

The Nova Scotia Medical Bulletin

DECEMBER 1929



Leading Features This Issue :

A TRIP TO EUROPE

MEDICAL SOCIETY RENNAISSANCE

PAEDIATRICS AND THE GENERAL PRACTITIONER

LOCALS AND PERSONALS

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The Doctor's Dream

"Last ev'ning, I was talking with a doctor, aged and gray,
Who told me of a dream he had, I think 'twas Christmas Day.
While snoozing in his office, the vision came to view,
For he saw an angel enter, dressed in garments white and new.


Said the angel "I'm from Heaven, the Lord just sent me down
To bring you up to glory, and put on your golden crown.
You've been a friend to everyone, and worked hard night and day,
You have doctored many thousands, and from few received your pay.

So we want you up in glory, for you have labored hard,
And the good Lord is preparing your eternal just reward.
Then the angel and the doctor start up toward glory's gate,
But when passing close to Hades, the angel murmured "Wait."

I have got a place to show you, it's the hottest place in hell,
There the ones who never paid you, in torment always dwell.
And, behold, the doctor saw there, his old patients by the score,
And grabbing up a chair and fan, he wanted nothing more.

But was bound to sit and watch them, as they'd sizzle, singe and burn,
And his eyes would rest on debtors, whichever way he'd turn.
Said the angel "Come on doctor, there's the pearly gates you see"
But the doctor only muttered, "This is Heaven enough for me."

He refused to go further, but preferred to sit and gaze,
At that crowd of rank old dead-beats, as they lay there in the blaze.
And just then the doctor's office clock, Cuckooed the hour of seven,
And he woke to find himself in neither Hell nor Heaven."



A Holiday Trip to Europe

MURDOCH CHISHOLM, M. D., L. R. C. P. London, Halifax, N. S.

THE BULLETIN received and has added to its library a book published in 1918, the same having been written by Dr. Murdoch Chisholm, of Halifax, who was, on October 16th, 1929, signally honored by the Halifax Branch of the Medical Society of Nova Scotia. The title of the book is "Glimpses of Destiny" from "The Book" and was printed by The MacMillan Company of Canada, Toronto, in the year mentioned above.

The main topic of the book may be gathered from the title, it being a treatise embodying the Doctor's several essays on a New Theology. In the prefaces to the first and second editions he expounds his ideas of the biblical interpretation of the causes and results of the Great War. We must admit, however, that few of us who were engaged in active service at that time paid any attention to the subject that appealed so strongly to this student of the bible. In this, perhaps, we erred.

Apart from the recognition of Dr. Chisholm's versatility of thought the BULLETIN wishes to give the profession in Nova Scotia a short resume of an article in the appendix of this book, entitled, "Notes on a Holiday Trip to the Old Country". He says:—

"I graduated in 1879, at McGill. I then spent five years in Newfoundland, and made enough to put me through a seven-months' post-graduate course in London. These seven months were to me indescribably profitable. They filled in what I found to be an empty void after graduation. If you would look for a picture of the average practitioner after his greatest victory, the securing of a parchment, you must go to the opening chapters of the Good Book. 'The earth was without form, and void and darkness was upon the face of the deep'. Of course, the young graduate does not think so. The fact of it is, he knows it all, and it takes a few months in practice, perhaps a few years, before he cuts his wisdom teeth. Sooner or later, however, that time comes to all of us, and then we develop a keen desire for replenishing, which should by all means be gratified. But is this desire to go away for replenishing true only of the young graduate in the morning of life? What about him when it is well towards evening? When the shadows are lengthening and the air is getting cool, and the reminiscent stage of life is dawning; when the eyes are being held eastward towards the sun rising, and the path of the sun's setting is getting mixed up by the conflict between light and darkness? In

the twilight, or the gloaming of life, is there no like desire? Yes: Surely, yes: But it is different. In the one case something ideal, mental—equipping the mind for the struggles and fights of professional life. In the other, something physical, corporeal, bread and butter to supply energy for a jaded, tired, wornout, existence, unavoidable after long years of practice.

“An earned holiday, surely. Thirty-three years In medical, surgical, and obstetric practice. An earned holiday granted. A profitable holiday. What about that, one that ministers to the physical, mental, and spiritual well-being!

“Despite all that homepaths can say, there is a solid substratum of wisdom beneath the motto *Contraria, contraries, curanter*. Where to go for a holiday Go that is the first consideration. The second go where environments are strikingly different. The third, conform to the concepts of your new surroundings. In other words, get away from yourself. You can do as you like, of course, but these are principles which should not be slighted by any man in quest of good from a few weeks’ holidays. . . .

“Part of our trip from home was to me an asthmatic—a horrible experience. I left in fairly good oxygenating capacity, but as we neared the Grand Banks I became unconsciously wheezy, then laboriously wheezy, then painfully and finally agonizingly wheezy. I carried a hypodermic, and when endurance became exhausted, my daughter gave me a half-grain with atropin. I clamoured for more, another half-grain, which the steward reduced to a quarter. Forgetfulness for six hours, then the after horrors of morphia.

“By the ninth day the Bishops hove in sight. Fitting that a name like this should guard the Channel, a powerful light they hold up for our benefit. There it is, standing high above the treacherous billows. The wise mariner will take note of it; only the fool will disregard it. So with life. The light of life shines upon our paths, physical, mental, or spiritual. Those who heed are saved; those who discard, perish. Laws, inexorable in the physical sphere, as we can all testify. In the mental? Yes. In the spiritual? Why an exception? The Bishops: God bless them for holding up the light And so we entered the famed English Channel.

“Soon it was morning, and we beheld the coast of Cornwall. The southern coast of England has a charm of its own. It is not forbidding and rocky, like that of the Atlantic coast of Nova Scotia. It is more like the Gulf coast. A low shore line, with a gently rising hinterland, the rising generally gentle, but sometimes more or less abrupt, but nowhere forbidding, like our Aspotogran and granite cliffs. On the rising hinterland, beautifully green farms, separated by darker green hedges, and in places among thin-looking forests, the hand of man, in various shapes and forms, shows the wealth of rural England. Down they come to the slopes facing the semi-tropical breezes of the Channel, the well-to-do of all sorts and conditions. In September,

at least, one looks with covetous eye upon the palpable proofs of luxury on the south coast of England. On viewing it, one ceases to wonder at the many invasions of which history tells us. Romans, Saxons, Danes, Normans, historically; and, prehistorically, Celts, and what not. A rich prize surely, and worth all the efforts possible to secure it.

“And now we pass the Isle of Wight in the evening. A beautiful gem flashing out as a beacon to allure the passerby. But we retire to rest, and in the morning we wake up abreast of the Foreland. We have passed by Brighton, and, late at night, by Hastings. We recognize and ruminates over the name, Harold and William William, the bastard, and the bastard is victor, and stamps his unhallowed foot upon the soil of England. And still some people pride themselves upon their pure Norman blood. Is the tail any better than its head? Was the union of a Norman with a Gaulish, or Celtic maiden, purely Norman? Were the Saxons uninfluenced by the charms of British maidens? The Celtic word, cradle, in our language is a sufficient answer. Well, then, why pride oneself upon his particular ancestry, when there are such evidences of a wide mix-up? There were three Gentile harlots in the pedigree of our Lord, why should ours be pure? No, we have something better—a mellowed blend.

“And now along the east coast the country is lower than along most of the Channel. We see this better on our way to Scotland, through Norfolk and Suffolk, where vast areas of farmland are covered with sheets of water. This is true of the country for miles and miles along the banks of the Thames. London itself, for the most part, lies low. The cupola of St. Paul’s towers well above the highest hills. There are those who say that this is the true derivation of the word England—that it comes from the Scandinavian word Eng, or Ang, a marsh, a low, level piece of ordinary country. This is to me more probable than that the term is derived from the smallest of the invading tribes. Their Celtic neighbours never knew the Angles. They were too insignificant. What they did know were the Sassenachs, and their country, Sassin, from the word Saxon.

“In London, we remained ten days, mostly sight-seeing. True, I visited some of the hospitals, but I found the chiefs away. They were off on their well-earned vacations. It would be foolish in a paper like this to try to describe London. The world’s emporium, you can live in it cheaper than in Halifax. Nova Scotia apples you can buy there cheaper and better than in the Annapolis Valley. So with mostly every article of commerce. Their motto seems to be ‘buy cheaply, live cheaply, manufacture cheaply, and sell to beat the world’.

“Then, also, London is hoary with age. In the cloisters of Westminster Abbey I saw epitaphs dating back to the Heptarchy. Just think of the accumulation of wealth in its widest sense during this long period of over a thousand years. And yet she keeps pace with

modern progress. In the matter of sanitation, which most interests us, while the death rate of Berlin is 17.2, Paris 17.4, New York 19.3, St. Petersburg, 25.3, that of London for 1905 was only 15.6. As to free hospitals, they are fast becoming a menace to the average practitioner.

“During the last few days of our sojourn in London, the glens and mountains of my ancestors were continually calling me. Louder, and yet louder, they called, until finally I exclaimed, with Byron:—

“Away, ye gay landscapes, ye gardens of roses,
In you let the minions of luxury rove,
Restore me the rocks where the snowflake reposes,
For still they are sacred to freedom and love.

“England thy beauties are tame and domestic,
To one who has roamed o’er the mountains afar.
Oh, for the crags that are wild and majestic,
The steep, frowning glories of dark Loch na Gar.

“Yes! Caledonia, beloved are thy mountains,
Round their white summits, though elements war,
Though cataracts foam stead of smooth-flowing fountains,
I sigh for the valley of dark Loch na Gar. . . .”

“Did you visit Culloden?” asked a friend of mine, who prides himself upon his Norman ancestry. He shouted this from his bed in one room while I was medically engaged in another. I shouted back, ‘Yes. Of course, I did’. Then came the next question. ‘Did you visit Flodden?’ and I answered, ‘No! But I saw Bannockburn’. Needless to say, there were no more questions on that score. Culloden is only three miles from Inverness. A very large number of tourists visit it yearly. That day we went there it took two large coaches to carry all the sight-seers. The drive along the Firth of Ness is uninteresting. Soon we leave the water and turn inland to the far-famed moor. A big cairn marks the field of battle, and flat mounds, or elevations, of earth, where the different clans are buried. There are some eleven of these in a row. The McGilvrays are well to the front, and the Campbells next, but one to the rear. Between these are the different clans, lying in batches where they fell. The memory of Culloden to the Highlander is touching and tragic. To the well-informed outsider the whole incident, with its sequences, is refulgent with glory. It stamps the Highlander with an indelible mark of unswerving loyalty and nobleness of character, unparalleled in the history of the world.

“What made you so hide the Prince?” said George II to the heroine, Flora McDonald, when haled before him. And her answer: ‘For the same reason, Sire, that I would hide you, if you were in his place,’ so appealed to the royal mind that he at once set her at liberty. It was no hope of gain with her, or with the many thousands who knew

of the Prince's wanderings. One and all, they spurned the enormous bribe of £30,000. What was it, then? Humanity, loyalty, pride of race and kindred, and in all these virtues the Highlanders came off more than conquerors.

"You all heard of the Queen with something like a turned-in toe-nail. She went out for a walk, and of necessity limped. That, of course, was quite natural, for a limp is evidence of disturbed function, and therefore, something to excite sympathy. But, lo and behold, all the women of quality trying to exhibit the same loss of function in their toes! Well, we had two such apes in the compartment with us all the way to Inverness. They limped most painfully, but the limp was in their speech. Brought up in the Highlands, they had spent some years in England. 'When we come back from London, don't you know, the people take us for English. We talk so much like them.' And so they did till off guard. I can stand the Scottish Doric. I enjoy it, in fact. I like the soft English Ionic, but I am intolerably tortured by a cross between the two. Give me a horse, if you please, or give me an ass, but for heaven's sake, save me from the mule. I never did believe in Darwin and his theories. I always thought he put the cart before the horse. Ascended from monkeys? No! descended from apes! Too many of us, and apes in high life, at that.

"Gentlemen, we Canadians should have no turned-in-toe-nails. Why, then, tolerate the folly in imitating the limp of those who have? So I would advise you to look after your muscles of enunciation, lest they become paralyzed and you lose your ability to sound your "r's" and your "ch's", and your vowels and a' that. For "deah" is no sweeter than "dear"—and "maaied" is no more binding than "married"—and "baiby" is no lovelier than "baby" and "lock" is no more euphonious than "loch"—else the letter (x) (chi) had had no place in Greek, the most euphonious of all languages. So much for a certain type of degenerates we met with on our travels.

"Inverness is a very convenient centre from which to visit the many points of interest and beauty in the Highlands. But Loch Carron, my father's native place, kept constantly calling, and off we started that afternoon. We first go northward through Beauly, the land of the McPhersons, to Dingwall, and from there turn to the west, through a deep and beautiful valley stretching right across Scotland to Loch Carron. Here we stayed three days, tracing kindred. In vain, ninety-two years have elapsed, and in the meantime death has not been idle, and the cursed lairds have been busy, driving the people out of the country.

"In this connection let me quote the bitter words which Professor Blackie put in the mouth of the Highland emigrant, so ruthlessly driven from his home and country:

"By heavens! this is a lawless land. We boast that we are free.
So is the wild cat; so the hawk. All savage things are free,
The laird is free to bind the soil. The rich to crush the poor.

The poor! God knows he durst not tread the untrodden moor.
 O Albyn! Oh, my country, Oh, my dear, loved Highland home,
 The lust of gold hath ruined thee—the lust that ruined Rome.”

“Admiring scenery! Beautiful beyond description is Loch Carron, in the early morning its waters are without a ripple, and standing by its shore, you see the mountain-tops from miles across beautifully reflected, at your feet, sometimes with all the colours of the rainbow. Standing thus, you catch inspiration. The lines of Montgomery come to you:

“When all Thy mercies, Oh my God,
 My rising soul surveys,
 Transported with the view, I'm lost
 In wonder, love, and praise.”

“With such surroundings, how can the Gael be anything else than a poet?

“Too soon, alas, we had to part with Loch Carron. In all Scotland there is no better place for a holiday. We leave its sheltered shores for the boisterous outside world with keen regret. If our purse were deeper, our stay were longer, might, in fact, be permanent. But the goads of duty replace the calls of kindred, and we dare not kick against them. But before facing homeward, we must see something of the Isles. So off we go to Skye, a most interesting island, though the Scottish Alvas have largely turned it also into a ruined waste. Sheep! sheep! sheep! forever grazing over green plots which mark the once happy homes of its people. Every bite is stolen, stolen from the clans whose labours, after many, many years, remain still a source of sustenance to straying sheep and equally straying aristocrats. These green plots are fast diminishing, from the encroaching heather, so that it pays better now to let the wastes for shooting. The irony of it all is the heart-breaking fact that the flag guards the spoilers and perpetuates the spoliation. Here I cannot refrain from quoting an effusion of mine on this subject in *The Morning Chornicle*.

“Against the omnipotent mandate,
 Be fruitful; replenish the earth,
 The flag was raised in defiance,
 When driving out men from their hearth,
 When crowding them into a corner,
 That farm be added to farm,
 When turning their fields into forests,
 Regardless of hardships or harm,
 The flag, like the moon, o'er the islands,
 Is spotted, and blighting, though bright,
 The flag like the sun o'er the Highlands,
 Must scorch the vampires of night.”

“From the days of Wallace down, the nobility of Scotland, with few exceptions, were always a crooked, cursed lot, and well deserve

the apithet—vampires of night. Their bloody beaks and their grasping talons have turned the Highlands and Islands into a howling waste—a heart-breaking desolation, without a parallel in the history of nations, save Palestine under the Turks. And that is no parallel, for the desolation of Palestine was the work of aliens; that of the Highlands was wrought by kindred, loyal subjects of the flag, under its auspices and aegis.

“And now my paper must close, I fear it is too long entirely. I could say much of my return trip from Portree to Malaig, by boat, and from Malaig to Glasgow by train. It would have the same effect on you as the continual viewing of beautiful scenery, amidst yawning desolation, had upon me. It tired me out, and I was glad to get back again to beautiful Edinburgh. Here I spent two profitable days at the Royal Infirmary, under the kindly supervision of Professor Caird. ‘I was a stranger, and he took me in’. Genial in his home, able in his class-room, may he long enjoy the honours and emulments of his renowned Alma Mater. We are under great obligation to him, but of this more anon.”

TONSILLAR AND ADENOID HYPERTROPHY.

When school and health nurses and the laity speak so familiarly about tonsils and adenoids it might not be amiss to note common causes and indications for operation. This is summarized in a recent issue of *Abstracts of Current Public Health Literature* as follows:—

“Operation would appear to be indicated in the following instances:—

Where there is obvious syndrome of deafness, mouth-breathing and chronic rhinorrhoea.

When there are fairly frequent recurrences of tonsillitis.

When there are fairly frequent headaches and the child is frequently “hard of hearing”, i. e., whispered speech heard at one to five yards.

When “common colds” are invariably accompanied by deafness.

When otorrhoea fails to respond to conservative treatment within four weeks, and after the teeth and mouth have been excluded as the source of sepsis.

When the tonsils are pitted or baggy and the child has the white, unhealthy appearance of chronic toxæmia, accompanied by lethargy.

When enuresis is accompanied by snoring or restless sleep.

Sleep-walking and other neuroses with no discoverable psychic origin.

Cases of chronic blepharitis or conjunctivitis in children who are not subjects of ametropia.”

Medical Society Renaissance

Steps Leading Up To The Reorganization of the Medical Society of Nov Scotia In 1920—1922.

S. L. WALKER, M. D.

AT the meeting of the Medical Society in New Glasgow, July 5th, 1916, for 'Business Only', 27 were registered. At Halifax the following year 55 were in attendance. At Liverpool, July 3rd, 1918, the registration was 40. The meeting at Antigonish, July 2nd, 1919, had 46 registered and the Minutes have the following record:—

"Letter from Dr. H. G. Grant, of Rose Bay, enclosing a proposed resolution providing for a semi-annual meeting of the Society, permanent headquarters at Halifax, and a permanent paid Secretary. Referred to a special committee:—Doctors Hattie, W. B. Moore, and J. C. Macdonald, to report at Thursday morning's session."

Later the Minutes read thus:—

"The Committee on Dr. H. G. Grant's communication reported through Dr. Hattie recommending that the proposals therein be referred to a special committee of the Society, which should report at the next annual meeting."

The report was adopted and the following named as a special committee:—Doctors H. G. Grant, Hattie and Hawkins.

At this meeting Dr. Hattie gave notice of motion to amend the Constitution so that "no member shall be eligible for election to office who has not paid the dues for the current year", and also to change the yearly fee from one to two dollars. This notice thus aimed at a yearly fee, whether in attendance at the annual meeting or not, by striking out the words "at every annual meeting which he attends."

At this meeting Dr. J. R. Corston retired from the office of Secretary-Treasurer. A motion was made to extend him an Honorarium of \$100.00. This Dr. Corston declined with thanks, on the ground of insufficient funds in the treasury. An amendment was moved by Dr. McDougall, seconded by Dr. McQueen that the matter be held in abeyance, and that a special committee be appointed to deal with the matter. The amendment carried.

On May 4th, 1920, a Special Meeting of the Medical Society of Nova Scotia was held at Dalhousie Medical College on the requisition of fifteen members to deal with the above notices of motion. The Minutes read,—“Dr. H. K. McDonald was then called upon and he placed before the meeting the notice of motion. Some general discussion followed after which the meeting adjourned.”

Kentville, July 7th, 1920. Registered 84.

It was noted that the appointment of the special Committee, on an Honorarium to the former Secretary-Treasurer, in its personnel of Doctors G. M. Campbell, J. G. McDougall and Egan, was omitted, from the Minutes of the Session previous. This was ordered to be recorded.

At this meeting the Constitution was amended after very considerable discussion to provide for a yearly fee of five dollars, irrespective of attendance at the Annual Meeting.

The Minutes then state:—"Dr. J. G. MacDougall spoke of the organization being started by the Canadian Medical Association and moved.

Whereas, the Canadian Medical Association in session at Vancouver this year appointed a committee representing all the provinces of Canada for the purpose of complete organization of the profession in Canada.

Resolved, that the Committee of this Society on the Constitution be formed by adding names of members of the Medical Society and that the nominee of the Canadian Medical Association be one.

Further resolved that the President name the members to be added to this Committee.

Seconded by Dr. Eagar, Halifax, carried.

Committee Organization.

Chairman—Dr. H. K. MacDonald, Dr. G. H. Murphy, Dr. W. H. Hattie, Dr. M. G. Burris, Dr. W. H. Eagar, Dr. A. C. Hawkins, Dr. J. R. Corston.

Member from Canadian Medical Association—Dr. J. G. MacDougall.

Named by President—Dr. M. T. Sullivan, Glace Bay; Dr. N. E. MacKay, Halifax; Dr. G. W. T. Farrish, Yarmouth.

This Committee was to have power to add to its numbers as it saw fit."

The Revised Constitution and By-Laws were duly submitted to and approved by the Governor in Council as noted in a communication from the Deputy Provincial Secretary under date of October 8th, 1920.

Halifax, July 6th, 1921, Registered 23 }
Truro, Sept. 28th, 1921, Registered 27 } 60

The Minutes of the meeting of the Medical Society of Nova Scotia in September, 1921, are important and the following extracts are given as applicable to this general subject.

"The adjourned sixty-eighth annual meeting of the Society convened at the Court House, Truro, on the above date at 10 A. M., the President, Dr. H. K. MacDonald, in the chair.

In order to bridge the gap between the old and the new constitution Dr. H. K. MacDonald called on Dr. W. H. Hattie, who moved the following resolution.

Whereas at the last annual meeting of the Medical Society of Nova Scotia a number of important amendments were made in the constitution and *whereas* the present office bearers were elected under the terms of the constitution and

Whereas the present office bearers were elected under the terms of the Constitution previous to such amendments and

Whereas some confusion may thus be caused in respect of the membership status of those at present in attendance.

Therefore resolved that it be unanimously agreed to consider that this meeting is now constitutionally organized, and that each applicant for membership, who has been recommended by the Council and is elected by this meeting, shall, when he has paid the fee prescribed by the constitution as amended, be regarded as a member in full standing of the Society.

Further resolved that registration shall be immediately proceeded with and that from this time the business of the Society be carried on under the amended constitution.

This was seconded by Dr. M. T. Sullivan and carried unanimously. Registration was then proceeded with immediately."

The President called the meeting to order and the following **communications** were read by the Secretary.

1. From the Valley Medical Society.

(a) Resolution—no examination to be made for Life Insurance Companies for less than \$5.00 for each examination.

(b) Resolution—fee for organization too large. Reduce from \$25.00 to \$10.00 so as to get more members.

4. From the Canadian Medical Association.

(a) Copies of resolutions from W. C. T. U. of N. S., and re fee-splitting referred from meeting of C. M. A., in Halifax for action.

(b) Communication re having C. M. A. Journal stated as official organ on Society stationery.

(c) Thanks of C. M. A. for arrangements at Halifax meeting.

(d) Re appointing of two members to Executive Committee of C. M. A. plan of reorganization of the C. M. A.

(e) Re abolition of refund from C. M. A. to provincial societies and a copy of the proposed plan of raising a foundation fund."

From these Minutes we call the following:—

"It was moved by Dr. Walker, seconded by Dr. Dan Murray, that in order to shorten matters the communications be referred to a special committee of five who should report at the afternoon session the committee to be named by the chair.

Dr. J. J. Roy, Sydney; Dr. Armstrong, Bridgewater; Dr. MacDonald, Halifax; Dr. H. V. Kent, Truro; Dr. C. A. Webster, Yarmouth."

Referring back to the service of Dr. J. R. Corston, we find the following record:—

“At this point Dr. J. G. MacDonald was called upon and he, in a very happy speech, made a presentation of a suitable engraved piece of silver plate to Dr. J. R. Corston on behalf of the Medical Society of Nova Scotia, as a slight mark of their appreciation of his fourteen years continuous and faithful service as Secretary-Treasurer of the Society.

Dr. Corston, in a short speech, expressed his thanks.”

At the session next day we find the following entry:

“The Secretary-Treasurer reported that the Executive had met and received five applications from local Societies to be made branches of the Medical Society of Nova Scotia under the new constitution and recommended that these should be constituted as branches.

They were as follows:—

1. Cape Breton Medical Society.
2. Lunenburg-Queens Medical Society.
3. Halifax Medical Society.
4. Colchester-Hants Medical Society.
5. Valley Medical Society.

Dr. M. T. Sullivan, seconded by Dr. Bruce Johnson, moved that the five societies be accepted as branches. Carried unanimously.

The following entries have some bearing on some phases of this Society development.

2. Re Canadian Medical Association Journal.

That the recommendation that the C. M. A. Journal be the official Journal of this Society and that the stationery should have this fact printed on it.

Adoption moved by Dr. G. H. Murphy, seconded by Dr. A. E. G. Forbes. Carried.

3. Re refund C. M. A. to Provincial Society.

Recommends that refund should be done away with.

Adoption moved by Dr. Roy, seconded by Dr. Armstrong. Carried.

4. Report of Organization Committee of C. M. A. recommends:

1. Election of two members to Council.
2. Election of two members to Executive.
3. That we approve of the \$10.00 fee for the C. M. A.

Adoption of recommendations moved by Dr. J. J. Roy, seconded by Dr. G. H. Murphy. Carried.

Dr. J. G. MacDougall spoke at this point of the foundation fund of the C. M. A. and moved the following resolution:

That this Society approves of the scheme and commends it to its members also that Dr. Scane be notified to this effect.

Seconded Dr. K. A. MacKenzie. Carried.

The Executive: one member from each branch with powers to add to their numbers as laid down in constitution.

Colchester-Hants.....	Dr. H. V. Kent.
Halifax.....	Dr. H. K. MacDonald.
Valley.....	Dr. J. A. Sponagle.
Cape Breton.....	Dr. J. J. Roy, Sydney.
Lunenburg-Queens.....	Dr. A. E. G. Forbes.

4. Report of Organization Committee.

The Secretary-Treasurer of the Committee reported in the monies collected and expended and showed a balance in the bank of \$2,381.43 at this date. The Chair appointed Doctors MacLean and Turel as Auditors and they, after examining the vouchers, etc., reported that they found everything correct.

The Secretary, Dr. M. G. Burris, then read the report of the Committee. He outlined the work of the committee from the beginning. How it had been decided that the plans would have to be laid before the individual men throughout the province in order that this might be done the services of Mr. D. A. Cameron were procured as Associate Secretary and special tribute is paid to the most thorough and efficient way in which he carried on his duties in this respect. In order to meet this expense and the expenses which might be incurred until a permanent organization could be provided it was decided to ask each member of the profession to contribute twenty-five dollars towards this fund of which the report is given above. Amount collected, \$4,180.00; expended, \$1,798.57; balance, \$2,381.43.

Reference was made to individual application cards for membership in the Society of which 277 have been signed to date. Also to circular letters having been sent out at different times during the year giving the profession an idea of what was being done. Communication also kept up with local Societies.

Finally the committee pointed out the necessity of this work being carried on in order that the medical profession may not fail in their duty to the public at large and lose their opportunities as useful and patriotic citizens.

Mr. D. A. Cameron was then called upon and gave a report of his work as Associate-Secretary.

He spoke of the cordial reception he had met with and of the interest taken by the medical men generally in their profession, of the need for thorough reorganization and emphasized the importance of good local societies in which the Doctors take an active interest. He made a number of suggestions, re (1) Regular uniform fees. (2) Life Insurance examinations. And many questions affecting the relations between the medical men and their confreres and between the profession and the public. The report covering the ground very thoroughly and giving voice to the many grievances he had come across in his round of the profession.

Dr. T. C. Routley, Associate-Secretary of the C. M. A., was then called upon and addressed the meeting. In a clear cut, most interest-

ing and instructive address, he pointed out what medical organization really means, what work there was to do, what had been accomplished and what the aims of medical organization ought to be.

He particularly stressed such things as organization, the professions getting behind the medical bill, what could be done in the way of educating the profession and the public, the importance of the proper standardization of drugs and the question of handling the patent medicines.

His whole address was clear and to the point and gave those present a new idea of what medical organization meant to the profession and the public.

Dr. J. G. MacDougall, Halifax, then spoke thanking Dr. Routley for his able presentation of the question of medical organization and referred to the question of the composite fee, asking Dr. Routley how it was suggested that members should be secured and asked about Provincial autonomy. He moved a vote of thanks to Dr. Routley.

Dr. J. Ross Millar, Amherst, heartily seconded this vote of thanks and spoke of having received a letter from the Canadian Pharmaceutical Society asking suggestions for a Canadian Formulary.

The vote was carried unanimously.

Dr. Routley spoke again, stating that it was the intention to get as close co-operation as possible in the profession throughout Canada, at the same time allowing the Provincial Societies every freedom in dealing with their own conditions. As for getting members, he stressed the importance of strong active local societies.

At this point it was moved by Dr. M. G. Burris, seconded by Dr. G. H. Murphy, that a committee of one member from each of the branches of the Medical Society of Nova Scotia be appointed to study the proposed constitution and bye-laws for local societies and that they report at the evening session. Carried.

Committee:—Chairman, Dr. A. C. Jost, Halifax; Dr. O. B. Keddy, Colchester-Hants; Dr. J. K. MacLeod, Cape Breton; Dr. A. E. G. Forbes, Lunenburg-Queens; Dr. W. P. Moore, Valley.

Recommendations of Organization Committee.

Dr. M. G. Burris then submitted the following recommendations:

1. That this Society will make provision for the engagement of an Associate-Secretary whose duties shall be to continue and complete the work of organization.

2. That this Society hereby now enact a composite yearly fee of twenty dollars to be applied as follows:

(a) Ten dollars to cover the membership fee of the Medical Society of Nova Scotia.

(b) Ten dollars to cover the membership fee of the Canadian Medical Association and the subscription to the Canadian Medical Journal.

It was moved by Dr. Hattie, seconded by Dr. Burris, that the report of the organization committee be received and the recommendations discussed, clause by clause. Carried.

It was moved by Dr. M. T. MacLean, seconded by Dr. J. Ross Millar, that the first recommendation be adopted and that the organization committee be continued in office to carry on the work and report at the next annual meeting. Carried unanimously.

Recommendation No. 2.

Notice of Motion. Dr. M. T. MacLean, Sydney, gives notice that at the next meeting of the Society he will move:

1. That a composite fee of twenty dollars be put into effect. Ten dollars to cover membership in the Medical Society of N. S., ten dollars to cover membership in C. M. A. and the subscription to the C. M. A. Journal.

2. That the financial year of this Society be changed to correspond with the calendar year.

3. That the constitution of the Society be amended to correspond with these changes.

He also suggested that a special meeting of this Society be called for this purpose at the discretion of the executive.

It was moved by Dr. W. H. Hattie, seconded by Dr. Egan that, this meeting express its approval of the composite fee embodied in the notice of motion in order to strengthen the action of any special meeting. Carried unanimously.

It was moved by Dr. A. E. G. Forbes, seconded by Dr. Muir, that this meeting express its approval of the proposed change in the financial year. Carried unanimously.

A vote of thanks to the organization committee, including Mr. D. A. Cameron, for the work they had done, was moved by Dr. O. B. Keddy, Windsor, seconded by Dr. Eagar, Sydney. Carried unanimously.

Adjournment was then moved and carried.

It was moved by Dr. W. H. Hattie, seconded by Dr. Roy, Sydney, that the report of Mr. D. A. Cameron be handed to the committee in organization for whatever action they should deem necessary. Carried.

A vote of thanks to Mr. Cameron was moved by Dr. Chisholm, Halifax, seconded by Dr. Fulton, Truro. Carried.

Mr. Cameron spoke offering his co-operation in any way he might be of help.

Halifax, N. S., Dec. 15th, 1921.

A special meeting of the Medical Society of Nova Scotia was held at the Forrest Building, Dalhousie University at 3.00 P. M., the President, Dr. M. T. Sullivan, Glace Bay, being in the chair.

The first question dealt with was the constitution and Bye-laws for the branch societies.

It was moved by Dr. A. E. G. Forbes, seconded by Dr. J. R. Corston, that the Society express its approval of constitution and by-laws as submitted by the committee and that the committee send same to branches for their approval. Carried.

Dr. M. T. MacLean's notice of motion was then taken up.

It was moved by Dr. A. E. G. Forbes, seconded by Dr. Muir, that Article X SS 1 be amended to read:

Every member shall pay to the Secretary-Treasurer a fee of twenty (\$20.00) dollars annually to be divided as follows:

(a) Ten (\$10.00) dollars for the Canadian Medical Association including subscription to C. M. A. Journal.

(b) Ten (\$10.00) for the Medical Society of N. S.

And Article X Subsection 5:

The financial year shall end with the thirty-first day of December of each year. Carried.

Sydney, July 5th, 1922. Registered 78 (paid \$10.00 to \$20.00 each).

Further references to organization are as follows:—

Report of Associate-Secretary.

Dr. S. L. Walker reported at length regarding the work of the Associate-Secretary for the Society for the seven months ending June 30th, 1922. On motion the report was received as printed and distributed and was adopted. (Report on file).

Report of the Organization Committee.

Dr. H. K. MacDonald presented the report of the Organization Committee which was on motion adopted and by the same motion the organization committee was discharged. The financial statement showed a balance of \$1,374.43. Audited and found correct.

Windsor, July 4th, 1923. Registered 107.

The following is noted:

11. There was a lengthy discussion over the BULLETIN some of the Cape Breton members complaining of not receiving copies. It was moved and passed that the BULLETIN be continued, the local Secretaries being requested to furnish material for it and also that information be furnished in it regarding the admission of patients to local hospitals.

It was moved by Dr. Corston, seconded by Dr. DeWitt and passed, that the nominating committee be instructed to name members for the Editorial board of the C. M. A. Journal.

Dr. S. L. Walker, the Associate-Secretary, presented a lengthy report dealing with the various phases of organization work during the past year and also a very interesting report of the Annual Meeting

of the C. M. A. This report was on motion adopted and is on file and was published in full in No. 3, Vol. 2 of the BULLETIN. The adoption of the report and the ordering of it printed and distributed was moved by Dr. Rehfuß, seconded by Dr. Sullivan, and passed.

A special committee, consisting of Doctors Murphy, Rehfuß, Tompkins, McKeough and Keddy, was appointed to consider with the Associate-Secretary certain phases of organization work.

On motion the meeting adjourned.

It was announced that a record enrollment of 107 had been made and that over 50% of the active practicing physicians of the Province were paid up members of the Provincial Society.

Amherst, July 16th, 1924. Registered 68.

At this meeting an address by Dr. Routley on Organization is reported as follows:—

Dr. T. C. Routley, General Secretary of the Canadian Medical Association, gave a brilliant address, dealing very largely with the advantage to be gained by complete medical organization of the profession in Canada in the interests of the general public, Canadian Nationality and the Medical Profession. Dr. Routley emphasized some of the advantages of organization, namely, the elimination of friction, cost, and waste. He defines ORGANIZATION as follows: "Organization is the co-relation of all the forces and factors available in the establishment of a mechanism capable of producing the best results with a minimum of waste, cost and friction." Applying this definition to the Medical Profession, the Canadian Medical Association aims to bring into one harmonious whole the active practitioners of Medicine of our Dominion, in order that they, working as a united group, may produce the best results in their service to humanity; and it must be obvious that co-operative action makes not only for efficiency, but undoubtedly tends to eliminate overlapping of effort and to reduce to a minimum friction among our own ranks.

Bridgewater, July 1st, 1925. Registered 68.

Halifax, July 7th, 1926. Registered 127.

It was moved by Dr. M. T. Sullivan, seconded by Dr. A. McD. Morton, and carried that the Secretary make two separate drafts on the Medical men of Nova Scotia one month apart, one for the fees of the Medical Society of Nova Scotia, the other for the fees of the Canadian Medical Association.

4. The Bulletin recommended:

That the BULLETIN be continued in its present form as a purely Nova Scotia Journal, was on motion adopted. This was a standing vote and was unanimous. Dr. Murphy spoke saying that it was

essential to have some man like Dr. S. L. Walker to carry on the routine office work.

Editor-in-Chief.....	Dr. G. H. Murphy.
Associate-Secretary.....	Dr. A. Birt.
	Dr. S. J. McLellan.
	Dr. H. B. Atlee.
Secretary Editorial Board.....	Dr. S. L. Walker.

5. The Offices of Secretary and Treasurer Recommended:

- (a) That the Secretary and Treasurer be separate officials. This was on motion adopted.
- (b) That the Secretary be likewise Secretary of the Editorial Board of the BULLETIN. On motion adopted.
- (c) That the said Secretary be paid not less than sixty (\$60.00) dollars a month. On motion adopted.
- (d) That Dr. Smith L. Walker be appointed to the post. On motion adopted.

7. The Executive Committee recommended:

- (a) That members of the Society accepting appointment to the Executive undertake on so accepting to attend one general meeting each year. This was on motion adopted.
- (b) That a small committee of the Executive be appointed by that body to act for it as a quorum in case of special meetings. This was on motion adopted.
- (c) That the travelling expenses of this quorum to various meetings they may be called upon to attend be paid out of the funds of the Society. This was on motion adopted.
- (d) That those accepting appointment to this quorum undertake to attend all meetings called by the President. This was on motion adopted.

(When Dr. L. R. Morse was preparing his very admirable address which was distributed, as well as delivered in brief, at the 75th Annual Meeting in Halifax, 1928, he applied to the Secretary for some information relative to the latest radical changes in the working and constitution of the Medical Society of Nova Scotia. This article contains the extracts from the Society Minutes from 1916 to 1927 which appear to be directly or indirectly related to those actions which brought about our present status. They are of considerable historical value and their publication will aid some future Historian of our Society.

Psychogenic Heart Disease

(From the Bulletin of the New York Academy of Medicine, being an abstract of a paper presented by Dr. Johns Wyckoff in the Section of Neurology and Psychiatry, February 14th, 1928.)

Cardiac psychoneuroses may be classified as:

1. Fatigue neurosis (Neurasthenia).
2. Introspective neurosis (Hypochondria).
3. Anxiety neurosis.
4. Substitution neurosis (Hysterica).
5. Obsession neurosis (Psychasthenia).

Of these, the fatigue and introspective neurosis are extremely common. Substitution neurosis is less common, and anxiety and obsession neurosis rarely cause cardiac symptoms. Fatigue neurosis, which were extremely common in the war, are also seen in civil life. These patients exhibit two characteristics.

First, a history of marked nervous instability, either in the patient's family or in the past history of the patient himself, such as nervous prostration or neurosis referred to other organs than the heart. It is frequent to get histories of one or more abdominal or gynecological operations performed for the relief of long standing subjective symptom or symptoms.

Second, there is the history of an exciting cause in the patient's environment. This may be physical or mental effort, business and financial worries, family infelicities or seemingly trivial difficulties.

The unstable nervous system and the exciting cause are both always present, but in an inverse relationship; the more stable the nervous system the greater will have to be the exciting cause to bring about symptoms, and the more unstable the nervous system, the less need of an exceptional environment trauma to produce them.

In civil life, usually only the more unstable develop this type of neurosis, though symptoms appear among individuals who appear normal, at times of marked business depression, after disasters, or after great sorrow.

The symptoms are fatigue, palpitation, precordial pain and a sensation of breathlessness. Usually these symptoms are increased by effort, and not unusually do the patients have attacks of dizziness and syncope. On examination they are seen to look worried and nervous, they talk a great deal of their symptoms, but not as much as do the introspective neurotics, their hands tremble and frequently

their skin shows signs of vasomotor instability. The heart is rarely enlarged, the rate usually 100 or over, sinus arrhythmia is the rule, but ventricular premature contractions and paroxysmal tachycardia are not uncommon. Short systolic murmur may be present. Roentgenographic and electrocardiographic examinations are usually negative.

Many of these symptoms come from a lowering of the threshold to normal physiological processes. Often these patients have palpitation with regular hearts, not too rapid, and with normal blood pressure. Often they feel short of breath with normal respiratory rates. At other times, they have tachycardia and rapid, but usually shallow respiration.

Introspective Neuroses. Among the cardiac neuroses occurring in civil life, this is the largest group. These are patients who present some subjective or objective symptoms of heart disease, usually from an extracardiac cause, and who dwell upon the symptoms or symptom worrying about them, collecting reports of various examinations made by different heart specialists, comparing them, worrying about the fact that the authorities differ, consult others, and talk continuously to every one about their symptoms. Exaggerated cases of this sort own their own stethoscope, keep charts of ventricular and pulse rates, make long notes of trifling symptoms which they read to suffering physicians at great length.

The symptoms which usually first call the attention of such introspective patients to their heart is usually one of the common irregularities in rhythm. A marked sinus arrhythmia, premature contractions, or an attack of paroxysmal tachycardia will start such a patient; then, if he consults one of the brethren who thinks all irregularities equally serious and who tells him he has organic disease of the heart, usually after only a casual examination, he is well on his way to a life of worry. The condition of at least some of these patients is due to improper interpretation of symptoms and signs by physicians.

Even after the symptoms which may have excited this type of neurosis have disappeared for years, the patient will go on asserting and believing that he has heart disease.

Occasionally as patients grow older, they actually live long enough to develop arteriosclerotic heart disease, and then there is great danger of missing the early signs of organic disease because the patient is still believed to have a neurosis. Once at least, I made such a mistake.

This type of neurosis sometimes develops in a patient with mild organic heart disease, and makes a difficult complication. Such a patient without an objective sign of heart failure, with only slightly diminished, or no diminution of cardiac reserve, but with signs of slight organic heart disease, will spend years as an invalid because of the development of a fixed idea of the gravity of his or her condition.

Patients with anxiety neurosis may have cardiac symptoms—the most usual symptom is palpitation. As White says: "These patients rarely present a problem to the internist, as the cardiac

symptoms are so overshadowed by the state of tension, sleeplessness, illogical worries and inability to concentrate."

On the other hand, patients suffering from the substitution type of neurosis may develop attacks of heart pain which are very difficult to differentiate from pain in severe organic disease of the heart. Certain attacks of so-called "pseudo-angina" come to individuals as typical hysterical manifestations, and the differentiation may be difficult if the patient is first seen in the first or second attack, but usually is not difficult if the physician knows the patient and follows the course of the illness.

Obsession neuroses rarely manifest themselves by cardiac symptoms.

In the foregoing discussion, reference to etiology other than fatigue as a cause of these neuroses has been avoided. At least there must be reason for belief, that there is a relationship between their cause and the endocrines, when one goes over the rather remarkable glandular therapy which one finds the patients have received. Usually such therapeutic procedures have been without control and the results obtained, if viewed objectively and with due consideration to the laws of probability, far from convincing. It has seemed to me the best results therapeutically are obtained in the following way. Accept the patient's symptoms as facts, examine him with care and thoughtfulness. Explain to him that no signs of structural disease are present, though all known methods of exploration have been used. Explain that normal physiological function may creep over the threshold of consciousness and give rise to symptoms. Explain how this threshold is best kept high. Describe the likelihood of relapse and when such relapses are apt to occur. If possible, get rest, mental and physical, for the fatigue cases and be sure that it is rest that the patient is getting and not some other thing which some member of the family, or solicitous friend thinks may do him good. Get suitable mental and physical occupation for the introspective group. Build up the general health of the patient and keep it at as high a level as possible. Avoid placebos, but treat him honestly and as an intelligent being. When needed, give simple sedatives. Under such a common sense regime many improve and live useful lives.

Caesarean Section. The BULLETIN, in its April, 1925, issue, had an article on page 22 headed "Laparotrachelotomy" giving some points on Caesarean Section by Doctor J. B. DeLee, of Chicago. In this connection the paper presented by Dr. L. R. Meech, of Sydney, published in the October BULLETIN, will be re-read with considerable interest. The BULLETIN appreciates very much local contributions on subjects that have been given publicity by specialists elsewhere. We note the conclusions of Dr. DeLee and believe Dr. Meech has made out a good case for his transverse incision.

Neurogenic Disorders of the Heart

(From the Bulletin of the New York Academy of Medicine, being an abstract of a paper presented by Dr. E. P. Boas in the Section of Neurology and Psychiatry, February 14th, 1928.)

THE heart rate and rhythm depend on variations in the degree of excitation of its two sets of nerves. These variations are determined by reflexes passing over innumerable afferent pathways. This regulation of the activity of the heart is an adaptive mechanism enabling the heart to meet the demands placed on it by the varying activities of the body. Loss of this regulatory function may have serious consequences. Complete denervation of the heart, that is, severance of all of the extrinsic cardiac nerves, greatly restricts the activities of an animal. In dogs who have survived this operation for many months, the circulation is adequate when they are at rest, but any greater physical exertion is impossible. The animals collapse from exhaustion and there is no acceleration of the heart. The characteristic reactions to atropine and epinephrine are also lacking, and thyroid feeding brings about no tachycardia.

The afferent arcs of the cardiac reflexes may arise in almost any part of the body. They may come from the heart itself, from the lungs and other viscera, they may pass thru the segmental parts of the nervous system, i. e., the cranial nerves, or the spinal nerves. Afferent impulses may also reach the vagus and sympathetic nuclei from all suprasedgmental parts of the brain. One need but recall the changes in heart rate accompanying emotions and varying psychic states. No convincing proof has been offered of the existence of cardiac reflex arcs to the hypothalamus, and I believe with Francois-Franck and with Tigerstedt that the vital cardiac reflex arc passes thru the medulla and that the brain acts as a peripheral organ initiating reflexes via the medulla.

The following classification of neurogenic disorders of the heart may be attempted. Its value lies chiefly in its demonstration of the limitations of our knowledge.

- A. I. Disorders of the nervous structures in the end organs.
 1. Vagus. 2. Sympathetic.
- II. Disorders of the ganglionic arc.
 1. Vagus. 2. Sympathetic.
- III. Disorders of the segmental arc.
 1. Vagus.
 - a. Nerve trunk. b. Dorsal nucleus.
 2. Sympathetic.
- IV. Disorders of the hypothalamic arc.
 1. Vagus. 2. Sympathetic.

- B. Disorders due to excessive or exaggerated afferent stimuli.
 - 1. Segmental.
 - a. Somatic. b. Visceral.
 - 2. Suprasegmental.
Cerebral (Abnormal mental states).
- C. Disorders due to increased irritability of the visceral nervous system of unknown localization.
 - 1. Constitutional.
 - 2. Acquired.
 - a. Infections. b. Internal secretory.
- D. Disorders secondary to neurogenic vasomotor disorders.

I know of no cardiac disturbances that may be placed in group one, two or four. Group three, disorders of the segmental arc, is represented in medical periodical literature by innumerable inconclusive case reports. There is hardly one which will stand critical analysis. Among the conditions which were supposed to lead to vagus tachycardia were compression of the vagus by mediastinal tumors, tuberculosis lymph nodes, aortic aneurysms, alcoholic neuritis of the vagus, and destruction of the dorsal vagus nucleus in bulbar palsy. Yet in practically every case there existed in addition to the nerve lesion, other potent causes of tachycardia such as fever, dyspnea, toxemia or anxiety. On the other hand, neurogenous forms of Stokes-Adams syndrome have been described.

It is apparent that focal lesions of the extrinsic nervous apparatus of the heart play no significant role in the genesis of cardiac disorders. Neurogenic circulatory disturbances fall chiefly within the last three categories of our classification. The first group comprises cardiac disorders due to excessive or exaggerated afferent stimuli. Here may be grouped the simple tachycardias and occasional bradycardias associated with disease of the gall bladder, stomach, and other internal organs. Of greater import, however, are the occasional cardiac irregularities that are initiated by reflex stimuli from diseased viscera.

Of equal importance are cardiac disorders due to increased irritability of the visceral nervous system. It is often impossible to determine to what extent the cardiac disorder is due simply to increased irritability of the extrinsic nervous apparatus of the heart, and to what degree it is secondary to neurogenic vasomotor disorders, or to an increase of afferent stimuli from the brain, for, as a rule, all three factors operate together.

As a result of the disturbed innervation of the blood vessels, the capillaries and venules in the splanchnic region and in other areas of the body are dilated and a large amount of blood becomes pooled in them. Consequently there often is an inadequate amount of blood in the left ventricle and in the arterial tree. This lack makes itself felt particularly during and after exercise and undoubtedly contributes largely to the rapid pulse, the dyspnea and sense of exhaustion which follows physical exertion.

Paediatrics and the General Practitioner*

DR. J. G. D. CAMPBELL, Halifax, N. S.

PAEDIATRICS, as a specialized branch of medicine had no real existence before the middle of the nineteenth century, hence the literature of the history is meagre. Its earlier history is only a small part of the main current of internal medicine. There are many things in the religious, secular and cultural history of races and nations which are of great moment in the history of paediatrics. Hening has remarked that the science of children's diseases is the last and latest addition to the science of disease in general, and for this strange phenomenon gives two causes:—first, the intimate relation existing between mother and child at the start, making obstetrics, gynaecology and paediatrics inseparable. Second:—the difficulties in recognizing diseases in speechless young children or in eliciting clinical information from them before the days of expert precision in diagnosis and autopsy. This was the common excuse of all the earlier paediatrists. But a far more potent factor was also operative, namely, the absolute neglect of the proper care and hygiene of infants among savage and primitive people everywhere and even among highly civilized people in the immediate past. Among modern "civilized" peoples, for a long period, the child, if of poor or humble parentage, was predestined to be maltreated, starved and tortured. Much interesting and instructive information may be gained by a study of economic and social conditions of a people, their struggle for existence and especially the abundance of their food supply in relation to the status of the child. Folk medicine opens out another field with its remedies for children's sicknesses many of them based on superstitions and many of them used solely with the idea of warding off diseases, so preventive paediatrics is not new.

It is in the twentieth century that we find paediatrics elevated from its position as a dependent dwarf of ordinary medicine, into the larger atmosphere of social medicine of which it is now one of the most important independent branches. This was due to the menace of infant mortality as the chief cause of depopulation of modern states with the consequent extension of the science of infant nutrition and metabolism and the creation of a new science of infant welfare as a way and means of combatting the evil. This, of course, brought along its crop of specialists, near specialists and fakirs known as paediatrists or merely calling themselves such. Of course, this is a common

* Presented at the Annual Meeting of the N. S. Medical Society, Pictou Lodge, June 26, 1929.

complaint in all specialties. Specialties in the beginning grow out of special interests. Thus one practitioner is particularly skilled in surgery, another makes a point of increasing his proficiency in obstetrics and still another is particularly proficient in handling the feeding problems of infancy. These special interests necessarily increased all the while in importance for they were impressive to the laymen because they meant as they should, increased proficiency attractive to the physician for various reasons, most legitimately because of his increased interest in that particular field and the opportunities for bigger fees and sometimes because of actual incompetence to meet the larger demands of general practice.

These specialties are mainly based on anatomical divisions of the body with the exception of paediatrics, which is really general medicine confined to an age group. Even including certain points of departure from practice among adults, paediatrics remains a very complete if miniature division of general medicine and every general practitioner should consider it his duty to practice it and practice it well. If he really practises medicine well he will not omit the routine examination of the ears, which often cause so much trouble in the infant, the thorough examination of the chest even though there is the utmost lack of co-operation in the part of the child and the routine examination of the urine, especially in infant girls.

So that we may not be humbled unnecessarily let us, if possible, define a Paediatrist, Who is this specialist? Ordinarily he is one who with a reasonably good mental equipment, has sacrificed his time and money in such prolonged study and experience in children's diseases that he can in all honesty offer to practice, in that line only, and by giving unusually complete and scientific examination with treatment to his patients, deserves an honest, high reputation in the minds of his patients and of his confreres as a genuine specialist in his chosen branch. In the light of this definition you will see that the field here at least is practically altogether in the hands of the general practitioners and it behooves us in this more than any other "The Children's Century" to do our bit in making this world safer for the children and seeing to it that the term paediatrist is conferred for merit alone. This paper was attempted because it is estimated that probably fifty per cent of the average physician's work is with the child, and if he is to remain a leader, which goes without argument, then he must of necessity see to it that he keeps up with modern advance in this important branch of medicine and not merely sit in his office and scowl because the work he is neglecting to do is being done by health nurses and various lay organizations, their work is only half efficient because of his lack of co-operation and his failure to supply skilled direction and leadership. Doctor! remove the beam from thine own eye before thou tryest to remove the moat from thy brother's eye. Before you criticize the clinics for treating your patients be sure that you yourself have not sent them there by your neglect of or indifference to their

requirements. A little more honest endeavor, a little more sympathetic attention, a little greater understanding of essential principles and the importance to small details with a few less snap diagnosis (usually wrong) and you will be able to treat and to retain to your own and your patient's satisfaction 90% of your cases—the other 10% will be a problem for even the specialist and he should handle them.

The greatest advance in Paediatrics has been made within the lifetime of even the youngest here to-day. Previous to the beginning of the twentieth century the progress of Paediatrics was greatly impeded by the fact that diagnosis and treatment were based on post-mortem findings, not realizing that these were merely the end results of a long train of conditions which went before. Chapin made a decided advance when, as the result of extensive study and experimentation, he placed infant feeding on a sound basis by defining it as a biological problem. Therefore, to-day we find paediatrics advancing rapidly because our diagnosis and treatment are placed on the sound scientific basis of clinical pathology which puts it well within the range of the general practitioner and gives him his opportunity.

What are we to do? It is always well to start at the beginning. Let us consider the importance of the prenatal care of the mother, not as it affects herself, but her child. The importance of the prenatal period in a child's development is daily becoming more appreciated. "It is in prenatal life, in great measure," says Dr. McCollum, "that the size of the something we call vitality is determined." It is then that all the higher brain cells originate, that all the teeth the child will ever possess are under construction and that the process of enamelling his first teeth is largely carried on, and that the quality of the skeleton and the perfection of form are determined. All the elements for moulding its body protein for body tissue; calcium phosphorus, and the calcifying vitamin or factor for the formation of the skeleton; iron for the haemoglobin, the soft tissues, and the supply for storage in the liver to last for the first few months after birth; iodine vitamins and all other needed substances must come from the mother's food or from her own body. And let us always remember that even God's own people were unable to make bricks without straw. It is unnecessary to recite to you what the Mother's diet should contain, you know that, only to remind you that no period is more important than the last six weeks, during which the infant puts on one-third of its weight and that premature infants almost invariably develop rickets because they are denied a part of this bone building period.

Given a child who has had such a right start during prenatal life, the next step is to carry him through infancy in the same state of physical perfection with which he was born. To accomplish this, breast feeding by a mother whose diet is still ideal as in pregnancy is the first essential; for it is practically impossible, with our present knowledge of infant feeding to produce a perfect baby by any other means.

How many of you have prematurely weaned the babies under your care for any of the following excuses? The milk dried up, poor quality of milk, thin or watery milk, the breast milk disagreed with the child, poisonous, made the child vomit, caused green stools, caused constipation, et cetera ad libitum, if so, remember this quotation from Milton:

"Accuse not Nature; she has done her part. Do thou but thine."

Don't blame the mother when you have never explained the situation to her, for she loves her child and will do anything you reasonably tell her. Who ought to know better all about what is good for her baby, the doctor, or the accommodating neighbor; of course, the doctor, but alas how often our answers are to say the least evasive. Let us rather take this matter seriously for the baby is no longer a mere by-product of obstetrics and let us, when asked, inquire as to the Mother's diet, her appetite, the condition of her bowels, regulate, if possible, hygienic details such as exercise, sleep, and mental rest, remedy any actual disease in the mother such as anaemia, a neglected perineal wound, malposition of the uterus, subinvolution, etc., regulate the feeding times and intervals, correct any errors in the detail of giving the breast, (length of time at breast) remedy any defects in the hygienic surroundings or management of the infant, clothing, fresh air, handling, etc.

Having advised her, the only true way of determining the exact state of affairs is by careful weighing done once a week, this will show you whether there is over or under feeding and never neglect to inspect the stools as from them there is much valuable information to be obtained.

If breast feeding is not sufficient, then it may be either complemented or supplemented, or if it is entirely out of the question, a rarer situation than has been generally supposed, the properly modified milk of some other animal is the best adjuvant or substitute. The picture of the over fat child, nourished by some patent baby food, is still a too familiar sight, in magazines and drug store windows and too many of us blindly accept for fact what is printed on the labels. These advertisements do not tell us that when contagion, such as measles, pneumonia or influenza comes along, these same over-fat artificially nourished infants are the first to succumb to the disease. The chemical composition of a food shows nothing concerning its suitability for any animal and is not of first importance, it may be chemically right, but practically wrong, says Chapin. Let us say a food must first be digestible, then it must contain the proper elements to maintain nutrition and allow for growth, and lastly, there must be a sufficient quantity of it, best estimated by caloric standards. If it does not measure up to all these requirements, then it must at best be regarded merely as a temporary measure and the supervision of the case not given up until they are all met. Fellow practitioners, let us either treat our feeding cases intelligently or else be honest enough to pass them over to somebody who will.

After the precarious period of infancy is past we reach what is known as the pre-school age. The child can eat anything the family does, a newer baby has perhaps arrived and the two year old begins to shift for himself. He is almost certain to be despised and rejected of men, a child of sorrows and acquainted with grief. He develops an antipathy for milk, he refuses vegetables, he demands and receives more sweets, his nap is discontinued, too much excitement and stimulation prevail, physical defects develop and the downward progress begins. There is the same demand for long hours of sleep, a regular early bed-time and a day time rest, for fresh air, sunshine and wholesome but not excessive exercise; for careful supervision of his diet, in fact, for a generally well ordered life, the mother being guided by the advice of an intelligent, wide-awake general practitioner.

The school age is much the same only that here the child is brought under the observation of many others and his defects checked up much more carefully even if it is then too late to do much good for them.

You may wonder why in this paper I have made my remarks so general and have not touched actual diseased conditions, if so, it is because I feel that the general practitioner handles most of his sick children well. Where he is falling down is in preventive paediatrics, in not realizing that the mother is often frantically groping in the dark, only too anxious to do what is best for her child, besieged by all manner of suggestions by well-meaning, if ignorant friends, advised by the health nurse to consult her family physician and pay no attention to any other source of information, and finally that when she asks her physician for food that he carelessly hands her a stone. Would it be any wonder, then, if finally in desperation, the health nurse should advise your patient to go to a clinic in order to vindicate her contention that the medical profession should guide, and that it is interested in the well-being of her child? The key note is not greater knowledge, but greater interest.

As general practitioners, we know we are the backbone of the medical profession and where is the specialist who has not told us so on every occasion. But this backbone is weakening, first from lack of exercise, even we are not making full use of our powers and disuse spells atrophy and that leads to deformity. Beware lest this deformity become permanent and require surgical interference. Second, from lack of proper food, the food being the new graduates. Here I want to make a few accusations:—Dalhousie University to-day is not producing well rounded out general practitioners because Paediatrics is being given a very secondary place in the curriculum. The teaching is excellent as far as it goes, but it doesn't go very far because the clinical side is weak. The main clinical centre, the Children's Hospital, having become largely an orthopaedic centre, the student there is dazzled by the glories of surgery and oft times blinded to the fact that these glories are actually the end results of our sins of omission and commission in the past. The Clinic, no doubt, helps, but

here teaching is greatly hindered by lack of time. Paediatrics at Dalhousie is a conglomerate mass unsupervised, without head or tail, the medical student emerges with **no definite idea** of its importance. He has not grasped the fundamental principles underlying infant nutrition and metabolism or realized the endless trail of ills which follow their neglect. He is left in danger of becoming a mere thoughtless automaton, feeding the babies under his care according to dictates of the manufacturers of patent baby foods and not according to scientific reason. From this it is a very short step to careless prescribing for the other ailments. Here I wish to speak of the standard pharmaceuticals only to condemn them. How many of us who use Oxy-melone Bronchelone, Syr. Cocillanno, Co Syr. Sanguinanaco syrup "a little bit of everything and not much of anything", in treating children can remember their formulae. I ask you, is it good medicine to prescribe drugs we don't know or can't remember simply because some drug agent has left us a sample with a trick name and told us of its wonderful properties. Why write any prescriptions? Just order the rest of the patent medicines—the labels say they are unbeatable.

Finally, let us realize that although paediatrics is a branch of general medicine, yet it differs enough in application to demand a little thoughtful consideration and interest, and requires a little special reading of special literature. It requires no more effort than keeping abreast of the times on the kidney, heart or thyroid and can we afford to lag in this important division of medicine when we see the calamities which may come from our lack of interest.

Let the backbone of our profession straighten itself out, show some interest in paediatrics, treat successfully 90% of its cases which it can do, and the health nurse will lose her terrors, and it will make the world safe not only for itself, the general practitioners, but also for all the associated specialities.

"Suffer the little children to come unto me and forbid them not for of such is the kingdom of Heaven" once said the Great Physician.

Can we hope to do better than follow in His footsteps?

More McCoy Stuff.

Question. J. T. W. writes: "Will you kindly explain in your health talk what locomotor ataxia is? Is it anything like shaking palsy? Is there any cure for it?"

Answer: "Locomotor ataxia is a disorder of the nerves which affects principally the legs. Persons so affected must walk with a characteristic knee-jerk, where the knees are snapped strait out at every step. They cannot walk with the eyes closed, and sometimes cannot even stand still in the dark without falling. If taken in time, it is possible to arrest this disorder, and cures have been effected through certain dietetic and physio-therapy treatments."

The Doctor and the Hospital*

HARVEY AGNEW, M. D., Toronto,

Associate Secretary, Canadian Medical Association, and Secretary, Department of Hospital Service.

THE public had real reason to fear hospitals in times gone by. The mortality was so high in England and Scotland that an official commission headed by Sir Jas. Y. Simpson, recommended that all large hospitals be destroyed and temporary huts used instead.

The demand for hospital accommodation is greater than ever before. Already in this young country of ours, we have 886 general hospitals with over 74,882 beds; of this number, 481 are public general hospitals with over 32,000 beds.

The maintenance budget for Canadian hospitals is over fifty-one millions of dollars. The replacement valuation is \$241,000,000.

Thoughtful observers have viewed with considerable concern the increasing cleavage which seems to be taking place between the purely professional and the purely administrative interests in hospital work. That this tendency should exist must be expected, for the increasing complexity of medical technique and the increasing problems of hospital administration must result in greater specialization and consequent isolation. The danger lies in the formation of a gap too wide to be bridged.

Why do hospital publications and governing boards object to doctors on the board of trustees? Repeatedly, I have taken exception to this attitude, for the hospital is the doctor's workshop and if he is not interested in its welfare, surely no one else is. But the boards point out—and it is sometimes difficult to deny it—that some doctors demand more than the hospital can afford or may fail to co-operate either with each other or the hospital management, and again we have the old, old story of one erring individual making it hard for all the others.

I am strongly in favour of medical representation on the board; but I think that the medical members should not sit because they are elected by the population at large or by virtue of family or financial interest. The medical representation should be responsible to the medical staff as a whole, should be elected annually by them and should be subject to recall. These provisions would overcome the chief objections of lay boards.

Organized but eighteen months ago, our Department of Hospital Service of the Canadian Medical Association has had far more work suggested to it than we could possibly undertake. We are really a consulting bureau on hospital subjects, a hospital reference library

*Presented to the Nova Scotia Medical Society, Pictou Lodge, June 26th, 1929.

supply service to any hospital in Canada without cost, thanks to the generosity of the Sun Life Assurance Company.

Our work throws us in constant contact with leading laymen throughout Canada and more than once have we heard frank surprise expressed over the realization that our medical associations are really more than monopoly-seeking trades unions.

Hospital Costs. Costs should be reduced in the interests of the patient, but the real solutions are seldom discussed in newspaper and magazine articles which berate the conscientious doctor and the hard working hospital personnel.

We, as medical men, can do a great deal to educate the public on hospital costs and tell them of the costly equipment and services provided.

Few people realize that the average cost per patient per day for all Canada is \$3.45 and, if over half of our patients get their care for less than this figure, less than cost, the others must make up the difference. Government and municipal grants for indigent or public ward care are far from adequate. Rather than blame the hospital, which is the innocent victim of this situation, we should blame ourselves, as voters, for permitting this situation to exist.

The success of your "subscriber" system, of the Union hospital on the prairie and the action of British Columbia, lead one to believe that we must make serious study of various forms of health insurance.

*Modern diagnostic and therapeutic armamentaria are not economically indicated in hospitals of less than 150-400 beds.** Therefore smaller hospitals must either forego desirable equipment or instal it without hope of fully utilizing it or of making it pay for itself without overcharging patients. Many small hospitals have elaborate and expensive equipment without the expert assistance essential for correct diagnosis or treatment.

Small hospitals are a blessing to isolated communities, but, in these days of good roads, dependable cars, telephones, and other means of communication, hospital authorities deprecate the desire of every small town and even village to have its own small hospital with the resultant duplication of effort and overhead.

Staff meetings are now the order of the day. The old feeling of suspicion and jealousy is giving way to a new era of co-operation and interdependence. Luncheons and suppers are favoured; there is nothing like a bowl of soup or two sandwiches stuck together to break down those artificial barriers between colleagues.

More than one staff in Canada has been rejuvenated by forming a historical club, by holding a golf tournament, bowling and curling competitions, dances and bridge parties.

A joint luncheon of the medical staff and the board of trustees, say spring and fall, is an excellent custom which will clear away many misunderstandings.

*The use of the Italics is mine.—S. L. Walker.

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Doctors Wanted

THERE are more good openings for Doctors in Nova Scotia and the Secretary of the Medical Society of Nova Scotia can only get a *locum tenens* very occasionally.

There is an opening at Port Elgin, we have been informed. Also another in Cumberland County. The Halifax Dailies have carried recently applications for doctors for two places in Hants County.

To-day, November 28th, the Secretary received two letters from Doctors asking him to find a "Check Off Panel" doctor for a new Mining Enterprise and a purchaser for a property in a very profitable field at actual cost. Both of these propositions would have been snapped up ten years ago.

There are three places in western Nova Scotia that have been clamoring for a doctor for months, while a partnership is available in another field.

Is the Medical School of Dalhousie doing the best it can to help us solve this very serious problem?

The Secretary gives prominence to this matter because he feels his duties call for his action in securing medical service for many places that are now suffering on account of its absence.

We hope to have for the BULLETIN the recent contribution of Dr. K. A. McKenzie on the matter of State Medicine. In the meantime, let us remember that conditions as barely mentioned above may rush us into that before we have made up our minds as to the best system to adopt.

S. L. WALKER, Secretary.

The Canadian Medical Association The British Medical Association Winnipeg, August 1930

Dr. Ross Mitchell of Winnipeg writes as follows:—

“Your November issue of the BULLETIN is just to hand. I note you have included the article on Lord Dawson, and I am sending you herewith sketches of Sir Humphrey Rolleston and Sir E. Farquhar Buzzard, who are both Regius Professors. In Cushing’s life of Osler he tells of some memorable medical gatherings, when Osler and Allbutt happened to be coming up the stairway together. Osler slipped his arm about Allbutt’s, and on entering the room announced loudly that “the brothers Regii had arrived.”

We shall try to keep you informed of developments with regard to the B. M. A. meeting, and of course, we are looking forward to a good representation from the Maritimes”.

LEADERS IN BRITISH MEDICINE.

Sir Humphrey Davy Rolleston, Bt., K.C.B.

One of the most charming of the overseas visitors to Winnipeg in August, 1930, will be the President of the Section of Medical Sociology and History of Medicine, Sir Humphrey Rolleston, Regius Professor of Physics at Cambridge, and Physician-in-ordinary to H. M. the King.

As his name implies he is a descendent of Sir Humphrey Davy, his mother being a niece of that distinguished scientist, the inventor of the miners’ safety lamp. Educated at Marlborough, Cambridge, and St. Bartholemew’s Hospital School, he has gone from honour to honour. He is Vice-President and Physician Emeritus to St. George’s Hospital, Consulting Physician (with the rank of Surgeon Rear Admiral) to the Navy, member of Medical Administrative Committee, Royal Air Force, Chairman Central Joint V. A. D. Council.

He holds honorary degrees from Oxford, Pennsylvania, Durham, Glasgow, Edinburgh, Bristol, Birmingham, Jefferson, Padua, Dublin, Bordeaux.

As an author he is known the world over for his works on Diseases of the Liver, Old Age, and Clinical Lectures. With his predecessor in the Regius Chair of Physic, the late Sir Clifford Allbutt, he was joint Editor of a System of Medicine in eleven volumes.

In 1894 he married Lisette Ella, daughter of F. M. Ogilvy. They have one son. Their home, “Southfield,” in Cambridge is celebrated for its hospitality, much as was Osler’s home when he was at Oxford. In 1926 he was awarded the Gold Medal of the British Medical Association “in recognition of his scientific work and of his distinguished services to the profession and to the Association.”

Hospital Notes

Colchester County Hospital.

THE Press of the Province has given considerable publicity to the presentation recently by Dr. John Stewart, of Halifax, of a collection of surgical instruments. These have been passed to the County Hospital as a memorial to his friend, the late Dr. William S. Muir, father of Dr. W. S. Muir, of Halifax.

Mr. W. K. Murray, President of the Hospital Trust, accepted, on behalf of the Hospital, this gift from Dr. Stewart. In doing so, he said:—

“Dr. Stewart, I can assure you that it gives me a great deal of pleasure to accept on behalf of the Colchester County Hospital, your very kind and generous gift, which will mean much to this Hospital. We feel that the Colchester County Hospital is highly honored in being asked to receive this fine gift; instruments that you have used in your noble profession in helping suffering humanity—instruments that have become dear to you in their using.

I also assure you that we are delighted to accept them as a memorial to the late Dr. W. S. Muir, one who held a very high place in our Town as a Physician and a Citizen.

A sacred trust is laid upon us to-day, as this gift is tendered and received.

I wish, on behalf of the Colchester County Hospital Trust, The Medical Staff, The Ladies Auxiliary, and the Superintendent, to express our very best thanks for, and appreciation of this fine gift.”

While the commercial value of a gift of this nature may be counted at so many dollars and cents, this is not the principle feature of such a gift. It is, in this case, an example of a desire on the part of medical men in Nova Scotia to pay a tribute to those who have passed this way once and for all. This tribute by Dr. Stewart to Dr. Muir is a striking illustration of this idea.

Among the many, very many, acts that have endeared Dr. Stewart to the people of Nova Scotia this is not the least.

The Hospital Auxiliary of the proposed new Hospital in Wolfville, Nova Scotia, met recently and elected the following officers:—

President—Mrs. J. A. Ingraham.

Vice-Presidents—Mrs. Wm. Grant, Mrs. Delaney, Miss F. A. Parker, Miss Dixon.

Secretary—Miss Hilda Tufts.

Treasurer—Mrs. George Anderson.

Auditor—Mrs. J. D. Harris.

The Hospital at Berwick, N. S., recently benefitted by \$100.00 or more as a result of the showing of pictures in that place of wild life in the woods, particularly featuring pictures of birds and animal life.

Congratulations must be extended to the good people of Windsor, N. S., who have had such a splendid hospital record in connection with the Payzant Memorial Hospital. Recent additions which have been made to the institution which now is a 50 bed hospital. It moreover comes up to the requirements of the modern officially recognized hospital. Very prominent among those who have been concerned with the development of this institution is Mr. Otis Wack of Windsor who is also the General Manager of the Canadian Gypsum Company. Everyone who knows anything of Hants County knows how much the Gypsum industry means to that County. In connection with the many changes that were necessary in giving the required additions to the Hospital the services of Mr. Wack were very greatly appreciated. In paying this little tribute we do not want for a moment to intimate that the medical men of Windsor were not very largely responsible for and supporting this addition to their local institution.

At the recent graduating exercises of the Training School for Nurses of the Nova Scotia Hospital, the Hon. G. S. Harrington, Minister of Public Works and Mines, together with Doctors Hogan, Lawlor, Hattie and the Mayors of Halifax and Dartmouth, were the principal speakers. Eleven certificates were granted. Col. Harrington in his address referred to the fact that this Institution was the oldest of its kind in the Province. We are not sure, but he might have added that it was the oldest from the Hospital standpoint (which include treatment as well as care) in the Dominion of Canada. Dr. E. V. Hogan gave the principal address to the Graduating Nurses, in the course of which he referred to their very wonderful record since the days of Florence Nightingale.

The Hospital Auxiliary.—The *Acadian*, published in Wolfville recently, has the following short Editorial note which the BULLETIN most heartily endorses:

“The women of this town and surrounding sections have taken on a very important work in organizing an auxiliary in support of Westwood Hospital. Courageously and enthusiastically they have set out upon an undertaking that will mean much to the communities which they represent. There is no finer service that can engage public attention than the promotion of an institution capable of contributing so materially to general well being as does an efficient hospital. The *Acadian* congratulates them upon the public spirit

which their efforts indicate, and bespeaks from citizens generally all the encouragement and support which their zeal merits.

The organization, while not yet fully completed, has gone far enough to ensure its ultimate usefulness and the success of the institution to which their activities are to be devoted. It will be no small task to maintain a competent hospital in a sparsely populated area such as this, but we are fully confident that nothing will be found impossible that has behind it the patriotic devotion ever displayed by the womanhood of this region. The *Acadian* gladly proffers any assistance within its power."

There has been considerable publicity in the laying of corner stones of notable institutions. Among these the laying of the corner stone of the new Wolfville Hospital must not be omitted. Mr. W. H. Chase, recently officially laid the corner stone of this new hospital which will take the place of the Westwood Hospital hitherto owned and managed by Dr. C. E. A. DeWitt of Wolfville. The new hospital will cost in the vicinity of \$85,000.

Miss Mary Holmes, R. N., who has been spending the summer months at her home, has returned to New York, where she will resume her duties at the Fifth Avenue Hospital.

Miss Winnifred McLean, R. N., spent a few days at the home of her parents Rev. and Mrs. Maurice McLean, Strathlorne. Miss McLean, is Superintendent of the Soldiers Memorial Hospital, Campbellton, N. B.

MARITIME C. M. A. SPEAKERS.

Despite repeated requests the BULLETIN has been unable to obtain what the Secretary considered a sufficient reliable report from either Dr. G. H. Murphy or Dr. K. A. McKenzie of their October trip to the Pacific Coast as C. M. A. Post Graduate Lecturers. However, by means of private correspondence, certain afternoon teas, the C. M. A. Journal, and some other *subrosa* means of which we dare not even hint, the writer is convinced that it will take many visits of medical representatives from Nova Scotia to normalize the glamour created by these two Halifax men—one being from Cape Breton and the other from Springhill.

From more than one source has come the suggestion that the Maritimes should be more generally urged to undertake these obligations and the Western Provinces would give them a wonderful reception. Especially has the recent tour, when Doctors Murphy and McKenzie were associated with Doctors Bazin, Routley, Young, Van Wyck, Richards and others, strengthened the favorable impression made by our own Maritime men in former visits. Perhaps it is proper

to stand up straight, shoulders back, chest out and chin—well not so held that speech is impossible, and simply continue to occupy our rightful place.

We are glad that Doctors Murphy and McKenzie enjoyed their Western trip. We wish to assure them on our personal affidavit that our confreres in the Western Provinces enjoyed and profited by meeting them.

S. L. W.

C. M. A. Meeting—This is the report that the Kentville *Advertiser* gave of the meeting of the Valley Medical Society that is reported elsewhere in this issue.

"The semi-annual meeting of the Valley Medical Association was held in the Recreation Hall of the Sanatorium, Monday afternoon, and evening, with President Dr. A. B. Campbell of Bear River, presiding. Among the twenty physicians present were Dr. Smith Walker, Secretary of the Provincial Medical Society, Halifax, and Dr. Goodall of the staff of the Royal Victoria Hospital, Montreal. Dr. Miller, Medical Superintendent of the Sanatorium, extended a welcome to the visiting doctors.

A short business meeting was held in the afternoon. This was followed by a paper on "Toxaemias of Pregnancy," by Dr. Goodall. Dr. Goodall, who is a lecturer of gynecology at McGill University, treated this subject in a very able and illuminating manner. In the unavoidable absence of Dr. S. R. Johnson, Halifax, Dr. H. R. Corbett, Radiologist at the San, gave an address on "Gastro-Intestinal Tuberculosis." The session was concluded by a short talk on "The Canadian Medical Association, Its Organization and General Policy," by Dr. S. L. Walker.

The meeting then adjourned to the staff dining room where dinner was served.

The evening session opened at seven o'clock and was taken up principally by Dr. Goodall's paper on "Cervical Infections." Three new members, Dr. Evelyn Rogers, Dr. Charles Beckwith, both of the Sanatorium, and Dr. T. A. Kirkpatrick, Kentville, were admitted to the society."

WITH OUR ADVERTISERS.

The "Diloxol" blotter sent to the medical profession in Nova Scotia comes handy on the Secretary's desk. The E. B. Shuttleworth Chemical Company of Toronto have had a fifty years' acquaintance with the doctors of Canada and they are "still going strong."

Poulenc Freres of Paris have through their Canadian Agency, Rougier Freres, Montreal, placed a new hypnotic and analgesic preparation,—Soneryl—on the Canadian market. Always read the first inside cover page of the BULLETIN.

OBITUARY

EDWIN DAVID McLEAN, M.D., Bellevue Hospital Medical College, 1887, Truro, N. S.

WHILE the profession generally had been expecting to hear of the passing of Dr. E. D. McLean, of Truro, knowing he had been in poor health ever since his return from Overseas service, it was yet a distinct shock to learn that the final summons came on November 10th, 1929.

The older generation of doctors in Nova Scotia will remember Doctor "E. D.'s" father, Doctor Duncan McLean, of Shubenacadie. It does not often occur that what was said of the father may also be said of the son. But at this time a tribute paid 30 years ago to Duncan McLean is also one to his son, our respected confrere. In the January, 1928, BULLETIN we quoted fully from the Presidential Address of the late Dr. W. S. Muir, and this is what he said of Dr. Duncan McLean:

"On May 24th, 1887, Dr. Duncan McLean, of Shubenacadie, was elected to fill the chair in this Society. Like his friend, Dr. A. C. Page, Dr. McLean has passed on with the majority, having died a few months before our first President at his home from double pneumonia. I will quote from Dr. Page's unpublished paper 'History of the Medical Men of Colchester County', to show you his opinion of the late Dr. McLean:—

Duncan McLean was born in Pictou County, and was a graduate of Harvard University, 1860. Although living in Hants County, a large part of Dr. McLean's practice is in Colchester. His field of practice is very large and laborious. He is not only very self-sacrificing in his devotion to his profession, but also a very safe and reliable practitioner. Having no medical friend near him to consult with, he is often placed in circumstances where his tact and ingenuity carry him safely over difficulties where a doctor not so largely endowed with those valuable qualities would fail. He is kind and considerative to the poor, a lover of sport; quick to resent an injury, but very forgiving and generous to a fault.

If I were asked to write up a Memoir of the late Duncan McLean, I would simply refer you to Ian McLaren's famous book, "Beside the Bonnie Briar Bush" to read "A Doctor of the Old School", then substitute Dr. McLean's name for that of the hero, Dr. Wm. MacLure.

If Ian McLaren had lived in Shubenacadie and had kept a diary of Dr. McLean's work, he could not have published a truer picture of the big-hearted, generous, self-sacrificing Duncan McLean. He was never supposed to be a man of great constitution, but he must have been made of iron, as when I tell you at times he kept four horses busy, one will wonder how he did it, but not why, if you know the man. Dr. Page had years ago written up Dr. McLean as being generous to a fault. If Dr. McLean had a fault, generosity was his besetting

sin. His house and table were always at the disposal of the public, and well they knew it and, I can personally say, took advantage of it.

Shubenacadie and district must owe the doctor's estate thousands of dollars, and it may not be the people's fault, as the doctor's last thought was always himself, and he was a most wretched collector. Once he said to me that the only way a man can make more than an honest living in the practice of medicine in Nova Scotia is to humbug the people and grind the face off the poor, "two things, thank the Lord, I have never done and I will never do." Dr. McLean was a public spirited citizen, a true and consistent friend. He was honest, capable and faithful to every trust, and he was a liberal contributor to the support of religion, and to any public or charitable object. His illness and death was plainly the result of overwork.

Our first and second Presidents of the County of Colchester Medical Society were bosom friends through life. They were often brought together, as they were both officers in the 78th Highlanders at the same time."

The BULLETIN offers no apology for this extended reference to Dr. McLean's father for he was a worthy son of a worthy sire. McLean, Muir, Page, Roach, McKay are names whom the people of Colchester County and Nova Scotia are delighted to honor.

Dr. McLean was born in Shubenacadie some 65 years ago. After his graduation from Bellevue Medical Hospital he practised for a few years in Musquodoboit Harbor and here married Miss Rowlings, who, with two sons and two daughters, survive.

His professional career, his war service and his community interest have been above reproach. He was universally liked and supported in all his medical relations to the town and Municipality.

Upon learning of his decease the Secretary sent the following message to Mrs. McLean.

"Permit me to extend to you and your family my sincere personal sympathy. On behalf of the Medical Society of Nova Scotia I assure you that all our members regret the passing of a much loved fellow practitioner for many years a valued member of our Society. The Society extends kindly sympathy to you and yours. Dr. John Stewart attending the funeral, will represent the Society. We are, Yours sincerely."

Perhaps some one could write more fully, better and more appreciatively of the late Dr. E. D. McLean, but I cannot.

S. L. W.

MILTON ADDISON O'BRIEN, M.D., C.M., Dalhousie, 1901,
Noel, Hants Co., N. S.

Tragic, indeed, was the passing of Dr. M. A. O'Brien, who was en route to the Victoria General Hospital on October 12th, 1929, when the summons came. Very few men of the Medical Profession have held such a firm and unobtrusive hold on the community as did

Doctor O'Brien in Noel, Hants County, Nova Scotia. Of course, his family had always been prominent in the community since ship building and sailing had its beginning in this province. But it means a great deal for a medical man, unable to tear himself away from his routine work for post graduate study, to fully retain the confidence and trust of all in the community.

It is very significant of the ability of Dr. O'Brien that this remark applies to him very particularly. It is no wonder that at his funeral on October 15th practically the whole country side was present to show their sympathy and respect.

Dr. O'Brien graduated from Dalhousie University in the year 1898 and after graduating from Halifax Medical College, 1901, settled in his home village. He was a son of the late Milton O'Brien and Adeline Faulkner, Noel. He leaves to mourn their loss, a widow, formerly Miss Clara Putnam, Maitland, two daughters, Dorothy, at Dalhousie University, Lillian, at home, and one son, Milton, at home, also several sisters and brothers.

During his life he took an active interest in the Liberal Government. In religion he was an adherent of the United Church to which he gave freely as to any other good cause in the community.

**GEORGE WILBERT MacKEEN, M.D., Harvard University,
1896, Baddeck, N. S.**

Many members of the medical profession will regret to learn of the death, on Nov. 12th, 1929, of Dr. G. W. MacKeen at his recent residence on Morris Street, Halifax, N. S. Dr. MacKeen was but 57 years of age. He had a very striking professional career. He has been ill for several years and his death was not unexpected. He has spent much of the time recently between his former home in Baddeck, Halifax and the Southern States. Dr. MacKeen is survived by his wife, a daughter of Brigadier General Flagner. He had no family. Mrs. Norwood, wife of the Rev. Dr. Norwood, is a sister of the deceased. Although not actively engaged in his profession in recent years, he was well known to many members of the profession. The local newspaper gives the following information:

"Dr. MacKeen came of a sterling old Cape Breton family, being the son of the late Dr. S. G. A. MacKeen, who had practised there for thirty-five years. He was born in the lovely village of Baddeck in 1872, his mother, before her marriage, having been Miss May Jane Murphy. He graduated from Dalhousie University in 1892, taking his degree in medicine at Harvard Medical College, Cambridge, Mass., in 1896, and for two years following pursued his studies in the leading hospitals of London and Paris. Subsequently he practised in Cape Breton and in Nova Scotia, being at the time of his enlistment for overseas service during the Great War physician at a large lumber camp at Walton, Hants. He was one of the very first, if not the first, physician to offer for overseas service, promptly joining Colonel

Ford's Unit at Liverpool—the First Casualty Station. He crossed from Valcartier with the first Canadian Contingent, and spent the memorable winter of 1915 on Salisbury Plain, attached to Medical Headquarters. Later he went to France as medical officer of the Canadian Remounts when these were amalgamated with the British Remounts. He was stationed at various hospitals, notably as admitting officer and later as registrar at the largest of the Canadian hospitals—at Shorncliffe, near Folkstone. Later he was placed in command of an English Hospital near Ramsgate. During the last year of the War, having applied for home duty, he served under Colonel McKe!vie Bell, A.D.M.S. in Halifax, Nova Scotia. Later still he practised in Newfoundland, for three years, being physician at some of the plants of some of the great lumbering companies there. Returning to his native Cape Breton, his health suddenly began visibly to fail.

He was a most interesting companionable man—clever, a delightful conversationalist, speedily making friends with those with whom he met, and full of Celtic geniality and likeableness. He will be greatly missed within the circle of his intimate friends, and among his fellow members of the medical profession. His death will be recognized as a professional loss.”

**DR. STEPHEN R. JENKINS, University of Pennsylvania, 1884,
F.A.C.S., 1914, Charlottetown, P. E. I.**

It was with profound regret that many members of the Medical Profession in Nova Scotia learned of the death of Dr. S. R. Jenkins at his home in Charlottetown on September 15th, 1929, after a gallant effort was made to combat the final Pneumonic infection, which complicated his poor health of the last year or two. He was so well known and personally admired by many physicians in Nova Scotia that the BULLETIN must pay more than a brief mention of his passing. He was present at the Seventy-Fifth Anniversary Meeting of the Medical Society of Nova Scotia in 1928, conveying to us the official greetings of the Island Association.

The Canadian Press despatch published in a number of papers in Nova Scotia gives some idea of his activities as a member of our profession and a valued citizen of his home City and Province.

“Charlottetown, P. E. I., Sept. 15.—The death of Dr. S. R. Jenkins occurred at his home here this evening. The late Dr. Jenkins, who was in his seventy-first year, was well and favorably known not only in P. E. I., his native province, but throughout Canada and the United States. He was past president of the Canadian Medical Association, Secretary of the Red Cross in P. E. I., president of the Anti-Tuberculosis Association, registrar of the P. E. I. Medical Register, chief of the staff of the Charlottetown Hospital, senior member of the staff of the P. E. I. Hospital and a member of the Charlottetown School Board. He was for several years a member of the Government of P. E. I. He was a graduate of Pennsylvania University and

after his graduation was house surgeon at Brockley Hospital, Pennsylvania. He was also regimental medical officer of the Fourth Regiment Artillery with the rank of Lieutenant Colonel and A. D. C. to Lieutenant Governor Hartz and also to two of his predecessors. During the war, although the late Dr. Jenkins was past military age, yet at great financial loss to himself he took command of Rockhead Hospital, Halifax, giving up his practice in Charlottetown while so engaged. He was a member of the first Dominion Medical Council and a fellow of the American College of Surgeons. He also served on various medical committees such as cancer research and social hygiene. His death has removed one of Charlottetown's most prominent citizens and a deep sense of sorrow has passed over this province."

A prominent building contractor, a good citizen and ardent church worker, who has resided in Truro for the past fifty years, passed away early in October, aged 74 years, in the person of Robert O. McCurdy. He belonged to an old and distinguished family, centred in Colchester County, noted for their ability, industry and achievement. Besides his wife, he is survived by a large family, one member of which is Dr. D. S. McCurdy, of Truro, to whom the BULLETIN extends sympathy.

The tragic death of Arthur Hunt Chute, noted author and lecturer, was heard with much regret, especially in Nova Scotia, by all who ever met him. He was, dare we use the word, a *rabid* Nova Scotian and Canadian, but was the most cosmopolitan citizen it has ever been our privilege to meet. His birth in Illinois did not matter as the famous Stewiacke Valley of Nova Scotia was the home setting of his forebears. A son of Rev. A. C. Chute, of Wolfville, his Uncle, Dr. J. Rupert Chute, of Elderbank, Musquodoboit, is still in active practice. A more delightful raconteur of his many experiences all over the world we will probably never again meet.

The death occurred in October, 1929, of Dr. P. Somers Smith, of Boston, a consulting Eye, Ear and Nose Specialist. He was a graduate of St. Francis Xavier College and of the Harvard Medical School in 1904. A surviving sister of the deceased is Mrs. (Dr.) H. A. Chisholm, of Halifax, and Mrs. Connolly, widow of the late Professor E. W. Connolly, of the Provincial Normal College.

The passing recently of Mrs. Farrell at her home on South Street, Halifax, at an advanced age marks almost the ending of one of the many old time residents of Halifax. The modern reporter very truly states that Mrs. Farrell was the centre of social life in Halifax that was most brilliant and picturesque. At this time, too, her husband was one of our most reputable physicians, Dr. Edward Farrell. It is noted that the operating room of the Halifax Infirmary is a memorial to Doctor Farrell.

Locals and Personals

A new isolation hospital is being considered by the people of New Glasgow.

A fair recently conducted in the interests of the Highland View Hospital, Amherst, netted nearly three thousand dollars for that institution.

Dr. E. Gordon Young, Professor of Biochemistry at Dalhousie University, has been made vice-president of the Nova Scotian Institute of Science, and Dr. D. J. MacKenzie, director of the laboratory of the Provincial Department of Health, has been elected to the council of the institute.

The Halifax branch of the Medical Society of Nova Scotia held its first scientific meeting of the season at the Dalhousie Clinic on the thirtieth of October. Dr. K. A. MacKenzie discussed briefly the question of State Medicine. Doctors Mack and Mader presented interesting cases from the Clinic, and several other members of the Clinic staff read interesting case reports.

Dr. John Stewart, of Halifax, has presented a collection of surgical instruments, valued at \$500.00 to the Colchester Memorial Hospital, Truro. The presentation is in the nature of a memorial to Dr. Stewart's old friend, the late Dr. W. H. Muir, of Truro, to whose memory the operating room of the hospital is dedicated.

As a consequence of being struck by a motor car driven by Dr. H. D. Land, of Sydney, a young lad suffered a compound fracture of a leg, and other injuries. The boy's father brought action against Dr. Land, and the Court awarded damages amounting to \$672.71. Dr. Land has appealed from this decision.

Dr. G. F. Amyot has been awarded a Fellowship to pursue his studies at the University of Toronto for the Degree of Doctor of Public Health. Dr. Amyot, it will be recalled, is the husband of Miss Catherine McDonald, daughter of Dr. Dan McDonald, of North Sydney, Nova Scotia.

The marriage took place recently in Warton of Dr. Robert Morse Doull, of Montreal, son of Dr. A. E. Doull, of Halifax, N. S., to Miss Gretchen H. Kastner of that Ontario town. Among the many guests at the wedding were Mrs. (Dr.) Doull, of Halifax and other prominent citizens of Ontario.

The College of Physicians of Philadelphia has acknowledged with thanks the reception of Volume 7, 1928, of the Nova Scotia Medical BULLETIN.

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The home of Dr. J. W. MacKay, High Street, New Glasgow, was the scene recently of a very charming reception when Mrs. (Dr.) H. F. MacKay received a very large number of friends. Many of the social circle in New Glasgow participated in the function.

Dr. Clarence Miller, of New Glasgow, spent a day or so in Halifax in October. The next time he comes down we will expect him to at least say 'Hello'.

A Canadian Press item from Toronto not long since does not, we are sure, apply to the medical profession in the Maritime Provinces. However, a Nova Scotia daily paper published the following under the heading "Medicos Given Commission to Direct Business."

"Toronto, Oct. 11.—When a local undertaking firm entered an appeal for reduced assessment in court here yesterday, an item, \$627.85, caught the eye of the Judge.

'What was this for?' he asked the bookkeeper of the firm.

'Commissions,' witness answered.

'For what?'

'Commissions paid to doctors and others for business sent to us.'

'Surely no reputable doctor would accept a commission in respect of business furnished an undertaker,' commented His Honor.

The witness answered that he did not think there was an undertaker who did not do this."

During the latter part of October, Dr. J. G. B. Lynch and Mrs. Lynch, of Sydney, enjoyed a motor trip through Nova Scotia and New Brunswick.

Dr. J. G. B. Lynch, of Sydney, heads his City's local curlers for the coming season. We hope Dr. D. A. will graduate from the Junior list to the Senior. This shouldn't be hard because we only noted Doctors Roy and Lynch on the Senior list of skips. The only way to get Dr. Lynch out of the Secretaryship of the Medical Society of Cape Breton was to elect him President. This year he has both of these organizations under his control. The betting is 10 to 1 that both will have successful years.

The Kentville Rotary Club recently were hosts to some 75 patients of the Sanatorium, who were taken for motor rides through the Gasperaux Valley. We further note that the Halifax Masonic Band also extended a two hours' entertainment to the patients of that institution.

It is, of course, quite unnecessary to say that Dr. and Mrs. F. E. Lawlor, of Dartmouth, spent their usual vacation this last autumn in Cape Breton. The only remark we have to make is that we have not heard the usual number of stories regarding the trout and salmon caught or the moose, etc., seen.

Dalhousie University

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Faculty of Medicine

Dalhousie University has the Maritime Provinces Medical School. It was organized in 1868.

It is rated as Class A by the Education Committee of the American Medical Association.

The Medical School is on the Registered List of the State Boards of New York and Pennsylvania and the holders of its degree are admitted to Final Examination.

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Admission to the purely Medical Course of five years requires a preliminary course of two years in specified classes in Arts and Science.

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VALUABLE ENTRANCE SCHOLARSHIPS: Nine of value \$300 to \$100, awarded on results of matriculation examinations, September 1930. Many more equally valuable scholarships and prizes awarded at end of each year of course.

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We are glad to note Clinton Havey recently won an Acadia University Scholarship of \$200.00, having eighty or more marks in six matriculation subjects. His parents, Dr. and Mrs. Havey, of Stewiacke, were both Acadia Graduates.

A recent issue of the A. M. A. Journal reports the acceptance of a **thirty-three year old** invitation for the British Medical Association to meet in Winnipeg in August, 1930. That, of course, is a little misleading. It also notes the recent appointment of Dr. H. A. MacKeen as Assistant Professor of Bacteriology to Dalhousie University.

Medical men associated with the C. A. M. C. will appreciate this note regarding the activities of some of their Texas confreres. "Col. E.M.R. . . . commanding officer of the base hospital, will speak on 'Phrenectomy' which deals with neck diseases, while Col. H. W. T. will speak on 'Thorocoplasty', a study of the throat."

It is **initiated** that, at the next meeting of the Maritime Stock Breeders' Association, a discussion will be introduced as to ways and means of inducing stock breeders to grow in their cattle bigger and better livers. No doubt the demand for, and the price of, liver in the market to-day has suggested the idea.

For Our Specialists. Do doubt many of our Specialists engaged in Eye, Ear, Nose and Throat work have been advised of the almost miraculous work of the Spanish Asuero Clinic. In case any have missed it, the following from the Tampa, Florida, *Daily Times* will be enlightening:

"The miracle man has returned to Tampa.

Dr. Santiago Paniello arrived Thursday from San Sebastian, Spain, where he has been studying at the Asuero Clinic and says that his miraculous cure of constitutional diseases, which he formerly regarded as experimental, is now an established fact.

Dr. Paniello's cure of functional diseases ranging from earache to partial paralysis and rheumatic inflammations caused great excitement several months ago in Tampa especially among the Latin people.

The treatment is made with a blunt needle heated by an electric current and inserted into the patient's nostril until contact with the trigemious nerve, situated at the apex of the nose. This nerve is the middle branch of the nervous system in the head and when contact is made between it and the electric needle the pupils of the patient's eyes dilate and tears begin to flow and the treatment is completed."

This is what the *Sydney Post* recently said about Dr. J. K. McLeod:—

"Dr. J. K. McLeod, City Health Officer, may be right in saying that the water from the taps is wholesome, but there is something very fishy about it."

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Dr. and Mrs. Chas. Donkin, of Bridgewater, were visitors recently in Halifax attending the Gyro Dance at the Lord Nelson Hotel.

Dr. and Mrs. L. J. Lovett, of Weymouth, have spent as usual their vacation week this year in the woods of Annapolis and Shelburne Counties. We have not heard that they succeeded in getting their usual moose.

Dr. Louise Gowanloch and Dr. Arthur Walker, of Halifax, were successful in passing the October examinations of the Medical Council of Canada. Dr. Gowanloch is the wife of Professor Gowanloch, of the department of biology, Dalhousie University, and is demonstrator in biology at Dalhousie. Dr. Walker, who is for the present located at Maracaibo, Venezuela, is a son of Dr. Smith L. Walker.

The Valley branch of the Medical Society of Nova Scotia met at the Nova Scotia Sanatorium, Kentville, on the twenty-first of October. The speakers were Dr. J. R. Goodall, of Montreal, Dr. Smith L. Walker, of Halifax, and Dr. H. R. Corbett, the radiologist of the Sanatorium. Thirty members of the Valley organization were in attendance. Dr. A. F. Miller, the superintendent of the Sanatorium, and his staff, entertained the company at a much enjoyed dinner.

On the evening of the 29th of October, a class of seven young ladies and four young men were awarded the diploma of the training school of the Nova Scotia Hospital. The graduation ceremonies were largely attended, and were followed by a very enjoyable dance. Hon. G. S. Harrington presided, and short addresses were given by him, by the mayors of Halifax and Dartmouth, and by a former superintendent of the hospital. The principal address, that to the graduates, was given by Dr. E. V. Hogan. All the speakers referred to the splendid progress being made at the hospital under the able superintendency of Dr. Lawlor.

To the great regret of all her associates at the Dalhousie Clinic, Miss Maude Hall has severed her connection with the Clinic. She goes to Ottawa to be associated with Miss Smellie in the administration of the Victorian Order of Nurses. Miss Hall will be greatly missed in Halifax, where she has been indefatigable in good work, and will take with her the blessing of many of our poor folk, and the best wishes and confident expectation of her many admiring friends for every success in her new sphere of activity.

At the annual meeting of the Cumberland County branch of the Medical Society of Nova Scotia, which was held at Amherst on the fourteenth of October, Dr. A. E. MacKintosh, of Amherst, was elected president in succession to Dr. M. J. Wardrope, of Springhill. Dr. Harold Simpson, of Springhill, was elected vice-president, and Dr. W. T. Purdy, of Amherst, was again chosen as secretary. The sessions were held at the new Highland View Hospital. The society was

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

addressed by Dr. J. R. Goodall, of Montreal, and Doctors S. R. Johnston and S. L. Walker, of Halifax. A very pleasant feature of the meeting was a dinner tendered by the Amherst profession.

The cornerstone of the new Westwood Hospital, at Wolfville, was laid with due ceremony on the twenty-second of October. The honour of pronouncing the stone well and duly laid, fell to Mr. W. H. Chase, one of the most generous contributors to the new enterprise. Tribute was paid to Dr. C. E. A. DeWitt, who has very acceptably carried on a private hospital in Wolfville for many years and who is withdrawing from this activity in favour of the new institution. Among the speakers was President Patterson, of Acadia University, who emphasized the value of a hospital to the community it serves. The new hospital is being built on a beautiful property which commands a fine view of far-famed Blomidon, the Basin of Minas and the valley of the Cornwallis river.

In the early months of 1927, a limited outbreak of typhoid fever occurred in the town of Stellarton, which was attributed to infection of the water supply. The husband of a woman who died of the disease brought action for damages against the town. The case was disposed of by the Supreme Court in October, judgment being given in favour of the town. It was not proved that the town had knowledge, prior to the illness of the plaintiff's wife, that the water supply was likely to be polluted or contaminated, or that there was negligence on the part of the defendant corporation.

Dr. W. H. Gavsie of Sydney, N. S., left the last of October for England and the continent for special work in Obstetrics and Paediatrics. He graduated from McGill in 1927 and spent a year's internship in the Saint John Public Hospital.

Dr. Allister Calder, Glace Bay, was recently in Halifax attending a meeting of the Provincial Medical Board.

For a very long time Dr. G. F. Amyot will have the distinction of having been Superintendent of the Northmost Hospital. As a matter of fact his medical practice extended even to the Pole. Further reference is made to his present sojourn at Harvard University because he is the son of our well known Dr. Amyot of Ottawa and the son-in-law of our very good Dr. Dan McDonald of North Sydney.

Apparently medical men cannot keep out of politics. We note that Dr. T. I. Byrne of Dartmouth has abandoned a life long adherence to one of our political parties. At the same time we note that Dr. G. H. Murphy of Halifax exceedingly well known to all readers of the BULLETIN has assumed an important place in the Cabinet of the present Government of this Province. While perhaps congratulations may be in order for both of these members of our profession, one thinks that possibly sympathy should be extended instead.

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It is generally agreed that the stimulative power of sunlight during the summer months is responsible for the comparative immunity of the general population to epidemic ailments during the early part of winter. After a "bad" summer the incidence of infectious disease rises sooner and maintains a high level until the Spring.

This in itself is a clear indication of the need for more sunlight in the lives of the people as a whole, but while the majority live and work behind ordinary glass windows which do not admit the essential ultra-violet rays, there can be little hope of any great improvement in the standard of public health.

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A young man just out of college sought the advice of a hard-boiled and successful business man. "Tell me, please, how I should go about getting a start in the great game of business."

"Sell your wrist watch and buy an alarm clock," was the laconic reply.

Dr. D. W. N. Zwicker of Chester was unfortunate enough not long since to receive a severe strain to his ankle which handicapped him for a few weeks in getting around to discharge his usual professional duties.

It is stated that Dr. R. H. Sutherland of Pictou has adopted the fad of prescribing moose meat for his patients. Fortunately the moose season is rather short.

A very interesting family reunion took place a month or so ago at Waterside, Pictou County. Those participating in addition to the parents Mr. and Mrs. Walter Sutherland, were Miss Mary S., B. A., Montreal; John W. Sutherland, M. Sc., Edmonton; Francis, R. N., Montreal; Alice A., Nurse in Training at the Victoria General Hospital, and our good friend Dr. I. R. Sutherland, of Annapolis Royal.

Dr. P. S. Cochrane of Wolfville made a recent short visit to his former field of practice in Inverness.

Miss Mary Egan, daughter of Dr. and Mrs. W. J. Egan, of Sydney, has resumed her studies at Mount Saint Vincent.

The college class-mate of the late Dr. Andrew Love and Dr. H. R. Ross of New Glasgow, in the person of Dr. J. P. Grant, Professor of Surgery in the Polyclinic Post Graduate School, New York, recently spent a short vacation in his native Canada. His former home was Linacy, Pictou County.

The BULLETIN notes that Dr. Margaret J. Whittier who graduated from Dalhousie in May 1929, has been appointed to the staff of the Maritime Home for Girls in Truro. Miss Whittier is a sister of Dr. Catherine Whittier who has been a Medical Missionary in India for several years. She is a niece of a former minister of Chalmers Presbyterian Church in Halifax, Rev. Dr. Scott Whittier. In company with her aunt, Miss Ida Whittier, she is residing at the home in Truro.

In the early fall, Dr. Benjamin Rand, Professor of Philosophy at Harvard, was a transient visitor in Halifax, after spending a vacation in Great Britain. We mention his visit primarily because he reports meeting our good old friend Dr. W. B. Moore formerly of Kentville. He also met in London Dr. Moore's son, Dr. Hugh Moore who is connected with the R. A. M. C. We were glad to learn that Dr. W. B. Moore and his son were enjoying good health even if the father is now minus of the beard that formerly adorned his face.

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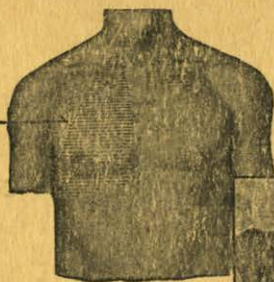
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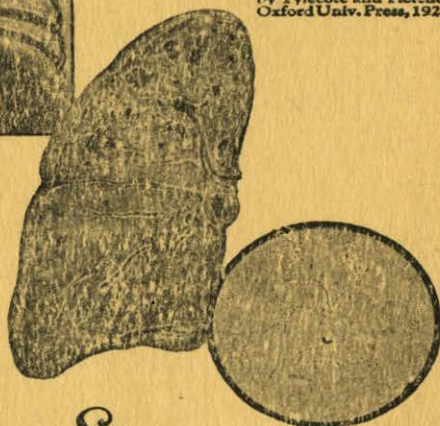


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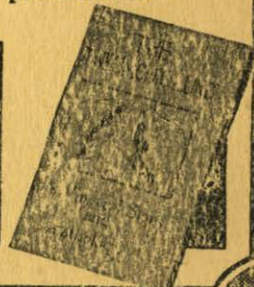
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