jennings was the only Doctor doing eye operations.

He recalls the first time he was called to consultation, the request coming from Doctor Jennings, who was some 18 miles down the Eastern Shore. It was in March with a cold driving Easterly. He did not have a great deal of country work, but this drive with horse and trap was a very severe one. The case was one of contracted pelvis and resulted favorably for mother and child.

Dr. Cowie was married to Mary S. More of Halifax, the same family name as that of his mother. They had three children who are living, a son and a daughter in Halifax, and a son in Wolfville.

Two years after his marriage he went into partnership with Doctor Parker, who, at that time had a large general practice. In 1861 small pox was prevalent in Halifax City and County, and Doctor Cowie and Doctor Gossip were the City Vaccinators and in charge of hospital patients. These cases constituted the first patients to enter the Victoria General Hospital, which was finished that year. Those admitted to hospital were those who could not be properly isolated in their own homes. The vaccine used was obtained from the marine supplies from the ships in the harbor. It was the English liquid vaccine. He never had in this epidemic a mishap following vaccination. At Hammonds Plains all the children in the community over 100, were vaccinated, all but two taking. At this time there were thirty or forty cases in Chezzetcook and Doctor Cowie was there two weeks, a guest of Father McIsaac. It was there that, when chicken was served at the table on Friday, Father McIsaac remarked,—“Well, we will have to call this fish to-day.” The remuneration for this work was fairly reasonable, at the time being \$10.00 per day.

Doctor Cowie went to England in 1876 taking with him his wife, children and nurse. He spent the winter chiefly in London and passed his L.R.C.P. examinations in 1877. Leaving the children and nurse at beautiful Hastings, he and his wife spent three very pleasant months on the Continent. When Doctor Parker took up consulting work and moved to Dartmouth, Doctor Cowie bought his residence and their partnership was dissolved. Doctor Cowie retired from practice ten years ago having fifty-five years practice to his credit.

He was living at Hillside Hall when he completed his 50th year. One evening after dinner he was called to the north end to make two professional calls. On his return he dropped in to spend a time at the Halifax Club. While there he received a telephone call that Dr. John Stewart wished to see him at his rooms at Hillside Hall. Here he found also present a number of Doctors of the City, when he was presented with a handsome mahogany humidor, suitably engraved. This was followed by a supper. The occasion seemed to call for something out of the ordinary so Doctor Cowie produced a bottle of Madeira wine that had been brought to his home by one of his father's vessels while he was a sailor boy. It was a 50th anniversary which was recognized by an over fifty years' vintage.

Dr. Cowie is survived by a daughter resident in Halifax, and a son in Wolfville. Many will recall meeting him at the 75th Anniversary Meeting of the Medical Society of Nova Scotia. He had just reached his 93rd year, and many remarked the ease and gracefulness with which he carried himself. The following editorial note in one of the city dailies is worth repeating.

A Beloved Pioneer.

"A host of old friends in this City and Province will be saddened by the announcement of the death of one of the oldest physicians in the Dominion, Dr. A. J. Cowie, who passed away here yesterday.

Graduated in 1860—nearly 70 years ago—Andrew James Cowie began a medical career that was to carry him high in the ranks of his profession and deep into the confidence and affections of the public to whom he ministered with such skill and sympathetic understanding for so many years. In July last he passed the 93rd mile-stone of life and remained remarkably alert mentally for one of his advanced age.

When we think of all this man experienced, all he witnessed, all he was able to accomplish in his long, busy and useful life, it makes us modest. He had reached the age of maturity before many now living were born and while many of us were children. He saw the pioneering of this land and was a practising physician before the Canadian Confederation. He witnessed the growth of Canada from small and scattered beginnings to the strength of nationhood and passed through all the handicaps, all the hardships, all the vicissitudes of those early times.

And now he is gone. He lived to a ripe old age and was, one may be sure, ready to depart through the Valley through which so many of his old comrades had gone before."

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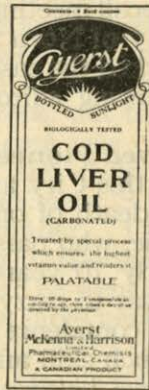
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CANADA

The news of the recent passing of Mrs. J. B. Black of Windsor, was learned with regret by her many friends. Mrs. Black was the widow of the late Dr. J. B. Black, who died in December, 1924. She was a woman greatly beloved by her family and had an exceptionally large circle of friends. No matter how frail her health, her interest in life and in her home never wavered and the sincerity of the welcome which was always extended made visiting her most pleasant. Four sons and four daughters survive her. One of the sons is Dr. Bret Black who has been for many years in Rangoon India, and formerly practised for a few years in Truro.

A noted Nova Scotian journalist and critic passed away in Halifax, February 28th, 1929, in the person of W. E. Maclellan, LL.D., who for many years had been the Superintendent of the Postal Services for Nova Scotia. He was 74 years of age. He had retired from the editorial chair of the *Halifax Chronicle* some 24 years ago. He was not only a prolific writer, but of a very independent attitude. His communications, therefore, carried very considerable weight. He received his Honorary Degree of Doctor of Laws from Dalhousie in 1922.

Mr. Maclellan was a native of Durham, Pictou County. He was educated at Pictou Academy, LL.B. from Dalhousie, 1880. He began his journalistic career in Western Canada but succeeded Mr. Robert MacConnell as Editor of the *Halifax Chronicle* in 1900. He is survived by his wife, who was Miss Margaret Mackenzie of Pictou, and one son, Dr. E. K. Maclellan, Spring Garden Road, Halifax. It may be recalled that another son was injured in a football game in Halifax in 1910 and died shortly after the accident. To Mrs. Maclellan and the Dr. E. K. Maclellan, the readers of the *Bulletin* will extend sincere sympathy.

From February 1929 *Manitoba Medical Bulletin* we regret to learn of the recent death in Edmonton of Lieut. Col. F. H. Mewburn, M.D., LL.D., O.B.E. Many of our readers who were in the C.A.M.C. will remember him especially those on the strength of the Hospital at Cliveden.

Recent District No. 6 Military Orders state that Major R. H. Sutherland No. 1 C.C.S., C.A.M.C. has been awarded the Colonial Auxiliary Forces Officers' Decoration under the provisions of Royal Warrants of several recent years. We hope the genial "Bob" will wear this decoration when he presides at our next annual meeting. This reminds us, why not a C.A.M.C. function?

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Locals and Personals

As noted elsewhere Dr. Harvey Agnew of Toronto, visited Nova Scotia last month. Besides the organization of the Nova Scotia and Prince Edward Island Hospital Association at Truro he spent March 18th in Wolfville in conference with the most enthusiastic hospital work it has been our good fortune to meet in a long time. It is a matter of regret that Dr. C. E. A. DeWitt finds it necessary to discontinue the maintenance of Westwood Hospital which has been doing such good work for a number of years. Sites, plans, heating, etc., were fully considered and contributions of a thirty bed hospital are assured. Here, too, many doctors were in attendance including McGrath and Burns of Kentville, Chute and Baird of Canning, Grant, Chase and Cochrane of Wolfville. Both Dr. Agnew and Dr. Walker emphasized the assistance that the Canadian and Provincial Medical Associations could be in matters concerning these smaller hospitals in particular. The idea of their development as community Health Centres met with full approval. We believe a very efficient public hospital will take the place within this year of the present institution. We would not be surprised if the present Nursing Superintendent will be invited to take over similar duties in the new hospital.

On Wednesday, March 20th, Doctors Agnew and Walker visited the general Hospital in Moncton and consulted with a number of the City practitioners. The opinion appeared to be favorable to an association of the Maritime Provinces for Medical Society and Hospital Association work. On his way back to Toronto Doctor Agnew visited also the profession in Saint John and Fredericton.

A Former Nova Scotian—Mr. John P. MacPhie of Pasadena, California, writes to the Kentville *Advertiser* of a Bluenose picnic recently held in Los Angeles. In his notes he thus refers to a former practitioner of medicine in Bridgewater, Nova Scotia.

"Every year a prize is offered to the oldest man present. This year the prize was awarded to Dr. Jas. S. Calder, a native of Pictou County, East River. Dr. Calder graduated from Harvard in 1866, and has the name of Oliver Wendell Holmes to his medical diploma. He practised medicine in Bridgewater for twenty years where he is remembered to-day not only as a physician, but as a leader in church and civic affairs. Then he came west and soon after settled in Los Angeles where he is now the oldest practising physician in a city of over a million people, and of over a thousand doctors. Dr. Calder is in his 89th year and is to be found every day at his office dispensing pills and powders, with the old familiar formula: Take a teaspoonful three times a day in half a glass of water after meals. If patient is not better repeat dose on retiring. When Dr. Calder was a boy in school

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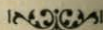
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at the old home in Pictou it was customary for the children to learn a Psalm in the Bible and a question from the Shorter Catechism on Sunday and repeat in school on Monday. One Monday morning Dr. John W. Dawson, then Supt. of Education, visited the school, and young Calder was called upon to recite. Having successfully wended his way over the perilous paths of effectual calling, he started on the 119th Psalm, repeating the most of it before he stopped. Dr. Dawson was so well pleased with the young lad's achievement that he gave him a bonus of five large coppers, and at the same time predicting for him a notable career. Dr. Calder has made a fine record and lived up to the best traditions of the old home and fatherland. For over thirty years he has been an honored elder in the Presbyterian Church, serving here as well as in Bridgewater."

We regret to learn of the continued illness of Dr. C. M. Weeks of Northport, Cumberland County. He has been a patient in Hospital in Halifax for several weeks. There are about 500 families in this vicinity with doctors no nearer than fifteen miles. What is to be done to secure medical services in scattered rural communities!

The BULLETIN notes that Dr. Lilian Chase of Port Williams, Nova Scotia, now located at Regina, was recently doing research work in Rochester.

We note in recent accessions to the Library of the New York Academy of Medicine a publication by Dr. D. Fraser Harris entitled, "Coloured Thinking", published by Routledge, London, 1928, 269 p. We have not seen any review of the book and can offer no comment.

In the United States there is an ad valorem duty on Surgical instruments. Not satisfied with this an effort is being made by certain U. S. A. instrument makers to raise this duty to 75 per cent. The Board of Trustees of the American Medical Association believed this would mean a considerable increase in cost to hospitals and physicians and have registered a protest with the Committee on Ways and Means of the House of Representatives. We trust no one will invest capital in Canada in the manufacture of surgical instruments else they may want similar protection. In the meantime there is no such duty in Canada, these being free of duty.

The Secretary of the Editorial Board used to curl years ago, or at least, like many doctors to-day who play golf, he *tried to curl*. Until this winter, now over, he thought the grand old game still had the most of the medical profession as its ardent admirers and abject slaves. However, this past season, as far as he can gather from the local press, has not been noted for achievements of members of the profession in

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this rival competitor with Golf. Can it be that the Profession have fallen for the lure and magic of Golf, as compared with the keen eye and judgment necessary in Curling, spending so much time in that diversion in the summer and fall that they cannot afford to devote ten to twelve hours a day in the winter to curling.

The medical men in New Glasgow have not, however, we are glad to learn, wholly become subservient to New Gods. They had a recent bonspiel in that town of curlers in a contest for a cup presented by the late veteran curler, P. A. McGregor. We looked over the list of players in this competition and found Doctors McDonald (skip), McGreggor (skip), Ballem (skip), Miller (mate), Robbins (skip),—a very good showing. But what an awful trimming Dr. Robbins' rink got—21 to *Nothing*.

Sydney seems to be the next place where medical curlers are stemming the tendency to a nine months loafing period instead of the short curling season. But even their opposition only takes in Lynch, Ross, McLeod and one or two others. When it comes to Hockey it appears to be different: for this please look elsewhere.

Dr. Lalia B. Chase of Wolfville, altho not in active practice, insists upon holding her membership in the Medical Society of Nova Scotia and reading the BULLETIN. Are there not others to do likewise?

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