Maternal Mortality

DR. E. E. BISSETT, Windsor, N. S.*

I AM under obligation to the Deputy Minister of Health for the intimation that I had been selected to introduce this subject at the present meeting of the Medical Health Officers' Association of Nova Scotia.

I recall that a paper of a similar character was presented to this Association some years ago, and upon reading it, I was so impressed with many of its excellent features, that one may be pardoned for incorporating a few of the more salient views advanced upon that occasion.

May I state at the outset that no field of endeavor opens up to the Medical Profession a greater opportunity to demonstrate the value of preventive medicine than that of the care and management of pregnancy and labor.

It will be admitted that the saving of human life is the greatest natural privilege with which the Medical Profession is entrusted. By it, through the agency of medicine and surgery the physician must determine his shortcomings or his successes.

A review of the maternal mortality in Canada for the year 1929, the latest statistics available, affords ample opportunity for serious reflection. The number of deaths in this category reach the alarming figure of 1337. In other words, Canada's losses in maternity cases averaged almost four a day. Of these cases, 460 died of septic infection; 285 died of eclampsia; 178 died of post-partum haemorrhage and 165 died of conditions classified as "other Accidents of labor". Of the total cases reported, Nova Scotia contributed 45 for the same period.

Sufficient data is furnished in the foregoing to warrant the view that steps should be taken to prevent this loss of life to Canada.

In 1924 the Executive Council of the Canadian Medical Association recognizing the seriousness of the situation, resolved as follows: "That the Federal Department of Health be requested to undertake a comprehensive study of maternal mortality in Canada." So far as can be determined, the net result of this resolution may be summed up in a few words, more reports, more statistics and the death rate to-day remains at the same peak. Meanwhile scenes of the following character are being enacted to-day in at least four homes in Canada. A beloved mother lies on the bed of illness following labor; the physician says that he fears the disease is mortal, a minute plant called a microbe has obtained entrance into the body and is multiplying at the expense of the tissues, forming deadly poisons in the blood or destroying some vital organ; daily, the physician notes the failing strength of the patient, and daily the patient goes downward until she finally rests in her grave.

If further evidence be necessary to show negligence with respect to maternal mortality, may I draw attention to a report of the Dominion Bureau of Statistics dated July 8th, 1927, which reads as follows: "The per cent. proportion of all deaths of women in Canada from 15 to 50 years of age was 27.2 for tuberculosis; cancer 8.6; cardiac affections 8.1; pneumonia 4.9; and 11.9 for pregnancy." In other words, maternal deaths are more numerous than any

*Read at Meeting of Medical Health Officers' Association at Truro, July 7th, 1931.

others with the exception of tuberculosis. It must be clear to the ordinary observer that there are marked defects somewhere in the care and management of the expectant mother.

In view of our present knowledge it must be admitted that the greater majority of these fatalities could have been prevented. It is inconceivable to assume that men, assumed to be skilled in the art of this particular branch, can be held responsible for the situation revealed. Many physicians have reported a series of one to two thousand cases without a death and, if I may be allowed to report a series of one thousand to fifteen hundred cases, it is gratifying to state that all these cases made complete recoveries. It has been my experience,—and I know, that of others, to have been summoned to cases of which I had not the slightest knowledge of their previous histories, only to find the patient in an eclamptic convulsion or moribund from post-partum haemorrhage. The recovery of such cases is frequently due to causes over which the physician has little or no control.

May I submit that the infection of a patient in labor is evidence of either neglect or the absence of the proper appreciation of the value of antiseptic surgery. Reflecting on this phase of the situation, one is impressed by the trite observation attributed to Horace Walpole,—

> "The world is a comedy, to those who think,
> A tragedy, to those who feel."

It is interesting to recall at the moment, when the subject of maternal mortality is engaging the attention of the profession in both Canada and the United States, that the late Dr. William Muir of Truro stressed the importance of preventive measures in these cases in an address before the Nova Scotia Medical Society over twenty years ago. This paper was subsequently published in the old *Maritime Medical News* under the title,—"Experience with one thousand cases of Midwifery." May I suggest that this article be resurrected and published in the *Nova Scotia Medical Bulletin*,—if for no other reason than its practical educative value. Reference to this paper will serve to emphasize the importance of two outstanding features essential to the reduction of maternal mortality in Canada,—the recognition of the necessity of viewing practical obstetrics as a major operation demanding the most scrupulous antiseptic precautions, and the realization that meddlesome midwifery is bad midwifery. May I emphasize these two features in the practice of obstetrics as being among the most important duties of the attendant?

The late Nicholas Senn of Chicago spent three months, some years ago in Greenland studying medical conditions among the Esquimau. It was interesting to learn from him, *inter alia*, that purperal sepis is unknown in that region, due in all probability to the fact that labor was free from manipulation. This fact speaks volumes for the late Dr. Muir's contention that "meddlesome midwifery is bad midwifery."

While pre-natal care has been stressed by the majority of writers upon this subject, I have seen no reference to the question of ante-partum diagnosis. This procedure, properly interpreted, gives one most valuable information, particularly in primiparae, enabling the physician to determine definitely the steps to be taken to safeguard the interests of the patient.

The question arises at this stage, whether our medical schools in Canada are giving students that practical training in obstetrics to properly equip them for this very great work in the future.

The Medical Curriculum at the present day is overwhelmed with "ologies" of all descriptions,—many of which are not of the slightest value to the student in the practice of his profession. I have known young medical men discuss eloquently upon biology, zoology, embryology and so on,—who could not differentiate between a "head" and a "breech" presentation. May I observe that this is unfortunate,—for the patient, at least.

Your committee, to which has been referred the subject of Maternal Mortality, recommends:

(1) That post-graduate courses be provided for practicing physicians.

(2) That Public Health Nurses with special training in obstetrics be assigned to each County in the Province.

(3) That the practice of midwifery be confined legally to the Medical Profession.

(4) That maternity allowances should be established by the State in indigent cases.

(5) That the Department of Health of Nova Scotia should take the responsibility of this and any other steps designed to reduce maternal mortality in Nova Scotia.

WHAT ABOUT YOUR TEETH.

Let Dr. W....F....Cure Your Aches and Pains. Modern Dentistry Means Practically Painless Dentistry.

Few people realize the value of good teeth until they lose them—then it is too late to repent.

However, even if they do cause you pain this may not mean that they are lost to further use.

The first thought is to see a good reliable dentist and get an examination, and there is no more reliable than Dr. W....R. F....with offices in the E....Building, corner P....and M.... Sts.

Dr. F....is not only capable but he has had a wide experience in the many phases of dental work and you may consult him with confidence that the correct remedies will be applied.

Painless dentistry used to be a joke, but to-day it is coming nearer reality than most people realize. Don't be afraid of your dentist—it will cost you far more to suffer from a decayed tooth and the offending molar may be treated at small cost.

See Dr. W....to-day for an appointment or phone 43 for further particulars.

This is a six inch reader on page three, column 5 of a Nova Scotia daily newspaper. Whether it is classified as news or advertising is not stated. We wonder what our Sister Society, the N. S. Dental Association thinks of it?

Refresher Course Case Reports

The following represents a fragment of the series of Cases presented by men of the Dalhousie Faculty during the recent refresher course, together with some of the teaching given in connection with them. For various reasons, of which any doctor can supply quite a few, but chiefly because of procrastination this is not complete. It is reproduced for both its "news" and its "teaching" value. (Editor)

Cases shown by Dr. Atlee.

Case 1. *Bleeding in a woman 6 months pregnant.*

The causes of bleeding in the later months of pregnancy were gone into and courses of treatment outlined.

Case 2. *Complete tear of perineum with cystocele.*

Case was shown to demonstrate result of operation done twelve days previously. The prevention of complete tears by means of episiotomy was gone into, and then the operation for immediate repair was described in detail, the important parts of technique being particularly emphasized.

Case 3. *Case of chronic salpingitis.*

This case had been operated upon and the specimen showing a left tubo-ovarian abscess, right hydro-salpinx was presented. The palliative and operative treatment of chronic salpingitis was then go into in detail.

Cases shown by Dr. Colwell.

Case 1. Woman aged 67, giving history of bleeding from uterus for five months. Menopause at 47. Examination showed an ulcerating carcinoma of the cervix with lateral extension. Treatment outlined.

Case 2. A treated case of cancer of the cervix showing a moderately good result, no evidence of ulceration but some induration.

Case 3. A treated case showing better results than previous one.

Case 4. A treated case of carcinoma of the post-vaginal wall (primary). Two radium applications by means of a plaque and four treatments by deep therapy X-Ray. On examination this case showed a marked sloughing of lateral vulva and vaginal walls, probably inflammatory.

Case 5. This was a most interesting case because it showed a marvellous result of radium treatment of a cancer of the cervix, absolutely no sign of the disease present, the cervix looking normal. No symptoms. Pathological examination of this case's tissue at original treatment showed it to be "radio-sensitive". It was a fairly early case and after two applications of radium and a course of deep X-Ray there was no sign of the original growth at all.

Cases shown by Dr. Curry.

Children's Hospital.

1. Intususception, male baby, six months of age. He was taken ill twenty-four hours before admission with abdominal pain and vomiting. Ex-

amination showed blood stained mucous in the napkins. A sausaged shaped mass could be felt in the left iliac fosa, per rectum, the apex of the intusussception could be felt three inches from the anus.

Operation was promptly performed, the intusussception was reduced with much difficulty. The patient was profoundly shocked. Subcutaneous saline and glucose were given. He made a good recovery.

2. Cervical Adenitis with abscess. An infant ten days old. The labour was difficult and forceps were used. Six days later a swelling in the left posterior triangle of neck was noticed. It rapidly increased in size and was very tender to touch.

Examination showed a small abrasion of skin and subcutaneous haematoma in left parietal region of skull. There was a large fluctuating swelling in posterior or neck.

An incision was made in the neck and a large quantity of pus evacuated. The haematoma was also incised in scalp.

The source of the infection of the Cervical Adenitis was from an infection of the abrasion and haematoma of scalp. The baby made a good recovery.

Victoria General Hospital.

1. *Foreign body in the Rectum.* Male, 46 years of age. His physician had tried to remove the foreign body and was not successful. On admission to the Hospital, he was bleeding freely from the rectum. An aneasthetic was administered. A large glass bottle could be felt impacted in the rectum, the base two inches from the anus. Different forceps were tried to remove it. Lane's bone holding were found to be the most serviceable. The bottle was impacted between the tuberosities of the Ischium and it was impossible to withdraw it.

The abdomen was opened and pressure on the cap of the bottle plus traction from below was unsuccessful. Finally an incision was made in the pelvic colon and the bottle removed. The incision was closed in to layers. A temporary colostomy was performed.

The patient made an uneventful recovery. The bottle measured four inches in length, three inches in diameter in the middle and two inches at either end. It was a Libby Pickle bottle, with the label still intact. It is believed the patient was a sexual pervert.

2. Dislocation of the Os Calcis from the Astragalus. The patient fell ten feet landing on his foot. The dislocation could not be reduced. An open operation was performed. The tendon of the Tibialis Anticus muscle was caught around the Astragalus. After its division the Os Calcis could be reduced. There was not any fracture. Patient is still wearing a plaster cast and getting about with crutches. There will probably be a good deal of permanent disability.

Cases shown by Dr. Gosse.

Case I. Female child of 8 months with very wide cleft palate and harelip. The upper jaw was distinctly wider than the mandible, but was now so firm that no further approximation of its lateral halves was possible.

In discussing the case, it was shown that an impression seems to prevail that hare-lips should be repaired as soon as possible but that the cleft palate

should not be touched till the child is upwards of three years old. This was stated to be wrong, and the best procedure—especially in cases of wide complete cleft—to deal with the cleft palate before 3 months of age, by a Vrophy or one of its modifications, the lip about 6 weeks later, and the uvula at about 20 months.

Case II. Oblique fracture of upper end of femur in a woman 80 years old —the oblique being at right angles to the usual introtrochanteric fracture— showing effectiveness and comfort of skeletal traction and Hodgen's splint.

Case III. Woman at 68 Malignant Thyroid with pressure symptoms— dyspnoea, aphonia and pulmonary congestion. The goiter was removed. Operation showed gross pressure effects on the trachea—extensive deviation and erosion. Improvement was noted for ten days. She then began to be dyspnoeic again, and is now approaching need for tracheotomy.

(Note—This was later done. The patient's general condition improved materially. She was comfortable and was sent home with tracheotomy tube in).

Case IV. Female aged 34. Bosselated Colloid (adenomatous) goiter, which had been increasing in toxicity over past 6 months. Thyroidectomy had been performed 10 days previously.

This was made the occasion for a review of the surgical pathology of the goitrous process, and of some points in the treatment of its different phases.

It was shown that the "adolescent" or "Simple" *colloid goiter*, with its simple dilated acini and flattened epithelium is the only goitrous condition in which spontaneous recovery is possible. That a Colloid goiter that persists, develops new acini from the inter-acinal cells, and when that process has begun, it is then an "*Adenomatous*" *goiter*, or as another classification puts it "Bosselated Colloid." It was shown that whether the bosselations can be felt at that stage or not, a "Simple" Colloid that has persisted to the age of 25 is no longer "Simple" but "Adenomatous", from which state there is no going back, but which will, sooner or later be associated with toxicity; the third class—*Adenomatous Goiter with toxicity* or *Chronic Toxic Goiter* has then been reached.

It was shown that the acutely toxic state could be superimposed on such a gland and the histological changes corresponding to these states, and to that of pure *Grave's Disease* were presented.

The position of *foetal adenoma* as well as the various tests applied in Goiter Cases were considered.

The treatment of the different classes was considered seriatim. Concerning toxic cases no iodine must be given except as a preparation and then best only under the supervision of the surgeon who will be responsible for operating. To give Lugol's solution for weeks, and then send the patient for operation robs the surgeon of one of the means he possesses for helping the patient stand the operation. The maximum effect of Lugol's is felt in from 10 to 20 days. It then recedes and further use fails to produce favorable results. The patient has broken away from its influence.

Cases shown by Dr. Kinley.

Two cases of fracture of the spine. The first one was a fracture of the tenth dorsal vertebra which after a year of conservative treatment showed beginning

cord involvement and collapse of the vertebral body. An Albee spinal graft operation was done and a rigid spine obtained. The advisability of operation in certain types of fracture of the spine was discussed as of value in preventing cord damage and in lessening the period of treatment.

The second case was a fracture of the sixth cervical spine with sensory and motor changes of a lesion in this area. Within 24 hours of admission these signs diminished rapidly leaving only a tingling sensation in the arms and some loss of power in the arms and hands.

The case was treated conservatively and presents at present some rigidity of the neck in the region of the fracture and a slight diminution in power of the right hand. Some points were brought out regarding early laminectomy in cases with damage to the cord. It is the practice in most clinics to-day to do an early laminectomy in all cases with damage to the cord excepting those cases in which the signs are followed by immediate improvement. In the case shown the improvement was immediate and conservative treatment was all that proved necessary.

A case of fracture of the radius was also presented. The fracture involving the shaft with complete separation of the fragments. Attempts at closed reduction were unsuccessful and an open operation was done. The patinnt is now ten days post operative and the result shown. Incisions for exposing the radius were discussed.

There were also presented two cases of pernicious anaemia one a man of 32, the other a man of 68. Both were severe. One was treated with Ventriculin, the other with Liver Extract; both did extremely well. Large doses of Ventriculin were used.

Cases shown by Dr. Corston.

Case 1. A case of recurrent Rheumatic Endocarditis, with a well established Mitral Stenosis, in a boy aged nine years. Congestive heart failure with hydrothorax and marked general oedema were incidents in the case, and there was a well marked secondary anaemia. The tonsils were definitely diseased.

The heart had first failed to respond to digitalis. Aspiration (20 oz.) of the hydrothorax was followed in an hour by collapse symptoms which lasted the greater part of one day. Thereafter Diuretin 5 grains t.i.d. appeared to act excellently with increased urine output and decreased oedema.

At the time of presentation all febrile reaction and the greater part of the heart failure symptoms had subsided and the question to be considered was removal of the infected tonsils, with the idea of minimizing future attacks.

Cases shown by Dr. Holland.

1. *A Case of Paroxysmal Tachycardia.*

Mr. T. R., a 70 year old labourer was seen in the Cardiac Clinic of the Dalhousie Health Centre in Oct. 1930. He gave a history of attacks of "palpitation" lasting from a few minutes to several hours during the past 20 years. Examination revealed marked arterio-sclerosis, aortic regurgitation, B. P. $\frac{174}{74}$, marked pallor, secondary anaemia, negative urinalysis and Kahn Test. The history suggested Paroxysmal Tachycardia and this suspicion was confirmed one week later when the patient was observed during an attack. The attack

began and ended with characteristic abruptness, while the heart rate during the attack was 180, perfectly and persistently regular, and uninfluenced by exercise, posture, etc. Subsequently on several occasions an attack was stopped by means of vagal pressure. Digitalis failed to diminish the number of attacks which gradually increased in frequency and severity. Quinidine sulphate was next tried, commencing with a dose of 1 grain three times a day, and gradually increased to a daily total of 15 grains. The attacks decreased in frequency but were still troublesome.

On Aug. 29 the patient was admitted to the Victoria General Hospital following a seizure lasting 21 hours which had failed to respond to any measures of relief. He was given quinidine sulphate 5 grains before meals and once during the night. An attack occurred next day but for the following 10 days the drug was continued and no attacks occurred. The quinidine was then stopped for 24 hours and the patient suffered an attack which was present when the case was shown. Vagal pressure stopped the paroxysm but only temporarily.

The aetiology, diagnosis and treatment of Paroxysmal Tachycardia were then outlined, using the above case as illustrating certain interesting features.

It was pointed out that whereas the condition usually occurs in young adults with otherwise normal hearts, it may also affect old people or those with diseased hearts. Apparently the paroxysms may occur over a period of many years without causing any serious cardiac damage. In the above case the tachycardia probably began before the arterio-sclerosis.

In diagnosing the condition, the history is very useful, but the observation of an attack is essential. It must be differentiated from simple Tachycardia, Auricular Flutter, and the tachycardia of Hyperthyroidism.

Treatment consists of (1) Measures to prevent attacks, (2) methods of stopping an attack. Most cases require no treatment as the paroxysms are slight and infrequent. When, however, the seizures are frequent and incapacitating, the patient should be digilatized as for cardiac failure. If this drug fails, quinidine sulphate may be cautiously given. Its dangers must be carefully considered before taking the risk. The case presented was severe enough to justify such risk.

The various methods of stopping an attack were outlined with special reference to and demonstration of vagal pressure. This consists in compressing the vagus nerve by pressing the carotid artery backwards against the transverse processes of the cervical vertebrae. It may have to be tried several times, but both vagi should never be compressed simultaneously. When successful the tachycardia ceases abruptly and normal rate is resumed owing to a resumption of vagal inhibition. The method is efficacious in about 50% of cases.

Grave-digger—"Well, sir, it's all very well to advise the young folk to begin at the bottom and work upwards, but in my profession it ain't practicable."

Magistrate:—"Did you, or did you not, strike the policeman?"
Prisoner:—"The answer is in the infirmary."

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

Published on the 5th of each month and mailed to all physicians and hospitals in Nova Scotia. Advertising forms close on the 15th of the preceding month. All Mss should be in the hands of the Business Editor on or before the 10th of the month. Subscription Price:—$3.00 per year.

VOL. X NOVEMBER 1931 NO. 11

WE ARE HEADED FOR STATE MEDICINE.

THE reader will please note that I do not write my heading as a question but as a statement of fact. We *are*—whether we like it or not—headed for state medicine. And why not? Can any thinking hakim, gazing on the present spectacle of medical practice remain complacent? Are the younger members of the profession in general practice, or even in specialist practice, satisfied that they are able to carry into effect fully and honestly the ideals of their medical education? Are the older members completely enamoured with a life that condemns them to a slavery, perhaps in a remote country district, with no hope of getting away for any lengthy period either of rest or of study, without financial loss often of too grave a degree to be for a moment entertained?

I am a firm believer in state medicine, state medicine for all—general practitioner as well as specialist. But before I say why, I would like to indicate why I think we, as a profession, are afraid of state medicine. First, it is because we are afraid of the only too obvious manifestations of our own sinfulness as displayed in the management of the state. We look upon the spectacle of statehood—or shall we give it the commonplace name, politics—as presented on this continent, and we are afraid to trust our futures to it. But we are the state—which is why I say we are afraid of our own sinfulness.

Only the most trusting fool would care to dedicate his career to the exigencies of party politics. If state medicine is to mean that only Conservative doctors get the plums and the promotion while a Conservative government is in power, and vice versa when a Liberal government is in power, then we are against it lock, stock and barrel. If our incomes are to be determined by those now paid to government servants, we are also against it. Two things only will satisfy us. First, that we come under a department which is as far removed from party politics, and the deadly injustice of party politics as seen in our Canadian statehood, as is the judicial committee of the House of Lords. Second, that the recompense will be sufficient to enable us to live decently, comfortably and with honor, our leaders certainly being paid no less than our supreme court judges. But with such safeguards as these I believe

state medicine would not only be good for ourselves but for the public generally, and the future of medicine generally.

Consider the unhappy position of the general practitioner under the present scheme. He is what Mr. Hoover is wont to call " a rugged individualist,"—very much of a lone wolf. His entry into his sphere of practice is not welcomed by those already in the field, and he, in turn, no matter how unselfishly he may try to disguise his feelings, does not welcome any other newcomer. His fellow practitioners are not colleagues, eager and willing to work with him in aiding suffering humanity, but rivals whom he must perforce fear. When he wishes to go away for post-graduate work of any consequence he must not only save up enough money for the trip but enough to keep him alive after he comes back until he has regained a practice lost during his absence. But more than that, because he is an individualist, and all his colleagues individualists, he must alone purvey to his patients the full benefits of medical science—which palpably no one man can do in these modern days. Therefore his patients suffer.

Consider then the specialist. His position is somewhat happier since he is usually a member of the staff of a hospital where, at least in the public wards, there is the right sort of co-operation—or almost the right sort—between himself and his colleagues. In addition he often has the benefit of being a member of the teaching staff of a medical school—in itself a great boon. But instead of being able to give himself up fully to take complete advantage of his opportunities for research, he has to give a great deal of his time to the mundane matter of earning a living. Often he is too busy to give the fullest attention he should, either to his public or private practice, because of the extent of the latter. And in regard to his private practice he has to be just as much a lone wolf as the general pratictioner. If he were freed from the necessity of earning his living this need not be. In that case his main object in life would not be the development of a large private practice, but the best possible good to his patients, public or private, and the undertaking of those clinical researches which his is uniquely situated to carry out.

Let me illustrate from our situation in Halifax. We have here under the aegis of the University and its associated hospitals, surgeons, internists, pediatricians, urologists; eye, ear, nose and throat surgeons; obstetricians and gynecologists, orthopedic surgeons, etc. If they were all sticking to the work they are best trained to do and were doing full research in that work along with their teaching, the name of Dalhousie would ring in the medical centres of the world. But because their main ambition—and under the present state of affairs it *has* to be their main ambition—is that of everyone else; the gathering of all the loose simoleons in sight by means of a large private practice, we have surgeons who snatch tonsils and uteri, gynecologists who remove gall-bladders, obstetricians who do general practice, pediatricians who do obstetrics, and internists who do urology; all this to the waste of their own training and ability and not always to the good of the public. Thus we fritter away our medical heritage.

Let me point out what *might* (and what could if we wanted it to) happpen under state medicine. Every practitioner and specialist would be under salary. Unhampered thus by the necessity of worrying about a living, every one of us could give his full attention to the pursuit of medicine. The province would be divided into medical practices very much as it is at present except that certain remote districts which cannot now support a doctor could have the services of the new graduates during their period of probation.

It could now be argued against such a scheme that the public would take advantage of free doctoring to call in an attendant for every little ache or pain. Humanity being what it is such a thing is inevitable. But against this let us put this fact; that a medical practitioner whose salary in no way depends on the amount of work he does, would take a very much greater interest in *preventive* medicine than he now does. Every disease he prevents gives him less work to do, and allows him more freedom for the pursuit of what I might euphemistically call the higher life. In fact, I am convinced that only through state medicine can preventive medicine come into its own. And if preventive medicine is to come into its own disease must be caught when it is only a little ache or pain. So what might seem to be a loss on the swings would certainly be an invaluable gain on the roundabouts.

Then, in every community of any size—certainly in every community supporting more than one doctor,—there could be a sort of local medical centre —a room or building fitted for the proper diagnosis of disease, and at least for some of the minor treatment. Every local hospital would become such a medical centre to which not only would come those patients who actually needed hospitalization, but those who had some ambulatory condition. The local hospital or medical centre would in fact be the office of the doctors living in that community.

Since now medical practitioners have no need whatsoever for financial rivalry, and the achievement of a large private practice has become a work of supererogation, doctors could, in the fullest sense, be colleagues—might even undertake a certain specialization. For instance, obstetrics should be a specialty. At a medical centre where there were three doctors one could be an obstetric specialist and do all that work. I believe that if all women were hospitalized for their confinements the maternal mortality rate through childbirth would drop tremendously—I know it would. Another man might give time up to radiology and laboratory diagnosis as part of his work. But the real benefit of all this would be that practically every seriously ill patient could have the benefit of the special knowledge of every practitioner in the neighbourhood, without any additional cost or any heartburning on the part of the brotherhood.

Furthermore, men attached to the smaller hospitals would be less inclined to undertake some of the major operations which are now being done in these institutions, and would tend to send them to hospitals in bigger centres where specialization was carried to a much further degree. No one in their sane senses can argue that such non-emergent operations as thryoidectomy, cholecystectomy, nephrectomy, hysterectomy, bone-platings, mastoids, etc., should be done in small hospitals, unequipped with laboratories, whose staffs, no matter how able potentially, are not fully trained in the higher branches of surgery nor have had the proper surgical experience.

Nor need there be any heartburnings on the part of men attached to these smaller hospitals in giving up this work to those better equipped, since under a proper scheme of promotion, the man at the smaller hospital is—provided he shows the proper ambition and scientific spirit—on his way to the larger—and perhaps in the end to the teaching hospital. For there must be promotion. It could come about this way: After a certain period of probation—and every specialist should undergo a period of probation in general practice—those who wished to could set a qualifying examination for promotion. On the passing of this test they would be enabled to undertake in some large centre

further study, on the satisfactory completion of which they would be promoted to a small hospital or medical centre. Depending now on the work they did here and the clinical and scientific achievements they succeeded in, would rest further promotion.

In this way we would find at the top of the profession in the large centres, and at the teaching school, men who really were specialists, and who had become so by virtue of real work done. (It goes without saying that incomes would increase as ability and service increased). What benefit would this be to the specialist? Unhampered by the necessity of raising up a huge private practice, he could give himself up to that scientific and clinical investigation by means of which alone science advances. Instead of being forced as at present to play the social, the political, the publicity, the personal appeal, game in order to gather as many patients as he can regardless of whether or not they come into the category of his speciality, he could devote himself fully to the hospital and laboratory investigation of disease, and would have the time to write papers on his conclusions which would be of inestimable benefit to medical science. If he were a surgeon he would not have to do internal medicine. If he were a gynecologist he would not have to remove tonsils. If he were an obstetrician he would not have to treat clap. The present situation in Halifax with regard to the specialist is tragic—not only from his own standpoint and the standpoint of medical science—but from the standpoint of the public. I see bright young men eager to do research, eager to spend their whole day in the hospital and laboratory, who are forced by the economic struggle to join the Masons, to do anything but the work they are equipped to do, in order to get a living. Is this good? Is it right?

There is one more argument against state medicine with which I will cross swords in this, already too long, exposition. It is this: that the man who works for government tends to become a time server. It is really no argument at all, since the man who would become a time server under state medicine will do just as vilely with his career under our present system of rugged individualism. The man who is a time server has a defect in his character which will crop out some way or other no matter what system he serves. Of course, there will be time servers. We are dealing with the human race which, according to the theologians, (who are never wrong) was born in sin. But we are also dealing with a race which has, in spite of sin, in spite of fury, tempest and natural cussedness, pulled itself up by its own bootstraps from the darkness and ignorance of barbarism and worse, into a civilization that however imperfect is an achievement immeasureably removed from the savagery of the past. And that same impulse that has worked through all the ages, that has worked even where men were enslaved in chains far more wracking than state medicine could ever weld, will continue to lift the race towards the goal that still lies so many aeons ahead. But if state medicine, while enslaving our profession to an organization, will set free the genius, the energies of mind and body, the will to conquer, that is now being wasted in frittering individual effort, in order to investigate collectively those powers of darkness, whose breath is the wind of death, we ourselves will gain, suffering humanity will gain, and that great human ideal *mens sana in corpore* be brought measurably nearer to the race.

It's sheer utopianism? Of course it is! But when, except in decadent nations, was the utopianism of to-day not the practical salvation of to-morrow?

H. B. A.

Many of our readers will take issue with some of the views expressed in the above contribution to this Section, nor is the Editorial Board of the BULLETIN unanimous in subscribing to all the writer's conclusions. We, however, regard the article as so thought-provoking and excellent—done as it is in H. B. A's inimitable style—as to accord to it this position in this number.

It is an excellent subject for Controversy and there are a sufficient number of vulnerable points in the above to encourage any who would lock horns with its writer. The BULLETIN will welcome any contributions to the subject—pro or con.

N. H. G.

THE COGSWELL LIBRARY.

THAT there is a modern medical library ready and willing to serve the practitioners of the province is not generally known or appreciated. Many will recall the bequest by the late Dr. Cogswell of his library to the Halifax Medical College and of a sum of One Thousands Pounds to the Nova Scotia Medical Society as trustees for its support under date of May 13, 1890. That was the nucleus around which the present medical library of Dalhousie University has grown.

In the will of the late Dr. Cogswell is to be found this paragraph:

> "To the Medical Society of Nova Scotia twenty-five pounds towards the expense of preparing and printing a catalogue of the Library then attached to the Halifax Medical College, and if the said Catalogue shall have been completed and printed to the satisfaction of, and a copy thereof presented to my trustee or trustees within a year from my decease then I give to the said Medical Society the further sum of one thousand pounds to be invested by them in British or Colonial Government inscribed stock or securities and I declare the interest dividends and annual income thereof shall be applied at their absolute discretion partly towards the salary of a Librarian to the said Society and partly to such other purposes for the benefit of the said Library as the said Society shall see fit, and the receipt of the Treasurer of the said Society shall be a sufficient discharge to my trustee or trustees for the said legacies of twenty-five pounds and one thousand pounds—and I strongly recommend that it be made a rule that no book shall be allowed to be taken out of the Library without the special written permission of the Trustees of the said Medical Society or other persons connected with the management of the said Library."

The library was first established in the Halifax visiting Dispensary on Brunswick Street in Halifax and later removed in 1896 to the Halifax Medical College. It now is housed in the Forrest Building of Dalhousie University and is merged with the library built up by the University.

In a friendly suit in 1915 between the Nova Scotia Medical Society and the University, seeking to establish a court ruling relative to the interpretation of intent of Will, is to be found this clause in the judgment of Mr. Justice Ritchie.

> "Library is to be open freely to the Medical profession of the Province of Nova Scotia and that all duly registered medical practitioners of the said province may make use thereof, as well as the students of the University of Dalhousie College."

Such is the state of affairs to-day but instead of a library of a few hundred volumes there is one containing 14,000. About half of these are text and reference books and half fyles of journals. Approximately one hundred

modern books are added in the course of a year. The list of journals on current subscription numbers over one hundred and includes many written in foreign languages. No effort to print a catalogue has been made because of the rapidity with which such a list becomes out of date. The Committee endeavors to keep something modern in all departments of medicine and surgery.

Regulations governing the borrowing of books by practitioners in the province were recently drawn up as follows, and it is the earnest hope of the Committee that the library may extend its influence to the benefit of all concerned.

(1) Any book in the general section of the library may be borrowed for a period of two weeks. This is conditional on the payment of postage by the borrower if resident outside of Halifax, and on the borrower assuming financial responsibility in case of loss.

(2) Any book in the reserved section of the library may be borrowed for a period of two days only during the session of the Medical School, September 9th to May 12th by practitioners resident in the city of Halifax. Books in this section may however be taken out for the regular period of two weeks between May 12th and September 9th by all borrowers.

(3) The current number of a journal shall be kept in the reading room and shall not be issuable by the librarian. All other numbers or volumes of journals may be borrowed for a period of one week under the conditions of Section I.

The *Bulletin* is advised of the following changes in location of doctors in this Province:

Dr. D. F. Macdonald, Dalhousie 1929.....Yarmouth.
Dr. E. W. Ferguson.....Weymouth.
Dr. John R. McCleave, Dalhousie 1930.....Digby.
Dr. O. R. Stone.....Bridgetown.
Dr. John N. MacDonald.....Sherbrooke.
Dr. Charles B. Smith, Dalhousie 1931.....Goldboro.
Dr. B. J. Chiasson, Dalhousie 1931.....Eel Brook.
Dr. J. E. Park.....Oxford.

There are several places in Nova Scotia where a doctor can pay his way from the start.

Department of the Public Health
PROVINCE OF NOVA SCOTIA

Minister of Health - - - HON. G. H. MURPHY, M. L. A., Halifax.

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

SPECIAL DEPARTMENTS

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

MEDICAL HEALTH OFFICERS ASSOCIATION

President	DR. T. R. JOHNSON	Great Village
1st Vice-Pres.	DR. M. J. WARDROPE	Springhill
2nd Vice-Pres.	DR. A. E. BLACKETT	New Glasgow

COUNCIL

DR. F. A. O'NEIL - - - - - - - - Sydney
DR. R. L. BLACKADAR - - - - - - - - Port Maitland

MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

Braine, L. B. W., Annapolis Royal.
Kelley, H. E., Middleton (Town and Co.).
White, G. F., Bridgetown.

ANTIGONISH COUNTY

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

CAPE BRETON COUNTY

Densmore, F. T., Dominion.
Poirier, G. J., New Waterford.
MacDonald, N., Sydney Mines.
McLean, J. A., Glace Bay.
McLeod, J. K., Sydney.
O'Neill, F., (Louisburg & C. B. Co.)
Murray, R. L., North Sydney.

COLCHESTER COUNTY

Charman, F. F., Truro.
Havey, H. B., Stewiacke.
Johnson, T. R., Great Village (County).

CUMBERLAND COUNTY

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

DIGBY COUNTY

Dickie, W. R., Digby.
Weir, A. F., Freeport (County).
Belliveau, P. E., Meteghan (Clare Mcpy).

GUYSBORO COUNTY

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

HALIFAX COUNTY

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

HANTS COUNTY

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

INVERNESS COUNTY

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

KINGS COUNTY

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

LUNENBURG COUNTY

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

PICTOU COUNTY

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

QUEENS COUNTY

Ford, T. R., Liverpool (Town and Co.).
Smith, F. P., Mill Village (Mcpy.).

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELBURNE COUNTY

Brown, G. W., Clark's Harbor.
Churchill, L. P. Shelburne (County).
Fuller, L. O., Shelburne.
Banks, H. H., Barrington Passage (Mcpy).

VICTORIA COUNTY

MacMillan, C. L., Baddeck.

YARMOUTH COUNTY

Blackadar, R. L., Port Maitland. (Yar. Co.).
Lebbetter, T. A., Yarmouth.
O'Brien, W. C., Wedgeport.
LeBlanc, J. E., West Pubnico (Argyle Mcpy.).

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.

Halifax, N. S.,
October 22nd, 1931.

To the Medical Profession of the Province:

During the coming month it is the intention of the Department of Public Health to hold a conference with the advisory committee appointed by the Nova Scotia Medical Society and representing the Medical Profession of the province.

The object of the conference will be to discuss with your Representative Committee matters pertaining to public health work of the province. It is desirable that your Representatives be furnished with any representations, any branch or any individual physician may see fit to bring before the Government.

In no other way can we keep the Medical Profession and the Department of the Public Health in close and constructive apposition. I am asking you therefore to place your suggestions in the hands of the Members of the advisory committee as soon as possible.

Yours sincerely,

G. H. Murphy, M.D.
Minister of Public Health.

CAUSES OF DEATH.

THE Department of Health has distributed to the physicians of Nova Scotia a convenient vest pocket edition of the International List of Causes of Death. Few physicians realize the value of vital statistics, nor that this value is dependent upon their correctness. These statistics bear the same relation to the physician's work as do the cash and ledger accounts of any industrial concern to the management of that concern.

That physicians are apt to be lax in making out returns of most kinds is undoubted, but in returns of a strictly professional nature there is no excuse for any failure in definiteness; explanations or contributory comments are always in order even if not, as a rule, welcome to the statistical clerk. If there are doubtful points in actual or contributory causes of death let the statistical department wrestle with the questions raised but give them what you know of the case.

If is, of course, recognized, that many so-called, causes of death are unsatisfactory, hence this little booklet gives a list of terms often used which are quite undesirable. Your attention to this section is particularly invited. However, do not simply look it up when necessary, but read it carefully from time to time because it will do you good.

All specimens of tissue sent through Government owned or aided hospitals, shall be examined free of charge at the Pathological Institute, Morris Street, Halifax, N. S., under the auspices of the Department of Public Health.

Specimens should be addressed to Dr. Ralph P. Smith, Provincial Pathological Laboratory, Morris St., Halifax, N. S.

The Public Health Laboratory provides free diagnostic services on public health problems for the entire province. It is, however, to be regretted that misunderstanding exists among physicians as to the scope of this work. General-

ly speaking, this free service includes any examination that has a direct bearing on any problem of infectious diseases. At present this includes examinations of blood for Kahn test, widal test and culture for the Typhoid group; Cerebro spinal fluids; smears for Gonococci; sputum, pleural fluid and pus for tubercle bacilli; throat and nasal swabs; urine and faeces for tubercle bacilli and typhoid; water and milk. Physicians desiring this service should address their communications to Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris St., Halifax, N. S.

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

Last September The Hon. Dr. G. H. Murphy attended the annual meeting of the American Public Health Association in Montreal. Whilst there he had the privilege of listening to addresses from various Public Health Officials on the problems of the present age. At the conclusion he was shown, through the courtesy of The Rockfeller Foundation and Dr. A. Lessard, Director of the Provincial Bureau of Health, Quebec, various phases of the Public Health work in that province, especially the working of the County Unit Nursing System. The data gleaned whilst on that visit, will be of valuable assistance to him in the scheme he is at present working on for increased Nursing Services throughout the Maritimes.

We have pleasure in announcing that The Hon. Dr. G. H. Murphy, Minister of Public Health for Nova Scotia, has been appointed a Member of the Executive Council of the Canadian Tuberculosis Association. When we remember that Tuberculosis is one of our major problems, and the one upon which Dr. Murphy is concentrating, this recent appointment is, we are convinced, just another step towards our goal.

MEDICAL HEALTH OFFICERS MEETING.

Truro, N. S., July 7th, 1931.

Report of Committee on School Sanitation.

Mr. President and Gentlemen:

The great importance of School Hygiene calls for a very comprehensive report, but it is necessary for me to call your attention to our great handicap in carrying on this most important work. Especially as the message of Personal Hygiene is carried to the home by the pupil and there in many instances gladly received.

The sanitary condition of the school building is under the supervision of the teacher, trustees and the Inspector, yet in many cases sanitary conditions are very poor.

These counties with the Public Health Nurse have examinations of their schools and children, and recommendations are made.

(1) We beg to submit that medical examination be made of our schools.
(2) That the "Conscientious Objector Clause" be deleted from the Vaccination Act, and that only a medical certificate be allowed.

Respectfully submitted,

(Sgd.) R. L. BLACKADAR,
Chairman.

Communicable Diseases Reported by Medical Health Officer.
August 19th to September 16th, 1931*.

Disease	Aug. 19	Aug. 26	Sept. 2	Sept. 9	Sept. 16	Total
Cerebro-Spinal Meningitis	....	....	....	....	....	....
Chickenpox	2	....	....	....	2	4
Diphtheria	2	2	1	2	2	9
Infantile Paralysis	....	1	....	....	....	1
Influenza	....	....	....	....	3	3
Lethargic Encephalitis	....	....	....	....	....	....
Measles	....	....	2	....	....	2
Mumps	....	....	....	....	....	....
Paratyphoid	....	....	....	....	....	....
Pneumonia	1	1	1	....	....	3
Scarlet Fever	3	1	2	5	7	18
Smallpox	....	....	....	....	....	....
Typhoid Fever	1	1	1	1	2	6
Tuberculosis—Pulmonary	1	....	....	2	1	4
Tuberculosis—Other forms	....	....	....	....	....	....
V. D. G	....	....	1	1	4	6
V. D. S	4	....	1	....	6	11
Whooping Cough	....	1	....	10	5	16
Undulant Fever	....	....	....	....	2	2
Total	14	7	9	21	34	85

*Omitted in September issue.

Communicable Diseases Reported by Medical Health Officer.
September 23 to October 14th, 1931.

Disease	Sept. 23	Sept. 30	Oct. 7	Oct. 14	Total
Cerebro-Spinal Meningitis	....	....	....	....	....
Chickenpox	1	....	....	....	1
Diphtheria	4	1	....	8	13
Infantile Paralysis	1	....	1	2	4
Influenza	....	....	....	....	....
Lethargic Encephalitis	....	....	....	....	....
Measles	....	....	....	....	....
Mumps	....	....	1	2	3
Paratyphoid	....	....	1	....	1
Pneumonia	4	....	....	1	5
Scarlet Fever	3	6	7	25	41
Smallpox	....	....	....	....	....
Typhoid Fever	4	1	....	2	7
Tuberculosis—Pulmonary	....	....	1	1	2
Tuberculosis—Other Forms	....	....	....	....	....
V. D. G	2	1	4	3	10
V. D. S	....	....	....	....	....
Whooping Cough	....	1	....	....	1
Totals	9	10	15	44	88

Hospital Service

NOVA SCOTIA HOSPITALS APPROVED.

NOVA Scotia hospitals numbering 13 have been "fully approved" by the American College of Surgeons, according to the latest report on hospital standardization issued from their offices in Chicago. Three of this Province's institutions have been marked "conditioned", indicating that they have accepted the minimum requirements as laid down by the College, but for lack of time or other acceptable reasons have not been able to do so in every detail.

Despite the financial depression more hospitals than ever before have this year succeeded in meeting the standard for personnel, management and equipment required by the College. Although it costs more money to operate a good hospital hard times have not decreased the efficiency of United States and Canadian institutions under survey of the College. The increase in number of sick during the past year placed a heavy burden upon approved hospitals but they bore it splendidly.

The list of approved hospitals in Nova Scotia as of October 1, 1931, follows, the figures denoting the capacity of the institution: Amherst, Highland View, 68, fully approved; Antigonish, St. Martha's, 127, fully approved; Glace Bay, Glace Bay General, 100, fully approved; St. Joseph's, 100, fully approved; Halifax, Camp Hill, 244, fully approved; Children's, 55, conditioned; Grace Maternity, 105, fully approved; Halifax Infirmary, 65, fully approved; Victoria General, 262, fully approved; Kentville, Nova Scotia Sanatorium, 271, fully approved; New Glasgow, Aberdeen, 85, fully approved; New Waterford, New Waterford General, 57, fully approved; Sydney, St. Rita, 50, conditioned; Sydney City, 68, fully approved; Truro, Colchester County, 47, fully approved; Yarmouth North, Yarmouth, 52, conditioned.

HOSPITAL STAFF REPORT.

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

Dear Dr. Walker:—

At the regular monthly meeting of the Medical Staff of Aberdeen hospital to-day, it was decided to send to the General Secretary of the Provincial Association, a report of each meeting. Being the secretary of the staff at present, I append a summary of to-day's meeting.

"The president, Dr. Parker was in the chair. The feature of the meeting was a paper by Dr. Spiro who took as his subject The History of Refraction. He stated that spectacles dated back 3,000 years, being first mentioned in the hieroglyphics on Egyptian tombs. Glasses are mentioned in the Bible once, in *Isaiah III*, 23. Nero, he stated, wore glasses as did Henry VIII and Pope Leo X, while Bacon refers to them in his Essays. Men prominent in the history of Optics and the development of lenses were Gallileo, Leeuwenhoek, Newton, Young, Helmholtz and Javal. He mentioned the ancient spectacle

guild in England and the fashionable craze for glasses in France during the eighteenth century when glasses were worn with crested and highly ornamented frames. He also discussed the different types of glass used in lenses.

The paper was most interesting and was favorably commented on by several of the Doctors present.

Refreshment was served by the hospital and was much appreciated."

Yours truly,

A. E. BLACKETT,
Secy.

Nova Scotia Sanatorium.

"Kentville, Sept. 24.—Work is proceeding on the New Infirmary building of the Sanatorium here. M. A. Condon, of M. A. Condon and Son, the contractors, is confident that the building will be ready for occupancy by Dec. 25, according to contract. The building already assumes a finished appearance. All the floors, which are of concrete have been poured, and the door frames set. Wiring for the radio installation has been completed and the inside plastering has been started." Since this was noted equally good progress has been made.

Nine nurses graduated from the Halifax Infirmary in September, Miss Fitzgerald presented the diplomas and the highest aggregate prize was awarded to Miss Gillespie and the efficiency prize to Miss Harnish. The address to the graduating and student nurses was given to Dr. J. G. McDougall, Ex-Mayor J. J. Murphy was also one of the speakers.

After serving 20 years as Secretary of the Sydney V. O. N., Mr. L. G. McKay was recently presented with a silver service.

The *Sydney Post* announces that the Sydney Council has decided to begin at once the construction of the proposed annex to the City Hospital for cases of tuberculosis. The present financial depression and serious unemployment influenced the Council. Employment is better than doles.

The Canadian Hospital Council:

"Toronto, Ont., Sept. 30.—Rt. Hon. R. B. Bennett, Prime Minister of Canada, was yesterday named Honorary President of the newly-formed Canadian Hospital Council, at a meeting held here. Hon. Murray MacLaren, Federal Minister of Pensions and National Health, was chosen Honorary Vice-President.

Dr. F. W. Routley of Toronto, was elected President. Other officers elected were as follows: W. R. Chenowoth of Montreal, first Vice-President; Sister Audet, of Campbellton, N. B., second Vice-President; Dr. Harvey

Agnew, Toronto, Secretary-Treasurer, A. L. Currie, Glace Bay, N. S., and Dr. George Stephens, Winnipeg, Man., were chosen members of an Executive Council, to act with the officers.

Miss Gladys H. Sulis has been appointed Superintendent of the Payzant Memorial Hospital, Windsor, succeeding the late Miss Martin, and began her important duties October 1st. Miss Sulis is a graduate of the Yarmouth Hospital, and has had successful experience professionally both in the Berwick Hospital and Quebec. Miss Helen Fraser, a graduate of the Victoria General Hospital, Halifax has been appointed instructress of the Training School for Nurses and Assistant Superintendent.

The marriage took place September 26th, 1931, at Fraser's Mountain, Pictou Co., N. S., of Miss Henrietta MacDonald, R. N., to Mr. R. R. Montgomery of Charlottetown, P. E. I. The bride is a graduate of the Victoria General Hospital, and was a member of the V. O. N., both in Halifax and New Glasgow.

The Boston City Hospital was ordered to discharge the alien nurses on its staff. The Quincy City Hospital has been ordered to discharge 14 of its staff, regarding which an A. P. despatch says:—"The places vacated by the 14 nurses will be filled by United States citizens. A ruling by the City Solicitor stated that an existing preference over aliens was mandatory. Similar action was recently taken in Boston. The Board revealed that it was not in sympathy with the provisions of the law, saying that it was 'unfair and unjust'."

Dr. Wm. H. Walsh of Chicago was the representative of the American College of Surgeons who reported on the status of hospitals in this Province.

Without any blaring of trumpets the new million-and-a-half dollar hospital at Saint John was officially opened on October 1st by the Governor-General of Canada.

The Halifax Infirmary graduates maintain an active Alumnae organization.

The Digby General Hospital is to have a two bed maternity ward furnished. by the Barton and Brighton Hospital Aid. These two communities have already contributed over $500.00 to the general fund of the hospital.

Miss Muriel E. Lewis of Sydney River was a 1931 graduate of the City Hospital, Sydney. She was married last September, so the unemployment situation is not increased.

Lecturers at Aberdeen Hospital.

The Student Nurses of The Aberdeen Hospital, New Glasgow, will receive lectures for the teaching year 1931-32 from the following doctors:

Dr. John Ballem: Communicable Diseases.
Dr. John Bell: Oto-Laryngology.
Dr. R. M. Benvie: Neuropsychiatry.
Dr. A. E. Blackett: Bacteriology, Metabolism, Kidney Function, Diabetes.
Dr. Weldon Fraser: Oral Hygiene and Dentition.
Dr. Fraser McGregor: Chest Surgery, Thyroid, Fractures.
Dr. John J. MacDonald: Urology and Venereal Disease.
Dr. W. M. MacDonald: First Aid—The Rural Community and the Mine.
Dr. Hugh F. MacKay: Treatment and Diet of the New Born Infant, Gynaecology.
Dr. Hector H. MacKay: Anaesthesia, Dermatology, Diseases of Heart and Lungs.
Dr. D. F. MacLellan: Pathology.
Dr. Clarence Miller: Obstetrics.
Dr. V. H. T. Parker: Orthopaedics, Acure Rheumatic Fever, Diseases of the Gastro-Intestinal Tract, Medical Emergencies, Wounds, Abdominal Surgery.
Dr. W. H. Robbins: Nephritis, Excreta and Secreta, Burns, Shock, Haemorrhage, Head and Spinal Cases.
Dr. Hugh Ross: Pediatrics.
Dr. Chas. Spiro: Ophthalmology.
Dr. C. W. Stramberg: First Aid—Industrial.
Dr. G. W. Whitman: Tuberculosis.

Dr. Mabel Morrison who spent the summer holidays with her parents Dr. and Mrs. M. D. Morrison, Halifax, has returned to her work in Raleigh, North Carolina, as a member of the faculty of St. Mary's College.

Is this Trade Unionism.

The New Brunswick Association of Registered Nurses at its recent Annual session passed a resolution asking that preference be given to members of the Association over other Nurses. It is noted that the resolution caused considerable discussion.

Following an illness of two weeks Miss Beatrice Andrews, Matron of the Sydney City Hospital, died September 21st, 1931. She was a graduate of the Victoria General Hospital and had been Matron at the City Hospital for four years. She was also a member of the Executive of the Nova Scotia Hospital Association. Her funeral was very largely attended and the City of Sydney officially represented by its Mayor and members of the Council. The pall bearers were members of the Medical staff,—Doctors MacAulay, Ross, Kendall, McLeod (J. K.), Lynch, McCrae, McLeod, (D. A.) and Johnstone.

Miss MacClare, R.N., graduate and former Assistant Superintendent of the Payzant Memorial Hospital and recently on the staff of the New York Orthopedic Hospital, is now taking a post-graduate course at Montreal to qualify as Instructress.

Through the active aid of the Kiwanis Club, Liverpool is about to have a Victorian Nurse. This is another instance of where the towns in the province are being provided with nursing service, but the rural districts remain without any such assistance.

That the supply of Nurses is not diminishing is evidenced by the list of Nurses in Nova Scotia who successfully passed the examinations in May, 1931 entitling them to register in this province. The number who successfully passed is 53.

A further question in connection with the dismissal from Boston Hospitals arose as to whether or not the ruling was to be retrocative. The Governor of the State stands by the ruling that the law is not retroactive.

To what extent should a hospital pay a Federal Income Tax? The law now provides that a "public hospital operated for the public may be free of tax." The Nova Scotia Hospital is free while the Victoria General pays the tax. Then some general hospitals show a profit each year, although most of them have hard sledding. Even private hospitals treat many poor patients free, should not this be charged against the receipts from paying patients? The question does not appear to offer an easy solution and perhaps the President of the Hospital Association might make a statement on the subject for the information of *Bulletin* readers.

For a couple of months last summer Miss Margaret McKenzie, R.N., of the Public Health Department was in charge of health camps for the children of Sydney and vicinity largely sponsored by the Kiwanis Club. Upon her return to her duties in Halifax she received a tangible recognition of her services the presentation being made by Dr. J. W. Egan and Dr. C. M. Bayne of the local Service Club.

Seven nurses completed their training at All Saints Hospital in Springhill and received their diplomas on October 16th. Rev. J. M. C. Wilson, President of the institution presented the diplomas and Mrs. Ryan, Matron, presented the class pins. The function took place in the hospital Chapel. The nurses graduating came from Mulgrave, Onslow Mountain, Maccan, Lansdowne Station, Campbellton, Trenton and Sackville.

Branch Societies

HALIFAX MEDICAL SOCIETY.

THE Halifax Branch of the Medical Society of Nova Scotia held its opening meeting for the year 1931-32 season at the Nova Scotian Hotel, Wednesday evening, October 14th, some 35 members being present. The gathering was characterized by certain features that will make it long to be remembered.

In the first place it was a younger doctors' function; J. R. C., H. A. P., and S. L. W., being the only old timers in evidence. We venture the prediction that these same younger men will support the Society throughout the season.

Then there was evidence of a desire that everyone should enjoy themselves, everyone being called by his first name. Perhaps some of this happy fraternalism was inspired by Dr. Steve, although he was somewhat tardy in making his appearance.

Then the banquet itself was a real treat and most efficiently served. The menu speaks for itself.

MENU

Horsd'Ouvre, Parisienne
Consomme Double Royale
Filets of Halibut—Vin Blanc
Half Broiled Chicken
Cauliflower in Cream Mignonette Potatoes
Hearts of Lettuce Thousand Island Dressing
Pie a La Mode
Demi Tasse

It was rather difficult to gather from the reading of the Minutes what business had been transacted at the Annual Meeting of the Society last Spring as most of those present were concerned rather with the present and looking forward with hope for the future.

Dr. Frank Mack presented his inaugural Presidential address dealing chiefly with the history of Urology. It was enthusiastically received and will be published in the *Bulletin* at an early date.

As the hour of eleven was approaching in the midst of a general discussion on the Schooner Races, a motion to adjourn was declared carried by the President.

ESSELL.

Mistakes.

When the plumber makes a mistake he charges twice for it.

When a lawyer makes a mistake he has a chance to try the case all over again.

When a carpenter makes a mistake its just what he expected.

When a doctor makes a mistake he buries it.

When a judge makes a mistake it becomes the law of the land.

When a preacher makes a mistake nobody knows the difference.

But when a printer makes a mistake—good night.

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.)

SIAMESE TWINS.

IN this section of the *Bulletin*, recently appeared an extended reference to the world-famous Siamese Twins. The newspapers lately have been giving considerable publicity to what was termed a modern illustration of this very unusual birth occurrence, the scene being laid in Baltimore, U. S. A. In the absence of a definite medical statement, one can only comment upon the indefiniteness of the usual Associated Press despatches in re unusual incidents of this nature. "When born Mary and Dorothy were joined by a common intestinal tract. It was severed and the girls operated on by one of the few such operations known to medical science." As incidents of this nature are exceedingly rare, it goes without saying that this was "one of the few such operations" with which we are conversant.

Note is made of this incident, chiefly to raise the question as to what is the responsibility of the physician in these rare instances. That the original Siamese Twins lived over 60 years and raised a family of nine or ten normal children suggests that such freaks might be permitted to live. However, perhaps some of us who have been speaking rather positively about Birth Control would feel that some of the principles we have anticipated should have guided the members of our profession in their treatment of this particular case.

It is perhaps fortunate that one infant died some few days after the operation and the other a week later.

TOO MUCH MACHINERY.

Dr. Kirkland in the August number of the *Canadian Medical Association Journal* has this item as one of the "Notes from New Brunswick."

"At the recent examination set by the Council of the New Brunswick Medical Society for the privilege to practice in New Brunswick, only one candidate presented himself. This small number is due to the fact that practically all recent graduates are taking the examinations of the Dominion Council, which is as it should be. It is to be hoped that shortly the examination of the Dominion Council will be the only method of entry to the profession in this Province."

The question naturally arises why should not this apply in Nova Scotia and Prince Edward Island? If Dr. Kirkland is right as regards New Brunswick, possibly, some who have suggested the same thing for Nova Scotia are also

right. There is a very distinct tendency these days to cut out unnecessary machinery. There is also a distinct tendency for bodies to strongly fight for their existence, even if their work could be carried on by other bodies as necessary for community welfare as theirs. In Nova Scotia we have recently had an example of how effort may be co-ordinated and brought under one directing head, in the formation of a Department of Health which formerly required the attention of several Ministers of the Government. This meant the creation of a new department with an additional head, but otherwise involved no additional expense.

In all fairness the question may be raised if there is not a vast deal more of organization in this field of administration than is necessary. Glance for a moment over the machinery that we find necessary in this Province to care for the health of our people. Perhaps we cannot enumerate them all but here are those we think of at the moment.

1. Dalhousie Medical College for the training of doctors. Perhaps they could all have been trained at McGill or elsewhere, but our whole provincial history has been made largely by our educational institutions and we will never retreat or lessen our work along this line.
2. Hospitals and Homes.
3. The Provincial Medical Board.
4. The Department of Public Health.
5. The Medical Society of Nova Scotia.
6. The N. S. Hospital Association.
7. The Tuberculosis Commission.
8. The Red Cross—Peace Time Programme.
9. The Victorian Order of Nurses.
10. The N. S. Society for Cripple Children.
11. Society for Mental Hygiene.
12. Several we have overlooked.

Now there are some very obvious remarks that may be made about several of the preceding machineries as named.

Most any person, town or municipality, even a chiropractor, can start and operate a hospital or a home, without let or hindrance.

Now, although a recent President of the Valley Medical Society resented his dismissal from the P. M. B., were not some of his ideas sound? This Board now numbers 15 of which the Government names 9 and the Medical Society 6. One would conclude that the Government was responsible for 3/5 of the cost and the Medical Society for two-fifths. But does not the Medical Profession by registration and examining fees pay the entire cost of administration? Why then has the government any right to name the members? Does the Government turn over a finger to put down the irregular practitioner?

But why pursue the subject further when it has been so sanely and concisely stated by the recent President of the Medical Society of Nova Scotia in his Presidential Address as distributed to every member of the Medical Society of Nova Scotia. He said:—

"A subject that seems worth consideration at this time is that of the over-organization of our medical service in this province. The list of our separate organizations is certainly imposing; we have the Department of Health, Provincial Medical Board, Provincial Medical Society, Council of Mental Hygiene, Tuberculosis Commissions, Society for Crippled Children, Provincial Health Officers' Association, Advisory Committees, Branch Medical Societies, Hospital Staff Societies, Nurses' Associations, and what not. Since these organizations are working separately on tasks that frequently overlap, and consequently wasting a great deal of time and effort, is it not advisable that we should remember the old saying that in unity there is strength; and ought we not, wherever it seems feasible, to attempt a combination of many of those organizations whose ends are similar, and which can be conveniently operated under one head?"

BREECH DELIVERIES.

While the percentage of Breech Deliveries may be but three per cent. of all deliveries they are the more unwelcome to the general practitioner on that account. It is also surprising how, often they occur near together, like railway accidents, in groups of three. This is quite sufficient reason to quote from a paper by Dr. Frank J. O'Leary published recently by the *Medical Bulletin* of St. Michael's Hospital, Toronto, quoting only that portion descriptive of the teaching and technique of Potter of Buffalo.

"A discussion of breech deliveries would not be complete without reference to the work of Potter of Buffalo, whose name is so closely linked with that of version and breech extraction. I will not discuss versions here to-night, except to say that it is a necessary part of the obstetrician's training, and confidence in your ability to do a version and breech extraction will often conver an impossible situation into a safe delivery. I refer particularly to abnormal presentations such as face, brow, shoulder, transverse, high posterior positions, unengaged heads due to a flat pelvis, and placenta praevias."

Briefly, Potter's technique for doing a breech extraction differs from the orthodox teaching in his advocating the rotation of both shoulders anteriorly without inserting a hand in the vagina. When the breech is delivered, downward, and backward traction is used till the whole scapula shows plainly. He then rotates the baby's body, holding it by the scapula and thorax. . As one shoulder appears beneath the public arch, he places a finger on the shoulder, slides it down to the cubital fossa and disengages an arm. The baby is then rotated until the other shoulder appears anteriorly, and the operation is repeated. He claims that even though the arm is extended, the act of rotation causing it to brush against the pelvic wall, will bring it to a right angle from the body.

No abdominal pressure is used by Potter till the arms are delivered, as he claims it may push the head between the arms and thereby result in their becoming extended. When the flexion of the head is controlled by inserting the finger in the mouth, suprapubic pressure is applied, directed downward towards the floor to help engagement of the head, then as traction is applied to the shoulders, pressure is used in the axis of the pelvis.

Several points in Potter's technique are worthy of note—it is the correction of all factors that makes the operation a success:

(1) Position of the patient is of the utmost importance. He never delivers one on the flat but always across the bed in a modified Walcher position, the legs held by two nurses or supported by a couple of chairs. This allows

greater relaxation of the perineum and provides a longer true conjugate of the pelvis.

(2) The cervix must be fully dilated. The bladder must be emptied of all urine.

(3) In performing a version, deep anaesthesia with chloroform gives better relaxation. In extracting the arms and head after the breech is delivered, I think chloroform is preferable due to the quick and thorough anaesthesia it produces.

(4) The vagina is thoroughly ironed out with sterile green soap. In cases with a rigid pelvic floor, many obstetricians perform a deep episiotomy before commencing the delivery. Eardly Holland is very insistent on an episiotomy claiming that it relieves the head of the final quick compression that accompanies its exit which may cause lesions that are responsible for three-quarters of foetal mortality.

(5) Delivering the arms without entering the vagina. This ensures greater asepsis and may prevent delay in trying to reach an arm posteriorly. It also lessens the danger of deep lacerating, caused by putting a hand in a snug vagina alongside the baby's body.

(6) Failure of the head to engage may be caused by impingement on the symphysis. Pressure in the axis of the pelvis will only accentuate this fault, while pressure directed towards the floor will correct it.

(7) When the mouth comes into view, the trachea is stroked with the fingers and mucus removed from the mouth, allowing the operator to deliver the head without haste.

(8) Potter protests against the habit of spanking or beating a baby as he claims it is unnecessary and may do harm. Nearly all babies will breath spontaneously if left alone and the heart is beating.

(9) Potter claims speed is not only dangerous but unnecessary in delivering a breech. He may take from eight to ten minutes after the umbilicus has come into view. This is confirmed by statistics quoted above showing the small number of babies that die of asphyxia.

In conclusion, I will remind you of the slogan posted in a prominent place in De Lee's delivery room which is particularly applicable to the handling of cases of breech presentation—"Non vis sed arte"—not strength but art. "Too hasty delivery, and not asphyxia is the cause of the child's death in the majority of breech deliveries. The operator gets panicky when there is a slight delay in the progress of the extraction, and then makes violent, inco-ordinated and damaging motions, which may leave their marks on the baby and also on the mother. Gentleness, deliberation and a thorough knowledge of the mechanism of labor are the essentials for success."

CLINICAL EXAMINATIONS.

Not long since we read in one of our exchanges,—the *Bulletin* of the Academy of Medicine of Toronto, a short paper on the above subject by Dr. Harris McPhedran, who will be remembered as giving the Address in Medicine at the 72nd Annual Meeting of the Medical Society of Nova Scotia

at Bridgewater in 1925. In the hurry of a general practice a word of warning, to make haste slowly, may not be out of place, hence the following excerpts:

With the rapid advance in medical science, the answer to this question will vary from time to time. What constituted a comp.ete examination twenty years ago is vastly different from that which constitutes a complete examination to-day. The fear is not, however, that we are failing to make our examination as complete as the advances in medical science would warrant, but that a great majority of us are failing to make any adequate examination at all. With that in mind, I shall endeavour to point out briefly the method of approach to making a complete examination of any patient who presents himself for such...

Any examination falls roughly into three parts:—(1) History. (2) Physical Examination. (3) Laboratory and X-ray Examination.

The History. This is the most valuable part of any examination. It is often very difficult to get it. The highest degree of success depends on a wide knowledge of medicine in general, and consummate skill in cross-examination of a patient. It is always of paramount importance, and with some cases, there is no other way of arriving at a diagnosis, and giving that which is of most importance to the patient, prognosis.....

Details of the personal history, e.g. age, occupation, environment, hours of work, sleep, recreation, worries, griefs, amount of alcohol used, foods used at various meals, etc., should not be overlooked.

In the midst of the rapid advances in the bio-chemistry, physics, roentgenology, there has been a tendency to forget the patient. He became a sort of living test tube, a case of this or that. There was a swing toward the science and away from the art of medicine. The pendulum is swinging back, and from all the leaders in the medical world, we hear the cry "consider the patient". His hopes, his fears, joys, sorrows,—in a word, his emotions,—act on his disease and are in turn reacted upon by it. So one pleads for a very thorough and sympathetic enquiry into the personal history, so that a thorough understanding of the personality and personal habits becomes possible. It is only in this way that the hidden grief or shame will come to light and relief come to the troubled soul. Bad living conditions, poor food, lack of sunlight and fresh air are also learned of and a first step is taken toward intelligent remedial measures.

The value of the story of previous illness from the time of birth up to the present, needs only to be mentioned in passing. Enquiry into the onset, course and progress of the symptoms of the present illness completes the history proper. It is well to listen attentively and patiently to the sufferer's complaints, conserving time by directing the story and curbing volubility by judicious questions, and with them as a background, proceed to complete the picture. Nor should one neglect to enquire concerning systems other than that which seem to be diseased, remembering that negative as well as positive evidence is valuable.

Physical Examination. Next in order comes the physical examination. It should be made according to some well-thought-out plan. Preferably a printed form should be used. In our haste or enthusiasm over a supposedly smart diagnosis, procedures of vital importance may be neglected unless there is before our eyes a printed form, a silent reminder of work to be done if pitfalls are to be avoided. The Canadian Medical Association has drawn up an excellent form for use in periodic health examination.....

Laboratory and X-Ray. Just a word in conclusion as to the place of the various laboratory procedures, e.g. roentgenograms, electrocardiograms, blood sugars, blood ureas, etc. All these things are valuable. At no time, however, should a diagnosis be made and treatment instituted from them alone. A complete history and physical examination should first be made, and then one will be in a position to say what else is required to enable a correct diagnosis to be made or, perhaps, for safety's sake, confirmed.

Due consideration must be given to the social and financial status of the patient, but under no circumstances, when a diagnosis is in doubt, should anything be neglected which will shed light on a perplexing problem. Thus may one proceed on his way, secure in the knowledge that nothing has been left undone which will aid in arriving at a correct diagnosis and instituting rational treatment.

POST-GRADUATE EDUCATION.

Perhaps there is no phase of medical education more important than that connected with post-graduate study. The day has long passed, if it ever existed, which we doubt, when the obtaining of a medical degree conveyed the information to a graduate that he knew it all. The radical changes in methods on account of the constantly increasing knowledge in all matters relating to the practice of medicine has made it impossible for anyone but a quack or fakir to experience this sensation of practically knowing it all?

We would perhaps hesitate to speak to our members, as we will, were it not for the outspoken statement of the President of the Medical Society of Nova Scotia in his recent address.

As you will recall he said:—

"Those of us who have been engaged in the practice of medicine for twenty years or more are becoming increasingly conscious of the radical changes that are taking place in the industrial, economic and professional systems under which we live and work. It seems that almost every phase of the accepted order is under attack. There is abroad a spirit of skepticism and unrest. No one is capable of assimilating the whole of the available medical knowledge, and the modern doctor is therefore compelled to limit his activities to a comparatively narrow field. Even when he does this, he often faces conditions which tax his resources, and to which he can apply only with great difficulty the conclusions that scientific investigators have established. As I see it, the present situation leaves two general paths for improvement open to us. First, we may effect an inward improvement of the efficiency of our services by raising the standard of our profession, which in turn may be done through more post-graduate lectures and more meetings of local societies—and incidentally, a better attendance at both of these—as well as through an effort to stop the exodus of practitioners from the country to the larger centres; this last in order that we may assure the remoter districts of easily accessible service."

For full three-fourths of the medical men in Nova Scotia their post-graduate study must be secured by medical meetings which are addressed by leading physicians under the auspices of the Canadian Medical Association. Our Branch Societies report the attendance at these meetings as averaging less than 70% of their membership. Quite plainly, gentlemen, this is not good enough, especially when Secretaries speak thus of the meetings:—

"There were two meetings, afternoon and evening. The addresses were very interesting and practical and the discussions general."

"The addresses were very practical and well received by the members present at the meeting."

"The attendance was excellent, the papers were good and provoked general discussion. It was a most successful and instructive meeting."

"We have found all the meetings arranged by the C. M. A. useful. Our Society enjoys them very much. They are instructive and most helpful."

The first point then to bring home to our attention is that the local attendance at these meetings should be as nearly one hundred per cent. as is possible. We owe it to ourselves and our patients. Moreover the community expects us to do this. It would be poor business if this same public concluded we were not living up to their expectations.

The next natural point to emphasize is the Annual Dalhousie Refresher Course. That may take you from your home for a day or two or a week. Now if you have your practice in hand, as you should have and have the cordial relations with good confreres you should have, the registration at this Course would be doubled. Motors and present day highways make this possible if you realize the value and necessity of the Course. Yes! and this means you Mr. Surgeon, Internist, and Specialist, as well as the poor general practitioner.

Now, how many have thought about a week, or a month, in some large medical center as Montreal, Toronto, Boston, New York, Chicago, etc., if six months or a year is impossible, or not indicated? You probably need a vacation, almost certainly you need a change; and if you do not know you need the inspiration to be gained by direct contact with leading Physicians and Surgeons, there is something wrong with your intelligence. Read very carefully page 497 in the August BULLETIN as to what the New York Academy of Medicine has to say regarding opportunities for post-graduate study in that city. Read what it says in this issue and *think it over.*

Dr. D. R. Webster, of Montreal, Dalhousie 1925, a native of Pictou, for two or three years has been Physician and Surgeon to the fishing fleet on the Grand Banks. The Dominion Department of Fisheries has been carrying on this service using the C. G. S. Arras as a floating hospital. Besides a considerable amount of routine work Dr. Webster has been doing some research work on hand infections, concluding these are generally due to the handling of bait.

We have heard much in recent years of Moratoriums, as to nations regarding their financial obligations. But it remains for Mrs. Sanger, the leading birth control advocate, to call for a moratorium on having children for one or two years, or until the present depression ends:

> "No woman should have any more children this year or until the industrial situation has returned to normal," she said. "Every child that is born now will only add to the financial distress of the family, imperilling the health of the older children and adding a presumably ill-nourished and puny specimen of humanity to a world that is already over burdened with dependents.
>
> "This moratorium should apply not only to the very poor, but also to the well to do" Mrs. Sanger continued. "This is a period of anxiety for the rich as well as the poor—perhaps of greater anxiety for them, as they are not so accustomed to financial insecurity. The poor have always a narrow margin between security and peril. They can endure the nervous strain of to-day better than some of those who actually have more money. Even in a well to do family a child would be better off not to be born just now, while the mother is anxious and nervous. I am perfectly sure that a nervous mother's condition is reflected in the child. There is no doubt about it."

Dr. Melvin MacNeil, Dalhousie '28, has received an appointment for one year at the Evans Memorial for Clinical Research and Preventive Medicine, Massachusetts Memorial Hospital, Boston.

Dr. Hugh O. Blauvelt, Dalhousie '18, is at present resident at the North Middlesex Hospital, London, England. Dr. Blauvelt was successful in obtaining the Fellowship of the Royal College of Surgeons, England, last year.

Correspondence

Vancouver, B. C.,
Aug. 29th, 1931.

"Dear Doctor Walker:—

I thank you and the Medical Society of Nova Scotia very sincerely for the honour you have conferred upon me in electing me to Honorary Membership in the Medical Society.

I will try in India to live up to the trust you have placed in me and to be worthy of this distinction in efficient and humble service.

I will be in charge of the United Church Mission Hospital at Neemuch, Central India, and hope to arrive there about the middle of October. It is a fine stone building with a good Dispensary and Out Door department and fifty beds for Inpatients and has a good Operating Room suite.

Your letter followed me here, hence the delay in acknowledging it.

With deep appreciation of the kindness shown to me by the Medical Society of Nova Scotia.

I remain,
Yours sincerely,

(Signed) MINA MACKENZIE, M.D.,
Neemuch,
Central India."

Dear Doctor:—

We are pleased to announce to you that we are meeting the desire of the Medical profession for an all-night drug service, and accordingly our Morris Street store will be open 24 hours, starting October 19th. Telephone B6987, B8285 or B8286.

Our Stock Room is right at the back of this store, which makes available the most complete drug stock East of Montreal.

We would ask that we receive, as in the past, your best co-operation.

Yours very truly,
S. R. BALCOM.

P. S. If you have a friend in any of our Hospitals to whom you would like to have the daily papers sent, by leaving word with us, we will be pleased to send them with your compliments.

"It is as important to know what kind of patient the disease has as what kind of disease the patient has."—Psychology for Nurses.

More things in medicine are missed by not looking than by not knowing.—Edward Jenner (1749-1823).

OBITUARY

DANIEL ALLAN MORRISON, M.D., C.P.S., Baltimore 1893, Louisburg.

ON Sunday, August 29th, 1931, there passed away at his home in Louisburg, Cape Breton, Dr. Daniel Allan Morrison in the 65th year of his age. Apparently in the best of health he had returned from making his usual professional calls, and half an hour later was found lying dead on a couch in his office.

The late Dr. Morrison was born in Loch Lomond, Cape Breton, in 1866. Having early in life decided to study Medicine he took the first years of the course at the Halifax Medical College and completed his studies at Baltimore Medical College, graduating in 1893. During the last thirty-six years he practised his profession at Louisburg and the adjoining country, where he was well and favorably known as a capable and popular physician.

In addition to his professional work, to which he gave untiring attention, he was also imbued with a large degree of public spirit, and in both Church and State affairs he made his influence felt. He was a prominent Mason and at the time of his death was Deputy Grand Master of the Grand Lodge.

Of him *The Bellman* said:—"Memories of his cheerful and radiantly friendly personality ring the bell of my heart to-day. For nearly a quarter of a century I was a neighbour of his, meeting him frequently in the church of his love in Louisburg. He was often found in church courts in which he was greatly respected and loved."

Dr. Morrison is survived by his widow, two sons and two daughters to whom the *Bulletin* extends sincere sympathy.

The funeral service was held in St. James United Church. The procession to the cemetery was thought to be the largest ever noted in Louisburg. It was lead by members of the Masonic Order and their impressive service was held at the grave. A considerable number of members of the Cape Breton Medical Society were present and Dr. D. A. McLeod of Sydney attended as the representative of Premier Harrington.

JAMES ALBERT CURRIE, M.D.C.M., Dalhousie University 1916, Sydney.

Dr. J. A. Currie, of Sydney after a protracted illness died at the home of his brother-in-law, Mr. Dan McLeod, Baddeck, on September 6th, 1931. The deceased was born in Port Morien and was in his 45th year. He practised in Glace Bay, served overseas in the War and then located in Sydney.

The funeral took place from the home of his father, Mr. John Curry of Port Morien, and was very largely attended, Mass being celebrated in St. Mary's Church. He is survived by his wife, formerly Miss Sadie McLeod, R.N., of Baddeck and three children, who have the sympathy of the community in their great loss, in which members of the medical profession will join.

The BULLETIN regrets to record the death in Saint John, September 15th, of Dr. John S. Bentley, a son of Mr. C. E. Bentley of Truro. The late Dr. Bentley was born in Saint John but at an early age his family moved to Truro and his father became associated with Mr. J. F. Blanchard, conducting a large and prosperous Dry Goods business. Dr. Bentley obtained his B.A., with honors from Dalhousie in 1900, and received his M.D.,C.M. from McGill in 1904. He served his internship in the Saint John General Hospital and began private practice in that city in 1905. He became at once an active member of medical societies and became, in turn, President of the Saint John Medical Society, Secretary and then President of the New Brunswick Medical Association and member and, subsequently, Registrar of the Provincial Medical Council. Outside of his practice and these medical affiliations he was chiefly interested in the Masonic Order.

Some three months ago he went to Montreal for special treatment for cardiac conditions but the end came quite unexpectedly shortly after his return. He is survived by his father and one brother, T. Percy Bentley of Truro. The funeral service was held in St. John's Church, Truro, September 18th, and was very largely attended.

The June, 1931 BULLETIN recorded the death of Mrs. John A. MacKenzie of Truro, mother of Dr. Seymour G. MacKenzie of the staff of Camp Hill Hospital. On October 1st, barely three months later, Mr. MacKenzie passed away after a lengthy illness. Again the BULLETIN expresses sympathy with Dr. MacKenzie.

Although expected for a long time the passing on October 2nd, 1931, of Mrs. Maie Stafford Morton, wife of Dr. C. S. Morton, of Halifax, made sad hearts for the very many friends who were privileged to know her.

Mrs. Morton was a daughter of the late Professor Stafford of Barronsfield, Cumberland County where she was born. Shortly after the beginning of her illness Mrs. Stafford, her mother, who resides in Wolfville, came to Halifax taking upon herself the cares of the home. For a month or more in the summer her son, Dr. Harry Morton who has been studying in London for several years, spent most of his time at her bedside. For many months of days busy with a large practice, there were the nights of constant attention by her husband. Friends by the scores during her illness evidenced their regard by flowers and would gladly have done more were it possible. This all because she was universally loved by all those with whom she came in contact.

Mrs. Morton's life was a very definitely defined one. She was not concerned with everything, nor with many things. With her everything centered about her home and her personal friends. There were but two other interests, the First Baptist Church and the Nova Scotia College of Art.

The Sunday following her passing the funeral was held, the service being conducted by Rev. A. L. Huddleston, assisted by Rev. A. D. Morton, D.D., father of Dr. Morton, and interment was in Camp Hill Cemetery. The floral tributes were wonderful in number and beauty including those from the Halifax Medical Society and the Medical Society of Nova Scotia. If there is one thing that may comfort somewhat those who mourn,—the husband, Dr. C. S. Morton, the son, Dr. Harry Morton; the mother, Mrs. Stafford, and Dr. Morton's

aged parents Rev. A. D. and Mrs. Morton, it will be this assurance of sincere sympathy from so many friends of the deceased. Every member of the Medical Society of Nova Scotia joins in this expression.

The death took place at Eel Brook, August 22nd of Mrs. Sylvain Pothier, daughter of the late Jean Bourque. She was an authority on Acadian History. She was 82 years of age and is survived by her husband and nine children. Dr. H. J. Pothier of Weymouth is a son of the deceased to whom the members of the Medical Society of Nova Scotia will extend sympathy.

Many members of the medical profession in Nova Scotia were grieved to learn of the sudden death August 23rd of Miss Margaret Martin, R.N., Superintendent of the Payzant Memorial Hospital, Windsor. It is stated she was stricken by cerebral hemorrhage while walking across the lawn from the Nurses' Home to the Hospital and died almost immediately.

Miss Martin was born at Mulgrave some 56 years ago. She graduated from the Training School of the Victoria General Hospital, Halifax in 1898 and, had much experience both in private and institutional nursing in Nova Scotia, New York, Cuba and Virginia. In 1922 she became Superintendent of the former 15-bed hospital in Windsor that is now a 50-bed hospital. The Medical staff and Hospital Board are fully aware that much of the progress made by the hospital has been due to the intelligent interest and conscientious work of Miss Martin.

It is said that Miss Martin was a strict disciplinarian but was popular with the nurses, admired by the Medical Staff and Hospital Board, and had many social friends in the Town of Windsor. At the Funeral service in Christ Church, Doctors Reid (J. W.), Keddy, Morris, Bissett, Shankel and Reid (A. R.) were pall bearers. Interment took place at Mulgrave, the remains being accompanied by several members of the Hospital Board. Miss Martin is survived by two brothers both resident in Mulgrave.

Personal Interest Notes

DR. and Mrs. J. G. D. Campbell of Halifax, with young Catherine and John, spent a few days holiday in Earltown the latter part of August. If we mistake not Dr. Campbell's mother was a Miss McKay from Earltown, so they were visiting relatives.

Dr. A. W. Miller of New Waterford spent some weeks in August in the United States visiting friends and attending clinics in many hospitals.

Had the body of the late Dr. M. E. Armstrong been laid to rest in the Lawrencetown Whitman Cemetery, the grave would have been near to those of two grandfathers, two grandmothers, three great-grandfathers, three great-grandmothers, one great-great-grandfather and one great-great-grandmother. His remains are but a short distance away in the Bridgetown Cemetery.

Dr. and Mrs. G. A. Dunn of Pictou accompanied by their two children were motor visitors to Boston and other Massachusetts cities in the month of August.

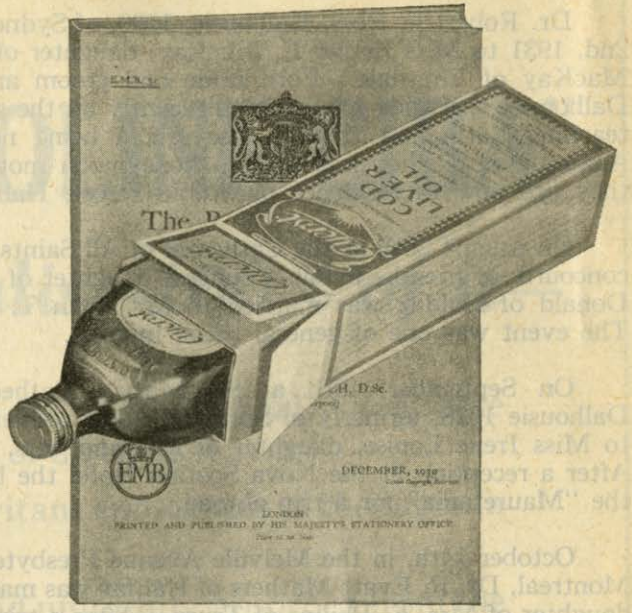
Drs. McDougall and Morton (C. S.) spent a few restful days the last of August at the former's summer cottage in Wallace.

The marriage took place at Saint John on September 6th of Dr. T. A. Kirkpatrick, Dalhousie 1929, of Kentville to Miss Lily H. Ellis of Saint John. The bride has been for some three years principal of the domestic science department of the Moncton City Schools. The groom was supported on this occasion by his brother, Dr. H. W. Kirkpatrick of Halifax, and, during the signing of the register, Mrs. Kirkpatrick sang "O Promise Me" and "Because."

As was to be expected very great social interest was in evidence in Yarmouth, September 11th upon the occasion of the marriage of Miss Florence, daughter of Mr. and Mrs. G. Presott Baker to Dr. W. C. Hewat of Lunenburg. The church was beautifully decorated and was crowded by those interested in the event. Previous to his departure to fulfil this engagement, Dr. Hewat was given a banquet by some 50 personal friends accompanied by a handsome presentation. The wedding trip was to Boston and New York.

Dr. A. I. Mader, Sr., of Halifax has announced the marriage of his daughter Eva Waddell to Mr. Charles N. Macdonald on August 25th, 1931 at Toronto. The bridal couple came at once to their former home in Halifax where both received a hearty welcome and a number of receptions, teas, etc., kept their many friends busy. After a stay all too short in Halifax they motored to Cape Breton then returned to Toronto where they will reside. Dr. Eva Mader Macdonald will have the best wishes of the medical profession in Nova Scotia.

The marriage took place in England early in September of Dr. G. C. Shaffner, son of the late I. B. Shaffner of Halifax.



. . EMPIRE MARKETING BOARD JUSTIFIES METHOD OF MARKETING AYERST COD LIVER OIL ✪

✪ **This report, published December, 1930, records an extensive investigation by J. C. Drummond (London) and T. P. Hilditch (Liverpool) of "The Relative Values of Cod Liver Oil from Various Sources." It affirms—**

1 That Newfoundland Cod Liver Oil possesses the highest vitamin potency. (**Ayerst Cod Liver Oil has always been obtained from Newfoundland sources exclusively**).

2 That biologic and colourimetric tests are necessary in selecting oils for vitamin value. (**Ayerst Cod Liver Oil has always been standardized by these methods**).

3 That all Cod Liver Oil loses vitamin potency when exposed to the action of light. (**Ayerst Cod Liver Oil has always been supplied in packages, specially designed to protect it from such deterioration**).

Since 1924, when attention in this country was first directed to the remarkable variations in Vitamin A potency of Cod Liver Oil by J. Deas under the direction of Prof. V. E. Henderson, Department of Pharmacology, University of Toronto (C.M.A.J. October, 1924) and now verified by the Drummond-Hilditch report, the outstanding superiority of Newfoundland oil has been established. Ayerst, McKenna & Harrison, Limited, have selected their product, biologically, from Newfoundland sources alone and have consistently refrained from blending it with lower priced Cod Liver Oils from other sources.

Ayerst Cod Liver Oil is a Canadian product of distinctively good quality and merits specification by Canadian physicians.

It is also available as Activated (10 D) Cod Liver Oil where higher dosages of Vitamin D are required.

Ayerst, McKenna & Harrison
Limited
Pharmaceutical Chemists

Dr. Robert F. Ross, Dalhousie, 1930, of Sydney, was married September 2nd, 1931 to Miss Esther E. MacKay, daughter of the Rev. D. O. and Mrs. MacKay of Elmsdale. Both bride and groom are graduates in Arts from Dalhousie, the bride having been recently on the staff of the Ladies' College teaching Latin and History, the groom being now Assistant Professor of Anatomy at Dalhousie. After a honeymoon motor trip over the Province they are now in residence on Robie Street, Halifax.

On August 29th at the Cathedral of All Saints, in the presence of a large concourse of friends, Bessie, youngest daughter of Dr. H. K. and Mrs. MacDonald of Halifax was married to Mr. John T. MacQuarrie of Westville. The event was one of general social interest.

On September 19th at St. Mary's Cathedral, Dr. J. W. Merritt, Dalhousie 1928, formerly of Springhill, now resident in Halifax was married to Miss Irene Louise, daughter of Mr. and Mrs. A. G. Tapley of Halifax. After a reception at the Nova Scotian Hotel the bride and groom sailed by the "Mauretania" for a trip abroad.

October 14th, in the Melville Avenue Presbyterian Church, Westmount, Montreal, Dr. R. Evatt Mathers of Halifax was married to Mrs. Rita Ogilvie, daughter of Mrs. E. Philips of Truro. After a trip to the United States Dr. and Mrs. Mathers will reside for the winter at the Nova Scotian Hotel. Dr. Mather's charming bride will be gladly welcomed to Halifax.

Just previous to the removal of Dr. O. R. Stone from Sherbrooke to Bridgetown, he was tendered a reception and the Warden of St. Mary's Municipality presented him with an address accompanied by a purse of gold.

Dr. Douglas F. Macdonald, Dalhousie 1929, having been an interne at the Ford Hospital in Detroit for two years has returned to Nova Scotia (with Mrs. Macdonald) and has located in Yarmouth.

During October Dr. J. W. Reid Sr. and Mrs. Reid motored to Montreal and to Saranac. In the latter place they visited Mrs. Reid's sister who has been a patient resident there for a year or more

Dr. E. B. Muir, Dalhousie 1925 of Ely, Nevada, formerly of Eureka, Pictou Co., has joined the ranks of the Benedicts. He is now in charge of an emergency hospital in connection with a large copper mine syndicate located at Kimberly, Nevada.

The marriage took place early in September at Hamilton, N. Y., of Miss Mary A. Read to P. A. Robert of Ottawa. The bride is a daughter of Dr. W. F. and Mrs. Read, formerly of Digby, now resident in Hamilton.

Dr. G. A. McIntosh, Victoria General Hospital attended the Annual Convention of the American Hospital Association which met in Toronto, September 28-30th.

Dr. F. R. Davis is the present Mayor of Bridgewater.

Dr. Kenneth Hayes, Dalhousie 1925, Sydney Mines, after a short visit with his mother in Halifax has gone to New York for post-graduate work in the Polyclinic Hospital. Before leaving Sydney Mines he received a presentation from the local doctors.

Dr. and Mrs. D. J. Hartigan of New Waterford, were among the large number who motored in the late Autumn to U. S. A., and Upper Canadian Cities.

Dr. James Doull, Professor of Public Health at the Western Reserve University of Cleveland, recently visited his native county of Pictou. He is a brother of the Hon. Attorney-General of Nova Scotia.

Dr. W. A. MacLeod of Hopewell was re-elected President of the East Pictou Conservative Association at its recent annual meeting.

Dr. Dan McNeil of Glace Bay cannot divorce himself from the football game even if he isn't in playing form. The early October game between Caledonia and the Wanderers was efficiently handled by him.

Dr. M. R. Elliott of Wolfville has been appointed a member of the Board of Management of the Nova Scotia Training School for the term of six years ending April 15th, 1937.

The medical staff of St. Rita's Hospital, Sydney, recently held their annual meeting and elected the following officers: President, Dr. E. J. Johnstone; Vice-President, Dr. A. S. Kendall; Sec.-Treas., Dr. P. McF. Carter; Executive, the officers and Doctors Lynch, O'Neil and McRae.

Dr. A. I. Mader, Jr., and Mrs. Mader of Hackensack, N. J., were visitors in Halifax in September, guests of Dr. and Mrs. V. O. Mader, South Park Street.

Dr. F. E. and Mrs. Lawlor, spent their usual holiday in Cape Breton the latter part of September making Whycocomagh their headquarters.

Dr. H. A. and Mrs. Payzant of Dartmouth motored to Philadelphia in September, returned after some two weeks by way of Niagara, Toronto, Montreal and Quebec.

Adam Bell, son of Dr. John and Mrs. Bell of New Glasgow, has entered McGill University for his Ph.D. He took his M.Sc. at Dalhousie last Spring.

Dr. G. M. Morris, Dalhousie 1928, son of Dr. and Mrs. C. H. Morris of Windsor has won a nine months scholarship in public health at Johns' Hopkins University and entered upon his work October 1st.

Dr. D. M. and Mrs. Cochrane of River Hebert in September and October enjoyed a pleasant motor trip to Montreal and other Canadian cities. Dr. Moreash, Dalhousie 1931, was his locum tenens during his absence.

During September Dr. M. R. Elliott of Wolfville was a patient in Eastern Kings Memorial Hospital being operated on for appendicitis. We are glad to know he has made a good recovery.

Dr. W. J. Egan of Sydney was elected at the September Kiwanis Convention as Lieut.-Governor of the Maritime Division.

Dr. J. V. Graham of Halifax sailed in September for Europe for several months of post-graduate study.

Dr. P. L. Oxley, for several years in practice at Northport, Cumberland Co., is temporarily supplying for a Doctor in New Brunswick and this largely settled country practice is now vacant.

During September Dr. R. M. Benvie of Stellarton was a surgical patient in the Victoria General Hospital and has since made a good recovery.

Dr. F. B. Day, Thorburn, left the middle of September for Vancouver to visit his mother whom he has not seen for many years.

Dr. and Mrs. W. P. Mackasay of Halifax spent the latter part of September on a motor trip to Upper Canada, returning via Boston.

Not long since a more or less official committee was appointed in Sydney to investigate complaints that local physicians had refused to attend unemployed persons. It was shown that none of these people were neglected and no class contributed more to the service of the poor than doctors. Alderman Muggah intimated that this was well known to the Sydney City Council stating:—"that the Council had no intention of attempting to regulate the doctors: the idea of the probe being that the Council might decide if necessary to appoint a special doctor to attend needy cases."

Perhaps the suggestion is not a bad one after all; why not relieve all doctors of this non-paying practice and appoint one at a reasonable monthly salery to do it? Why not make the appointment by the month or quarter and so centralize the work and give all doctors some remuneration?

Dr. George David Stewart after an illness of about a year had sufficiently recovered to visit his aged mother at his former home in Malagash late in August and in September. On his return to New York he spent a few days in Halifax. Dr. Stewart was a classmate of Dr. J. J. Cameron of Antigonish, graduating from Bellevue Hospital Medical College in 1889.

Among those who have been granted Rockefeller Medical Fellowships through the Medical Research Council (Great Britain) is Owen Stanley Gibbs, M.B., late professor of Pharmacology at Dalhousie University, N. S.. Dr. Gibb's Fellowship is tenable in Europe.—(*C. M. A. Journal*).

This is told of a somewhat absent minded doctor, but an enthusiastic golfer, after a strenuous game at Ashburn, as he sat at dinner that evening. Mrs. Doctor says:—"Junior tells me he caddied for you all the afternoon." "Well, well," replied the A. M. doctor, "I thought I had seen that boy somewhere before."

NOVA SCOTIA NOTES FOR NOVEMBER C. M. A. JOURNAL.

Dr. C. M. Jones has been appointed roentgenologist to the Halifax Infirmary, and took duty on the first of August.

Dr. R. W. E. MacKay has been appointed Acting Assistant Medical Superintendent of the Nova Scotia Hospital, Dartmouth. After graduating at Dalhousie in 1928, Dr. MacKay spent a year at the Hospital for Mental Diseases, Brandon, Manitoba, following which he had two years interneship at the Henry Ford Hospital, Detroit.

"Dr. Smith L. Walker, General Secretary of the Medical Society of Nova Scotia, is enjoying a trip to the West Indies, travelling by the S. S. Lady Hawkins." *Enjoying*?

While the attendance at this year's Dalhousie Refresher Course was rather less than in previous years there was nevertheless a goodly number registered. The course was conducted entirely by members of the Dalhousie Faculty, and was highly commended by those who attended.

Dr. John W. Denoon, Dalhousie '31, after spending the summer months as surgeon to the C. G. S. Arras, which served as hospital ship to the fishing fleets on the Grand Banks, has left to spend a year at graduate study in the Mother Land. Last spring Dr. Denoon was awarded an I. O. D. E. Post-Graduate Overseas Scholarship. When the year's study to which this entitles him has been completed, it is his plan to devote another year to study on the Continent.