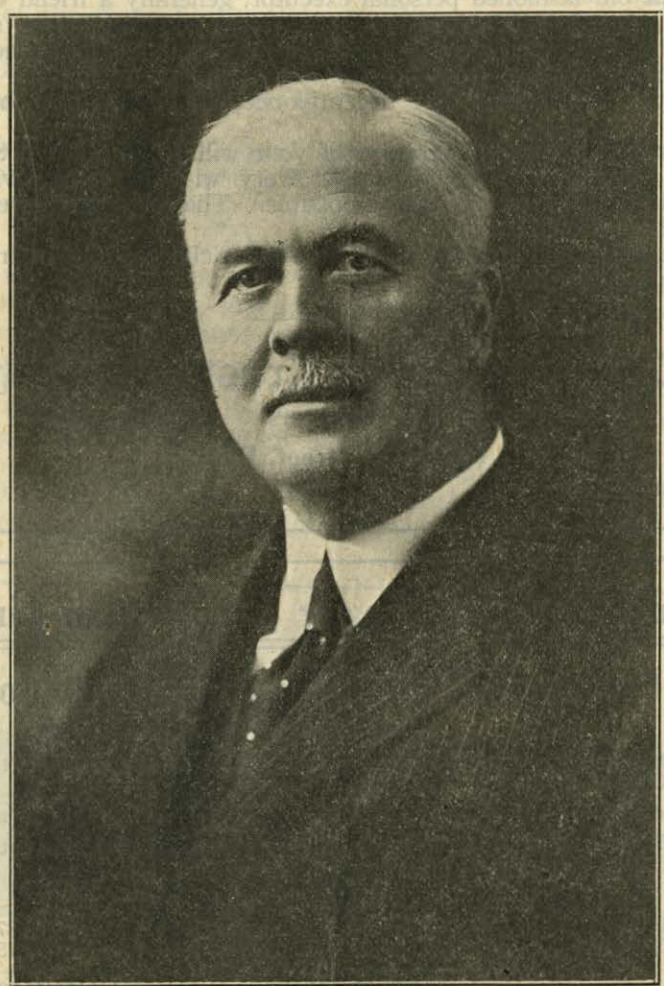


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# The Smells\*

DR. ARTHUR S. BURNS.

COMRADES

OF KING'S BRANCH, No. 6, CANADIAN LEGION,  
BRITISH EMPIRE SERVICE LEAGUE.

At our Armistice Dinner, two years ago, I made reference to the persistent way the smells of war cling to the memory, and suggested that some poet might well write an ode to those odors. Our own "Bobby" Burns was present and since then from time to time he has chucked various stanzas to some of us.

Comrade Major A. S. Burns, C.A.M.C., has now kindly permitted me to publish for you his poem as a souvenir of this occasion. A native of this county, he has since the war lived among us as medical representative of the Dept. of Pensions and National Health. I am sure you will all welcome his "Smells" in printed form.

In releasing "The Smells," permit me to express to you high appreciation of the honour you have conferred upon me in electing me Honorary President of our Branch.

Yours sincerely,

ALLISON H. BORDEN.

Armistice Dinner,  
Wolfville, N. S., Nov. 11th, 1931.

## THE SMELLS

(With Apologies to Poe, Edgar Allen)

Years have passed, but still the smells  
War-time smells,  
Linger in our memories, like shattered vases' smells.  
Ever lifting, shifting, drifting  
On the war-worn atmosphere,  
Whether "down the lines" from fighting,  
Or amid the shells alighting,  
Odd, strange smells were everywhere.  
Odors yet, yet, yet  
Overtop Time's parapet.  
Surcease from the recollections, their insistency repels.  
Time no longed-for Lethe knells.  
E'er we breathe the jaded smells,  
Oft inhaling, e'er assailing "Great War" smells.

Still we scent those cook-house smells,  
Hodge-podge smells.  
What a humdrum irksomeness their ordinance fortells.  
Memory ne'er can say adieu  
To the smell of army stew,  
Scents of tinned maconachie,  
Or mulligan,

\*Passed to the Bulletin upon request.

To the staple "Punk and Massey,"  
 To the field-kitchen, that loiters, ne'er to be  
     In the van,  
     With its steaming "Dixie" smells.  
 With a wealth of malediction, insatiation yells  
     At the smells,  
     Routine smells.  
     Fleeting only was relief,  
         When they issued "bully beef."  
 In its tasting, some were wasting  
     Blocks from paving,  
     Hard-pressed blocks, that stopped incaving  
         Of the waving  
 Dug-outs, trenches, shook with wrenches of the shells.  
  
     Smell incinerator smells,  
         Smudgy smells.  
 What an ever ceaseless burning as if 'neath old vestal spells.  
     E'er consuming day and night,  
     Ever burning, e'er alight,  
     Set against where breezes blow,  
 Still they ever burn below  
         And smoulder,  
 Like a smudge of wet leaves burning, mixed with chipwood dirt and rubber,  
 With a slow incineration, such as makes doomed sinners blubber.  
     Ever smoking, smoking, smoking,  
     With its unseen devils stoking,  
     Faint is hope of its relenting  
     Ever in its putrid scenting,  
 'Neath a vigilance astounding, we aver;  
     So, we blame, aye, seldom laud  
         The untiring,  
         E'er perspiring,  
  
 O'er worked! sanitary squad.  
 Hh! the smells! smells! smells!  
     E'er another odor swells  
         On the air.  
     What a stink, and stench of filth,  
         Of accumulating spilth,  
 The fly-infested, sour garbage-tins declare.  
     Oh! the slimy, grimy smells  
         When o'er-flowing,  
         Bracken strowing,  
     Greasy drain-trap's water wells.  
 In our memories wax and wane, creolin and moth-ball smells,  
         Fragrant smells,  
     When compared to uric smells,  
         "Nitre" smells,  
 Evidential, pestilential latrine smells.

Smells of chlorinated water,  
 From petrol tins, or water cart,  
 Confidence in us bestir,  
 Hopefulness to us impart.  
 Ah! we drink, drink, drink,  
 But we never, never think

It was from a spring-fed dell  
 Or a cool artesian well.  
 Chlorinated water blame?  
 It was tame, tame, tame

When compared to putrid smells,  
 Pumped from old French farm-yard wells  
 By French peasant demoiselles,  
 To offset the awful smells  
 Of a German gas attack.

Even now we choke and rack  
 From the poison war-gas smells,

Mustard smells—  
 Sweet pineapple odors pass  
 Like a mist o'er a morass;  
 Tear-gas and insidious smells,  
 Deadly smells.

Hear the banging, and the clanging alarum knells!

Sniff the C. A. M. C. smells,  
 "First-aid" smells.

Of a salutary healthiness, their very odor tells.

Smell the Carrel-Dakin dripping,  
 And the ointment used in "bipping",

And that old well-known queer smell of iodine,

Or some staid iodoform,  
 True to odor, true to form,  
 So akin—

Joy comes in the recollecting

Of each potent, disinfecting  
 Medicine.

Smell the soporific smells,

Numbing smells.

Of a sense of nothingness, an anaesthetic tells.

With a cracking in the ears,  
 Ere unconsciousness appears,

Often comes a sense of floating to a height;

And every drop that falls  
 On the gauze-clad mask appalls  
 With affright;

Or a numbing, a succumbing

To the sound of June-bugs humming

Near a light;

Or a falling, falling, falling

Into an abyss unknown,

Leaves one on the bottom sprawling,

Helpless, senseless as a stone.

Stifling, strangling devils swarm;  
 Ether, gas, or chloroform  
                                         Are the fiends.  
 Deep beneath their numbing sway,  
 Operating-teams waylay,  
                                         And disarm,  
 Ever cutting, cutting, cutting,  
 Where the septic microbes swarm,  
 Or where shrapnel may be jutting  
                                         With its potency for harm.  
 Then oh! what heavenly smells!  
       In clean sheets and pillows dwell  
 When awakening from the slaking O. R. smells.  
  
                                         Oft we sniff the old trench smells,  
                                         Soggy smells.  
 What an awful frowzled closeness in their zig-zag winding dwells.  
       Unaired cellars, basement flats  
       With their tenants, lice and rats,  
 Sense we 'neath a cannonading,  
 Or when quiet is pervading  
 And we scratch 'neath tin-pot hats.  
       What a full abomination  
       If the weird conglomeration  
       Of dank blankets, oils and dubbin' and the "knock-out" brazier smells,  
       Mud, and sickly, sweaty smells,  
       Horrid, putrid "Heine" smells,  
 In "All Quiet", as they style it, "West Front" spells.  
  
                                         Sniff again the cordite smells,  
                                         Front line smells,  
 Cheery smells of Tommy's makin'  
 Warming beans or frying bacon  
       O'er his Tommy cooker's flame;  
       Smells of rum, strong, undiluted,  
       To the strains and stresses suited,  
                                         Of the game;  
 Rum that lightens and dispels  
 Sadness, gloom, or ennui spells  
       Of the "pigging" and the digging,  
       Genial glow and sleep imparting  
       To the cold, unnerved and smarting;  
       Billet smells, musty spells  
 Smells of ticks and "paliasses" in which vicious vermin dwells  
       Ever scratching, scratching, scratching,  
       Where the itch mite burrows in;  
       And the smells, to sneeze and wheeze,  
       Smells of horse-lines, naught a breeze,  
 Where persistently there dwell, pungent, strong ammonia smells,  
       (Mindful of horse-transport smells).  
       Language wearies when it tells  
 Of the rotten, war-begotten Great War Smells.

# Fracture of the Neck of the Femur\*

Dr. G. H. MURPHY, Halifax.

**S**IR Berkeley Moynihan tells how, in the early days of the Great War, he turned to Hippocrates for aid; and was able to find in the renowned old master things which could with advantage be applied to meet the melancholy experiences which many of the wounds presented. As far as the principles and the fundamental things in treatment go, fracture surgery—if one excepts the X-ray—has hardly been bettered in our own time. Hippocrates seems to have set a standard of excellence in the management of the various fractures which has been a source of inspiration and an object of emulation throughout the centuries. One is impressed with his descriptions and the striking surgical sagacity shown in the treatment of fractures of the long bones; as well, too, as the warning advice occasionally thrown out, that complete restoration of Form and Function is the only warrantable end result; anything less puts the burden of justification squarely on the shoulders of the attending doctor. Witness this for instance in his fractures of the thigh bone; "Nothing should be omitted in order that the parts be properly extended and put in a straight line; for it is a great disgrace and an injury to exhibit a shortened thigh." One should not like to take the chance of adding to the regrets and worries of modern practice by suggesting that all our end results in fractures of the thigh should be interpreted in the terms and spirit of this admonition, which must have been thought a perfectly equitable statement twenty-two or more centuries back.

It seems proper while we are taking thought, to note how those men, with few of the agents of modern times, such as anaesthesia and X-ray, worked their way to success in dealing with broken bones and evolved methods and standards which need to be touched but lightly to bring them in full accord with the best type of surgical modernism.

It may be a bit aside from the subject under discussion, but to the young men in our profession one can not refrain from emphasizing the value of reading the old masters of our craft. The older ones amongst us have probably done so already. There was no X-ray when Sir Astley Cooper wrote his memorable work on Fractures and Dislocations; and after reading his descriptions and expositions, one feels that if we could all be like him there would be little need of our fussing over films and shadows.

The X-ray has brought us a quick and ready way of telling the quality of a fracture, but it has also taken something away. While we fly directly to the heights of knowledge, we miss the circuitous mountain climbing, the observations and the joy of arriving which are all in line with the best traditions of our calling, and which give us a more lasting intelligence, of the rugged and arduous old mountain where wisdom sits enthroned. The man who has grasped the spirit and the practical scope of Sir Astley Cooper's teaching on fractures in and about the hip has need of but little further reading on the subject.

## Anatomical and Mechanical Considerations:

From a mechanical viewpoint, the neck of the femur is most strategically placed. It is the swivel connection between the trunk and the two propeller

An address to the British Columbia Medical Society in 1929.

levers that give it locomotion. Except on special occasions, this locomotion is automatic. The impulse to use his legs is very much an intrinsic part of the individual; and, once the little pioneer establishes the fact of leg function for himself, he is not concerned greatly thereafter in doing much thinking or speculating on the matter. Considered from the standpoint of function, the need of a very specially designed joint becomes quite evident. Great strength and facility of movement are the essentials which any well trained mechanic would at once suggest, and this is what we have in the highly wrought structure of the hip. The head of the bone is placed in a deep socket tied in with a strong ligament and surrounded by a powerful capsule which is reinforced by the strongest ligamentous bands in the body, and all these structures buried in the depths of the most powerful muscles. These and other elements, while meeting the requirements of strength, would have produced a most unwieldy motion were it not for the mechanical excellence displayed in designing the neck of the bone. That motion and strength might be served is clearly the thought when you look at the delicately tapering neck ending in the head, and the wide spreading base where it becomes part of the shaft. No strength forming element is omitted which could be put in without doing violence to the wide range of movement required by the organism.

The neck of the bone, however, branching off from the shaft at an obtuse angle (about 130 degrees) while contributing facility of movements has the mechanical drawback of having to bear in its diameter the strain of forces transmitted either from the ground through the limb or through the trunk to the neck of the bone. In either direction, the long and powerful leverage either by making a fulcrum of the great trochanter against the rim of the acetabulum or the Y ligament, and the rotary impinging of the head, tend to produce either a fracture or a dislocation. During twelve years practice in a colliery town, I have seen both dislocations and fractures resulting from a fall of stone or coal from the roof striking on the shoulders and back when the miner was working in a stooped position. Transmission of force here through the spine and pelvis, with the feet firmly set on an unyielding bottom produce the same resultant of forces in and about the neck as obtain where the patient falls from a height striking upon his feet; the position of abduction, adduction or flexion of the limbs playing its part in determining the character of the resulting lesion.

In a vigorous adult, indirect violence through the trunk such as the coal mining case mentioned, is likely to produce a dislocation, and with such a history of accident the diagnosis is likely to resolve itself, into the question of one of the other. May I suggest here the importance of analysing carefully the nature of the forces entering into the case. It is not always easy to get a correct version of how the injury was brought about. But, if correctly obtained and intelligently interpreted, one is often well on the way to a diagnosis before he begins his measurements or otherwise examines the case. No discussion of Fractures before a class of medical students would ignore a consideration of the details of the accident. Unlike the requirements of salvation, we are not called upon to become like unto little children; yet it might be good for us all at times to look over with the undergraduate the things on the ground floor. The direction of the causative violence has often more to do with determining the position of the broken parts than muscle pull itself.

Besides the anatomical and mechanical susceptibility to fracture to which the neck of the femur is exposed, there are others which play a big part in the

whole pathological entity. The blood supply comes in from the portion of the capsule attached to the neck, and through the small and not too dependable artery in the ligamentum teres. Touchstone's philosophy of life has a singular bearing here: "We ripe and ripe" he said "and then we rot and rot." The degenerations of the years are apt to leave these vessels with small carrying capacity and the bone becomes rarefied and brittle and ready to take its place in the big list of fractures of the hip. A slight jar, a fall or the like, and the tragedy of advancing years is in full action. Syphilis and other diseases which affect the vessel wall may act out the scene before time comes on. These elements not only predispose the bone to fracture, but strike hard at its repair resources. Breaks too within the capsule are bathed with synovial fluid which, it is agreed, has a hampering effect on the production of callus.

**Diagnosis:** Even with the ever increasing ubiquity of the X-ray, he is poorly equipped who has no diagnostic resource outside its aid. The helpless condition of the patient directs investigation to the functionless limb, and it seems a good practice to begin at the foot quickly running up the leg and in the usual way, ruling out a break in the shafts of the long bones. The lesion, then, is at the hip, and perhaps the first thing to determine is a dislocation or a fracture of the neck. In late middle and in old age, a dislocation is so unusual that it scarcely enters the reckoning at all. In young, vigorous coal miners I have seen dislocations produced by types of injury which no doubt in older persons would have caused a fracture of the neck. I think it is correct to say that the dislocated hip is more painful, the patient more distressed and the contiguous muscle more rigidly on guard. The patient is utterly helpless and the slightest movement of the leg hurts severely; conditions not so marked in a fracture, and sometimes, as in the impacted type, almost absent. There is probably more shock from the dislocation, but this entity is too subtle and intangible to be of much value in clinical differentiation. Shortening is likely to be common to both forms of injury, but the position of the limb in fracture of any part of the neck is practically constant. When the break occurs, the capsular fragment remains about where it was, but but the limb by its own weight rolls out so that the outer surface of the great trochanter is directed outwards and backwards.

The whole limb is thus everted, while at the same time muscle pull lifts the great trochanter above. Nelatons line and determine, too, a certain degree of adduction. Shock may, for a short time following the accident, retard the action of the muscles, so that shortening and adduction are likely to be more definite some hours afterwards. This observation is more constant in the case of aged and decrepid. The presence of crepitus was emphasized greatly by the old writers in this and all fractures. That they could always carry out the necessary manipulations in order to elicit it shows how much more completely those fathers of our craft dominated the patient and his household, than is vouchsafed to the modern practitioner. The conscious patient will not stand for much handling of a broken hip.

In posterior dislocations which constitute the greatest number, the position of the limb is almost the reverse of fracture, namely, internal rotation, adduction and shortening. The anterior variety shows external rotation and abduction, but no shortening; sometimes even a slight lengthening. In both the free head of the bone can usually be detected in the gluteal region or about the pubes. There is probably never much difficulty in different-



iating between an uncomplicated dislocation and a fracture; but the possibility of associated damage to the acetabulum gives the X-ray the final word in the matter.

**Treatment:** The end in view here, as in all fractures is Form and Function, and anything less than full attainment leaves the doctor with explanations to make. We must have good apposition of the fragments, both because of the mechanical artistry of the part and the necessity of giving admittedly poor osteogenetic forces, their best possible scope. Therefore, lose no time in setting the bone. The principles underlying the work are as inevitable as anything can well be. The bone has rolled outwards and moved up so you must pull it down and roll it inwards if you are to make contact with the capsular fragment which, for all practical purposes, may be regarded as stationary. The leg has been adducted, thus preventing full contact of broken surface with broken surface and making a right angle or less where an obtuse one of 130 degrees should obtain. Consequently, extreme abduction with hyper-extension of the thigh will complete the whole process. You must hold it there; and the plaster spica is beyond all question the best.

It is not the purpose here to go into the details comprised in putting up a fracture of the hip. The Whitman method is familiar now to all of us, and the general craftsman to whom fractures are but a part of the day's work, can do little better than following the technique with what precision he may. A few thoughts are suggested. A general anaesthetic is indispensable. I have had no experience with spinal anaesthesia in this kind of work, although one can see no reason why it should not be fairly satisfactory. He is fortunate who has a real fracture table to work on. Whatever is available or improvised it is essential that the patient's sacral surface be in contact with a flat, hard surface; in other words, one must have proper means for fixing the pelvis while manipulations are being carried out. The operator should provide himself with plenty assistants, and should take the time to train them well in their jobs before starting the anaesthetic. One can think of few procedures where co-operation means so much. Don't start your plaster until ready in every detail, so that its application will be a continuous and almost rhythmic process. Let your assistants stand to action until you are sure the plaster has hardened sufficiently to take over the job. Then will come the days when the patient complains of pressure here and pressure there; and the patient being the best judge in such an extremity is always right. A pressure sore, always a bad thing, is in some patients with a hip fracture little short of a disaster.

The question of age and the patient's general physique enter intimately into the duration of immobilization and the whole routine of treatment. A vigorous young adult should make new bone fast enough to warrant his escape from the plaster shell before the late middle aged, and much before the time required for persons of old age. Should one loosen up an impacted fracture of the neck in order to get proper alignment of the parts? Or, in other words, should one sacrifice the undoubted value of impaction as an aid to union so that the attributes of proper form may be served? Again, it seems to be a call on the dictates of surgical common sense, which much worked and little defined term has at least one outstanding mark,—that it considers the whole patient and his points of contact with certain attending circumstances. In a patient with the traces of old age and decrepitude upon her, surely it is

better in impaction to try for a coxa vara and union than to tempt the erratic and uncertain osteo-genesis by giving it better form but less facility for action. We know now that bony union may take place even in the aged, although, this was not the belief of many of the old surgeons; even Sir Astley Cooper held to the improbability of bony union until well on in his professional life.

Though a comparatively small field of activity one is asked to see a goodly number of un-uniting fractures of all kinds, with the object of an open operation. Modern surgery has placed in our hands the tools of the skilled carpenter and directs how they may be used in perfecting the apposition of broken bones. But you cannot make with them the living bony cement. If the calcium salts are not circulating in the patient in sufficient quantities and the other elements which enter into the complex process of making new bone are defective, an operation may add only to the patient's tribulations. With the fragments in reasonably good position, the likelihood is that the causes of non union are constitutional, and every effort must be made to discover and correct them. We cannot roll back the stone of the years, for it may be very great, and when the decrepitude of extreme old age is present, the best we can do is frequently very little.

Weight should, of course, not be put on the broken neck until union is complete. This dictum is absolute in this location. A glance at the mechanics of the hip make this clear. And when is union trustworthy enough for the trial weight bearing? Time is not necessarily a good guide because osteo-genesis is not well standardized, as everyone who has had much to do with fracture knows full well. The presence of a goodly supply of callus, as shown by the X-ray, indicates that things are going well, but until callus is converted into fully trabeculated bone; you may not take liberties with weight bearing, nor remit in the least your efforts at immobilization, apposition of fragments and attention to any physiological defects in the patient which tend to prevent or impede the process of bone making. Dr. Kellogg Speed of Rush Medical College, Chicago, emphasizes in a recent article the very practical distinction between hardened callus and well developed bone, noting that only in the latter stage of development is it safe to permit weight bearing or leave off the agencies by which immobilization is being maintained.

A case I saw recently is to the point here. A twelve year old boy with a neck fracture put up by the Whitman method went on well enough for two months. X-ray pictures then showed reasonably good callus formation with the fragments in good position. He was difficult to control, being somewhat below the average mentality; the type usually classified as an endocrine defective. Two weeks later he was allowed some liberties, including removal of part of plaster cast. He was not allowed out of bed but he made the most of his opportunities for mischief there. In a very short time it was observed that the trochanter was away above Nelaton's line, and the whole limb assuming the position following the fracture. Worse still, the radiogram showed the callus was rapidly disappearing and absorption beginning in the capsular fragment. The second state of the patient was worse than the first. The movements had broken down the tender vessels that enter into the weaving of new bone, and the whole superstructure gave way under the strain. If the patient had been a normal, healthy type with no physiological deficiencies, he might have gotten away with it; but, while an unknown quantity remains, why tempt the dangerous subtleties of chance? We had to begin all over again

with tissue in a physiologically surly mood, and while we ultimately got union, the result was not what it would have been. There was some shortening of the neck.

One desires to emphasize again the importance of appraising the whole physiological economy of the patient, and linking it up with the details of treatment. The patient's weight; the condition of the heart, of the vessels; vigorous or decrepid; old or young; endocrine defects, habits of life and such like have an important bearing on the time and manner of convalescence. There is risk in an early ambulatory regime of treatment, but it may have to be undertaken to prevent a greater danger. Whatever appliance is used, it should meet the fundamental test that it prevent actual weight bearing on the broken neck.

The operative treatment of fracture of the neck is, of course, a last resort. If nine months to a year, or maybe longer, with good apposition fail to produce bony union, the question of a bone graft should be fairly considered, provided the patient's general condition will warrant such a major operation. Bone grafts, are, after all, but a means of tapping possible resources lying away from the area of fracture, and it seems well the patient should know in advance the possibilities of failure, even when the operative technique is well above suspicion. We should have reasonable evidence of the presence of osteogenetic treasure before we start the elaborate operative procedures designed to bring it to a place of usefulness.

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### TRAUMATIC, INFLAMMATORY AND INFECTIOUS CONDITIONS.

It would be difficult indeed to find a reputable work on medical treatment which does not contain favorable references to the application of moist heat in inflammatory and congestive conditions. Indeed, its use forms an important phase in the modern treatment of diseases and of injuries.

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Members of the medical profession are invited to write to The Denver Chemical Mfg. Co., 163 Varick Street, New York, for sample and literature.

## Are Women Sheep\*

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THIS question in Biology or Anthrypology, or any other ology that may be indicated, is presumably answered by a writer in a recent number of the *Canadian Home Journal*. It is our very firm opinion that the author is a member of the Medical Society of Nova Scotia, several members of which are gifted and substantial contributors to the literature emanating from Canadian Authors.

On this subject, as noted above, the writer, as usual, has something striking, different, constructive, while apparently engaged in severe or innocent chafing. Some of his points may be misconstrued, but all are worthy of consideration.

In this matter, due credit being given to the Author and the Journal publishing the article, it seems that some reference in our local medical journal would not be amiss. So the Bulletin ventures to present some comments under several headings of most interest to the male medical practitioners in Nova Scotia. We therefore quote here several paragraphs from the article without comment on the same.

'Woman's place, it is said, is in the home. In any case practically every home has a woman in it. But is the modern home the expression of a woman's ideas? One begs leave to doubt that it is. Our domestic architecture, for better or worse, is masculine in conception and construction. Men design and install the plumbing, the heating apparatus, the ventilation, if there is any. They even design and manufacture the decorations and furniture, though a woman—unless she employ a male interior decorator—may choose them. Go even into that feminine holy of holies, the kitchen. Regard the labour-saving devices whereby the kitchen of to-day differs from that of yesterday—the sewing machines, the electric washers and refrigerators, the gas ranges, the enamel sinks. Whose brain children are they? Strange, passing strange, that all these gadgets wherewith the drudge's lot has been translated Cinderella-like would never have come into being if the restless and organized mind of man had not set itself to the task. Stranger still, that until men took a hand the kitchen and its utensils had hardly changed in form and type in a thousand years. It might be argued that in the male realm many things did not alter in the thousand years before the mechanical age; on the other hand it is to be remarked that these kitchen improvements followed very quickly on the modern practice of men helping with the housework.

Are women sheep?"

"By this time it must have become apparent that the underlying thesis of this article is that women have not yet learned to work in a body for the improvement of their lot. Someone will now suggest that women worked for and obtained the vote. They did, and it is an indication of what they can do, a sign to them of the power they possess. Unhappily, their use of the vote so far does not lessen one's suspicion that old Henry W. could well have had them in mind in his Psalm of Life. If they have had an influence in politics it is hard to discover it; indeed one becomes more and more forced into the conviction that Female Suffrage has merely increased the number of Liberals and Conservatives without doing anything else.

If there is one question above all others on which one would have expected woman to make herself felt politically it is on that of world peace. We are led to believe that her

\*Originally this was intended to appear in the Bulletin Library Department.

sons are more precious to a mother than a father, but have the women of this country made themselves felt as a great, overwhelming, organized voice against the butchery and horror of a modern war? We were told that the advent of women into politics would inaugurate a purity of political conduct and a high idealism hitherto lacking sadly. So far one has not noted a change, and in the republic to our south two female government officials have already been impeached for dishonest practices. One gets the impression that women have simply bowed their necks politically to the old male shibboleths, that government is neither better nor worse than it was, and that the feminine vote has failed to improve even the feminine lot.

Are women sheep?"

"Consider finally those particular slings and arrows of outrageous physiology, those processes by which women alone are enslaved and tortured—the hazard of maternity, the recurrent pain and disability that so often dog a woman's life for half her years.

Woman will always be handicapped physically by the fact that she must bear the burden of the generations; it is inescapably a part of her destiny. But medical science—male directed—has discovered ways and means of obviating much of the hazard and pain of maternity. Why, in the face of this, do women still endure with apathy their ancient lot? Why have they never faced this menace collectively?"

"I submit education as a matter in which women might show an organized interest. But apart from the Montessori system—which came from a country where women are not vote emancipated—I am unaware of a single outstanding contribution that women have made. This, considering the fact that in North America women teachers outnumber men enormously, is extraordinary. Women teach and allow their children to be taught only those things that the mind of man decrees. Where there are protests against our system of education—and God knows it is imperfect and bristling with an anacronism it is men who are protesting and not women. Women are generally conceded to have the interests of their children more closely at heart than men; yet our women accept without protest an education system that submits their sons to female teachers throughout, in many cases, their entire pre-college years, that submits their daughters to a college and university system completely dominated by male influence, where the curriculum is devised for the education of young men, where the sport is male sport and the recreation male recreation. There may be women in Canada to-day who, after a trial by error, believe that the education and training of a girl should be different from that of a boy, that only by coming under a system of education that will develop her truly feminine qualities can a woman achieve her real destiny—if so their voices have not reached me. In the meantime we continue to enjoy the grotesque spectacle of schoolma'ams teaching our boys to be manly, and astigmatic college professors in trousers pointing the way of destiny to our girls.

Are women sheep?"

"But what are women doing in the face of this physiological injustice? Some are refusing to bear children, or if at all only one or two. But that is no solution to the problem. If the human race is to persist children must be born. Few adult males have escaped the bitter reproach of the sisterhood: "If you men had to bear the children there'd be none!" On behalf of my brothers I emphatically deny the statement. Unless our sex differed remarkably in this regard from its usual practice, it would have tackled the problem so energetically that child-bearing would have lost all but the inescapable moiety of its danger and pain. Faced with such minor discomforts as having to urge a horse along the road, of having to shovel coal into a furnace, or having to wait a few minutes for information, men have invented and perfected the automobile, the oil furnace, the telephone. Perhaps the feminine brain has not the inventive faculty; but is that any reason why the emancipated sisters of the western world should not unite their voices and energies in a protest that man, the inventor, must answer for very peace? Instead, above their apathy, their incorrigible fatalism, rises only the impotent individual protest that achieves nothing because it is individual. Are women demanding more and better maternity hospitals, better training in obstetrics on the part of their medical attendants, closer physical attention while they are pregnant, the proper care during and after childbirth so that they may come back from the ordeal as sound in wind and limb as they went into it? Are they taking the matter of childbirth seriously at all? Sometimes I doubt it. Sometimes it seems to me that during

the long years of her subservience freedom must have become synonomous in her mind with the type of life men lead, so that when she did become emancipated she flung maternity, with the other slavish duties, into the discard in her avidity to compete on terms of obvious inequality in a man's world. On no other assumption can I understand her attitude towards motherhood and the business of childbearing."

"Consider the preparation of the average well-to-do and intelligent young woman for her first childbirth. Starting from the moment she engages herself to the task of married life she spends feverish months collecting a trousseau and organizing a wedding. During this period she lives in an atmosphere of intense mental and emotional excitement, the central figure at showers, bridges, dances and what-not. This leads up to a barbaric and fantastic charade in which she is the central figure, by which time—unless she has unlimited strength and unusual balance of mind—she is a physical and psychical wreck. There is then a honeymoon trip—often a frantic gadding to Niagara Falls, New York, Montreal; or, with what she would call luck, to Europe—from which she returns in no better state than she left. She now gathers the household goods into the love-nest, holds a gigantic reception, is the guest of honour at a score of others, after which she must traipse the streets returning the calls of those who dropped cards. About this time—unless she is shirking the issue—she finds herself pregnant—and in the poorest physical and mental health she has enjoyed for years. In such extraordinary and grotesque manner do many of our daughters train for their first—and most important—pregnancy! If their subsequent ones have any less haphazard inceptions I have not heard of it.

In the aboriginal state nature forced a very drastic physical training on woman, and while she had to submit to that training her childbearing was a physiological process, quickly recovered from, and usually not more painful than other common disorders. The civilized state robbed her of this training and because of her apathy she has not developed an artificial one to take its place. In the meantime childbearing has changed from a physiological process to a pathological one, and will so remain until the sisterhood takes it seriously enough to attempt with artifice what nature once did with its savage, yet to them not unkindly, laws.

Nor will it be enough that a woman should train for the event in its immediate vicinity as a pugilist trains for a coming bout. A woman's physical upbringing from her earliest years must have childbearing as its aim and end. If the female physique is to be improved so that it will stand the strain of maternity without failure or damage women must make up their minds to undergo throughout their entire childhood and adult life, until the very end of their childbearing, a special physical training to fit them for the event. It will not be enough that they indulge in sport, as men do, for mere recreation, the achievement of a good golf score. It must be a far more serious undertaking for them than that, as essential as their scholastic training, as methodically regulated; indeed in a conflict between the two, the scholastic must be kept subservient to the physical. It means that woman must carve out a feminine way of life, a way that differs from the male as her destiny differs from his. Medical science can do just so much to help her escape the perils of her physiological processes; the rest, the hardest part, she must do herself.

But will she do it? Obsessed by the delusion that she must compete with men in a man's world on equal terms (the terms are not equal and never will be) she will first protest against a type of training that, giving as it must so much time to physical development and thereby subtracting from intellectual development, places her at a disadvantage with the male. In the course of another couple of centuries, finding herself still in thrall to the perils of childbearing, she may begin to realize that her destiny really is different to the male, and that in continuing to follow his she is chasing a will-o-the-wisp. But when that time comes will she be prepared to organize with her sisters in working out a truly feminine way of life? I wonder. Women do not work well together. Their dislike for one another, the swiftness with which their fur rises at the slightest threat to their individuality, their quick, unguarded jealousies, their palpable lack of justice towards one another, militate against it. Not that these failings are entirely feminine, but men have been able to sink theirs for the common weal. Can women learn to? Surely, if they are willing to accept our guidance in things spiritual, in things domestic, in things sartorial, in things political, they might accept it in this, and thereby organize life to their own ends. But until they do I am forced to ask yet again the sad cynical question: Are women sheep?"

# The Nova Scotia Medical Bulletin

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## The First Decade is the Hardest

WITH this issue the BULLETIN becomes ten years old. We therefore take editorial pause to bring before the profession certain facts and ideas growing out of a cogitation (shall we say?) over this most important anniversary.

The BULLETIN was born because there was a need of it, and because there was a local tradition which it, or something like it, alone could fill. The need was for a medium whereby the discussions and decisions of the Provincial Medical Society could be carried to the individual members—all of them—of the Society: the tradition was the old *Maritime Medical News*. Perhaps the foreword to the first printed copy conveys the full idea and I feel I can do no better than quote its initial paragraph.

“Not long since a number of doctors, inspired largely by Drs. Sullivan and Roy of Cape Breton, met in the Halifax Hotel and talked of the need of some regular means of the doctors of Nova Scotia keeping in touch with one another. Great regret was expressed over the discontinuance of the *Maritime Medical News*. It was felt and so expressed by all, that some informal, but constant medium might be found whereby the friendships formed at the Annual Meeting might be kept alive during the year; that each local Society should know what the others were doing; that the profession as a whole would be advised of the work of the Annual Session of the Provincial Society and of its Executive in the interim; that matters of professional interest could be discussed freely; and a better spirit of camaraderie and professional team work could be developed.”

No one can cavil at the ideal thus envisaged; nor, I feel sure, can anyone deny that the BULLETIN has striven doggedly to carry out the ideal.

From a very small and simple beginning it has become a journal of sixty-eight pages. It attempts to do the following. First, to print some articles of a scientific or historical nature; second, to give expression through its editorial department of new views and ideas that seem to its editorial board to warrant expression; thirdly, to broadcast to the profession certain information supplied by the Department of Health for the profession's guidance; fourthly, to supply in its Hospital Service Department information of value to those dealing with the management of local hospitals; and lastly to not only supply news concerning individual members of the Nova Scotia Medical Society, but also news concerning the activities of the local societies.

The BULLETIN is almost self-sustaining financially. It costs the profession practically nothing, and it is hoped in the near future that it will become entirely-self-sustaining.

It has tried to keep open in its columns a forum—a place for correspondence from members of the profession on subjects that concern the profession. So far this particular activity has not been a success, largely owing to the inertia, apathy and indifference of the profession at large. The editorial board feels, however, that the BULLETIN will never accomplish its real work until this forum is made use of.

One cannot leave the subject without referring to the invaluable work of Dr. S. L. Walker, the provincial secretary. Without Dr. Walker there would have been no BULLETIN in the first place; without his continuous and splendid effort it would have died of inertia long ago. Not only has he personally obtained all the advertising matter which makes it financially self-supporting, not only does he supply and fashion in his inimitable way the social news notes that tell us all about the joys and sufferings of one another; but there have been times when the whole issue of the publication fell on his shoulders. If Dr. S. L. had done nothing else for the profession, the BULLETIN would stand as a monument of his devotion to our interests, of his warm human sympathies. And speaking for one member of the editorial board I can say that the greatest part of the success of the journal is due to his efforts.

We believe the BULLETIN could be a better publication—all of us. But it cannot be as good as it should until the profession at large takes a greater interest in it. If it is to improve in the next ten years as it has in the last you must pull harder and stronger for it.

H. B. A.

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**Osteopathy.** A recent contribution to a Provincial Weekly Newspaper tells the public that,—

“Like every great, scientific school of therapy, has many imitators. People who claim to be Osteopathic physicians, but are not graduates of any recognized college of Osteopathy and Surgery.”

This is followed by the statement that,—

“That Nova Scotia's Osteopathic physicians are listed below for your convenience. Amherst: Dr. Percy L. Carter, Havelock St; Halifax, Dr. Edward L. Saunders, Cragg Building; Truro, Dr. Gordon R. Chambers, 25 King St.”

In case you do not like any of these the following advice is given:—

“Any question regarding your Osteopathic Physician will be answered gladly and the names and locations of Osteopaths in any city or country sent you. Simply send your question to,—American Osteopathic Association, 430 North Michigan Avenue, Chicago, Ill.”

Well, three in Nova Scotia may not greatly endanger the lives of their patients, still, we ask, why have even three illegal practitioners of Medicine and Surgery in the Province?



# Post Graduate Lecture Tours

Nova Scotia, October, 1931.

**M**ANY factors combine to make the regular lecture tours of C. M. A. speakers more or less successful. Without doubt the chief favorable factor is the belief of the members of the various Branch Societies that these lectures are of distinct value to the medical profession in this and all other provinces of the Dominion. Perhaps next comes the arrangements for these meetings as made by the General Secretary and the Secretaries of the various Branches. Much depends upon the completeness of these preliminary arrangements, both for the audience and the lecturers.

Of course the ability and personality of the lecturers means a great deal and our members would be disappointed if these men could not speak with authority, although the very contact with other men carries much of profit with it. Further, the C. M. A. can be depended upon to suggest only those speakers who are especially equipped to talk on certain subjects. It may be remarked that these lecturers have, in Nova Scotia, always considered subjects that frequently present themselves to the general practitioner. There has hardly been in all our experience a mere didactic lecture by any of these men. Even the General Secretary recalls cases where these lectures would have been of help to him when in practice.

There is a striking feature of the several series of lectures held in Nova Scotia, in that the local men have so often tendered the visitors the courtesy of a banquet. In this several of the hospitals have been our hosts or hostesses. There is a freedom about a supper or banquet that makes largely for the personal touch to which we have always attributed much of the value of our various medical gatherings.

Another feature of the meetings just ended is that the Montreal General Hospital and the University of Dalhousie combined to furnish the speakers for each tour. We in Nova Scotia are not always as appreciative of our own talent as perhaps we should be and, once in a long while, a meeting addressed by purely local, provincial, talent has not been as heartily endorsed by the local men as its merits demanded. It is quite evident that the uniting of an outside and a provincial speaker is a very wise procedure. This policy will be adopted in arranging for our meetings next May. Of course, in this connection, will come the question as to whether the C. M. A. and the Medical Society of Nova Scotia can continue these lectures in case the Sun Life does not continue to finance the same. We are inclined to the opinion that volunteers can be found for this work whose remuneration will be barely travelling expenses. At any rate the work must be kept up because its value has been amply demonstrated in each and every province.\*

On the occasion of the latest tour, the last week in October, nine meetings were held and lectures delivered by four speakers, two surgeons and two internists, Dr. C. K. P. Henry of Montreal and Dr. W. Alan Curry of Halifax; Dr. H. E. MacDermott, Montreal and Dr. G. R. Burns, Halifax. One tour included the Eastern portion of the Province the other the Western.

The speakers in the Eastern tour were Dr. H. E. MacDermott and Dr. W. Allan Curry, who were accompanied by the General Secretary of The Medical Society of Nova Scotia, Dr. S. L. Walker. Meetings were held in

\* We are glad to learn that this amount has been again guaranteed by the Sun Life Company for 1932

Amherst, at Highland View Hospital on the afternoon and evening of October 26th, all in attendance being entertained at the Hospital for dinner that evening. The attendance at these sessions was particularly gratifying, members of the Cumberland County Society coming long distances to be present, with several from nearby New Brunswick points. On the following day, afternoon and evening meetings were held in New Glasgow in the Lecture Room of the Aberdeen Hospital. The following day the lecturers spoke at the afternoon and evening sessions of the Eastern Counties Medical Society at St. Martha's Hospital, Antigonish. The hospitality of the local medical men and the local hospitals was never more marked than on this occasion, the Banquet itself being such a pleasing function, its menu is presented herewith:—

**Annual Banquet Eastern Counties Medical Society, St. Martha's Hospital, Antigonish, Nova Scotia, October 28th, 1931.**

**MENU**

Grapefruit Cocktail

Julienne Soup

Croutons

Salted Almonds

Celery

Olives

Radish

Raw Oysters, Cocktail Sauce

**MEATS**

Roast Turkey, Cranberry Mold

Potatoes Franconia

Carrot Timbales with French Peas

Cold Ham

Tongue

**DESSERT**

Pineapple Tart, Whipped Cream

Banana Split

Nut Sauce

Angel Wings

Coffee

Ginger Ale

Bon Bons

This meeting was also favored with the presence of the Hon. George H. Murphy, Minister of Health.

It was a long run from Antigonish to Sydney because Dr. MacDermott and Dr. Curry had never been through the Margarees, and that portion of the motor trip was thoroughly enjoyed. The meeting in Sydney began with a special dinner at the Isle Royal Hotel at which in the unavoidable absence of the President, Dr. Dan McNeil of Glace Bay, Dr. J. J. Roy of Sydney presided. In responding to the toast to the C. M. A., Dr. S. L. Walker also referred to the permanent membership form which a number of the Cape Breton doctors endorsed with their signatures. Dr. MacDermott lectured on "Tuberculosis" and Dr. Curry presented with pertinent comments the films "Infections of the Hand" and "Spinal Anaesthesia."

The meeting on Friday evening was held in the Council Chamber of the Town Hall, Truro, where the programme as presented at Sydney was repeated. At this meeting Doctors Henry and Burns, who had just completed the tour in the western part of Nova Scotia, were also present and took part in the discussion following the two chief speakers.

The lectures of all speakers were illustrated by lantern slides and specimens and, as far as possible, will be published in the BULLETIN.

Tour No. 2 through the western part of the Province had as speakers Dr. C. K. P. Henry of Montreal and Dr. G. R. Burns of Halifax. Meetings were held at Bridgewater, Yarmouth, Bridgetown and Wolfville. The desire of the local men to hear all the speakers had prepared for them was accomplished by one long single session. The tour as arranged was modified in several instances in this manner. Doctors Henry and Burns gave two lectures each, before each society. The topics considered by Dr. Henry were, Cancer, Surgical Coitre, and Peptic Ulcer. Dr. Burns spoke on "The Early Diagnosis of Tuberculosis" and "Essential Hypertension." All of these meetings were particularly well attended, the one at Bridgewater and the one at Wolfville especially so. At Wolfville doctors were present from Berwick to as far East as Windsor and other points in West Hants Municipality.

In this connection a very practical question arises as to a redistribution of medical societies. In considering this there need be no hesitancy due to ethical considerations of one society by another. The same thing has been necessary from time to time in other circles than Medical ones caused by changed conditions. This Province falls naturally into several districts, one, the so-called Annapolis Valley, extending from West Hants Municipality to the Municipality of Digby, Clare Municipality in Digby County naturally going with Yarmouth County. This, however, is a very extended district and for C. M. A. lectures, at least, should be divided into an East and West section.

It might not be necessary to make any changes in the jurisdiction of the several Branch Societies, save that even these meetings need Society support and the fundamental basis for a local society is the most central location to meet the needs of the largest number. We only need Medical Societies enough to make it possible for every physician in the Province to attend medical meetings several times each year. On this tour this section of the profession had two meetings the Western End in Bridgetown and the Eastern at Wolfville. These two meetings were very satisfactory the one in Wolfville having an attendance of thirty-eight.

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Dr. Pepy's diary for October 8th has the following entry that may be of interest to doctors and nurses.

October 8.—Early in ye morning with my tiny son to have removed his tonsils ye same being done so cleanly and with such celerity that one marveleth and wondereth how some of ye colleagues do prate so freely of ye electric coagulation. So during ye day an excellent nurse taketh care of ye young man, and attendeth his wants and seeth to it that he taketh fluids and then at night come another who maketh herself comfortable and resteth well all night and waketh ye patient at a quarter before six so that she may leave promptly at seven, and she findeth no time to provide food or drink, but she collecteth her seven dollars and with hardly a thank-you goeth away to sting another sucker on another day. So minded to write an editorial on how ye nursing profession is at ye cross-roads and that unless ye nurses learn again that they are trained to help ye sick and not primarily to work twelve hours for so much pay, room and board, they will find themselves soon without work to do. Indeed, already ye unemployment among ye nurses is so great that they must needs concern themselves seriously with their future.—*A. M. A. Journal.*

## 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.)

### Attune with Spring in Acadie.

**B**Y no means is this section of the BULLETIN limited to the consideration of medical books or journals for our exchange list embraces other than medical publications. In particular Medical men need to obtain relaxation by outside reading and we have here on many occasions, made reference to wholly secular subjects and writings. Now recently we have been privileged to see and read a charming volume of verse and illustration, entitled as above,—“Attune with Spring in Acadie.” Of this book it gives us great pleasure to write.

There is a further reason why we should write of this book. The author of this charming and entertaining publication is Claire Harris MacIntosh, the wife of Dr. G. A. MacIntosh, Superintendent of the Victoria General Hospital, Halifax, a lady by birth and training well equipped for the work she has just accomplished. Now, when you come to think of it, this little item of personal interest is part of the general policy of the BULLETIN. The more we learn of each other and many of the affairs of our daily lives, and the more we come in contact with each other the more we can find to like and admire. Personalities count for much in this world and the medical and nursing professions are to-day more human in their work than ever before. The inevitable disillusion encountered in a training for the nursing profession did not destroy the imagination and poetic gift of the author of this book, nor did it handicap the imagination of Weir Mitchell, Oliver Wendell Holmes or Henry Drummond. That doctors and nurses have, after all their experiences, this heaven-sent gift of imagination and expression is something for which we should be devoutly thankful.

But from whence came the inspiration to write such a book as now lies before us? It could only have come from a loving and observant student of nature. The tributes paid to this book by Thornton W. Burgess, Schuyler Mathews, Marshall Saunders, Robie Tufts and others, in welcoming its appearance, is proof positive of its merits. Seldom has a further addition to the host of nature books been so favorably received by those who have long been regarded as authorities in the estimation of the public. We would not like to think that this production was the culmination of effort, but rather the beginning of regular contributions along a line of bird songs, which, with the exception of the Jay, we do not think has been fully developed. Evidently those summers spent among the trees and woods of Bedford, while resident there from early spring to late fall, furnished the observation, even if the inspiration were of origin divine.

The scheme of the book is most ingenious. As the birds each spring come back to Acadie they have a general reception and stage a review when each parades, tells his story, competes for prizes and the author sets the score of his song. We were never satisfied with those who spoke of the calling or twittering of various birds from time to time. We always felt that they were giving a regular song and that we were not gifted enough to understand what they were trying to tell us and the world at large. Now we know our intuitions were correct, as shown by the music, translated into score form by this author. No wonder Marshall Saunders said:—

"I prophesy that the singing of the birds in 'Attune with Spring in Acadie,' will be heard all over the Dominion, so sweet, so charming, and above all, so instructive are their merrylays! Also in his foreword Schuyler Mathews points out the exceeding excellence of the work, when he refers to the written words and score of the several bird songs. One wonders how it was possible for one author to interpret the rhythm and melody of the bird singers. It meant months of listening and a knowledge of bird habits. We have all heard some of these songs, as the Robin's Call, the Peabody Bird, the Bobolink and others but, somehow, we never seemed to be able to set the music or translate the message. This, we take it, explains the genius shown by the author of this lovely volume,—an ability to give expression to what we have all felt at times, but could not relate or even explain to ourselves.

But another has contributed most materially to the value and artistic worth of this volume, in its splendid illustrations. That these were executed by Miss Marjorie Tozer of the College of Art, Halifax, needs but the stating to be fully appreciated. But we were wholly unprepared to find these so profusely and truthfully presented in such a small volume. Whether the poetry or the illustrations are the outstanding features of the book need not be argued, because it is their combined effect that makes the book so wholly desirable.

We have been wholly dissatisfied with what we have already written but something, that we have been wanting to express, has been so gracefully and beautifully expressed by *The Bellman* in his Chimes from the Belfry, that we quote a part of his tribute to the author. He said:—

"To sum up, here is a book the merits and beauties of which baffle description. It is a book which ought to be in every home. Children will leap to the compelling delights of its pages. And the more mature folk will often find themselves fingering its leaves, and eagerly listening again and again to the sweet spring music of the ever welcome homing southern pilgrims.

"Here is a book that beautifully blends the three arts, poetry, music and painting,—arts which naturally exercise a strong fascination for young minds. You cannot read or quote it without flashing an exquisite picture before the mind's eye. And, after all, this is what true poetry does for us. Here we find on almost every page the sweetness of sky and leaf, of grass and water—the bright light life of bird, child and beast,

"Poetry has been called the record of the best and happiest moments of the happiest and best minds. It is the light of life; it immortalizes all that is best and most beautiful in the world. In these pages the author-poet was radiantly happy with her feathered friends and songsters. And she opens up the doors to rare delights for us who read. Love is the key to the beauties of this book-lore of birds and music. No one but a lover of birds could have written it. And it is the music of it that steals our souls."

We can name a dozen practitioners who will at once make an effort to obtain this volume; it will be on sale at T. C. Allen and Co. and the Granville St. Book Room, Halifax.

S. L. W.

### Medical Society Care of the Indigent.

In this time of financial depression the number of indigents is greatly increased with, perhaps, a greater amount of sickness than in normal times. Medical attendance is given just the same but without any remuneration to either doctor, nurse or hospital. The plan adopted in one County in the state of Michigan might well be carried out in Halifax, Sydney and several of our largest towns. While the reference is to hospitalization it could quite as well be applied to transient and home sickness. The plan is thus described in the Journal of the A. M. A.—

**Societies Plan Care of Indigent Poor.**—The Muskegon County Medical Society recently presented a plan providing for the care of indigent poor to the health and welfare committee of the board of supervisors, which is estimated to save the county \$10,000 a year over the hospitalization cost at Ann Arbor. According to the newspapers, the medical society, under the plan, would give all medical and surgical care for the county's patients at \$10,000 a year per 200 patients. The cost would be on a ratio basis depending on the number treated. The society would appoint a director who would assign members to the tasks in regular order. No part of the \$10,000 would go to any individual physician but would go to the society. It was said that the hospitals had agreed on a flat rate of \$4.50; when a patient was dismissed, he could be brought back for periodic treatments at 50 cents a day it was stated. In presenting the plan, Dr. Louis LeFevre acted as spokesman for the society. It was reported that Genesee and Wexford counties had adopted similar plans. In Ingham County the indigent poor would be cared for at a free clinic, according to the proposed plan of the Ingham Medical Society as reported in the newspapers. This plan is also under consideration by council members."

### Bendien's Method of Cancer Diagnosis.

The vast importance of the early diagnosis of cancer stimulates investigators in almost every country to seek a reliable method. Hence, premature publication of encouraging results is not infrequent. One of the latest methods for the diagnosis of cancer to be found unreliable, at least in its present form, is that of Bendien, a Dutch physician, who claimed that he was able to diagnose cancer on examination of the patient's blood serum by means of the ultraviolet spectrophotometer. Bendien's report was practically ignored in his own country, and his book, "Spezifische Veränderung des Blutserums," brought forth unsympathetic reviews. However, when Bendien visited London in August he received a great deal of publicity in the lay press. Indeed, the British Empire Cancer Campaign, although realizing that time must elapse before the real value could be determined, concluded, after a series of tests on normal and cancerous serum, that the test marked a definite advance in cancer research. In October, however, C. Gordon Watson, Chairman of the Investigation Committee of the B. E. Cancer Campaign, informed the *Lancet* that, altho preliminary results with the test were encouraging, the committee had made subsequent inquiries which failed to justify the early promise and had come to the conclusion that the Bendien method of diagnosis for cancer cannot at present be accepted as reliable. Furthermore

after an investigation, the Institute for Preventive Medicine at Leiden came to similar conclusion. These announcements from authentic sources are sufficient to forestall extensive efforts to confirm or further disprove Dr. Bendien's Method. This failure, however, should not discourage others from seeking to discover a dependable method for the early diagnosis of cancer. (Journal of the American Medical Association, Oct. 31st. 1931.)

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**The Canadian Public Health Journal** publishes the following Resolution that was passed at the last Annual Meeting of the Canadian Tuberculosis Association last June at Tranquille, B. C.

"In almost every part of Canada beds for the treatment and isolation of tuberculosis people are far too few. Waiting lists for the admission of tuberculosis patients are larger than ever before in the history of Canada, and the tuberculosis death rate has increased during 1931. This Association unanimously reaffirms its firm belief in the absolute basal necessity in the campaign against tuberculosis of ample sanatorium and hospital beds for the treatment and isolation of patients.

"Any means, such as clinics, for the finding of cases, makes the need of beds not less but greater. In some parts of the country the need is so very great that provincial governments are urged to find means for the increase of beds immediately.

"We are strongly of the opinion that in all general hospitals all kinds of patients on admission should have an examination of sputum for tubercle bacilli as much a routine as an examination of the urine, and that, if possible, a single X-ray chest plate should be made of all patients admitted.

"These measures we consider necessary because tuberculosis is not infrequently an uncomplained of, unrecognized and undiagnosed background to more active disease, and as such, is a dangerous source of infection, especially to young pupil nurses.

We further recommend the routine examination of pupil nurses at the beginning of their training in general hospitals. Further examinations should be made during the course of their training. Examinations should include routine tuberculin tests and stereo X-ray chest plates."

With all of which with the Canadian Public Health Journal we agree; but let us talk sense and practicalities and not theorize on Utopian methods. Hospitalization costs money whether in a Memorial Hospital or in the Victoria General. It takes a small fortune to attend a hospital these days unless you are a public charge, then you get everything for nothing. Many people, however, are not built in that charity receiving mold. So why talk about them having all these things when they go in for an operation for appendicitis. Let us formulate some system by which some of these suggestions of ours can be carried out before we begin laying down the law for our more uninformed brethren.

As a matter of fact, this is a real Hospital Problem—The pauper patient can get everything that medical science can furnish; but the man who wants to be independent can only get what he can afford to pay. Think it over.

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In view of the appreciation shown of the film picture on Spinal Anaesthesia on the recent Post Graduate Lecture Tour through the courtesy of

the Winthrop Chemical Company, this abstract of an article, originally published in *California and Western Medicine*, will be acceptable to our readers. The general title of the paper is, "Basic Principles Involved in Modern Controllable Anaesthesia."

"When Novocain is introduced into the subarachnoid space, it is being placed into the spinal fluid which bathes exposed nerve-roots, whose histological structures are slightly different from the peripheral nerve fibers in that, within the spinal canal the nerve-roots are not covered by the epineurium or connective-tissue nerve-sheath present in all extradural nerves. Consequently, the Novocain is instantaneously attracted and rapidly combines with these nerve-roots much as a blotter absorbs ink, with resultant instantaneous anaesthesia of the region supplied by them. The gray substance of the spinal cord is not affected by the drug because of its protective white sheath and because of the greater affinity of Novocain for the exposed nerve-roots, especially the sensory nerve-roots. The anterior or motor-roots receive less of the drug for two reasons: first, because they are less susceptible from the physiochemical standpoint, and secondly, they receive a less concentrated solution of the injected drug because they are farther away from the site of injection and partially separated from it by the interarachnoid trabeculae. This then explains why we may have complete anaesthesia of the lower limbs of the patient, yet he is able to move his legs.

*Effect on Sympathetic Fibers and Splanchnic Area.*—From the second thoracic to the second lumbar segment there are present sympathetic nerve fibers which emerge from the anterior roots by way of the white rami communicantes and join the abdominal and thoracic sympathetic chain as pre-gangliated fibers. These fibers carry vasoconstrictor impulses which keep the great splanchnic bed of blood vessels in a state of constant contraction. In the thoracic region they carry impulses which accelerate the heart beat in opposition to the impulses of the vagus, which tend to slow the heart beat. If all of these fibers are cut in the experimental animal, there is at once noted a tremendous dilatation of the blood vessels of the splanchnic bed, causing a pallor of the peripheral tissues with a marked drop in blood pressure. The heart is also slowed, due to unopposed action of the vagus.

In the human being the introduction of Novocain into the spinal canal may result in a relaxation of all the splanchnic blood vessels with a profound drop in blood pressure. The circulation is also slowed.

*Anemia Due to Position.*—A system of circulation depending chiefly on gravity is now established during which the lowest or most dependent parts of the body are rich in blood, the elevated parts becoming poor and anemic. If the head is kept elevated, the brain suffers from acute anemia, which produces respiratory disturbances ranging from embarrassment and the classic air hunger to complete respiratory failure. The pallor, cold sweats, nausea, and vomiting, likewise can be explained by anemia of the vital cerebral centers, not by the diffusion of the anesthetic drug to these centers as was formerly thought. The assumption that the injected Novocain was diffused to the brain and produced these respiratory and circulatory disturbances is refuted by clinical observations as well as by laboratory findings.

*Fall in Blood Pressure—Cause and Treatment.*—The severity of the fall in blood pressure and the resultant circulatory disturbance will depend upon the number of sympathetic vasoconstrictor fibers involved in the anaesthesia. If the anaesthesia extends only as far as the second lumbar nerve roots, there



should be no involvement of any sympathetic fibers and no drop in blood pressure. Clinical results prove such to be true. If the anesthesia reaches to the first thoracic segment all of the sympathetic fibers will be involved and there will be a maximum drop in blood pressure. If it reaches only to the sixth thoracic segment, a drop in blood pressure follows, but not to the degree observed in the higher anesthesia.

To-day we have not only the Trendelenburg position to combat this fall in blood pressure, but we have also in ephedrine an effective drug which is a physiological antidote to the effect of Novocain on the sympathetic vasoconstrictor fibers. Chen and Schmidt have shown that the drug produces a rise of blood pressure by a direct action on the peripheral ends of the vasoconstrictor fibers in the walls of the blood vessels. Therefore, although the pre-ganglionic vasoconstrictor fibers may be blocked by the Novocain in the anterior horn of the spinal cord, if ephedrine has been previously injected, it has already fortified the peripheral ends of the vasoconstrictor fibers in the blood-vessel walls so that there will be no dilatation of the vessels and no drop in blood pressure. Moreover this action of ephedrine in contradistinction to adrenalin lasts a sufficient length of time to allow the anesthesia of the vasomotor to wear off and again conduct normal vasoconstrictor impulses. The ephedrine must be given from five to fifteen minutes before the Novocain is introduced into the spinal canal, the average time being ten minutes.

*Segmental Anesthesia.*—It was early recognized that although there is a circulation of the cerebrospinal fluid, it is not very active nor very strong, as proved by studies of Dandy and also of Solemn. More recently Ernest Sachs and his co-workers have confirmed by direct experimentation the fact that there is no active circulation in the cerebrospinal fluid, but that the diffusion of substances introduced into the spinal canal is determined only by the physical laws of diffusion.

As circulation of the spinal fluid cannot be relied upon to raise or lower the level reached by the introduced Novocain, control of the height of anesthesia must be secured in some other way. The attempts at controlling the height of anesthesia by lighter and heavier solutions of Novocain combined with posture of the patient, however, were not entirely satisfactory.

*Factors Controlling Height of Anesthesia.*—The deduction from LeFillatre's work and from the authors' experience is that for all practical purposes, the height of anesthesia is directly proportional to the volume of cerebrospinal fluid used as a diluent of the Novocain Crystals. Although admitting that other factors may influence the diffusion of Novocain in the spinal fluid, such as speed of injection, differences in specific gravity of solution, gravity as influenced by the position of the patient, and cerebrospinal fluid pressure, their experience has convinced them that for simplicity and the practical application of controlling height of anesthesia, only the amounts of spinal fluid that have been withdrawn to mix with the Novocain Crystals need to be considered.

These amounts are determined by the known capacity in cubic centimeters in the spinal canal at different levels. This contribution is credited to Pitkin's recent excellent work.

Thus the capacity of the spinal canal from the sixth thoracic vertebra to the lower lumbar region is about 8 to 10 cc. If anesthesia is desired up to the nipples, a low lumbar puncture is performed and 10cc. of spinal fluid is withdrawn, and after dissolving Novocain therein, it is reinjected. If

anesthesia is desired only to the umbilicus, the Novocain is dissolved with only 5cc. of spinal fluid; if for the inguinal region, it is dissolved or mixed with only 2cc., and if the anesthesia to only the perineum, 1cc. of spinal fluid is withdrawn and with the given dose of Novocain reinjected slowly.

*Duration of Anesthesia.*—The problem of controlling the duration of anesthesia is relatively simple. For years it has been thought that one hour is the maximum time for spinal anesthesia. This is because the dosage of Novocain, heretofore commonly given, varied from 1 to 1½ grains, or approximately 100mg. There is no reason why larger doses of Novocain cannot be employed in the spinal canal, and if this is done, the anesthesia will be prolonged accordingly. The important factor controlling the duration of anesthesia is simply the dosage of Novocain; 100mg., or 1½ grains, gives approximately one hour; 200 mg. gives approximately two hours; 300 mg. approximately three hours. With newer knowledge of spinal anesthesia these larger doses of Novocain can be given safely intraspinally.

*Barbital to Combat Toxic Idiosyncrasy.*—Recognizing the fact that occasionally one may encounter a patient who has a toxic idiosyncrasy to the cocain derivatives, the authors have adopted the routine administration preoperatively of some derivative of barbital. This drug has been shown to be an antidote to cocain poisoning. Moreover, the preliminary administration of such a drug about an hour before the patient enters the operating room has the effect of quieting the apprehensiveness incident to an operation without deprivation of consciousness.

*Universal Applicability Questioned.*—Spinal anesthesia is not applicable to every patient despite enthusiastic claims. There are certain people who physically are unfit for any operative procedure except one under general narcosis.

Children under the age of twelve fall within this category. During the last year the authors have made a rule that children be given general anesthesia only.

*Precautions Advisable.*—The presence of a competent anesthetist is of the utmost importance. In cases of prolonged operations, while the anesthesia does not wear off, the patient may become physically and mentally tired and require a light gas anesthetic for the completion of the operation.

The maintenance of the patients normal blood pressure, even though that blood pressure be abnormal, is the constant object in this technic.

Failure to obtain anesthesia is usually due to displacement of the needle during the process of withdrawal of spinal fluid and reinjection after the Novocain Crystals are dissolved. The needle may inadvertently be pushed through the anterior portion of the dura and the solution deposited extra-durally. This occurred in about 0.5 per cent of the authors' cases.

The incidence of headaches was negligible and they were no more severe than those occasionally complained of following general anesthetic and operative procedures. Headache is caused by the use of the old-fashioned large spinal needle, which permits leakage of the spinal fluid after the tap. The less foreign substance is introduced into the spinal canal, the less the chance for headache due to an irritative meningismus.

In the authors' series of 500 cases there were no complications or untoward results."

### Education, Medical Research and Philanthropy.

This is the title of an Editorial in the Nov. 7th. issue of the *A. M. A. Journal*. If you receive the Journal you will find it in that issue on page 1385. As a member of the Medical Society of Nova Scotia you are interested in both Education and Medical Research. The mention of Philanthropy does not appeal to you hardly at all as you have been its victims all your years in Practice. But this refers to the endowing of medical institutions by Foundations, Memorial Funds, etc.

We sometimes think we do not discuss our problems of this nature in this little corner of the world as much as our contribution to Education in general would justify. We are inclined to leave these matters to those chiefly concerned in that kind of executive work. Also this is true of our personal relations to our Medical School at Dalhousie. What do we know of its guiding principles, its objects, its prospects? True, the Dean and the Faculty know its history, its present condition and its aims for the future. But conditions have changed since very many of us attended Dalhousie; certain studies appear on the curriculum that we only know about by our magazines. Even Medical Society Meetings aim to make their programmes of value to the general practitioner, so why listen to laboratory lecturers or research workers on their special subjects?

Few medical men are philosophers, they deal with facts and conclusions. Yet there are some of our leaders who take thought of the past, the present and the future. Recently Dr. Hans Zinsser gave an address at the dedication of a new hospital in Cleveland, under the title of "The Next Twenty Years." Of course, as he developed his theme, he related the trend in medical education 25 or 30 years ago, then sized up the present situation, in order to learn what are the sign posts. In 1910 there were 166 medical schools, while the number to-day is about 70, presumably in Canada and the United States, and they are sufficient for the needs. Moreover we must admit that graduates to-day are incomparably better prepared than were the students in former years. The editorial quotes him as saying,— "The competence of our faculties, the selection of our students and, above all, our material resources have improved at a rate which no other educational movement has ever experienced in an equal period." The editorial then says, "The past quarter century has been a period of revolution. The next quarter century is more likely to be a period of stability. The revolution resulted in special emphasis on administrative and executive powers. Men who have made places for themselves in medical affairs have been primarily of these administrative and executive types. With the subsidence of the emergencies of organization Dr. Zinsser sees the necessity for a certain amount of administration demobilization."

The question raised by the relations between faculties and a number of foundations may not be of much interest to us, but some of these have afforded a great outlet to many of our graduates, and some of these "demonstrations" could have been put on in Nova Scotia. Still had it been done we would have knocked it. Again the editorial says,— "The reproach is heard that our best schools are training poor investigators instead of good doctors. It is realized now that investigation and teaching are inseparably linked. The teacher must remain a student if he is to progress. The investigator must realize that teaching is an inspiration and not look on his work of instruction as a mechanical process. To the well known over production of non-productive research Dr. Zinsser pays particularly caustic attention."

But, like the Britisher, we will waddle through somehow on account of our high ideals. Dr. Zinsser says:—

“Whatever the changes or trials that an uncertain future can hold, nothing can alter the intrinsic purpose of medicine, the very definition of which must be stated in words of action, to increase in wisdom and skill for the relief of suffering and the solace of sorrow—to serve men, their bodies and their minds—indiscriminately in a spirit that transcends social, racial and national distinctions. In all the rivalries and hatreds and natural distrusts that hold the political and economic world in a grip of terror, medicine has no part. It is the one activity that, through the years of upheaval and reevaluation of ideas and institutions, has had no need to alter its standards or its aspirations; It has known no enemies and recognized no national boundaries. Epidemic, sickness, physical suffering wipe out all this. And unite all men in sympathy and human equality.”

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### Health Logic. London, October. 1931.

Doubtless a number of readers of the BULLETIN received recently a copy of the above magazine. Under its Table of Contents is the following announcement which really discloses the real character of the publication:—

#### Help for Invalids.

“Invalids and others in need of the names of Medical Practitioners known to be specially successful in alleviating or curing particular ailments, can be placed in touch with former patients by writing to:—The Honorary Secretary, Advice Department,

Health Logic 40/42, London, E.C.I.

Grateful patients who have been benefited by Medical Practitioners are invited to relate particulars in confidence.”

Just what is the particular faddistic cult of the sponsors of this magazine does not appear unless it is to exploit an exploded so-called cure for Tuberculosis. If its many comments upon the general health situation in England are of as little value as its apparent medical contributions it should go at once to the waste paper basket.

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The difference between Lot's wife and the lady driver is this: The former looked back and turned into a pillar of salt. The latter looked back and turned into a telegraph pole.

“Do you want gas?” asked the dentist as he placed the patient in the chair. “Yes” said the absent minded professor. “About five gallons and take a look at the oil.”

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The October *Canadian Defence Quarterly* is very interesting to all C.A.M.C. Officers who were connected in any way with the campaign in France in 1918. Several very good maps illustrate the various stages of the advance during the last four months of the war. Indeed the entire volume would be of interest to any one ever connected with army affairs. If you wish this particular number write to the following address:

The Secretary, Canadian Defence Quarterly, Woods Building, State Street, Ottawa.

The last *Bulletin* of the Vancouver Medical Association makes special mention of the fact that by a new arrangement with the Medical Council of Canada the Council of British Columbia is giving up a payment of \$25.00 which has hitherto been paid by the Canadian to the Provincial Council for each person taking the M.C.C. The B.C. Council will then raise its annual fee from \$4.00 to \$6.00. The *Bulletin* then says,—“We feel that an effort might well be made towards consolidation of medical fees of all kinds—council, association and so on. It is very irksome to be continually called on for fees to different organizations, and many of us have felt for some time that if a composite fee could be worked out and fixed, which would cover, not only dues to the council, but also association fees, both provincial and local, it would lead to economy and increased efficiency.”

The difficulty lies in having separate bodies functioning as registration and medical associations. If this could be managed by one body then we could have a business fee for all practitioners and the burden placed upon the recent graduate, already heavily burdened with debt, by the present large fee might pay a much smaller amount. But every member of the profession in practice would automatically become a member of the Medical Society of Nova Scotia, which will be better for members of the profession and for our general medical administration of affairs. Now that we have gone in for co-ordination, as witness the Ministry of Health, why not this further step?

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### International Clinics.

Another copy of the *International Clinics* is a welcome visitor to the BULLETIN Editorial desk. Many years ago the Editor found this volume of so much value to him that he became a yearly subscriber. There has been no lessening of its value to the general practitioner in recent years. Volume 111, Forty First Series, 1931 is another volume which keeps up this splendid record for so many years. The fact alone of this long period of publication is proof of the value of the book.

The frontispiece of the volume before us is a page photo of Dr. Lewellyn Franklin Baker of Baltimore, a leading Internist of this continent. This is of interest to us in Canada in that, like Osler, he was one of our own sons. That he was born in Ontario, not in Nova Scotia, was not his fault, he couldn't help that. Much prominence has been given in recent numbers of the *Clinics* to lectures of this gifted teacher. Recently he had a birthday and Dr. Thayer, Baltimore, addressed him as follows:—

“We were a small group who knew you and loved you forty years ago. The boundaries of your reputation are now world wide. We were youngsters forty years ago. Now,—well, we are no longer young, but it makes us feel young again, those of us who have worked by your side, to join hands with your pupils and friends of later years, in affectionate greeting which we offer you to-day.”

The personal touch in this must have appealed to Dr. Barker as much as anything else on this occasion of his 64th birthday. Much of the success of the *International Clinics* is due to the very practical clinical lectures from Dr. Barker.

Cases presented at the Refresher Course and received too late for last number of The Bulletin.

**Dr. Mackenzie's Cases.**

*Case 1.* Male, aged 30, was admitted to the Infectious Hospital early in June four days after onset of symptoms. He was kept there six weeks from which it may be inferred that the disease was of a severe type. At various times pulse was recorded as slow-40 which suggested heart block. Within twenty-four hours from discharge he took a weak turn and was sent to the V. G. H. On admission his symptoms were referable to the heart, palpitation, substernal pain and weakness. Pulse showed dropped beats due to partial heart block and later extrasystoles; pulse became normal in a few days. Ten days after admission he complained of numbness of hands and feet, difficulty in swallowing and regurgitation of food from the nose, double vision and difficulty in seeing objects at a distance. Examination showed absence of knee jerk on the right, weakness of the legs, paralysis of the palate with loss of palate reflex, difficulty of convergence and loss of accommodation reflex. These features showed widespread post diphtheritic, paralyzes, motor weakness of arms and legs, inability to walk or stand, minor sensory disturbances, paralysis of the palate, weakness of ocular motor muscles, paralysis of muscle of accommodation as well as evidence of heart involvement. It is unusual to find so many effects in one patient. Diagnosis is post diphtheritic paralysis. Prognosis is good. He should recover completely, but it may take six or nine months. No special treatment except rest, massage and general tonic measures.

*Case 2.* Male, aged 45, with gastric symptoms of a few months duration. Examination revealed a large mass, hard and nodular in the upper abdomen with hard nodular glands in the left supraclavicular area. This case was presented as a case in which the features above mentioned were so obvious that a certain diagnosis could be made without any further special examination.

Diagnosis. Advanced carcinoma with glandular involvement, inoperable.

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"The best way to reduce is to eat apples." says a regular physician. It may be noted as an illustrative case that by this course Adam was speedily reduced from his state of luxury and ease to that of earning his livelihood by his hands and the sweat of his brow.

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Some time ago the officers of the C.A.M.C. units in M.D. No. 2, viz., No. 7 Cav. Fld. Amb. No's 2, 5, 16, and 19 Fld. Ambces. No. 2 Fld. Hygiene Section, erected a commodious mess hut at Niagara Camp grounds costing over \$1500.00. This proved to be of great value during recent camps and was easily the social centre during the period of training. This is the first instance of a hut of this nature having been erected by the C.A.M.C. and reflects great credit upon the officers.

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Capt. J. L. Sutherland, R.C.A.M.C. has recently come to Halifax on transfer from Toronto. Captain Sutherland's record is very praiseworthy, as he served Overseas during the Great War, was for several years Medical Officer of the Halton Rifles, and has recently been promoted in the R.C.A.M.C. He also had the good taste to marry a Nova Scotian.

# Department of the Public Health

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

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	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

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Mcpy.).

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Forrest, W. D., Halifax (County).  
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MacLellan, R. A., Rawdon Gold Mines,  
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Mcpy.).  
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McNeil, A. J., Mabou (County).  
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**KINGS COUNTY**

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Burns, A. S., Kentville (County).  
DeWitt, C. E. A., Wolfville.

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Davis, F. R., Bridgewater (County).  
Stewart Dugall, Bridgewater.  
Cochran, W. N., Mahone Bay.  
Zinck, R. C., Lunenburg.  
Zwicker, D. W. N., Chester (Chester  
Mcpy.).

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

**QUEENS COUNTY**

Wickwire, J. C., Liverpool (Town and Co.)  
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**RICHMOND COUNTY**

LeBlanc, B. A., Arichat.

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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.





## Xmas Greetings from the Minister

To the Medical Profession, The Hospitals, and all  
who have assisted in the Public Health Work,

It is fitting at this time of the year to turn back the pages and review our past activities, but more so in this particular instance, seeing that we are now celebrating the first birthday of the Department under the control of its own Ministry. Just twelve months ago I wrote you through the medium of the BULLETIN, asking for your co-operation. I stated that I had relied upon your goodwill when I accepted the responsibilities of office. Your response has been distinctly gratifying.

The Department commenced its activities against communicable disease, chiefly tuberculosis, and in this respect I am happy to say our efforts have met with a fair measure of success. On the 25th. of November the Inverness Memorial Hospital opened an annex for the treatment of tuberculous cases. Two others are in course of construction and we have also the extension at the Kentville Sanatorium well under way. Early in October the Department of Public Health arranged for the Public Health Laboratory to make free examination of tissue specimens sent in. This we hope will tend to earlier diagnosis and consequent earlier treatment of disease, especially with regard to cancer, which I am sorry to say is as formidable a foe as tuberculosis.

Other plans are being worked out with regard to increasing the Nursing Service of the Province and also embracing various phases of the work of the Department. All this work requires money and I understand quite well the absolute need for the careful expenditure of every dollar. Never in the history of the world has there been such a depression as we are going through. Poverty and Want are the parents of Disease, and yet through all these difficult times, our Doctors, Nurses, Hospitals, Municipalities and the numerous voluntary organisations still carry on with the same spirit that has ever characterised Nova Scotians.

To all of you who are in one way and another working for the betterment of the health of our people, I desire to extend my most hearty felicitations, and to wish you and yours a very Merry Christmas and a Bright and Prosperous New Year.

Yours sincerely,

GEORGE H. MURPHY, M.D.  
Minister of Public Health.

Halifax, N. S.,  
15th. Dec., 1931.

## RETURNS VITAL STATISTICS FOR SEPTEMBER, 1931

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis.....	15	10	10	4	9	0
Antigonish.....	12	14	5	7	8	1
Cape Breton.....	159	121	45	65	45	4
Colchester.....	25	20	23	20	10	1
Cumberland.....	44	39	31	28	13	0
Digby.....	21	15	15	7	6	0
Guysboro.....	18	18	10	6	7	0
Halifax.....	78	71	117	53	37	4
Hants.....	35	24	22	9	9	2
Inverness.....	21	19	10	8	8	1
Kings.....	20	15	24	7	11	0
Lunenburg.....	32	31	20	25	20	1
Pictou.....	37	22	25	19	13	1
Queens.....	4	7	8	0	1	1
Richmond.....	9	7	7	4	3	0
Shelburne.....	16	18	9	10	8	3
Victoria.....	8	11	7	1	3	0
Yarmouth.....	20	19	23	13	8	2
	574	481	411	286	219	21
TOTALS.....	1055		411	505		21

Mr. H. L. McLellan of Broad Cove Chapel, Inverness County to be Division Registrar and Deputy Issuer of Marriage Licences for Registration Division No. 21, Inverness County. This Division has just been recently made.

Mr. Harry McKinlay of Yarmouth, N. S., to be Deputy Issuer of Marriage licences at Yarmouth, in place of Mr. Wm. McLaughlin, deceased.

Mr. Robt., J. Petrie of Port Hastings to be Division Registrar for Births and Deaths for Registration Division No. 4, in Inverness County, in place of Capt. J. W. Reynolds, who has resigned.

We have great pleasure in announcing the appointment of The Hon. John Doull, Attorney-General for the Province of Nova Scotia, to act as the Government's Representative on the Board of Management of the Nova Scotia Training School, Truro. This appointment is to fill the vacancy caused by the retirement of The Hon., W. L. Hall to the Supreme Court. We are confident that Mr. Doull will carry out his added responsibilities in his usual capable manner.

Communicable Diseases Reported by the Medical Health Officers for  
the Period October 15th to November 18th, 1931.

COUNTY	Infantile Paralysis	Meningitis	Chicken Pox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever	Typhoid	Tuberculosis, pul.	Tuberc. other forms	Whooping Cough	V. D. S.	V. D. G.
Annapolis.....				4	3				1				9		4
Antigonish.....									8						
Cape Breton.....				2					4						1
Colchester.....			1		2	5	1	1	13						
Cumberland.....															
Digby.....				1	2								1		
Guysboro.....								2			1				1
Halifax.....		1	2	12			20	4	13		1		10		
Hants.....	3						5						2		
Inverness.....			8												1
Kings.....	2			2	7		9		9						4
Lunenburg.....									6						5
Pictou.....				5			20								2
Queens.....							1	2	3		1			3	1
Richmond.....															
Shelboune.....															
Victoria.....															
Yarmouth.....										6					
TOTAL.....	5	1	11	26	14	5	56	9	57	6	3		22	8	14

Positive sputum examinations at the Laboratory.....	97.
Positive cases of Tuberculosis is reported by Dr. P. S. Campbell.....	10
Positive cases of Tuberculosis reported by Dr. C. M. Bayne.....	24

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34

### Should Cod Liver Oil Be Flavored?

It is a well known fact that young infants shy at aromatics. Older patients often tire of flavored medications to the point where the flavoring itself becomes repellant. This is particularly true if the flavoring is of a volatile nature or "repeats" hours after being ingested. Physicians have frequently used the terms "fresh", "natural," "sweet," and "nutlike" in commenting upon the fine flavor of Mead's Standardized Cod Liver Oil. They find that most patients prefer an unflavored oil when it is as pure as Mead's.

Physicians who look with disfavor upon self-medication by laymen are interested to know that Mead's is one Standardized Cod Liver Oil that is not advertised to the public and that carries no dosage directions on carton, bottle or circular. Mead Johnson & Company, Belleville, Ont., Can., Pioneers in Vitamin Research, will be glad to send samples and literature to physicians only.

## Correspondence

The Editor,  
Nova Scotia Medical Bulletin,  
Halifax, N. S.

Dear Sir:—

Touching on your editorial—"We are Headed for State Medicine" in your November issue which chanced to come to my notice—thought you might be interested in seeing—and printing—the words of President Angell of Yale, the only layman speaking at the recent Congress of America College of Surgeons in New York City, on the subject of State Control of Medicine.

The enclosed appeared in "The Nation" of Nov. 4th.

Yours truly,

(Signed) A. LAYMAN.

President Angell of Yale, advanced this point of view very strongly:—

"Of one thing we can be sure (he said) and that is that in the long run, by hook or by crook, society will command competent medical and nursing service, adequate in amount to meet the needs of everyone. If it cannot secure this as the result of measures voluntarily devised and perfected by the profession and its interested friends, it will look to other agencies, and notably to the government, to produce the desired results. With political methods and conditions what they are now in the United States, it is difficult to contemplate such a solution without the gravest misgivings."

The Editor,  
The Nova Scotia Medical Bulletin,

Sir:

On behalf of Dr. Alan Currie and myself I should like to express through your columns our appreciation of the way in which the various local societies received us on our recent C.M.A. post graduate tour through the Eastern district of Nova Scotia.

The lecturer on these occasions is both teacher and guest and we can bear very willing testimony to the hearty reception accorded us in this double capacity. This acknowledgment of hospitality and attention would, however, be incomplete without mention of the great kindness and entertainment which we received from the hospital staffs at Amherst, New Glasgow and St. Martha's Hospital, Antigonish.

I am, Sir,

Very truly yours,

(Signed) H. E. MACDEMOTT.

# Dalhousie University

## Report of Medical Library Committee.

To the Faculty of Medicine, November 3rd, 1931.

The following items represent a summary of the work of the Library during the year July 1, 1930, to June 30, 1931.

### Financial Statement (exclusive of Librarian's salary).

Binding.....	\$ 280.95	
Books.....	404.47	(Books—404=16.2%)
Journals, current sub'n.....	1,396.87	
Journals, back fyles.....	277.72	(Journals—1,955=77.7%)
Reels.....	29.08	
Incidentals.....	119.59	
	<hr/>	
	\$2,508.68	

202 volumes were bound in the course of the year. The cost of binding locally continues to be about twice that done in France. The policy of the Committee of having current journals bound as volumes are completed has been continued.

53 books were purchased during the session. Preference has been given to the departments of Anatomy and Pharmacology in the book appropriations for the year. The Oxford Medical Monographs on Diagnosis and Treatment in ten volumes is the most noteworthy single item of the year's purchases. The number of journals on current subscription has now risen to 111. Eight new journals were added in the course of the year. These were:

- Anatomischer Bericht.
- Anatomischer Anzeiger.
- Clinical Journals.
- Journal of Technical Methods.
- Journals of Clinical Investigation.
- Archives of Internal Medicine.
- Quarterly Journal of Pharmacy and Allied Sciences.
- Journal of Hygiene.

The following back fyles were purchased, 27 volumes:

- Anatomischer Bericht - - - 1-18.
- Wistar Bibliographic Service - 5 years.
- Quarterly Jr. Pharmacy - - - 4 vols.
- Clinical Journal - - - 1 vol.
- Surgery, Gyn. and Obstet. - - 4 vols.

58 volumes of journals were received through the Exchange of the Medical Library Association.

Five films were shown:

- High Posterior Gastro-enterostomy.
- Infections of the Hand.
- Treatment of Face Presentation.
- Traumatic Surgery of the Extremities.
- Periodic Health Examination.

Since the beginning of the present fiscal year, July 1st, 1931, 58 volumes have been purchased at a cost of approximately \$295. The division amongst the various departments was as follows:

13	Medicine.	4	Biochemistry.
10	Surgery.	4	Physiology.
6	Hygiene and Public Health	2	Pathology.
15	Anatomy.	2	Pharmacology.
2	Pediatrics.		

Four new journals have been added to our subscription list. They are:

American Journal of Clinical Pathology.  
 Medicine.  
 American Review of Tuberculosis.  
 Wiener klin. Wochenschrift.

At the last meeting of the Library Committee it was agreed to re-draft the regulations under which books in the library might be borrowed by any registered medical practitioner in the Province of Nova Scotia. Accordingly, such rules have been drawn up and are now in force.

(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 the city 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 1.

There are two possible services of the librarian to clinicians on the staff at present not fully appreciated. The librarian is prepared to list the titles of papers on any subject of particular interest to a member of the staff appearing in any particular journal or journals. The librarian is also prepared to search the literature through the abstract services for original articles on any particular subject as required.

Suggestions, recommendations and criticisms are welcomed by the Committee at all times.

(Signed) E. G. YOUNG,  
 (For the Library Committee.)

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He,—“Jack says he can read you like a book.”

She,—“Yes, and darn him, he wants to use the Braille system.”

(Health Rays.)

## Branch Societies

### Aberdeen Hospital Staff Minutes.

**N**EW GLASGOW, Nov. 13/31. The regular monthly meeting of the Medical Staff of the Aberdeen Hospital took the form of a banquet tendered the doctors by the Supt. and Staff of the Hospital. The banquet was held in the Nurses dining room at eight P. M. The table was decorated and place cards bearing the guests car license number instead of the name. It was noted that some of the guests had to refer to their cars as they could not remember their license numbers. Nineteen doctors sat down to an excellent chicken dinner, and the dietitians department came in for much favorable comment. Strings connected each place card to one of the favors heaped in the centre of the table and the opening of these occasioned much amusement. Following the dinner, toasts were drunk to—The King,

The Ladies; P. by Dr. C. Spiro R. by Dr. H. B. Whitman.

The Profession; P. by Dr. H. H. McKay, R. by Dr. C. Miller.

The State: P. by Dr. G. W. Whitman, R. by Dr. J. Bell (partly in verse)

Ladies of the Institution: P. by Dr. McGregor, R. by Dr. J. J. McDonald.

A short business session followed. A unanimous recommendation was made to the Board that the X-Ray department be modernized, as it was pointed out that the equipment was badly in need of replacement.

Dr. Spiro complained of a ruling by the Workmen's Compensation Board. He had treated a man with an injured eye and was not sure whether all the foreign body was removed from the eye or not. He sent the patient to the hospital for X-Ray examination and the Compensation Board objected to his doing so. He felt that the examination was in the man's best interests and also protected the Doctor and the Compensation Board. The matter was referred to the Special Committee of the Provincial Society. Dr. H. H. McKay stated that the Compensation Board had refused to pay for Gas Oxygen anaesthesia. He felt that there were cases where this anaesthetic was necessary for the safety of the patient and that the anaesthetist on the spot was the best judge as to its necessity. This matter was also referred to the Provincial committee.

A hearty vote of thanks was passed to the Supt., and the staff of the hospital for their hospitality. There being no further business, the meeting adjourned.

A. E. BLACKETT, Secretary.

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### Pictou County Medical Society.

The Annual Fall meeting is thus reported in the *Evening News* of New Glasgow the day following the meeting which was on October 27th.—

“The Pictou County Medical Society held its fall meeting in the lecture room, Nurses' Home, Aberdeen Hospital yesterday afternoon and last night.

There was a good attendance altho' some were unable to be there. Dr. Benvie, the President, is under the weather and was greatly missed.

The lecturers were Dr. H. E. McDermott, Internist at the Montreal General Hospital and Prof. W. Alan Curry of the Dalhousie Medical School. The former is an authority on internal diseases and his lectures dealt chiefly with asthma and tuberculosis. Dr. Curry is a prominent surgeon and his lectures dealt mostly with acute surgical conditions of the abdomen. He also showed two moving picture films, one illustrating infections of the hand and the other with spinal anaesthesia. These tours are held two or three times each year in all the branch medical societies in Nova Scotia and are arranged by Dr. Smith Walker, General Secretary of the Nova Scotia Medical Society and editor of its official journal. Dr. Walker accompanied the lecturers here. This morning they journeyed to Antigonish to attend the annual meeting of the Eastern Counties Medical Society."

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The recent Conference of the American College of Surgeons was rather remarkable for a number of things which is none of our business. But we were interested in the featuring of the prospects of women surgeons. We may be wrong, but we do not think that the outlook in this section of Canada is very bright for these specialists. Indeed, as we look over the Province, we are not sure that they have justified their expensive training, with several notable exceptions. Present conditions seem to indicate that they may be very successful in lines which call particularly for those attributes of character which are especially feminine in nature. We may be pardoned if we mention that Dr. Eliza Brison is particularly fitted for her work in connection with the Nova Scotia Training School and that Dr. Whittier is equally valuable to the Maritime Home for Girls. Not to overlook the general practice carried on by several female practitioners in different parts of this Province.

Then we have it in mind that they make splendid technicians in several fields, notably in pathology, bacteriology and radiology and research. But it remained for one of these surgeons to state the bald facts, "That young women who looked towards surgery as a profession would have to sacrifice much social life that they might otherwise participate in. . . . While several instances are cited of women surgeons who had married and raised children and continued their practice for the most part they find that women have to choose between a surgical career and home-making,—both full-time jobs. As Bengée says, "Think it over."

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The Magazine *Time* in a recent number makes a distinction between the appearance of physicians and surgeons. This was prompted by the appearance of the surgeons in attendance at the 21st. Annual Conference of the American College of Surgeons held in New York in October last. This is the opening paragraph of a rather unsubstantial article on the proceedings of the conference:—

"Three Thousand surgeons drifted into the Manhattan's new Waldorf-Astoria Hotel last week. It was easy to see they were surgeons, not physicians. The physician is apt to be benign, a trifle careless of his dress, slow in speech. The surgeon on the other hand, tends to talk swiftly, dress meticulously, gesture boldly. There are always more evening clothes at a surgeons' meet than at a physicians'."

We hadn't noticed these distinguishing marks before.



## Hospital Service

THE Associated Press gives this account of Dr. H. H. Martin's addresses as President of the American College of Surgeons at the meeting in New York, October 14th, 1931.

"New York, Oct. 14.—Despite the financial depression more hospitals than ever before have this year succeeded in meeting the high standard for personnel, management, and equipment, required by the American College of Surgeons for attainment to its list of institutions approved for care of the sick.

Dr. Franklin H. Martin, director general of the college, who made this statement at the opening session of the twenty-first annual Clinical Congress of Surgeons, announced that of 3,319 hospitals surveyed in the United States and Canada, 2,158 have won coveted places on the approved list issued yearly in October by the College.

That hospitals were in urgent need of betterment was discovered shortly after the founding of the American College of Surgeons in 1913, Dr. MacEachern said to-day, with the creation of the rule requiring candidates for fellowship in the College to submit 100 clinical records of operations they had performed. To the surprise of the founders few surgeons could present such data because the hospitals with which they were associated had failed to keep records.

"Further investigation," Dr. MacEachern continued, revealed that the scientific activities in many hospitals were not well supervised and hence unethical and inexperienced physicians and surgeons were working beside capable medical men. Clinical and x-ray laboratories too, were inadequate, infections and complications were frequent and fee-splitting, productive of much unnecessary surgery, was practiced to a great extent."

"Hospital Standardization has changed all that," he said. "We now have in the United States and Canada, 2,158 hospitals of 25 beds or more that have ethical, competent medical staffs, that keep records—accurate and complete ones—of all cases, that make a careful pre-operative study of each patient needing surgical care, that have high-type diagnostic facilities, that provide for control and supervision over the scientific work,—in short, that furnish safe and efficient care for the patient."

Since the first survey was made the mortality rate in approved hospitals has been cut in two, it was revealed, and the average stay of patient in hospitals has been reduced to 12.5 days in contrast to the figure of 25 to 30 days two decades ago. Improvement in the care of persons injured by accidents and in the treatment of fractures is also reported among approved hospitals. The College has two committees that devote their efforts to maintaining high standards in these particular phases of hospital work.

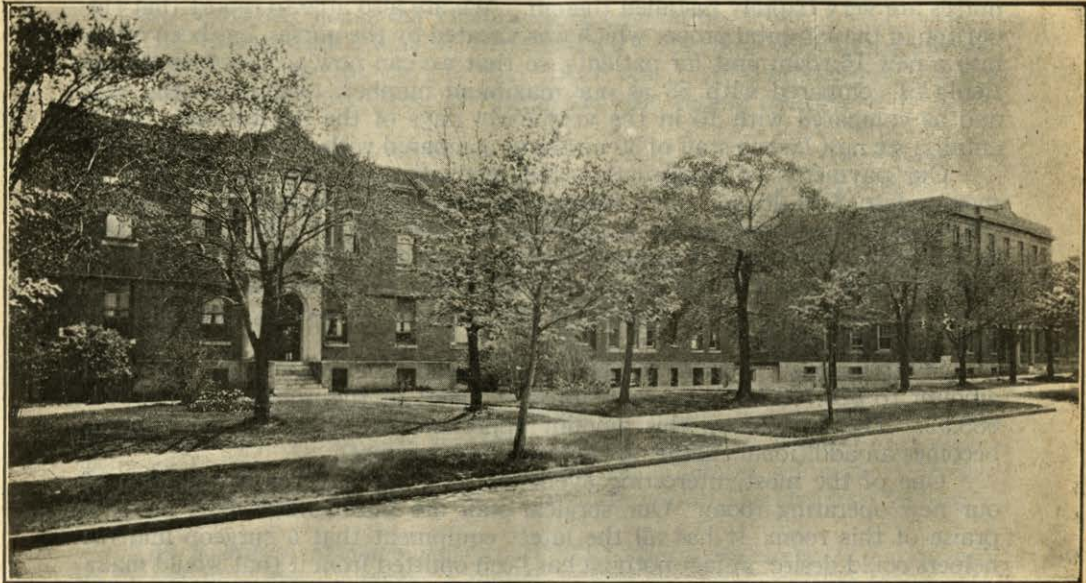
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**Intractable Hiccough—Sure Cure.** The A.M.A. Journal publishes the following as a Tonic and Sedative:—

Middletown, N. Y., Sept. 6.—John E. Corwin, Jr., district forest ranger for Orange, Rockland and Sullivan Counties, is dead here. He suffered an attack of hiccoughs seven days ago. As they continued he was taken to the Horton Memorial Hospital. The hiccoughs were finally stopped.

# The Children's Hospital, Halifax, N. S.

Report for the Year Ending Sept. 30th, 1931.



## BOARD OF MANAGEMENT

O. E. SMITH, President.	J. L. HETHERINGTON, Vice-President.
E. J. MURPHY, Secretary.	FRANK HOPE, Treasurer.
MRS. W. J. ARMITAGE.	MRS. F. K. WARREN.

## SUPERINTENDENT OF NURSES

MISS VICTORIA I. WINSLOW, Reg. N.

## MEDICAL AND SURGICAL STAFF

Chairman - -	W. ALAN CURRY, M.D., C.M., F.R.C.S., Eng.
Consulting Surgeon	JOHN STEWART, C.B.E., M.B., C.M., Edin. Univ., Ll.D. Edin., Ll.D., Dal.
Visiting & Attending	PHILIP WEATHERBE, M.B., Ch.B., Edin. Univ., F.A.C.S.
Surgeons - -	PURDY A. McDONALD, M.D., C.M., McGill Univ., F.A.C.S.
	W. ALAN CURRY, M.D., C.M., F.R.C.S., England.
	THOMAS BURNS ACKER, M.D., C.M. Dal. Univ.
Visiting & Attending	MICHAEL J. CARNEY, M.D., C.M., McGill Univ.
Physicians -	FRANK G. MACK, M.B., Toronto Univ.
	JOHN G. D. CAMPBELL, M.D., C.M., Dal. Univ.
Anaesthetists -	ARTHUR M. MARSHALL, M.D., C.M., Dal. Univ.
	JOHN W. MERRITT, M.D., C.M., L.M.C.C., F.A.C.S.
	J. RAYMOND McLEAN, M.D., C.M., Dal. Univ.
Eye, Ear, Nose,	R. EVATT MATHERS, M.D., C.M., New York Univ., Bellevue Medical Coll.
Throat Specialists	ARTHUR E. DOULL, M.D., C.M., McGill Univ., F.A.C.S.
	A. ERNEST DOULL, M.D., C.M., L.M.C.C., Dal. Univ.
Dental Surgeon -	WARREN C. OXNER, D.D.S., L.D.S., Baltimore Coll.
Admitting Officers	RESIDENT INTERNS.

## Report of the Board of Management.

THE period under review is the 21st year of the Halifax Children's Hospital. In our last annual report, we stated that construction was proceeding on our new residence for nurses. In the present report, we are able to advise that this residence is now completed and furnished, and that our nurses are very happily installed therein. We are also able to report that the portion of the Hospital proper which was vacated by the nurses, has been made into a new 16 room unit for patients, so that we can now accommodate 90 patients as compared with 55 as our maximum number, twelve months ago, and as compared with 16 in the very early days of the institution. Incidentally, we now have a staff of 30 nurses as compared with 6 in the early years.

Our payments on construction and renovation account for the year amounted to \$101,464.65; but a further amount due our contractors will bring the total expenditures up to approximately \$110,000.00. The nurses' residence and furnishings of same, the alterations and improvements in Hospital building, and also the purchase of such new equipment as seemed necessary to make the Halifax Children's Hospital very first-class, were all most carefully considered.

Subscriptions received toward the construction and renovation fund amount to \$26,779.13. Our debt to our bankers at the present time is \$74,685.52. The interest on this amount approximately \$4,000.00 per annum, becomes an additional charge on our operating Account.

One of the most interesting events of the year was the installation of our new operating room. Our surgical staff are most enthusiastic in their praise of this room. It has all the latest equipment that a surgeon and his helpers could desire; in fact nothing has been omitted from it that would make it up to date in every way. In size, it is just double that of the old one. Its floors and walls are beautifully tiled. An installation in this room that is worth especial mention, is a built-in pressure dressing and utensil sterilizer, with which has been installed a pair of 15 gallon built-in water sterilizers, with a 3 gallon Still. An instrument sterilizer has also been installed. The other interesting installations in this room are the Balfour Operating Table, and the Operay Multi-beam electric light fixture. They are the best obtainable in their own line. Our new operating room is wonderful and we are indeed very proud of it.

The following details regarding our expenditures will be of interest to those who are supporters of our work:—

The removal of our nurses to their new residence made vacant 16 bedrooms in the Main Building. These rooms we have renovated and equipped for hospital purposes. From floor to ceiling they have all been gone over and they are now especially bright and cheerful. Each room has been fitted with Simmon's cots and mattresses and a bedside table. All have standard hospital equipment. In this unit too have been installed a utility room and a diet kitchen. Both are most completely equipped. Still other expenditures were as follows:

For replacing hot and cold water brass pipes throughout the hospital building at a cost of \$1,829.31; for an electrical refrigerator in the new upstairs unit of the main building; for a steam table adjoining the dining room of the Nurses' Residence; for a Crescent dish-washing machine in the same room, and for a new incinerator in the basement of the main building. And very pleased indeed we are with the performance of each of the installations in which tests of efficiency have been made up to the present time.

The financial receipts of the Children's Hospital for maintenance and operating purposes, from all sources, for the fiscal year 1930-31 were \$31,200. Our payments for such purposes were \$32,600 and we have outstanding accounts due of approximately \$3,500.00 at the end of the year. Our maintenance and operating accounts will be very much larger from this time forward because of the increase in our Hospital accommodation.

The Endowment Fund of the Children's Hospital was approximately \$100,000 at the end of the previous fiscal year. It is now approximately \$106,000. The bequests received during the year were as follows:—

Cot Y. B. Professional Women's Club.....	\$ 100.00
Estate late James T. Thompson.....	3,000.00
“ “ A. M. Banks (additional subscription).....	500.00
“ “ J. A. Farquhar.....	250.00
“ “ Elizabeth J. Bolton.....	2,000.00
“ “ A. N. Bayne.....	250.00

It is gratifying to find each year a substantial increase in this fund. We hope the time is not far distant when it will be many times larger than it is to-day.

We take the opportunity of reminding our many friends that the work of the Children's Hospital is six times as great to-day as it was in its early years, and that the field for further expansion is almost unlimited. Please do not fail to give thought to the claim upon you of the Halifax Children's Hospital.

The Board of Management again takes the opportunity of expressing its gratitude to those who have contributed to the success of the Children's Hospital throughout the year; to the public for their generous financial assistance of \$8,000 through the Community Chest and to all who have taken personal interest in the work of the Hospital from time to time; to the Good Samaritan Fund of the Halifax *Chronicle* and *Star*, it gratefully acknowledges receiving supplies of orthopedic apparatus for necessitous patients, to the value of approximately \$500. The Hospital too owes a great deal to the help it has received from the Halifax *Herald and Mail*, and to the numerous service clubs, all of which have evidenced sympathy and interest in what the institution is endeavoring to do for sick and crippled children. The Board would again stress the value of the splendid service given to the Hospital gratuitously by its staff of surgeons and physicians, and to refer to the efficiency with which the superintendent, Miss Victoria I. Winslow has directed the internal administration of the institution.

Respectfully submitted,

O. E. SMITH,  
President.

#### Report of the Medical Board.

W. ALLAN CURRY, M.D., F.R.C.S., Chairman.

Your Medical Board is pleased to be able to state that the members of the Medical Staff have had a busy and successful year, and we feel that much good work has been done; the sick and crippled children of the City and province have received our best skill and care at all hours of the day and night.

There is from year to year a steady increase in the numbers treated, the exact figures are given for the past year in the report of the Superintendent, but it is here interesting to note, and it gives one a much better idea of the increase of the work done to look back say for the relatively short space of ten years, and in so doing we find that about four times as many cases were treated this year, as were treated ten years ago. We feel that for any institution this is a remarkable and most satisfactory state of affairs. And looking ahead we see no reason why this increase should not continue, and soon demand greater accomodation, more beds, a bigger staff and more nurses.

The gain has been made possible by our larger Medical Staff, our increased numbers of nurses in training and by our improved facilities all of which have obtained in the last few years, enabling a more rapid handling of the cases and a shorter stay in the hospital. Unquestionably our nurses are better trained now than heretofore, and we are ever glad to note that they are holding their places in all branches of nursing in the Provincial examinations.

There have been many improvements in the hospital, some small, some big, during this last year, all worthy of mention and all appreciated, by the Medical Staff, but outstanding all the rest is the new operating room big, spacious, splendidly illuminated and fully equipped with every necessary apparatus and convenience for the carrying out of modern surgical procedures. Truly it is a credit to the Board of Management and our generous President, Mr. O. E. Smith.

### Superintendent's Report.

The following is the summary of the work and activities of the Halifax Children's Hospital for the year 1930-1931, ending Sept. 30th.

No. of patients in hospital Sept. 30, 1930 .....	38
No. of patients in hospital Sept. 30, 1931 .....	50
Total number admitted during year .....	920
Total number discharged during year .....	851
Total number hospital days during year .....	16,106
Average daily census .....	44.12
Average No. days in hospital for each patient .....	16.81
Total No. of deaths during year .....	57
Total No. of deaths within 48 hours .....	19
Total No. of operations .....	676
Physio-Therapy treatments, approximately .....	250
Alpine Lamp Treatments, approximately .....	800
No. of X-ray examinations .....	155
No. of Laboratory Examinations (Provincial Institute) .....	480
In addition a very large amount of laboratory work has been done by our own resident staff.	
No. of medical cases treated .....	210
No. of surgical cases treated .....	130
No. of orthopaedic cases treated .....	126
No. of E. E. N. & T. cases treated .....	446
No. of Venereal cases treated .....	8

In the classified list elsewhere, some discrepancy of total figures may be noted. This is due to the fact that one patient is frequently treated for two distinct conditions.

It would be impossible to over-estimate the value and importance of the work done by the Provincial Laboratory. It was a fortunate arrangement that placed this splendid building with its highly qualified staff so accessible to this hospital. That together with the unfailing courtesy and consideration of our needs irrespective of time or amount of work required, provides a service that it is difficult to fully appreciate.

Another most valuable asset to the institution, is the X-ray work which we are privileged to have done at the Victoria General Hospital. It is very satisfactory to the Medical Staff to know that X-Ray examinations may be made where the best of equipment is provided and the work done under highly-trained medical supervision. In this, too, there is evidenced the fullest co-operation and consideration at all times, and calls for much gratitude to those who are associated with that department.

The Dalhousie Health Centre continues to render valuable service. The examination of patients before admission to this hospital, as well as subsequent treatment or checking-up after hospital treatment is no longer necessary, is of outstanding value and helps to provide the follow-up work which is of such importance to the patient. A very special contribution was made by the Dalhousie Health Centre in doing the major portion of our sterilization during the installation of our new equipment.

The high type of work with splendid results done by the Medical Staff is very gratifying to all who are associated with the Children's Hospital. It is impossible to pay sufficient tribute to those who give gratuitously of their services to our public ward patients, and these constitute the great majority of our cases. Few outside the hospital could possibly realize how much is given. The poorest and wealthiest each receive exactly the same careful examination and treatment, irrespective of physician's time or cost to the hospital. Something else not always realized is that a sick child in our wards has not only the advantage of the attention of the special physician under whom he or she is admitted, but of any other, if the need arises. For instance if a medical case develops anything suggesting a surgical condition, the specialist in that department is at once called in consultation and the same is true if the complication should be that of the skin, eye, throat or any other. A glance over the names of our attending staff will satisfy the most critical that each and all are outstanding in their own particular field of work.

Under the rotating system nine Dalhousie Medical Students served as internes during the year. These were F. Llorens, F. Cheesman, J. Denoon, H. Martin, E. Curtis, Z. Flinn, M. Margulies, R. Fraser, and J. Langille. Some of these had nearly completed their services at the beginning of the year and others had just commenced at the end of the year, hence the appearance of some names in two years reports. This system has been quite satisfactory to the hospital and permits a much larger number of students to profit from this special and important part of their medical training.

The Junior Red Cross through its various branches continues to send patients from all parts of the province, and there is ample evidence of a keen interest in the welfare of these children during the necessary stay in the hospital. Numerous contributions of supplies and gifts for patients are also forwarded from the branch organizations through the Halifax Office.

The Shriners continue to assume responsibility for a number of patients who are treated in our wards, and very frequently clothing and other necessities as well as toys, etc., are provided for these children.

The Service Clubs of the city have shown a keen interest in our work. The Gyro's Christmas entertainment and gifts, with a wonderful Christmas tree and a real Santa Claus provide a happy day for every child who is well enough to share it. Apart from all this, the interest and sympathy of the Gyro Club for the Children's Hospital has been amply demonstrated by their efforts towards the furnishing of our new wards.

The Rotarians are very faithful in their visits to the wards and provide generous gifts of fruit and candy continually. During the year the Club presented a very fine Fairbank Scale for use in the Babies' Ward. This is greatly appreciated.

A generous gift of money from Miss Laurie of Oakfield made it possible to provide suitable clothing for our "up patients". This has added greatly to the comfort and appearance of these little patients and we are very grateful.

The Statistical Report indicates the large number of physio-therapy treatments given by Miss Wolfe, who has been most generous in giving time and skilled service to these little patients requiring massage and muscle re-education.

Farmer Smith and Cousin Peggy have shown a thoughtful interest in our patients and have made contributions from time to time for which we are very grateful.

Sincere thanks are due to the daily press for their contributions and valuable assistance in our hospital work.

The various ladies' organizations of All Saints' Cathedral, St. Matthew's, St. David's and Fort Massey Churches as well as the Aunties' Club have assisted greatly with our sewing. Their concern for the Children's Hospital and large amount of work done has been much appreciated.

The Alumnae of the Halifax Ladies' College assisted with the Christmas festivities, and have shown a kind interest in many other respects.

The Trinity Girl Guides continue to bring their weekly gift of fresh eggs. This very faithful and constant offering indicates a very real desire to do what they can to help others less fortunate.

Mr. W. H. Dennis sends a weekly donation of ice cream which is very greatly appreciated.

The Young Business and Professional Women's Club have given much in contributions and thought for our patients. This very splendid organization is maintaining a hospital cot for one year and have contributed towards the furnishing of a ward in the new section just completed. They have also sent donations of ice cream and fruit from time to time. We feel that we are indeed fortunate to have the interest and assistance of such a group of young women.

Small groups of children have at various intervals donated the proceeds of sales, circuses, concerts, etc., held by them. Few gifts make a greater appeal than those offerings from little children.

It is impossible to pay tribute individually to all who have contributed to the happiness and welfare of our little patients, but they can feel assured of a deep appreciation of what has been done.

The staffs of the kitchens, laundry, sewing room, etc., sometimes called "the silent partners", have each in their own department rendered efficient and faithful service and we are very grateful for the co-operation and service that has maintained a smooth running organization.

The large amount of construction work, re-organization and the new equipment has been referred to in the President's report, so it is only nec-

essary to say that the re-constructing of the quarters formerly occupied by nurses into wards will provide much needed space for patients, as indicated by the statistical report. This will also allow for the placing of patients following operation, and those seriously ill, in quiet rooms apart from others. The re-modelling of the operating rooms has provided a very modern and well-equipped surgical department, with new sterilizing equipment, a Balfour operating table, a twelve-beam Cperay Light and new scrub sinks. This makes it possible for our surgeons to operate under the best conditions. A dental room is also in readiness for equipment; this will make a most important addition to what has already been provided for the care of children. Comment as to the value of this is unnecessary.

The hot and cold water pipes throughout the entire building were replaced with those of brass. The necessary but unpleasant disturbance, occasioned by repairs, reconstruction, etc., added very considerably to an already busy year—in spite of every possible care and consideration on the part of the workmen concerned with any part of the re-construction and installation of new equipment.

I am pleased to report that our training school is now rapidly approaching normal. The long period during which no new nurses were admitted or retained has been very nearly bridged, also preparation for the necessary increase of staff for our new wards.

The present staff consists of one Superintendent, one Instructor, one Night Supervisor, one O. R. Supervisor, three Head Nurses, and one Dietitian.

We have one third-year, nine second-year and six first-year students, exclusive of class of newly-admitted probationers. At least three nurses must always be absent for affiliated training in order to give the necessary experience and instruction for the care of adult patient, and at times it is necessary to have as many as five or six absent at one time in order to cover this training. Each nurse spends seven months away from her own school, so it is readily understood that the student group is a constantly changing one, also that it indicates the need of a sufficient number of fully-trained nurses whose services are continuous in one department and not subject to change from one department to another or of entire absence, as is the case of the student nurse who must cover the various phases of training and experience within her own school and those affiliated. The need for the most thorough training and careful supervision cannot be over-emphasized. A sick child requires a great deal more care than does the adult, and since the child is wholly dependent on the nurse, it follows that she should be most carefully selected, not only for her qualification and ground-work for development, but for her integrity and a deep sense of responsibility to the sick child, and the mother who places her child in our care.

The new residence was completed and occupied early in March, and it was indeed a red-letter day when this was finally accomplished. Individual bedrooms are provided for each nurse, and as well attractive recreation and dining rooms. Rest periods, study and lecture hours as well as those of sleep are now secured quite apart from the atmosphere of infection, suffering and the abnormal conditions that belong to hospital wards. As a result, the nurse is both mentally and physically better equipped to give the necessary care to the sick child during the long hours of duty.

The new class and demonstration rooms provide opportunities hitherto unknown. We already have the nucleus of a small reference library gen-



erously provided by some members of the Medical Staff. We are very grateful for the donations which made this possible.

We are fortunate in the situation here, in that opportunities for affiliated training are practically at our doors. That, together with the splendid co-operation of both the Victoria General Hospital and Grace Maternity Hospital, creates a very satisfactory and pleasant arrangement. Seven nurses received affiliated training at each of these hospitals during the year, and we are very appreciative of the interest and attention to our students.

There has been a marked decrease in the time lost through illness among our student nurses in comparison to last year.

This year we have made a beginning on a central lecture scheme for the lectures given by physicians. This means that instead of a lecturer repeating his special lecture to some three or four groups he will lecture to all groups in some central place. For the present, the majority of these lectures will be given at the Pathological Institute through the kindly co-operation and generosity of those in charge. The advantages of this plan are so obvious as to scarcely need comment.

I wish to pay tribute to the whole hospital staff, including that of nursing, office and domestic for their co-operation and faithful attention to that for which each is responsible—much has been done and more remains before we can feel that the goal has been nearly reached but in spite of days filled to overflowing with much anxiety and some discouragement, one cannot feel otherwise than that it is a great privilege to have even a small share in the development of work that is of such tremendous import and such far-reaching results.

In conclusion, may I express very sincere thanks to the Board of Management for their sympathetic understanding and assistance with the many problems that have been confronted in the administration of the Children's Hospital during the past year and to say how greatly we appreciate the fact that our President Mr. O. E. Smith, is again able to take part in its activities.

Respectfully submitted,

VICTORIA I. WINSLOW,  
Superintendent.

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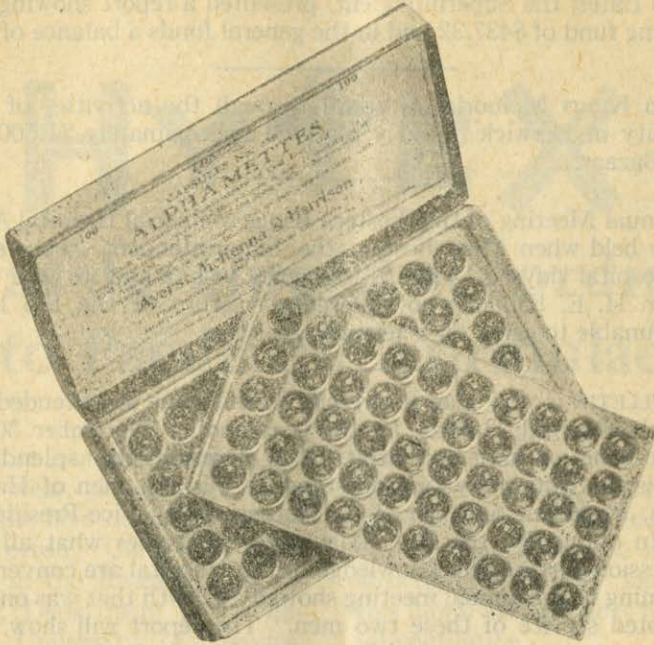
Through the efforts of the Ladies Hospital Aid Society the Yarmouth General Hospital now is using a modern up-to-date ambulance in connection with its public services. This Aid Society during the past twelve months showed receipts of over \$4,500, with expenditures less than \$1200. There is nothing like having a credit balance in the bank!

---

The Annual Meeting of the Board of Trustees of St. Martha's Hospital, Antigonish, held in November showed 33,089 hospital days for the year. The Officers for the ensuing year were very largely re-elected. The number of patients and receipts from the same in 1931 exceeded considerably those of 1930.

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At a recent meeting of the New Waterford Hospital Association the Trustees were empowered to borrow the sum of \$40,000.00 for the erection and equipment of a Nurses' Home and remodelling of the third floor of the hos-



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pital. Miss Bates, the Superintendent, presented a report showing a balance in the building fund of \$437.32 and in the general funds a balance of \$2,568.51.

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Western Kings Memorial Hospital through the activities of the ladies in the vicinity of Berwick recently received approximately \$1,500.00 as the result of a Bazaar.

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The Annual Meeting of the Western Kings Memorial Hospital Association was recently held when Miss Foster, the Superintendent, reported a total number of hospital days of 4,626. Reference was made to the continued illness of Dr. H. E. Killam who suffered a fracture of the hip last winter and is still unable to carry on a general practice.

---

The BULLETIN is very glad to present in this issue an extended report of the Children's Hospital, Halifax, for the year ending September 30th., 1931. At the same time we may be permitted to mention the splendid service rendered this institution by two outstanding business men of Halifax. Mr. O. E. Smith, President and Mr. J. L. Hetherington, Vice-President of the Hospital. In doing this the BULLETIN merely expresses what all members of the profession having any knowledge of the Hospital are conversant with, that this coming of age annual meeting showed a growth that was only possible by the devoted service of these two men. The report will show how, also, these two were strongly supported by many others and other agencies. We would call attention to the splendid cut of the hospital, showing the new Nurses' Home to the extreme right.

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The Town of Windsor and the Payzant Memorial Hospital will lose a very valuable citizen in the removal from that community of Mr. Otis Wack, who, for a number of years has been President of the local hospital board. To him must the credit be largely given for the recent increased hospital facilities in that section of the Province

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Miss Iona L. Marshall of Falkland Ridge, a recent graduate of the Victoria General Hospital won on her graduation a scholarship entitling her to one year at the School for Graduate Nurses in connection with McGill University.

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The third Canadian Nurse to receive the Florence Nightingale Medal is Miss Vivian Tremaine, the Nurse in charge of the Red Cross Seaport Nursery service at Quebec. Miss Tremaine is a graduate of the Montreal General Hospital and joined the C.A.M.C., Nursing Service in May 1914. She went overseas and was nurse to King George when he met with an accident, attending him to England. This last honor would not disturb Miss Tremaine's aplomb, as she had been awarded the Victorian Medal in 1916; the Royal Red Cross first class in 1916, and was twice mentioned in despatches. She has been connected with Port Work since 1922. Which reminds us that it is almost time that some public recognition was made of the services of Mrs. P. J. McManus, who has been in charge of the same work, as Miss Tremaine, here in Halifax for over 10 years.

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Despite the hard times some of our hospitals made a better financial showing this year than last year. The Sutherland Memorial Hospital, Pictou, showed an increase with 254 admissions, an increase of 50 hospital days and an increase of fees of nearly \$1,000.00. The only debt the hospital has is \$2,500 in the building fund.

**Dawson Memorial Hospital.** The 11th Annual Meeting of the Ladies Aid of the hospital in Bridgewater was held on October 14th, 1931. The President, Mrs. R. P. Dagleish was re-elected and now begins her 11th year of service. Since 1920 this Auxiliary has raised \$16,132.44, \$964.85 being raised in 1930. It is stated there is a substantial credit balance in the bank.

**Bey Barrington,** in the *Sydney Post*, referring to a social function in Halifax, writes thus of the violin playing of Mrs. Benvie, wife of Dr. R. M. Benvie of Stellarton.

"A charming programme was presented, chief among the numbers being a collection of violin selections by Mrs. Benvie, of Stellarton, who is a musician of no mean order. Mrs. Benvie's music comes from her soul and she plays to the souls of her hearers.

So often, at these musicales, one hears murmurs of conversation on all sides as though the musicians were a secondary consideration, but when Mrs. Benvie played there was a silence in the huge drawing room as the golden notes dropped from the strings and entered the hearts of her listeners."

It is still a matter of regret that Mrs. Benvie did not receive a similar reception at the medical banquet in Digby in 1930.

I've lost bonds,  
I've lost stocks,  
But this old boat  
Ain't on the rocks.

With the times bad,  
Bad as they are,  
I gotta wife  
I gotta car;

I got children,  
I got health;  
I got these  
If I ain't got wealth

Things are swell,  
But get this straight—  
I wish to hell  
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## Personal Interest Notes

**D**R. M. M. Braunstein, early in November, returned from a leave from the Nova Scotia Sanatorium, which time he spent in Montreal and Toronto attending hospital clinics in each city.

The Phi Delta Epsilon Fraternity of Dalhousie University held a very successful banquet at the Green Lantern the latter part of October.

Medical and City authorities are much concerned regarding jail conditions in Halifax. We will all agree on one thing,—that none of our jails are any better than they ought to be. Perhaps we might go further and say that to keep prisoners in idleness is morally, physically and economically poor business.

No. 7 Stationary Hospital deserves much credit for keeping up its Annual Reunions. The last one was held early in November at the Nova Scotian Hotel. It was particularly interesting in that a presentation was made to Dr. John Stewart of a portrait of himself painted by that talented artist, Mr. John MacGillivray of Halifax, Dr. Stewart being the first O.C. of the Unit. There were some other hospital units from Nova Scotia that did very creditable work and perhaps they might have been glad to convey greetings to No. 7, that made such a splendid name for itself, had they received an invitation. Perhaps we had better do some broader get together business in a little Province like Nova Scotia.

It is now Lieut. J. Fabien Bates, C.A.M.C., Glace Bay, dating back to January 5th, 1931.

Dr A. C. Fales, Wolfville, altho wholly retired from the practice of Medicine, is still interested in the protection of our fish and game in this Province. He was recently elected President of the Kings County Fish and Game Protection Association.

To those of our members who recall the active part taken by Mrs. M. T. Sullivan in community welfare work in Glace Bay it will not be unexpected to find that Miss Mary, Mrs. T. F. Meahan now, wife of Dr. Meahan, has been recently elected President of the Columbian Girls who are actively engaged in local welfare work.

Dr. and Mrs. L. J. Lovett of Bear River can probably claim the Sports' record for shooting moose and bear. Mrs. Lovett has a record of eight moose

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shot by herself unassisted. This season they divided the honors, Mrs. Lovett getting a bear to her credit, while the Doctor got his moose.

**Looking Ahead.** "The photograph of Bill Banting, Meds, '50, son of Dr. F. G. and Mrs. Banting of Toronto, has been added to the Faculty Portrait Gallery." (Bulletin Alumni Association Western University.)

Dr. A. K. Roy of North Sydney is the official head for the coming year of the Boy Scouts Association in that section of Cape Breton.

**Banting Foundation Award.** Trustees of the Banting Research Foundation have announced the grant for medical research to Professor D. Mainland of the Chair of Anatomy in Dalhousie University. There are now under grant from this Foundation 14 workers from Halifax to Edmonton.

At the C. M. A. Lecture meeting in Sydney October 29, Dr. Freeman O'Neil of Whitney Pier was absent on account of illness. A week later he was still confined to the house, but has now fully recovered.

An absentee from the meeting in Truro was Dr. J. B. Reid who had just returned from the October Congress of the American College of Surgeons at which he was elected a Fellow of the College.

Dr. W. E. Fultz of Glace Bay attended the annual Alumni meeting of the Massachusetts Ear, Eye, Nose and Throat Infirmary held in Boston, October 30th and 31st, 1931.

Dr. R. M. Benvie arrived home in New Glasgow, October 27th after a rather lengthy stay in the Victoria General Hospital. We are glad to learn he has made a good recovery from his recent operation.

At noon Wednesday, October 28th, 1931, Miss Anne Blanche, daughter of Dr. William Grant of Wolfville was married to Prof. F. H. Sexton, President of the Nova Scotia Technical College. The ceremony was performed at the bride's home and was followed by a charming reception. Had this happy event occurred earlier in the season no doubt the honeymoon would have been spent in Newfoundland. As it was following a short motor trip through the Province they are now in residence in Halifax. Congratulations.

Dr. H. J. Martin, Dalhousie 1931 of Sydney is now assistant to Dr. L. W. Johnstone of Sydney Mines, Dr. Kenneth Hayes, Dalhousie 1925, having gone to do post graduate work.

Miss Mary, daughter of Dr. A. J. and Mrs. McNeil of Mabou was a surgical patient in St. Mary's Hospital, Inverness for a short time in October.

**Glancing Back.** The *Antigonish Casket* Oct. 18th, 1906, published this item:—

"Dr. G. H. Murphy, Dominion, left last Monday for London, where he will take a post graduate course."



### THE BOY WHO FOUND RAINBOWS IN COAL TAR

ONE Easter vacation in 1856, 17-year-old William Henry Perkin, a student-assistant in the Royal College of Chemistry, was toiling in an improvised laboratory under the eaves of his English home.

"Throw the rubbish away!" croaked unimaginative Common Sense, when the boy poured in a red fluid and got a dirty, sticky, dark mass at the bottom of his test tube. "Examine it!" whispered Science. "It may be worth something!"

Science was right. Out of that dark ugly mud came a lovely violet-purple dye. This "Mauve" was the first aniline dye ever made from coal tar.

But young Perkin did more than found an industry. His experiments, and the experiments of other men in those early days, showed the way to a new, creative chemistry.

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Dr. F. B. Day of Thorburn returned home the middle of October after spending a few weeks with his mother in Vancouver.

Miss Betty, the very charming daughter of Dr. J. A. and Mrs. McLellan of Sydney spent a very pleasant 10 days in October in Halifax, a guest of Mrs. S. L. Walker, Spring Garden Road. Miss Betty has two brothers, first and second year students in Medicine at Dalhousie.

Dr. F. G. Banting of Toronto was recently made a D. Sc. of the University of New York. He is Professor of Medical Research in Toronto University.

A grand-daughter of the late Dr. Stephan Dodge of Halifax, Miss S. Mayne Dodge, was married October 12th, 1931, to Wm. I. MacDonald, formerly of Sydney. They will reside in Liverpool.

Dr. Nat McDonald of Sydney Mines was recently elected President of the Cape Breton Associated Boards of Trade.

There are still some people who will not accept anything cheap. The Superintendent of the Sanitorium said to the parent of a patient, "I am going to give your daughter artificial pneumothorax." "Artificial be damned! I'm rich enough to pay for the real thing."

#### C. A. M. C. NOTES.

A recent issue of the *Royal Gazette* notes the appointment of Dr. F. R. Little, of Halifax, to the Nova Scotia Power Commission.

Dr. K. P. Hayes, of Sydney Mines, has gone to New York to spend several months in the pursuit of graduate studies.

Mr. A. Hanfield Whitman, of Halifax, has been appointed to the Board of Commissioners of the Victoria General Hospital, by the provincial government. Mr. Whitman succeeds the late Hon. George E. Faulkner on the Board.

Miss Gladys H. Suliss has been appointed superintendent of the Payzant Memorial Hospital, Windsor, in succession to Miss Margaret Martin, whose recent sudden death was referred to in a previous issue of the Journal.

Dr. George Kerr Thomson, Dean of the Faculty of Dentistry, Dalhousie University, was tendered a complimentary dinner by his Halifax colleagues on the sixth of October, to mark his return from the International Dental Congress at Paris. Dr. Thomson represented Dalhousie University, and was one of three representatives of the Dominion Government at the Congress.

The Halifax Branch of the Medical Society of Nova Scotia opened the session by a dinner meeting at the Nova Scotian hotel on the evening of October 14th. There was a large attendance of members, and the function proved to be particularly enjoyable. In his presidential address Dr. Frank Mack gave a most interesting review of the history of urology. The programme

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outlined for the winter is very attractive, and augurs well for an unusually successful session.

The annual meeting of the Cumberland Branch of the Medical Society of Nova Scotia was held at Amherst on the 27th of October, when Dr. F. L. Hill, Parrsboro, was elected president for the ensuing year while Dr. W. T. Purdy, of Amherst, was re-elected to the secretaryship. Dr. MacDermot, of Montreal, and Dr. W. Alan Curry, of Halifax, who comprise a lecture team sent out by the Canadian Medical Association, were present—the former speaking on Tuberculosis and Asthma, and the latter on Infections of the Hand. Drs. MacDermot and Curry included several other branch societies in their tour.

Dr. S. A. Morton, (Dalhousie, B. A., 1922; Med., 1926). has been appointed roentgenologist of the Columbia Hospital, Milwaukee, Wisconsin. Dr. Morton has been, for several years, on the staff of the Mayo Clinic, Rochester, Minnesota.

Major J. A. Linton, M.C., R.C.A.M.C. who has spent the past year in England taking a course, is being transferred to Camp Borden, Ont. as Medical Officer in charge of the Station. Major Linton had a brilliant record in the war, and has proved a most efficient officer in his Corps.

Capt. H. M. Cameron, R.C.A.M.C. has been transferred from Camp Borden to Toronto, Ont., as Medical Officer in charge of the Toronto Garrison. Capt. Cameron is well known in Halifax where he was stationed some years ago.



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**Bulletin Index—1931**  
**VOLUME X**

For convenience this index is made up under a few general heads, corresponding to the departments that the BULLETIN has gradually developed. Many things have been omitted and little publicity given to contributors, but the outstanding matters have been indexed.

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