

# Presidential Address

DR. J. A. SPONAGLE, Middleton, President Valley Medical Society,  
Berwick, N. S., May 28th, 1932.

To the Members of the Valley Medical Society,

Gentlemen:—

Another year has rolled around and once more we meet in annual session. Since our last meeting, we have lost by death one of our original and much beloved members, Dr. Melbourne E. Armstrong of Bridgetown, who, after a long and most distressing illness, passed to his reward on New Year's Day 1931, at the residence of his son, Rev. M. W. Armstrong, at Amherst. Before leaving Bridgetown the community showed their appreciation of the Doctor in a most sincere and substantial manner.

We all regret very much the serious accident that has befallen our fellow member, Dr. H. E. Killam, and wish him a speedy recovery. If anyone doubts the esteem in which our worthy brother is held, let them get a recent copy of the *Berwick Register* and carefully peruse the article regarding our friend. The most of us only get such bouquets after we are dead and gone.

As one of the original members, who was present at the birth of this Society in 1907, it is with mixed feelings that I appear before you to-day; sadness, as I recall the many faces of the "Old Guard" that are with us no more; gratification, that their successors are supporting this Society so well. It is to our common interest to do so and, if perchance, through lack of interest it is allowed to lapse, it will be a bad day for our profession in this part of the Province. Since the revision of the fees the remuneration to which we are entitled, but which very often fails to materialize, is more in keeping with the present age and cost of living. I suppose that obstetrical cases would be looked after at the old rates, and everything else accordingly. But more important than any pecuniary advantage is the "getting together" and becoming acquainted with each other.

When I recall my experiences, in the early 80's of the past century, while an interne of the old Provincial and City Hospital (now Victoria General Hospital), what a transformation from then to present day practice. Lindsay had just arrived from Edinboro with a Lister spray and the other paraphernalia of Listerism of that date. Great was the excitement over our first Laparotomy, the removal of an Ovarian Cyst, Sands of New York supervising, Archie Lawson operating; a rubber sheet over the abdomen, the carbolic spray going full tilt, and a young excited interne (myself) keeping a Paquelin Cautery hot. After a time this became monotonous and I ventured to ask Dr. W. B. Slayter, who was standing nearby, as to the idea, and he very promptly replied, "God Knows", certainly no one else appeared to. I may say the lady in question made a very excellent recovery; but then she was Scotch.

Then I very well recall when the old hospital had to be cleared out and all the patients put in tents, or on the long veranda, on account of an acute epidemic of Hospital Fever. Every wound, great or small, became infected and took on an Erysipelatous condition. Words can hardly express the mess we were in and the anxiety and hard work we went through. Deep and extensive subcutaneous and cellular abscesses developed, the patients had awful chills or rigors, followed by exhausting sweats and, as you gentlemen can readily understand, were very, very sick. The strange part about it, however, was that, so far as I can remember, they all recovered.

There was then no organized Nursing Staff, the most of it being done by the House staff, aided by convalescent patients, some of whom were syphilitics, or anyone who could be picked up, such as old soldiers. Most any one then answered for a Nurse!

So far as I know, the old P. and C. Hospital was the only one in the Province. Now the whole Province is dotted with them.

What a transformation now with our trained nursing staffs, even our smaller hospitals doing work, and doing it well, that the staff of the old P. and C. Hospital wouldn't dare to touch. Now asepsis is practiced to the minutest detail and the resources of surgery carried to the abdomen, the chest, brain and, indeed, to every part of the body. The advance in the handling of Obstetrical cases, the emphasis on pre-natal and post-natal care, is of supreme importance to the motherhood of this Province. In the field of Medicine, while possibly not so spectacular, the advance is as real, especially in the realm of Preventive Medicine.

Within the past year this Province has made a distinct advance, in that we now have a Department of Health, presided over by a Minister holding Cabinet rank and not now, as before, tacked on to the Departments of Agriculture and Public Works. This is something the Profession has been long asking for; and we are glad the first Minister is so capable a man as the Hon. G. H. Murphy, a gentleman who stands high in his profession and possesses, in a marked degree, the confidence of his professional brethren.

It was expected, however, by the profession and the province, that the choice of a Deputy Minister, would fall on one who had given evidence of special qualifications and training in this Branch of Medicine. In other Provinces this is required. So far as I am aware, the only one connected with the Health Department possessing a D. P. H. Diploma is Dr. Ralph Smith of the Laboratory Staff. In my humble opinion, men aspiring to be authorities in public health matters, should be required to spend some time preparing themselves, and be in a position to show qualifications for these important and, often, technical duties. Other specialties require this and why not in this special branch of Medicine, for that is what it is in this enlightened age?

Gentlemen, with regard to our Provincial Medical Board, are you aware that we are the only Province in Canada, outside of New Brunswick, where there are any appointments of a Governmental nature? In New Brunswick they are able to get along with a Board of nine, four appointments by the Governor-in-Council, five elected by the New Brunswick Medical Society. In our Province, however, it appears to require fifteen men to do this work.

In all the other provinces, so far as I can ascertain and I have had reports from all of them, the Profession appoints all the members to the College of Physicians and Surgeons, or Provincial Medical Board. And usually they are District appointments, i.e. the Province is divided into medical districts

a representative from each. As things now are handled the rank and file of the profession are not given the opportunity of having much say as to the personnel of its governing body.

In justice to the present Administration it is not to blame for the present size of the Board. It was originally twelve, six Government appointees and six elected by the Medical Society of Nova Scotia. During the Murray regime a vacancy occurred of which the Government was not notified. No attention was paid to that or subsequent notifications, so, finally, the Board under a section of the Act filled the vacancy, much to Mr. Murray's disgust. He, then increased the number of Government men to nine, thereby increasing the cost of the Board to the Province. Now, I understand, the Legal Profession, the Dental Profession and the Pharmaceutical Society appoint all members of their respective Boards. Why should not the Medical Profession be allowed to manage their own affairs? Why need any Government have a finger in their pie? In all my experience on the Board nothing of a political nature ever arose. All the appointments that the members of the Board have power to make are the Provincial Examiners for Degrees and Representatives to the Dominion Board. In these appointments politics was never considered.

Probably I will be criticised for referring to these matters, but I am of the opinion that the Doctors of this Province, except possibly a few hidebound men who can only see through political glasses, will agree that we are quite within our rights in discussing these questions.

My ideal of a Medical Board would be one of about seven, all elected by the profession, for a term of three years and, preferably, to be District Representatives. In my humble opinion the work would be as effectively done and the finances of the Province would be saved a very considerable sum.

I thank you for the honor of being your Presiding Officer for the past year, I wish the Society and yourselves every possible success. I apologize for taking up so much of your time with my ramblings.

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#### ABSTRACT ON GYNERGEN.

Some time ago the papers printed disquieting news for those who use ergot extracts, namely, that imported ergot—(and none grows in North America)—was often of inferior quality. There may have been exaggeration in these statements, but it is a fact that ergot deteriorates very quickly and sometimes contains hardly a trace of the specific alkaloid *ergotamine* to which the lasting uterine effect is due. Of course, it is well known that B. P. fluid extract contains no ergotamine and is now considered wholly devoid of value (see J. Obstr. & Gyn, British Empire, Vol. 34, No. 2).

On the other hand, actual tests with specimens kept for many years show that ergotamine is stable and can always be depended upon. This specific alkaloid of ergot was isolated in 1920 by Stoll of the Sandoz Research Laboratories; its trade name is Gynergen.

Gynergen most effectively prevents or overcomes postpartum atony, and checks bleeding not due to malignant growths. Furthermore, it is painless on injection, a feature of considerable importance, as ergot extracts often produce pain and even sometimes necrosis. The tablets and solution for oral use are odorless and practically tasteless.

(Wingate Chemical Co.).

# Medical Co-operation\*

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DR. S. L. WALKER, Halifax, N. S.

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IT is perhaps more difficult to select an appropriate title for a general address on organized work by the medical profession than when dealing with a definite phase of the scientific matters that are so efficiently discussed at all of our Society meetings. However, I remember that Ministers in all Churches have a habit of announcing texts and then discoursing on things that happened to be uppermost in their minds; the text is often for opening and closing use only. Whether the example be good or no it is generally practiced by our guides in spiritual matters, and I may be also permitted to do likewise.

In any and all discussions regarding medical practice we presume there is such a thing as medical organization. The more I am concerned with the executive matters of a medical society the more I am convinced that there may be organization that is *that*, in name alone, or at least very largely so. Having societies and electing officers and holding annual meetings constitutes the life of too many really worth while institutions. It lives for a few days when meetings are held then it is up to the President and Secretary to maintain its hollow dignity for the rest of the year. It would be particularly unfortunate if this would ever be said of the Medical Society of Nova Scotia or the Canadian Medical Association, because they would then have ceased to justify their existence. We must never lose sight of the fact that medical societies are not like labor unions for protective purposes. In these there is always trouble and such unions, that do not assume their full share of responsibility for community welfare, are no stronger to-day than they were a generation ago. It is particularly true of medical organizations, that to be successful, there must be this higher motive of community welfare as the chief objective.

The practical founder of the American Medical Association based its founding upon the broad ground of Altruism—an ideal—that of service to humanity. No lower ground of self interest can be acceptable. Moreover the History of Medicine reveals the fact that such has been the aim of our leaders from the earliest times. Hippocrates said?—"Wherever there is love of mankind is love of the Medical Art." In the 17th century Descartes said,—“If it be possible to enoble mankind it will be through medicine.” Not long since someone, writing on the philosophy of the study of medicine, said,—“It requires no extraordinary insight to peer into the future and behold the exalted position which medicine is destined to occupy. None of the avocations of men shall be more honored. It shall stand between the living and the dead, and men shall call its mission holy. If there is any joy that men should prize, it is the joy to relieve distress. There is but one greater and that is the joy of the prevention of distress. The life of the physician is spent in the midst of both of these and he should be the most blessed of men.”

\*A Post-graduate lecture before medical societies in N. S. in May, 1931.

How eloquently the History of Medicine illustrates the contributions the Fathers of Medicine have made to community welfare. Recall Edward Jenner and vaccination, its first use in Canada being by Dr. Bond in Yarmouth, upon his infant son, who afterwards became a doctor and practised in this province until his death about fifty years ago. Also Pasteur, whose work has enhanced the wealth of nations and saved the lives of millions. Of him Sir Joseph Lister, himself another great benefactor of the human race, said,—“Truly there does not exist in the whole world an individual to whom medical science owes more than to you.” Then recall Harvey, Koch, Laveran, Findlay, Ehrlich, Banting, McLeod and others whose contributions to community welfare would never have materialized were these men not inspired by the highest of motives—service to humanity. Medical organization is the united effort of the profession to promote community betterment; our purposes are ideal and our organization thus justified.

This recognition of the purposes of organized medicine makes the doctor a debtor to the community; too often we think of the extent to which the community is in debt to the doctor. To relieve suffering, to lessen disease, to prolong life, fulfils the strict letter of the law, but there is a bigger and broader field, and he must take cognizance of all things that have to do with the physical, mental, moral, social and industrial life of the community. True it is hard to recognize this when the doctor finds it hard sledding to make a livelihood for himself and family and to educate his children.

Without organization this service cannot be accomplished, concerted effort is needed, for the field has thus been enlarged greatly beyond the possibilities of individual effort. Moreover the public are almost tired of asking the profession to guide them in matters of health and disease prevention; freedom from disease is theirs by right and they are now demanding leadership. But this leadership is only possible if there is common agreement on certain fundamental ideas and co-operation in making these more than a matter of talk or debate. This is hard to obtain as many of us know very well; we are very independent thinkers and inclined to resent being told things. We are critical rather than agreeable. This leads us too often to approve methods with a shrug of the shoulder, to damn a proposal with faint praise. As an illustration:—It was the habit of a doctor well up in years, located in a large prosperous rural district with plenty of work for two doctors, to speak highly of the ability and fine education of every young doctor who sought to locate in his district and make a living for himself; but adding, “he is very young, he only needs experience.”

Then if we are not fully sold to some so-called modern health procedure, some of us stand aloof and look on rather superciliously, and then rather gloat over defects that are almost certainly bound to appear in most enterprises carried on by those who have not the benefit of our advice. There is evidenced here a neglect of the ethical relations members of the profession should bear to each other and to the community.

Perhaps this may be further illustrated by the position of the doctor “At the Cross Roads” as was so well shown in an article in the BULLETIN by the late Dr. F. E. Gullison, published shortly after his untimely death. If he is shabbily treated by his proper clientele is he any better treated by his confreres in the nearest city or large town? Why have we so many consultants who are also doing private practice whenever it offers? Why do some doctors say that sending patients to large central hospitals, where facilities for diagnosis

are fully available, is equivalent to losing them as patients of the family or country physician? Is there any relation between this and the multiplication of small hospitals all over the Province? Incidentally, is this Province over hospitalized? Are we developing the team work in the medical profession in Nova Scotia that is going to enable us to deal with the modern trend of affairs?

The relation of the doctor to the public is much more complex than it ever was before. The public demands more from the profession. They are supporting hospitals, sanatoria, clinics, district school and health nursing services and kindred operations, to an extent difficult to realize. So much is the public contributing to the cost of these activities it is rather strange we do not hear more of state medicine in a threatening manner. The multiplication of small hospitals, our dislike of changes and a most willing and reasonable profession has saved us so far from this agitation, but it is bound to come in time even in Nova Scotia. Indeed in scattered districts in Nova Scotia it is already past due. Are we preparing to meet it?

Now another illustration.

"There are men who are foolish enough to think that they can do without others, but he who thinks others cannot do without him is more foolish still." I do not know who wrote or said this first, but it is wise for us to keep its significance in mind. No matter what particular field constitutes the sphere of our activities, our passing, whether by Providence or self assertion, hardly creates a ripple in the current of natural events. There are a few, very few to-day as compared to a generation ago, who are too busy to bother with a medical society, "mostly kept up by those who like to hear themselves talk or who want to parade their professional ability," as they said. Their numbers are few because their premises were wrong and to-day the public thinks there is something wrong with the doctor who is not a participant in medical society meetings. These shirkers now class themselves as *iconoclasts* or image breakers, or standing in *splendid isolation*. They remind me of a lady of lowly birth, whose husband had been a Cabinet Minister in the Federal Government and he became Lieutenant Governor of his native Province, who asked her husband what she would be when he became Governor? The reply came very briefly but expressively, "the same damn fool you always were."

Now whatever applies to local society membership applies to Membership in the Provincial Society. Several years ago Dr. Routley, General Secretary of the Canadian Medical Association and, incidentally, Secretary of the Ontario Medical Society, spoke very strongly in favor of provincial membership for every physician. He said:—

"I cannot urge too strongly upon you not only the advisability but the duty of carrying on most unremittingly until your organization has obtained the membership of every eligible practitioner in the province. To obtain membership is probably the easiest part of the task. To hold membership requires fulfilment, on your part as an organization, of rendering services of sufficient character to prove to your members that the advantages, both tangible and intangible, in a Provincial Medical Association demand their continued allegiance. To illustrate:—

During the year a practitioner lost no time through illness or accident, nor any other mishap, for which he had paid out \$175.00 in premium insurance. When asked the question, had he not wasted his money, his answer was decided,—"No, during that period I have had protection well worth the investment." When the rank and file of medical practitioners recognize that their

prestige, their dignity and their professional standing can be protected by an organization of themselves, our problem of completely organizing the medical profession will be solved. The investment of \$10.00, \$20.00, or \$25.00, as the case may be, will appeal to the thinking man as logically as his accident or motor insurance. In this argument plain selfish reasons are advanced. The other side of the picture, the one which really counts, is the power for service which can be enjoyed by the organization as a whole and the individual members in particular. Surely in this we have a dual appeal—sound business plus highest sentiment, reaching out, requesting, urging all practitioners to come in."

Membership in the Canadian Medical Association follows as equally logical and desirable. Dr. Routley further stated, after urging provincial organization,—

"Furthermore, I wish to impress upon you the value of the Canadian Medical Association to each and every one of you; a Dominion-wide Association most zealously endeavoring to render every possible assistance to the medical profession of this great Dominion. The Great War gave Canada an opportunity to prove to the world the type of man the Canadian is. The platoon, the company, the battalion and so on up the line was so thoroughly and efficiently organized that the Canadian Army Corps was second to none in the world. Let us here as physicians in Canada so organize our local and provincial units, linking them under the banner of the C. M. A., that we, too, will present to the world a united medical profession capable of giving the fullest expression to our talents."

Then he concluded thus:—"Gentlemen, this must be our objective. The opportunity is ours. Let us look forward to the day when Canada will be a greater and better country with a happier, healthier and more efficient class of people because we took upon our shoulders the full responsibilities of our profession and our citizenship."

Now co-operation between individual doctors is as easy as it is desirable and if we were not all so human we would see more of it; but you can take my word for it that there is 100 per cent. more co-operation between individual practitioners to-day than 25 years ago. This has been greatly aided by the multiplication of small hospitals for you came in contact with your fellow practitioner whether you wanted to or not and you became of mutual benefit the one to the other. But we are also concerned with co-operation of small local societies with each other and their immediate provincial body, and these provincial bodies in turn with the Federal Association. This is not so easy but is equally desirable and necessary when we come to look at our general situation. Dr. Boardman, in the *Manitoba Bulletin*, a couple of years ago, sensed the situation clearly, writing thus:—

"We speak of medical organization, but gentlemen, it is to laugh; we have no such thing. It is true we have a loose co-ordination of a certain number of the profession into societies largely for clinics and scientific purposes, but there is almost no element of cohesion in them. For years the medical profession has been pushed and prodded this way and that like so many driven cattle, by whatever group of upstarts with a little money and some spare time, who may have taken a notion to try out some fantastic health scheme, and we have stood it quietly, and even turned our other cheek, because there was nothing else to do. . . . We must develop a class consciousness and an efficient organization to go with it, that can speak with a single emphatic voice for the

whole profession. The power we can wield is tremendous if we have sufficient cohesion to stick together. Then when the crisis comes we will be consulted. We have the skeleton for this organization in the Manitoba Medical Association and the local societies, but the members are ignorant of the trend of events, or so indifferent to the future, that by the time each individual receives a sufficiently severe jolt to his own private enterprise to arouse him to a consciousness, it will be too late to save very much from the wreck, and as a profession we will be reduced to selling our time at so much per, to various contractors, much like the bricklayers and the carpenters. However, we have this skeleton for the organization which properly directed may do much to save the situation. And since we must all continue, each to make his living in his own private enterprise, it follows that some one or more, who can think and see and feel for the profession as a whole, who has lived its life and knows its problems, must undertake the task of giving this association a voice and teaching it to talk." He then proceeds to specifically point out that their Association requires a Manager, "who can build a spirit of earnest *co-operation* into the organization."

I am inclined to think that my quotations and illustrations have been sufficient to show that I have been in reality developing to some small extent the idea that co-operation is the valuable part of Organization and when it comes to service, perhaps the most valuable agency in the institution. I think also we can safely draw the conclusion that co-operation is needed so our Society can, as a whole unit, direct the thinking of the public in Nova Scotia in all matters relating to health. As a matter of fact we have been working towards that end for several years and thought, possibly, we were doing very well until we were plainly asked by the Government to give them advice as to what *they* should do in *our* business. It needed this direct action to show that actually we did not know ourselves what we required, we were not in a position to co-operate. We had all the machinery but it was not in working order, and it has taken a year or two for us to grasp the real situation. Now we are facing a real danger, just as we appear to be on the road to success, because we think we have solved the entire question by the establishment of a Department of Health as a Ministry in the Government of the Province, with a Minister and a Deputy Minister.

Now I speak of this as a *real danger* for I know as well as any man living the tendency of human nature as exemplified by the medical men in Nova Scotia. When we are considering policies and methods and decide to commit the carrying out of the activity to some certain persons we are apt to feel that *we* have done our duty and now it is up to some one else; a course commonly known as *passing the buck*. Just now in health matters there is such an openly expressed opinion that the Medical Society or the medical profession if you prefer, should sit back and give the Ministry of Health a free hand. So it is we pass the buck, or, speaking more familiarly, we say,—'Let George Do It'. We have had all sorts of Committees of our Society in recent years concerned with Health, Tuberculosis, Cancer, Publicity, etc., most of whom presented annual reports that were excellent, were unanimously adopted and safely buried in the Minutes of the Society. Now there seems to be an impression that there is no more work for these Committees, but we should sit back and accept the guidance of the Ministry of Health,—in other words, 'Let the Department do it.'



The Ministry of Health has no more right to lay down policies based upon modern medical knowledge than has any other specialist in the field of medicine or surgery for it is the knowledge, experience and practical sense of the general practitioner of which the specialist must avail himself if he is going to be a successful specialist. The Ministry of Health should offer leadership, it is true, but it is equally true that *that* leadership must be in accord with medical knowledge from a treasury which is open to all medical men. Its leadership is actually thus more like an executive body, the policy of which has been more or less outlined by the profession as a whole. A Department of Health antagonistic to an organized medical profession would be intolerable. A Department of Health leading the medical profession might bring about undesirable conditions; but a Department in partnership with organized medicine might accomplish everything it would undertake. Remembering what we have premised regarding the spirit that inspires medical men and their organizations, this conclusion is fully justified. The point is, that each individual physician in Nova Scotia has as much responsibility as any of the officials for he is one of the partners.

Partnership, furthermore, presupposes mutual confidence; where such does not exist disaster surely comes in time. Also it places responsibilities upon every stockholder in the Company. Surely I will not be misunderstood when I say that in this partnership the medical profession furnishes the capital,—in this case it is scientific knowledge, while the Department of Health is the Executive. The real burden of leading falls on the medical profession, the routine work falls upon the Department, and incidentally, it is a damn poor Boss that does not fight for his own help. By which I mean we have no business to sit back and wait till we can get a chance to find fault and then direct our tirades against our own executive instead of ourselves. If we want to kick anybody we will be less likely to make a mistake if we kick ourselves.

The only drawback, that I can see in the way of having this perfect partnership and making Nova Scotia another Utopia, is that most of us are very human, and I feel justified in my frequent references, in my addresses and in the BULLETIN in emphasizing the ethical reasons for our Society activities.

But our discussion of co-operation would not be complete if we made no mention of another partner with whom we must co-operate,—the public whom we serve. The public is a large stockholder in this Health Company. We have already mentioned what part they are already taking in this effort, although Dr. Boardman intimated that some of their efforts were better intentioned than executed. This has occurred in Halifax and in Nova Scotia, although I am free to confess that blame for the result largely fell on members of the medical profession who joined the ranks of "lookers-on" and were then able to say "I told you so." But this very Post Graduate Lecture Course, sponsored by the C. M. A. was first inspired by the Canadian Red Cross, and very materially financed by it for three years in the Province of Ontario. Also it has now been financed for the past five years by the Sun Life Assurance Company. Practically all the nursing services we have to-day were made possible by public philanthropic agencies, and the debt of medical knowledge to private philanthropy is too vast for us to adequately give it recognition.

Not only is the public to become a partner in this *Nova Scotia Health Commission Unlimited*, as we shall name it, because of what it has already contributed and is continuing so to do, but because success depends upon such co-operation that is only possible by a full partnership. Success is not to be

secured by legislation or instructions by a Department of Health, nor by the expressed opinion and advice of an entire medical profession. The success of the N. S. Health Commission Unlimited will depend upon the intelligent *co-operation* of this third partner, the men, women and children of Nova Scotia.

We all know that this can be obtained only by Health Education and we also know it was needed in the medical profession as well as in the laity. Not until the modern trend of medical practice became so overwhelmingly directed towards prevention did we realize our need of this education, although, human like, we always saw that the public needed it. As a result we have lost several very valuable years in health progress. Did it ever occur to you to estimate how much of the present depression in Nova Scotia might have been ignored if this new Corporation had been actively engaged in business five years ago? Remember that sickness or impaired health is the heaviest drag upon economic progress. So it is that the active *co-operation* of this third partner must be made our first business. The new corporation needs to do a lot of advertising right off the bat in the field of health publicity.

Over two years ago I said in the BULLETIN,—“As I view the whole situation the medical men in Nova Scotia should use their Local Societies and the Provincial Society to secure *co-operation* with the Public Health Department and the many lay organizations in existence, in a concerted effort to promote health education and proper living throughout the Province, in order that disease may be prevented, health promoted and distress conditions relieved in Nova Scotia.”

Always I find myself almost pleading with the members of the Medical Society of Nova Scotia for team work in the matter of improving health conditions in this Province, but the day for this has passed. The truth is, that if we do not make rapid progress in this direction in the next five years the influence of the medical men in this province will have lessened 100 per cent. and they will be held up to scorn and censure by the great majority of the very people they are pledged to serve. To save ourselves we must unite to save others.

This is my contribution in support of *Co-operation in Medical Practice*.

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## POST-GRADUATE STUDY.

### Dalhousie Refresher Course for Physicians.

The Committee of the Dalhousie Faculty of Medicine which arranges the annual refresher course has fixed the time for this year's course for September 7th to 11th inclusive. The general plan of former years, which has proved very popular, is being continued. The mornings are to be devoted mainly to general medical and surgical clinics, while the afternoons are set aside for special clinics and for lectures by visiting physicians.

The names of the visiting lecturers cannot be announced definitely as yet, but the Committee feels that when the announcement is made it will give great satisfaction to those who plan to attend the course. The programme will be issued as soon as possible.

## Case Reports

DR. R. C. ZINCK, Lunenburg, N. S.

**T**HE patient was a male aged 35, occupation—business executive, who, in his past history, shows the year 1916 spent in the Nova Scotia Sanatorium at Kentville; while in 1923 he had pleuro-pneumonia.

His present illness began on March 19, 1931, when he complained of a vague distress in epigastric area. The examination revealed no positive features, and I felt this distress was due to a mild alimentary disturbance following the banquet of the local Board of Trade.

I again saw him on March 26th, at which time a serous discharge was oozing from the umbilicus. Physically examination now showed an indurated area, about the size of a silver dollar, around the umbilicus, with some local tenderness. Temperature and pulse were normal.

On the night of the 27th of March I was called to his residence. He had been awakened from sleep by a desire to defaecate. While doing so he felt a sudden sharp pain at umbilicus, sufficiently severe to practically cause vomiting. When I saw him he was in a state of mild shock; while the local condition showed nothing further than that mentioned above. The patient was now ordered to remain in bed. The following day, March 28th, the discharge became frankly pussy and quite copious. Treatment consisted of rest, hot fomentations, alternating with an infra red lamp for one half hour—q.4h.

For some days following this the discharge continued, with the patient running a temperature of 99—100, with pulse from 72—80. The area surrounding umbilicus remained unchanged. On April 8th the pussy discharge found a second outlet through the projecting side of the umbilicus. This condition continued until April 15th, when a faecal concretion, the size of one of our new five cent pieces, was expressed through the sinus outlet. Following this, recovery was rapid and uneventful.

It is my opinion that on the night of March 27th, the concretion burst through the peritoneum and, until the 15th of April, was making its way to the skin surface. I suggest a Meckel's Diverticulum as the underlying condition.

DR. J. C. WICKWIRE, Liverpool, N. S.

### Mercury Poisoning from a Bichloride Douche.

On May sixteenth of this year I saw a woman a few hours after she had taken a strong bichloride douche. Examination showed labia minora very oedematous, the lining of the vagina pale and separating in areas. She was very restless, complaining of some local "burning", also nausea and cramps in

the abdomen. Pulse and temperature were normal. I immediately gave her a copious douche of sodium bicarbonate, and later daily douches of boracic and 1½% tanic acid.

May seventeenth. Patient was suffering from abdominal pain, vomiting, profuse diarrhoea, sloughing of vaginal epithelium, and weakness.

May eighteenth. Patient was suffering from the same symptoms as previous day together with suppression of urine, and increasing weakness.

May nineteenth and twentieth. As at last visit but with symptoms of acidosis. This we tried to combat with glucose and soda by bowel and by mouth together with five per cent. glucose in normal saline intravenously.

May twenty-first. Consultation with Dr. Hennigar, who agreed that we had a case of acute mercurial poisoning.

In spite of our efforts, the patient grew steadily weaker and died on the twenty-third of May, one week from the date of poisoning.

Liverpool, N. S.,

June 17th, 1931.

*in cystitis and pyelitis*

TRADE

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412 St. Sulpice St.

## It Is The 'Flu

A NUMBER of years ago, to be more definite in 1918, Influenza was very general and, in Cape Breton at least, was no respecter of persons and its severity called for heroic treatment. A BULLETIN reader sends a clipping that appeared in the *Sydney Post* anonymously purporting to be the personal experiences of the writer. It may be good to get occasionally such a viewpoint of a disease. As there are no "slack periods" in BULLETIN material, we are compelled to quote this experience in part only. It appears that the writer and King Alphonso sickened at the same time, yet with all deference to his pleasant company he tells his tale of woe.

Now the Spanish 'flu is just the grippe, the old fashioned grippe—only much more so. I have had the old grippe at least a dozen times. We are old friends you might say. I could beat the old grippe with a little penacetin or quinine and a mug of hot rum every time, and make him squeal "kamerad" inside of twenty-four hours. But with this chap, nothing doing. Why after twenty-four hours this fellow was still scoring for a favorable start, just getting limbered up for a good scrap.

The doctors of Europe assure us that the same disease germ is at the bottom of both the old and the new disease. They find it a little difficult to explain the difference in virulence but doubtless the course through the battlefields of Europe with their millions of encamped men may have accounted for the old germ taking on an increased virulence.

Doubtless the smallpox germ which visited Sydney in considerable numbers last spring and did so little damage was and is the same chap which is capable under other circumstances and conditions of killing half the people it strikes.

The doctors declare that the old germ *Bacillus* is the same now found in the new 'flu—(If you care to pronounce the name of the bug you take a mouthful of leather scraps and then try to spit like an angry cat). But they don't seem to know why pneumonia is a much more constant companion than heretofore—but that is only one more item added to the whole list of things that doctors don't know.

One old English doctor declared that the best treatment for the 'flu was to go to bed and drink RUM. Now I liked the style of that prescription. It was brief, to the point, and quite intelligible to the most ignorant of laymen. No appeals to Jupiter about that prescription, no thundering Latin names in the inscription, and no question about the ease with which the first part could be taken that is the lying in bed; and as for the second part, the rum—well at least that looks easy—but in Sydney at any rate it is not as easy as it looks.

Let me explain: On the afternoon of the first day I sent a messenger with a bona-fide prescription for rum. He called on the vendor—upstairs in a back street—about 4.30 p. m., but the vendor had "just left." Perhaps, poor fellow, he too had the 'flu. At any rate he had flew the coop and I had my disappointment number one.

The vendor, as I said, was not at home. My messenger chanced to meet shortly afterward an old acquaintance who very kindly consented to "have the rum at the house by six o'clock"—and he kept his word. As a matter of fact he probably thinks he did me a good turn.

Oh! but you ought to see that rum.

Now I have seen and even tasted various samples of bush rum in my time. I have seen it carted from the wildest parts of Gabarus and North Sydney in most unseemly hours of the morning. I have seen it more brazenly meandering in from Kilkenny Lake and even from temperate Waterford on many a summer afternoon this year. I have seen and smelt the product of Caribou Marsh, of Cape North and of the Coke Ovens. I have seen it in a variety of colors all the way from pale amethyst to a dirty ginger or from the dull red of a hazy sunset to the sombre hue of smoke capped St. Pierre.

The taste? Well I didn't attempt it though I have no doubt that that mixture was calculated to kill at a hundred paces any bug in the bacteriological Zoo, from pulmonary consumption to the Pictou cattle disease or from the Pfeiffer bacillus to the Phizzeloo. Oh, no, I wasn't taking anything in the way of rum that night. I hung the bottle out the window with a string,—and I hung out the rest of the night as best I could on Pendleton's Panacea and Radway's Ready Relief and in the morning I hung out a white flag for suspension of hostilities until I should be able to negotiate some real rum. A fresh scout located the legal vendor before noon and the situation was saved.

Then as the story books say we lived happily together, me and the rum and the 'flu until the latter gentleman after a ten day's visit decided to quit. Good luck to him.

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### SAFE GENERAL PRACTICE.

(With apologies to all in anyway concerned).

---

After the crash is over,  
 Now that my stocks are gone;  
 (What few stocks remain  
 Are writhing in pain  
 Deflated, depleted, forlorn:  
 After the Bank's Cesarean,  
 When the dear old panic was born,  
 General Practice *now* looks good to me,  
 After the storm.

After the crops were gathered  
 And the profits were just "Apple Sauce"  
 And the cows had T. B.  
 And the chickens you see  
 Laid eggs that were picked at a loss  
 When the turkeys croaked with Angina  
 Glassy eyeing their M.D. boss  
 Old G. P. *now* looks good to me  
 After their loss.

Now that the winter's over  
 The frost and icicles gone  
 With its rain and its mud  
 And its winds and its flood,  
 And the starter stuck in the morn;  
 With roses and buttercups blooming  
 And tulips fringing the lawn,  
 By Gosh! Old G. P. *now* looks doubly good to me!  
 After the storm.

(Journal of the A. M. A.).

# The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

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VOL. X

JULY 1931

No. 7

## The Span of Life

**W**HAT is it? How has it been reckoned? Can it be extended? If the last answer be in the affirmative, a pertinent question is—Is it worth while? In the days of our youth a copy of the Book of Books, in a convenient leather case, was presented to us and, probably on account of its case, is still in our possession. A short time ago we were reminded of the words of an old song in that Book, and there is a lot of wonderful poetry in it, which ran as follows:—

“The days of our years are threescore years and ten;  
And if by reason of strength they be fourscore years,  
Yet is their strength but labor and sorrow;  
For it is soon cut off and we fly away.”

But what has this to do with you and me, or with the BULLETIN of the Medical Society of Nova Scotia?

From the first issue of the BULLETIN it has maintained that, while it was the official journal of the Medical Society of Nova Scotia, it was not his scientific authority, but an agency to establish a fraternity of medical men in Nova Scotia, and to foster and develop our ideals of service to the community. Reading the BULLETIN was never intended to be either study, or work, but a profitable recreation, keeping us in touch with each other and with the community in which we serve. You can read it from cover to cover, advertisements in particular, and will, if you are a good member of the Society. Then, surely you have grasped some of its teachings; that there is more to life than work and worry. When work becomes our chief aim, either for a livelihood or for love, the joy of living has pretty well departed. The soul of man will waste with work alone for its sustenance.

The BULLETIN has endeavored to make life more worth while by giving you a different view of things, than is found in most medical journals. Of course, it is served up to you in small doses, samples, as it were, that you can use for personal experiments in making life worth living.

The BULLETIN is no faddist or specialist, but a firm believer in common sense in both medical practice and in living generally. As a journal for the members of the Medical Society of Nova Scotia, the BULLETIN has combined

the literary with the scientific; has featured personal news and related subjects, making up our daily lives; has featured the activities of, and our relations to the various organizations that concern themselves with community welfare. All this in an effort to suggest the broader aspect of life, that it cannot develop in a groove, nor can man live alone or to himself alone. The broader the life the safer for its span to be extended. If, however, it is to be cramped into a groove of selfishness, professionally, mentally, socially or otherwise, its present span has been quite long enough; its "labor and sorrow" might better be ended as soon as possible.

### BIRTH CONTROL.

SO much has been said and written upon the matter of Birth Control, that a full and proper perspective of the subject seems likely to become obscured. It is a mistake to think that each question that the human mind may attempt to answer can be decided *per se*. The clever teacher in metaphysics may ask a series of three or four questions to which the answer is obvious only to bring the responder to the *reductio ad absurdum* point of view. There is such a principle in philosophy as *relativity* that should be remembered in many of our disputations. There is a vast dependence in the realm of thought and of fact of one thing upon another, and, unless the relationship is thoroughly considered the single decision may easily be one step on the road to the conclusion that is absurd.

Now in the matter of birth control there are several subjects that must be considered and answered before our mental finding in this case can be placed upon an authoritative basis. Of these we will venture to call attention to but two, others may be regarded as related to these two.

However, in the first place, it is necessary for a moment to make a suggestion as to the logical reasons that may be given for an acceptance of some so-called modern ideas on the purposes of birth control. The most plausible reason is that of bringing into the world only a desirable number of children who will have the best chances of becoming, physically, mentally and morally, the best citizens to carry on the world's work. The excuses given on account of those having organic disease that may be passed on, or the birth of whom will mean death to the mother, may be disregarded for, by a general consensus of medical opinion, this is already the guiding principle with all physicians in general practice. It is, moreover, the idea probably in the mind of members of the Executive of the Medical Society of Nova Scotia, when they declined to endorse the request of a so-called Biological Society to endorse a Bill favoring Birth Control that was to be presented to some United States legislative body. The resolution might well have had a preamble stating the unmitigated gall shown by asking foreign medical associations to express the opinion desired, but the matter was taken seriously and was only considered as it affected the medical profession in Nova Scotia. It is quite possible that a further preamble would have been desirable to the effect that the medical profession does not set itself up to either support or oppose schemes based upon other than physical or health reasons. In other words the legal, economic, moral and other kindred reasons did not properly come before the Medical Society. This, however, only goes to emphasize the idea behind this article, that nearly all of these problems are complicated and should be considered together with all allied



matters. What, then, is there more than that which relates directly to the work of the medical profession in our further consideration of this question?

At this time we wish to point out that two other matters are so vitally linked up with this question that we had better hold back our final statement until we have more thoroughly covered the ground. It is not a matter of over population, but a cry that we must have selective births, those who are wanted and those who are needed. What a wonderfully philanthropic purpose inspires the disciples of this latest propaganda! Now the first related subject is evident, how is the particularly efficient generation to be obtained? As we are still human beings not entirely reverted to Nature or following Nature's laws, we have a formality, called marriage, that must be here considered. In Nature reproduction and mating are almost synonymous terms, but this new doctrine must certainly upset the already established human, or Christian, if you like, method of continuing the population of the earth. So it is pointed out that the advocates of birth control must also assume the responsibility of telling us what we are to do in the matter of marriage. We cannot very well go back to the middle or dark ages where very often they had trial marriages, as these were inspired by a rather different reason, nor do we like to express approval of companionate marriages for economic, social and decency reasons. But we must face the complications that arise when we commit ourselves to one or the other side of the question. Before going further with this there is another question that claims our consideration.

What is the difference between taking life and preventing life? Is it not, if we follow natural laws, the difference between tweedle dee and tweedle dum? Give it careful thought; if we are going to prevent life by mechanical means may we not end it by similar means? If the object of Birth Control is as claimed by its advocates what is their logical procedure regarding the present helpless and hopeless of our race? We cannot hide behind the claim that one is gradually to diminish the latter, if they should be done away with why not make it radical and complete. This also involves the happy passing of those relegated to hopeless suffering by incurable disease. A beautiful word expresses it,—*Euthanasia*. Then let us be honest and when we talk of birth control let us include the marriage of humans and the disposal of undesirables. The problem is thus threefold, to say the least. If we are, as medical men, interested in one let us deal with this threefold aspect of the case.

Some of the older members of the profession can remember our college days when we had to write essays on the general topic of the relation of science to religion. There is a very striking similarity to the present discussion as a kind of a revival of this worn out subject. We say "worn out", because religion still survives and the most of us fervently desire that it will continue to survive. Is it too much to ask that the burden of proof rests rather upon science than upon religion to prove that a change must be made in the interests of the welfare of the race in general? Nor is it fair to state that one religious sect more than another is responsible for the agitation in favor of birth control. Religious scruples are not confined to any sect, it is an innate principle that is larger than sects or creeds. The moral creed is the possession of all peoples irrespective of their church dogmas and it is unfair to thus restrict it. Nor have we the right, as medical men, to confine our pronouncements to the medical aspect of the question only.

It is not answering the question to say that the findings of science are those of facts and the conclusions of religion are those of mere sentiment based upon teachings of many years standing. Neither of these are of value unless they help us to solve present day problems; neither of them constitute the last word in any controversy till they reach an agreement on the subject as a whole.

If, as a Society, we are to discuss this subject and, with all due respect to many comments that we have heard, we believe it is a very proper subject for discussion, shall we not think of it in this broader aspect than that of merely furnishing knowledge or information, that may not be as necessary as we think, of how to avoid conception?

### POST-GRADUATE STUDY.

**T**HE BULLETIN will continue to give prominence to opportunities that offer to our physicians for Post-Graduate work here or abroad. We have already called attention to these opportunities presented by the New York Academy of Medicine and are very glad to give prominence to this advanced notice of their proposed course this fall. The Medical Secretary writes us as follows:—

“The disorders of the circulatory system which have in the last decade placed ‘heart disease’ in the forefront of the principal causes of death will constitute the theme of the Fourth Annual Graduate Fortnight of The New York Academy of Medicine.

This graduate course of instruction will consist in a series of lectures and clinical demonstrations, concentrated in a period of two weeks from the 19th to the 30th of October, 1931.

Lectures will be delivered evenings in the auditorium of The New York Academy of Medicine, 2 East 103rd Street, New York City. Clinical demonstrations will be held during afternoon in twelve of the leading hospitals of the city. The demonstrations will be in charge of teaching clinicians and will be organized so that those participating will have the full benefit of individual contact with both demonstrator and patient.

An outstanding feature of the 1931 Graduate Fortnight will be the anatomical, bacteriological, and pathological exhibition of specimens and research material bearing upon the subjects dealt with in the evening meetings and clinical demonstrations.

This exhibit will be housed in the Academy and will be open for leisurely study. A number of the exhibited items will be demonstrated on schedule and subjected to group discussion.

The profession of the country is invited to attend and to participate in the Graduate Fortnight. There is no charge for attendance at any of the clinics or meetings, but registration for the clinical demonstrations is required.

A complete program and registration blank for the clinics and demonstrations may be secured by addressing the New York Academy of Medicine, 2 East 103rd Street, New York City.”

# Department of the Public Health

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Deputy Minister of Health - - - DR. T. IVES BYRNE, Halifax.

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**INFORMATION.**

The Provincial Public Health Laboratory provides free diagnostic services for the entire Province. 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 St., Halifax.

Physicians desiring serums and vaccines should address their communications to the Department of Public Health, Halifax, N. S.

**Seventeenth Annual Meeting**  
OF THE  
**Association of Medical Health Officers**  
OF NOVA SCOTIA

TRURO, NOVA SCOTIA

JULY 7th, 1931

“When a Medical Health Officer attends the Annual Meeting of the Association of Medical Health Officers of Nova Scotia and presents a certificate to that effect from the Secretary of the said Association he shall be entitled to reimbursement from the town or municipality of the expenses incident to such attendance.”

(Sub. Section 9, Section 33.

Chap. 157 R. S. N. S. 1923).

These certificates of attendance may be procured from the Secretary-Treasurer.

**PROGRAMME**

**TUESDAY, JULY 7TH, 1931.**

**Morning Session** \_\_\_\_\_ 10 o'clock

Minutes of Previous Meeting

Committee Reports

Correspondence

Address by Hon. G. H. Murphy, M.D., Minister of Public Health

General Business

Appointment of Nominating Committee

Paper - - - - - Dr. J. K. McLeod, M.H.O., Sydney, N. S.

**Afternoon Session** \_\_\_\_\_ 2.30 o'clock

Presidential Address - - - - - Dr. W. F. McKinnon, Antigonish

Paper “The Conscientious Objector” - - - - - Dr. F. D. Charman, M.H.O., Truro

Paper “Medical Health Officer” - - - - - Dr. R. L. Blackadar, M.H.O., Port Maitland

Unfinished Business

**Evening Session** \_\_\_\_\_ 8.15 o'clock

Open to Public

Address—Hon. G. H. Murphy, M.D., Minister of Health

Address—“Maternal Mortality,” Dr. W. B. Hendry, Professor  
of Obstetrics and Gynaecology, Toronto University

**Officers 1930-31**

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*1st Vice-President* . . . . . Dr. T. R. Johnson, Great Village.

*2nd Vice-President* . . . . . Dr. M. J. Wardrope, Springhill.

*Sec.-Treasurer* . . . . . Dr. T. Ives Byrne, Deputy Minister of Health.

**Council**

Dr. A. C. Gouthro, Little Bras d'Or.

Dr. A. E. Blackett, New Glasgow.

Dr. F. E. Rice, Sandy Cove.

### CANCER OF THE BREAST.

**A**MONG the most common and perhaps the most dreaded of all the cancers are those that attack the breast. For reasons that are as evident as they are human, the woman who discovers a mammary mass conceals the fact first, from herself and then from her family as long as she can endure the strain. Her family doctor, who is her best friend, too often only knows of the affair too late. In more recent years more intelligent women have learned to seek advice, however, and it is now no uncommon occurrence for women to present themselves in the consulting room with conditions affecting the breast which have caused quite unnecessary anxiety. The doctor is glad to be able to set their minds at rest.

However, it is among this group that we must look for the early cancer. They are not to be treated lightly nor laughed off. The examination should be thoroughly and carefully conducted by inspection as well as palpation. In a good light, comparison of the breast should be made. Can the mass be seen? Does it begin to show any retraction of the skin or of the nipple? Is it solitary? Are there similar masses in the other breast? What is its consistency to the touch? Is it in or beneath the gland? Does the skin move freely over it? Or is it already showing fine dimpling attachments?

The diagnosis of an early cancer of the breast may be by no means easy but it is the case that appears so early that a positive diagnosis is only possible by section that gives the greatest hope.

Unfortunately perhaps, biopsy, as practiced in some other sites of malignant disease, is not safe in the breast. The removal of a portion, or all of a gross tumor for microscopic study inevitably disseminates a cancer and lessens or abolishes the hope of its successful extirpation. Such a suspected tumor should be studied in the operating room where an accurate diagnosis can be followed immediately by the necessary treatment.

The progress will depend upon the stage at which the disease is recognized, the patient's age and the completeness with which surgery is done. The relation of X-ray therapy, save as a palliative, is a matter of opinion. If properly applied in adequate and proper dosage, it may be a valuable adjunct but that unwisely used it will do harm.

The most important factor is undoubtedly an early diagnosis and for this the practitioner is responsible if the patient will give him a chance.

(That cancer may be recognized early and adequate therapy begun when conditions are still hopeful, the Brooklyn Cancer Committee presents the above for the attention of the medical profession in Brooklyn. THE BULLETIN).

### CHIROPRACTIC SLUGGED.

Chiropractic took a hard slugging in a Jamaica, L. I., court last week. William H. Werner, president of the American Bureau of Chiropractic, was on trial for practicing medicine without a license. His income from chiropractic treatments and teaching was figured to be \$70,000 a year. Some 200 of his patients, who believed him to be a martyr, jammed into the court room where they caused so much disturbance that the trial judge had them ejected.

Chiropractor Werner was a martyr to his cause in one sense. Regular medicine, including homeopathy, uses drugs, surgery, physical therapeutics, every possible means to prevent and cure disease. Chiropractic in essence

believes that spinal manipulations (one form of physical therapy) is sufficient to prevent and cure. A great many chiropractors have amplified this philosophy to include many of Medicine's teachings, as have osteopaths with their theory. Hence 40 states recognize chiropractic as a method. But not New York.

In New York when rich William H. Werner, doctor of chiropractic, treats the sick for pay, he has no more legal standing than a Pennsylvania "hexer". In court he proved an undiplomatic protagonist of his cause. He tried to harangue the judges on chiropractic. They squelched him and sentenced him to six months in the workhouse. (Time, May 18, 1931)

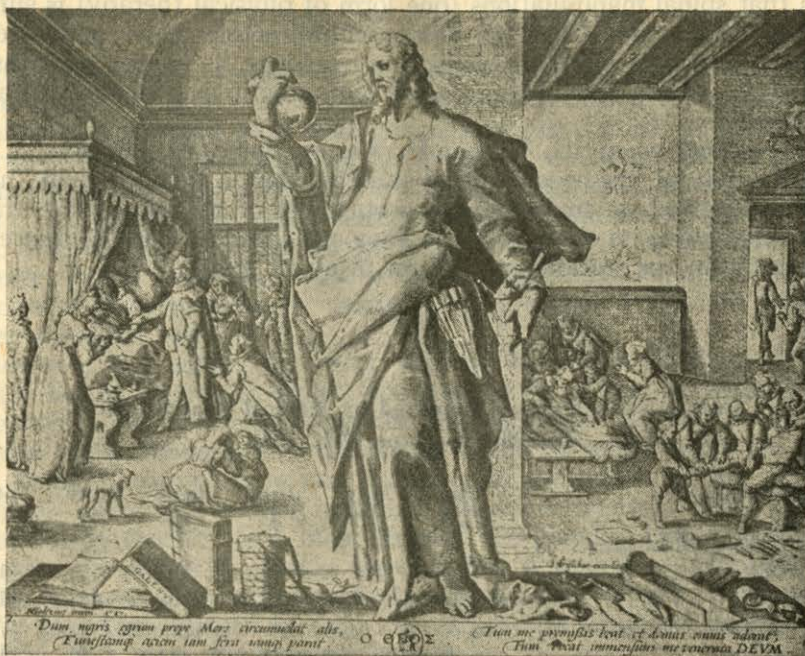
**Communicable Diseases Reported by Medical Health Officer.  
May 20th to June 17th, 1931.**

Disease	May 20	May 27	June 3	June 10	June 17	Total
Cerebro-Spinal Meningitis.....	1	.....	.....	.....	.....	1
Chickenpox.....	1	1	1	15	.....	18
Diphtheria.....	2	7	3	6	1	19
Infantile Paralysis.....	.....	.....	.....	.....	.....	.....
Influenza.....	6	.....	7	.....	4	17
Lethargic Encephalitis.....	.....	.....	.....	.....	.....	.....
Measles.....	1	4	.....	.....	4	9
Mumps.....	2	.....	.....	.....	.....	2
Paratyphoid.....	.....	.....	.....	.....	.....	.....
Pneumonia.....	1	1	2	1	1	6
Scarlet Fever.....	10	5	9	4	7	35
Smallpox.....	.....	.....	.....	.....	.....	.....
Typhoid Fever.....	.....	.....	1	.....	.....	1
Tuberculosis-Pulmonary.....	1	.....	3	.....	1	5
Tuberculosis—Other Forms.....	.....	.....	1	.....	.....	1
V. D. G.....	.....	1	.....	.....	6	7
V. D. S.....	4	.....	1	.....	.....	5
Whooping Cough.....	7	5	9	5	24	50
Totals.....	36	24	37	31	48	176

A daily newspaper in Nova Scotia prints the following as a telegraphic news dispatch, names, etc., being omitted:—

"A. B. June 10—C. D. of E. F. was released from... hospital to-day after being admitted to the institution several weeks ago to undergo a very serious operation which was the first of the kind ever to be performed successfully in this district. The operation was a spinal one and was performed by Dr. ...." (A member of the Medical Society of Nova Scotia).

If members of the profession are as careful in their casual conversations of hospital matters as they are in giving professional opinions, fewer reporters will make breaks like the above.



1. When Death lurks at the door, the physician is considered as a God.

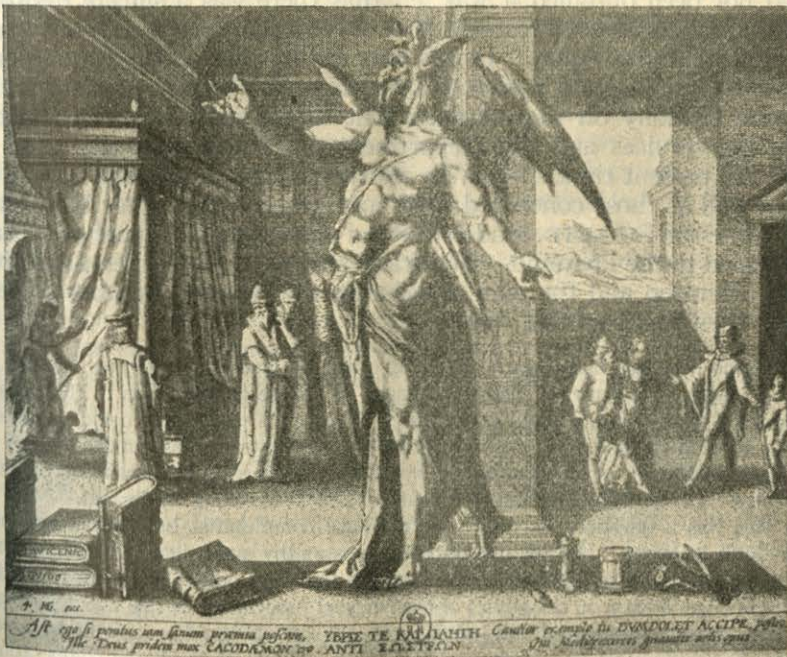


2. When danger has been overcome, the physician is looked upon as an angel.





3. When the patient begins to convalesce, the physician becomes a mere man.



4. When the physician asks for his fees, he is considered as Satan himself.

## Hospital Service

### ANNUAL MEETING, HOSPITAL ASSOCIATION.

THE Third Annual Meeting of the Hospital Association of Nova Scotia and Prince Edward Island was held in the Opera House at Windsor, N. S. on June 9th and 10th, 1931. The President, Mr. L. D. Currie of Glace Bay called the meeting to order at 10 o'clock with over fifty delegates being present. Dr. O. B. Keddy, as Mayor of Windsor, extended a very graceful and cordial welcome to the Association, especially in view of the nature of the work in which hospital boards and nurses were so actively engaged in all countries at the present time. Mention was made of the efforts that the local hospital and friends would make to give the visitors a pleasant time in seeing the beauties of Windsor and the surrounding country, where Nature had donned her handsomest costumes for the delight of all. (Before the session ended over 100 were registered and many more attended some of the meetings).

In responding to this welcome the President, after thanking Mayor Keddy, gave a resumé of the work done by the Association during the past year. Very considerable activity marked the work of the Executive in presenting chiefly the claims of the hospitals for greater government assistance. While this had not been obtained it was felt that there was a sincere desire on the part of the Government to respond favorably to the request as soon as a proper basis could be agreed upon. It was very fitting that at the conclusion of his address Mr. Currie should introduce Dr. George H. Murphy, Minister of Health, who spoke officially on the relations that should exist between the hospital and nursing services and the Department of Health, and the plans of the latter at the present time. Now, an address of this nature was for the general public as well as those concerned with hospitals and caring for the sick, hence it will be wise for BULLETIN readers to read a portion of a report of this address as it appealed to the lay mind. Naturally the matter of tuberculosis received his chief attention and the plan of securing the required number of beds was outlined, then the reporter says:—

"Some hospitals had already taken up with the idea and Inverness was an example of this readiness to have its Hospital enlarge its sphere of usefulness in this regard. By reserving a ward or building an annex for T. B. patients where they could be cared for by nurses selected for this work there would be a great advance made in the cure of patients and most important of all this method would be a great asset in prevention of the spread to others. Dr. Murphy stressed the great need of T. B. being eradicated.

This was a question not only affecting local communities but it was provincial and national in its scope. He also mentioned the sympathy and interest the Government had in this public health programme. One hundred thousand dollars had been granted for the Island of Cape Breton on the advice of the Medical Association as this was a strategic point of battle with the enemy and that before long Cape Breton would be actively engaged in this work. Concluding his impressive and informing address he urged the co-operation of all the health centres and agencies for the prevention of disease. The Department and Government were sympathetic but they were only the leaders. Other forces must assist in the

great work for the health of the people of Nova Scotia. It was the duty of Hospital Association to educate the people at large in the scientific and economic value of preventing disease, more important than curing the sick even because it means the saving of the many rather than the few. Every Hospital should be doing public health work in addition to curing the sick. The Medical Associations had been operating on this principle for years and there, were many who had made a special study of this problem for years."

After routine business, at the afternoon session, Dr. G. Harvey Agnew, Associate Secretary of the Canadian Medical Association, spoke of the advantages to be derived from affiliation with a Dominion Hospital Council, so that standardization and co-operation between all the provinces might be fostered. Then came a delightful drive through Wolfville, a reception at the local hospital and a continuance of the trip to the Look Off. The little word "the," is here used unwisely thought all who witnessed the wonderful panorama that unfolds to the eye of the visitor to this point of the North Mountain before it stops abruptly at Blomidon. Surely there is only one "Look Off," because the view cannot be excelled. In the evening the delegates were entertained by the Board of the Payzant Memorial Hospital at a Dinner at Haliburton Inn, the old historic Sam Slick house, the function being most enjoyable.

The papers, addresses and discussions on the second day were most practical and appeared to be inspired by the common object of having hospitals, nurses, doctors and the public generally unite for community welfare. Miss Marion Boa, R.N., Superintendent of Aberdeen Hospital, New Glasgow, presented a thoughtful paper on the Hospital and the School of Nursing. This noted the extensive unemployment of nurses and the unfavorable conditions imposed on Canadian Nurses employed in the United States. The immediate curative step would appear to be, to only train those who can be assured of employment. Already this policy has been adopted by Medical Schools and the idea must be incorporated into the policy of all hospitals who have training classes. The discussion on the paper was carried on by Dr. Agnew, by Dr. Scammel and others. Reference was made to the information that has been obtained by Prof. Weir in a survey of Nursing Education in Canada, not yet completed, but found in an interim report submitted to the C. M. A. meeting just held at Vancouver. This interim report indicates that the completed report will be a most comprehensive publication, the first of its kind to cover the nursing service in Canada.

The economic side of the subject received Dr. Scammell's attention. There must be no increase of training schools or training classes. There should be an Inspector of training schools in order to secure a high standard of teaching; he pointed out how this might be financed by the hospital at little additional cost. To meet the present crisis general hospitals should employ more graduates for ward duty, and some system of rotatory service in different hospitals be developed, arranging this through the local nursing agency. Also, if the idea of the Department of Health in building annexes to hospitals is to be successful, graduate and not pupil nurses must be employed. In the course of the discussion the desirability of a central school in Halifax in connection with Dahousie was mooted, but no direct action taken.

Miss Mary Beard, R.N. of the Rockefeller Foundation gave an address, similar to that given before the Medical Society of Nova Scotia at its session in Pictou, on the subject of Maternal Mortality, largely descriptive of conditions in various countries, but pointing out the part to be taken by hospitals and

nurses in bettering these conditions. Before further papers were presented, Report of the Committee on Nursing Education was submitted to the delegates by Sister Ignatius, R.N., part of which we hope to publish at a later date. Then followed a most comprehensive and illuminating paper on how Nurses of the Victorian Order can join fully in the general campaign of doctors, hospitals, nurses, health officials and the public generally in securing better health conditions, particularly in Nova Scotia. Miss Smellie has promised that this paper also shall be available for BULLETIN readers. She asked how hospital boards regarded their relationship and responsibility to the community? What is their attitude to the public generally, the medical profession at large, the public health officer, the public health nurse or to social work? How close is the follow-up in the home when the maternity case leaves the hospital, or the surgical case, the mother who has to return home for family reasons and who still needs a dressing? Is there pre-natal work done from the hospital—a prenatal clinic? Or does the health worker outside make such visits to the patient whether she is to care for them later or whether they are entering hospital? What about caring for the chronic or incurable case, or the tuberculosis patient in the community? Personally, one likes to visualize in the future the hospital as the health centre, from which radiates all the health work in that centre or county,—a local health centre linked up with the workers of other agencies representing health, social, governmental agencies and public spirited citizens. She quoted Dr. Winslow:—

“There is room—there is urgent demand—for a larger synthesis, for the application of group thinking between the groups themselves which make up the community as a whole. Lindeman reminds us that institutions ‘become a social danger when they proceed without a science and a philosophy.’ The directors of nursing agencies must have a science and a philosophy and they cannot work it out safely for themselves and by themselves. The health agencies of every community should be knit together in a health council so that they may jointly think out their problems and jointly plan in conference with the health officer, who is ultimately responsible for the whole health programme of the community, what their own part in that health progress should be. Finally the health programme itself must be integrated with the wider social programme of which it forms a part. Here, as in the smaller field within the organization, it should not be a question of votes and victories, not a display of force or the wisdom of foxes, but a creative group planning for the common good. Royce’s principle that the test of our philosophy is the largeness of its loyalties is still sound to-day.”

Then followed a stirring short talk by Dr. M. M. Coady of St. Francis Xavier University Extension Department, bringing out the idea of carrying into the homes of the people health education to adults, as well as to children. In no line of education can so much be accomplished for the betterment of living conditions in rural Nova Scotia than by this home instruction in what means healthful living. Dr. Walker spoke along similar lines from the standpoint of the medical profession, making references to the several speakers, who all endorsed the idea of an extended health nursing service using the hospitals as operating centres under official departmental supervision.

In the sessions up to the luncheon hour the general consensus of opinion was the hospitals and the nursing service were to be the chief agencies, under the direction of the Department of Health, in bringing about better health conditions in Nova Scotia. Time and again speakers spoke of the hospital

as the logical health centre for the district that it serves. Unless this was done the hospitals, now so many in number, would have to go out of business. It was a striking instance of the universality of this idea in Nova Scotia, at the present time, that Dr. J. G. McDougall, in an extended account of the Hospitals of Nova Scotia presented that afternoon, should have, without any knowledge of the papers that had already been presented, voiced this same idea and solicited the active support of the hospitals and nursing service in the tuberculosis programme as presented by the Minister of Health. Unconsciously he used expressions, as to the hospital being a health centre, such as had been used by earlier speakers, thus indicating that the medical profession was practically a unit for the better health education of the people of this Province. One might venture the opinion that this meeting indicated that the people of Nova Scotia are prepared to endorse not only the Minister's announcements regarding tuberculosis, but also the necessary steps to make health information common knowledge for all the people. In this the hospitals and nurses are ready and expect to be used to any extent required.

Time and space does not permit of further references to many other matters in which the doctors are much interested, as well as the hospitals and nurses, brought up at the round table discussion and at various times during the sessions, nor of the many votes of thanks; but, as intimated, we do hope to give our readers the opportunity of reading some of the papers at their leisure from the pages of the BULLETIN. But we must mention that at no previous meetings of this Association were so many members of the medical profession present and in cordial agreement with the sentiments expressed by the papers or speakers. It is distinct proof that the doctors are strongly behind any forward movement that may be presented by the Department of Health. This unanimity is equivalent to a request to the Department to make further announcements, along the lines discussed at this gathering, at the earliest possible date.

A matter that we did not hear discussed at all was the extension of this organization to include all the hospitals in the Maritime Provinces, especially as these Provinces are considered as one unit in a general Hospital Council scheme for the whole of Canada. The fact is that the present organization, like that of the Medical Society of Nova Scotia, is too busy with its own operations to consider territorial extensions.

S. L. W.

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Despite the feeling that Canadian Nurses are not very popular with the United States Immigration Authorities and that a lady commissioner has been appointed to dispose of all such in Massachusetts, no less than four young ladies from Sydney recently received the Nurses' Diploma from Saint Mary's Hospital in Detroit. But why should our nurses go away from Nova Scotia for their education? If they make the best nurses why not be still better for good, solid, efficient Nova Scotia training. Perhaps then we might keep more of our people in the Province.

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With all the appropriate arrangements five nurses recently graduated from St. Rita's Hospital, Sydney. George W. Kyte, K.C. of St. Peter's delivered the principal address giving in particular a rather complete history of Hospital establishment in this province. We are not advised of Mr. Kyte's

ideas on what is to be the future of health nursing, but he is thus reported,—“That the health of the people was a matter of civic, provincial and federal concern, was the claim put forth by Mr. Kyte who told his audience that when happier conditions obtain, in order that the services of nurses may be available to all, they will be paid by a common fund supplied by the federal and provincial governments, cities, towns and municipalities, such as teachers are paid to-day.” Of course, if we get state medicine it may be natural that we should have state nursing, why not go the entire distance? At this particular function the class pins and gold pieces was gracefully presented by Mrs. McLellan and Mrs. Lynch, wives of local physicians. Dr. H. C. Scammell of the Victoria General Hospital gave the medical address to this interesting function.

About the same time the fifth annual commencement exercises of the hospital at New Waterford were held, an audience filling the Strand Theatre on that occasion. We think all the local doctors have shown their interest in the training school by donating money prizes in gold for those excelling in certain lines. However, the class was a good one for several times nurses were tied for premier honors. Doctors McLeod and McNeil were the chief medical speakers. Six young ladies received their diplomas.

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Eleven young ladies the latter part of May graduated as trained nurses from the Yarmouth Hospital and had a very successful function connected therewith. The very brief newspaper account of the event says that Dr. C. A. Webster spoke for the medical profession, but our exchange list is quite limited and we have no intimation as to what pronouncements on health matters was made on this occasion. We congratulate our hospitals in Cape Breton on the prominence that the local papers give to these important events in hospital life. One of the young ladies graduating from Yarmouth is listed as coming from Inverness. Again we suggest that nearly all our nurses might well be Nova Scotia trained.

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Harbor View Hospital recently profited considerably from the proceeds of a very brilliant dance held in St. Mary's Hall, Sydney Mines. From the mention of the dresses worn by the wives of most of the local doctors we must conclude that hard times has not yet hit all portions of the community.

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**Mixed Marriages** may give rise to stories like this, printed several years ago in the BULLETIN:—

When a friend inquired of Sandy, who had recently married, how he and his wife were getting along, he said:

“We maun get along fine week days, but when it comes Sabbath we walk down to the corner together and she goes off yon Methodist body, while I gang to the House o' God.”

Apply it as you will but Lovers' Lane does not always lead to the same church. Perhaps it is just as well because it gives an opportunity for one of the two to learn about THE church.

## Bulletin Library

DR. S. L. WALKER, Halifax, N. S.

(Unless otherwise indicated, the opinions herein expressed are the personal ones of the writer, being in no sense official and differing opinions will be gladly noted in this Department.)

### THE BULLETIN—VANCOUVER MEDICAL ASSOCIATION.

THE June issue of this welcome Exchange came to hand before our own BULLETIN came from the Imperial Publishing Company. Of course, there is much in it relative to the meeting of the C. M. A. in Vancouver, June 22-26, 1931. In looking over the Editorial section we are reminded that there is developing, concurrently from the Atlantic to the Pacific in Canadian Medical circles, a unanimity of thought and expression in matters of medical organization that was not deemed possible ten years ago. Of course, this is largely due to the active efforts of the Canadian Medical Association under the efficient leadership of Dr. T. C. Routley. Yet the effect has been one of inspiration for Provincial activity to accomplish its present results. Indeed C. M. A. success is dependent upon Provincial success to a very large extent, in that the test of strength is the weakest link.

However, looking over this issue of the Vancouver *Bulletin*, suggests that our Provincial Associations are getting a little closer together, at least in our thinking. The General Secretary of the Medical Society years ago was called, "the Altruistic" as he put society membership upon the broad basis of altruism. It is very pleasant to note that this same spirit inspires our confreres in British Columbia, and the same gospel is preached, as we have intimated, "from the Atlantic to the Pacific." The Vancouver *Bulletin* says:—

"One sometimes hears medical men questioning the value of belonging to all these associations. Of course, to belong to them, one has to pay fees, always an unpleasant duty and one especially grievous to bear at this particular time. What do we, as individuals, get out of it? Is it worth while? The answer to this, we feel, is that we get out of it precisely what we put in it and the result depends also, to some extent, on the manner in which we make our contribution. It can hardly be denied that the medical profession needs organization and unification. It needs a strong united organization which will protect its interests and present its views in clear and forcible ways. But to attain this organization and to ensure that it shall be strong and efficient, it must build on broad and strong bases. The national organization can never be fully representative and adequately strong, unless it has developed from strong provincial and local associations, which will truly and adequately represent the individual members, the practicing physicians of the country. The chain must be a continuous one, each link soundly forged and dependable, or it is of no value at all.

"We must have, first, active and representative local associations, such, for example, as the Vancouver Medical Association. But such associations must realize that the strength and unity which they develop are only of value when contributed to the making of a strong provincial association, and when this is combined with the strength of other provincial bodies, to form a living and powerful national organization. Working separately we can do nothing, working together we can do everything that we have any right or need to do. Our first duty, it is true, is to our local organization, but unless we do the rest of our duty,

to our provincial and national organizations, we shall get nowhere—since governmental bodies and others with whom we must deal cannot take account of purely local bodies, no matter how strong or numerous they are. Local organization is essential to ensure that local conditions are adequately represented since the larger body, especially in a country so large and diffuse as Canada, cannot properly represent all interests unless it can depend upon accurate and full information from the provincial and local societies. But local organization is only the first link in the chain.

One sees with gratification that this feeling is gradually taking hold of the medical profession. It is well, for never in our history did we need unity so much. It is the old story, we must hang together, if we do not want to hang separately. The cost is nothing, it is merely insurance and without this insurance we shall lose infinitely more than the trifling sums we must contribute for our own self-protection."

### TIME—THE WEEKLY NEWS MAGAZINE.

This typical Yankee publication seldom lets an issue appear without throwing the spotlight on some debateable subject. A very frequently selected topic is that of Birth Control and this publication insists on discussing this subject under a department entitled "Religion." One of its reasons for placing it in this category is to give catchy references to Synods and Councils, that venture to discuss such matters from their particular viewpoint. It was just this that prompted publicity to the approval of Birth Control by a Council of the Presbyterian Church last March. A recent issue of this Newsmagazine describes the dropping of this portion of the report of the Committee on Marriage, Remarriage and Divorce, at the General Assembly of the Presbyterian Church in the U. S. A. the last week in May, as like unto that of the familiar "hot potato". It appears that this particular Committee looks to the Assembly for an appropriation of some \$18,000 annually, and the said body forthwith eliminated this grant from the estimates. But when the last word was said the report never let on there was any such subject for discussion as Birth Control. The net result is that one religious body has wisely left the subject alone.

Generally the section headed, Medicine, follows that of Religion, in this publication, and we now learn that the Pope's Encyclical of last New Year's "has transformed Roman Catholic doctors from sociological Knight errants into soldiers. The transformation manifested itself by the internationalization of Catholic Physicians' Guilds." The attitude or objective of this organization is thus described:—

"To constitute a brotherhood of all members of the medical profession; to provide mutual assistance in religious and professional life; to facilitate intercourse between them and cognate branches of the clergy and others, such as judges, lawyers, educationalists and politico-medical organizations interested in the study and discussion of the medico-religious questions and those touching on the science and duty of ethics. . . .

"In general, to promote among Catholic members of the profession such solidarity as may be advantageous to both religion and the profession, (as) medical certification in cases of the so-called miracles, the question of sterilizing the criminally insane, race suicide, mental and spiritual healing cults, the relations of science to the Church, the attitude of the Church toward expectant motherhood, and toward the matter of responsibility for crime."

In other words there are certain questions that have moral aspect that should be given consideration as well as their physiology and pathology; such questions cannot be satisfactorily answered by doctor or clergy alone;



and who shall say which should be heeded. It is suggested that these moral questions particularly apply to Roman Catholic members of the profession. This, however, we disbelieve. It is characteristic of medical ethics, that what is right, is what shall be the guide for all its members, and the morals of a question is a matter of concern to every doctor, irrespective of his Church belief or his own unbelief. There is a broad catholicity in all medical men that does not require their segregation into special Guilds of this description.

### THE BLOODLESS PHLEBOTOMIST.

As long as business corporations publish such interesting booklets as this, especially if they advertise in the BULLETIN, we will continue our practice of culling some historical data they have secured and are broadcasting to the medical profession, for the delight and profit of the members of the Medical Society of Nova Scotia. Not long since we learned that the modern study of Anatomy was not the same as 25, 50 or 100 years ago; that there is the modern English and the modern American schools and they both have a different concept of the subject than either held formerly. In the study of the History of Medicine we are inclined to regard Galen as our first Anatomy Teacher, but his anatomy came from dissection of animals only. Moreover, it was not till the Middle Ages that opportunities were made to dissect human bodies. Then the study became compulsory and bodies were furnished by suitable legislation. A rather brief but well described history of the study of Anatomy in the Middle Ages is found in the last issue of *The Bloodless Phlebotomist*, the trade publication of the Denver Chemical Manufacturing Company, and should be read by all.

But this issue is particularly unique in that it presents four engravings by a Dutch painter and engraver, (1558-1617) which inspired John Owen of Oxford in 1647 to write this Latin quatrain:

*"Intrantis medici facies tres esse videntur  
Aegrotanti; hominis, Daemonis, atque Dei.  
Cum primum accessit medicus dixitque salutem,  
En Deus aut custos angelus, aeger ait."*

the English translation of which reads as follows:

*"God and the doctor we alike adore;  
But only when in danger—not before!  
The danger o'er, both are alike required;  
God is forgotten—the doctor slighted!"*

The readers of the BULLETIN and the members of the Halifax Medical Society will recall how Dr. F. R. Little used this translation in the portion of his Presidential Address where he spoke thus:—

*"Ingratitude is another cross the practitioner must carry. How often, gentlemen, have you attended a patient over a period of years and have given of your best in time, in skill and in service without any reward, and then discover that a new Doctor has been called in. Could anything be more ungrateful? The public, one thinks, needs to be reminded of the old rhyme."*

Dr. Little then gave the English translation we have noted above. These engravings represent the Physician as the principal figure in four plainly depicted characters. 1. "When death lurks at the door, the physician

is considered as a God." so the central figure has a head and halo usually representative of Christ. 2. "When danger has been overcome, the physician is looked upon as an angel." He is depicted as a very substantial figure with good strong wings. In both these engravings the usual populace express admiration. 3. "When the patient begins to convalesce, the physician becomes a mere man" and the people do not notice him. 4. "When the physician asks for his fees, he is considered as Satan himself" and the engraving so depicts him and the populace so regard him.

The BULLETIN takes great pleasure in reproducing, through the courtesy of the Denver Chemical Company these cuts, notable for their artistic and historic interest. If you missed this issue of the *Phlebotomist* write for a copy.

### THE ACADEMY OF MEDICINE, TORONTO.

The BULLETIN of the Medical Society of Nova Scotia has been very glad on several occasions to make reference to the *Bulletin* of the Academy of Medicine of Toronto. The name appealed to us, suggesting it was especially designed to give prominence to the actual doings of the body it represented; which, with the personal element added, fills the bill for our own BULLETIN. Its June number contains the annual reports of its various Committees for the 1930-1931 season; its contents may, therefore, be of interest to our Nova Scotia Branch Medical Societies.

In the first place we notice they have a Spring Field Day which was duly observed on June 15th at the Lakeview Golf and Country Club and it cost them \$4.00 to play, including the dinner. The page of the *Bulletin* containing this information was forwarded to Dr. R. H. Sutherland and was doubtless of assistance to him in arranging the details of our third annual golf competition. The Halifax Society and the Sydney Societies could very well put on just such an event.

The Reports of the various Committees contain much information and we make some comments that appear to be applicable to the operations of our own Provincial Society, although we admit this is deliberately making a comparison between a City and a Provincial organization.

In the matter of Finance, we note that the present financial stringency has been felt in the Queen City, for "the amount of arrears is considerable, but an arrangement has been made whereby those who owe more than one year's fees may pay monthly instalments until their indebtedness is cleared."

From the Report of the Publication Committee we learn papers are sometimes presented to the Academy with no manuscript record deposited. No medical society should ever listen to a paper, a copy of which is not deposited with the Secretary for its records, not necessarily for publication. The report makes special mention of this wise requirement.

The Programme Committee states that 11 Academy meetings were held with an average attendance of 137; 44 sectional meetings were held and five clinical meetings held at different hospitals; 16 post-graduate Wednesday afternoon lectures were given from November to March, with a very large attendance. Now it is difficult to make comparisons, say between Halifax and Toronto, but we are inclined to think that opportunities for medical meetings and post-graduate medical lectures are available to the physicians in Halifax

as in the Queen City. Physicians in Toronto outnumber those in Halifax by ten to one, but attendance at their general meetings is only about 11.5 per cent of their registered practitioners, while in Halifax that attendance is nearly 35 per cent. Then, when we include the Dalhousie Refresher Course Lectures and Clinics, the Toronto record is almost equalled by Canada's Atlantic Terminal.

The Historical Committee appears to be mostly engaged in collecting material for library or museum purposes. It appears, as a matter of fact, that the Committee is actually the Historical and Library Committee.

From the Membership Committee we learn that recent graduates are admitted to membership at reduced rates, as in the case of the C. M. A. In this respect we think the Medical Society of Nova Scotia should reverse its former ruling and adopt the same procedure.

The Academy also has a Committee on Public Health Relations, whose record is not all smooth sailing. Toxoiding and vaccinating of the school and pre-school children was the rock on which they struck. There appears to be no reason why every doctor shouldn't get his share of this work, but there are difficulties in the way, as one can readily see. A paragraph of this report reads thus,—“Your committee believes and recommends that we, as an Academy, should not abate our efforts to secure for the practitioners of this city participation in this work, holding as practitioners and ratepayers that, while the Department of Public Health should take care of the poor in these matters, we should be accorded the privilege of caring for those who are able to pay.” The Committee further reports that strenuous efforts are being made to have the Academy represented on the City Board of Health which, excepting for the Medical Officer of Health, is composed of laymen,—on the face of it a reasonable idea. Our impression, gathered from a perusal of this report, is that, perhaps, we are in a fair way to get better *team work* in health matters in Nova Scotia than exists in some other places; while, candidly, we haven't very much evidence that we are really doing better.

There are many advantages to the physicians who are members of the Toronto Academy of Medicine in the way of meeting places, library and museum facilities, telephone exchange, club conveniences, etc., which we think could be easily duplicated in Halifax by the establishment of a Medical Arts Building suitably located and arranged. However, we will likely wait till Saint John and Charlottetown make this move before giving it serious attention.

The advertising in this 30 page official *Bulletin* pays for its publication and shows a surplus. Even here we have nearly reached the point where the BULLETIN of the Medical Society of Nova Scotia, often over 64 pages, 12 issues each year, pays its own way. We bespeak a greater appreciation of what, as a Profession, we are accomplishing in Halifax and Nova Scotia along the same lines as larger cities and provinces, with the hope it shall be an incentive to still further forward activities. Please let us think and speak well of ourselves on every possible occasion.

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#### PROVINCIAL NEWSPAPERS.

The Editor of this Department of the BULLETIN is in the fortunate position of seeing many of the Provincial newspapers, most of them coming in exchange to the BULLETIN office. Now there is a certain amount of newspaper publicity

that is for the sole purpose of advising the public of the purposes of medical men meeting together from time to time. The day has passed when it is thought that they (the doctors) are planning to raise fees or otherwise ensure their own living by having these gatherings. The people all over the Province realize that the sole reason for the meeting is the benefit of refreshing on matters relating to their own physical welfare by the doctors to whom they look for this attention. The BULLETIN wishes the members of the Medical Society of Nova Scotia to know that the newspapers of this Province are very glad to give more than news about individual members of the profession in this connection, they prefer to comment on the matter presented and its relation to community welfare than to announce who presented the actual addresses. This is rather difficult for a layman to do, so there is an amount of personal mention that would point to a small mind if it were criticised. The response of the Press in Nova Scotia to give publicity to medical meetings was illustrated by the recent Post-graduate Tour when articles were published pointing out to their readers what was being attempted by these lectures. One of the reasons why the recent Annual Meeting of the Valley Medical Society was such a success was on account of this publicity. Then we notice this was climaxed by the *Berwick Register* the day before the meeting with the following on its front page:—(and not in 8 point type either.)

#### Medical Men to Meet in Berwick.

"An important meeting of the Valley Medical Association is scheduled to be held in Community Hall, Berwick, to-morrow (Thursday) afternoon, at which all medical practitioners of the Valley are expected to be present. This meeting is of more than usual significance from the fact that arrangements have been made by the Medical Society of Nova Scotia to hold a lecture tour in conjunction when addresses will be delivered by prominent members of the medical faculty of Dalhousie University.

The session will open in Community Hall at 2 o'clock, and dinner for those in attendance will be served at the hospital after adjournment. In anticipation of a large gathering of medical men, present from all parts of the Valley, it is important that every care be exercised by residents of the various sections to guard against possible accident or sickness. If, however, you feel that you must be the victim or cause of an accident, by all means arrange to have it occur as near as possible to the Town Hall, which should be a very convenient spot for medical attention on this occasion.

Berwick being one of four centres in the province chosen for the holding of these lecture courses, the honor thus conferred upon members of the medical fraternity of this district is distinctive, and a profitable and interesting session is anticipated."

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#### CANADIAN DEFENCE QUARTERLY.

The April, 1931 issue of this publication has come to the BULLETIN desk with its usual contents of interest to all engaged in Defence affairs, to all who have ever been so engaged, those desirous of knowing the real significance of history of wars and those looking into the future to learn, if possible, what is in store for Canada as part of the British Empire. Frequently there is considerable reference to the part played by medicine and surgery in this connection, which we have noted in previous issues of the BULLETIN and from which we have also quoted.

When Canada became a signatory to the League of Nations was signalized as a great day for Canadian Nationhood, but it was also a great day of national responsibility. "Assuming that the roles of the armed forces of Canada are

derived from our obligations under the Covenant of the League of Nations; our obligations to the British Commonwealth of Nations; and our obligations in respect to National Defence:

"Discuss the roles which should be assigned to the armed forces of Canada, indicate the form which these forces should take and outline the organization required."

This was the large order that called for a Prize Essay competition, sponsored by the *Defence Quarterly*, and one of the selected Essays appears in the current number. Perhaps the failure to answer the question categorically, after reviewing the resources of our Dominion, past, present and future, may be explained by the concluding paragraph of the Essay:—

"We live, we are told, in an age of Dominion nationalism. The scope of Canadian autonomy has widened until to-day there remains in effect no restraint upon it. We have seen our statesmen taking an active initiative in the counsels of the Empire. Yet in one most important respect we have so far failed to assume the larger responsibilities which are the proper price of larger dignities. At the present day we still cast the burden of Imperial defence upon the long-suffering Mother Country, although she has long since renounced all interference in our political and economic life. In the past, when it was desirable to lead colonial governments to the assumption of the duties implied by their status, it was possible for her to exercise some measures of compulsive persuasion. To-day such action is rendered impossible by our new situation, and by her determination to respect it. Let us hope that we are standing at the threshold of an era in which external pressure will be replaced by the compulsion of our own self-respect."

Perhaps with the writer, Lieutenant C. P. Stacey of the Canadian Corps of Signals, we too may hope that the next generation will see the answer as plainly as did those a few years since.

In the same issue of this same *Quarterly* we note an article by the Right Hon. Arthur Meighan, entitled "The Path to World Peace," advocating the formation of "A Universal Association of Nations." This address is treated in a much more academic manner, with a keener logic, yet its Utopian character only makes it the more to be desired. From his concluding paragraphs we must believe the future depends upon weak but hopeful humans, so matters are still very much in the lap of the Gods. This article concludes:—

"Nationalism, I know, is rampant still—narrow, short-sighted nationalism—and that nationalism must be abated. Every nation wants peace, I verily believe, but nations are self-centred and fear and distrust are with them tremendous factors still. Let us remember on the other hand, by way of inspiration, that the intimate relations now of people with people are more intimate, the printed and spoken word passes night by night over deserts and oceans to every land. The processes of our minds, the longings of our hearts can be communicated without ceasing and on a universal scale. The bitter lessons of these years and the dangers looming ahead can be taught and retaught without hindrance over the whole range of nations. And surely there are common chords of humanity that will vibrate still when touched in unselfish appeal by brothers in the Crusade for International Friendship of every tribe and tongue.

"Not to-day, perhaps not to-morrow, can this evolution in human relationships be brought about, and Anarchy, which long ago by the organization of individual states had to yield to law and order there, be banished also from the larger field of International Affairs. Not to-day, perhaps not to-morrow, can all this be done, but the time for preparation is now, the time for learning and for teaching and for mission work, for high resolve, for definite progress day by day, that time is now, and let us all rejoice to take our part."

## CANADIAN PUBLIC HEALTH JOURNAL.

Maternal Mortality is the subject of an address delivered by Hon. Dr. E. W. Montgomery, Minister of Health and Public Welfare for Manitoba, before the Manitoba Medical Association, published in the Journal. He says:—

“To make my position quite clear, it is assumed that the subject of maternal mortality rates is as definitely a public health problem as are the mortality and morbidity rates of all other types of infectious disease.”

Then in conclusion he places the responsibility rather upon the medical teaching profession, saying:—

“The intention of this paper is to show, if possible, that the improvement in maternal mortality rates depends particularly on improvement in obstetrical methods, and while all other measures intended for the relief of the accidents of pregnancy and childbirth and to prevent what are known as the toxæmias of pregnancy, are to be heartily endorsed and assisted in every possible way, still, after all, the main contention is that improvement in obstetrical methods to control puerperal sepsis appears to be the procedure most urgent and most promising.”

---

**Obstetrics in the Home.** This is the title of a short article in the April number of *Medical Journal* of the University of Toronto. As an introduction reference is made to some home advantages that may appeal to some of us as quite in accordance with our experience and observation. We quote:—

“The title suggests a comparison between home and institutional practice. Statistics from Toronto and many other places show a much higher maternal death rate in institutions. This is largely due to the moving of difficult cases to institutions either before or after attempts at home delivery. It is a good rule to send all elderly primiparae and all other patients for whom difficult labor is predicted to a well equipped hospital. I am presuming that you can detect the possibilities of trouble. Making due allowance for this selecting of cases it would still seem that there is an especial danger in gathering a number of lying-in women together. The closer the contact, e.g., in public or semi-private wards, the greater the danger. The natural immunity, too, which a woman acquires to the germs of her own home, may be sacrificed by removal to a hospital.

The favorable results obtained in private ward hospitals is maintained only by incessant vigilance over a long line of human agents. A slip, apparently slight, may have disastrous consequences, especially in times of epidemics, such as those of “Flu”. Home work, therefore, for normal cases, may be said to start with mortality statistics rather in its favor. This favorable balance is increased when hospital technique is applied to home work, and it is the purpose of this paper to show how this may be done.”

---

**Medical Economics: the Business Magazine of the Medical Profession.** This is the extensive name of a publication that has had some distribution in Nova Scotia, free, of course. Of it the A. M. A. Journal says:—

“The contents of this periodical are devoted largely to the problem of making money out of medical practice. It is apparently little if at all concerned with medical ethics or medical ideals, except so far as these may interfere with

the matter of making money. Indeed, the ethics and ideals of the publication itself would seem to be controlled largely by such a point of view, since the vast majority of its space is devoted to the advertisements of products of many manufacturers whose preparations could not possibly be passed by the Council on Pharmacy and Chemistry of the American Medical Association. Moreover, even those manufacturers who co-operate largely with the Council find in this alleged medical publication an outlet for the announcements of their products that the Council will not accept. The periodical serves perhaps thus as a directory of unscientific and unacceptable therapy. At a time when economic considerations may make many physicians hesitate on the borderland that separates high ideals and strict honesty from commercialism and unethical conduct, a warning is perhaps in order against the following of strange gods. While the periodicals of the organized medical profession are trying to make physicians realize that only the maintenance of the traditional ideals can avert attempts by corporations and by the state to reduce medicine to a trade, such commercialized publications as "Medical Economics" are endeavoring to make the physician essentially an advance agent for the manufacturers of nostrums and unscientific proprietary preparations. The periodical came to the doctor for nothing, a price that is perhaps beyond its merits. There is an old, old proverb that seems to require frequent repetition; "Beware the Greeks Bearing Gifts." (A. M. A. Journal, April 25, 1931, Page 1404).

### INCOME FROM MEDICAL PRACTICE.

Conditions on the North American Continent are not so different between the United States and Canada that the vital statistics on income in one country may not be of interest to the other. In the May 16, 1931, issue of the A. M. A. Journal, Dr. R. G. Leland, Director, Bureau of Medical Economics, American Medical Association, deals exhaustively with this very important consideration to medical men, incidentally to the public. The text for the discussion is found in Paul's Letter to Timothy, see chapter and verse, if you will, where he lays down the dictum that, "the laborer is worthy of his hire." When a favorite physician of Harun-al-Raschid, 786—802 A. D., estimated his total fortune in fees at \$10,000,000, we must conclude that the historical part of the essay has but little bearing on the practice of Medicine in this generation. Fortunately the statistical tables of Dr. Leland are concerned with physicians who were in active practice in 1927, hence his summary may be of interest. He says:—

**Summary.**—From the study of 6,328 random reports from physicians from all parts of the United States, following observations may be made:

1. The medium gross incomes for the entire group reporting lie in the range of \$6,500-\$7,499.

2. It appears that the largest annual gross incomes are being made by physicians who have had ten or more years of preparation. The low gross incomes fall among those physicians who have had three years or less of preparation.

3. The peak of gross income seems to be reached somewhere in the period of fifteen to nineteen years in practice. The gross annual income for the period of five to nine years in practice and the long period of thirty-five to forty-nine years in practice appear to be closely parallel.

4. Although the high average annual incomes for the entire group appears to be reached in the metropolitan areas of 1,000,000 and more population. the low gross averages fall in communities of 2,500 and less population.

5. Orthopedic surgery .seems to be the most lucrative type of special practice for those physicians reporting gross incomes of \$30,500 and less. For the entire group the highest annual gross income shifts to surgery. The lowest average for both groups is found in public health.

6. The largest number of salaried physicians among those reporting for this study have had seven years or more of preparation.

7. In the 6,328 reports studied, the percentage of physicians who derive all or most of their income from salary is largest in the population groups 10,000-25,000 and 500,000-1,000,000.

8. Both the medium and the average income of physicians whose income is derived wholly of the most part from salary, is found in the interval \$4,500-\$5,499; less than 4 per cent. of the 853 physicians in the salary or primarily in the net income classification received more than \$12,500 in 1928. About 25 per cent. reported income more than \$6,500; about 25 per cent. reported income less than \$3,500.

9. An estimated average net income of \$5,250 for general practice is based on the average gross income of \$7,781 derived in this study.

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as required.



## Correspondence

### CAUSE OF DEATH.

Halifax, N. S.,  
June 17, 1931.

Dr. S. L. Walker,  
Halifax, N. S.

Dear Doctor:—

Enclosed is an interesting clipping which reads thus:—

Montreal, June 16—A verdict of death from natural causes was returned by a coroner's jury at St. Jerome, last night in connection with the death of T. Clifton Dawes, son of Norman J. Dawes, president of the Montreal Board of Trade.

Mr. Dawes was badly shaken in an automobile accident on Sunday evening, when his car went over an embankment. He was taken to Ste. Agathe where he was found dead in bed next morning.

Dr. Rosaire Fontaine, Provincial Medico-Legal Expert, explained to the jury that death was due to acute indigestion.

Evidently Rupture of the Middle Meningeal Artery is unknown where these events occurred. It is about time, I think, that Acute Indigestion became relegated to its proper position, which does not include it as one of the causes of death.

Yours truly,

H. L. SCAMMELL, M.D.

### WHERE IS HE?

14 College St., Toronto.  
June 13, 1931.

Doctor S. L. Walker,  
183 Hollis Street,  
Halifax, N. S.

Dear Doctor Walker:—

As a constant reader of the NOVA SCOTIA MEDICAL BULLETIN, my eye very naturally fell upon the item on page 328 of the June issue, which was labelled for my attention. The article states as follows:—

"Belleville, Nov. 22—Beneath the wheels of a Canadian Pacific freight train yesterday, Donald Wilson, Forfarshire, Scotland, was instantly killed. He was picked up on suspicion and after having remained all night in the cells, he was released and told to leave the city.

Sometimes even facts merit suspicion; no one but a Scotchman could come so close to death."

Personally, I cannot see anything strange or anomalous about this announcement. When one stops to consider that the man was ground underneath the wheels of a train, he would certainly present an aspect which might give rise to suspicion that he had been mixed up in a fight; and the fact that

his spirit remained all night in the "cells" only goes to prove that somebody has at last discovered the location of that thing called "life"; and no doubt his habiliment and general appearance after his harassing experience suggested to the authorities at Belleville that they would prefer to have done with him, and so he was politely told to leave the city.

Of course, the Canadian Medical Association has no desire to take part in the discussion as to whether or not he should remain in Belleville, but we are gratified to know, as exponents of true science, that, although he was killed, he remained all night in the cells.

Yours faithfully,

(Signed: T. C. ROUTLEY,  
General Secretary.

P. S. Where is he now?

Boston, Mass.,  
June 10, 1931.

Dr. S. L. Walker,  
Halifax, N. S.

Dear Doctor Walker:—

Thank you very much for the four copies of your BULLETIN just received. I am very glad to have them.

I have quite recently returned from a little trip to your Province, putting in three days with Doctor Hallett at Paradise and getting a very nice salmon and the rest of the time at Doctor Hallett's camp and getting a few trout. I returned home into a hot spell of weather and up to my ears with private operating, hospital and school work besides doing a lot of work for the Annual Convention of the Massachusetts Medical Society which ends to-day.

Kindly remember me to Doctor Hogan. With kind regards,

Sincerely yours,

TORR WAGNER HARMER, M.D.

### THE CRITICAL SUMMER TIME.

"When, As and If" the bottle-fed baby exhibits symptoms indicating partial vitamin B deficiency—described by Hoobler as (1) anorexia (2) loss of weight (3) spasticity of arms and legs (4) restlessness, fretfulness (5) pallor, low hemoglobin, etc.

Dextri-Maltose with Vitamin B may be used in adequate amounts (up to 71 Chick-Roscoe units) without causing digestive disturbance. This ethically advertised product derives its vitamin B complex from an extract of wheat germ rich in B and brewers yeast rich in G. Physicians who have attempted to make vitamin B additions to the infant's formula but who have been obliged to abandon same due to diarrheas or other unfortunate nutritional upsets, will welcome Mead's Dextri-Maltose with Vitamin B. This is a tested product with rich laboratory and clinical background and is made by Mead Johnson & Company, a house specializing in infant diet materials.

## OBITUARY

**SYDNEY EVERETT SHAW, M.D., C.M., Dalhousie 1899, Biggar, Sask.**

**T**HE death occurred, June 2, 1931, at Biggar, Sask. of Dr. S. E. Shaw, formerly of Berwick, N. S., aged 58 years. Dr. Shaw graduated from Dalhousie Medical College in 1899 and for eight or nine years practised in Waterville and Berwick. Here he married Miss Clara Crispo of Waterville who survives him. Their only child, a son, died about 12 years ago. Of the brothers and sisters surviving but one, a brother, P. J. Shaw remains in Nova Scotia residing on the old homestead. He took an active interest in the affairs of his adopted home and was Mayor of the Town for two years. He was also District C. N. R. physician. For several years he had suffered from diabetes

---

**Hobart A. Hare, M.D., LL.D., Professor of Therapeutics, Materia Medica, and Diagnosis, Jefferson Medical College, Philadelphia, died June 16th at Jefferson Hospital after a long illness aged 68 years. Since 1891 he has held the above mentioned professorship and has long been regarded as an authority and teacher in his particular field. He was a Fellow of the College of Physicians of Philadelphia since 1889 and a President of that body from 1925 to 1927, three terms. Doubtless there is hardly a physician who has been in practice several years who has not one or more of his text books in his library.**

---

In the passing of Frederic Daley John Hogan, son of Dr. E. V. Hogan, 109 College St., Halifax, June 1st, 1931, aged 19 years, the entire medical profession in Nova Scotia will extend sympathy to those who mourn what had been expected for many months. Further, to those who were associated with him as a very popular student at St. Mary's College, Halifax, the words of the President, Rev. Brother Stirling, expresses the thought of all:—"You cannot praise him too highly. We all here loved him and he deserved the affection which he excited. We all sympathize most deeply with his father. It is a greivous loss." His own Mother was Margaret Carney, daughter of the late Michael Carney of Halifax, deceased a number of years ago. To the father and two surviving sons, to Mrs. Hogan, a widow of the late Dr. Doyle of Halifax, and her family, who alike mourn his passing, medical and general community sympathy was practically shown by the floral remembrances and the large numbers attending the funeral obsequies which were held from St. Mary's Cathedral to Holy Cross Cemetry on Thursday, June 4th, 1931. One of the finest missions that the BULLETIN of the Medical Society of Nova Scotia can perform for its members is to convey a word of sympathy when

sorrow comes to the life of one and another from time to time. This feeble tribute is, therefore, a message of sympathy from the Medical Society of Nova Scotia to Doctor Hogan, a recent President of our Society.

The BULLETIN regrets greatly to record the unexpected passing of the only son of Dr. and Mrs. W. J. Egan of Sydney, N. S. Raymond was more of a leader among his school friends than falls to the lot of most boys and the many community expressions of sympathy extended to his parents voiced a general sense of loss in his passing. His funeral on May 24th, was very largely attended, a large representation of the medical men from nearby towns being present. Early in May he was stricken with double pneumonia and was unable to rally after it had run its course. He was a boy of sterling qualities, generous, honorable, manly and noble, ever concerned for the welfare and happiness of others, earning the regard of all with whom he came in contact. He was 16 years of age and a student at the Sydney Academy. To his surviving two sisters and parents the BULLETIN extends sincere sympathy.

Several days after the June number of the BULLETIN had gone to press the Editor learned that our reference in this section of our journal, to the passing of the mother of Dr. M. G. Tompkins of Dominion, might have recorded, had we known, the passing on the same day of Mrs. McPhee of Louisburg, the mother of Mrs. Tompkins. All members of the Society will regret to learn of this double cause for sorrow in this family and will extend sympathy to Mrs. Tompkins.

On the 61st Anniversary of her wedding day Mrs. John A. MacKenzie passed away at her home on Bible Hill, Truro, June 8, 1931, after but two days illness, aged 83 years. She was formerly a Miss Lynds of North River and her husband was a member of another pioneer family in that district. The greater part of their married life was spent in Truro. There survive her, her husband, one daughter and three sons, one of the latter being Dr. Seymour G. MacKenzie of Westville, N. S., to whom the BULLETIN extends sympathy.

Readers of the BULLETIN will recall references in the reminiscences of more than one member of our profession relating to Kings County speaking of the work and life of Dr. Henry Chipman who practised in Grand Pre and vicinity for almost fifty years. On June 9th that community was saddened by the passing of his widow in her 84th year, after an illness of only three days. She is survived by one son, Reginald, who is connected with the MacLeod, Balcom Drug Stores in Halifax. "Mrs. Chipman loved her family, her home, her church and neighbors and will be greatly mourned by the whole countryside where her kindness has been such a support in all times of trouble and suffering."

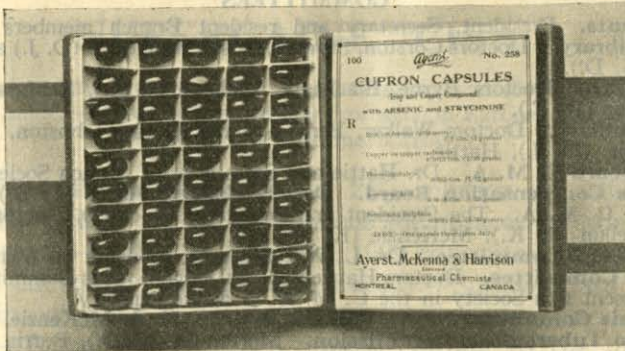
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## DIRECTORY 1930-1931.

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.

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**Cumberland County Medical Society.**

President—Dr. A. H. Simpson, Springhill.  
 Vice-President—Dr. F. L. Hill, Parrsboro.  
 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, Whycomagh.  
 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 Riviere, 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.



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## Personal Interest Notes

THE BULLETIN had a pleasant call recently from Dr. G. A. Winfield of Cleveland, Ohio, while visiting his parents in Halifax. Dr. Winfield graduated from Dalhousie in 1929, since that date he has been chiefly engaged in Intern work in Cleveland. He is fortunate in being directly associated with Dr. G. W. Crile, the leading surgeon of the well-known Cleveland Clinic, internationally known and recognized chiefly for his Goitre surgery. Dr. Winfield took kindly to the sun and breezes of Nova Scotia and when he returned to Cleveland took with him a wonderful coat of tan that will be the envy of his associates in the Clinic. He was pleased to pay some compliments to the BULLETIN and we promised to call attention to an error in dosage in the article contributed by the Doctor for our May number. In speaking of treatment in the case of Myasthenia Gravis reported on page 259 the dose of ephedrine should have been  $\frac{3}{4}$  of a gr., and not grs.  $3\frac{1}{4}$ . Dr. Winfield says he enjoys the BULLETIN as it keeps him in touch with the Province to which he will return as soon as possible, and promises to make further contributions in one way or another.

To serve a further term of three years the Government has reappointed the following to the Provincial Medical Board:—

Dr. B. E. Goodwin, Amherst; Dr. Alister Calder, Glace Bay; Dr. W. N. Cochran, Mahone; Dr. O. B. Keddy, Windsor; Dr. B. A. LeBlanc, Arichat; Dr. F. R. Little, Halifax; Dr. John Rankine, Halifax.

Congratulations to Dr. D. L. McKinnon of Truro, whose daughter, Miss Kaye, has won such general distinction at Jackson College by popular vote of the student body. Her sister Alexa, a Junior in Tufts College, appears to be equally appreciated by her fellow students. With another sister, Winnifred, they are spending a short vacation at their former home in Truro and, of course, will visit Lake Ainslie. The Doctor met his daughters at Yarmouth and motored to Truro.

It is announced that Dr. J. J. MacRitchie of Goldboro, N. S. has been appointed divisional medical health officer for the Western portion of the Province. Dr. MacRitchie was born in Englishtown, N. S. in 1885. Following three years in the B.Sc. Course at Dalhousie he studied Medicine and graduated from Dalhousie University in 1911. He assumed his new duties June 1st, 1931.

Dr. W. H. Robbins, M.D., C.M., Dalhousie 1911; F.R.C.S. (Edin.), 1914; is recently made a Fellow of the Royal College of Physicians and Surgeons of Canada.

For some time in May and June Mrs. McNeil, wife of Dr. A. J. McNeil of Mabou, was a patient in St. Mary's Hospital, Inverness. We are glad to learn she has made a good recovery and has returned home.

# THEELIN, Female Sex Hormone in Crystalline Form, Now Available

THE specific directing energies of the human body are gradually being brought to light—Adrenalin, Pitocin, Pitressin, Thyroxin, Paroidin, and now, in chemically pure crystalline form, an ovarian hormone which regulates a part of the intricate mechanism of the female reproductive system. The credit for the isolation of this hormone goes to Dr. E. A. Doisy, professor of biochemistry at St. Louis University, St. Louis, Missouri. The new preparation has been christened "Theelin" by its discoverer, ("thele" being Greek for the female sex). Its manufacture has been entrusted to Parke, Davis & Company.

The therapeutic indications for Theelin are functional amenorrhea and scanty menstruation, artificial and natural menopause and sexual frigidity. It is also being used in cases of delayed puberty, lack of sexual development, and functional sterility. The ovarian preparations which have been heretofore available have been used in the above-named conditions

and in many others with varying degrees of success. Theelin, being the pure principle, can be expected to give distinctly better therapeutic results in any condition in which ovarian therapy seems to be required.

Theelin is carefully standardized. The method of assay was developed by Dr. Doisy and the potency of Theelin is expressed in terms of rat units. Theelin, P. D. & Co., is furnished for clinical use in aqueous solution containing 50 Doisy rat units per cc., and for the present is marketed only in packages containing six 1-cc. ampoules.

The new booklet on Theelin will be sent you promptly on request.

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Dr. R. F. MacDonald of Antigonish recently conducted a large Eye, Ear, Nose and Throat clinic at St. Mary's Hospital, Inverness, some 80 persons being present in the two days. We mention this because it points out how some small hospitals can well justify their existence by becoming Health Clinic Centres for rural districts, rural health activity being an urgent matter.

Dr. A. S. Munro of Vancouver, President-Elect of the Canadian Medical Association has issued invitations to the members of Council to Luncheon at the Vancouver Club for June 22nd, 1931. We expect that Dr. J. K. McLeod of Sydney will be the only Nova Scotia member to be present.

Not long since we read of a doctor, 85 years of age, who was honored in his community upon completing 60 years of medical service by the presentation of a wonderful Loving Cup. At the same time it was noted that he had been Mayor in a Republican Town for the past 25 years. Rather the striking thing about this is that he is himself a Democrat. Now this was in the State of New Jersey. Of course, Dr. Havey of Stewiacke has a long time to go in the matter of total years of life, but if he continues for ten or more years he will qualify for the long distance Mayor in Nova Scotia. We hope he keeps this lead for as long a time as he is able to serve.

Medical Saints have not been very generally recognized, although many of us have long qualified for this state. In the early years of the Christian Era two physicians, Cosmas and Damian, after three attempts failed, were successfully martyred in Syria and buried at Cyprus. Their souls were observed mounting to heaven and their tomb was the scene of many miracles of healing, so it is said. Eventually, a tomb was built for them in Rome and a church consecrated to their memory and they were made patron saints of pharmacy.

"Luke, the Beloved Physician," is the patron saint of both doctors and painters. Luke was a Greek born in Antioch.

Another is Bartholomew Clanvil, an English monk of the fifteenth century. Still another is Pantoleon, named one of the fourteen guardian martyrs of the fourth century and many of his works are spoken of as miracles.

In Eccles Parish Church, Manitoba, there is a stained glass window which, on close observation, reveals a design showing these five medical saints. This memorial window was presented to the church by Drs. William J. and Charles H. Mayo, in memory of their father, Dr. William Worrell Mayo, who was a native of this parish.

Congratulations to Dr. S. J. and Mrs. MacLennan, South Park St., Halifax, upon the success of their daughter Frances in securing her Master of Arts Degree from the University of Toronto. Her brilliant career at Dalhousie will be recalled by many friends who know this gifted family.

Dr. Robert Ross, Dalhousie 1930, recently addressed the Y's Men Club at Sydney, taking as his subject "Modern Trends in Medicine," which he treated in a manner interesting to his lay audience.

The Vicar called on the newly made widow to console her and tried to do so by saying, "And you know to whom to turn for consolation?" Between sobs she replied, "Yes, but I don't think he'll marry me with three children."

# Dalhousie University

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## MEDICAL SCHOOL

Attention is called to the fact that the number of students who can be admitted to the School each year is limited, and that many applications have had to be refused in the last few years. A selection of the thirty-five most eligible candidates from the stand-points of academic and moral and manly qualities will be made from those applying for admission on or before July 1st, 1932.

### Medical Refresher Course

Each year the Faculty of Medicine arranges a short course of post-graduate instruction for physicians, in which representatives of other Canadian medical schools participate. In this course emphasis is placed upon conditions which are likely to come within the experience of every practitioner. It is offered free of charge to all qualified practitioners, irrespective of residence or *alma mater*. This year's course will be given September 7th to 11th, inclusive.

### Faculty of Arts and Science

Undergraduate courses in Arts, Science, Commerce, Music, Pharmacy, Fisheries, Engineering, Household Science and Education.

Graduate courses leading to the degrees of Master of Arts and Master of Science.

Faculty of Law (established 1883).

Faculty of Medicine (established 1868).

Faculty of Dentistry (established 1908).

Each of these Faculties requires a preliminary course of two years in the Faculty of Arts and Science.

**Registration for Arts and Science students:** September 21st for new students from Halifax and Dartmouth; September 22nd for other new students; September 23rd to 26th (12 o'clock noon) for other than new students.

**Registration for Law, Medical and Dental Students:** September 8th and 9th.

### RESIDENCE

Shirreff Hall, accommodates all out-of-town women students of the University.

For information and calendar apply to the Registrar.

We regret to learn that owing to the very serious illness of his sister, Mrs. Barbara Farquharson, Dr. J. K. McLeod at the last moment was unable to attend the C. M. A. meeting in Vancouver as he had planned. Dr. McLeod was to have attended the Council meetings as a representative of the Medical Society of Nova Scotia.

Dr. F. V. Woodbury, Halifax, Lieut.-Colonel, C. A. M. C., has been detailed for duty as D. D. M. O. for M. D. 6, with effect from Feb. 12, 1931.

The following certificates have been granted in the C. A. M. C. for the rank of Major, effective from January 30th, 1931:—Captains, G. R. Burns, A. M. Marshall, S. H. Keshen, T. M. Sieniewicz, V. O. Mader, all of Halifax. Qualifying at the same time for Captain's rank were Doctors, N. H. Gosse, C. E. Kinley, F. P. Malcolm and C. W. Holland.

The New Brunswick Medical Society holds its Annual Meeting this year at Campbellton, July 14th and 15th. A galaxy of outside speakers appear on the programme. We note Doctors MacAusland, Cattell, Phaneuf and Prebble of Boston; Doctors Hendry, Young and Routley of Toronto; Doctor Bazin of Montreal and Dr. Dagneau of Quebec. Hon. Dr. W. F. Roberts of Saint John and Hon. Dr. H. I. Taylor of St. George appear to be the only local men giving papers, the first being an Ex-Minister and the other the present Minister of Health. The Golf Tournament is for the Van Wart Challenge Cup, and the printed programme seems to make it about the biggest thing of the meeting. We hope some day to have representatives from New Brunswick and Prince Edward Island attend our meeting and we would be glad to have at least one of our members enjoy this gathering at Campbellton.

Dr. Daniel McIntosh of Pugwash, who began practice in 1871, was recently called upon by a bus load of young people from the Presbyterian Church at Oxford who were on their way to attend a conference at River John. Over fifty years of active practice in this section of Nova Scotia has also witnessed an equal number of years of faithful service to the Presbyterian Church in the same field. These young people wished to give expression, by their call and cheers, to their appreciation of the man who had played such a long and notable part in the life of the community. Religion and Medicine go well together, provided one is not used to exploit the other, and that means *either one*.

We learn from the newspapers that Dr. and Mrs. C. S. Cavanagh of Mulgrave are about moving to Neil's Harbour, Inverness County, where, presumably, he will take the place of Dr. H. A. Grant, who succeeded Dr. J. S. Munro in that field several years ago. Dr. Grant graduated from Dalhousie in 1909 and practiced for many years at Whycomogagh.

Dr. Cavanagh graduated from Dalhousie in 1929.

The BULLETIN Social reporter made a nice reading notice for the July BULLETIN after reading an announcement of an engagement of the daughter of a well-known physician. But the editor held it up because when it appeared it would be out of place, for the heralded event would be a matter of history and not a prediction. All of which is preliminary to extending congratulations to Mary Carr, daughter of Dr. and Mrs. John Bell of New Glasgow, upon

her marriage, June 20th, 1931, to Mr. R. E. Bartlett, son of Rev. J. W. and Mrs. Bartlett of Windsor. The wedding at the Church and the reception at the home of the bride made the event one of the brilliant social functions of the season.

Dr. and Mrs. C. MacQ. Avard of Amherst spent last winter and spring in Scranton, Pa. They returned to Amherst for the summer, early in June and were warmly welcomed back to their old home.

The BULLETIN some time ago printed the following which is again going the rounds:—"A specialist is one who has his patients trained to become ill only in his office hours. A general practitioner is likely to be called off the golf course at any time."

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#### IN JULY C. M. A. JOURNAL.

The 78th annual meeting of the Medical Society of Nova Scotia is to be held at Truro on the 8th and 9th of July, under the presidency of Dr. Dan Murray, of Tatamagouche. The addresses in Medicine, Surgery, and Obstetrics are to be given by Dr. George S. Young, of Toronto, Dr. George David Stewart of New York, and Dr. W. B. Hendry of Toronto, respectively. Dr. T. C. Routley, general secretary of the Canadian Medical Association, will discuss the affairs of the national organization. Others who will contribute papers include Dr. E. P. Bryson, provincial psychiatrist, Dr. D. MacNeil, of Glace Bay, and Doctors R. A. H. MacKeen, F. G. Mack, and G. R. Burns of Halifax. The Society is to be tendered receptions at the Provincial Training School and the Maritime Home for Girls. The banquet is to be held on the evening of the 8th, and a golf tournament, for which many prizes are offered, is scheduled for the afternoon of that day.

The Association of Medical Health Officers will convene at Truro on the day preceding the meeting of the Medical Society of Nova Scotia. The full programme has not yet been published, but it is announced that Dr. W. B. Hendry, of Toronto, will deliver an address on Maternal Mortality. The evening session will be open to the public, when addresses will be given by Hon. Dr. Geo. H. Murphy, Minister of Health and others.

Hon. George H. Murphy, Minister of Health, in a recent statement to the press outlined the policy of his Department in respect of tuberculosis, which he described as our major public health programme. For the care of infective cases, at least 200 additional beds are necessary. In addition to substantial enlargement of the Nova Scotia Sanatorium, at Kentville, special annexes to a number of general hospitals are to be provided. The first of these, to accommodate twelve patients will be built at once by the Department at the Inverness Memorial Hospital. The Province and the City of Sydney will jointly bear the cost of a forty bed annex to the Sydney City Hospital, Negotiations with other hospitals are in progress. These annexes will be further supported by the Province to the extent of one dollar per patient per diem.

Twenty-two candidates for the certificate of the Medical Council of Canada took the June examination at Halifax. Doctors Abramson, Berry,

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