Surgery in Diabetics

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THE following is a summary of the address delivered by Dr. Bazin at the 77th Annual Meeting of the Medical Society of Nova Scotia at Digby, July 3rd, 1930. It was published in full in the August issue of the *Canadian Medical Association Journal* and is here reproduced omitting only some tables and diagrams.

"The discovery of insulin; the progressive biochemical studies of the diabetic and his reaction to dietary and other treatment, demand an altered attitude on the part of the clinician, especially the surgeon. The subject has many aspects and can be approached from many angles.

Firstly:—Diabetics, as a class, are not immune to those diseases demanding surgical intervention which are the common heritage of us all. An acute appendicitis may just as readily develop in a diabetic as in one who is not diabetic. Trauma may be suffered by the diabetic and this trauma may require anaesthesia, or operation, or both. To what extent does the diabetes influence the surgical treatment and the prognosis? May I boldly state, "Not at all." But just as emphatically it must be stated that in the absence of recognition of the diabetic state, and without positive control of the diabetes, the prognosis as to healing and recovery is almost invariably bad.

For generations our medical forbears had recognized the importance of routine urinalysis before attempting any surgical procedure. In the event of the discovery of glycosuria such procedure was either abandoned, postponed, modified, or undertaken with trepidation. It was recognized that following operation the diabetic state was frequently increased in severity, with acidosis, coma and death; that wounds suppurated, and infection ran riot; that healing was slow and tedious. All this is now changed. The routine urinalysis is just as imperative, the recognition of the diabetic state just as important, but with proper treatment of the diabetes the advantages of surgical intervention can be granted without hesitation and without delay.

In hospitals with a well equipped bio-chemical laboratory, the blood sugars of glycosurics are watched, the dosage of insulin regulated to the changing requirements of the patient, the carbohydrate content of the food intake modified according to the capabilities of the patient and the orders of the surgeon as to type of diet suitable. The surgeon proceeds about his task in the same manner and with the same results as in the non-diabetic patients.....

But what of the surgeon who has not the collaboration of a biochemist?

Let me first emphasize the fallacy of a mail order testing for blood sugar. Blood can be taken from a patient and mailed to a more or less distant laboratory for examination as to urea, creatinine, calcium and other constituents, with the expectation of obtaining a fairly true report. But not so with sugar. Various preservatives have been recommended and employed, viz., formalin, thymol, sodium fluoride. But in all instances these specimens have been proved to be unreliable after a lapse of twelve hours. Therefore, it behooves the small hospital or the surgeon without any hospital facilities either to install the apparatus required or to depend upon urinalysis alone. The equipment for the estimation of blood sugar is inexpensive, the technique is simple, the control is almost absolute.

On the other hand, the control by urinalysis alone is imperfect and oft-times inadequate. For it is not the sugar excreted in the urine but that which is retained in the circulating blood which indicates the extent of disturbed carbohydrate metabolism; and, again, the amount in the urine is not always an indication of the amount in the blood, as there are a number of conditions which are recognized as associated with a raised renal threshold for sugar. In such conditions there may be marked hyperglycaemia without glycosuria.

So much for a brief reference to those acute conditions in which operation is urgently demanded and general anaesthesia an undoubted advantage. In this connection I wish to stress what might be termed the "Acute diabetic abdomen." This is a well recognized condition. Let me cite an instance.

Case 1. A male, age 17, was admitted to hospital, March 17, 1929, at 6 p. m., complaining of abdominal pain and vomiting. In November, 1927, diabetes had been discovered, and he had followed treatment by diet and insulin with a fair degree of care, although with occasional breaking of diet restrictions. For three weeks preceding admission he had suffered from a "cold", with some cough and stuffiness. On the morning of the day of admission he awakened with headache, refused breakfast, but took 15 units of insulin. At 10 a. m. he vomited and shortly thereafter complained of abdominal pain which persisted. At 3 p. m. because of drowsiness hyperaemia, and flushed colour, his mother called the family physician who, recognizing the condition of precoma, administered insulin, gave orange juice freely, and referred the patient to hospital.

On admission, his temperature was subnormal, soon rising to normal; pulse 132: respirations, 26; leucocytes, 34,100 per c.mm. The urine contained albumin, a few granular casts, sugar, acetone and diacetic acid. Physical examination revealed some drowsiness, a sweetish breath, bright red colour to lips and mucous membranes, a tongue dry but not sandpaper-like, respirations deep but not typically Kussmaul, and eyeballs of normal elasticity. The abdomen moved with respiration, but there was muscular resistance upon palpation over the

right side and complaint of pain on pressure. The base of right lung showed impaired resonance with a few râles.

Active anti-diabetic treatment was instituted with prompt recovery from drowsiness. Until the afternoon of March 18th, vomiting recurred frequently and complaint of abdominal pain was constant. On the 18th the leucocytosis was 21,800; on the 19th, 11,800.

On this day a surgical opinion was sought, and because of the abdominal pain, vomiting— leucocytosis, and a diffuse tenderness and resistance in the epigastrum and over all the right side a laparatomy was undertaken. The exploration was negative; the abdomen was closed, and recovery was prompt and complete under treatment directed toward the diabetes and acidosis.

As a contrast to the above case let me relate another which also has some interesting lessons.

Case 2. A young woman age 24, the daughter of a doctor and taking an advanced course in chemistry to qualify for the degree of Doctor of Science, was diagnosed as diabetic in October, 1925, and placed under insulin and a regulated diet. In August, 1926, she had an attack of abdominal pain, vomiting, and fever, which was ascribed to neglect of treatment and promptly disappeared in four days with increased insulin and careful dieting.

In September, 1926, she was under Dr. Joslin for study and regulation and was discharged by him with instructions as to diet and to take insulin, 15-0-15 units daily. Since that date she has had *no recheck.*

In October, 1928, she frequently broke diet and discontinued altogether examination of her urine.

In August, 1929, she had an "abscessed tooth" with swelling of face, and a "groggy" feeling.

On October 18th, 1929, she had abdominal cramps associated with the onset of menstruation. During that night she experienced severe epigastric pain, but no vomiting.

The following day, convinced that she was repeating an abdominal attack similar to that of 1926 she took an extra dose of insulin. The pain shifted to the right lower quadrant, but was not so severe and was not accompanied by nausea or vomiting. During the forenoon of the 20th the pain persisted, she had some nausea, and sent for her physician, who called me in consultation.

On admission to hospital her temperature was 100°F, pulse, 132; respirations, 24; colour high; the tongue moist and furred, eyeballs of normal resistance. The abdomen moved freely with respiration, but in the right lower quadrant there was localized and marked tenderness with muscular resistance to palpation. The urine contained a faint trace of albumin and large amounts of sugar acetone and diacetic acid. Leucocytosis was 24,000 per c.mm.

The abdomen was opened and an acute suppurative gangrenous appendix removed. Recovery and healing were uninterrupted, even escaping infection of a two-inch layer of superficial fat.

Now there is great similarity between these two patients as to age, duration and severity of the diabetes, and the signs and symptoms which presented upon admission to hospital. On the other hand there is no similarity in the pathological condition in the abdomen. How can a differential diagnosis be made? Only by a refinement of the analysis of symptoms and the sequence of onset. With an acute abdominal lesion there may or may not be fever. There is pain, vomiting and leucocytosis, and the *pain precedes the vomiting.*

In the diabetic pseudo-acute abdomen there may be fever, there is *usually a high leucocytosis* and pain and vomiting, but *the vomiting precedes the onset of pain.* Moreover, there is an indefinite diffuseness in the signs elicited upon abdominal examination. The general disturbance is altogether disproportionate to the abdominal findings.

But there is no rule without its exceptions, and it is safer to operate upon the abdomen in a diabetic and find nothing than to withhold operation from an acute abdominal lesion just because it happens to attack a diabetic.

Secondly:—Leaving the realm of acute disease we will consider the influence of diabetes upon healing in general and the defence of the tissues against infection.

It is established beyond a doubt that an excess of sugar in the blood indicates a disturbing metabolism which retards healing and greatly diminishes the resistance of the tissues to superimposed infection. And these morbid influences are noted in the absence of glycosuria, with very little rise in the blood sugar, and in the presence of an active capillary circulation.

The retardation of healing may be illustrated by the following case:—

Case 3. A female, age 47, admitted on October 14th, 1924, with an indolent ulcer on the dorsum of the right foot. In August she had suffered a slight abrasion of that area which became infected. The involved area rapidly spread and, in spite of active treatment, the skin sloughed over an area of 5 by 4 inches. After an interval a Thiersch graft was transferred from the thigh, but with no result except that she then had two ulcers instead of one, the thigh wound also failing to heal.

On admission, the ulcers presented an indolent appearance with pale flabby granulations and excessive discharge. The patient was somewhat obese, but otherwise the physical examination was negative in every particular. Repeated urinalysis failed to show any abnormality. The Wassermann test was negative, I taxed my ingenuity to stimulate healing, ringing the changes with various forms of dressings and applications and different modes of physiotherapy. The ulcer would heal amost completely when suddenly the new epithelium would melt away leaving the area of granulation about the same size as when first seen.

Finally, on January 13, two months after admission, a fasting blood sugar, showed 0.161 per cent.—a hyperglycaemia but below the normal urinary threshold. With regulation of the diet this promptly dropped to normal (0.08 per cent.); the ulcers healed, and the patient was discharged on February 2nd, only twenty days after discovery and correction of the real cause of the delayed healing.

I have never forgotten that lesson. Moreover, I am not content with the estimation of the fasting blood sugar, I demand the more delicate test of the blood sugar time curve.....

And it is truly surprising what a large number of patients are discovered whose faulty healing, or development of a low grade skin infection, is dependent upon a disturbed carbohydrate metabolism. In most instances there is an associated obesity, but not always. And from my experience with this type of case I have an impression, not capable of proof, that small doses of insulin (5 units every 12, or every 6 hours) exert an influence upon the indolent wound which is independent altogether of its effect upon the sugar content of the blood.

The lowered resistance to infection, even in areas with active capillary circulation, is illustrated by the common carbuncle of the neck. No case of carbuncle is adequately assessed for complete treatment unless blood sugar is estimated.

Thirdly:—By almost insensible gradation we pass to a consideration of diabetic gangrene of the foot.

Diabetic gangrene of the foot is of two definite clinical varieties, with entirely different etiological factors, and demanding entirely different rules for treatment.

Class 1. The active etiological factor here is *infection*. Physical examination demonstrates a normal arterial and capillary circulation. Pulsation in the dorsalis pedis and internal plantar arteries is palpable; it may be strong and vigorous. Because of the hyperglycaemia the tissue of resistance is so impaired that the infection progresses unhindered and gross death of tissue (gangrene) results.

This type of diabetic gangrene is exactly similar in its etiology to gas gangrene; there is an overwhelming of the tissue by an infection against which the defence is quite inadequate. In point of fact it is my experience with this type of case that saprophytic and putrefactive organisms, at times gas-forming, are a common mixed infection. And this is to be expected, as these cases occur among those who are careless of cleanliness, whose social status subjects them to dirty feet, dirty boots, dirty socks, and the calluses and injuries of the feet incidental to such conditions.

Treatment is (a) that of the diabetes, and (b) that of the infection. The diabetes is more difficult to control in the presence of an active toxic infection; a greater dosage of insulin is required.

The infection may demand the most active measures, viz. multiple incisions for drainage of tracking abscesses, Carrel-Dakin irrigations, or even sacrifice of the limb to save life. But, ordinarily, with the control of the diabetic state, the infection can also be brought under control. And here one should wait for healing, or at least for the line of demarcation; and amputation will be local—and conservative.

Class 2. The etiological factor here is *circulatory* (capillary blocking). Leaving aside histological differences in the vessel walls, this type may be clinically termed "senile gangrene in the diabetic." In point of fact sixty per cent. of all cases of diabetes develop after the age of 40 years.

Diabetes predisposes to an early arteriosclerosis of the intimal type, and if a collateral circulation has not been established prior to the blocking of the main vessel, there will surely be gangrene, in all respects similar to senile gangrene and subject to the same accidents of infection and conversion into "moist gangrene." But in most instances infection is not the serious factor. The death of tissue is due entirely, or almost entirely, to obliteration of the capillary circulation.

Here again, insulin, and the teachings of Buerger, play an important role. No longer should the dictum hold that a diabetic gangrene of this type requires amputation, early and above the knee. True, a local amputation is rarely successful. Waiting for the line of demarcation is a thankless job, for in almost all of these cases the line of demarcation "creeps." But the site of amputation should be chosen for each individual case.

In every instance the distal arteries will give no pulsation, to the palpating finger, but the foot may be warm, well nourished, and show no great difference in blanching or rubor, upon elevating or depending, respectively. With strong pulsation in the popliteal artery such a case may lend itself to amputation below the knee.

On the other hand, with a cold foot, with marked change of colour on posture, the atrophy of the skin, and subcutaneous tissue, with absence of pulsation in the popliteal artery, and perhaps enfeebled impulse in the common femoral, gangrene of even one toe calls for amputation at the mid-thigh. I do not forget that E. H. Mason of Montreal strongly advises against amputation, and presents patients with spontaneous separation of a gangrenous part with healing of the stump. He persists in postural and other treatment for many months, even a year. But I submit that the choice is frequently an economic one, one year in hospital and a vulnerable foot versus three months' disability, a useful stump and artificial limb. Many patients will be compelled to choose the latter alternative.

Fourthly:—Another surgical problem presented by the diabetic is that which deals with the etiology of the diabetes itself. Does surgery offer any solution? Can properly planned surgical procedure

prevent the development of diabetes or prevent a mild or latent diabetes from becoming worse?

We know that acute pancreatitis is frequently followed by diabetes. During 1929 seven patients were admitted with diabetes who had previously been operated upon for acute pancreatitis. We also know that acute pancreatitis is almost invariably associated with, and probably preceded by, infection of the biliary tract. We also know that from acute pancreatitis we can descend the scale through chronic pancreatitis, associated with biliary infection, and cured by proper treatment of the latter, to disturbance of pancreatic function, also associated with biliary infection and restored to normal after adequate treatment of the biliary infection. In the Montreal General Hospital we make careful search in all cases of suspected biliary infection for any pancreatic dysfunction. We use the most delicate test, viz., the blood sugar time curve. It is my firm belief that such cases require not only removal of the gall bladder, but routine drainage of the common duct.

To support this thesis I submit the accompanying chart (omitted) which shows a comparison of the blood sugar time curve before and after operation for biliary infection. Both patients showed diminished tolerance before operation. Both had the gall bladder removed, but Case 1 had a common duct drainage in addition. During convalescence the blood sugar time curve was again estimated. Note the difference. The patient with common duct drainage has now a perfectly normal sugar metabolism. In the other patient (who had a cholecystectomy alone) there has been no improvement. To further substantiate this theory we are at the present time collecting data showing the variations of blood cholesterol in patients with biliary infection presenting pancreatic function.

In the small series already studied it would appear that the cases submitted to cholecystectomy with drainage of the common duct, have a rapid, complete and permanent fall of blood cholesterol to normal level. In those submitted to cholecystectomy, without drainage of the common duct, the blood cholesterol falls but not to normal and in the succeeding months gradually rises. Are these latter destined to be true diabetics? It is admitted that a rise in blood cholesterol is an indication of obstructed biliary drainage or, in the absence of obstruction to biliary outflow, is an index of the progress of the diabetes.

In thus glancing over the field of my subject I have dealt in a cavalier manner with those surgical conditions so well recognized as commonly occurring in the diabetic, viz., carbuncle and gangrene. I have chosen rather to lead you into the less frequented paths and to show you the intricacies of the subject in order to open up a study which I am sure will be profitable to all and to many will be fascinating. I have drawn largely upon my own experiences, but these are inextricably associated with the knowledge derived from constant conference with my colleague Dr. Rabinovitch, to whom I gratefully acknowledge indebtedness, and I further desire to acknowledge inspiration and guidance from the work of McKittrick and Root of the Joslin Clinic.

Psychiatry and Crime

THE BULLETIN has always endeavored to be a link between the Medical Practitioners in Nova Scotia, other professions and the general public. Repeatedly attention has been directed to the operations of voluntary or governmental agencies in matters of what is broadly described as concerning public welfare. In doing this we have quoted freely from our Exchanges as well as other medical publications. We have in Nova Scotia a very definite agency from which much may be expected by suitable co-operation. The following Editorial from the last number of the A. M. A. Journal received at this time of writing may thus be considered as quite apropos for further publicity in the BULLETIN.

"A crime as distinguished from an accident, is an act that contravenes the law, committed with intent. The law assumes that a man intends the consequences of his acts unless evidence is introduced to show the contrary. Since intent is a state of mind, it follows that study of the mental condition of a defendant in a criminal trial is always pertinent. If the mind of the offender is afflicted by disease so as to distort his feelings or his ability to reason about the facts and circumstances surrounding the act, there can be no crime because the person is not free to form an intent. This attitude is logical and it follows that physicians must be concerned with those who commit crime. Unfortunately, it has been found impossible to formulate a satisfactory definition of what constitutes mental disease or what the law calls "insanity". In the majority of cases that are diagnosed as mental disease for purposes of commitment, cases in which no crime is alleged, there are no demonstrable pathognomonic morbid anatomic changes. Present knowledge suggests that the mental disease under these circumstances consists of faulty habits of behavior due to inherited defects of bodily constitution, to faulty training or to both. The behavior shown by persons who follow a career of crime is founded also on defects of bodily constitution, faulty training or both and may equally be labeled mental disease. This conclusion is permissible even when the criminal has shown no evidence of mental disease other than his criminal behavior. Hence, it is not surprising that differences of opinion arise concerning the 'sanity or insanity' of defendants, differences which, startling and confusing as they seem, concern not the honesty of the expert witness but his point of view and terminology. Furthermore, it seems likely that the differences will not be overcome by any method of 'impartial selection' of alienists to make the examinations and testify in court.

"During the past three years, committees representing the Section of Criminal Law and Criminology of the American Bar Associa-

tion and the American Psychiatric Association and, for the past year, the American Medical Association have met to discuss these problems at the request of the Bar Association. Realizing that a satisfactory definition of 'insanity' is at present impossible, the committees concluded that it matters not at all for the protection of society whether the man who commits an antisocial act is sane or insane. The only point at which this question enters is when the treatment to be applied, the sentence, is being considered after it has been determined that he did commit the act charged. Whether sane or insane, the man must be prevented from doing further harm and this result can be secured whether he is treated in a hospital or in a penal institution. This conclusion was concurred in by all members of the committees.

"As a result of the recommendations of the committees, resolutions were adopted first by the Section of Criminal Law and Criminology and then by the American Bar Association as a whole at the annual meeting in October, 1929. The resolution advised the universal adoption by all criminal courts and penal and correctional institutions of some machinery for the psychiatric study of persons charged with or convicted of a felony before sentence is passed and before parole or release is granted. It was recommended, further, that discussion of this resolution be made a part of the programme of work of every state and local bar association. At a subsequent meeting of the committees, steps have been taken to assist in these discussions. Identical resolutions were adopted by the House of Delegates of the American Medical Association at the Detroit session in June. The Board of Trustees was requested, too, to bring about co-operation between the state and county medical associations and corresponding bar associations in procuring the adoption in practice of the principles embodied in the resolutions. When such co-operation is made effective, a long step will be accomplished toward the promotion of criminal justice."

The Adaptability of Dextri-Maltose to the Successful Feeding of Infants.

For almost thirty years physicians have associated Dextri-Maltose with cow's milk and water formulae as being "the second thought" after breast milk, "the first thought."

Fresh cow's milk, however, is not the only artificial milk with which Dextri-Maltose may be successfully used. It is equally valuable for the modification of evaporated milk, dry and powered milks, lactic acid milk and protein milk.

When the supply of fresh cow's milk is unsafe or scarce, and the physician finds it necessary to substitute evaporated milk, he will find "Dextri-Maltose with Vitamin B" particularly valuable because it compensates for the loss of vitamin B-1 during the process of evaporating milk.

The Obligation of the Physician to the Public

DR. William G. Morgan of Washington is thus reported in the July 12th, 1930 issue of the A. M. A. Journal in a paper presented to the Missouri State Medical Association at its meeting in May, 1930:

"It is stated that, as the result of an insufficient number of physicians inequitable distribution and high fees, many people are deprived of proper medical service. To offset the tendency for physicians to leave or evade rural communities is the improvement in means of communication, making ready access to physician and hospital even from sparsely settled districts, at slight increase in fees. Although the establishment of rural hospitals and clinics is yet in its infancy, this is showing gradual improvement and makes these facilities available to the majority of rural communities, except in isolated regions. Basically the perpetuation and protection of this program rests with the medical profession, but financially the extension of this service rests on the individual communities. The criticism is made that physicians do not advertise; that the public has no means of selecting competent and worthy medical service. There are few individuals who do not have access to a telephone directory, and any one desiring medical service has merely to call the secretaries of the local medical schools and hospitals to obtain information regarding a physician or surgeon. A just criticism is that there is lack of organization of the medical profession. We can relieve the public mind of these unsound views by frankly discussing articles and statements of the press relative to health problems and to raise our organization above the level of mere routine. The medical man is criticised for keeping his skill a closely guarded secret. Do not the advancement of preventive medicine, with the resultant marked reduction of the communicable diseases, and the improvement of living conditions everywhere, show the fallacy of this argument? While the profession is responsible for carrying the campaign of preventive medicine to the public, the layman must bear his just share of the responsibility for protecting himself from preventable disaster. What is the quality of medical service the public is receiving? Correct diagnosis is necessary before effective treatment can be instituted, and this demands methods other than bedside observation and examination. Thus, a happy medium must be found which places not too much reliance on laboratory methods but also does not entirely disregard these. Careful study and skilful and appropriate service are being insisted on by the public, and as the

basis of effective treatment rests on a correct diagnosis it seems reasonable to assume that the initial study, though perhaps slightly higher than in times past, may form the major part of the cost of the cure of disease in many cases. In support of specialization, present-day efficiency requires such a thorough knowledge of detail in all lines of endeavor that it is impossible for any one person to be sufficiently versed in all phases of any one line. Specialization primarily has been responsible for medical progress in the past fifty years. Without the untiring devotion to their chosen fields of such men as Pasteur, Koch and Einhorn, the progress of medicine would have been impossible. This does not prevent the training of men for the 'specialty' of family physician, thoroughly equipped, highly scientific, and yet clinically sound. This, however, would call for a course of training infinitely more exhaustive and rigorous than is called for in the preparation of any of the present-day specialties. The cost of medical care is being considered by various organizations. This vast survey can be aided materially if leading medical men in each community make independent studies. This will better enable the appointed committee to evaluate properly the needs in each individual community."

HEADS UP.

The following prayer poem appears in a letter from a former Nova Scotian, now resident in Pasadena and unable to make his expected summer trip to his former home. The BULLETIN only gives it a suggestive title.

Lord help me
To keep a tranquil mind through
Days of weary pain.
To have a word of cheer for weary souls
Who daily cross my path; to look ahead
With courage and with faith; to bury deep
The sorrows and failures of the past;
To see my dear ones carrying loads
That should be mine and not increase them
By useless fretting,
To harbor no resentment when the prize
I coveted so much has been bestowed
On some one else,
To stand aside and watch the world go by;
Oh, God! if this be my task—
Then may I find,
In doing it with gladness—my reward.

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Golf and Life

THE BULLETIN and the General Secretary have said a good deal about golf and medical golfers, even intimating that the latter might well be classed as *addicts*. Now, having no knowledge of the game, the writer claims to be fully qualified to make some remarks about this almost universal prescription for the tired body and mind of the terribly overworked medical practitioner. It is extremely difficult for a participant to describe the sport in an unprejudiced manner, and it is even difficult for an observer to imbibe enough enthusiasm to give a truthful description,—the best he can do is to record his impressions.

In the first place an observer is puzzled to understand the generally recognized tendency of the game to promote mendacity of a most glaring character in persons formerly of unimpeachable veracity. This is expected in addicts of the drug, liquor, bridge, poker or gossip habits, a certain amount of moral obliquity is the usual accompaniment of these indulgences. But why a reasonably sane physical exercise, that should be better than those methods exploited in Physical Culture and similar journals, taken in God's open air purified by sun and fog and rain, has such disastrous moral effects is a difficult problem to solve. It still awaits solution.

One minor moral delinquency is very easy for the observer to understand, for it happens occasionally to every one and evokes expressions varying from mild surprise or annoyance to lurid vituperative billingsgate. But when the little white pill, after a shoulder dislocating swing of the club, continues to rest quietly before the

would-be hole-in-one player and only dirt hurtles through the pure circumauibient air, one can readily imagine that exclamations are apt to be lurid. Then, when this is repeated some 18 times in every game, it is easily understood why these players become so proficient in this particular use of the English language, which was invented to express thoughts and not to conceal them.

But speaking seriously, some one, who evidently is a golfer by his own story, has perhaps made a good stab at the reason for the fascination of Golf. So we have headed this litt lecomment, as you notice,— "Golf and Life", and venture to quote some comments by this golfing writer:—

"I believe half the fascination of golf is its similarity to life in general. There is a noble hypocrisy abroad among men. We must meet our friends with a smile. It would be an abominable world if we carried all our disappointments upon our countenances. We must congratulate those who are elated with success and we must never give them a hint of what we suffer through our own failure. Our pain is not because another has succeeded, nor even that he has won, but because we have failed to accomplish that on which we have spent so much time and effort. I once lost a game when I represented my club in an important match. I lost it to a man who ordinarily was not my equal. We were the last pair to come in and the game was a tie pending our score. My captain had already accepted the match as won, when my defeat gave the decision to the other club. Never knowing how deeply he stung me, he said, "Ed, I am disappointed, I had counted on you to win." Like life again; men fail and we pass them by, but we never know how hard they have tried to win. We play our bands to the victors and we forget that battles are lost in the same spirit as that in which they are won. I venture to hope that on life's final score-card, there will be a space for recording aspirations as well as achievements. FORE!"

S. L. W.

POST-GRADUATE LECTURES.

These Lectures are being appreciated more each year and the proposed October series this year will doubtless call for a large attendance. In the matter of speakers and their subjects the Branches are fortunate in having topics of current importance presented by the present team by those who speak with authority. In Nova Scotia at the present time every member of the profession is interested in health matters, and will particularly welcome information regarding County Health Units, which we may expect in Nova Scotia in the near future.

The tour this year will be from October 20th to October 29th, 1930; speakers, places, dates and subjects being as follows:—

Prof. R. St.J. MacDonald, Assistant Professor of Hygiene, McGill University; *Subjects,* (a) Recent Advances in Preventive Medicine. (b) The County Health Unit. To address all meetings.

Dr. R. E. Powell, F.R.C.S., Lecturer in Urology, McGill University; Subjects, (a) Trauma of the Genito-Urinary Tract. (b) The Venereal Problem. To address all meetings.

Dr. Daniel Murray, President Medical Society of Nova Scotia; *Subject,* Post-Graduate Medical Education. To address meetings at Amherst, New Glasgow and Truro.

Dr. H. B. Atlee, Professor of Obstetrics and Gynaecology, Dalhousie University; *Subjects,* (a) The Handling of a Case of Difficult Labor. (b) Puerperal Infections and their Treatment. Dr. Atlee will address the meetings at Yarmouth and Wolfville.

Dr. Gerald Burns, Demonstrator in Clinical Medicine, Dalhousie University; *Subject,* (To be Announced).
Dr. Burns will address the meeting at Bridgewater.

These meetings will be held as follows:—

Amherst, N. S.—Monday, October 20th, 1930. Afternoon and evening.

New Glasgow—Tuesday, Oct. 21st, 1930. Afternoon and evening.

Sydney—Wednesday, Oct. 22nd, 1930. Afternoon meeting.

Bridgewater—Friday, Oct. 24th, 1930. Meeting afternoon and evening.

Yarmouth. Monday, October 27th, 1930. Meeting afternoon.

Wolfville—Tuesday, October 28th, 1930. Meeting afternoon and evening.

Truro—Wednesday, Oct. 29th, 1930. Meeting in evening.

Notes and Comments

SCARLET FEVER vs. SCARLATINA.

NEARLY all newspapers in Nova Scotia very readily give publicity to warnings of Health Officers regarding means to be adopted to prevent the spread of communicable diseases. We believe that a Health Officer can obtain a great amount of publicity for his work without any unethical publicity for himself. We noted in a City daily paper the Health Officer sounds a note of warning as to the reporting of cases of Scarlatina. In this he is reported as saying: "During the past year scarlatina of a mild type was prevalent in——, as well as Nova Scotia, but, being of such a mild type very few deaths occurred." The whole item calls for some comment. What does the public understand as to Scarlet Fever and Scarlatina?

It is the general impression in Nova Scotia that severe cases are Scarlet Fever and the mild ones are Scarlatina, which is not the case,

all cases constitute but one disease, either one or the other, according to the nomenclature. United States Medical dictionaries describe Scarlatina and English Clinicians describe Scarlet Fever. Let us in Nova Scotia, having in mind this delusion on the part of most people, drop the term Scarlatina entirely, speaking or writing only of Scarlet Fever.

RURAL HEALTH UNITS.

There is a very definite sentiment gradually developing even in Nova Scotia that some better system of Health Service must speedily be developed chiefly in the interests of rural districts. Already in some particulars this is in operation in other provinces in Canada. It is incumbent upon the Department of Public Health, the Medical Associations and others interested, to acquaint themselves with the situation here and elsewhere. That physicians may appreciate the layman's attitude on this subject the BULLETIN quotes from *Saturday Night* an account of the Health Unit demonstration in Quebec. The Editorial says:—

"The visit of their Excellencies, Lord and Lady Willingdon, to Beauceville, Quebec, recently for the purpose of inspecting the Beauce County Health Unit serves to call to public attention an important movement inaugurated in that province which may well become Dominion-wide. The Beauce County Health Unit, established three years ago, was the first of a series of units set up with the idea of providing full-time health service in rural areas analogous to that provided in large municipalities. Heretofore it has been a notorious fact that generally speaking in rural Canada part-time health service has been deemed sufficient with the result that while in the larger cities such diseases as typhoid fever and diphtheria have been adequately dealt with and infant mortality rates have fallen rapidly, in the vast majority of rural areas such problems have been neglected.

"Quebec now has nineteen rural health units serving twenty-three counties, staffed by full-time trained medical officers of health, public health nurses, and sanitary inspectors. Such trained officials look after the general sanitation and hygiene of these counties, medical inspection of the schools is carried on, prenatal clinics, welfare and tuberculosis clinics established and wholesale immunization of children against smallpox and diphtheria affected. In addition the possibility of general education of the rural public in health matters has been demonstrated in a remarkable way. The population of Beauce County for example, is 48,000. It is stated in the latest report of the Provincial Bureau of Health that the attendance at lectures on health throughout the year was thirty thousand.

"The financing of these units has provided a problem which in Quebec has been solved by joint contributions from the provincial government, the municipalities concerned, and in the early stages by

the Rockefeller foundation. The problem has been met in the same way in one or two of the western provinces in which a few similar units have been established. Last March the possibility of Dominion participation was brought up in the House of Commons by Henry E. Spencer, M.P. of Battle River, Alberta, who pointed out that health was a national question, that the Dominion should do its part in helping to cut down unnecessarily high sickness and mortality rates and that a substantial contribution towards this well-thought out scheme for promoting rural health would be good business, probably resulting in the spread of the plan to all rural Canada. Unnecessary sickness and death are a most serious matter in any country and the promotion of health should be considered to be the duty of all governments."

QUACK ADVERTISING

One feature of quack advertising should be given some attention by the medical profession. There is nothing catches the eye of the reader any quicker than a testimonial from some one of a certain address and occupation, evidently some one of good standing. The desperate former state and the present cured or vastly improved condition and the usual symptoms described, common to so many phases of physical disorders, so appeal to the credulous reader that he easily falls a victim. It is within the realm of possibility that some of these testimonials were honestly given by the hopeful dupe or neurasthenic. In many cases it is difficult to understand how there can be even a tittle of truth in them, as the following will show:

All over Nova Scotia has been freely advertised an 18 per cent alcoholic nostrum, according to the A. M. A. Investigating Bureau, being put on the market by the same man who made Tanlac, a similar preparation, famous largely by testimonial advertising. Now the Rochester (N. Y.) *Democrat and Chronicle* is apparently a reputable paper, and in its issue of June 20, 1930, it publishes an obituary of an employee of the N. Y. Central Railway, 45 years in the service, who died after several months of ill health, aged 62 years. The strange feature of the incident is that, in the June 25th, 1930 issue of the same paper, with equally prominent headlines, appears a testimonial with photo of this same man, telling of his wonderful new health and of regaining 18 pounds of lost weight.

Of course, this incident is very easy of translation and explanation, but nothing can be said but that the testimonial was a falsehood, unintentional possibly. Moreover this one incident throws discredit on all similar advertising testimonials. In all sincerity we suggest that users of such noctrums purchase Government Control Ale and Beer as a desirable substitute for these most undesirable preparations.

But there is a further point from which this subject may be considered. It is emphasized by a recent article in Toronto *Saturday*

Night where a former Health Commissioner of Chicago is thus reported:

"It is clear that people of moderate incomes cannot pay the present costs of medical care. But neither can they simply bear their diseases until they die. If the best treatment is too expensive, they will seek out some relief within their means. Thus people are driven, by hundreds of thousands, to try the nostrums of quacks whose lurid advertisements beckon them with golden promises of regained health at low cost. The success of the dealer in patent medicines partly lies in the terror the ordinary citizen feels at the prospect of a large bill from the physician and the hospital. It is a serious situation and is one of the formidable features of modern civilization."

Surely the medical profession will give this matter careful consideration. How can we remedy this situation? How can we so direct the search for the best solution of the problem which, to the great majority of private and hospital patients, is one of vital importance?

Rural Communities Without Physicians.—The State Health Commissioner, Dr. Clarence F. Kendall, reported, Dec. 9, 1929, in the *United States Daily*, that 226 of the smaller towns in Maine have no resident physicians. Maine, with a population of about 790,000, has an average of one physician to every 916 citizens. Of the 873 physicians in private practice in Maine, only 319 of them are under 50 years of age. Since Bowdoin Medical College was discontinued in 1923, there has been no medical school; when young men go elsewhere to study medicine, they usually do not return on graduation. The nine largest cities and towns of the state do not appear to be in need of more physicians but Dr. Kendall says there is an urgent need of young medical graduates who are willing to enter on rural practice. Several towns and plantations are appropriating funds and offering bonuses ranging from $500 to $3,500 to induce physicians to settle among them.

MEDICAL INSURANCE.

In the April issue of the BULLETIN the attention of our readers was directed to a form of insurance of special interest to medical men,—that of loss of medical or surgical equipment by fire, theft, transportation, water damage and other perils in office, hospitals, automobiles or other conveyances and in patient's apartment or dwelling.

This has been of such benefit to some physicians that Douglas, Rogers, Limited of Amherst, N. S., have joined the select list of BULLETIN advertisers and you are invited to correspond with them. Once in a while hospitals or homes burn, automobiles are stolen while you wait, so this insurance may be considerable to physicians when disaster occurs.

The Dalhousie Refresher Course

THE BULLETIN is dependant upon outside help in getting material for a report of this very important annual gathering of the medical men of Nova Scotia. These notes this year were accompanied by such a mass of suggestions and comments that it has been deemed wiser to divide the report into two distinct parts. The present report will be but brief comments of the facts of the various clinics and lectures without any detail of the nature of the many problems considered by the several clinicians and lecturers. In a subsequent communication, the reporter will comment somewhat fully upon the course itself.

It is a matter of congratulation to note that the almost pioneer work of the medical staff of Dalhousie has met with such marked success since it was first planned some ten years ago. Other Universities have since then followed suit.

Undoubtedly, the clinics and lectures of Doctors Hepburn and Cosbie contributed largely to the success of the recent course, but the clinics held by local medical men were of a very high order and were much appreciated by those in attendance. The following notes are herewith presented:—

Monday, September 8th, 9 a. m., a Gynaecological Clinic was held in the Victoria General Hospital by Doctors Atlee and Colwell. Bedside Clinics were held on several interesting cases including an Acute Salpingitis, Cystic Ovary and Chronic Endometritis. About twenty-five doctors were present.

At 11 o'clock, a Clinic was held at the Children's Hospital where Doctors Weatherbe and Curry gave a very interesting Clinic on Appendicitis in Children. About twenty-five doctors were present.

The afternoon session met at the Victoria General Hospital where a Clinic was held by Doctor Mathers in which he showed a series of cases dealing with Common Affections of the Eye, Ear, Nose and Throat. Dr. Cunningham demonstrated the use of the bronchoscope. A very great deal of interest was taken in this last demonstration, as many of the doctors present had not seen the bronchoscope in use.

At 3.30 p. m., Dr. Mack gave an Urogical Clinic at the Victoria General Hospital. Dr. Mack showed several cases including a prostate, a pyaemia and later demonstrated the use of the Cystoscope.

Tuesday, September 9th, 9 a. m., a Clinic was held at the Victoria General Hospital by Doctors Hogan and Gosse. Dr. Gosse demonstrated the direct method of blood transfusion. Dr. Gosse

has had considerable experience along this line and the demonstration was well received.

Dr. Hogan demonstrated Gallies' Living Suture operation for recurrent Hernia.

At 11 a. m., a Medical Clinic was held by Doctors Carney and Burns. They demonstrated several cases of Diseases of the Nervous System. The later part of their hour was taken up by a series of questions and answers.

At 2.30 p. m., Dr. Colwell gave a lecture on Irridation in Gynaecology which was very well attended. The afternoon session closed with a Clinic at the Tuberculosis Hospital given by Dr. Sieniewicz. Several interesting cases were shown including cases which had received artificial pneumothorax.

Wednesday, September 10th, 9 a. m., Dr. H. K. McDonald and Dr. V. O. Mader, gave a Clinic on Cancer of the Gastro-Intestinal Tract. Dr. Mader gave an outline of the diagnosis and treatment of these conditions and Dr. McDonald gave an actual demonstration of the conservative operation for Carcinoma of the Stomach. Pathological specimens of gastric carcinoma which had been removed at operation were demonstrated.

The next Clinic was held at the Grace Maternity Hospital, where Dr. P. A. McDonald showed a motion picture of the latest methods of conducting an Obstretical case. Doctors Atlee and Colwell showed several cases which demonstrated to those present some of the more serious complications arising from apparently normal deliveries. Dr. Atlee laid great stress on the importance of searching for cervical and perineal tears in every case.

At 12 o'clock Dr. Ralph P. Smith gave a short lecture on blood grouping and blood matching prior to transfusion. Specimens of a patient's blood matched with a compatible and an incompatible donor were shown.

The afternoon session at 2.30 p. m. was opened by Dr. Corston with a lecture on Pernicious Anaemia, in which he outlined the diagnosis and the treatment now being used in this condition. He gave an outline of the results that had been attained in the Victoria General Hospital with this modern treatment and gave several interesting case reports. Dr. Kenneth McKenzie gave a very interesting lecture on Enlargements of the Spleen. He gave a very clear picture of a differential diagnosis and especially stressed the importance of splenic enlargement in the diagnosis of the various anaemias.

The afternoon session closed with a demonstration by Dr. Johnston on X-Ray and Radium treatment in Cancer.

Thursday, September 11th, 9 a. m., Doctors MacDougall and Curry gave a Surgical Clinic at the Victoria General Hospital.

At 11 o'clock Dr. Cosbie gave a Gynaecological Clinic in which he demonstrated cases of Pelvic Cellulitis, Retroversion of the Uterus and Salpingitis.

At 3.30 p. m. Dr. J. Hepburn gave a lecture on Coronory Thrombosis. A very large attendance was present including many of the Senior medical students.

At 4.30 p. m., Dr. Cosbie gave a lecture on Obstetrical Injuries. Dr. Cosbie dealt with the mechanism of these injuries, methods of prevention and treatment. This lecture was also very well attended.

Friday, September 12th. A Surgical Clinic was held by Doctors Murphy and Kinley at 9 a. m. Dr. Murphy demonstrated a large number of cases including a case of Hysteria, a Compound Fracture and a Carcinoma of the Gastro Intestinal Tract. Dr. Kinley, demonstrated a case of Carcinoma of the Stomach and one of Chronic Gastric Ulcer. Both of these cases had been operated upon with excellent results. The pathological specimens from these two cases were demonstrated.

At 11 a. m., a Medical Clinic was held by Dr. Hepburn of Toronto, in which he demonstrated several cases of Cardiac Disease.

In the afternoon Dr. Hepburn gave a most interesting lecture on Heart Failure. The lecture was all the more interesting in that Dr. Hepburn had held a Clinic on Heart Disease in the morning. This lecture was probably the best attended of any during the course, over 70 physicians being present.

The Refresher Course was brought to a close with a lecture on Pelvic Inflammation by Dr. Cosbie. This lecture was equally interesting and the attendance nearly as great.

Registration.

Those who registered at the Victoria General Hospital were as follows,—but it is very certain that a number attended the lectures who were not registered.

Dr. B. W. Skinner, Hubbards.
Dr. J. F. L. Brown, Woodstock, N. B.
Dr. W. G. Colwell, Halifax.
Dr. G. R. Burns, Halifax.
Dr. Victor Mader, Halifax.
Dr. A. H. Sangster, Halifax.
Dr. W. Allan Curry, Halifax.
Dr. H. K. MacDonald, Halifax.
Dr. A. M. Marshall, Halifax.
Dr. G. H. Murphy, Halifax.
Dr. C. E. Kinley, Halifax.
Dr. C. A. Donkin, Bridgewater.
Dr. A. A. Schaffner, Halifax.
Dr. J. C. Morrison, New Waterford.
Dr. J. R. Corston, Halifax.
Dr. S. Adlington, Bedford.
Dr. Grace Rice, Halifax.
Dr. M. J. Whittier, Truro.
Dr. V. F. Connor, Noel.
Dr. J. B. Lynch, Bell Island, Nfld.
Dr. A. B. Campbell, Bear River.
Dr. M. J. Wardrope, Springhill.
Dr. W. L. Muir, Halifax.
Dr. N. H. Gosse, Halifax.
Dr. F. G. Walsh, Springhill.
Dr. A. McD. Morton, Halifax.
Dr. E. P. Brison, Halifax.
Dr. J. G. MacDougall, Halifax.
Dr. Dan Murray, Tatamagouche.
Dr. Allan R. Morton, Dartmouth.
Dr. T. R. Johnson, Great Village.
Dr. J. Fred Lessel, Halifax.
Dr. E. V. Hogan, Halifax.
Dr. M. J. Fillmore, Advocate Harbour.
Dr. R. M. Benvie, Stellarton.
Dr. T. W. MacLean, Scotsburn.
Dr. C. E. Drysdale, Halifax.
Dr. M. G. Burris, Dartmouth.

Dr. W. H. Hattie, Dartmouth.
Dr. F. R. Little, Halifax.
Dr. D. M. Rowlings, Musquodoboit.
Dr. W. N. Cochran, Mahone Bay.
De. A. I. Mader, Halifax.
Dr. A. E. Murray, Halifax.
Dr. C. H. Smith, Berwick.
Dr. T. M. Sieniewicz, Halifax.
Dr. M. G. Patterson, Dartmouth.
Dr. H. D. Reid, St. John, N. B.
Dr. J. F. MacAulay, Sydney.
Dr. L. P. Churchill, Shelburne.
Dr. L. L. Morrison, Mahone Bay.
Dr. H. E. Kelly, Middleton.
Dr. K. A. MacKenzie, Halifax.
Dr. W. S. Hewart, Mahone Bay.
Dr. D. W. Hoare, Truro.
Dr. W. H. Pentz, Halifax.
Dr. D. S. MacCurdy, Truro.
Dr. W. J. Burton, Halifax.
Dr. J. W. Sutherland, Amherst.
Dr. J. Ellery Pollard, Hantsport.
Dr. B. H. Calkin, Stellarton.
Dr. D. A. Campbell, Bridgewater.
Dr. L. R. Morse, Laurencetown.
Dr. P. S. Cochrane, Wolfville.
Dr. Frank Wil on, Red Bank, N. B.
Dr. C. E. A. DeWitt, Wolfville.
Dr. H. W. Schwartz, Halifax.
Dr. F. R. Shankel, Windsor.
Dr. Hugh MacKinnon, Berwick.
Dr. Arthur S. Burns, Kentville.
Dr. D. MacNiel, Glace Bay.
Dr. G. Ronald Forbes, Kentville.
Dr. J. R. Murchison, Hunter River, P.E.I.
Dr. A. R. Reid, Windsor.
Dr. G. K. Smith, Hantsport.
Dr. C. Moriarty, Baltimore.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

PROVINCIAL HEALTH OFFICER

DR. T. IVES BYRNE - - - - - - - - Halifax.

SPECIAL DEPARTMENTS

Tuberculosis - - - - -	DR. P. S. CAMPBELL - -	Halifax.
	DR. C. M. BAYNE - -	Sydney.
Pathologist - - - - - -	DR. D. J. MACKENZIE -	Halifax.
Psychiatrist - - - - - -	DR. CLYDE MARSHALL -	Halifax.
Supt. Nursing Service - - -	MISS M. E. MACKENZIE, R.N.,	Halifax.

MEDICAL HEALTH OFFICERS ASSOCIATION

President - - - -	DR. W. F. MACKINNON - -	Antigonish.
1st Vice-Pres. - - -	DR. T. R. JOHNSON - - -	Great Village.
2nd Vice-Pres. - - -	DR. M. J. WARDROPE - -	Springhill.

COUNCIL

DR. A. C. GUTHRO - - - - - - -	Little Bras d'Or.
DR. A. E. BLACKETT - - - - - - -	New Glasgow.
DR. F. E. RICE - - - - - - - -	Sandy Cove.

MEDICAL HEALTH OFEICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

Armstrong, M. E., Bridgetown.
Braine, L. B. W., Annapolis Royal.
Kelley, H. E., Middleton (Town and Co.).

ANTIGONISH COUNTY

Cameron, J. J., Antigonish (County).
MacKinnon, W. F., Antigonish.

CAPE BRETON COUNTY

Tompkins, M. G., Dominion.
Gouthro, A. C., Little Bras d'Or, (C. B. Co.).
Poirier, G. J., New Waterford.
MacKeough, W. T., Sydney Mines.
McLean, J. A., Glace Bay.
McLeod, J. K., Sydney.
O'Neill, F., Louisburg.
Murray, R. L., North Sydney.

COLCHESTER COUNTY

Dunbar, W. R., Truro.
Havey, H. B., Stewiacke.
Johnson, T. R., Great Village (County).

CUMBERLAND COUNTY

Bliss, G. C. W., Amherst.
Drury, D., Maccan (County).
Gilroy, J. R., Oxford.
MacKenzie, M. D., Parrsboro.
Rockwell, W., River Hebert, (M. H. O. for Joggins).
Withrow, R. R., Springhill.

DIGBY COUNTY

DuVernet, E., Digby.
Rice, F. E., Sandy Cove (County).
Belliveau, P. E., Meteghan (Clare Mcpy).

GUYSBORO COUNTY

Brean, J. S., Mulgrave.
Elliott, H. C. S., Guysboro (County).
McGarry, P. A., Canso.
Stone, O. R., Sherbrooke (St. Mary's Mcpy.).

HALIFAX COUNTY

Almon, W. B., Halifax, N. S.
Forrest, W. D., Halifax (County).
Payzant, H. A., Dartmouth.

HANTS COUNTY

Bissett, E. E., Windsor.
MacLellan, R. A., Rawdon Gold Mines, (East Hants Mcpy.).
Reid, J. W., Windsor, (West Hants Mcpy.).
Shankel, F. R., Windsor, (Hantsport M. H. O.).

INVERNESS COUNTY

Chisholm, A. N., Port Hawkesbury.
McNeil, A. J., Mabou (County).
Ratchford, H. A., Inverness.

KINGS COUNTY

MacKinnon, H., Berwick.
Bishop, B. S., Kentville.
Burns, A. S., Kentville (County).
DeWitt, C. E. A., Wolfville.

LUNENBURG COUNTY

Davis, F. R., Bridgewater (County).
Donkin, C. A., Bridgewater.
Morrison, L. N., Mahone Bay.
Zinck, R. C., Lunenburg.
Zwicker, D. W. N., Chester (Chester Mcpy.).

PICTOU COUNTY

Blackett, A. E., New Glasgow.
Day, F. B., Thorburn (County).
MacKenzie, S. G., Westville.
Stramberg, C. W., Trenton.
Dunn, G. A., Pictou.
Whitman, G. W., Stellarton.

QUEENS COUNTY

Ford, T. R., Liverpool (Town and Co.).

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELBURNE COUNTY

Hatfiield, G. M., Clark's Harbor.
Churchill, L. P. Shelburne (County).
Fuller, L. O., Shelburne.
Densmore, J. D., Port Clyde, (Barrington Mcpy.).

VICTORIA COUNTY

MacMillan, C. L., Baddeck.

YARMOUTH COUNTY

Blackadar, R. L., Port Maitland, (Yar. Co.).
Lebbetter, T., Yarmouth (Wedgeport M. H. O. and Town Yarmouth).
Siddall, A. M., Pubnico, (Argyle Mcpy.)

INFORMATION

The Provincial Public Health Laboratory provides free diagnostic services for the entire Province. It is, however, to be regretted that misunderstanding exists among physicians as to the scope of this work. Roughly speaking, free examinations are made of blood, cerebrospinal fluid, cultures, smears for gonococci, sputum, urine, faeces, pleural fluids, pus, water, milk, brain tissues for rabies, as well as throat, ear and prostatic swabs. Physicians desiring this service should address their communications to, Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax.

Physicians desiring serums and vaccines should address their communications to the Provincial Health Officer, Halifax, N. S.

INFANTILE PARALYSIS.

CURRENT Public Health Literature thus abstracts an article from the May, 1930 issue of Hospital Social Service under this heading. "How can we Bridge the Gap between What we Know and What we do Not Know about Prevention."

The real reclamation in a disease like infantile paralysis lies in preventing the occurrence of the disease altogether. Now that is very good. We talk about the preventable diseases and I think we have oversold ourselves a little on that.

Infantile paralysis may be a preventable disease, but we do not know how to prevent it. So that means that we must, before we can prevent the occurrence of these diseases altogether, learn how to do it. And the only way to learn how is by continued investigation of the disease in the clinic, at the bedside, in the field, and in the experimental laboratory.

It seems to me that any crippled children's society should have it, as a part of its program, to devote some of its attention to finding out what causes a crippling disease in the hope that some day we may be able to prevent the disease altogether. I should like to cite the little Vermont project as an example of that sort of work. In 1914 a fund was donated to the State Department of Health. First of all for the care of the cripples resulting from a severe edpidemic of the disease. But this very wise person realized at the same time that that was not enough. "We must find out how to prevent the disease." So that work has continued up to the present time, each year a part of the funds being devoted to the study of the disease. In the last few years this project has been combined with the Harvard Infantile Paralysis Commission which also undertakes the after-care of the disease, but at the same time is bending every effort on how to find out how to prevent its occurrence altogether.

So I feel that every crippled children's society should have that as a part of the program; first of all, because people dealing with crippled children realize better than anyone else the importance of doing something to prevent crippling, and second, because it would actually pay in dollars and cents for them to do so.

The research may find the solution of a problem within a comparatively few years. The outlook is very promising in many of our diseases, but the after-care of the cripple will go on until doomsday. Crippled children's societies should not be merely carvers of crooked crutches for crippled children, but they should be real societies for the prevention of crippling in children.

Just a word about research, how that may be done. There is not any particular point in going into details, but such a research could be carried on not necessarily by one local society for crippled children, but by united effort. There are many research projects under way which might be supported by money set aside from the funds of crippled children's societies. And I dare say that the setting aside of 1 per

cent. even of all the money that is required in the work of reclaiming the cripple would go a long way toward solving the problem of the prevention of many of our diseases.

I don't know the exact figures at all, but I should say that for every million dollars spent in the care of crippled children in one way or another, probably less than one thousand is spent trying to find out why they got crippled in the first place."

ANTERIOR POLIOMYELITIS.

On September 9th, 1930, the following letter was addressed to the Health Officers of the Province and since the subject matter concerns the general profession, I am taking advantage of this issue of the BULLETIN, to bring it to their attention.

"Dear Doctor:

The season is again here when we may reasonably expect sporadic cases of anterior poliomyelitis. In the past we in Nova Scotia have been extremely fortunate in experiencing but few cases of this disease. There is evidence, however, that the epidemic of 1928 in Winnipeg has been spreading eastward. Last year its advance towards the Atlantic seaboard seemed to be halted by the advent of cold weather in Ontario and the eastern townships of Quebec. On account of the definite direction of its spread towards the Maritimes it is imperative that in this Province we should have prepared sufficient convalescent serum to combat not only sporadic cases, but also any possible epidemic of the disease.

At present the only listed donors in Nova Scotia reside in the city of Halifax, and since their age group is from 5 to 15 years, it is obvious that a serious outbreak in the city would tax our donors to the limit. Hence, for the protection of the outlying districts, donors should be solicited and listed throughout the whole Province. Such lists should be prepared by the Medical Officers in co-operation with the profession in each district, and copies of same should be supplied to the Provincial Health Officer.

In selecting donors for preparing the serum, cases should be taken who have had the disease from six months to ten or more years previously and who have not themselves been treated with convalescent serum. This point is of considerable importance as patients who have been treated with convalescent serum seldom show a very high concentration of the curative antibodies in their blood. Blood may be obtained from cases 20 or even 30 years after recovery, but these are usually not so effective as a more recent recovery. Serum obtained from cases earlier than three months after recovery is usually of very little value. The individuals from whom blood is obtained must be Wassermann negative. In case this test cannot be carried out locally, it will be done free of charge at the public Health Laboratory. Blood from several

individuals should be pooled to obtain a more uniformly potent serum. From 50 cc. upwards may be taken from each person and repeated bleeding may be done in cases from whom a small quantity is obtained each time.

Many advantages would accrue to general practitioners throughout the Province if they were in possession of such lists. Not the least important would be the prompt availability of the serum. It must be used in the pre-paralytic stage of the disease and much depends upon its freshness. Hence when prepared in Halifax for use in remote districts, it often arrives too late to be of benefit to the patients, and at the same time lacks the essential freshness of a serum prepared on the spot.

The preparation of the serum is quite simple, but must be carried out with care to insure sterility. The blood should be withdrawn at least 3 or 4 hours after a meal. It is then allowed to clot at room temperature. When clotting is completed it is placed in the ice box for 15 hours to complete the separation of the serum. Agitation or anything that will cause haemolysis should be avoided. Serum even slightly tinted with haemoglobin is inferior, and should be used only if clearer serum is not obtainable. After separation the serum is pipetted off and pooled. A larger quantity of serum is obtained from a given quantity of blood by collecting the latter in tubes and centrifuging.

If it is to be administered intravenously the serum should be heated to 56°c. for ten minutes to inactivate it, but if given intramuscularly or intrathecally this need not be done. For intramuscular use 0.25%, by weight, of tricresol should be added to the serum. For instance, if 100 cc. of the serum is prepared it is necessary to use 0.25 grams of tricresol. The standard dose is about 25 cc. preferably by the intramuscular route. Each batch of serum must be cultured to insure sterility and checked up frequently, to see that it remains so, and should be used preferably within a week after its preparation. The serum, however, under proper conditions may be preserved for months.

In case the local physician who desires to prepare his own serum has no facilities for culturing his product, he may send 1 cc. samples of all batches to the Public Health Laboratory to be cultured and checked up. It is unnecesssary to state that containers should be sterile.

Finally, any information or assistance required on the preparation of convalescent serum will be gladly and gratuitously given on application to the Public Health Laboratory.

Yours sincerely,

T. IVES BYRNE, M.D.,

Provincial Health Officer."

N. B. It is not to be inferred from the foregoing, that Convalescent Serum is not available at all times. For immediate use a limited quantity may be obtained on application to the Department of the Public Health. T. I. B.

Cases Reported by Medical Health Officers.

Disease	Aug. 20	Aug. 27	Sept. 3	Sept. 10
Chickenpox	1	....	....	1
Diphtheria	....	5	2	5
Infantile Paralysis	....	2	....	3
Influenza	....	8	....	....
Measles	....	1	3	5
Mumps	....	1	....	....
Pneumonia	....	1	....	....
Scarlet Fever	3	3	6	16
Typhoid Fever	....	1	2	6
Tbc.-Pulmonary	....	1	3	....
V. D. G.	4	3	....	1
V. D. S.	....	1	3	1
Whooping Cough	....	3	8	4

Reporting the individual cases of communicable diseases is the Corner-Stone in a Control Scheme. If it is not known where the disease is, it is impossible to fight it.

Many Medical Health Officers do not give this important matter serious consideration and as a result, our morbidity statistics are not nearly as complete as they might be.

To stimulate interest in reporting, this Department has under consideration publishing in the BULLETIN the number of reports received during the month from each M. H. O. Full credit will be given for nil reports.

KISMET.

When a child requires an operation to save its life a Children's Society in Brooklyn, N. Y. has gained a decision in the Courts that a mother's plea "if it was written in the mysterious decrees of Providence that the lad was to die, she would take no steps to interfere" is not good in Law, to say nothing of its inhumanity. Where then shall we draw the line when considering the needs of a community in the matter of the prevention of diseases which are often fatal and almost always incapacitating, more or less! Many of our health measures must speedily become compulsory. There is no such thing as *Kismet* in a modern health campaign.

Watch your Diet. If a man has a pessimistic stomach his brain will produce a theory which will fit his indigestion. (*The Mail*).

Correspondence

Correction in the Address delivered by the retiring President of the Medical Society of Nova Scotia.

Middleton, Annapolis Co., N. S.,
Sept. 11th, 1930.

"Dear Dr. Hallett:—

I have just read your very excellent address at the Dinner at The Pines. In enumerating the number of Hospitals recently established you failed to mention one, The Soldiers' Memorial Hospital, Middleton, which is recognized as a General Hospital by the Province, which has been functioning for a number of years. This, no doubt, was an inadventure on your part, but should be rectified.

Sincerely yours,

(Signed) J. A.. SPONAGLE."

To the N. S. Medical Society:

During the past year, 205 books and 278 volumes of journals have been added to the shelves of the Dalhousie medical library. The journals now being received regularly number 90. Among the journals recently added to the list are: the Proceedings of the Royal Society of Medicine; Heart; the Annals of Surgery; and the Journal of Bone and Joint Surgery. Members of the Medical Society of Nova Scotia are reminded that the Dalhousie library is available to them under the conditions which were agreed to when the income from the Cogswell bequest was made payable to the library.

W. H. HATTIE,
Assistant Dean.

Halifax, N. S.,
September 26, 1930.

Scot jews the Jew. It happened in Glace Bay. A Hebrew tailor after much effort sold a Scot of Lowland extraction a good suit to measure for $50.00. He also offered, upon request, to clean and press Scotty's present Sunday suit for nothing. When Scotty put on the cleaned suit he felt so well dressed for nothing that he cancelled the order for the new suit.

She Gets Lonely. Seated comfortably before the fire, she said: "John is it true that money talks?" John laughed and replied, "A figure of speech, my dear, why do you ask?" "Well," she went on hopefully, "I wish you would leave a little here to talk to me during the day, I get so lonely."

Minutes of Executive Committee

A REGULARLY called meeting of the Executive of The Medical Society of Nova Scotia was held in P. D. R. 1 of the Lord Nelson Hotel on Thursday, September 11th, 1930. The meeting was to have convened at 4.30 p. m., but owing to a postponement of lectures in the Dalhousie Refresher Course on account of the funeral of the late Professor Howard Murray, it was not called to order by the President, Dr. Dan Murray of Tatamagouche, until 5.30 p. m. The following Doctors were in attendance:—Doctors Murray (Dan), Dunbar, McNeil, Campbell (J. G. D.), Walker, Cunningham, Acker (T. B.), Benvie, Sutherland (R. H.), Campbell, (D. A.), Shankel, Kelley, Wardrope, McDonald (Dan), Morrison (J. C.)—16 out of a possible 27, a record attendance. It being the first meeting of the new Executive no Minutes were presented for approval.

In accordance with a Resolution passed at the Annual Meeting the Executive took action as follows:—

1. Report on Honorary Membership. This was considered and on motion the following were duly elected to Honorary Membership in the Medical Society of Nova Scotia and the Secretary instructed to so advise them.

1. Dr. James W. Reid Sr., of Windsor, nominated by the Colchester-Hants Branch. For our records it is noted that Dr. Reid graduated from the Halifax Medical College in 1884. He at once began practice in Elmsdale moving in a year or two to Windsor. He has thus been in active practice over 46 years. The citizens of Hants County elected him several times to the Provincial Legislature. He was hard working and conscientious in his professional and political duties. He will shortly retire from active practice.

2. Dr. William Hallett Cole, New Germany, nominated by the Lunenburg-Queens Branch. Dr. Cole graduated from Bowdoin College in 1883 and has had a creditable professional career of over 47 years. A reader of the Minutes of the Society from 1885 to 1920 will realize the active part he has taken in our annual meetings. He well deserves this slight recognition of his faithful services to his community.

3. Dr. Melbourne Edward Armstrong, Bridgetown, nominated by the Valley Medical Society. Dr. Armstrong graduated from the University of New York, 1892. After 38 years of continuous service to the community Dr. Armstrong is much enfeebled in health and is compelled to break a life long habit of attending and participating in all medical society meetings. He always maintained his membership in local, provincial and federal associations. His election to Honorary Membership will be a fitting recognition of his years of service.

2. Resolutions from Branch Societies were considered.

(a) From Colchester-Hants re Workmen's Compensation Board was referred to that Committee and as representations on this matter are already under consideration the letter was filed.

(b) Valley Medical Society re quack advertising was approved and the Secretary instructed to continue to give information through the BULLETIN on this and kindred matters. Another Resolution from this Society, having been practically disposed of at the Annual Meeting, was ordered to be filed.

3. C. M. A. Study Committee on Nursing. A lengthy discussion upon the general subject of Nursing Education ensued after reading of communications from Dr. G. Stewart Cameron, Chairman of the C. M. A. Committee on this matter and from Prof. Wier, the special investigator and Director of this Study Committee on Nursing Education in Canada. The following resolution was adopted.

"The Executive expresses its hearty approval of this Study of the Nursing problem and sincerely regrets that at the present time it sees no way of contributing financially towards the furthering of this splendid effort. Further, that the members of the profession in Nova Scotia be requested to assist by completing and forwarding any questionnaires and that the Secretary thus advise the C. M. A. Committee."

4. Birth Control. After a very thorough review of this subject and the examination of correspondence and advertising the Executive, in the name of the Society, adopted the following Resolution:—

Resolved that the teaching and practice of birth control is not in the interests of the community either physically, mentally or morally, and should only be considered by practitioners of medicine in Nova Scotia in the presence of well recognized pathological conditions. It is *Further Resolved* that the BULLETIN be commended for its unfriendly attitude to this propaganda.

The Secretary was instructed to so advise the parties originating the correspondence under discussion.

5. Pictures for Children. The Secretary was instructed to advise the Nova Scotia Provincial Council of Women that the Medical Society approves of the idea of special pictures for children as recommended by the Child's Welfare Bureau at Ottawa.

6. Correspondence re Committee on Pharmacy was ordered to be filed.

7. The Bulletin. Portions of this report, matters not considered at the annual meeting, were dealt with as follows:—

(a) That the General Secretary be named the Business Editor with due authority to discharge printing obligations from advertising receipts.

(b) That the Editorial Board shall be Dr. G. H. Murphy, Dr. H. B. Atlee, Dr. S. J. MacLennan and Dr. N. H. Gosse.

(c) That the members of the Executive shall be contributing editors to the BULLETIN on matters of interest to their Branch Society on the request of the Secretary and that all Branch Secretaries be advised of this action.

(d) The Executive is glad to announce that the receipts for advertising for the quarter ending with December will be sufficient to defray cost of publishing.

(e) The Executive approves of space devoted to the Department of the Public Health.

(f) That the Secretary is instructed to make further representations to the Canadian Medical Association to use the BULLETIN for their publicity in Nova Scotia, especially as the BULLETIN was necessary to replace the *Maritime Medical News* which was absorbed into the *C. M. A. Journal.*

(g) That the BULLETIN publish regularly a Directory of the Provincial Society and its Branches.

(h) That the Executive expresses its appreciation of the services of the General Secretary in publishing this Journal, particularly during the past year.

8. Insufficient Fees, as per a communication from Dr. C. B. Cameron of Petite Riviere relative to fees for mileage in attending sick mariners. As this is a matter of federal concern the Secretary was instructed to take up the matter with the C. M. A. and the proper Federal Department.

9. Medical Society Membership. The Executive learned with satisfaction that the active and honorary membership list had passed the 300 mark. It was *Resolved* that a special effort be made to reach the 300 mark of active members for the year 1931. It was suggested that membership drafts be made at 30 days being issued not later than February 15th of each year.

10. C. M. A. Questionnaire. The Secretary was instructed to fill out the same and forward. The Executive approved of the collection by the Secretary of the biographical questionnaire for use of the Medical Society of Nova Scotia, it being understood that these forms should be sent to all who have not yet completed them.

11. Irregular Practice. The Executive gave much attention to the incident of a Mr. Young, a Chiropractor and his wife not a registered nurse, posing as a Doctor and qualified Nurse respectively, conducting a Health Sanitarium, filling out death certificates and in all ways acting as if fully qualified and registered. The following Resolution was ordered to be sent to the Provincial Medical Board.

It was moved by Dr. Sutherland, seconded by Dr. McNeil and passed, that in view of the irregular practices of unqualified persons in Nova Scotia this Executive considered that the Provincial Medical Board is remiss in its duties in not prosecuting such persons. In particular we would cite the case of Wm. P. Young of Chester.

The Executive also considered that a number of professional cards appearing in the press from time to time were not as strictly ethical as was desirable.

12. Historical Medicine. It was *Resolved* that the Secretary arrange by correspondence or otherwise for a conference of the Committee on Historical Medicine with the purpose of bringing a practical report at the next annual meeting.

13. Post-Graduate Lectures. The Executive *Resolved*:—That the Secretary be instructed to advise the C. M. A. of our appreciation of the Post-Graduate Lectures delivered for several years in Nova Scotia and also that the Secretary proceed to make arrangements for such lectures in the month of October under the auspices of local branches wherever possible and for such subsequent lectures as may be desirable.

14. Obituaries. That the General Secretary be furnished material for suitable obituary notices by the members of the Executive representing the Branch Society of which the deceased was a member.

15. Business Tax. In the opinion of the Executive, the Medical Society is not liable for a business tax on the office occupied by the Secretary and a bill for the same should not be recommended to the Treasurer for payment.

16. The Annual Meeting. The President announced that Dr. George D. Stewart of New York had intimated his willingness to be present and deliver the address in Surgery.

Communications were read from a number of advertisers in the BULLETIN, expressing their willingness to contribute to the purchase of a suitable cup or other golf trophy to be put up for competition at the next and following annual sessions. The Secretary was instructed to continue making necessary arrangements in this and other particulars in collaboration with the local doctors. It was agreed that one of the afternoon sessions should be adjourned at sharp 3.30 o'clock to permit full opportunity for the tournament. It was also agreed that one evening should be devoted to a meeting open to all friends of the members of the Society when addresses, music, etc., might constitute the programme. *Further Resolved* that the fullest co-operation with the Health Officer's Association in the matter of the scientific programme is desired by the Executive.

The hour being 11.15 p. m., the Secretary was instructed to make note in the Minutes of a half hour recess earlier in the evening while

the tables were set and covers laid for 16 members for dinner; that during the meal, business interspersed with stories, was continued informally and that with the desert continued to this hour, whereupon the session stood adjourned.

S. L. WALKER, M.D.,
General Secretary.

"Pain," to quote Romberg's famous dictum, "is the prayer of a nerve for healthy blood." Certain nerves seem to be placed as sentinels by nature to warn of impending danger. These nerves, or sets of nerves, are endowed with a greater susceptibility to inflammatory processes and cry aloud in accents of pain as soon as the organ as a whole feels the effect of the invading bacteria.

The observations of research workers have proved that under the influence of topical moist heat, lymph circulation is materially increased and has for its direct effect:

(a) The washing-out of the tissues.
(b) An accelerated resorption.
(c) A more thorough cell nutrition.
(d) Reduction of the infiltration.

For daily emergency practice, considering the advantages and disadvantages of all other therapeutic procedures, investigators and clinicians of international reputation have found that in order to prevent or to treat local inflammatory processes and to avoid the formation of pus as early as possible, Antiphlogistine, covered with an impermeable membrane, will yield the best results, because it retains moist heat and need not be changed for a long time. (*Den. Chem. Co.*)

In Lighter Vein.

An Irish priest offered sixpence to the boy who could tell him who was the greatest man in history.

"Christopher Columbus," answered one boy.

"George Washington," answered another boy.

"St. Patrick," shouted a bright little Jewish boy.

"The sixpence is yours," said the priest, "but why did you say St. Patrick?"

"Right down in my heart I know it is Moses," said the Jewish boy, "but business is business."

By the way, why is it that there are so few Jews in Ireland?

What is Influence? It is what you think you have till you try to use it.

Hospital Notes

ONE of the greatest problems in connection with hospitals is that of giving the best possible service to so-called middle class patients. As we all recognize the poor and the rich can always have the best that medical service has to offer, provided by the community in the first case and by the individual in the second. Between these two stools the middle class patient falls to the ground.

It is interesting to note that the Massachussetts General Hospital is about to establish a new hospital for this class. Rates will be from $4.00 to $6.00 per day, the maximum surgical fee will be $150.00 and for obstetrical service $100.00. A Trust Fund will provide for half the yearly deficit to the extent of $75,000.00. We doubt if this is much of a practical attempt to solve the problem.

The *Glace Bay Gazette* gives quite proper recognition of the high standing secured, in the last provincial examinations held by the Association of Registered Nurses of Nova Scotia, when Miss Lillian Grady and Miss Agnes Hayes of the Halifax Infirmary succeeded in obtaining first and second place in these final examinations.

On August 17th, 1930, a large funeral cortege wended its way from the home of one of the nurses of the Glace Bay General Hospital to nearby Greenwood Cemetery. Miss Ivey Vey of the Nursing Staff of the Hospital died following an operation and the entire community deeply mourned her passing. Six of the nurses, from the same class as the deceased formed honorary pallbearers, they, and all others possible of the staff, being in uniform. The cortege was more colorful and impressive by a guard of honor of the L.O.B.A., and the Passachendale Band with muffled drums.

At the 15th Annual Session of the Catholic Hospital Association held recently in Washington, D.C. Sister M. Beatrice B.A., R.N., of St. Martha's Hospital, Antigonish, presented a paper. Sister Shannon, R.N., Hotel Dieu of St. Joseph's, Campbellton, N. B., opened the discussion on another paper. It seems strange that the Hospitals of the three Maritime Provinces cannot get together to form a Maritime Association. Both Hospitals and Nurses need it.

Registered Nurses' Association. The following are the Officers of this Association for the year 1930-1931:—

President	Miss Margaret E. McKenzie, R.N., 315 Barrington St., Halifax.
1st Vice-President	Miss Mary F. Campbell, R.N., 344 Gottingen St., Halifax.
2nd Vice-President	Miss Beatrice Andrews, R.N., City Hospital, Sydney.
3rd Vice-President	Miss M. M. Martin, R.N., Payzant Memorial Hospital, Windsor.
Secretary	Mrs. Donald Gillis, R.N., 23 Vernon Street, Halifax.
Treasurer	Miss L. Fraser, R.N., Eastern Trust Company, Halifax.

The Eight Hour Day. It is intimated by the press that, as a measure towards relief of unemployment, the Board of Trustees of Ottawa Civic Hospital has decided to have an eight hour working day for nurses on the staff. One questions if unemployment is sufficient to establish this rule in the case of registered nurses. The question might be raised as to whether an eight hour day for institutional nursing might not be desirable in any case.

HONORARY MEMBERSHIP.

This Society has recognized the services of a number of its members from time to time by electing them to Honorary Membership and the list September 15th, 1930, is as follows:—

Name	Year Elected	Address
Armstrong, Melbourne E.	1930	Bridgetown, N. S.
Buckley, George E.	1922	Guysboro, N. S.
Chisholm, Duncan McI.	1927	Port Hood, N. S.
Cole, William Hallett	1930	New Germany, N. S.
Cox, Robinson	1925	Upper Stewiacke, N. S.
Densmore, J. D.	1928	577 Pine St. Manchester, N. H., U. S. A.
Fox, Charles James	1927	Pubnico, N. S.
Kendall, Arthur S.	1927	Sydney, N. S.
Mack, Joshua N.	1928	Ogilvie St., Halifax, N. S.
McIntosh, Daniel	1923	Pugwash, N. S.
McKay, John W.	1928	New Glasgow, N. S.
MacMillan, Finlay	1922	Sheet Harbour, N. S.
Miller, Samuel N.	1926	Middleton.
Moore, Willis B.	1927	England.
Murray, D. A.	1928	River John, N. S.
McLean, John W.	1927	North Sydney, N. S.
Perrin, A. M.	1927	Yarmouth, N. S.
Reid, James W. Sr.	1930	Windsor, N. S.
Stewart, John	1922	South St., Halifax, N. S.

The Medical Society of Nova Scotia

DIRECTORY 1930-1931.

Annual Meeting, 78th Session, Truro, N. S., July 2-3-4, 1931.

President.....Dr. Dan Murray, Tatamagouche.
Vice-Presidents.....Dr. W. R. Dunbar, Truro.
Dr. Dan McNeil, Glace Bay.
Secretary.....Dr. S. L. Walker, Halifax.
Treasurer.....Dr. J. G. D. Campbell, Halifax.

MEMBERS OF THE EXECUTIVE

Doctors. Cunningham, Glenister, Acker (T.B.), Granville and Mader (V.O.) of Halifax; Doctors Benvie, Stellarton and Sutherland (R.H.) of Pictou; Doctors Stone, Sherbrooke and McIsaac, Antigonish; Doctors Campbell (D. A.) Bridgewater and Creighton, Lunenburg; Doctors Shenkel, Windsor and McCurdy, Truro; Doctors Hall, Bridgetown and Kelley, Middleton; Doctors Wardrope, Springhill, Munro, Amherst; Doctors Morrison, New Waterford, McDonald, North Sydney, McRae (W), Sydney; Doctors Webster and Gullison, Yarmouth.

COMMITTEES

Arrangements. President, Secretary and resident Branch members
Cogswell Library. Doctors Corston, Stewart, Gosse, McKenzie (D. J.) and Campbell (J. G. D.).
Public Health. Doctors Byrne, Blackader, McLeod (J. K.), Rehfuss, Kent, McKinnon (W. F.).
Health Publicity. Doctors Walker, Benvie, Byrne, Gosse, Johnston, (S. R.), McKenzie, (D. J.), Hattie.
Editorial Board C. M. A. Dr. Hattie and Secretaries of Branch Societies.
Workmen's Compensation Board. Doctors Corston, Acker (T. B.) and Burris.
Council of C. M. A. The President and Secretary, Ex-officio, Doctors Tompkins, McLellan (E. K.), McKenzie (K. A.) and
Narcotic Drugs Committee. Dr. L. W. Johnstone, to name his own Committee.
Legislative Committee. Doctors Hattie and McDougall. This Committee is also to represent this Society in the C. M. A. in a like capacity.
Tuberculosis Commission. The President and Dr. K. A. McKenzie.
Advisory to Tuberculosis Commission. Morton (A. McD.), Burris and DeWitt.
Historical Medicine. Doctors Hattie, Walker, Morrison, Murphy, McGarry, Kendall and McGregor.
Provincial Medical Board. Drs McDougall, Hogan, Roy, Benvie, Gilroy and Fuller.
Advisory of Public Health. Doctors Farish, Roy, Burns (A. S.), Little, McKenzie (K. A.), McDonald (H. K.)— Burns (G. R.), McKinnon, (W. F.).
Solicitor. Mr. J. McG. Stewart, Halifax.
Representative to V. O. N. Dr. C. S. Morton, Halifax.

BRANCH SOCIETY DIRECTORY

Cape Breton Medical Society. Reorganization—June, 1907.
President—Dr. A. K. Roy, North Sydney.
Vice-Presidents—Dr. Dan McNeil, Glace Bay.
Secretary-Treasurer—Dr. Eric Macdonald, Reserve.
Local Executive—Doctors, E. Johnstone, Sydney Mines; M. G. Tompkins, Dominion; Dr. D. W. Archibald, Sydney Mines.
Provincial Executive—Doctors C. J. Morrison, Waterford; D. Macdonald, North Sydney; W. McRae, Sydney.

Colchester-Hants Medical Society.
Founded—May 21st, 1907.
President—Dr. F. D. Charman, Truro.
Vice Presidents—Dr. R. A. MacLellan, Rawdon; Dr. F. R. Shankel, Windsor.
Secretary-Treasurer—Dr. H. V. Kent, Truro.
Local Executive—Dr. D. A. Fulton, T. R. Johnson, G. K. Smith.
Provincial Executive—Dr. F. R. Shankel and Dr. D. S. McCurdy.
Regular Meetings—May, September, December and February.
Annual Meeting—3rd Thursday in May 1931, Windsor, N. S.

Cumberland County Medical Society.
President—
Vice-President
Secretary-Treasurer—Dr. W. T. Purdy, Amherst.
Provincial Executive—Dr. Wardrope, Springhill and J. A. Munro, Amherst.
Annual Meeting—June, 1931.

Eastern Counties Medical Society.
Area Comprised—Inverness, Richmond, Antigonish and Guysboro Counties.
Organized—Nov. 16th, 1922.
Hon. Presidents—Doctors G. E. Buckley, Guysboro; J. J. Cameron, Antigonish.
President—Dr. R. F. McDonald, Antigonish.
Vice-Presidents—Dr. H.C.S.Elliott, Guysboro; Dr. M. T. McLeod, Whycocomagh.
Secretary-Treasurer—Dr. P. S. Campbell, Port Hood.
Local Executive—Doctors E. F. Moore, Canso; Z. E. Archibald, Melrose; H. A. Ratchford, Inverness; W. F. McKinnon, Antigonish; J. S. Brean, Mulgrave, M. E. McGarry, Margaree.
Provincial Executive—Doctors Stone, Sherbrooke; McIsaac, Antigonish.

Halifax Medical Society.
Organized—1844.
President—Dr. W. L. Muir, Halifax.
Vice-President—Dr. F. G. Mack, Halifax.
Secretary-Treasurer—Dr. N. H. Gosse, Halifax.
Provincial Executive—Doctors Cunningham, Granville, Glenister, Acker (T. B.) and Mader (V. O.).

Lunenburg-Queens Medical Society.
Organized—Sept. 2, 1867 as "Lunenburg Medical Association".
Reorganized—August 7th, 1902 as "Lunenburg-Queens Medical Society."
President—Dr. W. N. Cochran, Mahone Bay, N. S.
Vice-President—Dr. C. B. Cameron, Petite Rivere, N. S.
Secretary-Treasurer—Dr. C. A. Donkin, Bridgewater.
Local Executive—Dr. W. N. Cochran, Mahone Bay; Dr. C. B. Cameron, Petite Riviere; Dr. C. A. Donkin, Bridgewater; D. R. Sutherland, Chester; S. P. Young, New Germany.
Provincial Executive—Dr. Campbell, Bridgewater; Dr. Creighton, Lunenburg.

Pictou County Medical Society.
Date of Founding—1864.
President—Dr. Geo. A. Dunn, Pictou.
Vice-President—Dr. R. M. Benvie, Stellarton.
Secretary-Treasurer—Dr. John Bell, New Glasgow.
Provincial Executive—Dr. R. M. Benvie, and Dr. R. H. Sutherland, Pictou.
Annual Meeting—Pictou in June.

Valley Medical Society.
Area Comprised—Kings, Annapolis and Digby Counties.
Date of Founding—Kings County Medical Society, 1867; Annapolis-Kings Medical Society, 1907; Valley Medical Society, (Kings, Annapolis and Digby Counties) 1910.
President—Dr. J. A. Sponagle, Middleton.
Vice-Presidents—Dr. G. F. White, Bridgetown; Dr. R. O. Bethune, Berwick; Dr. W. R. Dickie, Digby.
Secretary-Treasurer—Dr. C. E. A. DeWitt, Wolfville; (since 1923).
Provincial Executive—Dr. Hall, Bridgetown; Dr. Kelley, Middleton.

Western Nova Scotia Medical Association.
Area Comprised—Yarmouth, Shelburne, Digby Counties.
Date of Founding—Nov. 3rd, 1925.
President—Dr. S. W. Williamson, Yarmouth.
Vice-Presidents—Doctors H. H. Banks, Shelburne Co.; Dr. R. L. Blackadar, Port Maitland, (Yarmouth Co.); Dr. F. E. Rice, Digby Co.
Secretary-Treasurer—Dr. T. A. Lebbetter, Yarmouth.
Local Executive—Above named Officers.

Life Insurance

THE BULLETIN of the Medical Society of Nova Scotia has but a few advertisers and these have been carefully selected as appealing in particular to the medical profession. We have enunciated this principle in our solicitation of advertising because we felt we were virtually entering upon a partnership as much as we were with the members of the Medical Society of Nova Scotia in our effort to promote mutual interests. If then the readers of the BULLETIN and the advertisers are partners all matters published should be of interest to both those who pay an annual fee and those who advertise in each monthly issue. It may be stated that when the BULLETIN is unable to give some reading material of general interest to the profession and related to the activities of one or more of our advertisers, it will be our business to dissolve this partnership. As doctors are notoriously poor business men, perhaps a word as to Life Insurance may not be amiss at this time. So we present some things, culled from a recent magazine, which are thus quite apropos of the fact that a Life Assurance Company, especially interested in Insurance in the Maritime Provinces carries a half-page advertisement in the BULLETIN.

When a doctor has a policy of $10,000 payable to his widow on his death, perhaps she, too, has acquired some of the poor business habits with which he is credited, and the amount is at once invested in securities that are not always of steady paying value. If, on the other hand, the amount came to her in instalments of $1,000.00 each for 10 years, or by a guaranteed monthly income during the remainder of her life, other than by a lump sum, it might be much better and safer.

These remarks are prompted after reading one of several articles in a recent number of the *Better Homes and Gardens* magazine. Sometimes, although fortunately it occurs less frequently now, it may happen that the Life Insurance Agent, having completed his sale, does not give the utmost service in clearly presenting the optional modes of settlement. To medical men this is a matter for careful consideration.

The Prospective Medical risk will admit that he does not know everything about Life Insurance, but only enough to intelligently discuss his personal problem with the salesman, and, therefore, should make the subject of the best possible provisions for his possible dependents the immediate point for discussion.

This implies a very full confidential discussion of the pros and cons and the conclusion should not be influenced by roseate hopes of immediate profit or employment. Even in short term insurance to develop investment funds for a later date the primary object of life insurance should not be overlooked. Hence we again reiterate the

idea that medical men seek special and confidential consideration when solicited to purchase Insurance.

Is it not a fair conclusion that we can expect our own Insurance Company to furnish this confidential advice. If we cannot give our best service to our own people there is something wrong with our business ethics. When the BULLETIN secured advertising from two investment concerns and from one Life Assurance Company, it was on this very basic principle of *confidence*. Thus in the matter of life insurance where provision for the family is the first consideration, the members of the Medical Society of Nova Scotia, are reminded that the Maritime Life Assurance Company is in partnership with your official journal, THE BULLETIN, to conserve your interests in every way in their power. You have a right to ask for and receive the best available advice on this very important matter. As such a partner with you, and their stock is $80.00 as compared with your $10.00, per year, they have the right to advise you in a field where their knowledge is greater than yours.

This is not an Insurance Company Reader, so-called; it is not prompted by any business relation between THE BULLETIN and The Maritime Life; it is solely inspired by a desire, on the part of the writer, to point out something that may advantage members of the Medical Society of Nova Scotia.

ESSELL.

A Significant Contribution to the Newer Knowledge of Viosterol in Rickets.

One of the Mead Johnson Research Fellowships has just reported (J. A. M. A., August 2, 1930) its very thorough and extensive clinical experience with Mead's Viosterol in the prevention and cure of rickets.

Coming at a time when Viosterol is finding its proper place as a therapeutic agent of great value, this reprint, containing the charts omitted from the original paper for lack of space, should interest every physician who prescribes Viosterol or cod liver oil in rickets.

Address, without obligation, Director, Mead Johnson Research Laboratory, Belleville, Ontario, Canada.

A Logical Explanation.

Dear Editor: In the November 16 issue of *The Journal* you have a copy from the "Blackman" of Jamaica which tells of a girl giving birth to five lizards. Nobody seems satisfied with the etiology in this case. Such cases are quite common in Nevada and after a good deal of study we have found the "lounge lizard" to be the causative agent.—*A. M. A. Journal.*

Bulletin Library

STATE MEDICINE

THE September 1930 issue of the *Bulletin* of the Academy of Medicine of Toronto is entirely devoted to a symposium on State Medicine. The following papers were presented:—

1. State Medicine in Norway and Germany.
2. State Medicine in Britain and France.
3. State Medicine in Western Canada.
4. Health Services in Ontario.
5. City Health Services.

It is regretted that the pages of the BULLETIN are so crowded that a summary cannot be made of at least three of the above topics, making your own choice. But a summary of the discussion on these papers brought out many practical points which should be carefully considered by every member of the profession in Nova Scotia. We, therefore, quote this summary in full:

"Summary of Discussion on Papers Dealing With State Medicine. Dr. Harris McPhedran recommended:

(1) that, before any further steps are taken here towards State Medicine, we should urge on the health authorities of this Province that the whole field should be carefully surveyed in all sections of the Province, in regard to population, transportation, social, medical and other problems.

(2) that the health authorities, or those appointed by them, should act in the closest co-operation with the recognized organizations of regular medicine in this Province for mutual assistance, protection and benefit.

Dr. Ward Woolner, Chairman of the Inter-Relations Committee of the Ontario Medical Association stated that from the doctor's standpoint, the information about State Medicine in Norway seemed to indicate that it was a greater success there than in any other country in which this form of medical practice had been tried.

He recommended that the medical profession in Ontario should take steps, through the Ontario Medical Association, to gather all necessary data in order to learn what we are now receiving for the medical care of families and individuals. Then, should state medicine be thrust upon us, we would have definite facts on which to base our demands for proper remuneration for services rendered.

Dr. T. C. Routley, Secretary of the Ontario Medical Association, and Executive Secretary of the Canadian Medical Association, stated that in District Number Six of the Ontario Medical Association, comprising the Counties of Victoria, Peterborough, Durham,

Northumberland, Hastings, Prince Edward and Haliburton, a survey is being carried out by the men of the District, in the hope that some very definite information may be gleaned with regard to the cost of medical attention, average income, percentage of uncollectable and charity work; and, also, the average yearly cost per family for sickness. It is the hope of the Ontario Medical Association that this study may be extended to other parts of the province, thus making available considerable useful information.

On being approached by the Government of the Dominion of Canada, through its Honourable Minister of Pensions and National Health, the Canadian Medical Association expressed its willingness to co-operate with the Government in carrying out a national survey in the field of the prevalence and cost of sickness.

Dr. Routley spoke of the situation which arose in England in 1911 and 1912, when the British Medical Association found itself confronted with the Lloyd George Insurance Scheme, when apparently there was utter chaos in the minds of the medical profession because they found a measure being precipitated regarding a matter of which they knew practically nothing. We in Canada should profit by that experience and not find ourselves utterly bewildered because of our failure to examine our own problems.

Dr. Gordon Bates spoke of the change in the general attitude of physicians towards the question of Health Insurance during the last ten years and of the reasons for this. In the first place, the cost of illness is being generally realized by the public and the inadequacy of present systems of medical care is being felt. Many persons are not receiving medical care, either because they are too far from medical centres or because of poverty. Again, in many cases, as we are situated to-day, the cost of medical care is too great. Then one should consider that while it has been estimated that illness in Canada costs over a billion dollars, the total amount spent on prevention is only $6,000,000, or, in other words, we spend on prevention less than six-tenths of one per cent. of the cost of illness. This means that a great deal more has to be done in the direction of prevention in the future, and there is no doubt that in the existing scheme of things the physician is constantly exploited.

Ten years ago, the subject of Health Insurance did not meet with the approval of the medical profession, while at last year's meeting of the Round Table of the Ontario Medical Association, after several hours' discussion, the opinion was practically entirely in favour of the development of some form of Health Insurance. Dr. C. C. Givens made the following suggestions:

1. That the Medical Officer of Health and Academy representatives (The Committee on Public Health Relations), should meet regularly to discuss difficulties, new plans, etc.
2. A toxoid campaign should be re-started as soon as the M.O.H. and Academy have agreed on fee for private patients and

that physicians be paid a per capita fee by the city for indigent patients.

3. The Academy representative should sit in at all meetings of Board of Health and Hospital Commission, and M.O.H. might be ex-officio a member of the Council of the Academy.
4. Definite arrangements should be made for treatment of indigent patients and payments to doctors at a conference of the M.O.H., City Council and Academy of Medicine.

The BULLETIN is in receipt of the following Reprints: (a) Coronary Occlusion, presented to the Medical and Surgical Association of the Southwest at its 15th annual session held at Phoenix, Arizona, Nov. 1929. (b) The Treatment of Diabetes by the General Practitioner, read before the Arizona State Medical Association at Prescott, April, 1929. Both of these papers were prepared and presented by Dr. R. S. Flinn, of Arizona, who is a son of Dr. John W. Flinn, formerly of Wallace, N. S., who addressed the Halifax Medical Society at a special meeting in May of this year. It may be noted that in the July BULLETIN there was a valuable laboratory report on the Diagnosis of Syphilis by another son of Dr. John Flinn, Mr. Z. M. Flinn of the Dalhousie Pathological Laboratory.

The History of Medicine cannot be written or understood without studying its beginnings. That this takes us back two thousand or more years before time of Hippocrates is well known to all students. But the antiquity of Indian Medicine and its origin and attainments is quite unknown to the present day practitioner. An Editorial in the August issue of the *Bulletin* of the New York Academy of Medicine on this subject makes interesting reading. It is available to doctors in the Cogswell Library at Dalhousie and in the Library of Nova Scotia Medical BULLETIN.

REVIEWS.

Transactions of the College of Physicians, Philadelphia.

The Volume just received by the BULLETIN of the Medical Society of Nova Scotia is the Fifty-First issued by this College and, besides much information regarding the College, contains the papers read before the College from January, 1929, to December, 1929, inclusive. This publication is received in exchange for our own BULLETIN which goes to their College Library, an exchange which we much appreciate.

Since 1907 the Presidents of the College have served a uniform period of three years, a practice which has much to commend as re-

gards both time and limitation of service. Continued holdings of office by voluntary service to an indefinite number of years is very detrimental to the encouragement of general interest in such organizations. Of a Fellow membership to-day of some 500 we note that 102 have been Fellows since before the year 1900, but many of these are still men who are active leaders in American Medicine and Surgery. Some 20 addresses are published in this volume of nearly 400 pages all of which are of great interest and of much value. We might be permitted to make some comments.

As we never had to prepare an Annual Address for ourselves we do not fully appreciate this statement which the President makes:—

"It is nearly as difficult to write as to listen to a presidential address." Perhaps this is a pointer for some would be presidents.

There are several addresses that we may be able to abstract for our readers in the near future as they appear to be of very considerable merit. Without intending any distinctions we might mention these:

"Prophylaxis in Childhood"—John C. Gittings, M.D.

"S. Weir Mitchell"—John H. Gibbon, M.D.

"A Consideration of the Possibility of the Prevention of Arteriosclerotic Disease"—John Wyckoff, M.D.

"Observations on Long Distance Runners"—Doctors Gordon and Baker.

"The Structural Basis of Behaviorism"—The Wier Mitchell Oration, by Frederick Tilney, M. D.

"The Surgeon and Cancer"—The Mutter Lecture. Robert B. Greenough, M.D.

Nor is it possible in our limited space to review any of these *in extenso*, but, in as early an issue as possible, we propose to give the paper contributed by Professor Karl Sudhoff, Professor of the History of Medicine, University of Leipzic, Germany, on "The Alleged Importation of Syphilis by the Crew of Columbus' Ship in 1493." This purports to correct a wrong impression by a relation of historical facts.

Again we express our pleasure in adding this Volume to the growing BULLETIN Library.

INTERNATIONAL CLINICS.

When an Annual Publication is going strong in its 40th year it is quite evident that it was inaugurated by men gifted with prophetic vi sion and keen perception. Also it has been fostered and directed by Editors fully alive to the development characteristic of modern medical progress. To the pioneers of this publication the practitioners of medicine in 1930 owe a deep debt of obligation and gratitude. To the present Editor and his collaborators the same attitude should be assumed. What more, however, could we expect from the Editor-

in-Chief, Henry W. Cattell, A.M., M.D., of Philadelphia and his Associates whose services to the profession are so generally recognized.

This is the Associate Editorial list:

CHARLES H. MAYO, M.D.	Rochester, Minnesota.
SIR JOHN ROSE BRADFORD, M.D.	London, England.
HUGH S. CUMMINGS, M.D., D.P.H.	Washington.
WM. S. THAYER, M.D.	Baltimore.
FRANK BILLINGS, M.D.	Chicago.
A. MCPHEDRAN, M.D., LL.D.	Toronto.
JAMES J. WALSH, M.D.	New York.
JOHN FOOTE, M.D.	Washington.
SIR HUMPHREY ROLLESTON, Bt., M.D., F.R.C.P.	Cambridge, England.
SIR DONALD MACALISTER of Tarbert, Bt., M.D., F.R.C.P.	Glasgow.
SEALE HARRIS, M.D.	Birmingham, Alabama.
CHARLES D. LOCKWOOD, M.D.	Pasadena, California.
A. H. GORDON, M.D.	Montreal.
R. BASTIANELLI, M.D.	Rome, Italy.
JAMES M. PHALEN, M.D.	Washington.

Volume 2 of 1930, which came to the BULLETIN desk in August last, has the following division of its contents.

1. Diagnosis and Treatment.
2. Professor Barker's Clinics.
3. Surgery.
4. Humanology.
5. Medical History.
6. Medical Questionaires.
7. Medical Trend. (One might conclude that the last named division indicates why the Clinic has maintained its popularity for so many years. The Volume has some 60 plates and figures, all being printed on a finer paper than is used in the regular reading matter, which are well executed.)

An interesting article,—"Focal Infection and Elective Localization"—is by Dr. E. C. Rosenau of the Mayo Clinic. Several years in experimental and research work prove, he says, that certain streptococci possess elective localizing power. Especially those derived from cases of ulcer of the stomach, myositis, endocarditis, epidemic hiccup, and encephalitis, have been shown to produce free poisons in broth cultures and within the bacterial cell, which have the power to injure electively the tissues or organs in which the respective living bacteria localize and produce lesions.

To the advanced student in Biological Chemistry and one interested in disturbed nutritional activities the article on the "Treatment of Acidosis" will be sufficiently scientific to satisfy the most critical general practitioner and perhaps give some help to him in dealing with this disturbance in nutrition which we term Acidosis. Chemistry and materia Medica, quite like that of the old school, is found in the article dealing with the "Cinchona Alkaloids and Bark

in Malaria." Incidentally considerable interest attaches to the history of the use of Quinine in Malaria which is worked into the article.

The conclusions of an article—"Diagnosis and Treatment of Gonorrhea"—suggest that little progress has been made in the past 30 years in the treatment of acute gonorrhea—*per se.* Dr. Pugh, of New York, says:

"This has largely been incident to the fact that very few urologists concern themselves with gonorrhea, as it lacks the spectacular. Public opinion, or shall we say hypocrisy, enters here to a considerable extent and it has been often been suggested to me by my seniors never to allow my name to be associated with the gonococcus.

"The introduction of new substances for alimentary tract absorption has been helpful in acute gonorrhea. The acceptance of the self-limitation theory is a distinct advance. Diathermy in the treatment of complications of acute gonorrhea in the male is a distinct advance, as well as the utilization of non-specific protein therapy is in the same category. The new local treatments as a rule have been failures and most practitioners are still swamping their patients with oleum santali internally and protargol locally.

"Some day a big advance will be heralded and from what I know of the disease, I believe it will be a remedy that will assist the forces of nature and will not be antiseptic."

A German Professor, under the title, "Menschenheitskunde", Study of Mankind, opens his lecture thus:

"**Humanology** is a new science. According to our present conceptions a new species but rarely takes its start from two individuals as was believed by the primitive human mind, but the new type of hereditary material appears simultaneously in a series of individuals. A new science originates in the same manner, not in the mind of one man, but when the time has come a sequence of ideas arises in various minds of individuals in far distant places. These ideas produce the sensation of something completely new in those who conceive them, although historic investigation will prove, in every instance, that the mental roots of new ideas can be traced back to remotest antiquity. Thus it is shown that the axiom that 'there is nothing new under the sun' cannot be disproven by the new science."

One should read this article just to see if it is possible to get anything out of it.

Dr. Frank Boland, of Atlanta, Georgia, contributes a most interesting descriptive article entitled "Historic Medical Pageants", with very fine illustrations. As one reads this, and recalls the very general use of pageants at the present time, we feel like suggesting that the Dalhousie Medical School undertake a function of this kind sometime during the present college year. It might be made very instructive, beautiful and interesting with wonderful social possibilities.

We believe the clientele of this publication of J. B. Lippincott Company in Nova Scotia is very large and it should be a standing order by all general practitioners. S. L. W.

OBITUARY

PROFESSOR Howard Murray, after an illness of a few months passed away at the Victoria General Hospital on September 9th, 1930. Professor Murray was a native of Pictou, a son of the late Dr. George Murray a much appreciated practitioner of medicine in the late years of the last century. His wife was Miss Janet Hattie of New Glasgow, a sister of Mr. R. M. Hattie and Dr. W. H. Hattie of Halifax. The medical profession will recall in particular his services to Education in the County Academies and in Dalhousie University. He became Professor of Classics in 1891 and 10 years later he became Dean of the University which position he held till his death. To many of the senior students of to-day and graduates for the past 30 years, Dalhousie will appear unfamiliar without his presence.

To Mrs. Murray and her brothers the members of the Medical Society of Nova Scotia extend sincere sympathy.

The death occurred in Glasgow, Scotland, September 2nd, 1930, of Mrs. MacAulay, wife of Dr. J. L. MacAulay, psychiatrist of the medical branch of the Immigration Department. Ever since the war Dr. MacAulay has been engaged in this work and for several years spent a portion of each year at the port of Halifax. Mrs. MacAulay was a daughter of Mr. and Mrs. Dan Gillis of Glace Bay and was but 31 years of age. Besides her husband she is survived by four children between the ages of two months and eleven years.

The death occurred September 16th of Mr. A. B. Matheson of Sydney at the home of his brother-in-law, Dr. John W. McKay of New Glasgow, who had been in poor health for about a year. He was prominent in business, masonic and church activities.

Locals and Personals

THE BULLETIN notes the marriage on June 7th of Mr. Arthur Goodwin, son of Dr. W. V. Goodwin of Pugwash to Miss Hilda McConnell of Hartford, Conn.

Dr. W. T. M. MacKinnon of Ottawa, accompanied by Mrs. MacKinnon and little daughter were visitors at their former home in Amherst for some time during the month of August.

Dr. George Stewart of New York accompanied by his wife and daughter spent a few weeks in August at his former home in Malagash.

Dr. Karl M. Eaton, after two years post-graduate work in New York has returned to Vancouver where he first began practice some four years ago. He is the eldest son of Dr. F. F. Eaton of Truro and as a student has had a brilliant career.

Dr. Eric McDonald of Reserve spent a few weeks in August and September on a motor trip throughout Nova Scotia. He spent much of the time as a guest of Dr. and Mrs. D. A. Campbell of Bridgewater. Dr. Whitman of Dartmouth was his locum tenens.

Mother and Daughter. "Miss——left——N. S. on Saturday for Halifax where she will enter the Academy accompanied by her mother." (Provincial Paper).

Dr. Gerald Douglas of Halifax, Dalhousie 1925 and Dr. C. O. Homans of Ship Harbour, Dalhousie 1926 are at present on a motor trip throughout the New England States.

Mr. J. E. Barss son of the late Dr. A. DeW. Barss, of Wolfville, is advertising for his father's Diploma from Edinburgh, which was probably lost when the family removed recently to Windsor, Connecticut. A reward of $10.00 is offered for its return.

Among the guests at the Grierson-Dargie wedding in Annapolis Royal on September 2nd, were Dr. and Mrs. R. O. Bethune of Berwick, Dr. E. O. Hallett of Weymouth and Dr. and Mrs. T. W. Harmer, Chestnut Hills, Mass.

The BULLETIN acknowledges with thanks receipt of the official Handbook of the recent B. M. A. and C. M. A. meeting at Winnipeg. This Handbook is appreciated on account of its informative contents, but chiefly as a reminder of the pleasant relations of the BULLETIN and its advertisers. In this instance, Miss Sutherland, R.N., representing Vi-Tone in the Maritime Provinces and Newfoundland, was good enough to thus remember the BULLETIN.

Dr. John A. McDonald of St. Peter's, Richmond County, who has been a successful winner of elections for the last decade, vacated his seat in favor of Hon. E. N. Rhodes, Minister of Fisheries. If the Doctor is appointed to the Senate it will be a well merited recognition of his political services.

Little Alice with a bad cold was unable to detect the odor of a bouquet of roses because, as she said "my nose is deaf."

"Going out of circulation" is a new phrase coined by J. Layton Ralston for an event in the lives of very many politicians.

Among visitors at the Exhibition in Halifax were Dr. and Mrs. Abraham Medjuck now of New York City, but formerly of Sydney, N. S. Dr. Medjuck was a graduate of Dalhousie in 1923.

Should a family golf competition be a feature of the next Annual Meeting of the Medical Society of Nova Scotia, in Truro, doubtless Doctors Davis and Campbell of Bridgewater with their wives will be dangerous opponents of a similar Sydney quartette. Mrs. Davis recently won the local ladies' championship.

Dr. W. W. Patton of Port Morien was a member of a Cape Breton delegation which considered unemployment in Colliery districts at a recent conference with the Provincial Government. From a health standpoint unemployment is a matter for serious consideration in which every member of the profession should take an interest.

Mr. J. Hugh MacLennan, son of Dr. S. J. and Mrs. MacLennan of Halifax, has returned to Halifax after a year in England as a 1929 Rhodes scholar.

A Halifax City Daily made reference to the recent birth in the English Royal Family thus:—"*It* is a daughter!"

Dr. Nat MacDonald, Sydney Mines, returned from Ottawa August 21st, by rail; Mrs. MacDonald and Jean being still far from well following their automobile accident in Ontario.

Society leaders in Toronto, Ottawa and Montreal vied with each other in extending courtesies to members of the B. M. A. on their way to or from Winnipeg. Sir Charles Gordon Watson of London was a guest of Dr. A. L. Lockwood while in Toronto and they motored to Winnipeg. Sir John Bland-Sutton and Lady Bland-Sutton were guests, while in Toronto, of the Lieutenant Governor and Mrs. W. D. Ross at Government House. Dr. D. King Smith, President of the Toronto Academy of Medicine entertained at Luncheon at the York Club a number of prominent members of the B. M. A. Also Dr. D. J. Gibb Wishart, etc.,—The Lieutenant Governor—Dr. Herbert Bruce, etc., etc. There was no opportunity for showing similar courtesies to these distinguished visitors in the Maritime Provinces

of Canada, *Nova Scotia, New Brunswick* and *Prince Edward Island*, for none of them passed this way.

Dr. Frank J. McLeod of Inverness, Dalhousie graduate of 1925 was married September 11th, 1930, at Maitland, Hants Co., to Miss Margaret W. Putnam, daughter of Mr. and Mrs. Clarence Putnam and granddaughter of the late Alfred Putnam, M.P. The wedding took place at the beautiful Putnam homestead and after a motor trip through the Maritime Provinces, the couple will make their home in the town of Inverness. Congratulations.

At Saltsprings, Pictou Co., on August 30th, Dr. Clarence Gordon Campbell, Dalhousie 1924, recently located at Truro, was married to Miss Jessie M. Campbell of Stephen, Minnesota, but formerly of West Branch, River John, where Doctor Campbell practised for some five years. The Campbell family, formerly very prominent in medical affairs has now but two representatives in practice in Nova Scotia, Dr. J. G. D. Campbell in Halifax and Dr. C. G. Campbell in Truro. Dr. and Mrs. Campbell are residing on Prince Street (Doctors' Avenue), Truro.

Born. At Pubnico to Dr. and Mrs. A. M. Siddall, August 17th, a son.

Dr. R. F. McDonald of Antigonish several years ago presented the local Golf Club with a cup for annual competition, then this year, 1930, he wins it himself.

Born. To Dr. and Mrs. C. M. Bayne of Sydney, September 7th, a son.

On Sunday, September 11th, in St. Peter's Anglican Church, Baddeck, a brass memorial tablet was unveiled bearing the following inscription:—"In loving memory of S. G. A. MacKeen, M.D., born at Mabou 1828, died at Baddeck 1900, and his son, G. W. MacKeen, M. D., born at Baddeck 1872, died at Halifax 1929. Both served as wardens in this church, the former being instrumental in its erection, and both practised their profession in Baddeck. This tablet is placed here August, 1930 by Ada MacKeen MacLean, Elizabeth Flagner MacKeen."

Following attendance at the Dalhousie Refresher Course, Dr. A. B. Campbell of Digby went to Ottawa to attend a meeting of the General Council of the United Church of Canada. He spent some time also in Toronto and Montreal.

Dr. D. W. Hoare of Philadelphia spent a few weeks in September at his former home in Truro and among his many friends in Halifax. In company with Dr. Campbell of Bear River he spent a day with a former classmate,—Dr. H. C. S. Elliott of Guysboro.

The marriage took place at St. Patrick's Church late in August of Dr. E. R. Glenister of Dartmouth and Miss Gertrude Bourke of Halifax. Dr. Glenister, a Dalhousie graduate of 1925, is a son of Mr. and Mrs. E. D. Glenister of Halifax. The bride, a daughter of Mr. and Mrs. M. J. Bourke of Halifax, has for several years been the efficient and popular secretary of the Dalhousie Health Clinic. Dr. Gerald R. Burns assisted the groom on this occasion. They are now residing at 61 Queen St., Dartmouth. Congratulations.

Mrs. Byers, widow of the late Dr. D. W. Byers of Annapolis Royal left about the middle of August to look after the crop on her Alberta Wheat Ranch. She will probably remain in the West for the winter.

Dr. T. A. Lebbetter of Yarmouth with two young members of his family spent a week in August with his parents at North Sydney.

Dr. A. D. Blackader of Montreal was nominated last June by the Council of the B. M. A., as a Vice-President of the Association. He was officially elected at the recent meeting at Winnipeg.

R.C.A.M.C. To be Lieutenant Colonel:—Major R. M. Gorsline, D.S.C.; to be Major:—Major and Bt. Maj. J. A. Murray. Dated June 1st, 1930. Congratulations.

The first Provincial Psychiatrist for Nova Scotia, Dr. Clyde Marshall, after three years of service has resigned and will join the Psychiatric Staff at Yale University. He will enter upon his new duties in October. Mrs. Marshall is also attached to the Psycho-Clinic at Yale. Dr. Marshall did much during his period of service to place this portion of public health work upon a sound basis and his removal to a larger field of activity would appear to be a still further instance where we cannot hold in Nova Scotia our highly trained experts.

Dr. W. E. Fultz of Glace Bay returned to his practice about the middle of August. Unfortunately, he spent much of his three weeks' visit to Halifax in hospital as a patient.

Dr. H. R. Grant, Dalhousie 1912, now of Richmond, Virginia, accompanied by Mrs. Grant, recently spent some weeks visiting his former home in Halifax. After graduation, Dr. Grant practised for a time at Rose Bay then went to England, securing his M.R.C.S., Eng., and his L.R.C.P., London and returning located in Halifax in 1914. For a number of years he has been engaged in Public Health Work in the State of Virginia and he is now directing the work of the State Board of Health with his headquarters at Richmond.

The marriage is noted of Dr. Stanley H. Peppard, Dalhousie 1923, on August 14th, 1930 in New York to Miss Jean Pickles, daughter of Mr. and Mrs. Frank W. Pickles, of Annapolis Royal. Mrs. Peppard

is a graduate of Miss McClintock's School, Boston, and of the Froebel Institute, New York, Dr. Peppard's former home was at Port Howe, Cumberland County, Nova Scotia, and he is now assistant Superintendent at Letchworth Institute, New York.

At least one of English visitors to the big meeting in Winnipeg visited in Nova Scotia. Perhaps owing to the failure to arrange any tour to the Maritimes after the Convention, he very wisely made his visit to his former home early in August. We refer to Dr. Mack Creighton of London who spent some 10 days visiting his parents Mr. and Mrs. C. E. Creighton of Dartmouth.

Dr. J. F. Bates of Glace Bay spent some four weeks in July and August visiting a brother in the U. S.

Dr. G. W. Whitman of Stellarton suffered a very considerable loss in the recent fire in that town, having house and furnishings, office and equipment and garage destroyed.

Dr. Geo. B. Kennedy, who since his retirement from Camp Hill Hospital, has been located at Moser River is now settled at Seabright.

The engagement is announced of Dr. C. L. MacMillan of Baddeck, to Miss Ethelyn, daughter of Mrs. A. T. Parker of Halifax. The marriage to take place the latter part of September.

"Dr. Frank McCoy, the Gumps and many others are there to entertain you." That leading newspapers should publish the so-called Health Talks of Frank McCoy is not surprising, but to exploit it in their comic sections, as we have quoted from one City Daily, approaches rather close to the *ridiculous*. The McCoy stuff is mostly silly twaddle, but it is not funny and it may be tragic, as it has been shown to be in the BULLETIN. If an artist would accompany such health talks with pictures, we would suggest these on one page and Andy Gump on the opposite page,—"Chin Chin vs No Chin," being the heading for the two pages.

One could not but notice the freedom with which leading members of the British Medical Association *spoke out in meeting* when it came to consider fads and fancies in modern health education. There also seems to exist a feeling that they can express their opinions on other matters without detracting at all from their sound medical standing. Perhaps we are a little timid in expressing opinions on the foolish things we see around us all the time. When it comes to knocking the findings of medical research as applied to the promotion of health the BULLETIN has its pages wide open for a return blow for the sake of humanity.