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Leading Features This Issue:

GATHERINGS OF THE CLAN.

HOSPITAL SERVICES SECTION.

NOVA SCOTIA TUBERCULOSIS COMMISSION.

LOCALS AND PERSONALS

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An Experimental Study of Shock*

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SOME years ago I was examining a drug which produced certain very interesting lesions, namely an acute edema apparently localized to the head and neck tissues. This substance, paraphenylenediamine, however occasionally produced edema elsewhere especially in the paws of cats. On the basis of these and certain other experiments I came to the conclusion that the substance was in reality producing a generalized circulatory poisoning which manifested itself more rapidly in the head and neck area. Shortly after my work appeared a certain American author denied these findings and reaffirmed the old story of strict localization. At that time I was deeply embroiled in another field and was not able to reinvestigate the matter very fully; more recently, however, I tackled the subject again, since I was fully convinced that if the whole story could be told it would prove of great interest.

Now, in order to produce edema either the blood must become more diffusible, or the capilaries more permeable; it will also be remembered that a very rapid edema formation can only take place with a sufficiently high blood pressure. Unfortunately para has as a corollary the property of poisoning the heart, and thus repeatedly the blood pressure was brought so low during the course of my experiments as to vitiate the chances of edema production. This annoyed me as I was not able in consequence to obtain consistent enough results to establish my contention beyond further doubt. The question therefore arose could one devise an apparatus which would keep a double circulation going, or in other words function as an *artificial heart*. In this connection may I point out that *perfusion* experiments offer so many difficulties as to be unsatisfactory for this purpose. One of the most interesting "snags" has been observed by Starling, that blood becomes apparently poisonous unless circulated through the lungs, and of course, no other fluid would be satisfactory for the purpose in view.

I therefore turned my attention to the heart question. Preliminary trials showed that providing a suitable apparatus were available the experiment was possible. Similar experiments had already

*Presented at the Annual Meeting of the Medical Society of Nova Scotia at Pictou, June, 1929.

been made by Dale using a perfusion apparatus devised by Schuster, both of the National Medical research Institute of Great Britain; this apparatus, however, is large and requires considerable extra blood and thus was not considered satisfactory. Basing my experiments on some previous experience gained in devising blood-flow apparatus, I eventually succeeded in devising an instrument which fulfilled the requirements, namely would deliver 1000 cc. per minute against a pressure of 250 mm. Hg. at a rate of not less than 200 beats a minute, and with a capacity of not much greater than 20 cc. this latter being only about 10 per cent of the blood volume of a decent cat. Time does not permit of a detailed description of this apparatus, nor of the operation involved, suffice it to say that four *canulae* must be fitted to the cat and connected to the "heart" in as short a time as possible. Actually the circulation is interrupted for about five minutes, though I have recently achieved the rate of 2 minutes 51 seconds.

May I say that not only is artificial respiration necessary, but also deep anesthesia. Apparently from some of my correspondents I am in the beastly habit of catching cats, tearing their hearts out and tying in one of rubber, then fiendishly gloating over the sufferings of the yowling brute. Such experiences, needless to say, exist only in the extraordinary minds of these people.

Having arrived at this stage, and finding that I was able to keep alive the circulation for a certain period, I was immediately struck by the fact that cats so treated survive for approximately the same time and give pressure records indistinguishable from an ordinary exposed heart preparation, or following any other similar severe surgical proceedure. Now it is quite apparent that such animals do not die of heart failure, thus we have positive evidence, in confirmation with our present belief, that the circulatory failure of secondary shock is not primarily due to the heart. It is true that the heart will be affected in general circulatory failure and thus intensify it, but this failure is secondary and not the primary cause.

Naturally the opportunity being as it were thrust in my way, it was impossible to resist the fascinating problem of why the cats die so soon, or even at all, and I am now feebly trying to keep my head above the waters of the rushing stream I dived so cheerfully into.

As was clearly shown by the Allied Medical Research authorities during the War, the most significant and certain change in secondary shock is a decrease of blood volume. This, if severe, leads to a pressure fall, though a considerable decrease may be achieved without serious fall taking place. The difference between secondary shock and simple haemorrhage is, as you are all well aware, that following the latter there is an immediate attempt on the part of the body to replace the lost fluid, which it does by withdrawing fluid from the tissue spaces, thus leading to a dilution of the remaining blood, as shown by the cell and Hb content. Whereas in true secondary shock the reverse takes place, namely an increase in cell and Hb content.

Investigation into this loss of blood volume showed clearly, that it was not due, as it was thought, to a simple paralysis of the veins and capillaries, leading to a stagnation of blood in the peripheral circulation, or in other words a virtual haemorrhaeag. Such a condition may occur in acute shock, or following some drug actions. It was shown without doubt that not only was the blood largely stagnant in the capillary circulation, but that fluid was actually lost from the circulation itself. Light was thrown onto the question by the observation that capillary blood, especially at the extremities, was more concentrated than in the general circulation. This suggested, afterwards confirmed, that the fluid is being lost through the capillary walls. In other words, secondary shock is due to some cause acting on the capillaries in some way as not only to cause them to be abnormally dilated, but abnormally permeable. Naturally during the war period, the aim of this research was to treat this condition, and great efforts were made to control and prevent the development of the condition.

It had been previously noted and often confirmed that during a condition of shock there is a marked diminution in the blood alkali reserve, so called—rather badly—acidosis, and it was thought by certain workers that secondary shock is essentially an acidosis. This was completely disproved by experiment. While it is true that failure of the circulation will lead to acidosis, simply because the blood is not circulated rapidly enough to become purified, well-controlled experiments showed that acidosis artifically produced of a much greater intensity than that produced by fatal shock, will not in itself lead to shock. The treatment of shock with alkalies, already practically falling into disrepute, was thus shown to have little real experimental basis. It is true that in severe shock the accompanying acidosis may also play a role but this is not well-supported by experiment. Probably those cases which benefitted by large alkali injection did so as a result of the fluid rather than the alkali introduced.

Experiments directed towards the actual basis of shock brought to light a series of most interesting factors. Bayliss in his remarkable studies on blood and its osmotic properties, showed that salines were only retained for a short period in the general circulation because being simple salt solutions there was nothing to keep them in. He then proposed his famous "Gum Ringer", which he showed had similar physical properties to blood in that it has the same colloidal osmotic pressure, thus the same resistance to being pushed out of the blood vessels; it also has the same viscosity. Bayliss showed that an animal could be recovered from a severe bleeding—or bleedings—and surgical shock by gum ringer injections, providing it was administered early enough. This indicated most clearly that shock in itself leads to shock. Attention directed to this point brought out the fact that one of the main causes of this increase of shock was due to a deficient supply of oxygen due to the circulation, and that if this was allowed to continue chances of recovery became much lessened.

Time does not permit me to enter on the question of oxygen supply and capillary tone and permeability; may I say, however, that available evidence shows its immense importance. It should be noted, however, that capillaries deprived of oxygen seem much more liable to damage, and furthermore seem to remain so for some considerable time. This has most important aspects in the treatment of asphyxial conditions, which are frequently treated too lightly.

Gum Ringer, therefore, does two things, it raises the pressure and circulation rate by increasing the venous return to the heart, and secondly as a result it increases the oxygen transport to the tissues, which latter is probably its most important action.

During these experiments it was most clearly brought out that anesthesia greatly increased the effect of shock, and this was particularly true of chloroform and ether. This had already been noted by the war surgeon. It was also found that of all anesthetics gas and oxygen was the least injurious, and in good hands many lives were saved that would have died had chloroform or ether been used.

Still the main factor of shock was obscure. One remarkable fact, however, had been known almost from antiquity, and that was if injury to say a leg was very severe and necessitated the application of a tourniquet, the patient often seemed to survive the injury and the surgical interference, only to succumb when the tourniquet was removed. All kinds of things were invoked, injury to nerves ranking high. That this, however, was not the cause was shown by the production of shock by injury to a denervated limb. It was also shown that shock associated with injury to a part could only take place with the blood supply intact. It thus became fairly clear that at least one big factor was the liberation of some poison or poisons from the damaged tissue which being carried into the general circulation lead to circulatory failure.

We owe to the genius of Dale that the next bit of the puzzle was sorted out, in that he pointed out the extraordinary similarity between histamine poisoning (which he had also previously discovered) and secondary shock.

About here the war studies stopped but the tale is still being carried on. The next chapter is perhaps by Krogh, who definitely broke up the old idea that the capillaries were inert tubes, and he showed that they were capable not only of changes in calibre but also in permeability. This latter, he thought, went together, the wider the capillary the more permeable. Lewis, however, does not agree with this idea and separates the two functions.

Then came the work of Lewis, who studying skin reactions in the human, showed without much doubt that following any injury to the tissues and the capillaries themselves, some diffusible substance is liberated which behaves identically with a small dose of histamine. Lewis, in the absence of positive evidence, terms this substance H-substance.

So far the story becomes clearer, injury to the tissues liberates a histamine-like substance which, on being absorbed into the general circulation, causes peripheral vascular paralysis, or secondary shock. While it is true that the more of one kind of tissue damaged, the greater the shock—other things being equal—there is some evidence that certain tissues are more deadly than others. Extensive though superficial injury to muscle is well known to be dangerous, as also is any extensive skin destruction.

It would appear that really sharp surgical instruments offer an advantage other than that of mere ease of working, and that perhaps blunt dissection has, like so many other good things, a snag if over done.

Naturally the question arose was this really histamine or something like it. Many people had extracted tissues and usually got suspicious traces of histamine, as well as another depressor compound choline, but not in serious quantities. Dale, however, became dissatisfied with the extraction processes of the biochemists on the basis of comparative results with the blood pressure reaction of cats. This led to the development of a new technique, which on being applied, showed that all tissues contain histamine, some in very large amounts indeed. An outstanding example of this is the lungs, second in the list being the spleen. The remarkable quantity of one gram of solid histamine was isolated from 10 kilo of horse lung, giving the minimum concentration of 1;10,000. This amount of histamine liberated at once would kill the animal in a few minutes. Furthermore histamine may be extracted in the same amounts from tissue plunged instantly into freezing alcohol, thus precluding the idea of a chemical change, except one having extraordinary properties.

In this connection may I point out that failure on the part of certain workers to appreciate the very large quantity of available histamine, along with the difficulty of extracting it, difficult largely because of its tricky behaviour, has led to the discovery of several new depressor compounds which were going to revolutionize the treatment of high blood pressure. So far all these substances have lost their activity when histamine and choline were thoroughly removed.

We have therefore good grounds for accepting at least as a working hypothesis, the theory that secondary shock is due, at least partly, to the liberation of histamine from the damaged tissues, which is carried by the blood stream into the general circulation. Whether histamine is alone responsible is not yet known. There is evidence implicating choline, or a derivative, and possibly other substances as well.

Dale and Dudley recently report the definite finding of acetylcholine in certain tissues. This substance, like histamine, was at one time only a scientific curiosity because of its extraordinary pharmacological activity, and like histamine is now shown to be be a normal

constituent of the body. While evidence points to the fact that acetyl choline is liberated on stimulation of certain nerves, it is not yet known if it plays a part in the shock phenomenom.

So far the histamine theory of shock fits fairly well into the facts, especially to certain animals and humans, the story is not yet all told, and cannot be applied in a wholesale manner to all species. Out of this discovery arises two very interesting and important questions, firstly, what is histamine, or some very labile precusor, doing in the tissues; secondly, why should the lung contain relatively so much. Time does not, however, permit of a discussion of these points, nor of the fascinating possibilities of a relationship between the histamine mechanism and anaphlyactic reactions.

Before closing may I mention a recent paper from the Mayo clinic, in which the histamine theory is thrown over-board as a "sterile hypothesis". These authors working on perfused rabbits' heart are able to confirm a series of well known facts, the two most striking being that after perfusion with Locke's solution defibrinated blood poisons the preparation; they also state they have confirmed Starling's observation that defibrinated blood is poisonous unless passed through the lungs. As, however, they appear unaware of an extensive investigation carried out by Chusny some fifteen years ago, in which he showed that not only was defibrinated blood poisonous, if added to the perfusing fluid, but also practically any other non-poisonous colloid, and as they omit altogether to mention the more recent proof of the presence of histamine in the tissues, as well as the fundamental work of Lewis, we may, I think, fairly disregard their objections.

In concluding may I be allowed to apologize to my audience for choosing a subject apparently so remote from my proper field of drugs and their preparations, but I hope that this very brief resume may help to show how close we all are to the basis of medicine, namely, the function of the body, and that although we laboratory fellows often seem to be working in some obscure field, and very frequently seem far from general medicine and the clinic, every now and again some great scientist like Dale joins the two and then it is discovered that we, like miners, have been working an identical seam with but little separating the two.

Caesarean Section*

Classical Caesarean vs. Low Cervical with a Transverse Cervical Incision.

Dr. L. R. MEECH, Sydney, N. S.

Mr. President and Gentlemen:—

A plea for more general use of the low Caesarean Section with a transverse cervical incision, as against the classical Caesarean Section, is the subject matter of the paper which I have the honor to present to you this afternoon.

Caesarean Section is by no means the safe and simple procedure it is popularly supposed to be; the mortality of the average operator, and the average mortality of all operators are much truer indices of the value of a given procedure than are the brilliant results of a single skilful surgeon or a single well organized clinic. Caesarean Section, by this test, is a dangerous measure.

It must be remembered that the performance of Caesarean Section by no means terminates the surgeon's responsibility; once he has done it he has charged to his account that woman's obstetric future and he is responsible, at least morally, for what happens to her in her subsequent pregnancies. The scar is always a hazard as long as she is able to conceive and we have no definite criterion by which to estimate its strength. Rupture is a possibility any time after the seventh month and the intervention of a natural delivery confers no form of immunity.

The classical operation is never safe late in labor, for no suture line is water tight and no amount of packing can lessen the danger of the intra-peritoneal spill of uterine contents which at this stage are never sterile.

The claims made for the low cervical operation are according to DeLee:

(1) The cervix is a part of the uterus which stands infection the best; the pelvis is also more resistant to infection than the upper abdomen.

(2) The wound is placed in the non-contractile part of the uterus and heals undisturbed, therefore lessening the possibility of rupture in subsequent pregnancies and labors.

*Read at the Annual Meeting of the Medical Society of Nova Scotia, at Pictou, June 26th, 1929.

(3) Adhesions are less frequently encountered, as the wound is always sub-peritoneal.
(4) A real test of labor may be given in subsequent pregnancies without fear of the scar rupturing.
(5) Hernia is less common in the abdominal incision, as the incision is placed lower in the belly.
(6) The convalescence is more nearly like a normal delivery.
(7) The morbidity and mortality are greatly reduced.
(8) It permits the delivery of a living child when certain conditions exist which would make the classical operation a hazardous procedure.

On doing repeated classical sections, I have always been able to discern the previous scar, whereas with the low Caesarean Section, in nearly all cases, it is impossible to find the old scar. Another important point is that deliveries thru the pelvis following a low Caesarean Section are possible; e. g. A woman who has had a Caesarean Section for Placenta Praevia, or Eclampsia, or for any cause other than a disproportion of pelvis, may go thru subsequent labors normally, and the old dictum "once a Caesarean always a Caesarean" passes into the discard. A previous classical Caesarean Section is not a contra indication to the low Caesarean operation.

In the evolution of Cervical Caesarean Section there have been three stages:

(1) The extra peritoneal Caesarean Section.
(2) The trans peritoneal Caesarean Section with suture of peritoneum to abdominal wall.
(3) The retrovesical or sub-peritoneal Caesarean Section.

(1) The extra peritoneal Caesarean Section—The operation of Krustner and Latzko represent this type. The unopened peritoneal sac is lifted off the anterior portion of the outlet, the bladder and lower uterine segment. The cervix is thus cleared, a longitudinal incision is made in it, and delivery is accomplished. The disadvantages of this operation are:

(1) The bladder or uterer may be injured.
(2) The peritoneum may be opened and so spoil the method.
(3) The site of operation has to be drained.
(4) More haemorrhage since the incision has to be made nearer the side than the middle.
(5) The technical difficulties are greater and lastly the operation cannot be repeated because of adhesions.

(2) Transperitoneal Caesarean Section—This method, known as the Veit Fromme Hirsh operation, was developed with the idea of protecting the peritoneal cavity and overcoming the disadvantages of the extra peritoneal method. In this operation two lateral flaps of visceral peritoneum are dissected up and united to the parietal peritoneum, thus creating an extra peritoneal space thru which a longitudinal cervical incision is made and

delivery effected. The disadvantages of this method are that occasionally the peritoneum is very thin and does not separate well from the uterus, and that it leaves a band of scar tissue from the cervix to the abdominal wound, thus fixing the cervix at a higher point than normal in the pelvis.

(3a) The intra-peritoneal, retrovesical, or sub-peritoneal operation Kroenig claimed that the better results obtained by this method were due, not to the fact that the cause was approached in an extra peritoneal manner, but because the incision was made in the thin noncontractile lower uterus and because the uterus was completely covered over by the bladder.

(3b) Transverse cervical incisions—Experience has shown that the intra peritoneal retrovesical operation offered definite protection against peritonitis, and could be performed on women well advanced in labor. Published statistics also show that the incidence of ruptured scars was greatly reduced and that where rupture did take place it was due to the fact that the longitudinal cervical incision had been prolonged unduly upward the cervical part healed well, and the weakness was in the uterine part. The transverse cervical incision was the next step and permits placing the scar entirely in the lower segment.

From the standpoint of technique the transverse cervical incision offers many advantages. It is the closest approximation to normal delivery, as the child is born thru an opening less than two inches from the normal opening. The necessary room for delivery can be easily obtained if the sides of the incision are curved upwards. It is superior to the longitudinal incision, as it is entirely in the cervix. It is easily covered by the bladder and so made entirely sub-peritoneal. Drainage of the retrovesical area can be easily accomplished if necessary by gravity drainage thru the vagina. There is very little haemorrhage with this incision.

In a potentially infected case the low Caesarean Section with transverse incision is quite admissable, whereas a classical Caesarean section is extremely hazardous.

Kerr and Hendry (2) have reported 107 cases of Caesarean Section by transverse incision in the lower segment with a maternal mortality of four per cent. They describe their technique. They do not separate the bladder and make an isthmeal rather than a cervical incision. The technique I have been using latterly is similar to that described and done by Phaneuf (3) of Boston. In it the bladder is fully separated from the cervix down to the vagina as far as possible laterally. The incision is placed entirely in the cervix at a low level and is entirely sub-peritoneal and retrovesical at completion of operation. In addition to Phaneuf's technique, I place two strong traction sutures, one on either side of the incision in the cervix which facilitates its suturing later.

In conclusion I would like to give a short description of the low Caesarean section with transverse incision as described by Phaneuf (2) with the addition that I place a strong traction suture at each end of transverse incision so that the incision can be brought nearer the surface and so facilitate suturing.

(First step). Abdominal incision—Patient is catheretized and anaesthetized and placed in the Trendelenburg position. Abdomen is opened by a medium incision six inches long, starting at the symphysis and ending near the umbilicus. The peritoneal cavity is opened between the bellies of the recti muscles. A retractor is introduced at the lower end of the incision and the lower uterine segment is well walled off with a long strip of gauze. One cubic Centimeter of asceptic ergot is injected in the thigh muscles.

(Second step). Cervical Incision and delivery—The uterine peritoneum, which is loosely attached above the bladder reflection, is incised transversely. An upper flap of peritoneum is separated and a lower flap of peritoneum, together with the bladder is pushed down. The large retractor (Doyen) is now placed over the bladder to protect it. The assistant makes traction upwards on the uterus to bring the lower segment nearer the surface. The traction sutures may be placed in the lower segment and left long so that they can be used later. These sutures are placed at either end of the proposed incision into the lower uterine segment. A small transverse incision is made as low as possible in the cervix in the middle line; this is extended laterally with bandage scissors curving the incision upwards at each end. This last to give more room. The child is delivered by raising the head with the hand and making pressure on the fundus. If breech presents extract by the feet. One cubic centimeter of pituitary is now given into the thigh muscles. If it is the first labor or if cervix is very little dilated express membranes and placenta out through incision. If os is fully dilated, can drop cord back and express all through vagina after the uterus is closed. There is very little bleeding in this incision.

(Third step). Closure of Cervical incision and suture of peritoneal flaps. By making traction on the stitches left long the incision can be brought nearer the surface and can be steadied for suturing. The cervical incision is closed in two layers with continuous No. 2 Chromic catgut. The first layer takes in the endometrium and part of muscle. The second layer takes in the remainder of the myometrium and fascia and covers the other layer. The peritoneal edges are united with No. O Chromic catgut.

(Fourth step). Closure of Abdominal wall—This is closed in layers in the usual way.

(1) DeLee—Obstet. and Gynec—October, 1928.

(2) Kerr and Hendry—Sug. Gynec. and Obstet.—July, 1926.

(3) Phaneuf—Boston M. and S. Journal, Vol. 197—Nov. 10 1927.

TABLE 1.

	No. Cases	Maternal Mortality	Total Mortality
Allan	211	9.9	13.2
*Barr	97	0	....
Holland	4074	6.8	12.6
Michigan	....	10.9	13.5
New Orleans	362	15.2	19
Polak	2000	7	3.5
Williams	221	.45	....

These figures have been collected casually from the literature.

*Personal Performance

ONE of our Advertisers, who is evidently endeavoring to give the medical profession, and their patients, the best possible service, writes the BULLETIN, enclosing an almost empty sample bottle of "Elixir, Dial, Ciba," as follows:

"The Secretary,
Nova Scotia Medical Society.

Dear Doctor:

Many times do we get complaints that the druggists are selling articles over the counter that should be sold on the prescription of a doctor. To some extent this is true but in most cases the druggist is not to blame.

The representatives of the manufacturing houses leave samples with the doctor—a patient comes in and the doctor, instead of giving a prescription, gives the sample—this sample has the name of the product on it and also the maker's name with directions, etc. What happens,—the patient takes the bottle to the drug store for refilling or a larger bottle.

You can readily see how far-reaching this may be. We have had customers come in, sent by their doctor, demanding Heroin—just one or two tablets to stop the cough, Codeine tablets, Esterol, Pyridium tablets, Luminal and this is becoming a very common, over the counter, demand. Veronal, etc., etc., Frosst's 222 tablets owe their sale to the doctor telling his patient to go and get them at the drug store.

I am enclosing, our latest demand, which seems to me to be going beyond the ethical stage, so called. The fact that it has "Hypnotic" on the label should be enough to ban the promiscuous distribution. The writing on it is the doctor's.

Am sending this because I know you are interested and we have talked along this line several times.

Sincerely yours,

(Signed) S. R. BALCOM."

Report Nova Scotia Tuberculosis Commission*

DR. KENNETH A. MACKENZIE, Society Representative,
Halifax, N. S.

LAST year I presented in some detail a report on the activities of the Nova Scotia Tuberculosis Commission and other bodies interested in the control of tuberculosis in this province. This year I beg to submit my report on the activities for this year, together with some comment on the various problems involved. Your representative has attended as far as possible the meetings of the Commission, the executive meetings and also various informal meetings with interested parties. The Commissioner has been busy with various phases of the work, especially active field operations with town, municipal and other public bodies. He has given a large number of educational lectures and carried on an extensive correspondence with town and municipal councillors, members of the Government, members of parliament, clergymen, doctors, etc. He has administered the Christmas Seal Sale Campaign, looked after newspaper and other publicity, and the distribution of tuberculosis literature. Not the least important part of his work has been his efforts to secure treatment for needy cases, some of which have been paid for by the funds of the Commission and some by various bodies throughout the Province.

The following questions are worthy of your attention:

Increased hospital accommodation. It has been pointed out previously that about 250 beds are urgently needed in this province for patients suffering from tuberculosis. There has been much discussion as to the best methods of securing same. I deplore the lack of unity among the members of the profession on this point. It matters little how these beds are obtained. What is of urgent importance is that they do not exist at present and there are many patients suffering from the defect. There are three possible sources of supply:

(a) Government aid. Institutional wholly paid for by the government or government assistance to municipalities who undertake to erect same.

(b) Municipalities.

(c) Private philanthropy.

The Commission has always felt that special institutions were the ideal solution, but had excellent reason to believe that such was very remote, chiefly for financial reasons. They have therefore en-

*Being an abstract of the Report presented by Dr. McKenzie at the Annual Meeting of the Medical Society of Nova Scotia, June 27th, 1929.

couraged the erection of a few pavillions or annexes to general hospitals. This plan is in operation in various communities in Canada and the United States and is a very excellent auxiliary to the special institutions. It would meet the needs of Nova Scotia in a measure. It has been plain that there are proponents and opponents to any scheme, and the result is inaction on all schemes. This year the Commission petitioned the Government to amend the Municipal Sanatorium Act so as to give 80 cents a day instead of $1.50 per week to proposed annexes. We have received no information that such amendment was adopted. There are some municipalities who have taken steps to start annexes, but no sod has yet been turned.

Clinic examiners and nurses. There is at present only one medical examiner in the Province, Dr. P. S. Campbell. Three nurses have been furnished to the Province by funds received from the Underwriters Association through the Canadian Tuberculosis Association.

The Commission, along with most members of the profession, have always felt that this service was the responsibility of the Department of Public Health, and recently they waited on the Government urging the adoption of a department of tuberculosis with a minimum of three medical examiners, one for Cape Breton and two for the Mainland, and three nurses to work under their direction. This would be an excellent service and should be widely endorsed. The Government has given us a sympathetic hearing but up to this date have not declared their policy. It was felt that if the Government should adopt this policy the Commission could carry on a useful work independent of the Government. The funds would come from three sources,—Grant from the Canadian Tuberculosis Association, Sale of Christmas Seals and Contributions from private sources. The grant from the Canadian Tuberculosis Association will be conditional and depend on the declaration of a clear cut policy. If we cannot agree on this there is a likelihood that the grant will be discontinued and diverted to other fields. The Christmas seal sale can be developed a great deal. In three years the revenue from this source has amounted to $25,697.27, and with co-operation and organization there is little doubt that it could be raised to $20,000 or $25,000 a year. As you know, 10% goes to the Canadian Tuberculosis Association, and 15% has been sent to the Commission. Most of this money has been spent for the aid of indigent patients and 75% has been controlled and dispensed by local organizations.

MISCELLANEOUS DATA.

Seal Sales. The total proceeds of the last year's seal sale in Nova Scotia amounted to $9,274.69, which represents only a little over one cent and a half per head of population, when it should be at least ten cents per head for such a high and pressing object as Tuberculosis Control. The towns of Lunenburg and Antigonish led the Province with nine cents per head, Annapolis Royal and Middleton next with eight cents per head.

In regard to private contributions Mr. Dennis has raised the sum of $9,129 with a promise of annual support. No one can predict how much might be secured from this source, but we must have the greatest co-operation and unity of purpose to justify the acceptance of such contributions and encourage others. The appeal of the tuberculous is very great, especially children, and the erection of a preventorium is not an impossibility.

The Commission has contributed to summer camps at Sydney, Yarmouth, Chester and Rainbow Haven, and this work is along the right lines, and is capable of expansion.

Help to Indigent Patients. This part of the activity of the Commission is a very worthy one and depends directly on the funds available. Some of the towns and municipalities have been induced to give substantial aid to indigent patients, as follows:

Patients paid for by Mun. of Lunenburg	3
Patients paid for by Mun. of Kings	6
Patients paid for by Mun. of Cape Breton	3
Patients paid for by other Towns	7
N. S. Tuberculosis Commission Patients	5
Overseers of the Poor, Grove's Point	1
Cases getting free treatment Sept. 30th, 1928	25

Besides those treated at Kentville a number of cases have been treated at the Halifax Tuberculosis Hospital by Commission funds and a few at various hospitals in the province. Halifax county supports a number at the Halifax institution. Various local organizations have also done good work along these lines. This phase of the work is capable of an increased development proportionate to the general interest of the public and the profession.

Your representative deplores the lack of unity among the members of the profession, and in some cases hostile criticism to honest efforts. The Commission has done something to justify its existence. It could have done much more with proper support and encouragement. This Society has no reason to be proud of the part which it has played in tuberculosis work and I would respectfully request that you give it some consideration. Last year my report was called for at very end of the Society proceedings. It was further delayed to make place for a moving picture advertisement. Only a few members were present and it was dealt with in a perfunctory manner. During the three years of the Commission's existence your representative has not received a single helpful suggestion from the Society. Two years ago you were apparently not satisfied with your two representatives, and appointed an advisory committee which as far as I know, has not functioned. For myself if you see fit to reappoint me, or for my successor, I appeal to you for a reasonable measure of constructive support for a worthy cause. United we can do something. Divided we shall still continue to occupy the undesirable position of the most backward Province of Canada in the matter of the treatment and care of that large group of unfortunate sufferers—the tuberculous.

Hospital Services

DR. G. HARVEY AGNEW, Associate Secretary, C. M. A.
DR. S. L. WALKER, General Secretary, M. S. of N. S.

WHETHER or not this section of the present issue of the BULLETIN ever eventuates into a full-fledged section of our Provincial Society is a question for those in authority to decide. But Hospital Service is already a section of the C. M. A., although not yet fully developed. We must naturally consider what we know to be the logical development that requires time and can only 'make haste slowly'. Moreover the profession in Nova Scotia must assume responsibility for this Province, as the most efficient branch in Canada, of its share in this C. M. A. undertaking.

It is fair to assume that both officially and unofficially the Medical Society of Nova Scotia will endorse the formation and natural development of the Nova Scotia Hospital Association. To those who look on from the outside, viewing matters of this kind from the Canadian National standpoint, it is difficult to see why organizations of this nature on the Atlantic Coast should not be Maritime instead of Provincial. We are tired and sick of the presumably implied compliment, that the three Provinces, five hundred thousand plus for Nova Scotia, four hundred thousand (or less) for New Brunswick, with one hundred thousand (or less) for P. E. I. of population can *individually* lay down the law to the rest of the Dominion with its ten to eleven millions of people. It would be a mighty big job if we were solidly united in all matters that relate to Dominion wide welfare; how much more difficult when each Province is attempting to run its own little show and still tell the Federal Administration what policies should be adopted. Let us at least stop being foolish in this direction.

No matters of moment concerning the welfare of the people of these three Provinces are as common to every individual as that of the Public Health. Provincial and Branch Medical Society meetings, as also those of persons concerned with local hospitals, have the same problems in all three Provinces. However, lack of co-operation of the three Provinces, is no excuse for the Nova Scotia Medical Society to let up in its broad and comprehensive campaign. In this campaign hospitals have a very definite place, altho we have yet to make special recognition of the fact.

There is, however, one step that the BULLETIN has already taken. For five years a copy of each issue of the BULLETIN has been mailed to the Superintendent of every hospital in Nova Scotia and, in some

quarters, at least, has been very much appreciated. If the BULLETIN had a section that concerned itself chiefly with hospitals, their problems, their successes, their nurses, with 'fugitive touches' of local and personal news items, this Journal would still further appeal to these, *our fellow workers.*

So we propose in this issue to give some report of the First Annual Meeting of

THE NOVA SCOTIA HOSPITAL ASSOCIATION.

In giving an account of this meeting we will take the liberty of quoting, from time to time, the very excellent report as it appeared in *The Windsor Tribune* from the pen of Mrs. P. M. Fielding, the *Tribune's* Editor, a prominent worker for the Payzant Memorial Hospital, Windsor, and a strong supporter of all Provincial welfare organizations.

The meetings were held in the Odd Fellows' Hall and 50 delegates registered at the morning meeting on Wednesday, August 21st, 1929. They were welcomed by the Mayor of New Glasgow most cordially and the President made suitable acknowledgement. He then proceeded to stress some of the matters that should engage their attention.

1. That the objects of the Association,—to give consideration to matters that would increase hospital usefulness,—should be kept constantly in mind at all meetings, in all discussions and at all times.
2. Proper housing for Nurses.
3. Tuberculosis Annexes.
4. That hospital costs be as low as possible consistent with modern efficiency.
5. That the Association was honored in holding its first Annual Meeting in New Glasgow, the home of Mr. D. C. Sinclair who had made the first move towards organizing the Maritimes for Hospital Standardization.

The Report of the Legislation Committee dealt largely with the interview with the Government on the matter of Provincial grants to hospitals, the extension of the Workmen's Compensation Board allowance to cover the full period of disability (a matter of concern to hospitals, doctors and patients), with some references to the disadvantages of hospitals, other than the Victoria General Hospital, in the matter of government aid.

Following the address of Mr. Sinclair at the afternoon session, in which he dealt with the "Duties of the Governing Board of the Hospital", emphasizing the point that a hospital is a community activity, Dr. J. G. McDougall, of Halifax, gave a practical address on the "Relations of the Medical Staff and the Hospital Board."

The key note of this address was "The Patient", for the welfare of the Patient, as far as hospitals were concerned, was the permanent duty of boards, nurses and doctors.

Medical staffs, declared Dr. MacDougall, had no right to claim personal rights and privileges. A medical staff should put forth every effort to co-operate, to co-ordinate their minds as well, and strive always for a thorough understanding with the Hospital Board and Hospital Management. It is a very material advantage to a doctor to be linked up with a Hospital. If he performs his work in a perfunctory way he ought not to be there. If medical men are too strong on the receiving end and not ready to give, and are not willing to assist in ways and means to create harmonious relations with Hospitals, the result is obvious.

The progress of any hospital depends on keeping step with the march of scientific knowledge. This means money and sacrifice for a doctor. He should keep himself posted so as to be able to advise the Hospital Board in order to make improvements, otherwise the Hospital will lag behind. If Doctors do not do this, a Hospital Board is imposed on and will spend money often for useless luxuries or for articles unsuited for the purposes of the Medical staff. A medical staff should organize as a unit, meet frequently and discuss professional problems. The study of finances, administration, etc., belongs to the Board of Management, but co-operation with the Board will help to solve all problems.

Dr. MacDougall laid particular stress on the fact that harmony among medical men should prevail, advocating full co-operation of all for the best interest of the Hospital. Unless the right relations exist among the medical staff, continued Dr. MacDougall, an atmosphere of gloom and depression permeates the entire hospital. The speaker said it is an atmosphere hard to define, but it is felt and is reflected in the training school, which learns as much, if not more, from the mental attitude of the medical staff than is gained in lectures.

In closing, Dr. MacDougall declared that the medical staff could give glorious help to a Board if they co-operate in the ideal that they are all trustees of the health of the community and work together in a spirit of harmony, loyally and with the determination to understand and help the Board and nursing staff, with the good of the Hospital as the chief objective in united service.

Following this address an interesting discussion was opened by Dr. J. G. B. Lynch, of Sydney, pointing out that the individual members of the medical staff can make or mar ideal conditions in the local hospital. He thoroughly endorsed the idea of co-operation and understanding on the part of doctors, boards and nurses if the hospital is to accomplish the best results.

The important topic of "*Fire Hazards*" in hospitals was assigned to Dr. G. Harvey Agnew, director of the Hospital Branch of the Canadian Medical Association. It is estimated that one hospital a day is destroyed by fire in Canada and the United States with the average fire causing the loss of eight lives. Faulty extension cords and the many electrical appliances now in use are some of the common causes

of fires in hospitals. Proper construction would help to reduce the existing hazard and the speaker stated that to-day only 8 per cent of the hospitals in Canada were strictly fireproof. The speaker discussed the storing of X-ray films and gave a graphic account of the Cleveland disaster.

Causes of Fires—In an analysis of nearly 200 hospital fires the causes were revealed and arranged in the order of their frequency as follows:—

1. Electric wiring, appliances, etc.
2. Sparks on roof.
3. Incendiarism.
4. Stoves and Furnaces.

And then in equal frequency.

5. Defective chimneys or flues; Smoking, Spontaneous combustion; Ignition of grease or inflammable liquid.

Dr. T. O. Boyle, St. Francis Xavier College, presented a paper on Hospital Publicity. We believe that this paper as also that by Dr. S. L. Walker further developing the same subject, may well be given in considerable detail in our next issue. In informal conversations the idea of having the BULLETIN of the Medical Society of Nova Scotia devote a section to Hospital Services, to be the official BULLETIN service of the Nova Scotia Hospital Association, met with much favorable comment. We hope this present effort will be duly appreciated.

The Wednesday evening Sessions afforded three rather notable addresses. 1. The Hon. G. S. Harrington, Minister of Public Works and Mines, dealt with **The Hospitals of our Province,** pointing out the increase from 13 to 24 in the last ten years, the Government contribution last year amounting to $67,000.00, which does not include some $300,000.00 the actual deficit on the running expenses of the three Government institutions,—the Victoria General Hospital, the Nova Scotia Hospital and the Nova Scotia Sanatorium.

2. **The Value of Hospitals in the Country,** was developed by Dr. G. Harvey Agnew, of Toronto. He covered the various phases of development throughout Canada. With 900 hospitals in Canada, 500 of which were general hospitals and containing 74,000 beds, the amount invested in Canadian hospitals was estimated at $241,000,000 with an annual maintenance budget of $51,000,000. The average cost throughout Canada per patient is $3.45 per day.

3. **"The Necessity of a Good Public Spirit in a Hospital Constituency and How the Public can Co-operate"** was the broad title of a very practical and popular address by Rev. (Dr.) M. M. Coady, of Antigonish. Dr. Coady expressed the belief that the hospital should be the centre of a health service to its constituents and it should realize its responsibility to the remote sections of the country. The hospital authorities should organize its constituency whereby

the rank and file would receive practical scientific knowledge necessary to proper living.

At Thursday morning's session the following officers were elected:

Honorary Presidents: REV. RONALD MCDONALD, P.P., New Aberdeen, N. S.
J. G. MACDOUGALL, M.D., Halifax, N. S.
President: MR. W. A. FILLMORE, Amherst, N. S. (Re-elected).
First Vice-President: SISTER M. IGNATIUS, Reg. N., Antigonish, N. S.
Second " " MISS M. MARTIN, Reg. N., Windsor, N. S.

The President conveyed the appreciation of the members of the association to Mr. D. C. Sinclair, retiring Secretary-Treasurer for his efforts in promoting the work of the organization. Rev. L. MacLellan of Antigonish, will succeed him in this office.

The members of the executive are:—D. C. Sinclair, Rev. L. McDonald, Sister Mary, Dr. Boyle, N. J. Gillis, Dr. Morrison, Mayor McConnell, Mr. Turner.

The following resolutions were passed:

"That a committee consisting of Miss Andrews, Sister Mary Beatrice, and Miss Martin select lists of books suitable for a nurses' library."

"*Whereas* custom tariff is now imposed on pieces of equipment used solely in hospitals, which are not manufactured in Canada, *Resolved* that this Association deplores this tariff and asks the Government to remove it."

"*Resolved* that the Association approve of the move made by the Graduate Nurses' Association along the lines of securing an Inspector of Nursing Schools and that a Committee composed of Miss Andrews, Sister Mary Beatrice and Miss Carson, be authorized to meet the Nurses' Association to further this object."

The treasurer's report registered receipts totalling $275.00 with practically no disbursements.

The following questions were considered in a round table discussion on hospital and Nursing School problems, conducted by Sister A. Seton, R. N., Halifax Infirmary, Miss B. Andrews, Reg. N., City Hospital, Sydney, and Dr. G. Harvey Agnew, Toronto:

Should all diagnosis and laboratory findings be recorded on the chart?
How can we provide recreation for the pupil nurse?
Is self-government for pupils advisable?
Should the superintendent attend board meetings?
Should local patronage for supplies be insisted upon?
Should fire drill be compulsory?
Should there be a provincial inspector of Training Schools?
Is a part-time travelling dietitian, serving several hospitals, practical?
Is the hospital responsible for H. W. B. burns?
What is the procedure to remove from the staff a doctor who is professionally dishonest?
Should there be a flat fee for laboratory work?
Is co-operative purchasing advisable, and if so, practicable?

Is it advisable to have a set time for study?
In what order should the operating room hours be allotted?
How can we make the hospital more popular with the public?
How often should the hospital board meet?
Should private patients pay in advance?
How can we have more autopsies?

Sister Mary Beatrice, of St. Martha's Hospital, Antigonish, read a very complete and comprehensive address on "The Development of Nurse Education". She deplored the idea that a school of nursing was used chiefly as a means of providing cheap hospital service. To buy cheap is to buy dear, according to the old adage, and when the quality of our hospital service is poor we fail to attribute it to the defects in the School of Nursing. A school of high standard would include a good course of instruction, together with well arranged experience. At this school there would be a greater freedom to choose applicants, the selection of which would be based on their previous general education, their personality, health, character, and physique. The choice of students is an important factor in the securing of good hospital service. By improving our schools our students would gain better recognition and positions after graduation. A good school is of greatest import in the community, sending our useful citizens. The education of a nurse is an important contribution as a national service in recruiting the great army of health workers. Our responsibilities to our nurses are great. She recommended a suitable course for the smaller hospitals where a large staff of instructors is impossible. It is our problem to provide personal, practical and educational experience to our nurses in order that they may care more efficiently for the sick. Educational and academic experiences are supplied by lectures, demonstrations, classes and clinics. Course instruction is useful as a supplement to experience, but it is not a substitute. The speaker suggested a student organization to provide entertainment and recreation for the nurses and to promote sociability. In conclusion, she said that the graduate nurse should be a finer and more cultured woman, a woman of lofty principles and high ideals, who will prove an inspiration to her associates and a source of justifiable pride to her profession.

This morning session also featured an addresses by Dr. Joseph Hayes whose subject was "The Problem of Tuberculosis Control and its Relation to Hospital Work". The speaker covered the various aspects of tuberculosis control advocated throughout the country. He urged the authorities to depart from the idea that such a department should not be associated with a hospital. There is less danger in having a tuberculosis ward in every hospital than in the spreading of disease by those spreading germs about our streets. He urged that these wards be provided in every hospital, where the disease could be under proper care and observation.

The next Annual Session in 1930 will be held in Sydney.

Hospital Notes

THE new hospital in Wolfville to carry on the work of Westwood Hospital, to be known as the Eastern King's County Hospital, has already excavated for the foundation and at this writing tenders are being considered for the construction of an eighteen bed building, 85 by 40 feet, two stories and fire proof. The nursing staff will be accommodated on the first floor, these rooms being suitable for patients if required. Presumably this latter plan is due to a desire to make the hospital suit available resources, which is creditable but may not be good business. If one may venture to make a comment it is still difficult for people generally to believe the requirements of the people in Kings County include three general hospitals to say nothing of the Nova Scotia Sanatorium.

Miss Mary Rhoda MacLean, R. N., who has been the Victorian Order Nurse in Yarmouth for two years and County Health Nurse there for one year, was married September 3rd, 1929, at New Glasgow to James M. Hill of Hampton, N. B. They will reside in Yarmouth.

Miss Ahearn, R. N., of Ottawa and Miss Lynch, R. N., of Montreal, both associated with the Nursing Service of the Metropolitan Life Insurance Company, recently officially toured Nova Scotia visiting a number of hospitals and calling on Nurses doing Metropolitan work.

Congratulations in Order. Late in August a Halifax City daily had the following:

"At the home of Dr. and Mrs. Lawlor, Nova Scotia Hospital, on Wednesday evening, Miss Claudia Flemming, Superintendent of Nurses, who has severed her connections with the hospital, and whose wedding will take place in the near future, was presented with a silver service from the nursing staff, followed by a kitchen shower.

"Miss Cosby, of Ontario, who takes over the duties of Miss Flemming, presented the service with a bouquet of roses, and spoke of the love that went with the gift and best wishes of all the staff in her new home. Misses Ethel and Vera Smith then presented Miss Flemming with the basket decorated in white ribbon and flowers, which held the dainty gift of each one of the nurses, accompanied by a verse which was read by Miss Flemming. The remainder of the evening was spent in dancing and music, after which dainty refreshments were served, the party breaking up about eleven o'clock."

The marriage is noted of Miss Jessie Strayhorn of the Sutherland Memorial Hospital, Pictou, to Arthur Roberts of Bay Head, Wallace, at Truro, August 28th, 1929.

We have reported from items in Sydney papers from time to time the opening of the New St. Rita's Hospital, Sydney. We are assured it is now in full operation and its equipment is first class in every particular.

Referring again to the hospital situation in Kings County, we note the Western Kings Memorial Hospital, a splendid tribute to the laudable philantrophy of this portion of Kings County, had during the month of July 74 admissions. The newspaper publicity states that 56 of these admissions were for operations. We believe the Board of Management and the Hospital staff should carefully consider a report of this nature, the key note for hospitals being the Patient, of course, but does the physician always get his just dues?

Prominent among those present at the August meeting of the Nova Scotia Hospital Association was Mr. J. L. McKinnon, of Sydney Mines, Chairman of the Board of Management of Harbor View Hospital. He arrived in New Glasgow August 20th to attend this meeting and for the first time complained of pain that was considered to be a form of indigestion. A week later he was laid to rest after a funeral service at St. Andrew's Presbyterian Church, which was as largely attended as any similar service in that community. Mr. McKinnon will be greatly missed on the Board of Harbor View Hospital. Following his return from New Glasgow he consulted his home physicians, but his only definite symptom was a high blood pressure. He felt well Saturday morning, but on the return of his wife from early morning duties in the kitchen, he was found to have passed away. His passing will be greatly regretted in many phases of community activity.

Miss Hattie McKay, R. N., of Earltown, spent the last two weeks in August with her sister, Mrs. (Dr.) Geo. M. Campbell of Halifax.

Miss Cassie LeCaine, R. N., of Boston, spent a portion of her August vacation as a guest of Mrs. Eunice Henderson of Oxford.

The newspapers of Nova Scotia generally congratulate the Nova Scotia Hospital Association in re-electing to its Presidency Mr. W. A. Filmore of Amherst, N. S.

St. Rita's Hospital.

Sister Mary Carmel of the Sisters of the Congregation of St. Martha is the Superintendent of the new St. Rita's Hospital just opened in Sydney, which is the reconstructed and reorganized Ross Memorial Hospital of that City. Approximately $100,000.00 have

been expended in giving Sydney and the Province this latest modern up-to-date hospital. The newspaper description as it appeared in the *Chronicle* of September 7th, 1929, is as follows:—

"The capacity will be 50 beds with all sorts of auxiliary services for the efficient handling of every species of medical and surgical cases.

"On the lower floor are the main kitchen with all modern accessories, such as electric dish washing machines, separate dining room for the sisters, nurses and maids, electric frigidaire installation for sanitary storage of foods cooked and uncooked.

"On this lower floor also will be found a main linen storage and there is a central auxiliary linen storage on each floor of the building.

"Facing the visitor as he comes through the principal entrance to the ground or main floor, is the Father MacAdam Memorial Chapel, installed at the expense of the Scottish Catholic Society of Canada (of which the distinguished cleric was the founder) and capable of seating about 50 people.

"On this floor also are the private office of the hospital vestry, main business office, a dining room, and an entrance to the 'elevator, so arranged that emergency cases can be rushed to the operating room or other desired quarters with a minimum of lost time and motion.

"Also on this floor is a special children's ward, with bath, toilet, and glass doors, through which parents may see their children without touching them—as modern hospital practice is more and more demanding that babies be not handled by visitors.

"Two men's wards, a surgical ward, diet kitchen with special electrical equipment, dumb-waiter to all parts of the hospital, two electric ranges, utility room, and sterilizing room are all features of the main floor.

"On the second floor are three semi-private wards and seven private rooms. A special fire escape elevator serves this and other floors for the quick and painless removal of patients in case of fire, which is not a likely contingency as the hospital has been so built as to be practically fire-proof.

"Sound proof linoleum covers the floors in this and other parts of the building. A dietitian's room, small diet kitchen, medicine cupboards, utility room, bed pan sterilizer (electric) etc., form part of the equipment of the second floor.

"The third storey has a private room, and a number of three-bed public wards. Here also are semi-private rooms, the X-ray room (with the latest in Victor equipment, of the same model as the City Hospital outfit) dark room, developing room, laboratory for the work of the bacteriologist, doctor's room, operating room, special ward for children and the case room."

Gatherings of the Clan

Dr. H. B. Atlee, Halifax.

HUMAN beings are prone to hide their real feelings behind certain pretensions which they feel the world expects from them, and this must be as true of our profession as of any other. It seemed to me, however, while attending the last annual meeting of the C. M. A. at Montreal, that this double standard had been carried so far that it had almost reached the *reductio ad absurdum* of letting the right hand show what the left hand did not feel. There were some hundreds of medical men gathered from all over the country; there was a long and impressive list of clinics and lectures; there was the delivery of the Lister Oration; but the attendance at none of these was anything but pitiful. I attended one excellent clinic at the Montreal General—a morning clinic; I take an affidavit that there are no better clinics given in the particular subject than that clinic; besides myself there were six other men present. When the Obstetric and Gynecological Section opened its important morning discussion on Maternal Mortality and Morbidity there were present one half hour after the time scheduled less than ten men, of whom two were the heads of clinics at Montreal. When the discussion ended around noontime there never had been more than twenty in the room, although an internationally known American Obstetrician was one of the speakers.

Nor were the large afternoon meetings, which were of general interest to everybody, any better patronized. I sidled into two or three such affairs, only to find a huge, sombre room sprinkled with a few people quite a number of whom were either just going or just coming. One most important film, showing the method whereby annual, or semi-annual, health examinations of well patients could be done, with only the facilities of the ordinary general practitioner's office, drew less than fifty people in a room seated to hold six times that number. I was not present at the Lister Oration, but I was told by one who was, that the attendance was tragic. In other words, and in brief, out of three hundred men and women who went all the way to Montreal to attend the annual meeting there were never more than a small fraction of that number sufficiently interested in the scientific program to attend the meetings.

Does this mean that our profession is simply putting up a gigantic bluff in arranging these pretentious scientific programs every year, and that its real interest in Montreal lies closer to a cool foamy tankard

of Frontenac beer? I don't think so. There were other reasons for the defection in atterdance at the excellent fare provided. In the *first* place Montreal, during the month of June, is, by and large, no place for a human being to become earnest after his scientific salvation. It was as hot as Hades during the entire week of the convention and almost everyone, who was not well fortified with the *vin du pays*, or even stronger liquors, had a wilted and decidedly jaded appearance. In the *second* place Montreal is a large city with many attractions to drag a man away from the hard path of scholarly endeavor, and if he has brought his wife along the necessity of keeping a sharp look over her ventures into the big shops must hang like the sword of Damocles over most men's heads. In the *third* place there was the freedom of the golf clubs—and elsewhere, as here, the profession is golf-crazy, so, taking it by and large, there were ample excuses for the poor attendance at the scientific meetings.

I came away pretty well convinced of the following facts and, having been born in Pictou County where all the reformers and Mr. Fixits come from, I have neither shame nor hesitation in appending them herewith. My first observation is that it is impossible to expect human beings, however noble their pretensions, to attend scientific meetings when the thermometer is hovering above ninety and the sun outside calls to the great open spaces where the little white pills roll. My second is that there are too many outside attractions in the bigger cities and men tend to go to such cities rather in the vacation than the learning spirit. My third is that, if these meetings are to be held in the big cities, they should be held during the cooler weather when human beings prefer the steam heat to the frozen elements. My fourth is, that if the annual meeting must be held during the summer, that it be of a business and social nature entirely, and that all scientific endeavor be transferred to winter conventions which shall be entirely scientific and take the form of post-graduate courses, or perhaps enlargements of the sort of refresher course given annually at Dalhousie.

Speaking for my own part if I ever go to another C. M. A. meeting in a big Canadian City, any distance removed from the cool Atlantic,—which is highly unlikely after my last experience—I do not hesitate to state that I will be with those who congregate around the iced and foaming tankard, and decidedly not with those who sweat and wilt in the suffocating assembly rooms.

He being dead yet lectured. "In 1857 Dr. Isaacs removed to Brooklyn and there remained till his death in 1860. Shortly thereafter he delivered, by request, a course of lectures on surgical Anatomy at the Brooklyn City Hospital." So says the August BULLETIN of the Medical Society of the County of Kings, from what platform and how delivered is not specified.

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Annual C. M. A. Meetings

"Gatherings of the Clan" is a reasonable article published in this issue of the BULLETIN and is especially brought to the attention of all careful and thinking members of the Canadian Medical Association and of the Medical Society of Nova Scotia. Upon a first and second reading by the Editor-in-chief and the Secretary to the Editorial Board it appeared so radical and critical in its remarks that it might be interpreted, by the casual reader, as almost inimical to our Provincial and Federal Annual Meetings. This is, of course, something that the BULLETIN and the Medical Society of Nova Scotia will not for a minute endorse. But there is one thing we must stand for,—we must welcome, with grateful appreciation,—*constructive criticism.*

Upon reading this article over again, will not any reasonable member of the profession, whether of distinctly Provincial or Dominion leanings and activities, (and it is fair to presume that all C. M. A. members have both), realize that a serious and practical note has been sounded. Further, is it not evident that possibly to a lesser extent, the same criticism applies to our Provincial and Annual Branch Society Meetings? If this is a fact, then this article is one that should be appreciated and wisely considered. Indeed our own Annual Meetings have been freely criticised. True it has never been on account of the weather and at no time from May 15th to Oct. 31st will convention attendants in Nova Scotia suffer from heat or cold. We have almost six months suitable for all Conventions every year. Perhaps our Governing bodies and Associations might give Nova Scotia a little more boosting in this direction.

For example why not have the Canadian Medical Association hold its midsummer meetings in one of the three Maritimes, Quebec City or British Columbia, and have its scientific meetings in some of the other University Cities. Instead therefore of coming to Halifax in 1921 and Charlottetown in 1928 and in Saint John in 1936, British Columbia also having a meeting every seven or nine years, a schedule might be drawn up as follows:—

Halifax, 1931; Vancouver, 1932; Quebec City, 1933; Saint John, 1934; Victoria, 1935; Charlottetown, 1936; then repeat. Then for the Post Graduate 4 to 5 days' Courses Central Canadian University Cities might be selected.

Of course, there are many difficulties in this proposition but the matter might well receive careful consideration by the Council of the Canadian Medical Association.

S. L. W.

Amherst, N. S., Sept. 28/29.

Editor Medical Bulletin.

Dear Sir:

I was unable to attend the last two yearly meetings of the Nova Scotia Medical Society. At several previous meetings I heard general *protests* and strong dissatisfaction expressed by practically all present *against* the Nova Scotia Temperance legislation particularly on account of the responsibility of administering this *unjust tyrannical* law, being *thrust* upon the medical men of this province, without as much as "by your leave". Then we have been criticised and frequently *abused*, nay even *prosecuted* in some cases (though the Doctors won out) for using our judgment in prescribing for our patients. There is no part of the *British Empire* where such tyrannical curtailment of personal liberty exists. Let every medical man in Nova Scotia show his resentment by voting *against* the N. S. T. A. whatever his *personal* feelings are.

Yours very truly,

GERALD C. W. BLISS.

PROMINENT DALHOUSIANS

From Left to Right:—

DR. ROBINSON COX, Upper Stewiacke, Dalhousie 1875;

DR. JOHN STEWART, Halifax, University of Edinburgh, 1877, Dean of Dalhousie Medical College;

DR. FINLAY MACMILLAN, Sheet Harbor, Dalhousie 1872.

The three youngest old timers at the recent Dalhousie Reunion.

Dalhousie Refresher Course

POSTGRADUATE MEDICAL LECTURES.

IF any criticism may be justly made regarding the recent Annual Refresher Course offered by the Medical School of Dalhousie University it can only be to the lack of publicity to its very excellent service. In this present day of rush and blare of trumpets even the sanest minds do not always grasp the essentials unless openly displayed. Moreover, in both 1928 and 1929, various functions such as the 75th Anniversary of the Medical Society of Nova Scotia, the 60th Anniversary of the founding of the Medical College, and the Re-union of Dalhousie Graduates, filled the medical eye with their sentiment and glamour to the obscuring of the much more practical value of the Post Graduate Lectures. One of the finest features of this course is its great value to the average practitioner in Nova Scotia who cannot go abroad every two or three years.

The course was of great additional value as the Clinics were supported by most interesting and practical lectures by Dr. Colin Sutherland and Doctor W. G. Penfield, of the Faculty of Medicine, McGill University. Doctor Sutherland, we believe, has a natural leaning towards Nova Scotia and he received a cordial welcome from many former friends, acquaintances and relatives. Dr. Penfield's contributions were greatly appreciated and he will be a welcome visitor to Nova Scotia at any future time.

The scientific lectures of these two medical men from McGill were held Monday and Tuesday afternoons and, considering the total enrolment were well attended. The appreciation of the classes was expressed in suitable votes of thanks.

But with all the prestige attaching to visitors from other medical centres, and the excellence of the lectures they may give, perhaps the greatest value of this course is to be found in the Clinics held at the several hospital institutions in the City. These deal with the cases the general practitioner is seeing every day. There is not a doctor in Nova Scotia but would receive valuable assistance by attending these clinics. Our report is very brief and fragmentary, but we present to our readers all that was passed to the BULLETIN.

On Monday morning at nine o'clock at the V. G. Hospital, Dr. Atlee gave a Gynecological clinic, and showed the following cases:

(a) A malignant ovarian cyst with fairly typical history. The diagnosis between malignant and non-malignant cysts was briefly touched on.

(b) A case of uterine fibroids with severe anaemia. The handling of these very anaemic fibroid cases, which are poor operative and X-ray risks, was gone into and the value of blood transfusions discussed.

(c) A case of pelvic abscess complicating acute bilateral sal-

pingitis where the abscess was drained by operation. The argument pro and contra operation in these cases was gone into.

(d) A case that had passed a hydatidiform mole, together with the specimen passed. The diagnosis was gone into and the possibility of choric-epithelioma following such cases was mentioned.

(e) A case that had given birth to a premature child owing to accidental hemorrhage and in which the pyelitis causing the condition was slow in clearing up. Here the value of cystoscopic examination was gone into and also the value of pelvic lavage through the cystoscope demonstrated.

Following Dr. Atlee's Clinic on Monday, Dr. Weatherbe gave a clinic on Joint Conditions stressing the importance of early diagnosis in T. B. joints and the difficulties met with in the very early stage of the disease and how they are overcome. He showed an early doubtful case of T. B. spine and a cured case after a fusion operation, ending the clinic with a case of fracture into the elbow joint and the method used in treating it.

Dr. Acker followed with X-ray demonstration of Tubercular Spines, describing the methods of treating such cases. He again used X-ray plates in order to fully explain the treatment of congenital dislocation of the hip finishing the clinic by exhibiting a case of spastic paralysis.

At the Maternity Hospital on Thursday morning Dr. Atlee described first, the method used by him in suturing the perineum tears in childbirth. He said that such tears should be repaired first by resuturing the torn posterior vaginal wall and showed how such tears often extended much higher into the vagina that appeared from the perineal wound. He then discussed briefly from a case in the wards the diagnosis of postpartum febrile cases.

On Wednesday, August 28th, Dr. H. K. McDonald conducted a surgical clinic at the Victoria General Hospital. One case with interesting features, there being a superior mesenteric thrombosis, was presented for diagnosis. He then dealt with cases suitable for Thorocoplasty and related procedures together with their histories and indications for operation. In dealing with these cases there should be complete co-operation with the internist. The several stages of the operation were described in detail.

An interesting demonstration was held at the Pathological Institute at noon on Wednesday, about 30 doctors being present. Dr. Ralph P. Smith gave a short talk on the diagnosis of pernicious anaemia, illustrated by lantern slides. He stressed the importance of the Arneth Count in the diagnosis of the disease, and the importance of the Eosinophile percentage as an index of progress. He warned his hearers against the use of liver diet in secondary anaemias. One hundred and eighty grams of liver are equivalent to ten units of insulin and the hypoglycaemia produced in secondary anaemias, where liver is used, is responsible for many unpleasant symptoms.

Dr. Holland demonstrated microscopic slides of blood films from cases of pernicious anaemia and secondary anaemias.

Mr. Flinn demonstrated the technique of the "Sedimentation Test" and illustrated how the rate of sedimentation varies (from normal to acute infections) by tests from selected cases.

At the Urological Clincs, conducted by Dr. F. G. Mack, Thursday forenoon, an ordinary case of prostatic hypertrophy was shown in which the first stage, suprapubic drainage, had been done ten days before. The blood chemistry was normal and the general condition good. The prostate was enucleated without much difficulty and a Pilcher bag tied in. The second case was a man of 42 who was admitted for ulceration and swelling of the glans and prepuce of several months' duration. A diagnosis of Epithelioma was made and operation, according to the radical method of Young, was performed. Reference was made to a similar case in a man of 65, operated on about four years ago, who is now in good health.

At the Clinic conducted by Dr. S. R. Johnston a short talk was given on the various methods of using radium, and the conditions in which radium and x-ray radiation have been found useful. Radium has been particularly effective in angiomata, small keratosis, early lupus, small epitheliomata, cancer of cervix.

Low Voltage x-ray is used in cases of plantar warts, acne, enlarged glands, eczema, epitheliomata, and in all chronic skin lesions which are not inflammatory. High Voltage x-ray is used for its palliative effect in Hodgkin's Disease, leukaemia, primary deep seated malignancy, and metastasis.

Stress was laid on the importance of stimulating treatment preparatory to radiation in malignant conditions. The more nearly the patient's blood is to the normal the more likely are good results to be obtained. In conclusion followed a lantern slide demonstration of the various pathological conditions observed by X-ray examination.

At the Saturday morning surgical clinic Dr. G. H. Murphy presented a number of cases, among them being,—1. A stricture of the Esophagus. This case was of more than usual interest occurring in a person aged 30 years and probably due to a cardio spasm. The different conditions which produce constriction of the Esophagus were gone into in detail. Forcible dilation, either from below through the stomach, or from above where this is possible, is the treatment of the condition. In the uncomplicated cardio spasm cases this treatment usually effects a cure. Some remarks were also made on fractures of the neck of the Femur which were of practical value to the physicians in attendance.

At the special Clinic on Saturday Dr. R. E. Mathers showed two rather interesting cases. One was of dislocation of the lens posteriorly *without* tremulous iris. He said he had not personally seen this before. The dislocation of the lens was caused by a blow from a stick of wood.

The other case was Rodent Ulcer of the Cornea. The eye had been attacked some months ago and was treated by others and myself

(Dr. Mathers said) without any result althought everything possible was used. Then the other eye was affected. By chance and in desperation, he used protomulsion dusting powder put up by Reed and Carnick. The ulcer stopped spreading and has shown marked improvement. Dr. Mathers stated he had only seen two other cases of this disease and they both became blind. There is much hope that this man's sight will be saved.

The afternoon of Wednesday the 28th was devoted to certain functions in connection with the Dalhousie Alumni Reunion, as were also portions of the mornings and all the afternoons and evenings of the two following days.

Take it all in all it was a week of great interest to graduates of Dalhousie and medical practitioners in the Province who were in attendance.

Dr. D. M. Rowlings, Dalhousie 1923, who practised till last year in Sheet Harbor, returned recently from a year's post graduate work in England. For the present he has located at Musquodoboit Harbor, taking over the extended practice of Dr. W. J. Kennedy. Members of the profession will regret to learn that Dr. Kennedy who has been some thirty odd years in practice in that district, is compelled to take an extended rest and is at present in hospital in Montreal. When he is able to return to his work he will find his interests have been well conserved by Doctor Rowlings, which is only as it should be.

Dr. J. J. McRitchie of Goldboro, accompanied by Mrs. McRitchie, has spent several weeks on a well earned vacation motoring through Cape Breton, visiting his old home in Victoria County, and then going down through the Annapolis Valley to Yarmouth and back home via the South Shore, Halifax and the Eastern Shore. Incidentally the Doctor visited the office of the BULLETIN and he and the Secretary chatted over some experiences in the Great War. Dr. McRitchie was for several years with the R. A. M. C. and saw service in Mesopotamia and India. Again we express our appreciation of such friendly calls. Dr. McRitchie presented case reports at the recent Annual Meeting of the Eastern Counties Medical Society at Antigonish.

Dr. F. T. McLeod of New Waterford spent a pleasant two weeks' vacation in August at his former home in Pictou County, also visiting Halifax and other points in Nova Scotia.

Mrs. (Dr.) R. H. Sutherland and sons, Robert and Lawrence, after a four weeks' visit to Mrs. Sutherland's mother, Mrs. Lawrence, of Hantsport, returned the first of September to their home in Pictou.

Gifts to Dalhousie

FOLLOWING the Dalhousie Reunion the last week in August the Press published a list of recent gifts chiefly in connection with the Medical School of the University. Some of the gifts have been already mentioned in the BULLETIN. The *Chronicle* says:

"During the celebration of the Diamond Jubilee of the Medical School of Dalhousie University a number of photographs of prominent medical men were presented to the university.

From Dr. W. B. Almon, an enlarged photograph of his grandfather, Dr. (Hon.) W. J. Almon, first Professor of Obstetrics.

Mrs. G. M. Campbell, an enlarged photograph of Dr. G. M. Campbell, a professor of clinical medicine.

Dr. Allan R. Cunningham, an enlarged photograph of his father, Dr. N. F. Cunningham, some time Professor of medicine.

Melville S. Clarke, a statuette of Sir Charles Tupper, one of the original members of the Board of Governors of Dalhousie College, (1863) and an ardent proponent of the establishment of the medical school.

Mrs. N. E. MacKay, an enlarged photograph of Dr. N. E. MacKay, late professor of surgery.

Cape Breton Medical Society, 4 portraits of comrades who lost their lives in the Great War, Lieut. Col. R. C. McLeod, Major Walter Leonard Maclean, Captain Kenneth Angus McCuish, Winfred Peter Smyth Macdonnell.

A beautiful etching of the late Dr. Alexander G. Hattie, (a prominent Halifax physician in the sixties and a lecturer in obstetrics in the first faculty) was made and presented to the college by his son, Dr. T. J. T. McHattie of Harpenden, Herts, and now hangs, together with the above mentioned pictures, on the walls of the Public Health Clinic.

The authorities of the Halifax Visiting Dispensary made a grant of $500 to the Public Health Clinic to be used in connection with its work "for the sick poor" for the current year—having in mind the remuneration of the nurses in particular.

J. D. McKenna has added to the "McKenna Fund", which he instituted last year, another $1,000.

Dr. S. J. MacLennan has again remembered the library of the Department of Classics, and has presented it with a cheque for $50.

An amount of $1,000 was bequeathed by the Hon. T. S. Rogers, "to be expended for the improvement of the Library in Law."

The following gentlemen each contributed the sum of $75 for scholarships for the Department of Zoology for Biological work:

J. L. Hetherington; G. MacG. Mitchell; W. MacT. Orr; I. C. Stewart; J. C. Tory.

His Honor the Lieutenant Governor also contributed $175 to the Department of Zoology for scientific apparatus to be used in connection with experimental work by W. Stewart Allen, a student who, as the guest of the Western Union Cable Company on their ship, the *Lord Kelvin*, was conducting research work for the University in the Gulf of Mexico. Mr. Allan was, most unhappily, drowned whilst engaged in this work, by his will he bequeathed $500 to the Department of Zoology."

Dr. W. H. Hattie, in his notes to the C. M. A. Journal for this month has the following items.

"The Committee appointed by the Medical Society of Nova Scotia to submit recommendations to the government of the Province in respect of the proposed reorganization of the department of the public health has already come to some definite decisions. The government is asked that the Provincial Health Officer be given the status of Deputy Minister of Health, and that all health activities be centred in the one department. Consideration of the employment of full time health officers has been deferred. The participation of lay organizations in health work is approved, and the hope is expressed that their activities will be continued under the supervision of the Deputy Minister. The several branches of the Society are asked for opinion relative to the best method of providing additional bed accommodation for tuberculosis patients.

"A quinquennial reunion of old Dalhousians was held at the University on the 28th, 29th and 30th, of August, and attracted a large number of former students of the medical faculty. Notable among these were Doctors John Stewart, of Halifax, Finlay MacMillan, of Sheet Harbor, and Robinson Cox, of Upper Stewiacke, who were classmates sixty years ago, and have ever since been warm friends. Dr. MacMillan is the oldest living graduate of the Dalhousie Medical School.

"Major J. A. Murray, R. C. A. M. C., was tendered a farewell banquet at the City Club, August 22nd, by the officers of No. 22 Field Ambulance, on the eve of his departure from Halifax for Victoria, whither he has been transferred.

"Dr. John A. Farrell, of the International Health Division, Rockefeller Foundation, was a visitor to Nova Scotia in August. Accompanied by Dr. George A. MacIntosh, Provincial Health Officer, he motored through the mining towns of Cape Breton.

"The Nova Scotia Registered Nurses Association held its annual meeting at Sydney, on the 23rd and 24th of August. The nurses were officially welcomed to Sydney by Dr. John K. McLeod, City Health Officer, who was deputized to represent the Mayor. The programme of entertainment permitted the nurses to visit the hospitals of several towns in the proximity of Sydney."

OBITUARY

DAVID WALTER BYERS, M.D., C.M., Dalhousie, 1893, Annapolis Royal.

UNEXPECTEDLY the summons came to Dr. W. D. Byers of Annapolis on the evening of September 8, 1929. While he had not been in good health for some time and was feeling a little uncomfortable on this Sunday, he would not hear to Mrs. Byers remaining from Church that evening. Upon her return from Church she found the summons had come and he quietly had passed away lying on the couch. Some five years ago Dr. Byers had a very severe automobile accident from which he suffered greatly and has been quite badly crippled ever since. On this account, too, he has not taken an active part in medical affairs as had been his custom.

Dr. Byers came from one of the oldest families in Colchester County at a time when those sons and daughters looking towards one of the Professions, theology, law or medicine, started with teaching school. Born in New Annan some 63 years ago, while yet a young man he taught the high school in Tatamagouche, in which place at that time the late Dr. Roach was regarded as the greatest of all the old stalwarts, at least in the minds of his many patients. After teaching several years he entered Dalhousie, graduating in Medicine in 1893. He practised first in Nova Scotia and then for a few years in Reading, Mass., coming to Annapolis in 1902. He spent several years in Alberta where he acquired considerable property which has several times needed the extended visits of Mrs. Byers after the Doctor's health became poorly. As intimated, for five of the seven years he has last been in Annapolis, he has been more or less an invalid.

Dr. Byers is survived by his wife, one son, Winthrop in Chicago, and one daughter, Mrs. Townsend, also in Chicago. Mrs. Byers was formerly Miss Etta Peppard, daughter of the late Dr. J. L. Peppard of Great Village, Colchester County, a leading physician and politician.

Following a service at his late residence his remains were taken to New Annan and interred in the old family lot in that country quiet God's Acre. To his widow and son and daughter the members of the medical profession extend sincere sympathy.

The death occurred in Halifax September 6th, 1929, of Afred Dickie, one of the best known business men in Nova Scotia. Being born in Upper Stewiacke 69 years ago he naturally received a good education being an M. A. of Dalhousie. But his flair was Business rather than any of the professions, as generally prevailed in that

district at that time. He was an ardent politician and on several occasions contested Colchester County. But with all that he was a public spirited citizen and whether in Stewiacke or Halifax he was alway sprominent in Community Welfare. He is survived by his wife living in Halifax, two daughters, Mrs. L. D. Payzant of New Glasgow and Mrs. R. H. Foss of Montreal. Mr. Rufus Dickie of Stewiacke is a son of the deceased, as is also Dr. Walter Dickie of Digby, who has been in Halifax on several recent occasions visiting his father the last two months. To Dr. Dickie and the family the Medical Society extends sympathy. He was buried in the family lot at Upper Stewiacke.

On August 30th, 1929, at her home in Antigonish, Mrs. James Carter passed away at the age of 75 years. She is survived by a family of nine sons and six daughters living at various places across this entire continent. Dr. Peter McF. Carter of Sydney is a son of the deceased and to him the BULLETIN extends sympathy.

Next year the Golf Tournament will be at "The Pines", Digby, but some of you had better play hard from now till then.

Locals and Personals

DR. J. D. Dinsmore of Clyde River had a recent collision with a load of hay. He was driving a Dodge coupe. It is stated he has entered suit for damages amounting to $100.00.

Morris-Kelley. The marriage took place Aug. 29th, 1929, at the home of the bride's parents, Mr. and Mrs. A. D. Morris, Lilac St., Halifax, of Miss Anna Eugene Haycroft Morris to Dr. Hugh Edgar Kelley, Dalhousie 1926, of Middleton, N. S. The honeymoon trip is a motor one through Nova Scotia and New Brunswick, than which nothing better could have been chosen. Dr. Kelley is now well established in Middleton. The BULLETIN extends congratulations.

Dr. Frederick N. Stephens, Toronto University, 1904, accompanied by Mrs. and Miss Beatrice Stephens, now residing in Winchester, Mass., spent some time in August visiting in Nova Scotia. In the early days of his practice Dr. Stephens was located in Lunenburg County.

Dr. and Mrs. F. F. Smith of Granville Ferry, late in August, motored through and called on friends in Cumberland County.

Prior to the departure of Dr. K. A. Baird and family of Canning to Saint John West they were given a "Farewell" in the Canning Community Hall. Both Doctor and Mrs. Baird closely identified themselves with community affairs, Mrs. Baird being especially prominent in musical circles.

Among some of the visitors at the Dalhousie Re-union we noted Doctors Finlay MacMillan of Sheet Harbor, the earliest living graduate of Dalhousie; Dr. Robinson Cox of Upper Stewiacke, whom we believe to be the oldest practising physician in the Province; Dr. J. R. Chute, Elderbank, of the same year in the University as Hon. F. P. Bligh and Dr. (LL.D.) B. McKittrick; Dr. W. T. Townsend, Rhode Island, a regular summer visitor to Nova Scotia; Dr. E. P. Atkinson of Oxford, Medicine, 1899; Dr. Evelyn Rogers, Medicine 1927, Nova Scotia Sanatorium; Dr. H. D. Reid, Musquodoboit, now of Saint John; Dr. F. R. Shankel, Windsor, also many others. An interesting group of three including two of the above, old timers, and Dr. John Stewart of Halifax, we hope to reproduce in this issue.

Few of us realize the broad scope of operation of the League of Nations, yet, knowing how vital Health is to the prosperity of a nation, we were not surprised to have Health Propaganda a feature of their activities. Of course, it was only a short step to more strictly scientific

medical questions. It is not therefore surprising to note that the League has issued a report on the "Laboratory Tests for Syphilis". R. L. Kahn, Sc.D., of Ann Arbor, Mich., has, in the Journal A. M. A. of August contributed a somewhat critical yet explanatory article as to this report of the League.

Some Extensive Osteopathy. Dr. P. M. Thistlewaite, osteopathic physician and surgeon, has opened his office in Madison. Dr. Thistlewaite's practice will consist of general osteopathy, scientific bone setting, together with other branches which will include minor surgery, obstetrics, pediatrics (children's diseases), gynecology (women's diseases), eye, ear, nose and throat, etc.

We note the engagement is announced of Donald Smith, son of Dr. J. W. Smith, of Liverpool to Miss Florence E. Morton of the same town.

Supplementing our recent reference to the Haslam-Smith nuptials in Halifax we note that Dr. Brent Haslam, of Buffalo, also figured prominently in the series of functions, as a brother of the groom.

Will members of the Medical Society of Nova Scotia, who desire bound copies of the 1928 Volume of the BULLETIN, please send in two dollars and one half ($2.50) at once to the Secretary? Several copies are available, but if not ordered before November 1st, 1929, they will be sent to a few of our Library Exchanges.

Dr. J. P. Grant, Professor of Surgery in the Polyclinic Post Graduate School, New York, visited his old home in Linacy, Pictou County in August last. He also visited in New Glasgow, and, in company with Mrs. Grant, visited her former home in Bridgetown.

At the recent Convention of the Nurses' Association while on a visit to Harbor View Hospital, Dr. L. W. Johnston of Sydney Mines delivered an address. Then, at Sydney, one of the speakers was Dr. P. Mc. F. Carter who gave an address on "General Nursing".

Born. At Halifax, N. S., September 1st, 1929, to Dr. and Mrs. R. P. Smith, of Halifax, a son Labor Day.

Golfers Attention! This includes Doctors Whitman, Roy, McDonald (which), Farrish, and others whom it may interest.

"Paris, Pa. July 22.—Dr. Robert E. Moore of New York has agreed to drive a golf ball from Paris to Berlin, a distance of 764 miles, in 7,000 strokes. So convinced is he that he can do it that he made a bet with Dr. Fernand Suarez de Mendoza of Paris. He must average 170 yards a stroke to make the distance. An agreement says that he can use another ball if he loses one."

Dr. H. D. Reid of the Saint John Immigration Station, formerly of Pubnico, a graduate of Dalhousie, 1924, accompanied by Mrs. Reid and their little son and daughter, spent the week beginning August 26th in Halifax attending the Refresher Course and the several reunion functions. Dr. Reid is enjoying his work in Saint John and during the summer months resides on Partridge Island. He visited his old home in Musquodoboit for a couple of days during his visit.

Doctor Leone MacGregor, M. D., Ph. D., University of Alberta, 1925, who is now doing special work with Dr. Mallory, Pathologist to the Boston City Hospital, prior to going to Germany for further post graduate work, was a recent welcome visitor in Nova Scotia, her first trip to the Atlantic. Like all observing visitors she has been amazed at the attractions Nova Scotia can offer to the summer visitor. Incidentally, despite a year in Minneapolis and now a year in Boston, she is the most ardent Canadian citizen we have met for some time. During her stay in Halifax she was the guest of Dr. and Mrs. S. L. Walker, at 88 Spring Garden Road.

The time limit for Ex-soldiers to obtain Government Life Insurance has again been extended, this time to August, 1930.

Dr. Finlay MacMillan of Sheet Harbor was in Halifax during the Dalhousie Refresher Course week and the Reunion. While in Halifax he was the guest of his daughter, Mrs. E. H. Blois, Carteret St., and thoroughly enjoyed every moment of his visit.

Mrs. Sieniewicz and children of Halifax spent some two weeks in August at the summer home of Dr. J. P. and Mrs. McGrath at Kingsport-on-the-Cliff.

Dr. Fred W. Laird of the St. Louis University School of Medicine, accompanied by Mrs. Laird, spent a short vacation recently at the home of the latter's parents, Mr. and Mrs. Gould of Wolfville.

The month of August witnessed quite a family reunion of the McGarrys, with friends from several points in the States, at Margaree, in which Dr. and Mrs. McGarry of Margaree Forks and Dr. and Mrs. P. A. McGarry of Canso were hosts and hostesses.

Dr. and Mrs. A. K. Roy and family of North Sydney, spent a week recently in the Doctor's former home, Maitland, N. S.

The Highland Games in Inverness the middle of August were attended by many medical men. Some of them recalled earlier years when they were participants rather than spectators. Doctor "Dan" of North Sydney cast a critical eye over several of the events.

On August 6th, 1929, at the Royal Naval College chapel at Greenwich, England, Lieutenant Commander F. R. Gow, son of Dr. F. A. Gow, formerly of Halifax, whose family now reside in Greenwich, Kings Co., N. S., was married to Miss Jean Donald, daughter of Dr. and Mrs. Donald of Victoria, B. C.

"Testifying to the domestic amiability of the medical profession, Dr. and Mrs. J. J. Roy and Dr. and Mrs. H. R. Ross are tied here to-day in the annual Darby and Joan match at the Lingan Country Club and will have to play off next week for possession of the handsome prize offered by F. C. Kimber and Mrs. Kimber. Both couples, on their return from playing over the course as partners, were able to make affidavit that they had indulged in no cross words or scrappy episodes. Score 49." So reads the Sydney *Post* Press despatch of August 29th, 1929. We have not yet learned of the final outcome of this domestic competition, altho we think we noticed somewheres the success of Mrs. Roy in the ladies' competition. In any case the example is worthy of imitation and emulation by domestic medical couples elsewhere.

The Nova Scotia Sanatorium *Health Rays* for August, 1929, is responsible for the following:

"Rastus: "What is the baby's name?"

Mose: "Electricity."

Rastus: "That's a funny name."

Mose: "Well, suh, you see mah wife's name am Dinah, mah name's Mose, and Electricity is what comes from Dynamos."

This is very good but it reminds us of the incident reported by a Social welfare worker in Halifax, or some other city. When investigating the home conditions in a certain colored family, she asked the names of the family. The mother supplied the desired information, but the worker noted that a baby had not been included. So she asked, "But what is the Baby's name?" To which the mother replied: "Oh, the baby is named Onyx." Then the Social Welfare Nurse inquires, "Why name the baby after this Jewel?" The reply comes readily: "You see, Miss, I've been a widow for ten years and this baby came so *onexpectedly*, we just named her Onyx."

The Canadian Defence Quarterly, a most interesting military journal, acknowledges the receipt of recent issues of the Nova Scotia Medical BULLETIN. We have on hand another paper of medical military history taken from the *Defence Quarterly*, which we hope shortly to publish.

Ray: "So you are to be operated on, eh?"

Jay: "Yes, Doc said he wants to take out my appendix, but I think what he really wants to get out of me is a new car."

A recent distinguished visitor in Cape Breton was Dr. Philip McRitchie of the R. A. M. C. on the staff of a Hospital in Mesopotamia. He has visited this summer friends and relatives all over Canada from British Columbia to Cape Breton. Dr. Philip is a cousin of Dr. J. J. McRitchie of Goldboro.

Patient: "Tell me, is there much food value in dates?"
Mrs. Evans: "That all depends on whom you make them with."

Then there was the Scotchman who was so tight he couldn't swallow.

A woman driver ran into an embankment and bent a fender. It worried her. She went to a garage and asked the mechanic:
"Can you fix this fender so my husband won't know how it was bent?" The mechanic looked at the bent fender and then at her, and said:
"No, lady, I can't. But I'll tell you what I can do. I can fix it up so that in a few days you can ask your husband how he bent it."

Born. At Cedar Valley Hospital, Charles City, Iowa, on August 18th, 1929, to Dr. and Mrs. H. G. McLeod (nee Margaret Clark), a daughter. Dr. McLeod, Dalhousie 1922, practised for some time at Middle Musquodoboit.

Dr. Arthur J. Walker, McGill 1924, at present on the staff of the Venezuela Gulf Oil Company Hospital in Maracaibo, is spending a two months' holiday in Nova Scotia. While here he proposes taking the October Council Examination in Montreal. His many friends in the Province are glad to welcome him back to Nova Scotia. He expects to motor his father, Dr. S. L. Walker, of Halifax, to several of the C. M. A. Post Graduate meetings of Branch Societies during his vacation. He has already received many courtesies from various members of the Profession in the Province and is thoroughly enjoying a well earned vacation.

A colored preacher was vehemently denouncing the sins of his congregation. "Bredren an' sistern, Ah warns yo' 'gainst de heinous sin of shooting craps! Ah charges yo' 'gainst de black rascality of liftin' pullets. But above all else, bredren an' sistern, Ah demolishes yo' 'gainst de crime of melon stealin'."
A brother in the back seat made an odd sound with his lips, rose and snapped his fingers. Then he sat down again with an abashed look.
"Whuffo, my fren'," said the parson sternly, "does yo' r'ar up an' snap yo' fingers when Ah speaks ob melon stealin'?"
"Yo' jes' remin's me, parson," the man in the back seat answered meekly, "wha Ah lef' mah knife."

The Truro Weekly *News* is our authority for saying that Doctor John M. Stewart, who has practised in Upper Stewiacke for several years, has now made Upper Musquodoboit his headquarters. Upper Stewiacke has furnished doctors, ministers, school teachers, lawyers and other professional men, if there be any others, almost *ad lib*, and it is almost tragic to note how this great breeding centre of large men is being gradually abandoned by most of their product. We had hoped Dr. Stewart would be the logical successor of that old young man Robinson Cox, M. D., in that historic settlement.

The Catholic Women's League in Cape Breton loses a very active and efficient member in the removal from Glace Bay to Halifax, of Mrs. Sullivan, widow of the late Dr. M. T. Sullivan, of Glace Bay, whose almost tragic death was noted in the December, 1928, BULLETIN. Mrs. Sullivan will probably reside in Halifax while the younger members of her family continue their college education,—Miss Mary and four sons.

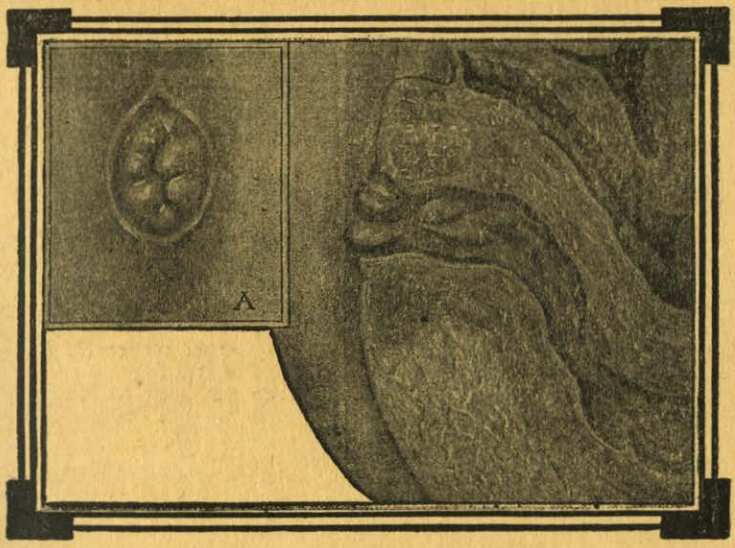
Dr. and Mrs. L. L. Crowe, formerly of Bridgetown, now living in North Bay, Ontario, were recently visited by Mrs. Crowe's sister, Mrs. Salter of Prince Albert.

A convention was held in Halifax on Monday, September 16th, 1929, its registration and scientific or special papers being presented in the very excellent lecture room of the Public Health Clinic, Morris St., Halifax. Its evening session included a banquet and, we presume, a number of suitable addresses at the Green Lantern. The meeting was of an organization perhaps closely related to the medical profession, according to the facetious critic,—the Undertakers Association of Nova Scotia. Enuf sed!

Dr. A. I. Mader recently took a trip to New York sailing from Halifax by the Clyde Line Admiralty Oil Tanker the *Seminole*.

Dr. J. W. Reid of Windsor, after an extended stay in the Victoria General Hospital has returned to his home considerably improved in health.

On Labor Day this year a Cairn was unveiled at Loch Lomond in memory of the earliest Pioneers of that District. Among those taking a very active part in the ceremonies was Dr. D. A. Morrison at present resident in Halifax, but for over 30 years in practice at Louisburg.



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