The Nova Scotia Medical Bulletin

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Leading Features This Issue:

THE 76TH ANNUAL MEETING OF THE MEDICAL SOCIETY OF NOVA SCOTIA AT PICTOU JUNE, 25, 26 and 27, 1929.
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Acute Conditions in the Lower Abdomen of the Female

DR. W. W. CHIPMAN,

Professor of Obstetrics, McGill, Montreal.

Ladies and Gentlemen,

Two General Considerations:—

1—The genital tract in the female is a hollow cylinder, bifurcate above, which communicates directly between the skin surface and the Peritoneal Cavity. A direct channel, or avenue of communication between a contaminated skin surface and this mesothelial space!—Victor Bonny.

And this genital tract is subject to many vicissitudes. There are the traumata of menstruation, of child-birth, and abortion; and the dangers associate with venereal disease. It is an imperfect world. Hence in the female the frequency of Acute Infections of the lower abdomen.

2—The Peritoneal Cavity is one of the three large enclosed chambers of the body—it is the largest of the three, the largest lymphatic space. Its absorptive surface is immense, compared either with the Pleura or the sub-dural space. Hence the danger of an acute infection of this large space. The Peritoneal Cavity—an organismal Valhalla—a perfect Incubation Chamber.

These acute conditions are sometimes grouped together under the term, "The Acute Abdomen," "The Emergency Abdomen". The point of the emergency concerns both the patient and the surgeon, and any given individual has only one abdomen. To open or not to open—that is the question, a decision often-times of very grave importance.

I need not tell you that the opening of the abdomen should never be lightly or carelessly undertaken. I object to the term of "giving the patient the benefit of an exploratory." For if too often done this may be interpreted, condemning the patient to an added injury. In Surgery we must remember the three "Cs"—caution, care, as well as cutting. You also will agree that before any abdominal operation is undertaken, a vaginal examination, a rectal examination, or both, should invariably be made.—*Plea for mid-line incision in Interval Cases.*

In general terms, these acute conditions may be grouped as follows:—

(1) Haemorrhage, a concealed haemorrhage.
(2) Acute Infections, usually of the Uterus, the Fallopian Tubes or the Appendix.
(3) Perforation of the bowel or other hollow viscus,—perforation or rupture.
(4) An acute bowel obstruction.
(5) Strangulation of any organ or neoplasm.
(6) The passage of an uretral stone.
(7) A uterine abortion, spasmodic dysmenorrhea, or even a bladder retention.

For the gynaecologist the most common of these are a ruptured ectopic pregnancy, an acute appendicitis, or salpingitis, a uterine infection, strangulation, an ovarian cyst or uterine fibroid.

Speaking in a general way for all these conditions, some of them are at once recognisable—he who runs may read; while others require a most painstaking differentiation.

May I first make two pleas of a preliminary character. The first concerns the wisdom of a careful case-history, for in many of these conditions the previous history, or the story of the onset, may afford the clue. Sir James Mackenzie pointed out that in difficult cases, the diagnosis frequently depends more upon an exact history than even upon a careful, exact examination. My second plea is always to pass a catheter, and to examine the resulting urine.

I shall now discuss, in a general way, the various signs and symptoms of these acute conditions.

Pain is always the outstanding symptom. It may well be defined as Nature's expostulation to an injury, and its function is a protective one. La Rochefoucauld has told us that pain is the greatest liar in the world, but it is wise not always to believe this. At times it is a liar, and so for the matter of that are all men, and a few women, but I believe it is wise to take the following advice. "Never open the abdomen for pain only," for pain only and with no accompanying signs or symptoms.

The most important sign, perhaps, is the face—the abdominal face—the facial expression, and this never lies. So often it is the anxious peritoneal face, apprehensive. In haemorrhage it is pallid, often waxy, and the muto-cutaneous line of the lip is unduly sharp and pronounced. There is the grey ashen face of shock, and the flushed, or cyanotic face, of a severe toxaemia. The severity of the lesion can often, in this way, be immediately adjudged.

And there is the attitude of the patient, her decubitis, and her mobility.

If the lesion be acute, and intra-peritoneal, the patient lies invariably upon her back, and with her knees flexed. Any movement

is a torture. On the other hand, if the patient moves readily, and turns easily on her side, there is no grave lesion within the abdomen. I have often found this test of asking the patient to turn over on her side of great service. (Quote the case of the neurotic nurse.) Clamour: her focus did not confirm the tale of her suffering.

So far you will observe I have not mentioned either the temperature or the pulse-rate. I shall refer to them later in their special place.

Let us now consider the three commonest of these lower abdominal conditions. These are, you remember, haemorrhage, acute infection of appendix, or fallopian tube, and a strangulation or thrombosis of a pelvic organ or neoplasm.

(1) *The first of these is haemorrhage.* The common site, of course, is a ruptured tubal pregnancy. A severe haemorrhage may arise, however, from other situations; for example, from a ruptured Graefian follicle. (Three years ago, Primrose of Toronto, reported six such cases. I have met one in my own practice and there was a large loss of blood.) Again, a varicocele may rupture, and a uterus ruptured during labour, or perforated even by a sound or a curette, may lead to a severe intra-peritoneal haemorrhage. The history here is all important.

But the usual cases are the ectopics. As you know, the history of the pregnancy, the Amenorrhea is often indefinite. Rupture occurs usually between the 7th and the 12th weeks, and this rupture may be large or small. The dangerous situations are the isthmus and the Cornu of the uterus. If large, the haemorrhage is usually severe, the cataclysmic case with the pallor, sub-normal temperature, the rapid and thready pulse, air-hunger, cold and clammy extremities. The abdomen is tumid and tender, frequently tympanitic, for the bowel floats, (blood has a high specific gravity.) The pouch of Douglas may be full and depressed, and a feeling of crepitation as the finger breaks the blood-clot may be present. There is frequently the history of the dagger-like thrust of pain, with immediate faintness or collapse. A uterine trickle of blood is often manifest, together with rectal tenesmus, and some bladder strangury. In these severe cases, the diagnosis is easy, and does not require the taking of a haemoglobin index. Open the abdomen at once and give a venous transfusion—Citrated blood or a Glucose Saline.

It is well to remember that if such a case survive and be not seen till the 4th or 5th day the patient may present all the signs and symptoms of a wide-spread peritonitis, namely, fever, a rapid pulse, a distended abdomen with paralytis ileus, a regurgitant vomiting with a marked leucocytosis—the picture of late bowel obstruction.

In a so called chronic case—the "Leakers"—while the diagnosis is less urgent, it is sometimes more difficult to make.

There is the history—repeated attacks of sharp, lancinating pain in the lower abdomen, an interval of 24, 48 hours, or even some days between them; slight uterine haemorrhage, no marked fever, or great

disturbance of pulse-rate; a lateral mass on one or other side of the utreus, increasing rapidly in size. Mark such a case.

If a decidual cast is shed from the uterus—this occurs in only about 20 p. c. of the cases—the diagnosis is clear.

There is in these cases a degree of anaemia; there is often a marked leucocytosis (De Quervain contends that a leucocytosis of twenty-thousand, where signs are slight, points to a haemorrhage rather than to an inflammation.)

A haemoglobin index is of small value, you remember. Two years ago, the hope was expressed that a low and falling index would reveal a concealed haemorrhage. Unfortunately this is not so.

We rely in these cases upon the history—the recurrent attacks of pain—the uterine bleeding and mass, at first lateral to the uterus, which increases rapidly in size.

It is always well to bear in mind that—if in doubt, an exploratory Colpotomy is the indication, and at once settles the matter. If blood is found, open the abdomen from above and remove the tubal sac.

(2) The Second common condition is an acute infection—an infection of either the vermiform appendix, or the Fallopian tube. The distinction between these two infections is an all-important one to make, for an inflamed appendix should be at once removed, certainly within the first 24 hours. While, to open the abdomen for an acute Salpingitis is nothing short of disaster.

The inflamed appendix, we all know, with its more or less definite syndrome, outlined first by Reginald Fitz, and its surgical treatment indicated by McBurney of New York. Professor Wilkie, of Edinburgh, emphasizes an important pathological and clinical distinction. He says "there are two main types of Acute Appendicitis," (a) the one infective, an organismal invasion of the lymphoid tissue, the inflammatory type. Here there is pain, more or less continuous, but not severe, fever, increased pulse-rate, localised tenderness and a marked leucocytosis; and (b) the obstructive type, faecal concretions, often present, blocking of the circulation, and sudden gangrene, and perforation. Here the pain is intense and spasmodic, the fever is slight, the pulse is often rapid, the abdominal faces, and no great increase in leucocyte count."

These are his two main divisions, and I think they are well founded.

The common infection of the Fallopian tube we are all familiar with. It is really a mixed infection, an acute exacerbation of a chronic condition. The chronic infection is a gonorrhoeal one, rarely tuberculous, and the acute maleficent synurgism is frequently due to the colon bacillus.

It is the distinction between these two acute conditions, the one of the vermiform appendix, and the other of the Fallopian tube, that sometimes taxes to the utmost our clinical acumen.

How shall we proceed to such a distinction? It is, I admit, an old story, but one that in our daily practice is ever new.

In a general way it may be said that in acute Salpingitis the patient does not appear so ill; the temperature is often high, it is true, usually higher than an Appendicitis, but the pulse-rate is not correspondingly disturbed. The face is often flushed, but not to the same degree anxious or apprehensive. The function is not so greatly disturbed, nausea and vomiting are not a feature, though there may be considerable distention. Abdominal tenderness and rigidity more diffuse and wide-spread.

All this, in a general way, the general rule, if you like, where there are bound to be exceptions.

The history of the case, the history of an onset, or of previous attacks, a previous complicated puerperium, a one-child sterility, with depraved menstrual habit, may afford a clue.

And then in our examination we always look for signs of a gonorrhoeal infection. As I have said, it is an imperfect world. First, the signs at the vulva-vagina outlet; the chronic urethritis, with the pouting and aedematous tubules of Skene. The Gonorrhoeica Maculae, these Smister patches at the opening of the Bartholinian duct—these are all signs that a gonorrhoeal infection has passed that way.

If the infection be a Noeggerath's infection—a chronic gleet in the male—there will only be the chronic cervical catarrh, and the immobility of the uterus the uterus fixed in starch, as it were, and often with no definite appendage mass. Yet, at this time, the appendages are slightly enlarged, and very sensitive; and the mere movement of the cervix uteri elicits severe pain.

With such a finding, the diagnosis is, an acute exacerbation of a chronic Salpingitis, with a spreading Peritonitis, and the indication is—*Above All Things Do Not Operate.*

The situation in these cases was well summed up some years ago by one of our able Southern Surgeons, when he said, "In a gonorrhoeal Salpingitis, never operate in the acute stage; wait till the cold stage, and clear them out." Never operate till you are compelled. T. b. c. History, no sign of neisser, bi-lateral masses, intermittent fever.

In contradistinction to this clinical picture, I think it wise for us to keep in mind a typical attack of appendicitis. The history helps us here. There may have been previous attacks, but—

The pain is first felt about the umbilicus or in the epigastric region; but soon determines itself in the right lower quadrant.

There is anorexia, or nausea, or even vomiting. There is tenderness over McBurney's point, which we remember, is the base of the mesentery of the appendix—a lymphangitis.

Some muscular spasm or rigidity of the right rectus or oblique muscles.

Fever or quickened pulse-rate, often not specially pronounced.

A moderate leucocytosis—ten to twelve thousand, with polymorphs predominating. If the inflamed appendix be near the brim of

the pelvis, a vaginal or a rectal examination shows a marked tenderness in the neighborhood of the right sacro-iliac joint.

Such is a typical clinical picture of a catarrhal appendicitis. We can see at once how it differs from an acute Salpingitis. In doubt between the two—*watch and wait*—hour by hour, not day by day.

(3) *A Thrombo in organ or neoplasm.* Here the lesion is a definite thrombosis, or a twist in a pedicle. The common neoplams that suffer this pathology are Ovarian Cysts of medium size, or a Fibromyomata, of the uterus, pediculated or intra-mural.

Frequently the patient has been aware of the presence of the neoplasm.

The pain is severe and colic-like, short in duration, and the tenderness is at first localised to the tumor-surface; there is small disturbance of temperature or pulse-rate.

A careful examination discovers the neoplasm. If the thrombosis be extensive, or the strangulation severe, and the patient be seen late, there are all the signs of a super-added Peritonitis, the result of a colon infection.

These three conditions mark the common acute lesions of the lower abdomen.

May I add here a word of warning in respect of pneumonia. A pneumonocic infection, which may spread below the diaphragm, and simulate even an appendicitis.

My warning consists in this—a careful history of the onset. If a rigor has occurred, a chill, it is probably not appendicitis. In a series of 85 cases of appendicitis, in a Service in the R. V. H., a chill was recorded but three times; so, if there is a chill at the onset, watch the alae nasi (count the respirations), think of Pneumonia, and make a leucocyte count. If the leucocyte be over 15,000 in the first 24 hours, it is likely to be pneumonia and not appendicitis. *Pneumonococic Peritonitis*—first Menstruation. History must help us here and a widespread lesion from the first—and drainage was in two cases the salvation.

A word or two concerning bowel obstruction—an obstruction of the lower bowel. I need not remind you to examine all hernial orifices. An intussusception is common only in the young or adolescent, and soon gives rise to a typical ilio-caecal tumor, and the characteristic bloody mucus bowel discharge.

A volvulus occurs rather in the old, a rare left-sided lesion, which can usually be felt by bi-manual examination.

These Obstruction-cases occasion colic, with quiet intervals; ladder-pattern constipation, of course, and later, the anti-peristalsis may result in vomiting.

A diverticulitis occurs usually in the pelvic or iliac colon, and a diarrhoea is a frequent concomitant—diarrhoea and fever.

A stone in the ureter, or in the pelvis of the kidney may cause abdominal distention and vomiting, and not a few abdomens have been mistakenly violated.

The onset of the pain, its distribution unto the urethra or down the leg, a frequent micturition, and blood in the urine may possibly identify it. If in doubt, an X-ray picture should at once be taken.

A good surgeon must first be a good physician. A *mind* broadly trained and the hand narrowly.

The function of the good surgeon is to diminish Surgery—in the world to-day.

Medical Society Aims

WITH Volume VIII Number 1 the Bulletin of the Medical Society of the County of Kings, Brooklyn, New York, presents New Years' greetings to their 1,900 members. In doing so it calls attention to the fact, that 1929 is the 108th year of the existence of the Society, there being some ten or eleven other Societies in the East Atlantic States more venerable than our own.

Perhaps the following quotation from its opening editorial may indicate, in general, what a medical Society should accomplish:—

"The Medical Society of the County of Kings is not in any sense a medical trust. We are organized not for selfish reasons, nor for the persecution of those with whom we disagree. An impartial review of our record will clearly demonstrate that such is not the case, but rather our aim and purpose has been, and will continue to be, to promote the Science and Art of Medicine, and the betterment of Public Health. The Society is constantly providing educational opportunities for the Medical profession of Brooklyn, and in that way doing much to elevate the standard of practice to the highest plane attainable. We take a pardonable pride in our Library. It is the fourth largest in this Country. Its publications are available to members and non-members as well, and we believe it affords unexcelled opportunity for study and research. Speakers on medical topics have been provided on request to address lay bodies, industrial organizations, Boy Scout groups and Y. M. C. A. assemblies. In this way the Society is diffusing among the people knowledge of the achievements of scientific medicine, and at the same time teaching our citizens how to care for their own health and the health of their families and employees. Contacts have been made with the federal and municipal health departments, lay public health and welfare associations and by co-operation much has been done in preventive medicine. Progress has been made in medical problems confronting industry i. e.; the conservation of the health of the worker and the improvement of working conditions."

Thoughts From the Newer Physics

DR. S. J. MCLENNAN, Halifax, N. S.

ON several occasions the BULLETIN has suggested the wisdom of having some intellectual interest apart from one's daily occupation.

Brain fatigue, apart from mere bodily weariness, is rather a figment of the imagination, and mental rest is most easily obtained by change of occupation than by inactivity. Some time ago we were discussing this question with several legal friends. One of them remarked that he found his intellectual recreation in the study of the Classics, and especially in the Greek plays; while another stated that he was vastly interested in Physics. At any rate, we were all in agreement that there were better ways of obtaining mental rest than the reading of the latest form of mystery or detective novel. We might qualify this last statement by saying that we have no notion of decrying the detective story, as it really has a function, but nevertheless, it is unfortunate for anyone to have no other refuge.

There was a time when a Doctor of Medicine was educated in the Philosophy of his day, and was acquainted with the literature of Greece and Rome. Many circumstances have conspired to prevent this ideal state of affairs to-day, but probably the most potent cause has been the ever increasing scope of the Medical Sciences. So great has this become that it is difficult for the average medical man to even keep himself abreast of the current medical thought. Yet there are few occupations that so much as "invite to studious musing", for who, more than the medical man comes in closer contact with the mysteries of life here, and who has such opportunities of standing on the shore and gazing into the mystic regions of Eternity. While we have more than once suggested the pleasure that is to be got from a study of the great masterpieces of Greek, Latin and English literature, and are still firm in our opinion of their surpassing excellence, yet the newer aspect of scientific enquiry is opening up a fascinating field of study. Chemistry and Physics have long been looked upon as the portals of scientific medicine, and we all must necessarily have had some acquaintance with them. This may have been so much the case that they do not suggest a sufficient enough change to be satisfactory hobbies. In spite of that, we feel confident that the newer physics will prove of absorbing interest to those who have philosophic or scientific tastes.

To many who have regarded chemistry and physics as built upon a definite and substantial theory of matter, the revelations of the newer physics will come as a profound shock. When one recalls the enthusiasm of the 19th century scientists, for example, Huxley and Spencer, and their confident looking forward to the time when all the manifestations of life might be interpreted almost in the terms of an equation, it is difficult to realize the change in outlook that has overtaken the latest theories of physics. These men were absolutely convinced that the Darwinian hypothesis would solve all questions of physics, biology and philosophy. They thought that it revealed the past, the present and the future; and if, in their day, there were some flaws in the theory, they were very few, and succeeding generation would only need to modify it slightly to attain the truth "in esse". We are not calling in question the permanent value of the contribution which these men made to our knowledge, nor have we any notion that the theory of evolution has been superseded. What seems strange to us at present is, that they felt so confident that a single all-embracing theory of knowledge had been found. They were not, in reality, irreverent men, but their names have long been associated with the so-called Warfare of Science and Religion. It does not concern us here to discuss the question who was responsible for the beginning of the warfare—the scientists or the theologians—but one cannot but be amazed at the confidence with which these men attacked Religion, and upon what flimsy grounds. If there be any of us to-day who see things from their point of view, they will not get much comfort from the scientists of to-day, who looks upon the Universe in a comprehensive way. In the introduction to a book on Ophthalmology, Duke Elder, one of the brilliant younger men at "Moorfields", writes as follows:—

> "No one pretends to say to-day that the simplest phenomena of life, with their purposive histogenic and teleological attributes are explicable in terms of the known Chemistry or Physics, but no one pretends to say that the known Chemistry of Physics does more than touch the fringe of the universe of natural phenomena. If the intimate nature of Psyiological and Pathological problems is just beginning to be interpreted in terms of the fundamental sciences, the problems of psychology must be relegated still further into the future, before they find their rational solution. Colour vision, the mechanism of the nature of perception, and the other problems have been too long the sole and inviolate study of the physicist or psychologist. Their treatment, thus divorced from their evolutionary environment, recalls Plato's parable of the men in a cave, who sat chained with their backs to the light, and saw not real things or even models of them, but only their shadows cast by the light on the blank wall in front of them. What then, is the Real Thing?" (For the parable see Plato's Republic, Book VII.)

The Real Thing—quite a pertinent question—what is it, and how do we obtain our knowledge of it? The older scientists would have no doubt that the external terrestrial world described in terms of solid, substantial three dimensional space was real enough—the things that we can see and touch and handle—this is reality; not the vague elusive thing called Mind, which to many of them was nothing more than a series of brain reflexes and activities.

To such people, the work of Rutherford, Einstein and Eddington must come as a rude shock. It would be interesting to glance back and look at the development of the theory of knowledge from the end of the middle ages. Time and space, in the conventional meaning of the word, absolutely forbid this to any extent. But a passing glance may be permitted.

Modern philosophy may be said to have begun with Descartes. We use the term "philosophy" without any apology, for philosophy is in reality the "Science of the Sciences", though the Scientists of the day that is past would have none of it. Descartes, was supposed to have cleared away all of the "rubbish" that had accumulated in the Middle Ages (This remark is made with apologies to "Thomison", which philosophy for years has not received the recognition that it begins to get to-day.) Descartes laid the foundation of knowledge in "Self-consciousness'—Cogito ergo sum".

He knew of his own existence simply because "he thought", but he had no fundamental knowledge of anything else. How then, do we obtain our knowledge of other things, and what is reality? Locke, Berkeley, Hume and Kant gave different answers. Locke's answer was that all our knowledge came from experience, and through the senses. He says—"there is nothing in the mind except what was first in the senses." The mind was at best a "tabularasa" and sense experience writes on it until sensation produces memory, and memory ideas.

His conclusion is that, since only material things affect our senses, we can know nothing but matter, and the various phenomena that we associate with sense objects are bound together in what he calls a "sub-stratum", which is inherent in the object. Berkeley's response was that if Locke is correct in saying that all our knowledge is derived from sensation, therefore our knowledge of anything is merely our sensations of it, and the derivative ideas from it.

So then, a "thing" is merely a bundle of perceptions or memories—a condition of the mind. All matter is a mental condition, and the only reality we know directly is mind. Following Berkeley comes Hume, who says that we know the mind only as we know matter; by perception, and neither do we perceive any such entity as the "mind". We merely perceive separate ideas, memories or feelings. The mind is only an abstract name for the series of ideas, perceptions, memories and feelings, and there is no observable soul behind the processes of thought. So Philosophy was reduced to chaos.

In 1775 Kant read a German translation of Hume's work, and was aroused, as he said himself, from his "dogmatic slumber" in which he had accepted without question the essentials of religion and science; and for him the problem was to reconstruct the theory of knowledge and put it on a sound basis. There is something peculiarly suggestive in Kant's nationality—a German of Scottish descent—what heredity and environment could be more productive of a philosopher? Kant's reply took the form of challenging the premises of Locke and the development of Hume.

"Hume's conclusions," says Kant, "are the result of false premises. It was assumed that all knowledge comes from separate and distinct sensations." These cannot give necessity and one must not expect to see the soul even with the eyes of internal sense, but if we have knowledge that is independent of sense experience—a priori knowledge —then absolute truth and science would be possible. "For the mind of man," he says, "is not passive wax upon which experience and sensation write their absolute, yet whimsical will, nor is it a mere abstract name for the series or groups of mental states; it is an active organ which moulds and co-ordinates sensations into ideas, an organ which transforms the chaotic multiplicity of experience into the ordered unity of thought." In an elaborate system, which he called "transcendental philosophy" because it dealt with a problem transcending sense—experience, he reconstructed the theory of knowledge and reality in such a way that he became an inspiration to many thinkers.

In the development of the newer physics we can see the beginnings of the victory of Kantian Idealism over materialism. As we think of him let us stand in imagination in his presence with bared and bowed heads, and reverently acknowledge that there is more wisdom in his "Categories" than in the accumulated rubbish that modern psychology is so insistently pushing under our notice. But why have we mentioned philosophy when we intended to speak of physics? Simply because the newer physics has become metaphysics.

We all know that Einstein introduced fundamental changes in our ideas of time and space which were regarded as very revolutionary. In fact, this led to the conception of the fourth dimension. The greatest change of all, however, was caused by Rutherford's studies in the nature of the atom, which transformed the idea of matter that held sway virtually from the time of Democritus, who was born in the year 400 B. C.

Eddington says, "When we compare the Universe as it is now supposed to be with the Universe as we had ordinarily preconceived it, the most arresting change is not the re-arrangement of time and space by Einstein, but the dissolution of all that we regard as most solid into tiny specks floating in the void. This gives an abrupt jar to those who think that things are more or less what they seem. The revelation by modern physics of the Void within the atom is more disturbing than the revelation by Astronomy of the immense void of inter-stellar space."

The atom is so porous that if all the protons and electrons which constitute the body of a grown man were compressed into one mass, this man would shrink to a microscopic speck.

The old atomic theory did not consider the possibility of matter except in a rather indefinite manner, as in gasses. The first electrical theory of matter did not effect very much change in this idea.

The negative electricity was regarded as unit charges of small bulk, but the other constituent, the positive electricity, was regarded as a sphere of jelly with negative charges imbedded in it. Rutherford, however, in 1911, showed that the positive electricity was concentrated in tiny specks, and so the main volume of the atom was completely evacuated, and to use Eddington's expression, a "solar system" type of atom was substituted for a substantial billiard ball."

The accepted theory at the present time is that all varieties of matter are ultimately composed of two constituents—protons and electrons. The electrons, which are negative, electrical charges are revolving periodically in definite orbits around a proton which is a central positive electrical charge. As stated, the atom is a quiescent system, but it has the property of radiation, to develop which, something violent must occur. Bohr's explanation is that this takes place by the sudden changing of an electron from one orbit to another, producing, so to speak, a collision with another electron. This internal catastrophe within the atom produces surplus energy which must somehow or other be emitted, and hence radiation occurs. By means of these disturbances energy is transmitted from one system to another. It was assumed that this took place in a continuous manner, but it is known now that energy transfers take place in small parcels, or quanta. For example, in the case of light the quantum is the amount of energy liberated or absorbed in the atom which procuces the phenomena. An atom keeps on absorbing energy of a particular wave length until it has accumulated the corresponding quantum, when it changes into energy of another kind. On the other hand, on the occurrence of an atomic shock a quantum of energy is suddenly changed into light, energy and radiates until it is exhausted.

Is this the orderly Universe of the 19th Century? We see the solid substantial "matter" of the last century dissolving away and being interpreted rather as a series of events, inasmuch as it consists merely of electrical charges. If this be so, we can the more readily conceive of Einstein's fourth dimension "time", as the time of events must be as important as the position. Here we have taken for granted that we know what time and space are. But do we really know? Is space anything more than the negation of everything else, or may time and space not be regarded as mere conceptions of mind? But now the man in the street here remarks—"All this is nonsense. Do we not see and handle things around us? Do we not know what time is? Do we not understand the reality, for example, of a cube of wood, which has length, breadth, and thickness—is it not real?" To him we would

reply—You are right, but we have been badly brought up, and from uncertainty of vocabulary and from habits of thought and custom we have been associating reality with what are mere phenomena. We must, however, have a working hypothesis, or our every day life would end in chaos; but we must not deceive ourselves and believe that things mundane are always what they seem. We might ask a simple question,—Whence comes the colour of the rose? Is it in the rose or in the precipient mind? But to what does all this lead? In the first place we think that the old materialism which was the bane of our thought is practically gone, and though we have lost the old scientific assurance yet we have developed a more reverent attitude and a more open mind to unknown possibilities happening in the universe. The very latest theory of the Universe from the purely scientific point of view suggests an external influence in shaping events not absolutely working within rigid lines, but even giving evidence of Free Will. For absolute reality one must look beyond phenomena and by scientifically reasonable faith believe that it is to be found in a "City which hath foundations whose Builder and Maker is God." And may we not agree with Browning.—

"Have I knowledge? Confounded it shrivels at Wisdom laid bare,
Have I forethought? how purblind, how blank to the Infinite Care!
Do I task any faculty highest to image success?
I but open my eyes—and perfection, no more and no less
In the kind I imagined, fullfronts me, and God is seen God
In the star, in the stone, in the flesh, in the soul, in the clod."

Autopsy and Diagnosis.—I believe that in strict honesty we must admit that, as far as academic accuracy goes, a considerable percentage of diagnoses are either not made or are wrong; also that a large proportion of these are not due to any fault on the part of the physician but are due partly to the inadequate development of medicine and partly to the tricks of nature. There is, it may be remarked, just one physician whose diagnoses are always correct. That is the one who never has any autopsies performed.—*Nebraska M. J.*, April, 1929.

The Medical Society of Nova Scotia

76TH ANNUAL MEETING

PICTOU, N. S.

June 25th, 26th and 27th, 1929

Atlantic Standard Time

All Meetings Held at Headquarters--Pictou Lodge, C. N. R. Hotel.

TENTATIVE PROGRAMME

Tuesday, June 25th, 1929

Atlantic Standard Time.

1.00 P. M. Luncheon.

3.00 P. M. Meeting of the Executive. Approval of the Programme and Routine Business.

5.00 P. M. Special Golf Tourney.
Prizes to be awarded.

7.00 P. M. Dinner.

8.00 P. M. Annual Meeting Medical Health Officers' Association.
Meeting of the Executive or its Special Committees.

11.50 P. M. Reception to Arriving Members.

Wednesday, June 26th, 1929

Atlantic Standard Time.

7.30-8.30 A. M. Reveille. The buzzer will sound every 15 minutes till all cottages have responded.

8.30 A. M. Breakfast.

9.30 A. M. Registration.

10.00 A. M. Meeting called to Order. Adoption of Minutes. Unanimous consent to be asked for immediate report of the Executive, naming of Nominating Committee and the Auditors, and adoption of programme.

10.30 A. M. Presentation of Papers and Discussion.
DR. A. GRANT FLEMING, Prof. McGill, Montreal.
"Serum Therapy in Preventive and Curative Medicine."
Discussion. Opened by Dr. G. A. McIntosh of Halifax and Dr. L. M. Morton, Yarmouth.

11.30 A. M. DR. G. HARVEY AGNEW, Associate Secretary of the Canadian Medical Association, Toronto.
"Hospital Problems, especially in Nova Scotia."
The Round Table discussion will be opened by Dr. G. H. Murphy of Halifax.

1.00 P. M. Luncheon.

2.30 P. M. Presentation of Papers.
DR. RALPH P. SMITH, Provincial Pathologist, Professor of Pathology and Bacteriology, Dalhousie
"The relation of the Pathologist to the General Practitioner."
Exhibition of Specimens. Discussion opened by Dr. J. J. Roy. of Sydney.

3.00 P. M. DR. O. S. GIBBS, Professor of Pharmacology, Dalhousie.
"Experimental Shock."
Discussion. Opened by Dr. A. R. Campbell, Yarmouth.

3.30 P. M. DR. M. A. B. SMITH, Dartmouth.
"A Day at Guy's Hospital."

4.00 P. M. DR. L. R. MEECH, North Sydney.
"Low Cervical versus Classical Caesarian Section with Transverse Incision."
Discussion to be opened by Dr. H. B. Atlee, Halifax.

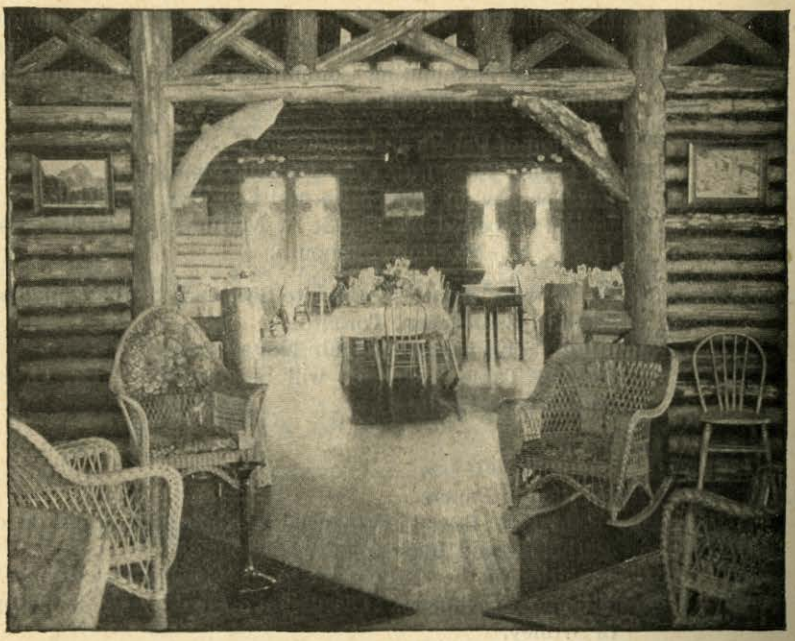
4.30 P. M. Moving Pictures.

5.00 P. M. Golf and Swimming Contests.

7.00 P. M. Dinner.
For Ex C. A. M. C. Officers there will be a special table, presided over by the President, who recently received a military decoration. The usual Army rations will be served to this group. Lest They Forget.

7.45 P. M. Presidential Address, Dr. R. H. Sutherland, Pictou.

8.15 P. M. MISS MARY BEARD, R. N., Assistant Director Medical Services, The Rockfeller Foundation, New York.
"Nursing Education."
Round Table discussion opened by Dr. K. A. McKenzie, Halifax.



THE DINING-ROOM WILL SEAT 150 GUESTS.

THE SHELTERED VERANDAH AND MAIN HALL HAVE A MASSIVE FIREPLACE.

9.15 P. M. DR. A. F. MILLER, Nova Scotia Sanatorium, Kentville.
(a) Tracheo—Bronchial Tuberculosis.
(b) Adult Pulmonary Tuberculosis (Illustrated with X-Ray Films).
(Discussion to follow Dr. Corbett's paper the next day).

9.45 P. M. Meetings of Committees.

11.30 P. M. Lights out.

Thursday, June 27th, 1929

8.00 A. M. Reveille.—Breakfast up to 9.30 A. M. when and where you can arrange.

10.00 A. M. Routine Business as per Constitution.

11.00 A. M. DR. H. R. CORBETT, Roentgenologist, Nova Scotia Sanatorium, Kentville.
"Intestinal Tuberculosis." (Illustrated with X-Ray films).
Discussion opened by Dr. C. M. Bayne, Sydney, and Dr. S. R. Johnston, Halifax.

11.45 A. M. DR. J. G. D. CAMPBELL, Halifax.
"The Paediatrician and the General Practitioner."
Discussion—opened by Dr. M. G. Tompkins, Dominion.

12.15 P. M. DR. ROSS MILLAR, Department of Health and Pensions, Ottawa.
"The Relations between the Ex-Soldier and the Medical Profession."
Discussion—Dr. E. K. Maclellan, Halifax.
Case Report—Dr. T. W. McLean, Scotsburn.

1.00 P. M. Luncheon.
Visiting medical men from P. E. Island will be guests of the Medical Society of Nova Scotia at this Luncheon.

2.30 P. M. Unfinished Business.

3.30 P. M. E. G. YOUNG, M. Sc. Professor Biochemistry, Dalhousie.
Discussion—Dr. W. H. Hattie, Dartmouth.

4.00 P. M. Unfinished Business.

8.00 P. M. Dinner Dance.

12.00 P. M. Adjournment, Sine Die.

Instructions and General Information.

ENTERTAINMENT—As far as the doctors are concerned, excepting golfing privileges, boating, canoeing, a quiet game and the dinner dance, no entertainment will be offered. But for the ladies there will be morning boating, fishing and golf, followed by Luncheon at the Golf Club. Afternoon Bridge and Tea. In the evening Bridge and on Thursday evening the Dinner Dance. The chaperones at the latter function will be the wives of the local doctors, Mesdames Sutherland, Dunn and Young.

TRAVELLING—There is good garage accommodation at the Lodge and plenty of parking space. A few of us must travel by train, not enough, however, to get any special rates. We must buy the ordinary return trip ticket. A bus for the Lodge meets every train that comes into Pictou, bringing you in a few minutes to the Lodge.

RESERVATIONS—It is only possible for accommodation for about ninety persons, therefore it is necessary for everyone intending to attend to advise the General Secretary or the Manager of Pictou Lodge, Mr. Ellis, direct, as soon as possible.

RATES—The Canadian National Railway Management has given us every possible help in arranging for this Convention. The following is the rate per day and per meal:—$2.50 per person per room on the basis of two people per room, with a charge of 75c for breakfast, $1.00 for Luncheon, $1.25 for Dinner and $2.00 for the Dinner Dance.

Officers of Pictou County Society.

President - -	Dr. H. H. McKay - -	New Glasgow
Vice-President -	Dr. T. W. McLean - -	Scotsburn
Secretary-Treasurer	Dr. John Bell - - -	New Glasgow

THE LOUNGE.

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

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VOL. VIII. JUNE 1929 No. 6

Our Seventy-sixth Annual Meeting

THE three score and ten allotment to individuals has fortunately no significance where an organization is concerned. A Society, in a sense like an individual, grows by what it feeds upon; but unlike him whose years are but few upon this earth, it develops vigor and freshness and wisdom with the ever increasing span. When time has pressed the seal of silence upon a member of our medical organizations, his place is taken, and the labor he contributed, in the hands of the younger apostles of our Art, goes on with more vigor, and may be more wisdom than before. As the members of the bodily organization wear out, there is none to take their place. There was, therefore, a sound philosophy in Touchstone's remark in "As You Like It" Life, he divided into the period of growth and the period of degeneration—about equal in time.

"Thus from hour to hour we ripe and ripe;
And then from hour to hour we rot and rot;
And thereby hangs a tale."

But the tale here is not to brood on degenerations we cannot stay, but to present to the medical profession of this province the glad tidings of the annual regeneration of the Medical Society of Nova Scotia. This is our seventy-sixth Annual Convention. It is true that the Annual Meeting is only one of the very considerable activities of the Society. But it is the biggest one; and the standing of an organization

is likely to be judged in terms of its major function. At this meeting our Society comes out in the open to give an account of its stewardship. It is the time for taking thought as to whether it is serving the purposes for which it was created as well as it should. If we have criticisms, here is where they should be aired. Even words of commendation might with propriety be voiced on such an occasion; that is, if there is anything to commend. And we think there is. In numbers and quality of our membership there is no apology to make. Organized medicine in Nova Scotia is much more a reality than at any time in our history. Perhaps the testing time of our organization is not yet here. The whole matter of the prevention and treatment of disease is yearly becoming more complex. Public health with much that it implies has long been adopted by the State as part of its legislative function; and there are many without our ranks, and maybe some within, who think there is little logic in the State confining itself to a portion of the public medical service and leaving the rest to the time honored practice of doctor and patient.

Beyond doubt there is evidence of unrest. The cost of medical services, of hospital care, the day and night special nurse, the x-ray and the laboratory, the whole big composite service which is now almost routine mean a strain on the financial resources of the average private patient which hurts, and often hurts badly. It has become a common observation that two classes of patients, the very well to do and the very poor, are the ones that receive the best modern treatment. The latter has every available resource of the hospital open to him without the disturbing consideration that home and family will have to stagger on for months and maybe years in order to pay the bills. The great middle class, it would seem, have some thinking to do; and they are beginning to do it. It may come to pass that our organized profession shall yet be called upon to help solve these and the kindred problems which ever increasing specialization is pushing into the forefront.

Once more the BULLETIN stresses the importance of time and attention to the business affairs of the Society. Not by science alone can this organization live. It is highly desirable that every member should be conversant with the practical business affairs of the Society and, therefore, we urge time and thought to the Executive's report, and the reports of the Standing Committees.

Our General Secretary worked hard on the programme, and has produced what looks like a very creditable effort. A new departure will be the address by Miss Beard on the Education of the Nurse. She is singularly qualified to speak upon this subject; and the matter itself abounds with interest. A glance at the programme will convince every member that Dr. Walker figures on keeping the convention pretty busy, while giving it, of course, some time for play.

And last, but surely not least, the meeting takes place in Pictou. And you know Pictou is more than a place. It is a state of mind; a real piece of psychology; else account, if you please, for the educational

urge, the distinctive ego and the sublime condescension towards the lesser ones on this earth which have made the name of Pictou and the Hector forever renowned. And the gathering takes place by the sounding sea; and in those commodious summer lodges, the envy and delight of the tourist; where, like in Macbeth's Castle:

"The air nimbly and sweetly recommends itself
Unto our gentle senses."

Again, there's Bob Sutherland, the President. He will easily maintain the best traditions of the Chair. And he will not stop at that. Dr. Sutherland does not stop easily when important things are to be done. He will keep right on; and, when this meeting is over, we will be voting it the best ever. Can anyone think of a single good reason for not being there?

G. H. M.

Dear Dr. Walker:

The following is a list of the graduates in Medicine, 1929, with their home addresses:

ALLEN, IRENE VIOLA, B.A.	Summerside, P. E. I.
BARNABY, HARRY COGSWELL	Bridgewater, N. S.
BROWNE, CARMAN CRAWFORD	Dartmouth, N. S.
CAVANAGH, CHARLES STEWART	Cambridge, Mass.
FRASER, HUGH ARTWORTH, B.A.	Halifax, N. S.
GRANT, KENNETH MILFRED	Glace Bay, N. S.
HARLOW, RALPH ROLAND	Bridgetown, N. S.
KIRKPATRICK, THOMAS ALEXANDER	Wirral, N. B.
MACDONALD, DOUGLAS FRASER	New Glasgow, N. S.
MACKENZIE, CHARLES MACLELLAN D.M.D. (Harv.)	Halifax, N. S.
MACPHERSON, LACHLAN	St. John's, Nfld.
MURRAY, ANNA ISABEL	Hillsboro, N. S.
OXLEY, PHILLIP LLOYD	Halifax, N. S.
WHITE, CLIFFORD PAUL	Chicago, Ill.
WHITTIER, MARIE JEAN	Upper Rawdon, N. S.
WINFIELD, GORDON ABBOTT	Halifax, N. S.

Very sincerely yours,

(Signed) W. H. Hattie,
Assistant Dean.

Correspondence

IN reply to your inquiry, with clipping, concerning a post mortem Caesarian operation performed in Toronto recently, I wish to say that I performed this operation about twenty-six years ago, or the year before the Nova Scotia Medical Society met in Antigonish, at Port Greville, Cumberland County. I read a paper giving an account of the case at that meeting; Dr. John Cameron, of Antigonish, was speaking of it the last time I saw him.

Dr. Kirk McLellan had me detail this case to his obstetrical class last Fall, and he stated to the class that, as far as he knew, I was the only man in Canada who had ever performed this post mortem Caesarian operation. The *Maritime Medical News* following the date of the Medical Society meeting in Antigonish referred to, would have this paper in it, and at the time it was copied in a good many medical journals over Canada and the United States.

In my case the woman was in apparently good health, and although suffering from Bright's Disease, for which I had her in bed and under treatment, she was feeling so well that, when I saw her the day before her death, she protested against staying in bed any longer. During the night I got a telephone call that she was in convulsions, and, when I got there, I found her moribund. Seeing that there was no hope for the woman, I reflected that there were circumstances under which it was an exceedingly important matter, in an involved estate, whether or not a woman died without issue, and I became strongly desirous of seeing what might be done in a case of this kind. I explained to the relatives that while the woman was hopeless there might be some chance to save the child, which they consented to have done. I had a scalpel in my pocket and kept a stethoscope on the chest of the dying woman, and as soon as the heart ceased I immediately opened the abdomen and the uterus and extracted the child. The child was like a rag doll and apparently dead, but I had prepared in advance some hot and cold water and plunged the child in them alternatively while performing artificial respiration, and in a few moments the child gasped and began to breathe. The child was a healthy child, and lived for three months, but unfortunately it died from cholera infantum, but lived long enough to demonstrate the practicability of the procedure. I see the child mentioned in the clipping was not delivered for fifteen minutes. My theory was that the seconds would count after the circulation ceased, and it could not have been more than ten or fifteen seconds in my case before the child was delivered, and I am sure that in a few more seconds it would have been impossible to resuscitate the child which, by the way, was only a seven months' child.

(Signed) JOSEPH HAYES, M. D.

Medical Research in Dalhousie

NEWSPAPER publicity has recently been given to the contribution of Messrs. Parke, Davis and Company of $1,500.00 to the Department of Pharmacology of Dalhousie Medical College. It is so difficult to be absolutely certain from the newspaper accounts relating to medical services as to their exact import and accuracy that the BULLETIN requested Dr. O. S. Gibbs, Professor of that Department, to let our readers know exactly the object of this contribution.

We had thought first, to give publicity to this item of news under our heading "With Our Advertisers". We sensed, however, that there must be behind this something of positive scientific value. The short contribution of Dr. Gibbs certainly justifies this opinion. We are, therefore, pleased to publish the note prepared by Dr. Gibbs, and to express appreciation of this contribution of a Pharmaceutical house to the progress of one phase of medicine in connection with the Medical College of Dalhousie.

Dr. Gibbs writes as follows:—

"The recent generous gift of Messrs. Parke, Davis and Company of $1,500.00 to the Department of Pharmacology for assistance in pursuing the study of the separated pituitary principles already being carried on, is an outstanding incident in the history of the Medical School, and marks an important milestone in the progress of the Profession itself, since this gift constitutes the first of its kind made solely for research purposes. Although Messrs. Parke, Davis and Company have an enviable reputation themselves for scientific work and for their interest in its furtherance, as is shown by their very practical gesture, this must be regarded by the Maritime Profession as a further sign of the development of its teaching centre. Not many years ago the sole aim and object of the "Halifax Medical College" was to turn out "good general practitioners" for home use. Since that time, and especially recently since the school, now a part of Dalhousie University, received its "A" classification, this aim is being replaced by the much more ambitious one of turning out as thoroughly well-trained medical men as from other schools of a similar standard. Literally this means a transition from a purely technical school to that of University standard, which implies not only a sound training in the applied side of a subject but also that extraordinarily important stimulus to original thought and deeds that arises from contact with men and teachers, themselves engaged in original work. To the profession, then, the gift of Messrs. Parke, Davis and Company, will be a practical indication that their medical school is taking its proper place amongst the other great Canadian schools."

Branch Societies

VALLEY MEDICAL SOCIETY.

THE twenty-second annual meeting of the Valley Medical Society opened with the President, Dr. Elliott, in the chair. The following were present at the opening, Doctors Elliott, Rice, Bethune, Corbett, Campbell, Hallett, McGrath, Schlosberg, Miller, Hall, Armstrong, Cochrane. Visiting Doctors Lovett and Pothier.

Dr. Campbell moved, seconded by Dr. Corbett, that Dr. Cochrane be Secretary pro tem. Carried. Minutes of last meeting, read and approved. Report of Secretary-Treasurer read and approved, subject to Auditors' sanction. Dr. Campbell presented Dr. Kelley and Dr. Corbett presented Dr. Schlosberg for membership. Dr. Hallett presented Dr. Rice, all were duly elected. The President appointed Doctors Hallett, Hall and McGrath as a nominating committee to report later.

The Annual Presidential address as given by Dr. Elliott, was very interesting and illuminating. Dr. Sponagle, Morse, Kelley, Sutherland and Brain arrived late. Dr. A. F. Miller then gave an address on (a) The healthy adult chest; (b) Pulmonary Tuberculosis. He explained the findings in the healthy chest, stating that there was no such thing as a normal chest from the X-Ray standpoint. Under Pulmonary Tuberculosis he outlined the modes of infection, classification, minimal, moderately and far advanced, showing and explaining the X-Ray findings in each. The address was very interesting and instructive.

Dr. Corbett then gave a very exhaustive talk on use of the X-Ray as a diagnostic factor, covering most of the fields of usefulness. Dr. Morse congratulated the speaker on his paper and discussed it briefly.

Dr. McGrath, in a very able manner, presented some of the Inflamed conditions of the Ear with which the general practitioner has to deal. It was discussed by several of the members.

Dr. P. S. Cochrane then read a paper on Pyelitis. The ground was fully covered and brought forth an interesting and instructive discussion from several of the members, who also explained various cases with which they had to deal.

The meeting then adjourned to the River View Inn where a fine repast was enjoyed by all. The nominating Committee brought in the following slate of officers:

President	Dr. A. B. Campbell, Bear River.
Vice-President	Dr. W. R. Dickie, Digby.
Vice-President	Dr. E. H. Kelley, Middleton.
Vice-President	Dr. G. R. Forbes, Kentville.
Secretary-Treasurer	Dr. C. E. A. deWitt, Wolfville.

The Executive of Nova Scotia Medical Society:

DR. L. J. LOVETT, Bear River. DR. L. R. MORSE, Lawrencetown.

A few after dinner speeches were given, Dr. Miller making a plea for better treatment of the Tuberculosis cases and especially for centralization of institutions for treatment.

Dr. Morse gave his impressions regarding his recent visit to the Montreal Clinics and Dr. Kelley his experience in the North country.

On motion the meeting was adjourned.

The BULLETIN gave this story a year or two ago, but as the Calgary *Eye Opener* repeats it recently, it may bear repetition:

"Just a few weeks ago there descended upon Calgary a mild epidemic of smallpox, with several cases reported in the vicinity of "Hambone Alley". Vaccination was ordered by the health department and Doc McHunt was sent to the black belt to see that the colored folks got theirs.

The first stop he made was at the widow Willis's. "Now, Mandy, where do you want to be vaccinated?" he asked, after explaining his mission. "On the arm same as before?" "Oh, no, no! Doctuh," Mandy replied. "Dat last 'un made mah ahm so', and Ah has too many washin's."

"Well," suggested the medic, "how about on the leg where it won't show?"

"Lawsy, no, doctuh—dat wouldn't do neithuh. Ah has lots of walkin' back an' fo'th, an' Ah'd be so lame I couldn't stand dat."

"Well, well," puzzled Doc McHunt. "Lemme see, now. Just where can we vaccinate you so it won't interfere with your work?"

"Ah tell you, doctuh," said Mandy, after a moment of deep thought. "Ah don't hab much time fo' sittin' around."

In the same epidemic, Aunt Agatha Riley passed away, and little Willie was out in front of the house mourning.

"Why so sad, little boy?" asked the kindly stranger. "Anyone die in your family?"

"Yeah," sniffed Willie, "my Aunt Agatha died with the small pox this morning."

"Small pox? Hadn't she ever been vaccinated?"

"I should say not, mister," responded Willie. "She was an old maid."

X-Ray Films

EVERYONE has learned of the terrible hospital disaster that recently occurred in a United States hospital in which no less than seven physicians lost their lives from the liberation of gas in a burning or explosion in the X-Ray department. As we understand, the situation x-ray films are usually composed of three fyles, the main fyle, new films and the current ones. Each being separately housed.

The A. M. A. Journal of May 25, 1929, gives the following instruction as to proper care and storage of the usual inflammable films.

"When more than 250 pounds of films are stored, they should be kept in a standard fireproof film vault constructed as follows:

1. A film vault shall not exceed 750 cubic feet in actual storage capacity, including aisles. The floor and walls of every such vault shall be of brick at least 8 inches thick or of reinforced concrete at least 6 inches thick. The roof shall be of reinforced concrete at least 6 inches thick. Walls, ceilings and floors of existing buildings that conform to these requirements may serve as wall, roof or floor of such vault, provided the other protective barrier or barriers composing the vault are rigidly tied into them and the interior vault space is limited in each case to 750 cubic feet.

2. A fire door shall be provided on each face of the wall to door openings leading into such vaults. Such doors shall be of an approved type, that is, bearing the label of the Underwriters' Laboratories. The interior door shall be made to close automatically. The outer door shall be of the swinging type and shall be made to close into a jamb so as to prevent the passage of flame around the edges. It shall be self-closing and so arranged as to close automatically in cases of fire originating inside or outside the vault at such times as it may be temporarily fastened open.

3. No skylights shall be permitted.

4. Slatted shelves shall be divided vertically at intervals not exceeding 10 feet. Backs and divisions shall be preferably of incombustible material, or of 7/8-inch tongued and grooved boards, or their equivalent in resistance to heat and gases. Slats shall be not over 4 inches wide and spaced at least 1 inch apart. Aisle space shall be at least 3 feet wide. Height of racks shall be 2 feet below sprinkler deflectors.

5. Each storage room shall be equipped with automatic sprinklers, arranged according to the sprinkler regulations so far as applicable. A sprinkler head shall be installed in the centre of the aisle opposite each section. The area to be covered by each sprinkler head shall not exceed 64 square feet of floor area.

A room so located on the roof as not to endanger other parts of the building requires automatic sprinklers only when salvage of the contents is desired or when there is probability of panic from the fumes.

6. An adequate vent to the outer air shall be provided. The area of the vent shall be equal to a clear opening of at least one-half square inch per cubic foot of room. Such vent may be provided by installing approved heat-releasing devices on the windows, preferably on the upper sash, arranged to open windows automatically in case of fire.

7. Heating should preferably be by hot water. When steam heating is used, only low pressure steam shall be permitted. Radiators or coils shall be on the ceiling or shall be adequately screened, and pipe lines shall be protected and screened.

General Rules and Cautions.

1. A metal can having a self-closing spring hinged cover and approved by the Underwriters' Laboratories should be provided for all waste negatives and film scrap, and at no time should these be permitted to accumulate and lie around on tables, benches or floor.

2. Stocks of unexposed films should be kept at a minimum. Only a limited supply should be kept on hand at any one time.

3. In rooms where films are filed or handled there should be no flames or any other than standard electrical fixtures. The use of portable lights on extension cords should be prohibited. All open lamp bulbs should be protected from breakage by suitable guards. An approved hand fire extinguisher should be in each room where films are handled. Doors of dark rooms and of other rooms should be arranged so as to make egress easy.

4. Film negatives should be filed as soon as possible in heavy manilla envelopes, either singly or by case. These should be conveniently arranged so that from time to time useless negatives may be weeded out.

5. Film illuminators shall be so designed that the diffusing glass is not hot to the touch and there shall be no unnecessary display of film negatives in lighted illuminators. Negatives set up for viewing shall be confined to those actually being inspected.

6. Smoking shall be prohibited in rooms where films are stored, in developing rooms and in similar workrooms. "No Smoking" signs shall be posted in prominent places.

7. No films shall be stored within 2 feet of steam pipes, radiators, chimneys or other sources of heat."

OBITUARY

AT the residence of her brother, Dr. S. A. Adlington of Bedford, there passed away a few days ago, Miss Louisa A. Adlington. Some 55 years ago Dr. Adlington and his wife came to Nova Scotia and settled in Brookfield and later in Shubenacadie. Of this family Dr. S. A. Adlington of Bedford is now the only surviving member. To him the BULLETIN extends sincere sympathy.

There passed away in February last Mrs. Daniel Reid of Middle Musquodoboit. She was buried at her former home in West Branch, River John. Dr. J. B. Reid, of Truro, is a stepson of the deceased.

The BULLETIN of the Medical Society of Nova Scotia desires to pay tribute to the life and work of Alexander H. MacKay, LL. D., until some two years ago Superintendent of Education in Nova Scotia. He died at his home in Dartmouth May 19th, 1929, being the Anniversary of his 81st birthday.

He was ill for the short period of two weeks, when apparently convalescing from Pneumonia the physical machine broke down.

Throughout his illness he was attended by his younger brother, Dr. H. H. MacKay, of New Glasgow, and was nursed by a sister, Miss G. M. MacKay, R. N. It has been the part of few men to make the impression upon their country as did Dr. MacKay. Education in Nova Scotia owes a very great debt to his far seeing ability. It might be wise for medical men to remember that the late Dr. MacKay has been constantly behind the present day system of the medical examination of children in the public schools. It is indeed seldom that the medical profession find in the educated layman leaders, like the late Dr. MacKay, who will readily endorse modern methods in the control of disease and the promotion of health.

The **Bulletin** regrets to record the passing of such an illustrious man, and would extend the members of his family our sincere sympathy.

Locals and Personals

THE Bulletin of the Medical Society of the County of Kings, New York, is of the same age as the BULLETIN of the Medical Society of Nova Scotia. However, the New York State Society was organized in 1822 and we began functioning only 76 years ago. Every organization must have an official publicity organ of some kind.

Dr. C. MacQ. Avard, who has been practising for a number of years in Scranton, Pennsylvania, has, we understand, returned to Amherst, his former home, where he had served two terms as Mayor. He and Mrs. Avard will reside in their former home when they were resident in Amherst.

The very comfortable home of Dr. J. Knox McLeod on May 11th, received considerable damage by fire. Prompt and efficient work by the fire department saved the house with an unexpected small damage to its contents.

Mrs. G. E. DeWitt, and her daughter Kathleen, have gone on an extended trip for the summer to the Pacific Coast. Mrs. DeWitt is the widow of the late Dr. Geo. E. DeWitt and Miss DeWitt is the sister of Dr. C. E. A. deWitt of Wolfville.

Dr. D. S. Sutherland, Chester, was a recent caller at the office of the General Secretary.

Dr. W. H. Hattie, in the May Journal of the C. M. A., has an interesting article entitled: "Anaesthesia in Early Days". He points out that the first recorded instance is found in Genesis, where the Lord caused a deep sleep to fall upon Adam preceding the excision of a rib

We are pleased to note that the newspapers of this province give publicity to medical society activities. It is an incident that shows the direction of the wind. *The Evening News* of New Glasgow makes recently special reference to the recent visit of Sir Henry Gray to Nova Scotia and the prospective meeting in Pictou the last of this month.

Dr. J. W. McKay of New Glasgow, accompanied by his daughter, Miss Isabel, recently visited in Toronto.

Dr. L. R. Morse had a trip to Montreal in May. He expects to attend the C. M. A. meeting there in June as well as our meeting in Pictou. You can get around like this if you have the inclination.

A new infirmary is needed at the Nova Scotia Sanatorium. We hope Dr. Miller will find some opportunity at the Pictou meeting of the Medical Society of Nova Scotia to let the Society know their needs.

The Local Medical Society.—Membership in a county society is evidence of a desire on the part of a physician to affiliate himself with the progressive elements in the profession. It is an indication that he sees the advantage of constant contact with his fellow practitioners. (A. M. A. Journal.)

Dr. and Mrs. C. B. Trites of Bridgewater spent a few days in Halifax during May.

Dr. K. A. Baird of Canning, recently addressed the local Women's Institute on Health matters.

Medical and social circles in Pictou County have been pleased to welcome the return of Dr. and Mrs. R. M. Benvie and their son to their home in Stellarton. They spent a very enjoyable time in England and on the Continent.

Dr. Blackett was appointed medical health officer for the town of New Glasgow following Dr. Evan Kennedy's departure for Western Canada. Dr. Blackett has been acting medical officer for some time following Dr. Kennedy's accident which necessitated his confinement to his home.

The BULLETIN has been pleased to receive and read the Annual Report for the year 1928 of the New York Academy of Medicine. We are very fortunate in our list of exchanges.

Dr. and Mrs. H. L. Simpson of Springhill, spent several days in May visiting in Halifax.

Dr. Margaret C. McDonald, who spent last winter in Spain, returned to her home in Nova Scotia at Bailey's Brook for the summer early in May.

Dr. J. J. Carroll, who has recently been associated with Dr. M. G. Tompkins of Dominion, recently spent a short vacation in Halifax.

Dr. and Mrs. W. R. Dickie of Barton, Digby County, are at present enjoying a visit in the United States.

We still read in the press of epidemics of diphtheria and scarlet fever. This should not be in Nova Scotia.

Professor Frank P. Day has recently been appointed President of Union College, Schenectady, New York. This honor has come to him at a comparatively early age following a distinguished literary career since his graduation from Mount Allison in 1903. He was born in Nova Scotia and is a brother of Dr. F. B. Day of Thorburn.

Dr. T. B. Acker, Prov. Lieut. C. A. M. C., has been permitted to retire as noted in M. D. No. 6 Orders under date of May 14th, 1929, retirement dating from 6th Feb., 1929.

Dr. H. P. Gouthro, who has been in England in connection with the Immigration Department, recently returned for a limited vacation.

Following its precedent of 1928 when Dalhousie University honored Doctors Primrose, Chipman and Finlay MacMillan with Honorary Degrees, at the recent convocation Dr. George David Stewart was similarly honored, altho, his work for the past forty years has been in New York City. Dr. Stewart is a native of Malagash and comes back "home" every year or two for a short visit. We hope to publish in the BULLETIN his address to the graduates of the University.

Dr. Dan McNeil of Glace Bay, delivered the address at the recent graduating exercises of the nurses of the General Hospital in that town. The *Sydney Post* is the authority which states it was "one of the finest ever heard here."

Dr. W. J. Poirier of New Waterford, entered St. Martha's Hospital the latter part of April. We trust he enjoyed his short stay in that very luxurious home for the sick.

Colonel Wallace Scott, so well known to many medical men in the Maritimes as the most enduring O. C. of Moore Barracks Hospital, was elected President of the Medical Services of Canada at the recent meeting held at Ottawa.

Dr. Geo. Cox, accompanied by his daughter, Miss Elizabeth, recently returned to his home in New Glasgow, after spending the winter in Florida.

Dr. C. L. McMillan, of Baddeck, brought his father to the Victoria General Hospital, Halifax, where he received treatment for several weeks.

Dr. Victor Mader, who has removed from 7 Spring Garden Road to 149 South Park Street, purposes in this month of June to join the ranks of the Benedicts. The bride to be is Miss Anna Helen, daughter of Mr. and Mrs. H. W. Cameron, South Park Street, Halifax.

Mandy—"Yas, suh, doctah, I done fears Ah has an infernal injury. I jes' slipped on a banana peel an'—"

Doctor—"You mean internal injuries, Mandy, not infernal. Infernal means the lower regions."

Mandy—"Well, dat's it, doctah—infernal!"

Elmer: "Last Sunday the preacher prayed an hour for all loose livers. You should have been there."

Horace: "I'll wait until he preaches on floating kidneys. Maybe he'll help mine."

Nurse: "Another patient for you, doctor. A victim of congestion."

Doctor: "Of the lungs?"

Nurse: "No, of the traffic."—*Life.*

It's fun to be a little breeze
And blow about the ladies' knees,
Though many knees without a doubt,
Are nothing much to blow about.

Heading the list of Trustees of the New York Academy of Medicine is our old friend Dr. Geo. D. Stewart, known to many of us and whose relations, including his mother, still reside in the vicinity of Malagash, Nova Scotia. If we are right in our recollection, he was more than once its President and has always been prominent in the direction of its activities. The March issue of their Bulletin has a very large series of papers but is chiefly devoted to skin diseases. We are hoping we can make interesting extracts from this number for our own BULLETIN

Boston claims the lowest death rate from Typhoid of any large city in the world, 0.63 per hundred thousand of population. That is about 5 deaths last year from Typhoid. Perhaps it is a record!

Dr. G. A. Macintosh and Mrs. Macintosh moved out to their summer residence at Bedford a few days ago.

Dr. A. E. Blackett and Mrs. Blackett, of New Glasgow, were recent visitors in the city, the guests of Mrs. Blackett's parents, Mr. and Mrs. W. B. Arthur, Inglis Street, Halifax.

Some one says that Chinese doctors attend people when they are well. It's not a bad idea at that. After forty it is well to have a physician examine one once in a while by way of prevention.

Birth. LEBLANC—At West Pubnico, N. S., April 11, 1929, to Dr. and Mrs. J. Emile LeBlanc, a son.

Birth. SAUNDERS—At Lunenburg, N. S., on April 2, 1929, to Dr. and Mrs. R. McK. Saunders, a son.

Dr. Charles Cavanagh, Dalhousie 1929, is about to settle at Mulgrave. Dr. Brean has been very much over-worked in this district for several years and will doubtless be glad of assistance.

Dr. S. J. Turel, formerly of Halifax, is now practising in New York City, being located at 56 East Seventy-fifth Street.

A picture of Joan and Jean deWitt, twin daughters of Dr. and Mrs. G. E. H. deWitt of Regina, Saskatchewan, and grand daughters of Mrs. G. E. deWitt of Wolfville, (widow of the late Doctor George E. deWitt and mother of Dr. C. E. A. deWitt), won the prize in a recent Kodak Company's competition.

The Lunenburg *Progress-Enterprise* refers to the BULLETIN'S obituary note relative to the death of Mr. G. W. McLeod on March 13th, 1929, at Burnside, Pictou County, as his father, Dr. F. J. McLeod, many years ago practised his profession at Riverport for several years.

The Soldiers' Memorial Hospital at Middleton has a recent addition of two beds and other equipment for a maternity ward. The money required has been collected by the I. O. D. E. of Annapolis Royal as a memorial to the late Dr. Augustus Robinson, who practised there so many years ago.

The New Glasgow *Evening News*, a paper whole heartedly devoted to promoting health in our province, tells us in big head lines that—"Experts commend management of Aberdeen Hospital. Visiting experts found much to commend at the Aberdeen, and indulged freely in constructive criticism as well. Visiting and Publicity placed in a new Light". Dr. Hayward of Montreal and Major Galbraith of Toronto, may be the best hospital experts on this continent, but how does it happen that they visit only Aberdeen Hospital?

The $100.00 prize for the Maritime Provinces in the recent Eastman Kodak Prize Contest for March was won by Mrs. (Dr.) R. O. Bethune of Berwick. Congratulations.

It's a fact. Golf is a year round game, you can play it all summer and talk it all winter.

Many people who have given up their lives for what they believed was faith, did not die because of their faith, but because they didn't want to change their ideas.

Dr. and Mrs. J. J. Roy of Sydney carried off the honors in the opening official first Golf competition. We presume they will enter for the big competition at Pictou Lodge on Wednesday, June 26th, 1929. Entries confined to Doctors, their wives, other members of their families or their friends.

The Dr. John W. Flinn mentioned below was born in Wallace, N. S. and practised there from 1895 to 1897. Dr. R. S. Flinn is his son. Another son, Z. Flinn, is a medical student at Dalhousie and a technician in the Laboratory.

"**Unique Plan for Graduate Study.** The Yavapai County Medical Society and the medical officers at Fort Whipple held their annual banquet March 26, to celebrate the close of their graduate study course. The winning group comprised Drs. Southworth, John W. and Robert S. Flinn, Devine, Sullivan, Thomas, McWhirt, Bassett, Hazel, Matschke and Linn. The average attendance for all groups taking part in the graduate study for the year was 97.8 per cent." (A. M. A. Journal.)

Mr. Walter Dechman, a son of Dr. A. A. Dechman of Bridgetown, was a recent graduate of the Nova Scotia Technical College.

Dr. John W. McKay of New Glasgow announces the engagement of his daughter, Ethel, to Dr. Arthur Ernest Doull, Jr., of Halifax, Nova Scotia. The wedding to take place on June 8th.

From the official announcement of the Alberta Medical Association we learn that their annual meeting will be held in Lethbridge, Sept. 18, 19, 20, 1929. Their principal lecturers, besides Dr. T. C. Routley, will be Doctors Richards, Young VanWyck of Toronto, and Dr. Bazin of Montreal. In order to give this Post Graduate team weight and full authority Doctors G. H. Murphy and K. A. McKenzie of Halifax, are also included in the list.

Dr. Lachlan MacPherson, Dalhousie 1929, has been appointed to the staff of St. John County Hospital. He was formerly on the staff of the Nova Scotia Sanatorium following a short period as a patient.

Dr. L. R. Morse, of Lawrencetown, has been placed in charge of the X-Ray equipment of the hospital in Middleton.

Dr. and Mrs. A. F. Miller, of Kentville, were visitors in Halifax May 23rd and 24th. The Doctor attended the meeting of the Tuberculosis Commission.

Dr. J. D. Dinsmore, of Port Clyde, with Mrs. Dinsmore, recently had an auto accident at Shelburne Corner on the Port Mouton-Yarmouth road. Several mishaps have occurred at this point. The chief damage in this case was to the telegraph pole, which was completely fractured, the Doctor and Mrs. Dinsmore receiving cuts on the face and head from broken glass. Incidentally the Buick coupe was considerably damaged.

Dr. W. H. Hattie gives the following Nova Scotia notes in the current issue of the *C. M. A. Journal.*

Dr. I. M. Lovitt, of Yarmouth, signalized his recent return from an extended visit to South Africa by endowing the Digby Hospital in the sum of five thousand dollars.

At the annual meeting of the Halifax Branch of the Medical Society of Nova Scotia, Dr. J. R. Corston was elected president for the ensuing term, and Dr. J. N. Lyons was elected vice-president. Dr. N. H. Gosse was elected to the secretaryship.

A gift of two thousand dollars has been made to the Faculty of Dentistry, Dalhousie University, by the Carnegie Corporation for

the Advancement of Teaching. The gift is to be used in strengthening the dental library.

Members of the "old school" who look back affectionately upon the days of the Halifax Medical College cannot but feel a sense of regret at the demolition of the old college building, which has been razed to make room for the construction of residences.

The Halifax profession took advantage of an opportunity to honour Dr. George D. Stewart by tendering him a complimentary dinner on the eve of the Dalhousie Convocation. The dinner was held at the club house of the Halifax Golf and Country Club, Ashburn, and proved to be most enjoyable.

Dr. Haywood, Montreal, and Dr. Galbraith, Toronto, have recently completed an exhaustive survey of the Aberdeen Hospital, New Glasgow. Their visit followed shortly upon the distressing Cleveland hospital disaster, and their suggestion that inflammable-type x-ray films should be removed from the Aberdeen Hospital to an adjoining building was followed by immedicate action. The receipt of their full report is awaited with interest.

The announcement of an advance in the rate charged to patients of the Nova Scotia Sanatorium brought forth a memorial from the patients in protest against the increased charge. The Minister has, in consequence, decided to postponing application of the new rate for two months, and meantime an investigation is to be made in the hope of finding a means of continuing the present rate. Many are of the opinion that an advance would be regrettable, and that a revision of rates, should, in the interest of the public health, be downward rather than upward. Unfortunately, an attempt is being made to attach political significance to the proposed change, so that the discussion is not quite dispassionate and is not entirely in the interest of the unfortunate victim of our most devastating disease.

The twenty-sixth of May proved rather disastrous to the motor cars of several Nova Scotia physicians. Doctor Johnston, of Great Village, and Dr. McCurdy, of Truro, were both summoned to attend victims of a motor accident, and in their rush to the scene of accident became involved in a head-on collision, which fortunately caused no injury to either doctor but seriously damaged both cars. On the same day, Dr. Wickwire, of Liverpool, on responding to an emergency call, found that he lacked some necessary materials and directed a messenger to take his car and go to his office for the things needed. The messenger miscalculated a turn in the road and went over an embankment with serious results to the doctor's car.

Sixteen graduates in Medicine were awarded their diplomas at the Convocation of Dalhousie University held on the fourteenth of May. This is the smallest medical class graduated from Dalhousie for some years. On that occasion, the honorary degree of LL. D. was conferred upon Dr. George David Stewart, of New York—a native of Nova Scotia who has achieved eminence in the great republic. Dr. Stewart delivered the convocation address, in which, with medical education as his theme, he sustained well his reputation as an interesting and stimulating speaker.

A few weeks ago Dr. O. S. Gibbs, of the Dalhousie Medical School, reported some of his experimental work in pharmacology to the Nova Scotian Institute of Science. As a drug which he was studying affected the heart in such manner as to interfere with his experiments, he removed the heart of a cat, substituted a rubber heart which was motivated by electricity, and kept the animal alive for several hours. The newspapers learned of the experiment and seized upon the dramatic element—the artificial heart—for a "feature". They gravely submitted that bad human hearts cannot yet be replaced with artificial organs. Of course, correspondents have expressed much shock at inhuman treatment of cats. And there has apparently been general failure to realize that Dr. Gibbs' ingenuity opens up a means for the investigation of the action of drugs which may prove to be of very great value.

When Laennec gave the stethoscope to the world, it is quite unlikely that he had any conception that it would be utilized in the location of a distressed kitten. But the story comes from Glace Bay that a kitten's curiosity might have led to its untimely demise had Laennec not lived. The kitten contrived to get into the wall of a warehouse, but seemingly forgot the combination and failed to come back. It announced its plight to all who would listen, but none could be sure of just where it was. As the proprietor of the warehouse had little ambition to have unnecessary holes made in his wall, he welcomed the suggestion that a doctor's stethescope be brought to the aid of the rescue party. In the skilled ears of an inspector of wiring, the instrument proved worthy of the confidence reposed in it, kitty was located with great exactness, only one hole had to be made to extricate her, and mother cat *et alia* were relieved of much anxiety.

The Newer Pathology. Strange medical sequence seen by F. M. P. in the Scranton (Pa.) *Times.*:

Olean, N. Y., April 24—(AP) Peritonitis to-day caused the death of Mrs. Grace H. Davidson, of this city, according to physicians. Mrs. Davidson contracted vaso-motor rhinitis from a pet cat she and her husband gave their daughter as a Christmas present. The rhinitis spread to Mrs. Davidson's nose, causing peritonitis.

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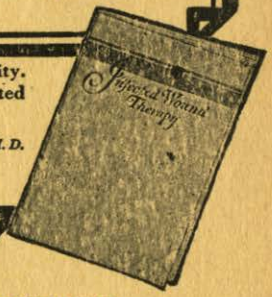

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