The Nova Scotia Medical Bulletin

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Leading Features This Issue:

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Some Phases of Poliomyelitis

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THERE are few, if any, diseases at the present time that are more dreaded than Poliomyelitis. Feared by the laity due to its high incidence in young children; the malignancy of the disease, which frequently leaves its victims permanently and severely disabled, and the difficulty in guarding children against exposure; feared by Public Health Officials and physicians due to the lack of definite knowledge of the mode of transmission of the disease, which makes effective control of an epidemic almost empirical; and the difficulty of obtaining anything like an adequate quantity of carefully prepared convalescent serum, which, together with rest, is the only effective way of preventing permanent disability and in many cases, death.

There have been several epidemics of this disease in Canada. Probably the most severe, and most carefully studied occurred in Winnipeg and Western Manitoba in the late summer and autumn of 1928, when 435 cases were reported. The disease is very widely disseminated, but a wave of almost epidemic proportions seems to be approaching the Atlantic seaboard of Canada. In view of this, the writer is briefly discussing some phases of the disease.

Poliomyelitis, or infantile paralysis, was first recognized in America by Calverley, in Vermont, in 1894. It had been recognized in Europe about 50 years prior to that date. The first intensive study of the disease was made by Flexner and Noguchi during a severe epidemic in New York in 1910. These two scientists succeeded in isolating a small filter-passing organism from the spinal cord of patients suffering from infantile paralysis. This virus could be cultured and would reproduce a typical attack when inoculated into monkeys. While all investigators are not entirely agreed on the subject, there seems to be very little reasonable doubt as to the casual organism of this disease.

When we speak of the mode of transmission of the infection, it must be frankly admitted that we have very little definite knowledge regarding the route or routes by which the virus spreads from an infected case to a healthy individual. Almost every known route has had its supporters; direct contact, carriers, animal carriers, dust, food, flies and many agencies have been advocated. No single one seems to explain even the majority of cases. The most probable explanation, judging from some peculiarities of almost every epidemic, such as the high rural incidence, the frequency in which there is only a single victim in a family, and the lack of spread in congested centres, is that it is insect borne; but the insect, if any, has not as yet been discovered. Probably it is spread in more ways than one.

With so vague an idea of the mode of transmission, it follows that the methods used in the control of an epidemic are largely em-

pirical. The isolation and, if possible, the hospitalization of cases, is important. They should be cared for by *one* person; all dishes, discharges and clothing, carefully sterilized. Contacts, especially children, should be under careful observation for two weeks and adults prohibited from such occupations as the preparation of food, or coming in contact with young children. The period of incubation seems to be about six or seven days.

The symptomatology of the disease is too well known to require much comment. The examination of the spinal fluid should always be done, and is the final step in diagnosis. This is usually under moderate pressure and is often slightly hazy. The cell count is almost invariably increased, ranging in the majority of cases from 15-250 per cmm. At first, the predominating cell is polynuclear, but later gives place to a lymphocytosis. Globulin is increased and the Colloidal Gold curve shows a partial precipitation in the early mid zone. The blood shows a moderate leucocytosis of the lymphocytic variety in about 75% of cases.

In the treatment of the case, three factors are of fundamental importance. Early diagnosis, prompt use of properly prepared convalescent serum and rest in bed with splinting of the paralysed limbs to prevent stretching of the paralysed group of muscles. Other factors of lesser importance must be considered such as diet, massage and proper electrical treatment. The early use of convalescent serum is of utmost importance.

It has been known for many years that the blood serum of cases who have recovered from many infectious diseases has the property of neutralizing the effect of the disease. This is true of Poliomyelitis and the administration of such convalescent serum to early cases is the most efficacious means of preventing paralysis and death. In selecting donors for preparing the serum, cases should be taken who have had the disease from six months to ten or more years previously and who have not themselves been treated with convalescent serum. This point is of considerable importance as patients who have been treated with convalescent serum seldom show a very high concentration of the curative antibodies in their blood. Blood may also be obtained from cases 20 or even 30 years after recovery, but these are usually not so effective as a more recent recovery. Serum obtained from cases earlier than three months after recovery is usually of very little value. The individuals from whom blood is obtained must be Wassermann negative, and the blood from several individuals should be pooled to obtain a more uniformly potent serum. From 50 cc upwards may be taken from each person and repeated bleeding may be done in cases from whom a small quantity is obtained each time.

The preparation of the serum is quite simple, but must be carried out with the utmost care to insure sterility. The blood should be withdrawn at least three or four hours after a meal, and is allowed to clot at room temperature, then placed in the ice box for 15 hours to allow the serum to separate. Avoid agitation or anything that

will cause haemolysis, as if the serum is even slightly tinted with haemoglobin it should be used only if clear serum can not be obtained. The serum is pipetted off and pooled. If it is to be administered intravenously, it should be heated to 56'C for ten minutes to inactivate it, but if it is to be given intramuscularly or intrathecally this need not be done. For intramuscular use, 0.25% tricresol should be added to the serum. The standard dose is about 25 cc, preferably by the intramuscular route. Each batch of serum must be cultured to insure sterility, and checked up frequently to see that it remains so, and should preferably be used within a week after it is prepared. Convalescent serum has been prepared at the Public Health Laboratory, Halifax, and in the event of the disease assuming anything like epidemic proportions, a quantity will be prepared, depending on the number of donors available, and distributed for use.

Regarding the effect of serum treatment, the results of the Winnipeg epidemic of 1928, as analysed by the Medical Research committee of the University of Manitoba, are very instructive. They have divided their series into four groups:

Group 1. This consists of 57 cases which received an average of 25 cc of serum intramuscularly in the pre-paralytic stage of the disease. Of this group 93% made a complete recovery. There were no deaths.

Group 2. This consists of 17 cases which received one or more doses of serum by various routes or which received more than one dose of intramuscular serum. The results are approximately the same as Group 1.

Group 3. This consists of those cases which received serum after the onset of paralysis. Of these, 57% became paralysed before the 4th day (only 41% of the cases which received no serum were paralysed before the 4th day). Group 3, numbered 33 cases. Of these, only 22% made a complete recovery, 33% died and 45% became paralysed. General observations from these figures would seem to indicate firstly that the earlier the paralysis, the worse the prognosis, and secondly, that serum is of little value once paralysis has ensued. The fact that the cases in this Group become paralysed at an earlier date may explain why serum was not administered in the pre-paralytic stage.

Group 4. Comparison of these results with those in Group 1, who received no serum at all is interesting. Of the 54 cases in Group 4, only 26% made a complete recovery. 11% died, and the remaining 63% were paralysed.

From the results of this epidemic and very similar results reported by various writers who have studied other and much larger epidemics, it would seem quite obvious that convalescent serum is of great value when administered in the pre-paralytic stage, but if its administration is delayed until paralysis has developed, it is of very doubtful value.

Minutes of Executive

The Medical Society of Nova Scotia.

The 76th Annual Meeting of the Medical Society of Nova Scotia was held at Pictou Lodge, Pictou, June 26th and 27th, 1929. The meeting of the Executive was called to order at 3 P. M., Tuesday, June 25th, 1929, the President in the Chair. Upon calling the roll the following were marked present.

Doctors R. H. Sutherland, President; S. L. Walker, Secretary; J. G. D. Campbell, Treasurer; L. M. Morton; J. Knox McLeod (alternate for H. R. Ross); W. H. Robbins; Clarence Miller; M. J. Wardrope; A. S. Burns; A. R. Campbell; T. Johnston (alternate for S. A. Fulton); A. B. Campbell (alternate for C. B. Cameron); John Stewart (alternate for Dr. Woodbury); there being a quorum present.

As the Minutes of the Executive meeting held in the Lord Nelson Hotel, Halifax, November 28th, 1928, were published in the January, 1929, BULLETIN, pages 15 to 18, it was on Motion resolved that these printed Minutes be accepted as read and be adopted.

The proposed programme for the present session was presented and was adopted subject to such changes as the Society would desire.

Instead of the usual report the Secretary presented an Agenda; the matter and action is indicated in the following sections:

1. To Confirm Appointments.

On Motion the appointment of Dr. J. J. Roy, of Sydney, as member of the C. M. A. Council in place of Dr. M. T. Sullivan, deceased, was approved. To be Chairman of the Public Health Committee, Dr. G. A. McIntosh, in place of Dr. A. C. Jost, removed; to be Chairman of the Nova Scotia Committee for the C. M. A. Section of Historical Medicine, Dr. M. D. Morrison to replace Dr. A. C. Jost, removed; to be Chairman of the Health Publicity Committee, Dr. S. L. Walker, to replace Dr. A. C. Jost, removed. The Secretary notified the Nominating Committee of these appointments.

2. Historical Medicine.

It was resolved that this matter with its correspondence be referred to Doctors Stewart and Hattie and that they deal with it when considering Dr. Morrison's Report.

3. Historical Questionaire.

The Secretary finds difficulty many times in obtaining facts regarding the life and work of individual members. Samples of a

card index and a Biographical Record Sheet were shown. On Motion the Secretary was instructed to undertake the task of obtaining a fyle of such Record Sheets for the profession in Nova Scotia.

4. Use of Cars on Closed Roads.

On the application of several physicians representations were made to the Minister of Highways and the profession were advised by circular, that upon receipt of the following statement, Highway officials would be instructed not to regard doctors as breaking this regulation—

The undersigned, being a physician in active practice, desires to use his car on roads at present closed to motor vehicular traffic. I will confine this use to the requirements of my professional work only.

Signature.....

Date.....

Place.....

On Motion approval was expressed and the Minister requested to have this permission appear in the regulations regarding closed roads.

5. Nova Scotia Tuberculosis Commission.

The Minutes of the Second Annual Meeting have been issued and Dr. K. A. McKenzie will later present his report. It was suggested that this fyle be passed to some one and it be considered following McKenzie's report. It was moved, seconded and passed that a Special Committee of five be appointed to consider this and other associated public health questions as may appeal to the Committee. The following were named the Committee:—

Dr. J. G. D. Campbell. and Doctors

6. The action of the Secretary in sending out 350 copies of the Constitution and By-Laws was approved.

7. (a) The action of the Secretary in attending the meeting of the C. M. A. was on Motion approved.

(b) In some government institutions Society membership including medical Journal, is a charge against the institution. The question being raised as to what extent medical members of staff should be entitled to this privilege, a special Committee was appointed to report on the matter at the general meeting, Dr. W. L. Muir, Chairman.

8. Bound Volumes of the Bulletin.

The Secretary was instructed to have the usual number of copies bound and to again remind our members that a few for 1928 are still available for distribution at $2.50 per copy. Copies not disposed of will be sent to Exchange Libraries. Approval of this course looking towards the collection by the Society of substantial volumes of our

proceedings and, in connection with the publication of the BULLETIN, means an easier collection of material for our 100th Anniversary than for our 75th observed in 1928. Resolved that the Society be advised on this matter through the BULLETIN.

9. Membership.

(a) While it appears easy to prepare a correct membership list it must be noted that one general rule must be observed in accordance with the Constitution of this Society and eligibility for membership in the Canadian Medical Association. To be a member of the C. M. A. or the Council or Executive of the C. M. A. the conditions were very clearly expressed by that Association at its meeting in Charlottetown in 1928. Eligibility for membership in a Provincial Association requires membership in a Local Society.

This requires that the Provincial Society can only solicit membership of those who belong to Local Branch Societies and that Branch Secretaries must furnish the Provincial Secretary with a list of such eligible membership list before he sends out the annual drafts. When this list is completed it is forwarded to the General Secretary of the C. M. A. before he makes his annual drafts.

(b) The high water mark in Nova Scotia was reached in 1928 when 296 became active members with 21 Honorary Members. This put us over the 300 mark. Upon preparing this report 270 out of a possible 371 have completed their membership for 1928.

(c) The Executive have received no nominations for Honorary Membership in the Medical Society of Nova Scotia this year. No action required.

(d) The Executive notes with pleasure that Dr. Murdoch Chisholm, Halifax, has been elected a Senior Life Member of the Canadian Medical Association.

On Motion this section was adopted and the Secretary be instructed to give it prominence in an early issue of the BULLETIN

10. Obituary Report.

This Report was read and referred to the general meeting for consideration.

11. Correspondence.

(a) The following messages etc, were ordered to be presented to the General Society and the Secretary be instructed to make suitable acknowledgement.

(See Minutes of General Meeting).

(b) Dr. F. F. Eaton wrote as follows:

"At our last Medical Staff meeting of the Colchester Hospital a letter to our Superintendent from Dr. Agnew, Secretary of the Canadian Hospital Association, was read

and endorsed and moved and passed that it be referred to the executive of the Nova Scotia Medical Society. The enclosed letter speaks for itself. Will you please see that the letter reaches the executive of the Nova Scotia Medical Society."

On Motion this was referred to a special Committee of Dr. C. Miller, A. R. Campbell and M. J. Wardrope, to form a part of the discussion of Dr. Agnew's address on Wednesday.

(c) Dr. H. V. Kent wrote as follows:

"At the Annual Meeting of the Colchester-Hants Medical Society, held at Windsor, May 30th, the following resolution was passed by the Society. That the Nova Scotia Medical Society include in its business programme this year the question of increased accommodation for T. B. patients, at the Provincial Sanatorium. Also that an effort be made to have patients admitted promptly at the said institution.

The relation of the Workmen's Compensation Board was also discussed at the meeting of Society, and I was directed to write you and ask that it be included in the Agenda, for discussion at the approaching meeting of the Nova Scotia Medical Society. And to ask you to notify the Branch Societies accordingly."

Resolved this be passed to Committee to consider the Tuberculosis Report and no action taken in the 2nd matter as this should come first through the Committee.

(d) **The Dominion Bureau of Statistics** requested information regarding schedule of fees in Nova Scotia. The Executive instructed the Secretary to advise that fees are not uniform in all parts of the Province but do not vary within four or five years.

(e) A fyle of correspondence having been passed to the Provincial Medical Board the Executive declined to even consider the same.

(f) An invitation from the Pictou Golf and Country Club being read the Secretary was instructed to duly acknowledge this and all other courtesies extended to the Society.

(g) Upon reading a communication re the use of Badges at our Provincial the Executive approved of the Secretary's reply that they were unnecessary.

(h) The Royal Canadian College of Physicians and Surgeons was considered in the reading of a letter from the Provincial Medical Board. As the Society endorsed its formation last year and, as the Provincial Medical Board also has approved the Executive considered no further action was required and so resolved.

12. X-Ray Film Storage.

The fyle on this subject with letters from Major Rudland was, on motion, referred to the new Executive.

13. Committee Reports.

The following Reports were ordered to be presented directly to the Society:—Publicity; C. M. A. Journal, Editorial Board; Public

Health Committee (Cape Breton Nursing Service); Workmen's Compensation Board; Legislative Committee; Victorian Order of Nurses; Cogswell Library; Narcotic Drugs (see fyle and Dr. Gibbs says should combine with that on Pharmacy).

14. Medical Survey.

Questionaire issued by the Chairman of the C. M. A. Committee. This was so lengthy and comprehensive that few, if any, physicians would take the trouble to even acknowledge its receipt. The Secretary was instructed to make such reply as his time and experience would permit.

It being 6 P. M. on motion the Executive adjourned to be available for further business at the call of the President. (The Executive, as such was not called together again all business being considered in open meeting). Several sub-committees of the Executive devoted much time in the evening to the duties assigned to them.

The members of the Executive were then entertained at dinner, the guests of the President.

(Signed) S. L. WALKER,

Secretary

Correspondence

(The BULLETIN is greatly indebted to Dr. S. S. Slauenwhite of Rose Bay for many items of interest regarding medical history in Lunenburg County. In publishing Major Gorssline's very interesting article in the BULLETIN we noted the reference to John Boleman, Surgeon, so were not surprised to receive the following note from Dr. Slauenwhite).

"Rose Bay, N. S., Aug. 7th, 1929.

Dear Doctor:—

In the August number of the BULLETIN, page 389, in the article prepared by Major Gorssline, the name of Dr. John Boleman appears as one of the surgeons serving in the British Army. Dr. John Boleman was the first physician and surgeon in our County and doubtless he is the same person. He would have been about 26 years old at that time (1776-1777). We have a record of a successful amputation by him of a leg during the war of 1812.

With kind regards,

(Signed) S. S. SLAUENWHITE."

The Medical Society of Nova Scotia
1869 to 1916

Part I.

Having been requested to review in some manner the Minutes of the Medical Society of Nova Scotia from 1869, upon the perusal of many pages of very well written records, I am convinced that a verbatim copy of the Minutes, for at least the initial article, is better than anything I might contribute. These Minutes are as follows:—

Annual Meeting of the Nova Scotia Medical Society held at Windsor, N. S., July 20th, 1869.

First Session.

The Society was called to order by the President, Dr. B. DeW. Fraser. The Minutes of the preceding meeting were read and adopted without amendment. A telegram was received from Dr. Muir of Truro, announcing his inability to be present at the meeting. Dr. Gossip, on behalf of the committee appointed at the last meeting to revise the constitution and Bye-laws of the Society, reported. The revised constitution and Bye-laws were then taken up and each clause discussed. Some of the clauses were amended. Others passed as reported. As amended the whole was then adopted.

The following committee was appointed to prepare them for publication: Dr. C. J. Gossip, of Halifax, Dr. Toque, of Windsor, Dr. Fulerton, of Wilmot.

Society adjourned to meet at 4 p. m.

Second Session.

Business was resumed at 4 p. m. The President, Dr. Fraser, in the Chair.

The President then delivered the Annual Address.

After giving a hearty welcome to the members of the Society on the occasion of their first meeting in the town of Windsor, he depicted the arduous position of the practitioner of medicine in a new country, especially in a country district. Their days and nights of toil. Their incessant work at all times, and in all weathers. Work often unremunerated; their great responsibility in difficult cases, which often coupled mental with physical fatigue. On the other hand he alluded in eloquent terms to the confidence reposed in the physician by his patients. Secrets buried beyond the ordinary gaze were made known to him and his advice was sought in times of sorrow and suffering. After calling attention to the large amount of work performed by medical men without remuneration—asking the very important

question, "Are medical men bound to give their professional services in cases of emergency when called upon by irresponsible parties who were not prepared to pay a fee?" He gave some laughable and amusing incidents which occurred in his own practice showing many of the curious circumstances which relate to a doctor's life. In a passing notice of the debate on the Anatomy Bill in the House of Assembly, he spoke of the strange fact that the Legislature and the public demand a knowledge of Anatomy of medical men and deny them the means of obtaining it. "For the one rich man," he said, "who requires the services of a surgeon, there are at least ninety nine of the poorer classes to the greater number of whom the surgeon is called upon to give his services gratuitously. What then can be said of the honorable gentlemen who believed the Anatomy bill to be an outrage on the poor." He congratulated the Profession of Nova Scotia on the formation of a School of Medicine in Halifax. In attending to this subject he said: "Halifax is a large City. It has a well ordered Hospital managed by medical officers all of good standing. A well conducted Dispensary affording medical and surgical aid to thousands and I know of no place where a young man wishing to avail himself of opportunities of acquiring knowledge in the profession of medicine would spend his time with more useful information, and be well fitted to take a high stand on the classes of an older University."

In calling attention to the present condition of the Science and Art of Medicine, he pointed out the necessity of making careful clinical observation and of basing our management of diseases upon the results obtained at the bed side. In concluding this portion of the subject, he said: "A Physician should be the interpreter and servant of nature. This is his true province. Science is every day giving us a mastery over many morbid conditions, but there are still a large number of diseases over which a physician has no control. He is compelled to stand by and watch their slow but steady progress to an unfavourable termination. His remedies are inert or at most they are but palliatives and though they may give comfort they cannot prevent the fatal issue. This must, I suppose, ever be the case, but it does not lessen the value of our profession. The influence it exerts cannot be over rated. It is both moral and physical, giving confidence, tranquility and hope to the doubting and enfeebled mind and comfort to the wasting body."

"In common with the regular profession of other countries," he went on to say, "we have to suffer from that great source of annoyance and vexation, the encouragement that is given by almost every class in the community to those who deal in all sorts of empiricism and quackery. It matters not how ignorant or unprincipled these pretenders may be, or how extravagant the pretensions they set up, they find dupes in abundance. We have in every county in Nova Scotia some empiries. Halifax has its cancer Doctor resorted to by hundreds. All is grist that comes to his mill. Every mole and every grandular enlargement figures in his practice as a malignant cancer

and are all treated alike, to such an extent does he carry his view that I believe, according to him, nine-tenths of our population suffer from cancerous disease. Then we have Natural Bone Setters. Seventh sons of seventh sons who generally displace the regular practitioners after he has gone to the trouble of setting the fracture and applying the necessary splints and bandages. Then we have the Indian Doctors, in whom the Indians themselves have not the least confidence, but to whom the more credulous whites are willing to entrust their lives. Occasionally we have Itinerant Eye Doctors. The very fact of whose itineracy should open people's eyes and, as if our sex did not furnish enough imposters of the kind, we have wise women who practice medicine and finally we have the disciples of Hahnemann supported, I am sorry to say, by men who ought to know better, but this only shows the infirmity of human nature. Those that would not trust an ordinary piece of machinery to any but a skilled mechanic who understood the various parts of which it is composed will put their own bodies infinitely more complicated than any piece of human mechanism into the hands of those who know nothing of the structure and formation of the Human Frame."

The President was frequently applauded during the delivery of the address and at its conclusion a vote of thanks was passed by the Society.

Selection of next Place of Meeting.

Dr. Hamilton believed it would be well to hold the annual meeting of the society in the City of Halifax. As railroads were now being extended east and west through the province he thought members from the country could attend the meetings of the society with great facility. He thought Halifax was the most central point and as many medical men paid a visit to the City at least once a year, they could make their visit at the time the society met and he saw no reason why we should not have a large meeting every year.

Most of the country members present supported Dr. Hamilton's view.

It was decided by vote to hold the next meeting in Halifax on the third Tuesday in June of which due notice should be given by the Secretary. The discussion for making Halifax the permanent place of meeting was postponed to next year. The following "Committee of Arrangements" for the next meeting was then appointed.

Committee—Dr. W. J. Almon, Dr. D. McN. Parker, Dr. E. Jennings.

Medical Registration Law.

A lively debate was called forth by some remarks made upon the condition of the profession in the Province. It was urged that the Government should demand a sound preliminary and professional education before a license to practice was granted. The present law

relating to the practice of medicine and surgery was practically useless, as the Board of Examiners did not examine diplomas before they were registered.

The following preamble and resolution passed unanimously:

Whereas the registration of medical practitioners in this Province, as at present carried on, does not discriminate between regular and irregular practitioners and is no guarantee of the qualifications of practitioners of medicine and surgery.

Resolved that the Society would hail with pleasure any amendment of the Medical Act of Nova Scotia which would prevent the registration of other than properly qualified practitioners.

Officers and Committee for ensuing year.

The Committee appointed to nominate officers and committees reported as follows:

President: Dr. C. C. Hamilton, of Kings County. (Note the address).

Vice Presidents: Dr. G. J. Farish, of Yarmouth, and Dr. C. J. Gossip, of Halifax.

Secretary: Dr. Edward Farrell, of Halifax.

Corresponding Secretary: Dr. A. P. Reid, of Halifax.

Treasurer: Dr. A. J. Cowie, of Halifax.

Committee on Medicine.

Dr. G. J. Farish, Yarmouth; Dr. C. J. Gossip, Halifax; D. A. P. Reid, Halifax.

Committee on Surgery.

Dr. D. McN. Parker, Halifax; Dr. Johnston, Pictou; Dr. S. Muir, Truro.

Committee on Obstretics.

Dr. W. J. Almon, Halifax; Dr. D. DeWolf Fraser, Windsor; Dr. A. G. Hattie, Halifax.

The report of the Committee was adopted and the gentlemen named were unanimously elected.

Medical Faculty of Dalhousie College.

With regard to a resolution passed at the last meeting of the Society in reference to the medical School at Halifax, Dr. Farrell pointed out that an injustice had been done to the Medical School in passing the resolution as it was done under a false impression of the aim and objects of the medical faculty of Dalhousie College. Some of the members believed that it would be better at present not to rescind any vote passed at a former meeting, while most of those present thought the action of the Society had been hasty. The resolution

which gave rise to the discussion was withdrawn and it was agreed to postpone any further action on the subject until a future meeting.

Irregular Advertising.

Dr. Almon called attention to some advertisements of medical men in the Province which called forth an unanimous opinion that such advertisements as those presented were entirely unprofessional and in direct violation of the Code of Ethics. The following resolution was then passed:

Resolved that this Society views with displeasure the fact that medical men in good standing are in the habit of advertising their qualifications to an extent not permitted by the Code of Ethics and that the Secretary be required to communicate this resolution to County Societies requesting them to enforce obedience on the part of their members to the Code of Ethics.

Vital Statistics.

The attention of the Society was called to the fact that Nova Scotia was the only Province in the Dominion where an attempt was made to obtain the Vital Statistics of the Province. All the members spoke in favor of carrying on a good system of registration of vital statistics as a great public benefit, but it was strongly urged that the Chief Officer of the department should be a medical man. In all other countries this is as much a medical office as the Officer of Health. A just appreciation of the pathological details contained in physicians' certificates of death, and exact knowledge of the nomenclature employed to denote morbid conditions of the body are necessary to the fulfilment of the duties of the office, and this knowledge is to be obtained only from medical men. Many of the members spoke of the defective way in which the details of the law were carried out throughout the country. All the members who spoke on the subject thought that great credit was due to the Government for endeavoring to get the Vital Statistics of the Province but they believed that some improvements were necessary in order to make the present law an effective one.

Annual Assessment.

An assessment of One Dollar was made upon each member of the Society according to the bye-laws.

Society adjourned.

C. C. HAMILTON,
President.

EDWARD FARRELL,
Secretary.

S. L. W.

Malaria in Syphilis

THE *Bulletin* of The New York Academy of Medicine for March, 1928, contains three articles upon the general topic of "Malaria in Syphilis". **The first** considers the "Place of Malaria in the Treatment of General Paralysis" and is a survey of four and one-half years' experience in the use of this mode of therapy, as carried on in the New York State Psychiatric Institute at Ward's Island, N. Y. The concluding paragraphs of the paper and its summary will be of interest.

"A final word about the influence of malaria on the pathological process in the brain in cases of general paralysis. Dr. Ferraro, of the Institute staff, has undertaken a study of this question on a series of 30 brains of patients who died during or after the fever treatment. This study has shown that the inflammatory exudate in the brain is frequently reduced in amount, and in association with this there is also a reduction in the neuroglia reaction. One is, therefore, justified in saying that in many of the brains studied, the misroscopic picture shows a marked recession of the pathological process, a finding which can be regarded as evidence of healing in the sense that the inflammatory reaction becomes less active and tends to subside. Tissue that has been destroyed can, of course, not be restored.

"In conclusion we should like to emphasize once again the fact that the patients dealt with in this communication were, almost without exception, definitely psychotic at the time they came under our care; that is, they exhibited outspoken mental symptoms such as necessitated their commitment to an institution for the insane. We can scarcely help thinking, therefore, that the considerably earlier treatment of these patients would have produced a notably larger proportion of therapeutic results of the maximum order; it is certainly conceivable, for example, that irreparable cerebral damage might have been forestalled by more timely treatment in at least some of these patients, and that many of those who manifested definite mental improvement might thus have been brought within the group of full remissions. It is for this reason that we urge the treatment of these patients before outspoken mental symptoms have announced their presence; and we believe, that for this purpose, advantage should be taken of a form of treatment now shown to be remarkably effective against a disease which has largely resisted the therapeutic methods of the past. To continue to use the ordinary anti-syphilitic remedies once it appears probable that the patient is suffering from neuro-syphilis of the parenchymatous type, is in our opinion a waste of time and opportunity.

Summary. 1. Of 156 male patients with general paralysis who received the malaria treatment between June 1, 1923, and August 1, 1927, at least 50 per cent manifested a definitely favorable response, even though in one-third of these latter, residual evidences of previous cerebral tissue destruction precluded full recovery in a clinical sense.

2. In this group, observed over an *average* period of two and one-half years, the death rate due to general paralysis has been 12.5 per cent; based on the averaged expectation of life of 1.5 years, exhibited by untreated general paralytics in the New York State Hospitals, the death rate in the present group would have been at least 65 per cent.

3. Of 34 patients treated more than three and one-half years ago (prior to June 1, 1924), 29 were alive three months after the completion of their course of fever; of these 29, 5 have since died, 6 are unimproved (although only one of these has definitely retrogressed), 2 have remained moderately improved, and 16 attained full remissions, in 14 of whom their state of complete clinical remission has thus far continued unaltered.

4. In a group of 84 cases, 12 out of 16 patients of the "manic" or hyperactive type achieved full remissions, as compared with 11 out of 20 of the expansive type but only 7 out of 48 of the simple dementing type who did so.

5. In a group of 47 patients followed for at least two years and one-half, the malaria treatment had little or no influence upon the strength of the Wassermann reaction in the spinal fluid in 26 (55 per cent). But in 10 patients the Wassermann reaction has become *completely negative* (to 1.0 C. C. of spinal fluid) following upon treatment with malaria alone.

6. Two years was more or less the minimum period of time required by the majority of cases to attain at least the higher degrees of modification of the Wassermann reaction in the spinal fluid.

7. Since advantage can now be taken of a form of treatment demonstrably effective against a disease which has largely resisted the therapeutic methods of the past, the early recognition of neurosyphilis of the parenchymatous type becomes mandatory."

The second paper considers the "Clinical Results following Malaria Therapy in General Paresis", as gathered from the neurosychiatric ial service of the Cleveland City Hospital. The Comment, Summary and Conclusions upon this particular three years' survey may be regarded as valuable.

Comment. "Twenty-three of the last 50 cases inoculated with malaria also were given tryparsamide. We have been disappointed in finding no appreciable difference in the physical condition, the neurological signs, the mental symptoms and the changes in the blood and spinal fluid in this group when compared with the 27 other cases not given this combined therapy.

After malarial inoculation, in our experience, favorable results may develop gradually over a period of several months. If such results are not observed within six months a reinoculation with malaria may be considered. We have observed several instances of marked improvement following such reinoculation. This would seem particularly applicable in those cases which show decided improvement in their physical condition after malarial therapy without a corresponding change in their mental condition.

After malarial inoculation, a maniacal paretic may quiet down to such an extent as to become an easily handled institutional case, even though the mental state does not clear up sufficiently to warrant his return to his home.

In our series we have no evidence that general paresis has been cured by malarial inoculation, even though there is good evidence of marked improvement having taken place in a large percentage of the cases. Accordingly, it is natural to expect some relapses of the mental condition to occur. We have had 5 instances of such relapse which has necessitated resumption of hospital care.

Summary. In a series of 151 cases of general paresis treated by malarial inoculation, and observed for a sufficient period of time to permit drawing conclusions concerning the results, 27 have died, 77 have improved sufficiently to live at home, and of these 34 are working steadily; 6 have improved but still require institutional care; 24 show no improvement, and among these are 5 who have improved and later relapsed; and 17 are progressively growing worse.

Conclusions. After malarial inoculation in general paresis, the percentage of patients showing improvement, conservatively estimated, is sufficiently high to warrant consideration of this method as a form of therapy in this disease. It is to be hoped, however, that malarial inoculation against paresis may serve as a step in the development of a more satisfactory form of therapy with a less empirical basis. The mortality rate encountered indicates that the malarial treatment of general paresis cannot be undertaken lightly. Malaria lowers the resistance of patients, already diseased, to other forms of infection. This fact should suggest the desirability of exercising a careful selection of the cases to whom this form of treatment may be administered. Improved nursing care for patients given malarial inoculation is important as a means of lowering present mortality records. Favorable results after the use of this form of therapy may not be seen for several months."

The third paper was based upon a study of cases in Philadelphia, and its concluding paragraphs are quoted:—

"Whether this method of treatment will have any place in the therapy of syphilis is a question which can only be determined by further observations and study, and whether any other fever inducing

method will serve to act as a substitute for malaria can only be determined by further study. The intravenous injection of typhoid vaccine by bringing about a sharp rise of temperature to a very considerable height has given interesting results, but unfortunately the period of fever is not sufficiently protracted. In malaria we have a rise of temperature of very considerable degree for a period often of six hours continuously, whereas with the injection of foreign proteins or drugs designed to raise the body temperature the rise of temperature is very brief. That must be taken into consideration in adopting substitute methods. There can be no doubt, I believe, and it is the general consensus of opinion, that the results achieved from malarial inoculation in paresis have exceeded those which have been obtained by other methods. Paresis was the one stumbling block in the progress of our treatment of syphilis. Various remarkable advances had been made but despite all these advances, despite the introduction of the newer drugs, paresis was still the malign and ultimate outcome in many cases.

But it does seem now as if methods are at hand whereby paresis may be improved, may be perhaps arrested, and who knows, may be cured. If we may judge from the remarkable change in the microscopic picture and if we may judge from the fact that in Vienna some of the paretic patients are well and working, after six, seven or eight years, and some of Dr. Kirby's cases are apparently well and working at the end of three or four years, it is only the future which will enlighten us as to the ultimate verdict."

The Scot scores. A group of men recently discussed the question of very mixed marriages. "You will find," he said, "a great many Scotch half-breeds and French half-breeds, but never an English half-breed." "That I can well understand," drawled the Scot, "the squaws had to draw the line somewhere."

Nobody knows what real happiness is till he's married—then the knowledge is too late to do him any good.

The long suffering public. The U. S. Senate Chaplain was about to give the usual prayer, when a visitor whispered to a guide, "Does he pray for the Senators?" "No," said the guide, "he just looks at the Senators, and then prays for the people."

One of them was Scotch. "That was some party, I never saw girls so tight." "Fine. I certainly do like to see girls save while they're young."

Tuberculosis in Nova Scotia*

The Essentials of a Working Scheme for Dealing with Tuberculosis.

DR. A. F. MILLER, Kentville, N. S.

Mr. Chairman and Gentlemen:

AS you probably know, it has come to the point where the Provincial Government has asked the Nova Scotia Medical Society to give its opinion—to make a statement—as to what is needed in the way of re-organization of the Public Health work of this province, and this, of course, includes—I may say especially concerns—tuberculosis. This is a right and a good step in advance. This is our opportunity. And it is of the greatest importance that the medical men shall present a united front and a whole-hearted attitude:—that we shall know what is needed, state it plainly, and go after it, so that it cannot be said henceforth, as it has been said, that "nobody knows what the doctors want; they don't know themselves, and can't agree about it." Let us, for the time, lay aside these points upon which agreement can be postponed, and state the bare fundamentals without which progress cannot be made and upon which all our structure must be built.

First: The crux of the whole tuberculosis program is and must be the Department of Public Health. There is no need to confuse issues nor to shift responsibility to any other organization. These "commissions" and leagues can do good and useful work; but confusion will result if they attempt to take over part of the work properly belonging to the Public Health Department. The Department should say to these organizations, "You go ahead and get all the money you can, do all the educational work you can along the lines approved by us; we will help in every possible way. And we will find the patients and supervise their care." All the public medical health work, clinic and consultation service, follow-up work, etc., to be done by public health doctors and nurses, its co-operation with local community effort of the same nature, and all the records of that work, are strictly Public Health Department business.

With this clearly settled, the first and most important thing is to bring this business up to the necessary state of efficiency—to have it as nearly perfect as possible. And for this our first and greatest need is a man. I wish to impress upon you and upon the whole medical fraternity this one idea—the primary importance of getting just the right man and putting him in full charge of this tuberculosis work, with our utmost confidence and co-operation. What title or designa-

*Presented at a special meeting of the Halifax Branch of the Medical Society of Nova Scotia held at the N. S. Sanatorium, Kentville, July 18th, 1929.

tion is given to him or to his work seems to me of very little moment. Whether we have a deputy minister, or a medical health officer; whether he is the head of a "division of tuberculosis" under that name or under any name, are questions that can be waived, so long as the realities are there. And what are the realities? Most of all, the man himself—a man with special training and experience in tuberculosis and public health, a man of sufficient force and authority to supervise effectively every detail of the clinic and nursing service; with a keen interest in and knowledge of the most improved office and record systems; with energy and personality enough to win confidence and provide leadership. So far as I know, there is no such man in Nova Scotia at this time, but one can be found, and, gentlemen, we must have him. I do not know who he is. We may have to borrow a man from one of the finely organized and successful tuberculosis movements beyond our province, for a year or two, while some extra-promising and keen young Nova Scotia physician is being specially trained for the position. This young man from Nova Scotia could be sent away now for his year's training. I do not see how this man could be Provincial Health Officer, for the tuberculosis work will need all his time, but he will be responsible to the Provincial Health Officer. He will have to have, of course, at least two medical officers for the field, that is for clinic and consultation work. And he himself will have to spend as much time as he can in the field also. It may be hard to understand what would take up his time; but consider our need of accurate statistical data, which must be one of his first cares. He will have to establish an up-to-date system of cards, records and reports so that he may know just where every tuberculosis patient is, how he is being cared for, and his progress from time to time; he must enforce and make use of the notification and registration of tuberculosis. Only full and accurate statistics can enable us and the public to know where we actually stand, what we must plan for, and what is being accomplished by the Department. He will have to organize and direct a regular clinic service throughout the province for respiratory diseases of the chest and carry on an intensive case-finding campaign. Everywhere it is being recognized that the clinic or "dispensary", which takes free expert examination and advice to all the people, is one of the most valuable means of bringing to light new cases of tuberculosis. Its usefulness in this respect cannot be overestimated.

Then he will have the direction of Public Health nurses associated with the clinic service. And he must know how to make the best use of them. Their work of aiding and advising patients in the homes, instruction in sanitary measures, looking up "contacts" arranging educational exhibits, etc., is of great importance in the scheme.

If we get a man who cannot or who does not do all this, but who thinks in the old ways and goes along in the old ruts, we shall be worse off than ever. That is why it is all-important that, to institute an active, aggressive, thorogoing campaign against tuberculosis, we

shall find just the man we need. Without such a man, the tuberculosis work, well-intentioned as it is and has been, will be a body without a head. With such a man to grasp, to organize and vitalize the whole, I feel that most of the other problems could be left to him.

Gentlemen, this is a thing we must agree upon, and insist upon, instead of discussing minor points, talking around in circles and "coming out by the same door that in we went."

The next necessary plank in our platform should be sufficient Hospital accomodation for tuberculosis. It is generally known that wherever there is an adequate number of beds for the care of the tuberculous sick, there will be found the lowest death-rate, and that as the number of beds is increased the mortality is lowered. (This has been notably true in Nova Scotia, as far as we have gone.) For example, in Saskatchewan, with a population of 820,738 they have about five hundred hospital beds for tuberculosis, with free treatment for every case—and their death rate is 46, while ours is 117 per 100,000, about three times as great, in Nova Scotia, where we have a population of 530,000, and a total of only 160 tuberculosis hospital beds, not counting pavilion beds unoccupied, with 600 persons dying yearly from this disease and we do not yet know how many sick with it, because we have no proper system of records. To meet our requirements we need an additional one hundred Infirmary beds at the Sanatorium and an institution of fifty to a hundred beds for the Island of Cape Breton. With these, I do not feel that there will be any great need of a number of tuberculosis wards or annexes scattered over the province. I am not opposed to the Annex idea, in itself, but it is only a second best way of handling our patients. The modern result of experience is a belief in centralization. It does seem best that patients shall be treated at a central "plant" where the facilities must be greater and conditions better. If we cannot get adequate accommodation at one central institution the scattered annexes to local hospitals may be the next best; but I do not see that the latter is going to be any easier to obtain, in effective numbers, than the former. Indeed I believe the better way will come, and before long. Meantime, if a few local hospitals desire to build small special wards for local tuberculosis patients, I see no reason why they should not do so.

Our fourth and final need is provision for the treatment of the needy tuberculous in this province. Co-incident with our thorogoing campaign of case-finding, we must be able to care for every needy case discovered. No matter what else we do tuberculosis can never be brought under control while any persons with open, contagious disease are uncared for. At present, from what we see and learn at the Sanatorium, the province has many of them, in all stages. The Provincial Government, considering its limited resources, has dealt very generously with regard to the tuberculous, paying a half to two-thirds of the cost for every patient sent to the Sanatorium. But there are very many of those who most need to be removed from the

homes who cannot pay even the small balance. And these are probably the main source of the spread of the disease. They must be cared for. While several cases are being paid for by the Commission and other philanthropic societies and a few by their municipalities, the majority of the municipalities are not assuming their responsibility in this respect. In Saskatchewan, the municipalities have pooled their resources and evolved a system, practically a tuberculosis insurance, whereby every patient, no matter what his means, is treated free. I am afraid it will be a long time before our Nova Scotia municipalities will be inspired to do this, but there is a choice of two ways by which we may get our needy under proper care. (a) By the Provincial Government holding the municipalities responsible for needy patients, as in the case of other diseases treated at the Victoria General and the Nova Scotia Hospital. (b) By a special tax, much like the Highway tax.

Here then, are the essentials—the definite statement of our needs for a tuberculosis platform upon which we should all be able to agree:

1. Centralize the tuberculosis medical and nursing service in the Provincial Health Department with a full time man at its head.
2. Secure just the right man, a physician trained and experienced in tuberculosis and public health, who will re-organize and direct the active medical, nursing, educational and statistical work, along the best up-to-date lines, and put him in full charge of our tuberculosis program, responsible to the Provincial Health Officer, and with at least two specially trained tuberculosis examiners under him for the carrying on of regular clinic service.
3. Increase the hospital accommodation to an adequate number of beds—100 additional at the Kentville Sanatorium and 50 to 100 in Cape Breton.
4. Make provision for the care of all needy tuberculous patients.

If we want this keenly enough, we shall get it. And there is no doubt but we shall see results.

We trust it's true. The Berwick *Register* says:—"The family doctor is coming back. About 85% of graduates from medical colleges are becoming specialists and surgeons. The percentage won't keep up. The demand for the general practitioner is too great. Humanity has definite need of the wide experience and friendly counsel of the family doctor of the old style. It is a great field for young men who want to make their lives count."

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Dr. Murdock Chisholm's Golden Jubilee

READERS of the BULLETIN, both in and out of this province, will be interested in knowing that this is the fiftieth anniversary of Dr. Murdoch Chisholm's graduation from McGill University. His Golden Jubilee therefore; and it is no exaggeration to say, that no member of our profession is more highly esteemed and none whom the doctors and the people in general desire more to honor.

Half a century is a long period of service. Few in our arduous calling reach so signal a mark. Dr. Chisholm's life has been filled with work. He touched most phases of medical practice, and all of them received the best that was in him; for it was not his way to regard any problem of practice with indifference. Most of his fifty years he devoted to surgery, and it is as a surgeon, and a teacher of surgery, we came to know him so well. The Dalhousie Medical School owes much to his long and able service as a teacher. His connection with the School and the Victoria General Hospital covered the long years when the Medical College was struggling for its life; when many thought it a useless effort to try to maintain and develop medical education in this province. Dr. Chisholm stuck to his job. Young men came here to study medicine, it was his duty to do his best for them, and he did not fail them. He never lost faith in the College; and it is he and men like him, who built broad and deep the foundations of the present modern Medical School.

It is not the purpose just now, however, to review Dr. Chisholm's career. A better time is being selected for this and other purposes.

The Halifax Branch of the Medical Society of Nova Scotia are arranging to celebrate his fiftieth anniversary fittingly. A life size portrait of the Jubilarian is now being painted by a leading artist, and it will be presented at a banquet to be given in Halifax, October 16th. An address will be read, and opportunities given for all interested friends to offer felicitations. While the function will be under the auspices of the Halifax Branch, it is desired that all the Provincial Branches should send representatives. To Dr. Chisholm's old students the BULLETIN wishes to address itself particularly, and remind them they will be most welcome at the festive board on this occasion. It is necessary that we know well in advance the number who are going to attend, and so we ask that they send in their names to Dr. N. H. Gosse, 82 Spring Garden Road, or to the Secretary, Editorial Board of the BULLETIN, Halifax.

It is the wish of the Committee in charge of the function that this be regarded as an invitation, as it is not the intention to send formal invitations to the Branches, apart from the official ones and those to persons outside the province, where the BULLETIN does not reach.

G. H. M.

New Glasgow golfers had a mighty contest not long since, according to the *Evening News*, with the betting against Dr. G. W. Whitman, Stellarton.

The *News* says: "Dr. Whitman is quite a character. When we say so we are not reflecting upon him in any way. It is the consuming ambition of all the golfers who frequent the Abercrombie links to make a hole in one and as far as we know it has never been done yet. Dr. J. J. McDonald is an expert. Dr. Fraser McGregor is another, and Dr. Whitman is regarded by those two as more or less of a beginner. They decided to have a little game (golf, of course) the other day and played off from No. 6 down the hill from the Clubhouse. Dr. J. J. led off with a fairly good shot. Dr. Fraser did likewise. Then Whitman took his turn and the other two grinned at each other. Doc Whitman caught the grin. "I'll show you fellows how to play golf," he remarked, swung easily and the ball landed fairly on the green and ran almost, but not quite—into the hole. Dr. J. J. fanned Fraser with a brick but he quickly recovered from the shock. "That was a fluke," said J. J. malevolently to his confrere. "Let's see what he does next time." Doc. Whitman sliced badly, next shot put him on the lower edge of the green (Sutherland plateau). From that impossible position the gallant Doc put the ball in the hole for three, beating his confreres again. And so it was right thro' the piece. The moral of it all is that Tom McCall, Neb. Ross and the Meikles had better look well to their honors when the democratic and unassuming Doc Whitman enters the list against them. He's a wonder."

C. M. A. Post Graduate Lectures

ONE of the most practical reasons why the Medical profession in Nova Scotia should keep its Society Membership at the highest point is the opportunity for Post Graduate Lectures being given to the Nine Branch Societies in this province. It is obvious that this carries with it a corresponding obligation on our part to make our membership in the Canadian Medical Association as large as possible. No matter where the money comes from to conduct these lectures it would not have been available to any other than a representative federal organization.

Considering that Nova Scotia is in the extreme east of Canada and a considerable distance from the medical centres of Montreal, Toronto, Kingston, etc.; and knowing that the three Maritime Provinces have co-operated very little, or not at all, in this splendid work, altho our conditions and interests are practically identical; yet we must recognize that this Province has fared wonderfully well; not only in the number of lectures given by outside leaders in the profession to all our Branches, but also in the recognition the C. M. A. has given to our own men in asking them to lecture here or elsewhere.

In this list we note Dr. J. G. McDougall, Dr. G. H. Murphy, Dr. K. A. McKenzie, Dr. S. R. Johnston, Dr. F. G. Mack and others of Halifax who have visited points in Nova Scotia, Newfoundland, New Brunswick, Ontario and points West, all the way to the Coast. Then Dr. A. F. Miller and Dr. Collins of Kentville have given lectures here and elsewhere under these auspices. There are several others whose names do not come to us at this moment of writing.

Again, through the services of the C. M. A., we have had many lectures from Ex-Nova Scotians now residing in every Province in this Dominion, whom we were delighted to meet again; and they were sent to us because they were Nova Scotians by birth, as well as on account of their outstanding ability. It is not necessary to recall the names of Chipman, Fraser, McKim, Primrose, Murray, McKay, Johnstone, Archibald and others to appreciate this point.

This preliminary note is for an introduction to several statements of interest along this line. In the first place it is no small job to arrange for these post graduate meetings to the satisfaction of everybody concerned. The Secretary has received some wonderfully satisfying letters from Lecturers and Societies. He has also received some very ordinary or commonplace comments from both parties. He has also been very roughly drawn over the coals by individual doctors and some branches because he was unable to make everybody see the many

matters that have to be considered. This, however, he accepts as one of the perquisites of his job.

Again attention must be called to two meetings being held in Nova Scotia this month. Dr. R. N. Janes, 143 College St., Toronto, and Dr. J. A. MacFarlane, 71 Grenville St., Toronto, both Demonstrators in Surgery at the University of Toronto and Assistant Surgeons at the Toronto General Hospital,—these two Doctors will address several meetings in New Brunswick, Prince Edward Island and two in Nova Scotia. The last two meetings will be held in Sydney on Monday evening, September 16th, 1929, and Tuesday afternoon and evening, September 17th, at the Annual Meeting of the Eastern Counties Medical Society at Antigonish. These are the only two meetings these speakers could give us and special arrangements were made to get them from Charlottetown to Pictou because Charlottetown wanted their meeting Saturday morning and afternoon. Dr. Janes gives the following choice of subjects: 1. Surgery in Pulmonary Tuberculosis. 2. Empyema. 3. Vascular Lesions of the Extremities.

Dr. MacFarlane has the following papers which he can present: 1. Acute Intestinal Obstruction. 2. Post Operative Complications of Appendicitis. 3. Infections of the Hand. 4. Acute Abdominal Emergencies. 5. Fractures of the Femur.

Then the next item is to note that Doctors G. H. Murphy and K. A. McKenzie, of Halifax, have been requested by the General Secretary of the C. M. A. to address medical society meetings in September in Ontario, Manitoba, Alberta, Saskatchewan and British Columbia, some eight or nine meetings in all. As their wives consented to accompany them they accepted the invitation. The BULLETIN has not yet been officially advised of the titles of the papers they will give at their various meetings.

Then, in October, Nova Scotia is to be favored, probably in the ten days starting with Monday, October 14th, 1929, with meetings at Amherst, New Glasgow, Truro, Bridgewater, Yarmouth and Kentville. At present writing we expect these will be addressed by Dr. John Fraser, Professor of Obstetrics and Gynaecology of McGill University, Montreal, and Dr. S. R. Johnston, Radiologist of Dalhousie University, Halifax. Further particulars of this latter tour will appear in the October issue of the BULLETIN.

It is confidently expected that the medical men of Nova Scotia, through their respective Branches, will give these September and October C. M. A. Post Graduate Lecturers a very cordial welcome, with the largest attendance yet.

S. L. WALKER,

General Secretary.

The Family Physician

WE have always deplored the tendency evident to-day of the disappearing of the Family Physician. There is so much of advantage to be gained by a thorough knowledge of the parents and grand-parents and relatives of a patient that we believe the family physician should be perpetuated. Of course, we recognize that the general practitioner has a very great competition in view of the general tendency towards specialization at the present time. We were thus interested in reading a paper published in the American Medical Association Journal in December, 1928, written by Dr. Harris of Chicago, and read before the Michigan State Post Graduate Conference last October. A rather considerable portion of this paper has made reference to the decline of the family physician. While it was written by a Chicago physician from his own local viewpoint, still it may be of interest to the profession even in little Nova Scotia. We, therefore, quote from it thus fully:

"The practice of medicine is as old as the dawn of human intelligence. It is mentioned in the annals and traditions of the Chinese as far back as the twenty-seventh century before Christ, but must have antedated that by untold centuries. The germ of the practice of medicine may be conceived as having been planted at a time when the recognition of pain and suffering in others first kindled in the human mind the emotions of pity and of sympathy. The little germ, once planted, grew slowly and at first produced only thistles and thorns; it was ages before the thistles gave way to little buds and these to flowers and finally to fruit. The age of thistles and thorns may be designated as the period in which all disease and suffering were thought to be due to evil spirits affecting the individual, and that these spirits, or demons, had to be exorcised by all sorts of incantations; the age of the little buds as the period when the evil spirits, as the cause of disease, had yielded to humors in the body and a disease was looked on as an entity; the age of flowers as the period in which disease was no longer looked on as an entity but as a pathologic condition of the body, the result of natural causes; and the age of fruit as the present time, when the great advances that have been made in the fundamental and allied sciences have placed the practice of medicine on a real scientific basis.

At first probably any one might attempt to relieve suffering; but there gradually developed a class of persons who assumed, or to whom was assigned, this practice. These acquired considerable influence and often power with their people, owing to their supposed ability to cast out evil spirits or demons (disease) from those thought to be thus afflicted. With the disappearance of the belief in evil

spirits as the cause of disease and the advent of real medical practitioners, the physician is found occupying an enviable position in the community. He was beloved and respected by all; he was the adviser and counsellor of the family; he cared for them all in sickness and in trouble from the grandmother to the babe just born. In those days the family physician was supreme and had the universal confidence. Unfortunately, the prestige of the family physician now seems to be on the wane. He no longer occupies the position in the hearts of the people that he formerly held. What has caused the almost complete disappearance of the family physician? There are two lines of influences that have contributed to this result. One of these lines concerns the people, and the other line concerns the physician himself.

Let us consider for a few minutes the various factors that have been instrumental in causing the medical practitioner to lose his honored and respected position as the family physician.

A few years ago it was suggested that the school children be examined to determine standards of weight and height and general physical development, and later for the purpose of detecting physical defects. Of course, this was to be done by medical men, and, as is usually the case, the medical profession stood ready and willing to do this public service gratuitously. The results of these examinations brought to light so many defects in the school children that boards of education, and in some communities health officers, employed part time young physicians at small salaries to continue inspection of school children and to point out any physical defects in them that might be found. Later nurses were employed to do this work and were to report to the parents of the children any physical defects that they thought they had found, and often to recommend to the parents that they take the child to some clinic or to some particularly friendly physician to have the defects remedied. The school physicians at times, and even the nurses, were permitted to treat certain conditions that they found present in the children. The effect of this was gradually to wean some of the parents of these school children away from their family physician. Health officers and boards of health, overstepping their legitimate field of operation, began to treat certain individuals and to furnish advice, and in some instances remedies, free to those whose economic status did not entitle them to free treatment. This again took a certain number of people away from their family physician.

Following this came the infant welfare society. Stations were established in different locations throughout the city to which mothers were invited to bring their children and receive instructions on how to feed them, and to have them weighed and measured to see whether they were developing properly. Here, again, prominent physicians often volunteered their services altruistically for the good of the community. While these infants' clinics were established primarily for the benefit of those unable to pay a physician for his services, it was

not long before well-to-do mothers began driving up to these stations in their automobiles with their children to receive instruction and advice free, thereby not only imposing on the generosity of the medical profession, which was giving its service ostensibly to the poor, but also estranging themselves from their family physicians.

A few years ago, workmen's compensation acts were passed by the legislatures of the various states. These acts, which affected certain industries, provided that an employee injured during the course of his employment was to receive a definite amount of compensation during the period of his disability and that the bills up to a certain amount would be paid for his medical and surgical care. The employer was to pay the physician's fee provided the employee accepted the physician chosen by the employer. In case the injured one wished to have his family physician or any other than the physician suggested by the employer, he could do so only at his own expense. These laws again took a great deal of work away from the family physician. These workmen's compensation acts brought into being a number of insurance companies organized for the purpose of insuring the industries against loss by reason of injuries to the employees. These insurance companies assumed the right to designate the physician who was to treat the injured, and if he had any other physician than the one designated he would do so at his own expense. Many of these insurance companies, in order to save money, employed young physicians with little experience in handling industrial injuries to look after their cases, often paying them a small and inadequate compensation, the companies seemingly not realizing that the most expensive service they can have is cheap surgery, on account of the frequent bad results which many of the injured suffered from incompetent treatment. These injured employees are deprived of the privilege of having their family physician in on the case, should they so desire, except at their own expense, owing to the rule of doubtful legality promulgated by the insurance company that they must have the physician designated by it.

A few years ago, some of the life insurance companies began urging their policyholders to have a periodic health examination with the idea that it would increase their longevity. Soon after this, commercial institutions, organized for profit, appeared on the scene for the purpose of making these periodic examinations. As a result of their altruistic sophistry, many misguided physicians throughout the country were induced to lend their services for the purpose of making these examinations. An intensive advertising propaganda was carried on throughout the country urging the people to apply to the home office for the examination. Any person writing the home office for an examination was referred to one of the company's examiners in the town where the applicant lived. The examiner filled out a very elaborate report of his observations which was forwarded to the home office of the company. For this examination and report the company

paid the physician making them the sum of $3.50 or $5. After reading over the report, the home office advised the person examined of the substance of the report and suggested what he should do for any apparent defects that were found. For this advice the home office charted the sum of $25. The physician making the examination is not supposed to have sense enough to advise the patient about his condition, but this must be done by some one at the home office perhaps a thousand miles away, who has not seen or talked with the patient and whose only knowledge of him is that furnished by the examining physician. The value of this knowledge by being sent to the home office has been amplified from $3.50 to $5 the amount paid the physician, to $25, the amount paid the home office. In other words, the physician has been induced to sell his brains and skill to a jobber for $5, who immediately resells it to the consumer for $25. This is merely another way in which the confidence of the people in the family physician is undermined. If there is any one who should make these examinations, it is certainly the family physician, who is thoroughly acquainted with the patient and his environment.

These are things that have had their origin with the people and have had a tendency to wean them away from the family physician. However, it may be said that some of them at least have been encouraged by the profession. I believe that the medical men who fostered some of these movements were actuated by the traditions of the profession and little realized what the ultimate effect on the practice of the family physician would be. It is not to be denied that some good has been accomplished by some of the measures that have been mentioned, but it remains to be determined whether or not the sum total of good equals the loss which the people have sustained by reason of their being without the guiding influence of a good, conscientious family physician. As already stated, not all of the influences that have brought about the present condition have had their origin with the people; the profession itself is responsible for some of them."

(From the A. M. A. Journal).

The Alpha Eta Chapter of the Phi Rho Sigma Medical Fraternity of Dalhousie University held a dance at the Waegwoltic Club the last of July. Dancing began at eight o'clock and the guests were welcomed by Dr. and Mrs. H. K. MacDonald, Dr. and Mrs. W. Alan Curry, Dr. and Mrs. E. K. MacLellan, Dr. and Mrs. C. E. Kinley who were the guests of honor and chaperones for the evening. The programme of dances was interspersed with many novelty numbers and surprises which added greatly to the success of the evening.

Terms Used in Radiology

Suggestions in Nomenclature for the General Practitioner.

(Summarized from the Journal of the American Medical Association September 29th, 1928.)

1. The term "radiology" should be employed to designate the broad subject of the medical use of roentgen rays in diagnosis and treatment and of radium in treatment.

2. The individual engaged in such work should be designated as a "radiologist", when he employs these agents as a specialist in this particular branch of medicine.

3. There are many individuals who practice only the therapeutic application of roentgen rays and radium. To conform with recommendation 1, these persons could be designated as "radiotherapeutists" or "radiotherapists" and their line of work as "radiotherapy" or "irradiation therapy".

4. Nevertheless, the use of either agent alone must be designated as roentgen therapy or radium therapy, respectively, for descriptive purposes or in defining or directing treatment.

5. The use of ultraviolet, infra-red or sun rays would be included under "radiotherapy" when an individual employs radium and roentgen rays in addition, but this term is not applicable to the use of ultraviolet, infra-red or sun rays alone to the exclusion of the other agents.

6. "Fluoroscope" and "roentgenoscope" may be regarded as synonymous terms and the use of this device may be designated as either "fluoroscopy" or "roentgenoscopy". We regard it as an undesirable policy to eliminate the former term when common usage has made it correct.

7. We recommend that the prefix "roentgen" be adopted to English spelling as here written. As has become customary with similar words derived from proper nouns, as volt, ampere and ohm, the prefix "roentgen" should not begin with a capital letter except as the first word of a sentence. Similarly, x-ray should begin with the small letter x. At the beginning of a sentence X should be the capital letter as in any other hyphenated word.

8. The terms "high voltage", "medium voltage" and "low voltage roentgen therapy" are preferable to deep, medium and superficial roentgen therapy.

9. The words "radiation" and "irradiation" are not synonymous. The former applies to the radiant energy emitted by the x-ray tube, and radium or other radio-active substances as well as some other sources. "Irradiation" refers to the application of these agents.

10. The use of the word "x-ray" should, in a broad sense, be limited to its application to physical problems and to apparatus, as the "x-ray tube" and "x-ray apparatus". The latter term is applicable to the entire equipment, including the tube.

11. The singular form (x-ray) should be used as an adjective, as x-ray tube, and the plural form (x-rays) as a noun to indicate the radiant energy emitted by the x-ray tube.

Enuresis

THIS condition is troublesome and not infrequent. Dr. R. C. Hamil, of the Children's Memorial Hospital, Chicago, in a recent article in the A. M. A. Journal, appears to think he has solved the problem of its prevention. He reports 80 cases treated and 40 cases cured. This of itself is by no means convincing, but his conclusions are worthy of consideration. He says:—

"1. Enuresis is a conduct disorder.

2. It is stopped when the child so desires.

3. It is of prime importance that the child should assume responsibility for its conduct in its sleep.

4. All other forms of treatment are against the child's interest.

5. This assumption of responsibility depends on a number of factors, some of which may be beyond the physician's control. Some, however, depend on the entente established between physician and child.

Controlling a conduct disorder of this sort, is, if not dependent on, at least greatly facilitated by, competent psychiatric social service work. Such work helps keep in line parents who would otherwise refuse to continue attending the clinic when no medical or surgical treatment was given."

Diabetic Children

WHAT Dr. E. R. Joslin, of Boston, writes about Diabetes is well worth reading. In the January 12th, 1929, number of the Journal of the American Medical Association, he has an article on Diabetic Children with the following conclusions:—

"1. In the twenty-two months ending July 1, 1928, the total mortality among 303 diabetic children has been six or 1 per cent a year. In the six year period between August, 1922, and July, 1928, the total mortality for 337 diabetic children has been thirty-six, or 2 per cent a year.

2. The incidence of a diabetic heredity in a diabetic child increases with the duration of his disease and the number of his relatives. An inherited predisposition existed in 17 per cent of the patients who died; it has already reached 35 per cent among the living and 44 per cent among those children whose disease is of more than ten year's duration. Perhaps all diabetes in children is hereditary. Diabetic children should protect their relatives from the disease. The relatives of a person with diabetes should never be 40 or over and also fat.

3. Coma is still the cause and almost the only cause of the deaths of diabetic children and represents neglect.

4. The present status of diabetic children is good, but the patients in whom the disease is of long duration usually show glycosuria. They mature sexually. Although one third of the patients remain underweight, this is to be attributed as a rule to lack of close supervision, a pretuberculous state, or the onset of diabetes long before the use of insulin.

5. Cataracts are not known to exist among 298 living diabetic children.

6. Arteriosclerosis has been demonstrated by roentgenograms in five of twenty-nine children whose disease is of five years' duration or more. Only one of these five children has been on a high carbohydrate diet.

7. Tubercle bacilli have been found in the sputum of one patient; evident pulmonary tuberculosis was present in two cases, and the chest conditions were suggestive in sixteen cases. Of the latter, one half were neglected because they had had diabetic coma.

8. Overheight at the onset of the diabetes has been demonstrated as varying from 2 7/10 inches on the average for the first series of 100 cases reckoned to the nearest three months to 1 8/10 inches for the second series of fifty-two cases reckoned to the nearest year, or 2 2/10 inches to the nearest three months.

9. Diabetic children resist all types of infections with proper adjustment of diet and insulin. Confusion between the diagnosis

of coma and appendicitis is easy and serious; if there is doubt, an operation should be performed.

10. The blood cholesterol of diabetic children is now below rather than above normal. Cholesterol is a true index of the other lipids.

11. Insulin reactions are distressing but almost never fatal; they interfere with the ideals of treatment but are far less frequent than one would expect because of the inherent honesty of childhood.

12. A child with glycosuria, once carefully diagnosed as being nondiabetic, thus far appears to conform to that diagnosis in the vast majority of instances."

MORTALITY FROM HEART DISEASES.

A perusal of the causes of death as published by every Department of Health in Canada indicates the increasing total of cardio-vascular conditions. This has been noted in the United States and in Europe, and this mortality continues to become higher. Recently a paper and discussion at a meeting of the American Medical Association brought some further points embodied in the following excerpt of an editorial comment by the Journal as follows:—

"There was general agreement that acute rheumatism could not be implicated as an important contributing factor since that disease is declining rather than increasing in importance. The blame must be borne rather by the degenerative diseases, whose obscure etiology makes uncertain any measures of prevention. The fact that it is not the acute heart diseases of early and middle age but rather the degenerative diseases of senescence that are making the mischief is forcibly demonstrated in a recent analysis made by the Pennsylvania Department of Health.

The death rate from all diseases of the heart has increased in Pennsylvania from 133.5 per hundred thousand in 1906 to 210.6 in 1927. The rates for endocarditis and myocarditis and for angina pectoris have doubled in the twenty-two years, while "other diseases of the heart" show an increase of 64 per cent. The relatively higher increase for the specified diseases may be due to improved reporting; but, as has been pointed out, the total increase is a real phenomenon. It cannot be accounted for entirely by the greater proportion of old people in the present population of Pennsylvania, since the standardized rates also show a marked increase, from 142 in 1906 to 203 in 1927. There is no increase in death from heart disease in the younger age groups. In all age groups under 30 these diseases show lower rates. The real increase is in groups over 50 and is greatest over 70. Evidently medicine is protecting old age from other diseases more successfully than from diseases of the heart. This trend is likely to continue until the etiology of the degenerative diseases is better understood."

With Our Advertisers

The Poultice—Heat in the Relief of Pain.

The medical profession owes an increasing debt of gratitude to the chemists and biochemists of the great manufacturing houses for their labours in making available so many lines of treatment in the handy form of tablet or ampoule. There is a danger, however, that this "treatment made easy" may lead us to forget the use of, and method of using, some of the older therapeutic measures which have stood the test of time. Blood-letting, cupping, and the rest were powerful weapons in the careful hands of the older physicians, and Dr. John Harvey Kellogg has done a service by drawing attention in the American Journal of Surgery for December last to the value of heat for the relief of pain. He traces the therapeutic use of heat in this connection from the lower animals, through children and the primitive people of all countries, to the present day. The exact mode of action is not fully understood. Heat may relieve local congestion by producing a collateral hyperaemia, it may break down a vascular

stasis, and it is suggested that it causes an inhibition of the sensory nerves and so relieves pain by acting through the thermal nerves of the skin. This power of relieving pain seems to be a specific property of heat, common to heat waves of all lengths but most marked in the short infra-red rays, possibly on account of their greater penetrative power. To obtain the best results the heat must be intensive, or as "hot as the patient can bear", and to apply it, careful and continuous attention is required either from doctor or nurse. It is not just a prick with a hypodermic needle and away. Heat can be applied by compress poultice, hot-water bag, hot stones, heated air or electricity in various forms, and may be given either dry or moist. The intensity of dose may be greatly strengthened by combining some method of cooling the skin surface such as evaporation or the intermittent use of cool air. Treatment of this nature, like every form of therapy, requires a knowledge of when and how it should be employed, and it ought not to be left to a nurse or an attendant as being below the personal attention of the physician. Unfortunately this is often done because the physician is not skilled in the niceties of its use. Sir Lauder Brunton, in his "Action of Medicines" published over 30 years ago, gave minute directions as to the proper making of a poultice and advised his readers to connect in their minds "the two p's: Pain and Poultice." Does poultice-making still find a place in the modern medical corriculum? It is doubtful. The apprentice system had much to commend it, and one of its virtues consisted in the handing down from generation to generation of a number of practical points in what might be called minor medicine and surgery, the knowledge of which made the distinction between the master and the apprentice. No one who has seen the relief which follows a good poultice in a case of abdominal colic, or who has obtained for his pneumonia patient a couple of hours' sleep with a well-timed mustard paste, will ever doubt the value of heat therapy. Besides, it reduces the drug bill and lessens that chance accident which every true physician dreads—the formation of a drug habit.—(*The Lancet, March* 10, 1928.)

A Wrong Diagnosis. When at a meeting of one of our Branch Societies a speaker admitted he had made a wrong diagnosis, in the discussion one doctor, referring to his confrere's admission, told the following:—

"A young mother on a train was doing her best to quiet a crying baby. Now she placed it here, now there. Now she raised the cushion under its head, now she stretched it out its full length. But nothing would do. The baby cried and cried.

"At last an old gentleman bent over the young mother and murmured politely:

" 'Pardon me, madam, but don't you think it is board the baby wants instead of lodging?' "

OBITUARY

The death occurred in Truro, July 11th, 1929, of Mrs. Joseph Hoare, aged 66 years. She had been an invalid for some three years. Miss Laura Hoare, V. O. N., of Truro, is a daughter of the deceased and Dr. D. W. Hoare, of Philadelphia, formerly of the staff of the Victoria General Hospital, Halifax, is a son. To these and other members of the family we extend sympathy.

At South Brookfield the death occurred on July 30th, 1929, of Miss Mercy Smith, aged 76 years. She was a sister of Dr. Freeman P. Smith of Mill Village, Queens County, Nova Scotia.

On July 9th, Augustine J. Doyle, at Margaree Forks, aged 15 years, while riding a bicycle near his home was struck by a passing motorist and died ten minutes later. Dr. M. E. McGarry is an uncle of the deceased and was in attendance.

Canadian Defence Quarterly. The July, 1929, number of this Military Journal has been received by the BULLETIN. We regret our limited space prohibits us from quoting an article on the Canadian Militia in the Maritime Provinces, for a number of our members, despite their C. A. M. C. Service in the Great War, are much interested in military affairs. Did the several pages devoted to Nova Scotia contain any reference to the Medical Service we could not resist our desire to give them our measure of publicity.

The University of New York announces the receipt of $1,000,000 from George F. Baker, New York City, for the establishment of a fund to be known as the George David Stewart Endowment for surgery. The profession in Nova Scotia will be delighted to learn that this young school teacher from Malagash has received such a splendid recognition of 40 years in surgery in New York City. A striking feature of the incident is its illustration of the personal confidence and friendship, with ideals of life based on sound character, of the chief heads in the fields of medicine and finance. George Baker, the financier, and George Stewart the surgeon, are two men we do well to honor.

Locals and Personals

A new hospital in Kentville appears to be assured some sixty thousand dollars having already been secured, $30,000 coming from the estate of the late A. Milne Fraser. Mr. John F. Marsters, of Boston, formerly of Kentville, has promised $500 in cash with a piece of real estate worth a similar sum.

Dr. Allister McLellan, of New York, who visited his parents, Mr. and Mrs. E. C. McLellan, of Tatamagouche, in July, spent a portion of August as a patient in Highland View Hospital.

It is now *Major* A. S. Burns, C.A.M.C., Kentville, with the appointment dating from April 1st, 1929.

Mr. Henry Rockwell, of Montreal, a son of Doctor and Mrs. William Rockwell, of River Hebert, N. S., was married July 23rd, 1929, in Saint John to Miss Margaret E. Lynds, daughter of Mr. and Mrs. L. C. Lynds, of Saint John. Miss Lynds was some time on the nursing staff of the Royal Victoria Hospital.

In the absence of the pastor of the United Church of Canning, one Sunday evening not long since, Dr. K. A. Baird gave an interesting address on China, illustrated by lantern slides.

Mrs. Fuller, wife of Dr. C. K. Fuller, of Yarmouth, with their children, spent several weeks in July and August visiting her father, Mr. Melville McKean in Pictou.

At the end of June the nursing staff of King's Memorial Hospital was deprived of the services of Miss Kathleen Hayes, R. N., for two years a very efficient assistant Superintendent. She has gone to Boston, having accepted a life patient there, altho there will be times when she will doubtless be the patient one.

A recent appointment to the staff of Dalhousie, as Assistant Professor of Pathology and Bacteriology, has been made in the person of Dr. R. A. MacKean, a son of the late well known Dr. R. A. H. MacKean, Surgeon of Glace Bay. Dr. MacKean graduated from McGill in 1924, was on the staff of the Pathological Division in the Montreal General Hospital, Demonstrator in Pathology and Bacteriology at McGill for two years, he was Assistant Pathologist at the Boston City Hospital and, after a year's teaching at Tufts Medical School, he comes back to Nova Scotia and to Dalhousie. He will be heartily welcomed by the Profession in this Province.

Dr. Harold Baird, of Chipman, N. B., came to Nova Scotia for his bride, July 17th, 1929, in the person of Miss Juan McE. Munro, of Stellarton. She was a graduate of the Victoria General Hospital Nursing School and was for some time chief nurse in the operating room.

As the Dalhousie Medical College has now entered upon the 1929 to 1930 term we might recall that last June all sixteen candidates examined at Halifax by the Medical Council of Canada were successful. And further, be it remembered, that fifteen of the sixteen were Dalhousie graduates.

We are informed through the press that Dr. T. A. Kirkpatrick, Dalhousie 1929, has opened an office in Kentville for general practice. He is a brother of Dr. H. W. Kirkpatrick, of Halifax.

Dr. Charlotte Munn, Dalhousie 1928, of the Manhattan State Hospital staff for the past year, spent the month of August with her parents in P. E. I.

While Dr. S. Marcus, of New Germany, was away on an important and happy mission, Dr. P. R. Douglas, of Halifax, acted as his locum tenens.

Dr. A. Hines of Cheverie has made a full recovery after his recent illness.

We regret to learn Dr. J. W. Reid, Sr., of Windsor, is still in poor health and a patient in the Victoria General Hospital. We note the Town Council recently remembered him by sending flowers.

Mrs. J. G. McDougall, Spring Garden Road, returned recently from Montreal where she had been quite a few weeks receiving treatment. We are glad to know her health has greatly improved.

Dr. W. W. Patton of Port Morien recently lectured on the life of Louis Pasteur under the auspices of the local Lodge A. F. & A. M.

Mrs. Robbins, wife of Dr. W. H. Robbins, of New Glasgow, returned home recently from Boston very greatly improved in health.

At Fredericton, N. B., July 30th, 1929, to Dr. Charles and Mrs. MacMillan, a son. Dr. MacMillan formerly lived in Dartmouth, graduated from Dalhousie in 1924 and is now travelling Tuberculosis Diagnostician for Western New Brunswick. Mrs. MacMillan, formerly of Halifax, will be remembered as a very successful reporter for the *Mail* and the *Echo*. Congratulations.

St. Martha's Hospital, Antigonish, received by bequest the sum of $20,000 willed by Mrs. Annie McNeely, a native of Nova Scotia, but for many years resident in Vancouver.

Dr. W. H. Rice, of Sydney, in an auto collision, Aug. 14th, near Ross Ferry, received a cut on the head which necessitated several stitches.

Early in August it was announced that Miss Carol Hawkins, daughter of the late Dr. A. C. Hawkins, and sister of Dr. R. C. Hawkins, 383 Brunswick St., Halifax, would on the 31st inst., be married to Mr. Harry Roper of Halifax.

Dr. C. E. A. deWitt, of Wolfville, and family have been, as usual, spending the months of July and August at their summer home in Deep Brook.

Dr. L. M. Murray, of Toronto, with Mrs. Murray and their daughter Miss Margot, visited Halifax, their former home, motoring from Toronto the first of August. They were gladly welcomed by many former friends. While in the City they were guests at the Lord Nelson.

Dr. W. H. Robbins returned from Boston the last of July. We were pleased to learn that Mrs. Robbins was making good recovery from a recent operation.

The Glace Bay *Gazette* makes Dr. F. W. Green of that town a very effective golfer. In a recent contest his play was so unexpectedly excellent that his opponent, who was keeping the score, got excited and "put the lead pencil in the golf bag and tried to put his putter in his hip pocket."

And now it is said that Dr. Jack Wright is going to let up on tennis and settle down to medical practice in Montreal in earnest.

Dr. D. L. McKinnon, of Truro, and family summered, as usual, at East Lake Ainslie, where he has a nice bungalow on a portion of the old homestead.

Haslam-Smith. Dr. deMontford Haslam, of Concord, N. H., was married, on August 7th, 1929, at St. Paul's Church, to Miss Elsie C. Smith, daughter of Mr. and Mrs. George B. Smith, 28 South Bland St., Halifax. Dr. Haslam, one of Dalhousie's best athletes, graduated from the Medical College in 1926. After a reception at the Lord Nelson Hotel, they left on a motor trip to central Canada. They will reside at Concord.

Dr. J. A. McLellan and Mrs. McLellan celebrated the 25th Anniversary of their wedding on July 27th, 1929. A host of friends spent the evening with them and departing left them all good wishes and a chest of silver. As usual the Doctor's violin contributed to an impromptu programme. The BULLETIN joins in congratulations.

There appears to be some increase in the activities of the chiropractor in Nova Scotia. Possibly the prominence given to Chiropractor McCoy's Health Talks in provincial and city papers gives these illegal practitioners renewed assurance. We read recently of a clever boy in a large town going to New York. By skill and pluck he acquired a degree from the American College of Naturopathy and Chiropractic, also a wife and little son. Now he returns and is gladly welcomed to his home town. Why let him start at all?

Doctors A. F. Miller and Charles Beckwith of the Nova Scotia Sanatorium have been holding tuberculosis clinics recently in Yarmouth and Digby Counties. If County Health nurses were employed in each County there is no reason why the staff of the Sanatorium could not do all of this work for the seven or eight Western Counties of Nova Scotia.

Dr. R. S. Schlossberg, of the Nova Scotia Sanatorium, spent his vacation weeks this summer in Halifax.

Dr. J. A. M. Hemmeon, of Wolfville, spent an August holiday at Hubbards.

The new St. Rita's Hospital, Sydney, formerly the Ross Memorial, is now receiving patients. It is described as being splendidly equipped and well arranged.

Dr. G. A. McIntosh, Provincial Health Officer, accompanied by Dr. P. S. Campbell, Tuberculosis Examiner of the Health Department, made a full tour of Cape Breton the last week in July inspecting hospitals, asylums and homes. Mrs. McIntosh accompanied the party and doubtless gave much valuable assistance in the matter of Public Health Nursing.

Infantile paralysis is again making its appearance in some provinces in Canada. The Federal Department of Health is taking prompt action to acquaint the public with early symptoms to secure early diagnosis of the disease.

Dr. F. T. McLeod, of New Waterford, spent a week's holiday in August at his old home in Pictou County.

Dr. D. W. Archibald, of Sydney Mines, recently spent a pleasant week motoring around the South Shore of Nova Scotia. He was accompanied by his three sons.

Dr. D. R. MacRae and Mrs. MacRae, of Sydney Mines, had as their guest for the month of August Mr. and Mrs. Daniel MacRae, of Boston. Some time was spent at the old MacRae homestead at Boulardarie, and Inverness and other places in Cape Breton were visited.

Dr. J. I. O'Connell, of Curling, Newfoundland, recently visited his mother in Sydney.

From the Associated Press the BULLETIN learns that the *New Brunswick Medical Society* held its 49th Annual Meeting in Saint John, July 16th and 17th, 1929. This apparently received additional publicity on account of the action regarding a revised schedule of fees for the Sydney *Post* heads its despatch thus:—"Revised Fees Adopted for New Brunswick Practitioners." The BULLETIN is further advised that Dr. K. A. McKenzie, of Halifax, contributed to the programme. Congratulations should be extended to Dr. A. Stanley Kirkland, Radiologist to the General Hospital, Saint John, upon his election as President for the ensuing year. He is known to us as the chief contributor to the C. M. A. Journal of the very excellent New Brunswick notes. St. Andrews was chosen as the next place of meeting.

Dr. B. S. Bishop, of Kentville, accompanied by Mrs. Bishop and two of their family spent a day in Halifax recently. When Dalhousie is fully underway for its 1929-30 activities all their family will be in attendance at the University.

When Olaf Roefguist and Teena Swanson were married through the beneficence of an uncle, they took a honeymoon trip and were given a very good room at a fine hotel when the size of Olaf's roll was observed. They were delighted with the room and the luxurious furnishing and particularly the bath room.

"Teena," he said, wistfully gazing at the pink enameled tub with its glistening fixtures, "gee, don't you vish it was Saturday night?"

We are glad to note that little Katherine, daughter of Dr. J. G. D. Campbell and Mrs. Campbell, of Halifax, who was so severely injured some four weeks ago, is almost fully recovered. She was caught by the hook of a chain and the leg badly lacerated.

Dr. S. A. Fulton, of Truro, returned early in August from a rail trans-continental trip over Canadian railways.

Dr. D. F. McLellan, of New Glasgow, had as his guest for the last month, his brother, Rev. Father A. J. McLellan, of Ladysmith, B. C. They both visited their mother at the old home in Inverness.

There exists a Maritime Catholic Hospital Association of which, at a conference in Moncton about three months ago, Rev. Sister Mary R. N., Superior of Inverness Hospital, was elected President. Now we have a general Nova Scotia Hospital Association, to say nothing of partially organized associations for P. E. I. and N. B. It is absurd to see this wasting and duplication of time and energy when a Maritime Association will answer the requirements much more fully.

Recent investigations, which demonstrate the profound effect produced on ovarian function by repeated implantations of anterior pituitary gland tissue, lead to the hope that future work along this line may yield some method of applying this new knowledge therapeutically."

Doctors Lynch of Sydney, Morrison of New Waterford, Ballem, Calkin, McKay, Whitman, Bell and others of New Glasgow, Burns of Kentville, McDougall and Walker of Halifax, attended one or more of the sessions of the First Annual Meeting of the Nova Scotia Hospital Association at New Glasgow, August 21-22, 1929. All took some part in the proceedings; Dr. G. Harvey Agnew of Toronto, Associate Secretary of the Canadian Medical Association, was of very great assistance in the carrying out of the programme. A full report of this important meeting will appear in the next BULLETIN.

Dr. D. F. McInnis of Shubenacadie left August 23rd, for a short visit to Boston. During his absence Dr. H. B. Whitman, of Dartmouth, Dalhousie 1928, looked after his practice in this beautiful and prosperous section of Nova Scotia.

The BULLETIN has learned that Dr. K. A. Baird has left Canning and located in Saint John, N. B., a change he has been endeavoring to accomplish for a year or more. We believe New Brunswick always called to him as a 'Native Son', and he now has a larger field for surgical activities. We trust he will not forget the BULLETIN, which will go to him for a time at his new address. We are unaware as to who will be his successor in Canning.

The BULLETIN is glad to acknowledge the receipt of recent numbers of the following:—

Bulletin of the Medical Society of the County of Kings;
Bulletin of the New York Academy of Medicine;
Milbank Memorial Fund, 1928 Report;
Canadian Defence Quarterly, July, 1929.

We hope to obtain something from these for use in the BULLETIN in the near future.

Dr. Hugh McLean, Dalhousie 1928, has located at Moncton, N. B. We regret 'Hughie' could not settle in Nova Scotia, but Moncton is next and near us. Perhaps he can hasten the day when for Medical Society purposes the three Maritimes may again get together.

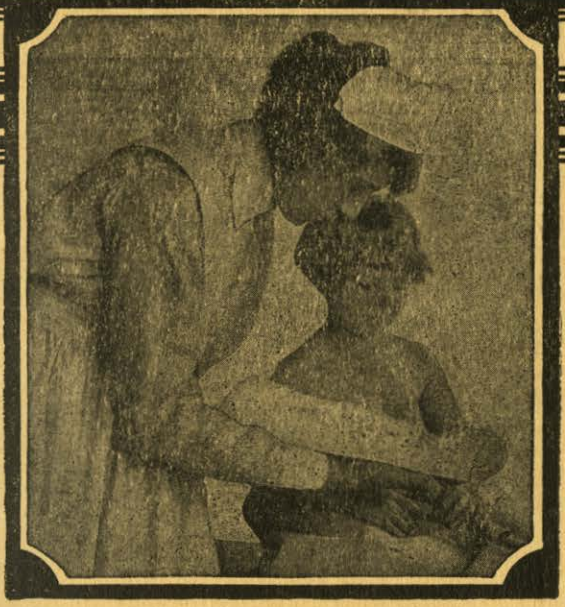
Dr. F. D. Charman, of Truro, and family spent the first two weeks or more of August in a leisurely motor trip all over Nova Scotia which they very much enjoyed.

Dr. Harvey Smith, of Winnipeg, was duly elected President of the British Medical Association at its recent meeting. He will preside at the Annual Meeting of the B. M. A. in Winnipeg in 1930.

Dr. Gordon Winfield, of Halifax, Dalhousie 1929, has a hospital interneship in Acton, Ohio.

Dr. A. W. Miller spent a short vacation this year with relatives in the Margaree Valley.

Please address Dr. V. O. Mader of Halifax, as *Captain*, instead of *Lieutenant*, C.A.M.C., as from June 12th, 1929.



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