

## Surgery on Scatarie

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DR. W. W. PATTON, Port Morien, C. B.

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ON the open sea five miles from the old town of Louisburg, bold and defiant to the storms of the wide Atlantic, lies the island of Scatarie. Nine miles long, one and a half miles wide, guarded by two lights, it shelters a population of thirty fishermen and their families. For many years this island has been the dread of Mariners from the toll it has taken in ships and human lives. To a history then nurtured by the fortunes of the sea there can now be added an incident which should win more than passing notice in the realm of Surgery.

Sam Ryan sat in his little shanty, alone, three quarters of a mile from his nearest neighbour, looking out on a wintry sea. The sun had just gone down, leaving a burnished hue in the western sky. His mind drifted back to by-gone days, to his life upon the sea, then to his home and fireside, and of a good wife that he had laid to rest a year previous in the little cemetery not far from the Eastern Light.

He had been a good sailor and followed the sea for many years. Whether it was the winter blasts of the North Atlantic, the electric storms of the tropics, or the monsoons of the East, he never feared and always made port in safety. But the storm he faced to-night was of a different kind. Would he again make port? Would he see the sun rise to-morrow morn?

In the early summer he had noticed that after launching his boat his "wind" was not so good as other years, he had also noticed in the evenings that his slippers were a little too small. At first this caused little concern, but as time went by and a definite swelling began to remain in his feet and legs throughout the day, he concluded he must be getting water-logged like an old ship. He would wait until the season's work was over then go on the slip for a "drying out."

As a navigator, Sam's calculations were always correct. With his compass, log, and sextant by day and the stars by night, he never made a mistake. Was he now able to navigate the sea of Life? We shall see.

In the late autumn we find him as described in his own words with the water "rising in the hole." He did not understand the "pump" so his only hope was to run her on the beach and bore the bottom.

Thus having settled the question and his line of action, he decided to act without further delay. The small blade of his pocket knife was scraped clean from a heavy ridge of dried tobacco; then making use first of an ordinary whetstone followed by an oilstone, a keen edge was soon secured. A point was then selected on the inner side of each leg three inches by the rule above the ankle joint. At the points so selected holes were made about the width and depth of an ordinary marble.

As he watched the water day by day flowing freely from these two holes, and yet the tide still rising, he was forced to believe that after all man must be different from a ship. Was he water-logged? yes! to the middle line and beyond! His lower limbs were like log trees and his "lad" as he called him no longer functioned, only with great difficulty.



And so this brings us to the time when we see him at sundown looking out on a stormy sea, wondering if he will again make port.

The night previous, the stream which had been a small one for several days dwindled down to a few drops. Distress, pain, anxiety and, at last, desperation followed in succession. He decided the pipe was blocked. He would "rim 'er out." The wire handle of the water bucket was straightened, smoothed and polished. Then with the same dexterity that he once witnessed when a French sailor was wielding a "boo-ee" he guided it through an edematous foreskin, found the pipe, followed as he would the tortuous channel of a river until he met an obstruction which he called a reef. After some clever manipulation, the obstruction was passed and no further difficulty encountered. The wire was withdrawn followed by a good stream and a large quantity of water, which gave indescribable relief. So Sam Ryan with a true sailor's delight felt that he had once more weathered the gale.

But as the hours had been slipping by and the day again was drawing to its close, he began to realize that the storm was not yet over. No water had been seen since the previous night, pain was coming again. He looked at the wire "boo-ee" then at the ugly edematous foreskin. Could he repeat the operation? He would try. He would "rim 'er out" again.

This time shifting sands had changed the mouth of the channel, the entrance to the pipe could not be found. It was the first time in his life that he wished to be a Jew. Never again would he cast any ridicule on the Ancient Rite of circumcision. He repeated his efforts a second time but again he failed.

After some moments of reflection a new light dawned in his fertile mind. His knife had a keen edge. Why not make a hole through the skin near the end of the pipe. This was done without further delay for Sam was a man of quick action. He then approximated the two openings with the blunt end of a darning needle and soon the wire "boo-ee" was passing along the tortuous channel not knowing that the treacherous reef was this time saying "This far shalt thou come but no further." Again and again did he try, but again and again did he end in failure. His finest steering instincts as a mariner of the Seven Seas with a courage that never paled in the gales of the North Atlantic, or the hurricanes of the tropics, were at last conquered. Giving up in despair he felt his last voyage was nearing its end.

How long he drifted, helpless, and alone, shipwrecked almost, on the storm-tossed sea of his earthly existence his log gives no record. But as the darkest night sometimes gives birth to the brightest morn so it was with this memorable voyage of our old friend and hero. His longing eyes searched the darkness with the hope that he might still see another Light, another beacon, that would direct him to safety. His anxious gaze was not in vain for once more did he see a gleam of hope.

If he was on the farther side of the reef might he not again find deep water? He had an idea. Would it work? Why not?

A wooden knitting-needle which his late wife had used for making shawls was on the shelf. With a piece of glass and sandpaper he soon had it nicely polished, the point dull but smooth. The blade of his pocket knife was given a few extra rubs on the oilstone. The wire "boo-ee" and the darning-needle completed the equipment.

Lying on his back before the open fire, he guided the wire through the two openings along the channel until it reached the obstructing point. The wire served a threefold purpose, first it located where the obstruction began,



secondly the line of direction of the pipe, and lastly its depth from the under surface. Having the wire thus in position he judged one inch posterior from its end and pressed down cautiously the knife blade enlarging the opening somewhat with the cutting edge. He then took the wooden knitting-needle, inserted it into this opening and passed it on easily for a considerable distance. When it was withdrawn the result in his own words was "she come like a brook."

A few days afterwards he was taken to the mainland by some fishermen, when I was called to see him, and where he told me the story which I have tried to relate. This finished, he uncovered the scene of his surgical exploits and a genital anatomy about the size of a large earthen teapot. With some difficulty he raised it all up to show me the hole underneath saying as he did so "isn't she a beauty." Sure enough there was a urethrotomy functioning perfectly and one that would do credit to St. Peter's Hospital.

I then told him of a beautiful flower that I had once seen growing wild on the shores of Lake Windermere, how the plant is now cultivated and that from its leaves is made a medicine which has proved of great value when the heart is beginning to fail. So with Digitalis and Epsom Salts—for a sailor would never be satisfied with any treatment without the use of Epsom Salts—and a course well charted he again set sail.

The magic wand never effected a more charming transformation. In four weeks the swelling was entirely gone, the wounds all healed, with no infection, and the water flowing freely from its natural channel.

I have not seen him since but am told by others, that he has his boat newly painted, the engine overhauled, and expects to be going back very soon to his old fishing grounds at Scatarie.

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#### LOAN AND RELIEF COMMITTEE.

"Doctors Dattlebaum, Ludlum and Masterson, appointed by the Society as a Committee on loan and relief, announce that applications will be received from any physician in distress, and that these applications should be made to Dr. Maurice J. Datglebaum, at his office, 25 Eastern Parkway."

This has no reference to the Cape Breton mining area, but to members of the Medical Society of the County of Kings, N. Y., Please note, "loan and relief" and "any physician in distress!"

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*The Nova Scotia Pharmaceutical Society* met recently in Halifax and the business transacted is thus reported in one of the City dailies:—

Reports of officers and branches of the Nova Scotia Pharmaceutical Society were made at the semi-annual meeting of the Society, yesterday afternoon. Announcement was made that the annual meeting would be held June 22, and the Canadian Pharmaceutical Society would meet in Toronto in August. A. W. Olive, Bridgetown, was chairman and Mayor A. A. Thompson was re-appointed chairman of the Board of Examiners.

The College of Pharmacy report on the graduates for the year included: Pharmacy Chemists—C. W. Bruce, Stellarton; C. E. Drover, St. John's, Nfld.; E. J. Dunsworth, Halifax; Hospital Chemists—Sister Marguerita, Antigonish; Miss Margaret Wood, Truro.



# Recurring Eclampsia

With report of two Cases.

M. G. TOMPKINS, M.D., F.A.C.S., Dominion, N. S.

IN reporting these two rather interesting cases of recurring Eclampsia, I considered that perhaps a short note on the pre-eclamptic signs and treatment as well as the treatment of eclampsia might be of some value. You will note that in these cases reported below that one was delivered by *accouchment force* which is now seldom or never done due to the high infant and maternal mortality rate. Caesarean Section has its place in the treatment of eclampsia but is also not practised to the same extent as formerly, except in elderly primiparae with hard rigid os, or uncontrollable convulsions.

The Pregnancy kidney occurs in about 5% of primiparae but not so common among multiparae. The condition usually shows itself about the seventh month of pregnancy in the following ways:

- (1) Small amount of albumen present in the urine.
- (2) Raised blood pressure usually 150 systolic—90 diastolic and even this blood pressure without albumen is always suggestive of pre-eclamptic toxæmia.
- (3) Headache, which is usually frontal.
- (4) Eye symptoms as specks before the eyes, flashes of light and dimness of vision, and then we get oedema showing itself first in the feet and ankles followed later by vomiting, pain in region of liver with jaundice, haematemesis, haematuria and casts. Epigastric pain before convulsions set in.

All the cases usually end in one of the following ways if left untreated.

- (1) Convulsions.
- (2) Intra-uterine death with rapid improvement followed sometime later perhaps in the course of several weeks with the expulsion of a macerated foetus.
- (3) We may have labour coming on.
- (4) We may have pulmonary oedema.

The treatment of eclampsia is the treatment of the pre-eclamptic symptoms. This is done by having the patient confined strictly to bed either in the home or in the hospital where she should have absolute rest and worry of all kinds removed. Kept on milk diet 800 cc. daily with little or no other fluids. It has been proven that fluids in large quantities only throw more work on the kidneys in the matter of excretion.

A salt free diet is perhaps the most important part of the treatment. It has been proven conclusively that salt has a very definite action in nephritis. It acts by accumulating in the form of chlorides in the tissues, these chlorides tend to bring about an osmosis and the fluids in the blood are withdrawn and



tend to accumulate in the tissues and hence we have an oedema produced. The next thing is free purgation Mag. Sulph. Oz. 1 given each morning to produce at least two watery evacuations daily. Heat in a general way, in that the patient should have a good warm room with warm coverings with heat over the kidneys, all draughts should be avoided.

In cases when the patient is not improving under such a line of treatment the milk may be replaced by water 800 cc. of the water (boiled) being given in 24 hours. This may be persisted in for 3 or 4 days. If after this time there is no sign of improvement or if the patient is persistently becoming worse as shown by the blood pressure mounting, especially if over 180, and I may say that the blood pressure reading from day to day is perhaps the best index to the patient's condition. With the high blood pressure we have persistent headache as well as eye symptoms; then the only thing left is to bring on labour. This is done in all cases with the exception of elderly primiparae where the labour is likely to be hard and tedious. In these cases the best thing to do is a Caesarean Section.

I might also add that a very important point in the treatment of all cases of nephritis of pregnancy is absolute rest away from noises as well as visits from all inquisitive friends.

As to the method of bringing on labour. The patient is prepared and shaved as for an ordinary vaginal operation. The vagina is swabbed out with  $\frac{1}{2}\%$  solution of mercurochrome and the cervix is exposed and swabbed out by means of a probe wrapped with cotton wool dipped in the mercurochrome solution.

In the ordinary multiparae the catheter can be passed directly into cervix without any difficulty, about three or four inches of catheter being inserted between membranes and uterus. In the case of a primiparae considerable difficulty may be encountered and as a rule the cervix has to be fixed with a pair of ring forceps placed on the posterior lip, then the catheter is passed through the cervical canal without any difficulty. The remainder of the catheter is allowed to come out through the vaginal canal and fixed to either thigh by means of adhesive plaster. In multiparae this along with castor oil, Oz. 1, followed in two hours by pituitary 1 cc. is sufficient to bring on labour in 6 to 8 hours. In primiparae labour is much more difficult to induce.

In one particular case the catheter was inserted into uterus without any great difficulty—this was followed by castor oil Oz. 1, followed every four hours by 10 grs. of quinine sulphate for three doses. With the last dose an enema was given and in two hours 1 cc. of pituitary, followed in four hours by a second dose of pituitary. Labour came on gradually following last dose of pituitary.

After labour is over the pre-eclamptic signs disappear and the kidneys return to normal. In these cases we have no guarantee that we may not have a recurrence of eclampsia in succeeding pregnancies which is shown in the two case reports.

On the other hand if the process has permanently injured the kidney the next pregnancy will be abnormal and again you will have nephritis of pregnancy which will terminate in one of the following ways:

Intra-uterine death. Miscarriage. Premature labour or uraemia. Convulsions are rare in this form.



Three types of convulsions.

- (a) Anti-partum.
- (b) Intra-partum.
- (c) Post-partum.

Treatment about the same in all 3 types of convulsions. The treatment that I have followed is about as follows:—

On admission to hospital a catheter specimen of urine is obtained, the blood pressure taken, pulse and temperature taken, a vaginal examination made to determine presentation and condition of os.

Give  $\frac{1}{2}$  gr. morphine hypo at once, grs.  $\frac{1}{4}$  to  $\frac{1}{8}$  given every two hours to control convulsions or until respirations are down to 10 to 12. Stomach washed out with soda bicarb. solution then pour down two ozs. mag. sulph. with 2 m. croton oil and every hour give mag. sulph., oz. one, until bowels move, then wash out bowel with soda bicarb. solution until fluid returns perfectly clear. If anuria is present and especially if blood pressure is over 200, draw off 300 cc. of blood and replace by 100 cc. of a 20% glucose solution. The glucose acts as a very powerful diuretic, after convulsions are controlled labour is induced as I have described. While the convulsions are on patient is best restrained by being wrapped around with sheet. The room kept absolutely quiet, dark and free from any noise and everything that may tend to bring on another convulsion. Hot packs are of little value and in fact are dangerous if the patient is of the asthenic type.

*Case No. 1.* Mrs. K. aged 25, primiparae, admitted to hospital August 17th, '23. Complains of great swelling of feet and ankles and puffiness of eyes in morning. Menstrual history shows a pregnancy of  $7\frac{1}{2}$  months duration. Physical examination confirms pregnancy to correspond to menstrual history. Urine shows albumen four plus with a great number of pus cells, casts, etc. Blood pressure 160-90. Put on treatment as described above but did not improve; was carried along until September 10th when condition appeared worse, restless, headache and considerable swelling. Blood pressure 190-100. Husband and parents would not allow the induction of labour. September 11th some pains in back and abdomen, os partly dilated. At 7 p. m. patient took two severe convulsions, and would say that this was where I blundered instead of treating convulsions and allowing labour to proceed, I did accouchement force with the result that I delivered her of a dead baby, besides a badly torn perineum which did not heal readily. Her convalescence was rather slow, albumen did not clear up very rapidly, she left the hospital five weeks later in fair condition, no albumen present.

This woman continued to enjoy good health from that time on. I delivered her of three healthy children and at no time did she show any evidence of kidney involvement.

Called to see patient Jan. 24th, 1932, gives history of a seven and half month pregnancy, feet and ankles as well as hands swollen, puffiness of eyelids. Urine shows albumen three plus. Blood pressure 160-95. Put to bed and treated for kidney condition did not show any improvement. Admitted to hospital on Jan. 27th, very much swollen, albumen four plus. Blood Pressure 162-104—On January 29th, B. P. 175-110. Complaining of very severe headache did not sleep any during the previous night, very restless, decided to bring on labour. Taken to O. R. Large catheter inserted into cervix. Patient very restless and irritable, returned to room and shortly



afterwards took a severe convulsion. Patient given morph. gr.  $\frac{1}{2}$ , room darkened, bowels had been quite active, stomach washed out, catheter came away, no signs of any labour pains. In one hour  $\frac{1}{4}$  morph. and in  $\frac{1}{2}$  hour morph. gr.  $\frac{1}{4}$  400 cc. of blood withdrawn replaced by 200 cc. of 25% glucose solution. She took four severe convulsions and then improved. The following day B. P. 160-90 and mind clear still some headache present. On February 4th catheter inserted into cervix 1 cc. of pituitary given and labour pains started in about four hours. She was delivered of a healthy premature baby. Discharged on Feb. 26th. Kidney condition cleared up completely and baby rapidly gaining weight.

*Case No. 2.* Mrs. McK. Primiparae aged 22.

Called to see patient at her home at 6 p. m. Aug. 20th, 1924. Husband gave history that patient was nine months pregnant, and that her feet and ankles had been very much swollen for the past month. Half hour before my arrival she had taken two convulsions and while examining her she was seized with another violent convulsion. Removed her to hospital and on vaginal examination uterus found enlarged to correspond to a nine month pregnancy, os quite hard barely admitting index finger. Catheter passed and about three ounces of dark colored urine procured loaded with albumen and casts. B. P. 170-100, stomach washed out as well as rectum, morph. gr.  $\frac{1}{4}$  administered hourly for 4 doses, 350 cc. blood withdrawn replaced by 200 cc. of saline and soda bicarb solution (which by the way is now considered very bad treatment) convulsions persisted and becoming much more severe. At 12 p. m. performed Caesarean Section. Patient had no more convulsions and left hospital on fourteenth day fully recovered. This woman had four more children and never showed any trace of albumen.

Patient re-admitted to hospital on January 23rd, 1932 at 6.30 p. m. Full term pregnancy, head presenting in L. O. A. position, pains strong and regular, delivered of a healthy child at 1.30 in the morning, urine examination showed no albumen on admission. Jan. 24th, appeared dull and complained of severe headache urine examination showed albumen one plus, January 25th still complaining of headache and rather irritable finally at 7.30 p. m. patient took a severe convulsion and had in all eight convulsions over a period of three hours. Catheter specimen showed albumen four plus, blood cells, hyaline and granular casts. Morph. gr.  $\frac{1}{2}$  hypo at once,  $\frac{1}{4}$  grs. in one half hour and gr.  $\frac{1}{4}$  every hour following for two doses.

She vomited a great deal and finally vomitus became blood stained, stomach washed out with large quantities of soda bicarb. solution, Mag. sulph. Oz. 111 passed into stomach. Attempt made to wash bowel out not satisfactory. Patient took no more convulsions. Jan. 25th condition very much better, albumen two plus. Bowels thoroughly washed out large amount of fecal matter came away. I would say that the impacted colon was the probable cause of the convulsions. B. P. at the time of the convulsions was 148-120. The high diastolic blood pressure is worth noting as compared to the systolic. I consider that frequently not enough attention is paid to the diastolic reading and too much attention paid to systolic reading. Patient left hospital on tenth day fully recovered.



# Canadian Medical Association

## Abstract of Reports Presented to the Council.

WHILE the next issue of the BULLETIN will probably contain some full report of the proceedings of the sixty-third annual meeting of the C. M. A., we will only present, herewith, an abstract of some of the reports presented to the Council, to which the President appointed three alternate delegates in the persons of Doctors Johnston (S. R.), McKenzie (K. A.), and MacLellan (E. K.) The first report was presented by Dr. C. F. Wylde, formerly of Halifax, from the Committee on Archives. Reference is made to the passing of 61 members of the Association by death during the past year. The following mentioned are well-known to many of our readers.

Bentley, John S., Saint John, N. B.  
Blackader, A. D., Montreal, (Life Member).  
Bryce, P. H., Ottawa.  
Burgess, H. W., Toronto.  
Hattie, W. H., Halifax, N. S.  
Morrison, D. A., Louisburg, N. S.  
Prowse, S. W., Winnipeg, Man.  
Walsh, James, Mount Stewart, P. E. I.

The Chairman then concludes his report as follows:—

"Your Committee, as instructed on the occasion of the Annual Meeting in Charlottetown in 1928, has now accumulated a large volume of data dealing with the origin, history and activities of the Association from 1843, when its formation was first mooted, to 1882. Since the latter date, the records of the Association are easy of access and the material is more of contemporary importance than of historical interest.

Your Committee feel that they have fulfilled the instructions given to them at the above mentioned meeting and would now recommend—

1. That Council appoint a member of the Association to write the history of the Association from the material which has been collected;

2. That he be given an honorarium commensurate with the importance and extent of his labour;

3. Your Committee would humbly suggest that this duty be placed in the hands of Dr. H. E. MacDermot, Associate Editor of the *Canadian Medical Association Journal*, as an additional undertaking to his present duties;

4. That whoever may be engaged to undertake this labour should be made a member of the Archives Committee which will have supervision of the character and scope of the history, and will act, in an advisory capacity to the writer.

Your Committee is continuing to be active in obtaining material of interest for the archives, which is being filed in the McGill Medical Library.

Your Committee would be glad to receive material of historical interest connected in any way with the activities of the Association, such as letters, documents, newspaper clippings, photographs, manuscripts, etc., pertinent to the history of the Association.

All of which is respectfully submitted.

C. F. WYLDE,  
Chairman."

### Report of Executive Committee.

"Your Executive Committee met four times during the year, while the sub-executive met twice" . . . Under the direction of Dr. and Mrs. A. S. Monro, the doctors and their wives in the City of Vancouver displayed outstanding



ability in the arrangements which they carried through for our sixty-second annual meeting which took place in Vancouver during the week of June 22nd, 1931. At our last meeting it was agreed that we should convene in 1932 in the city of Toronto, conjointly with the Ontario Medical Association, of which latter body Dr. L. J. Austin of Kingston is President. We have on file the following invitations for future annual meetings of the Association:—

1933. The New Brunswick Medical Society for the meeting to be held at Saint John.

1934.—The Alberta Medical Association for the meeting to be held in Calgary.

The Western Ontario Academy of Medicine, London, for the meeting to be held in London at some convenient date in the near future.

It is expected that something over one hundred doctors and their wives will attend the Centenary Meeting of the B. M. A. in London July 22nd. Council is familiar with the fact that, beginning with the New Year in 1930, we organized a periodic health examination health department to co-operate with a number of Insurance Companies of Canada. During the year, the privilege was extended to several thousand policyholders to have physical examinations by doctors of their choice. The examining doctor was paid four dollars for each examination. It was agreed that the work of the year was to be considered as an experiment. The Insurance Companies were sufficiently pleased to carry on in 1931, with a modified scheme which paid the examining doctor \$5.00, the actual details of the plan being conducted by the Insurance Companies themselves, under an organization known as the Canadian Medical Institute. Since our last annual meeting, the Canadian Medical Institute has taken out Letters Patent, making it an incorporated body; and, according to reports coming to us, the participating companies are highly pleased with the results so far obtained.

**The Cancer Problem.** Herewith appended is the special report of special committee appointed by the Council to consider this matter:—

“At the Executive meeting of the Canadian Medical Association held in Ottawa, November, 1931, a resolution was passed which was in effect a request to the Council of the Canadian Medical Association that it establish a Department of Clinical Research. It was further requested that the first activity of this Department of Clinical Research be the establishment of a sub-department to study the cancer problem throughout Canada.

The Chairman of Council named a committee with instructions to prepare a workable plan under which such a sub-department could be operated. The committee consisted of:—

Dr. J. S. McEachern (Chairman), Calgary.

Dr. L. J. Rhea, Montreal.

Dr. L. J. Austin, Kingston.

Dr. J. G. FitzGerald, Toronto.

Dr. M. A. MacCharles, Winnipeg.

Dr. A. S. Monro, Vancouver.

### Recommendations.

Your Committee recommends to Council that the Canadian Medical Association establish a Department of Clinical Research with a full time medical man in charge, who shall be responsible for the direction of the de-



partment and of the various sub-departments, which shall from time to time be appointed.

The Sub-Department of Cancer Research of the Canadian Medical Association shall be organized with a Central Committee having under its jurisdiction Provincial Committees, which in turn shall be responsible for local Hospital Cancer Committees.

**The Central Committee** of the Sub-Department of Cancer Research of the Canadian Medical Association shall consist of a nucleus in one of the larger centres with representatives in each province selected from the personnel of the Cancer Study Committee of each provincial association, with power to add in its discretion laboratory workers in medical and allied fields. It shall consist of one or more representatives of each special branch of medical activity, such as internal medicine, surgery, gynaecology, urology, radiology, ophthalmology, otolaryngology.

It shall be the duty of the Central Committee to direct the study of cancer cases throughout Canada, utilising for this purpose the Provincial Cancer Study Committees and through them the various Local Hospital Cancer Study Committees, which are now established or shall be established.

It shall require of each Provincial Study Committee that it provide the Central Committee with the case records of the cancer cases occurring in the area under its jurisdiction with tabulated analysis. It shall require of the Provincial Cancer Committee that it select from the cases studied by it those histories which, in its opinion, are worthy of further study by the Central Committee.

It shall keep on file all histories submitted so that they shall be available for study when required.

It shall specially study those cases, which have been segregated by the Provincial Committees which, in their opinion, contain notes which may throw light upon earlier manifestations of cancer in various sites or which contain any information of an unusual character regarding symptoms, duration, or treatment. In this study the Central Committee shall note any unusual premonitory symptoms, which occur sufficiently often in the case reviewed to suggest that they have a bearing on the symptomatology of cancer in the site under consideration.

It shall require the Provincial Committee to forward "follow up" notes on each case from time to time.

It shall keep in touch with cancer activities in other countries, making special note of features which might be applicable to the work in Canada.

It shall prepare abstracts of reports of scientific investigation in the field of cancer, which in its opinion are of practical value.

From time to time it shall pass along to the provincial organizations through the medium of the *Journal* or by special communications the result of its observations, together with any recommendations or suggestions, which in its opinion may be of value.

It shall after consultation with existing Provincial Cancer Committees prepare a form on which all cancer histories shall be reported, also a form on which local committees and provincial committees shall tabulate the analysis of cases.

It shall prepare such statistical information from time to time as it may consider to be of value.



All formal communications from the Central Committee to the Provincial Committees shall be in both French and English.

**The Provincial Cancer Committees** shall be appointed by the various Provincial Medical Associations after consultation with the Central committee. The personnel of these has already been provided for in at least five of the provinces.

In any province where a large proportion of the practising physicians speak the French language, there shall be two provincial committees—one in charge of the hospitals staffed by French speaking and the other in charge of the hospitals staffed by English speaking physicians.

The final report of the French Language Provincial Committee and any case reports specially selected for review by the Central Committee shall be translated into the English language before being forwarded to the Central Committee.

It shall cause to be appointed in the area under its jurisdiction in each hospital of 100 beds and upwards a Local Cancer Committee selected from the staff of the hospital.

It shall require of each Local Committee that it provide it with full case notes on each case of cancer admitted to that hospital, together with a tabulated analysis of the cases of cancer in various sites and that those case reports which in the opinion of the Local Committee contain information of potential value in elucidating new knowledge of symptomatology, be specially segregated for the consideration of the Provincial Committee.

It shall study the cases specially segregated by the Local Committee and select from these the cases, which it will request the Central Committee to study. When this has been completed it shall forward all the material together with its notes to the Central Committee.

It shall keep a register in which a record of the identity of all living cases is available and shall require from the Local Committee follow up notes from time to time, which it shall forward to the Central Committee.

It shall criticize the records of each Local Committee pointing out when they are incomplete and suggesting wherein improvement may be obtained.

It shall keep its Local Committee informed with regard to any special type of enquiry, which the Central Committee may desire to be made into the history of cancer cases coming into their observation.

Each organized hospital of 100 beds and upwards shall appoint from its staff a Local Cancer Committee. Insofar as it is possible this Committee shall consist of representatives of the various specialties.

The Local Committee shall secure from the hospital a copy of the notes on each cancer case treated in the hospital.

It shall immediately review each history and where it is deficient in information shall point out to the physician in attendance where it is incomplete and endeavour to have him secure further information in order to complete the history.

Once a month it shall review the completed notes on cancer cases for the month and tabulate the information contained in each on the form to be supplied

If any history contains information, which in the opinion of the committee might be indicative of a premonitory symptom of cancer, which is not at present admitted as having significance, they shall specially mark that history for further review by the Provincial Cancer Committee.



At each monthly staff meeting one member of the committee shall in a brief address review the symptomatology of cancer in one or more sites. He shall particularly refer to the histories, which have come under review and refer to the failures to pay attention to suggestive signs or commend the prompt recognition of signs, which have resulted in early diagnosis. In this way the staff will be frequently reminded of the potential significance of manifestations which may mean cancer.

It shall at intervals of not more than six months secure a follow up note on each case during the duration of life and forward the report of the Provincial Cancer Committee to be transmitted to the Central Committee.

### Membership by Provinces.

The Membership by Provinces for 1930 and 1931 is as follows:—

Province	1930	1931
British Columbia.....	355	445
Alberta.....	336	279
Saskatchewan.....	363	294
Manitoba.....	495	325
Ontario.....	1516	1349
Quebec.....	450	459
New Brunswick.....	125	116
Nova Scotia.....	158	151
Prince Edward Island.....	39	35
	3837	3444

It will be observed that we sustained a loss of 393 members during the past year; but, considering the financial depression through which the entire country has been passing, this decline is not considered unduly large. Your Executive Committee views very sympathetically those cases where members have found it practically impossible to meet their obligations to the Association. In these instances membership is being carried for the calendar year."

(The Report of the Executive then mentions that Anti-vaccinationists and Anti-vivisectionists have failed to secure broad-casting rights in British Columbia, (There is no mention made of the Chiropractor having full rights to practice in Chester, N. S.); that there is a decrease in Drug Addiction in Canada; the appointment by a municipality in Manitoba of a municipal physician and new legislation with reference to his appointment; the prospect of Venereal Disease grants being dropped; all agencies using the C. M. A. endorsement should be thoroughly investigated before doing business,—in the matter of collecting agencies those endorsed by our official journals should receive the preference).

"It is pleasing to report that the most hearty co-operation exists between the provincial associations and the parent association. *Conclusion.* In addition to the foregoing items, many other matters of perhaps lesser importance engaged the attention of your Executive Committee during the past year.

Canada, like the rest of the world, is going through an uneasy and trying period. The economic situation has presented a serious problem for many of our members. Particularly is this true of the Prairie Provinces. During the past year it was the privilege of the General Secretary to cross Canada twice and parts of it four times. From coast to coast, one fact stood out, namely,



the dauntless courage and deep rooted optimism being manifested by the medical profession. The Canadian Medical Association has every right to be proud of its organization, and particularly do we at this time desire to pay tribute to those members everywhere, who are carrying on without a murmur of complaint, and yet, in many instances, against great odds. No one doubts that Canada will weather this storm and emerge into the days that follow triumphantly successful. The medical profession will go forward with the country; but, meanwhile, we must gird our loins and stand fast looking to better days. Your Association is endeavoring to give expression in a national way, to those ideals which really represent the profession of medicine. We entertain no doubts regarding our ability to carry on."

From the Report of the Department of Hospital Service we quote:—  
"Approval of Hospitals for Internship." Another objective of this service which has been effected and which has required considerable preliminary study and care, has been the preparation of a list of hospitals which are approved or recommended for internship. The Basis of Approval was adopted only after repeated study by the Hospital Committee, the various medical schools and our Executive Committee. This Basis of Approval and the list of approved hospitals has been reciprocally recognized by the Council on Medical Education and Hospitals of the American Medical Association; also the National Council of Medical Examiners has agreed to give credit for internship to Canadian or American graduates who will have interned in these approved hospitals. In our first list twenty-six hospitals were "approved", and twelve "recommended", and, it is anticipated that this list will be augmented considerably in the next annual revision....

**Placement Service.** As the service becomes better known we are having an increasing opportunity of locating interns, radiologists, supervisors, technicians and other personnel in suitable positions.

The Secretary of this Department wishes to express his appreciation of the generous assistance which has been received from the Hospital Committee from the lay and other members of the Advisory Committee, and from the Committee on Approval for Internship. Our office staff which can very seldom "catch up" with the tasks in hand have been most loyal in their devotion to the work.

To the Sun Life Assurance Company of Canada, without whose support this most valuable assistance to our hospitals could not be carried on, was are indeed most grateful. Moreover, it has been affirmed so frequently by hospitals and by hospital associations that we feel warranted in stating that this gratitude is shared by the hundreds of hospitals which have utilized this Service or profited by its intercessions.

**Report of Committee on Publicity and Health Education.** The Health Service Department has continued the excellent work for which it has been responsible for several years past. The major activity is to supply two series of weekly articles, one to the daily newspapers for release on Saturday, the other to the weekly newspapers for release on Wednesday. These Health Service Articles are now published in 333 newspapers, of which number twenty-three are printed in the French language. The Health Service furnishes the



articles in both French and English. MacLeans Magazine has also published several articles especially prepared for insertion therein.

During the year, we have received requests from the editors of a number of newspapers to supply special articles. Some of these editors are also referring their "health", correspondence to the Health Service for attention, instead of dealing with it themselves.

The volume of correspondence growing out of the Health Service Articles continues to increase. Last year 1,892 letters were received and answered. Each letter is dealt with individually and not by employing a form letter. Correspondence is carried on in both languages. It is to be noted that some persons have found the advice received to be of real value and have written later for further health counsel.

The continuation of the Health Service this year has been made possible by the further generous support of the work by the Health Committee of the Canadian Life Insurance Officers' Association. The Council of the Canadian Medical Association will doubtless wish to express, in the form of a suitable resolution its appreciation of this support.

It was found impossible to continue radio broadcasts this year, owing to a change in the arrangements of the Radio Department of the Canadian National Railways. It is hoped that it will be possible to resume this service next year.

Your Committee desires again to direct attention to the splendid service rendered during the year by the Associate Secretary in charge of the Health Service, Dr. Grant Fleming, and his assistant, Miss M. McCrory...

**Report of the Honorary-Treasurer.** I have the honour to present the Treasurer's report for the year 1931, to which is appended the statement of the Association's auditors, Messrs. Clarkson, McDonald, Currie & Co.

For the first time since, 1921, the Treasurer has to report to Council a deficit amounting to \$850.88. This would have been larger, however, if various economies had not been effected, mainly in the cost of the *Journal*, which have kept the deficit down to this small figure. This has been done without any appreciable impairment with the usefulness of the *Journal*.

The main reasons for the deficit are as follows: Firstly, a falling off in receipts from membership fees in the Association. This is more apparent than real, however, for the Winnipeg meeting resulted in a large number of temporary accessions of membership. Secondly, a decrease in the *Journal's* advertising receipts; and, thirdly, the small profit from the Vancouver meeting.

As will be seen from Statement No. 2 of the audited financial statements, the advertising revenue totalled \$27,154.26, a decrease of \$5,263.45. Membership fees and subscriptions were \$30,215.40 being a reduction of \$2,411.40. Excess revenue from the annual meeting was \$111.48, as compared with \$17,378.91 in 1930.

Investments. From the current account, the sum of \$6,897.10 was invested in September, 1931, in Canadian National Railway Bonds, 1951,  $4\frac{1}{2}\%$  at a cost of \$98.50. This was approximately the cash balance brought forward on January 1st. Our surplus account, represented mainly by investments showed on January 1st, 1932, the creditable total of \$62,524.71.

You will notice that the investments of the Association show a considerable decrease in market value of their book value. This depreciation is common to all investments, even those as high class as the Association's investments have to be.



For the purpose of clarity, the Auditor has made a rearrangement of the statement showing the General Fund, Trust Funds, and the Special Grants, of the Association separately. The position of the Association in these respects is shown in this statement and no further reference is required to them except in the following particular.

The expenses of the inaugural Blackader Lecture in Vancouver were \$320.00. There was an accrued income of only \$105.00 in the Fund. The difference was made up by an anonymous donation of \$250.00, the balance not required being credited to the capital of the Fund. Subscriptions added during the year amounted to \$176.99, which made the total capital of the Fund on December 31st, 1931, \$4,454.14. The sum of \$200.00 was invested in Dominion of Canada Bonds, 1957, 4% at a cost of \$102.00.

**Report of the Editor of Medical Association Journal.** (This report has been prepared by Dr. A. G. Nicholls, the present Editor, formerly of the University of Dalhousie and the Medical Society of Nova Scotia. It indicates very fully the broad scope of subjects considered by the *Journal* and the developments that have materialized during the past years regarding the advertisements that appear in the *Journal* as follows:—

“The advertisements appearing in the *Journal* have been under consideration by a sub-committee of the Editorial Board. It was found to be an impossible task to formulate rules for their acceptance that would be of universal application; in effect, each case has to be decided on its merits or demerits. Some few principles are, however, obvious. We should refuse advertisements that contain untrue, exaggerated, or unwarranted statements, or that are couched in unethical terms. Secret remedies should also be debarred. Subject to the above-mentioned limitations, the Editorial Board does not think that it or the Association as a whole should be held as guaranteeing the claims of manufacturers in the absence of proper means for checking them. At the same time we acknowledge a certain responsibility to our readers to protect them as far as we can from fraud. As a matter of fact, medical men, with their scientific training, ought to be able to form correct judgments..

Reference should be made to the death of one of our most esteemed and efficient corresponding editors, Dr. W. H. Hattie, which occurred on December 4th, last. Dr. Hattie had a wide range of information and wrote well. His interest in the *Journal* was keen and he was always dependable. He is greatly missed by our Board.

While not properly a matter belonging to the year under review it will not be unfitting to refer also to the loss of our Editor-emeritus, Dr. Blackader, whose death occurred on March 14th, 1932. This event has been appropriately dealt with in the May issue of the *Journal*, and we need not do more here than record our sense of the great loss which the *Journal* and the Association has suffered. Suitable resolutions of condolence were adopted by the Editorial Board which have been sent to Mrs. Blackader and Mrs Fattie..

**Report of the Committee on Medical Education.** The Committee considered the “Method Proposed for Conducting one Conjoint Examination for University Degree and Licentiate of the Medical Council of Canada,” a copy of which was sent by Dr. A. Primrose, at that time Dean of the Faculty of Medicine, University of Toronto, to the Dean of the other Medical Colleges in Canada.



The outline of the scheme reads as follows:—

Method Proposed for Conducting One Conjoint examination for University Degree and Licentiate of the Medical Council of Canada.

1. The Methods of the Appointment of Examiners for the Conjoint Examination between the Medical Council of Canada and the Universities in Canada would be as follows:—

**A. Medical Council of Canada.**

1. The Medical Council of Canada would appoint the Main Board of Examiners as at present. The examiners appointed should hold academic teaching appointments in the subject in which they examine. This Board would set the written examination papers for all the centres in Canada as at present.

2. Local Boards of Examiners for the Oral and Clinical Examinations in the various centres where the examinations are held should consist of:

(a) One examiner in each subject who is not a member of the teaching staff of the University in the centre where the local examination is held.

(b) One examiner in each subject who is a member of the teaching staff of the University in the centre where the local examination is held. This appointment should be made on the nomination of the Faculty of Medicine of the University concerned.

**B. The University Concerned.**

The University in the centre where the Examination is held would appoint:

1. One or more examiners in each subject who could read and mark the answers to the written papers (set by the Main Board) of the candidates from their University. The marks given by these examiners would be used by the University concerned, along with the Oral and Clinical marks, in deciding if the candidate should receive his degree.

2. Examiners for the Local Boards for the Oral and Clinical Examinations.

(a). One examining in each subject who is not a member of the teaching staff of the University in the centre where the Local Examination is held, would be appointed as an Extra-mural Examiner.

(b): One examiner in each subject who is a member of the teaching staff of the University on the centre where the Local Examination is held..

**II. Procedure.**

1. The candidates in each centre would write the examination paper and attend the oral and clinical examinations in each of the centres in the same manner as at present.

2. The written papers of the candidates from the University to which they have taken their medical course are to be read and marked by the examiners in each subject appointed by the University (B 1).

3. These marks on the written papers and the marks given at the clinical and oral examinations will be considered and dealt with as is done at present in the University concerned.

4. The candidates who have been passed by the University will have the degree conferred upon them.



5. The written papers of the candidates who have received their degree from the University will be read and marked by the Main Board of Examiners of the Medical Council of Canada, as at present.

6. The marks given to the candidates by the Main Board of Examiners and by the Local Boards, will be considered and dealt with by the Medical Council of Canada as at present and the successful candidates will be given the Licentiate of the Medical Council of Canada.

7. Candidates in the Local Centres who are trying the Medical Council of Canada Examinations will be dealt with as at present.

The adoption of this method of holding Conjoint Examinations prevents any candidate from having his Examination papers examined by the Main Board of Examiners of the Medical Council of Canada until he has been passed upon and received his degree from his University.

It overcomes the present necessity of candidates being subjected to two examinations within two or three weeks of one another and very often by the same examiners.

The use of Extra-mural Examiners by Universities is copied from the method adopted at Universities in Great Britain. It has the advantage of broadening the field of the subjects, which has to be covered by the student in their preparation, as they are not familiar with the particular eccentricities of these outside Examiners.

A similar scheme is in actual operation between the National Board of Examiners of the United States and the University of Minnesota as described by the following extract of a letter of February 13th, 1932, from Dr. E. S. Elwood, the Executive Secretary of this Board:—

“At Minnesota, the students are given the choice of taking their National Board’s Examination in Part I, at the end of their second year instead of the school’s comprehensive examination, and Part II, at the end of the fourth year in place of the school’s finals. The papers written by the candidate selecting to take the National Board’s examinations are turned over to the faculty, who grade them for their own purposes. They are then forwarded in a few days to the National Board’s Office and are graded by the National Board’s examiners for the records and purposes of the National Board.”

As the arrangements between the National Board and the Universities in the United States have been worked out between each University and the Board, it is suggested that a similar plan might be undertaken in Canada, any University which desires to adopt the scheme of a Conjoint Examination entering into negotiations with the Medical Council of Canada as well as its Provincial Licensing Body for the purpose of bringing it into effect.

Your Committee considers:—

1. That the high standards of the Medical Council of Canada would be maintained under the Proposed Scheme of Conjoint Examinations between the Medical Council of Canada and any of the Canadian Universities granting degrees in Medicine.

2. That the adoption of such a scheme would result in an increased number of the graduates in Medicine in Canadian Universities becoming Licentiates of the Medical Council of Canada.

The Committee further recommend that more students graduating in Medicine should be encouraged to take positions as assistants to medical



practitioners instead of or as well as acting as interns, in order that they may obtain practical experience in the art and practice of medicine before they begin independent practice themselves.

**Report of the Post Graduate Committee.** The last year has been one of exceptional difficulty in the practice of Medicine. Medical service has been rendered as usual, but cash receipts have dwindled, in some cases almost to the vanishing point. In the face of the financial depression few doctors in Canada have been able to take further courses in the teaching centres, either in Canada or abroad. How far this need has been met by the post graduate program of the Canadian Medical Association, it would be difficult to estimate, but it will be agreed that there has never been a time since its inauguration when such a program was more valuable to the medical profession generally.

The Association has been exceedingly fortunate in being able to carry on the post graduate work, in these times of salary cuts and drastic economy, without the slightest impairment of efficiency. For this we are indebted as in past years to the Sun Life Assurance Company of Canada and we again express our gratitude for their great generosity. Their grant of \$30,000 for the year beginning September, 1931, is a fine appreciation of the value of good medical service to the people of this country.

Your Committee would take this opportunity of expressing its thanks for the cordial support, and particularly the co-operation of Affiliated Associations and Societies throughout the Dominion. It has been the aim to meet so far as possible the wishes of the locality as regards speakers, subjects and dates of meeting. But there are often great difficulties in following this policy. Speakers are not always available at the particular time they are desired. The fund at our disposal must be conserved by the careful routing of speakers, having regard to place and time. Money can be saved by planning such itineraries for teams of speakers as will include more than one province. In this case the speakers must be acceptable to at least two provinces. These are only some of the problems which confront your Committee but they illustrate the complexity of the work.

While every effort is made to cover the whole field of Medicine in the activities of the Post Graduate scheme, the selection of the subject is, or should be, the responsibility of the societies. Some features deserve special emphasis. For example, speakers on Periodic Health Examination are always available. The important subject of Maternal Welfare in all its aspects should find a place on local programs at least once a year. Your Committee will undertake to arrange for demonstrations of field work by the Victorian Order of Nurses. This organization has a valuable contribution to make in this respect, as those, who have seen and heard, will testify. During the last year or two there have been important developments in the treatment of accidents from electricity. In Ontario the Hydro-Electric Commission is prepared to give demonstrations of Resuscitation in Electric Shock to medical societies throughout the province.

From the outset the Post Graduate scheme has had definite ideals which we believe have been realized to a large extent, but there is still much to be desired. And this lies not so much with the Post Graduate Committee as with the provincial and local organizations. Specialists can bring to various parts of Canada all that is new in Medicine. But the primary object is not to inform but to stimulate. Hence discussion of presentations should be en-



couraged locally in every possible way. At least part of every program should be supplied by local members. Clinics are invaluable but they should be carefully planned in advance of the meeting. The clinician should know beforehand the cases he is to discuss. Histories and laboratory findings should be complete and available in such a form that they may be reviewed easily. If possible a local doctor should personally present the history.

**Report of the Nursing Survey Committee.** (A summary of the report submitted by Prof. Weir has already been published in the BULLETIN of the Medical Society of Nova Scotia.)

**Report of Maternal Welfare Committee.** I beg to submit the following report of the Maternal Welfare Committee for the past year.

The publicity and educational campaign which your Committee has been carrying on for the past four years through the Provincial Medical Societies and Associated Social Agencies is beginning to have some effect, chiefly in arousing public interest and creating a community consciousness of the necessity for adequate maternal care. It may also be responsible for the lowering of the mortality rate in Canada for 1931. While statistics are available only for the first nine months of that year, they show for that period a maternal death rate of less than five per thousand live births.

Provincial Societies are taking a keener interest in maternal welfare than ever before.

Manitoba reports as follows:— "The Maternal mortality rate in Manitoba for 1931 as 4.25 per thousand live births, one of the lowest on record. The Province of Manitoba maintains a system of public health nurses who go into the outlying districts, and the advice and attendance given by these nurses has been of inestimable value. The Provincial Government also pays for medical care rendered to citizens of the Province lying in unorganized areas who otherwise would be unable to procure medical assistance."

From Nova Scotia comes the suggestion that "All expected cases of labour should be reported in time for suitable nurses to make prenatal visits. Possibly it may not be possible to make this compulsory, but a great deal may be accomplished by effort. Physicians can aid in this by having the public advised that they will only attend such cases as are so reported and receive such prenatal care."

Nova Scotia is also opposed to midwives, and definitely states that "without question we should not adopt the midwife system. We should have a sufficiently large number of nurses fully trained to give prenatal, natal and postnatal instruction and care. These should be public health nurses, bonused by the Provincial and Municipal authorities. The time has come when no province can afford to be without these full time health nurses, particularly in rural districts. Indeed, we are of the opinion that even this particular campaign should be directed to rural rather than to urban sections."

Nova Scotia further states that we should fully develop the idea of having this subject (of maternal welfare) brought at least once a year before every medical society.

Ontario has been particularly active in its publicity campaign, and in Toronto an advisory committee to the Board of Health, has been officially recognized and is making an intensive study of maternal care, with the object of ensuring increased efficiency of service to the expectant mother and some compensation for the attendant doctor.



No reports have been received from the provinces.

Your Committee is of the opinion that everything possible should be done to prevent the curtailment of health services under present economic conditions, particularly of services which have to do with the preservation of maternal and child life.

Your Committee would again draw attention to the necessity for improvement in obstetrical technique. This should be in no way inferior to surgical technique, and the use of proper mask and other precautions would undoubtedly prevent many cases of puerpal infection.

Your Committee would also draw attention to the necessity for proper organization for maternal care and welfare in our cities, towns and districts. Pre and post natal clinics should be organized in all hospitals receiving public grants, as well as in all districts of cities or towns which are not adequately served by hospital clinics.

Your Committee would further recommend as follows:—

1. That every means should be taken to impress on the profession the necessity for a war against infection in obstetrical cases.
2. That inasmuch as important advances have been made of recent years in obstetrical practice and technique, means should be taken to improve post graduate, undergraduate and nursing education in obstetrics without further delay.
3. That a campaign of public education on maternal welfare, including pre, intra and post natal care, and correlating the medical and nursing services with those of the different social agencies, should be carried out in each province.
4. That the Department of Health in each province should establish a medical service in unorganized districts by providing for the appointment and reasonable remuneration of young practitioners to give medical service in such districts and outposts.
5. That an advisory Committee on maternal welfare should be appointed in each province. This Committee should be appointed by the Deputy Minister of Health in consultation with the Provincial Medical Association, and should consist of lay as well as professional representatives.
6. That the Department of Health of each province should establish a minimum standard of equipment for all maternity hospitals and homes, and should undertake the routine inspection and bacteriological testing of all sterilizing equipment in such hospitals and homes.

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### Ready Retort.

One of the best of many good stories told of Sir Henry Betterton, the present British Minister of labor, turns upon ready retort with which he once silenced an interrupter at a meeting he was addressing.

The question that was put to him was what he considered the most important factor in industry: Labor, capital or brains?

Sir Henry replied with a merry twinkle in his eye.

“Which is the most important leg of a three-legged stool?”



# The Medical Society of Nova Scotia

## MEMBERSHIP LIST, 1931.\*

- Acker, T. B., 301 Barrington St., Halifax, N. S.  
 Acker, J. C., 301 Barrington St., Halifax, N. S.  
 Archibald, B. C., Glace Bay, N. S.  
 Archibald, D. W. Sydney Mines, N. S.  
 Armstrong, Thos., 151 Henry St., Halifax, N.S.  
 Atkinson, E. P., Oxford, N. S.  
 Atlee, H. B., 31 South St., Halifax, N. S.
- Ballem, J. C., New Glasgow, N. S.  
 Bates, J. F., Glace Bay, N. S.  
 Barss, G. A., Rose Bay, Lunenburg Co., N. S.  
 Beckwith, C. J. W., N. S. Sanatorium, Kentville  
 Benvie, R. MacL., Stellarton, N. S.  
 Belliveau, P. E., Meteghan, Digby Co., N. S.  
 Blackett, A. E., New Glasgow, N. S.  
 Bishop, B. S., Kentville, N. S.  
 Brown, G. W., Clarke's Harbor, Shelburne Co.,  
 Nova Scotia.  
 Brison, Eliza P., Metropole Building, Hollis St.,  
 Halifax, N. S.  
 Burris, M. G., 32 Queen St., Dartmouth, N. S.  
 Burns, A. S., Kentville, N. S.  
 Burns, Gerald R., 81 South Park St., Halifax,  
 Nova Scotia.  
 Bliss, G. C. W., Amherst, N. S.  
 Byrne, T. Ives, Deputy Minister of Health,  
 Dept. of Public Health, Morris St., Hal-  
 ifax, Nova Scotia.  
 Bayne, C. M., Sydney, N. S.  
 Burton, G. V., Yarmouth, N. S.  
 Banks, H. H., Barrington, N. S.
- Campbell, D. A., Bridgewater, N. S.  
 Calker, Allister, Glace Bay, N. S.  
 Calder, Alvinus, Sydney, N. S.  
 Calkin, B. H., Stellarton, N. S.  
 Cameron, J. J., Antigonish, N. S.  
 Carroll, J. J., Antigonish, N. S.  
 Cochrane, A.,  
 Creighton, H. A., Lunenburg, N. S.  
 Churchill, L. P., Shelburne, N. S.  
 Campbell, A. R., Yarmouth, N. S.  
 Chisholm, A. N., Port Hawkesbury, N. S.  
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 Campbell, P. S., Port Hood.  
 Cochrane, D. M., River Hebert, N. S.  
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 Churchill, J. L., 7 Quinpool Road, Halifax, N. S.  
 Chute, F. F., Canning, N. S.  
 Campbell, A. B., Bear River, N. S.  
 Cochrane, P. S., Wolfville, N. S.  
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 Culton, A., Wallace, N. S.
- Dechman, A. A., Bridgetown, N. S.  
 Densmore, F., Dominion, N. S.  
 Deveau, G. R., Arichat, N. S.  
 Digout, J. H., St. Peter's, N. S.  
 Dickie, W. R., Digby, N. S.  
 Dinsmore, J. D., Port Clyde, N. S.  
 Dunbar, W. R., Truro, N. S.  
 Dunn, G. A., Pictou, N. S.  
 DeWitt, C. E. A., Wolfville, N. S.  
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 Doull, A. E., Jr., 34½ Morris St., Halifax, N. S.
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 Elliott, M. R., Wolfville, N. S.
- Forbes, G. R., Kentville, N. S.  
 Fuller, C. K., Yarmouth, N. S.  
 Fulton, S. A., Truro, N. S.  
 Fillmore, M. J., Advocate Harbor, Cumberland  
 County, N. S.  
 Farrish, G. W., Yarmouth N. S.
- Gandier, G. G., 60 Queen St., Dartmouth, N. S.  
 Glenister, E. I., 186 Portland St., Dartmouth,  
 Nova Scotia.  
 Goodwin, B. E., Amherst, N. S.  
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 Graham, J. V., 51 Coburg Road, Halifax, N. S.  
 Green, F. W., Glace Bay, N. S.  
 Gillis, R. I., Baddeck, N. S.  
 Gilroy, J. R., Oxford, N. S.  
 Grant, William, Wolfville, N. S.  
 Gouthro, A. C., Little Bras D'Or Bridge, N. S.
- Hartigan, D. J., New Waterford, N. S.  
 Havey, H. B., Stewiacke, N. S.  
 Hawkins, Z., South Ohio, Yarmouth Co., N. S.  
 Hayes, Joseph, 82 Oxford St., Halifax, N. S.  
 Hemmeon, J. A., Wolfville, N. S.  
 Hewat, W. A., Lunenburg, N. S.  
 Herbin, C. A., Lockeport, N. S.  
 Hines, Arthur, Cheverie, Hants, Co., N. S.  
 Holland, C. W., 119 Spring Garden Road,  
 Halifax, N. S.  
 Homans, C. O., Ship Harbour, N. S.
- Jacobson, Morris, 22 Gottingen St., Halifax, N. S.  
 Johnstone, E. J., Sydney, N. S.  
 Johnston, S. R., 40 South Park St., Halifax, N. S.  
 Johnston, L. W., Sydney Mines, N. S.
- Keating, W. J., 301 Brunswick St., Halifax, N. S.  
 Kent, H. V., Truro, N. S.  
 Keddy, O. B. Windsor, N. S.  
 Kennedy,  
 Kennedy, W. J., Musquodobit Harbor, N. S.  
 Kirkpatrick, H. W., Capitol Theatre Bldg.,  
 Barrington St.  
 Kirkpatrick, T. A., Kentville, N. S.



- Killam, H. E., Kinsman's Corner, Kings Co., Nova Scotia.  
 Kelley, H. E., Middleton.
- Lebetter, T. A., Yarmouth, N. S.  
 Lynch, J. B., Sydney, N. S.  
 LeBlanc, J. E., West Pubnico, N. S.  
 Lessel, J. F., 151 South Park St., Halifax, N. S.  
 Lawlor, F. E., Nova Scotia Hospital, Dartmouth, Nova Scotia.  
 Lockwood, T. C., Lockeport, N. S.  
 LeBlanc, B. A., Arichat, Richmond Co., N. S.  
 Little, F., 94 Gottingen St., Halifax, N. S.  
 LeBanc, L. J., Cheticamp, Inverness Co., N. S.
- McCurdy, D. S., Truro, N. S.  
 MacDonald, Eric, W., Reserve Mines, N. S.  
 MacDonald, R. F., Antigonish, N. S.  
 MacDonald, E. M., Sydney, N. S.  
 MacDougall, C. J. G., 95 Spring Garden Road, Halifax.  
 MacDonald, J. J., New Glasgow, N. S.  
 McDonald, H. K., Coburg Road, Halifax, N. S.  
 McGrath, J. P., Kentville, N. S.  
 McGarry, P. A., Margaree Forks, N. S.  
 MacGregor, A. F., New Glasgow, N. S.  
 McInnis, D. F., Shubenacadie, N. S.  
 McIsaac, J. L., Antigonish, N. S.  
 MacKinnon, W. F., Antigonish, N. S.  
 MacKiggon, John, Port Morien, N. S.  
 McNut, Daniel, Glace Bay, N. S.  
 McLennan, S. J., 197 South Park St., Halifax, Nova Scotia.  
 McKenzie, M. D., Parrsboro, N. S.  
 McLellan, R. A., Rawdon, Hants Co., N. S.  
 MacQueen, C. A. S., Amherst, N. S.  
 MacMillan, C. L., Baddeck, N. S.  
 MacKinnon, Hugh, Berwick, Kings Co., N. S.  
 MacMillan, Duncan, Sheet Harbor, N. S.  
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 McLeod, D. A., Sydney, N. S.  
 MacLean, J. R., 348 Robie St., Halifax, N. S.  
 McKenzie, K. A., Spring Garden Road, Halifax, Nova Scotia.  
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 McLeod, J. K., Sydney, N. S.  
 MacRitchie, J. S., Dept. of Health, Halifax.  
 Mader, A. E., 57 Morris St., Halifax, N. S.  
 Mader, V. O., 149, South Park St., Halifax, N. S.  
 Morris, C. H., Windsor.  
 Muir, W. L., 240 Jubilee Road, Halifax, N. S.  
 Murray, Daniel, Tatamagouche, N. S.  
 Morton, A. McD., 52 Quinpool Road, Halifax, Nova Scotia.  
 Mack, F. G., Spring Garden Rd., Halifax, N. S.  
 Morrison, M. D., 282 Robie St., Halifax, N. S.  
 Morton, C. S., 52 Spring Garden Road, Halifax, Nova Scotia.  
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- Meahan, T. F., New Aberdeen, N. S.  
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 Marcus, Samuel, New Germany, N. S.  
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 Pratt, Nelson, Alton, Colchester Co., N. S.  
 Poirier, W. G. J., New Waterford, N. S.  
 Phinney, W. S., Yarmouth, N. S.  
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- Ratchford, H. A., Inverness, N. S.  
 Roy, J. J., Sydney, N. S.  
 Reid, A. R., Windsor, N. S.  
 Rice, Grace, Spring Garden Road, Halifax, N. S.  
 Rockwell, Wm., River Hebert, Cumberland Co., Nova Scotia.  
 Reid, J. B., Truro, N. S.  
 Ross, Hugh, New Glasgow, N. S.  
 Robbins, W. H., New Glasgow, N. S.  
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 Smith, G. K., Hantsport, N. S.  
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 Sutherland, D. R., Middle Musquodobit, N. S.  
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- Thomas, Lewis, Halifax, N. S.  
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\*If your name is omitted by the error or oversight of the Secretary of the Medical Society of Nova Scotia or the Royal Bank of Canada to whom all membership Fees are paid, please advise the Secretary at once with full particulars and any other remarks that appeal to you. If the fault lies with yourself you know what to do!

S. L. WALKER,  
 Secretary.



# The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

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## Another View

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THE physician or surgeon, who first conceived the idea of publishing *The Bulletin* and naming each edition after the County, providing the material for a particular issue, deserves a great deal of credit and a good deal of praise. It brings close together the medical profession and gives an insight into the medical and surgical work of each county. Cape Breton County should make a good number for there are excellent men, who can provide the material and lots of material which they can present in an interesting way.

The *Bulletin*, of course, is never an advertising medium for counties or tourists, but it might be said without fear of criticism that Cape Breton Island with all its beauty of scenery in the way of its lakes and streams, its mountains and valleys, its beautiful beaches and rock bound coasts, should be conducive to developing in our medical men a fine sense of duty, as well as keen, bright minds, enabling them to do good work which is recognized throughout the Province.

When we compare the days of long ago without hospital advantages with present day privileges, there is much cause for thankfulness. To-day there are in Cape Breton eight hospitals, each with a fine nursing and medical staff doing excellent work. Two smaller hospitals in Inverness with T. B. annex—the Sydney City Hospital building a fine T. B. annex of forty-five beds which when completed will compare favorably with sanatoria elsewhere and while there were some misgivings regarding this method of handling T. B. with our advanced knowledge and larger experience, these objections have more or less passed away.

The government of Nova Scotia in establishing a Public Health Dept., under the Hon. Doctor Murphy with an efficient staff, made a great step in advance and complied with requests long ago made by the Nova Scotia Medical and Health Associations. The Department has adopted a policy of advocating annexes for tuberculosis and the outlook is very encouraging, as the most satisfactory method of handling this very difficult problem of hospitalization of tuberculosis cases.



Treatment of tuberculosis cases is not only a public health question, but an economic one as well, and if, by means of annexes and pavilions connected with the existing hospitals the patients can be treated for half or less than half the cost in sanatoria then a larger number will be hospitalized and the expense very much lessened.

For many years past in Great Britain, in Paris, in the United States and in various parts of Canada, patients suffering from tuberculosis and indeed, other communicable diseases have been treated in the same ward where, of course, strict attention must be given to the details of aseptic nursing. There should be no more danger from a tuberculosis case in a general ward than a case of typhoid fever. If there is, how much safer must cases be in an annex apart from all patients and with all dishes and clothing properly sterilized and nursing technique correct in every particular. Even with the sanatorium at Kentville, the annexes and hospitals admitting tuberculosis cases, still a large number must be treated at home and here, we hope to see the splendid results of the provincial nursing service, doing its fine work and getting good results.

May the public health department and the nursing service have the fullest co-operation of the medical profession and the public as well, otherwise our work will not be as successful as is hoped for. While it is true that the tuberculosis problem is a tremendous one and while the cancer problem is still puzzling investigators and public health departments, there is another disease perhaps the greatest killing one of all (syphilis) which is playing havoc with our young people to-day. Every civilized country has established clinics not only for the treatment of these patients, but for educational purposes, as well, and in Nova Scotia where some of these clinics exist, excellent results have been obtained; but it is a slow process and like the tuberculosis problem, until the purse strings of the governments and municipalities are pulled wide open, there will be a steady progress, of course, but it cannot be as rapid as the profession would desire.

J. K. McL.

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### A HEALTH SERVICE IN RURAL DISTRICTS

IT has been publicly announced by the Department of Public Health that as soon as possible and to the largest possible extent a public health nursing service is to be established in Nova Scotia. Many will remember that about ten years ago there was a promise of a very general nursing service the cost of which for a year or more was financed by the Canadian Red Cross Society, Nova Scotia Division. These Nurses have nearly all disappeared and most of those employed by the Department are connected with the campaign against tuberculosis.

What are some of the things we may expect from this service? It might be well that considerable publicity be given to the proposal in order that thinking citizens of Nova Scotia may be prepared to give the service their cordial support.

Perhaps some may say that this first publicity should be presented to the medical profession, having in mind the experience in Halifax and throughout the Province of the more or less spectacular and unwisely conducted efforts for three or four years after the war. But there is absolute unanimity of the medical profession in Nova Scotia as to the value of a health nursing service



properly supervised and directed by the Department of Health. But too much stress cannot be placed upon the need of having the general public advised as to what a health nursing service would aim to accomplish.

Again some one suggests we have V. O. nurses, school nurses, tuberculosis nurses and others. True it is, but, excepting the three or four tuberculosis nurses, they are all working in towns or cities.

It is a striking fact that 58% of our population is rural and, save for the exception mentioned, is without the services enjoyed by the urban population. Here then is the first field that must be provided with a health nursing service, the rural portions of Nova Scotia. It may also be noted, as apropos of this general subject, that these same portions of the Province have considerable difficulty in obtaining satisfactory and at reasonable rates, the services of physicians and trained or any form of bed-side nursing. There are many reasons for this but the chief one is that young doctors are usually burdened with a load of debt upon graduation to-day and must obtain more or less lucrative positions at once upon graduation. Further the medical students, who have been financed by the parents for their entire course and can be further assisted until their livelihood is assured from their own practice, are not locating in scattered rural districts. When, therefore, the old doctor dies, or retires, more vacancies occur.

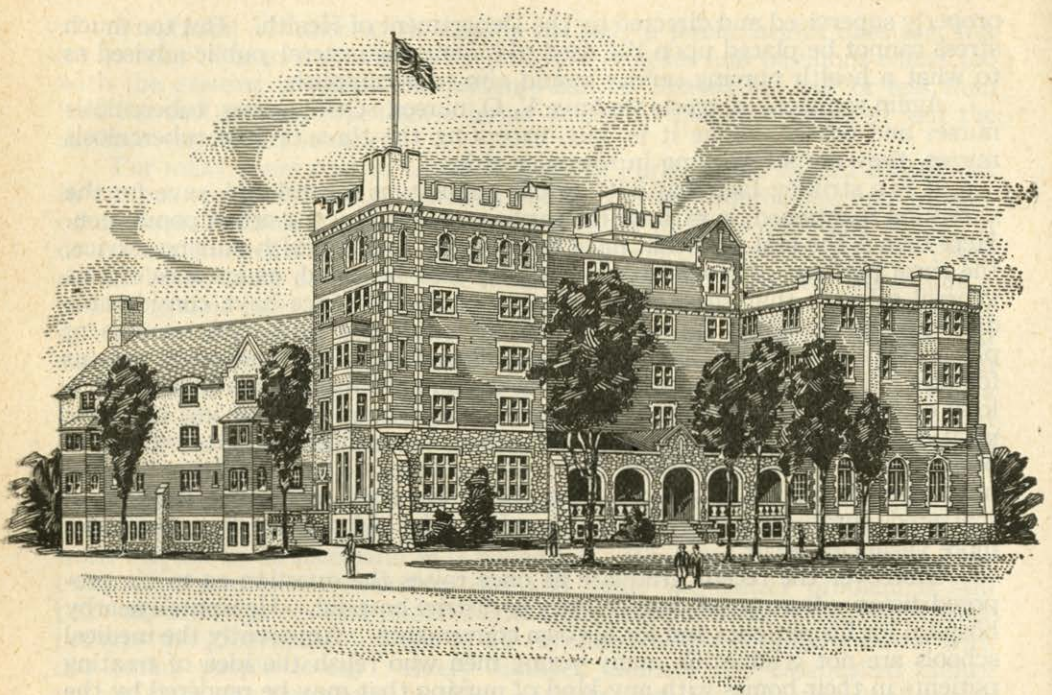
Moreover the recent graduate at once raises the question as to his proposed distance from an efficient country or district hospital. He wants a nearby hospital for his patients and for his own convenience. Apparently the medical schools are not graduating many young men who relish the idea of treating patients in their homes with any kind of nursing that may be rendered by the family or kindly neighbors. Perhaps this is being carried to extremes but nearly every County has one or more hospitals. Yet even in this particular many sections of rural Nova Scotia have many miles to travel to the nearest hospital.

It is quite evident that every man, woman and child in the rural districts is entitled to the best medical and nursing service that is being afforded urban districts. When doctors have to travel 20, 30 and, sometimes, 40 miles, the fee charged, reasonable as it may be, is nearly beyond the ability of the patient to pay. Then as a rule he gets no nursing care whatever.

But nursing care means more than T. B. follow-up or finding cases. There is the very necessary visiting of the schools for the detection of defects and education in the homes so that pre-school age children will enter school with defects already corrected. Then there are the times of epidemics which should never get a start in any community, the cases where bedside nursing is necessary along the line of the V. O. N. in urban sections. Then emergency operations are necessary in the country and nursing assistance should be available. The appointment of five new nurses can do little more than look after the tuberculosis situation. If provision has been made for the employment of nine nurses, they should all be in the field as soon as possible. During this period of depression a great effort should be made to conserve the health of the people; it costs a great deal more to be sick than to stay well. A single epidemic of diphtheria or scarlet fever will cost a community more than the salaries of all the health nurses now employed. Rapid extension of this health nursing service with the hearty co-operation of the Municipal Councils is the chief requirement in this Province to-day.

S. L. W.





CORNWALLIS INN, KENTVILLE, N. S.

## PROGRAMME

### TENTATIVE PROGRAMME ANNUAL MEETING, 1932.

Kentville, N. S., July 4th, 5th, 6th, 7th and 8th.  
(Including Tuberculosis Refresher Course.)

#### Monday, July 4th.

- 3.00 P. M. Meeting Health Officers' Association.
- 7.30 P. M. Meeting of Executive. Open Meeting Health Officers' Ass'n.

#### Tuesday, July 5th.

- 9.30 A. M. Registration.
- 10.00 A. M. Opening and Routine Business, Report of Executive.
- 11.30 A. M. Civic Welcome.
- 12.00 Noon President's Address.
- 12.30 P. M. Adjournment.
- 2.30 P. M. Address "Prognosis in Circulatory Disorders", Dr. R. D. Rudolf, Prof. of Therapeutics, University of Toronto.  
Discussion opened by Dr. C. W. Holland.



- 3.30 P. M. Address "Cancer of the Colon and Rectum", Dr. Frank Lahey, Lahey Clinic, Boston.  
Discussion opened by Dr. J. G. McDougall.
- 4.30 P. M. Address "Severe Abdominal Injuries, Their Recognition and Treatment." Dr. J. W. Ross, Senior Demonstrator in Surgery and Clinical Surgery, University of Toronto.  
Discussion opened by Dr. W. A. Curry.
- 5.30 P. M. Adjournment.
- 7.30 P. M. Address, "The Treatment of Fractures of the Long Bones", Dr. G. E. Haggart, Chief of Bone and Joint Service, Lahey Clinic, Boston.  
Discussion opened by Dr. J. J. Roy.
- 8.30 P. M. Address, "The Use and Abuse of Digitalis", Dr. H. E. Britton, Moncton, Delegate from Medical Society of New Brunswick,  
Discussion opened by Dr. M. R. Elliott.
- 9.15 P. M. Address, "Some Common Disorders of Infancy." Dr. F. W. Tidmarsh Charlottetown, Delegate from P. E. I. Medical Society.  
Discussion opened by Dr. J. G. D. Campbell.
- 10.00 P. M. Adjournment.

### Wednesday, July 6th.

- 9.30 A. M. Routine Business.
- 11.30 A. M. Paper "Meningitis" Dr. Eric McDonald, Reserve.
- 12.30 P. M. Adjournment.
- 2.30 to 6.30 P. M. Golf Tournament and Tea, Ken-Wo Country Club.
- 2.30 to 5.00 P. M. Motor Drive to Look-Off.
- 8.00 P. M. Banquet, Chairman Dr. W. R. Dunbar, President.  
Toast to The King.  
Introduction of Visitors and Responses.  
Speakers: Doctors Rudolf, Lahey, Haggart, Britton, Ross,  
Tidmarsh, the President-Elect.  
Awarding of Golf Prizes.  
Music.

### The Annual Meeting

There are a few things that every one attending the Annual Meetings should know thoroughly by this time,—79 such meetings being held. Very few of us have attended forty or fifty of these meetings but we have never learned what plans to make for such gatherings. We do not seem to know enough to write, without being told, to a local doctor to engage rooms at the



hotel. Now this applies to Kentville, even if they have the Cornwallis Inn. All the meetings of the Society, Executive and other Committees will be held at this hotel, *but always reserve your accommodations.*

Flushed with the great success of the Rotary Conference a few weeks ago the local doctors expect to give the visitors, July 4th to 8th, a very enjoyable time. And they know how to do it. You will therefore come prepared to say at once how long you will stay, what golf and drives and tennis that you want and your banquet and dance attendance. Your attention to this matter will greatly facilitate the work of the Local Committee of which Dr. J. P. McGrath is the active chairman.

When it comes to the Golf Tournament of course, Dr. R. H. Sutherland had to be associated with Dr. Hemmeon and others. Dr. Farish was wisely sent to England so he would not repeat the record of last year. Dr. MacDonald is coming strong from New Glasgow to retain the lowest gross score trophy. Then Henry Birks and Sons are offering the annual prize for the lowest net score; The Imperial Publishing Company offer two caddy bags; McLeod, Balcom Ltd. offer something special for ladies who may take part; whoever makes the worst score will be given a prize of exceptional utility. All will pay the ordinary fee of \$1.00 for the ground fee, and the poor caddy, of course.

The Banquet and Dance promises to be the best we have ever had. Be sure when you register to say how many of you and your lady friends will be present at this function on Wednesday night. It will be an International affair under the chairmanship of the President of the Society.

### TUBERCULOSIS REFRESHER COURSE

Thursday, Friday and Saturday.

#### INFORMATION

1. It is essential that the course of study should start with a clinic on "Diagnosis". Those who plan to be on hand for this important subject should try and reach Kentville by Wednesday evening, July 6th. Physicians will register at the Recreation Hall, Thursday morning, July 7th, 9.00 O'clock.
2. All lectures will be held in the Recreation Hall.
3. All classes will start on time. Kindly be prompt in your attendance.
4. Speakers are requested not to exceed the time allotted to them on the program.
5. Discussion by any one speaker is limited to five minutes.

#### ENTERTAINMENT

Thursday, July 7th, 4.45—7.15 p. m., "Clam Bake" at Delhaven.

Friday, July 8th, 9.30—12.00 p. m., Dr. and Mrs. Miller "At Home."

#### ACCOMMODATION

Through the courtesy of Mr. E. H. Munro, the Business Manager, a pavilion has been reserved for those who desire to stop at the Sanatorium. The rates are \$3.00 a day. Meals will be served in the staff dining-room, 8.30—9.00 a. m., 1.00—1.30 p. m., 5.30—6.00 p. m. Those who desire hotel accommodation in Kentville may make reservations by writing the Manager, "The Cornwallis Inn." Rates, \$6.00 a day, single; \$5.50 a day, double room. There are also a number of private boarding houses in Kentville.



## CASE REPORTS

### Friedreich's Ataxia.

(Two cases in one family.)

Dr. A. CALDER, Glace Bay.

Friedreich's Ataxia, or Family or Hereditary Ataxia, as it is sometimes called, is defined by Stevens as a "chronic disease of rare occurrence appearing in several members of one family or generation and characterized by sclerosis of the posterior and lateral columns of the spinal cord, degeneration of the spino-cerebellar tracts, and occasionally atrophy or egenesis of the cerebellum itself."

These two cases are presented because of the rarity of the disease. Only these two have been observed by the writer in his experience and they both occurred in the same family.

#### Case I—Mary McD.—Aged 12—Schoolgirl.

The first symptoms of illness in this girl was noticed by her mother, who said that her child was unsteady on her feet and had some difficulty in keeping her balance while walking about the room. There was also considerable difficulty in fitting her with shoes, due to the peculiar shape of her feet. This latter symptom, the mother said had been noticed for some months.

The parents were of Scottish descent, with no history or hereditary disease. The father was a chronic alcoholic. She was the only girl in a family of twelve children. With the exception of the two noted in this report, the others are all living and apparently in good health. The father has since died of cardio-renal failure.

The girl's story was that during the past few months she had had difficulty in walking as she stumbled easily and had considerable pain in the soles of her feet, this latter symptom being due to an abnormally high plantar arch, the foot resting on the heel and ball of the foot. Physical examination was negative at first for anything except the lower extremities. Renal, alimentary, circulatory and respiratory systems were apparently normal, the patient being fairly well nourished, moderately anaemic and bright mentally. In the feet, however, there was definite deformity. The longitudinal arches of both were greatly deepened, the weight of the body coming only on the ball and the heel of the foot. With the patient standing, a pencil could be pushed under the foot midway between the heel and toe. There was marked extension on all the metatarsal-phalangeal joints with increased flexion of the interphalangeal joints. It was almost impossible to get a boot to fit the foot without obtaining a size much larger than her age called for. The muscles or skin of the feet or lower extremities showed no trophic changes at this time.

Except for the Ataxia, there was little else apparently wrong at first with the nervous system. The reflexes were normal, there was no disturbance



of sensations of heat, touch and pain, no babinski, no nystagmus, and no Argyle-Robertson pupil. Nor was there any definite paralysis.

*Laboratory Examination.* Wasserman negative. Urine negative for pathology.

*Progress.* After being in bed for several weeks, the patient appeared slightly improved but after two months her speech became staccato and somewhat incoherent. There was a gradual accentuation in the severity of the disease. The reflexes became weaker and some atrophy of the muscles became apparent. The patient was apparently doomed for long invalidism when she fell victim to an attack of influenza and died in eleven days. One year after the first symptoms were noted. No post mortem was obtained.

#### Case II—Edward McD.—Age 14—Schoolboy.

This boy, brother of the patient described above, developed the same symptoms one year later. His illness ran a similar course but lasted two years before death from Bronchitis ensued. In this case, the longer duration of the disease gave more marked symptoms, speech becoming almost unintelligible and the patient totally unable to walk. No post mortem obtainable.

*Discussion.* This disease is apparently familial in one generation rather than hereditary. No trace of it in previous generation or in other members of this large family could be obtained. A marked feature of this disease is its occurrence at an early age, usually before puberty, and its gradual progress. The patient usually dying of some intercurrent disease. In these cases, death from the intercurrent disease came unusually soon. This probably accounts for the failure to develop of the symptoms of more advanced disease of the nervous system. The pathogenesis of Friedreich's Ataxia is somewhat obscure. It is probably the result of congenital inferiority when portions of the central nervous system prematurely undergo degeneration and are eventually replaced by an overgrowth of Neuroglia. (Stevens) (Russell).

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#### Rupture of Rectum.

F. S.—Male, 16 years of age. Admitted at 5 P. M. August 10th.

Received telephone call at 3 P. M. on the evening of August 9th, at 4 P. M. patient with several boys was storing hay in the loft of a barn. Having finished he threw the pitchfork down, the prongs entering the earth, leaving the handle in a vertical position. He started to slide down a rope which he let go off and fell on the end of the fork handle. During the night he complained of some abdominal pain and vomited several times.

*Examination.*—Did not appear acutely ill. T. 103, R. 24 P. 120. No external abrasion. Examination of abdomen showed some distension and marked rigidity of the abdominal muscles below the umbilicus. A diagnosis of a ruptured Rectum was made. The case was seen in consultation with Dr. Patton. Patient was then sent to the Glace Bay General Hospital for operation.

*Operation at 6 P. M.*—Under general anesthetic a mid line incision was made from the umbilicus to the Pubes. The Intestines, both small and large, were intensely congested. Patient was placed in the Trendelenburg position



and Intestines were packed way from the Pelvis. A tear about one inch and a half was found in the Rectum through which a piece of trousers was protruding into the abdominal cavity. This was removed and the tear sutured. A considerable amount of septic material was swabbed out of the Pelvis. Two, large rubber tubes were inserted and abdomen closed.

Post-operative course uneventful. Patient discharged from the Hospital on October 9th.

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This year the British Medical Association is celebrating its one hundredth birthday. In July 1932 the Medical Society of Nova Scotia holds the 79th annual meeting. This prompts us to say that any institution that stands up to the work it assigned to itself upon its establishment for a period of 75 or 100 years must be of very great value to the community. Shoddy things do not last long, nor do societies with only selfish aims.

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#### What We Need.

A little more kindness and a little less creed,  
A little more giving and a little less greed,  
A little more smile and a little less frown,  
A little less kicking a man when he's down;  
A little more "we" and a little less "I",  
A little more laugh and a little less cry,  
A little more flowers on the pathway of life,  
And fewer on the grave at the end of the strife.

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#### A Dollar for this One.

A teacher was giving his class a lecture on charity.

"Willie," he said, "If I saw a boy beating a donkey, and I stopped him from doing so, what virtue should I be showing?"

"Brotherly love," Willie promptly retorted.

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#### For the Live Stock Section.

*Ad found by J. E. B. in the Iowa Press.*

FOR SALE—Several Choice Milking Shorthorn bulls, serviceable age. Farmer's prices. G. A. Ladwig, Fredericksburg, Ia.



## Department of the Public Health

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

**PICTOU COUNTY**

Blackett, A. E., New Glasgow.  
 Chisholm, H. D., Springville, (County)  
 McMillan, J. L., Westville.  
 Stramberg, C. W., Trenton.  
 Dunn, G. A., Pictou.  
 Whitman, G. W., Stellarton.

**QUEENS COUNTY**

Smith, J. W., Liverpool (Town and Co.)  
 Hennigar, C. S., Liverpool (County)

**RICHMOND COUNTY**

LeBlanc, B. A., Arichat.

**SHELBURNE COUNTY**

Brown, G. W., Clark's Harbor.  
 Churchill, L. P., Shelburne (County).  
 Fuller, L. O., Shelburne.  
 Wilson, A. M., Barrington (Mcpy).

**VICTORIA COUNTY**

Gillis, R. I., Baddeck.

**YARMOUTH COUNTY**

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

"The Public Health Laboratory provides free diagnostic services on public health problems for the entire province. It is, however, to be regretted that misunderstanding exists among physicians as to the scope of this work. Generally speaking, this free service includes any examination that has a direct bearing on any problem of infectious diseases. At present this includes examinations of blood for Kahn test, widal test and culture for the Typhoid group; Cerebro-spinal fluids; smears for Gonococci; sputum, pleural fluid and pus for tubercle bacilli; throat and nasal swabs; urine and faeces for tubercle bacilli and typhoid; water and milk. Physicians desiring this service should address their communications to Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax, N. S.

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

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

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



### Dominion Statutes—Chapter 39.

#### The Department of Pensions and National Health Act.

The duties and powers of the Minister under this act shall extend to and include all matters and questions relating to the promotion or preservation of the health of the people of Canada over which the parliament of Canada has jurisdiction, and without restricting the generality of the foregoing particularly the following matters and subjects.

- (a). Co-operation with the provincial, territorial and other health authorities with a view to the co-ordination of the efforts proposed or made for preserving and improving the public health, the conservation of child life and the promotion of child welfare.
- (b). The establishment and maintenance of a national laboratory for public health and research work.
- (c). The inspection and medical care of immigrants and seamen and the administration of marine hospitals.
- (d). the supervision, as regards public health, of railways, boats ships and all other methods of transportation.
- (e). the supervision of federal public buildings and officers with a view to conserving and promoting the health of the civil servants and other Government employees therein.
- (f). the enforcement of any rules or regulations made by the International Joint Commission, promulgated pursuant to the treaty between the United States of America and His Majesty relating to boundary waters and questions arising between the United States of America and Canada, so far as the same relates to public health.
- (g). the administration of that acts mentioned in the schedule to this act, and of all orders and regulations passed or made under any of the said acts.
- (h). subject to the provisions of the Statistics Act, the collection publication and distribution of information relating to the public health, improved sanitation and the social and industrial conditions affecting the health and lives of the people.
- (i). such other matters relating to health as may be referred to the department by the Governor-in-Council.

#### Schedule.

The Food and Drugs act. The Opium and Narcotic Drug Act. The Quarantine Act. The Public Works Act. The Leprosy Act. The Proprietary or Patent Medicine Act.

The Minister shall have the management and control of all such matters as are assigned to him from time to time by the Governor-in-Council, relating in any way to the care, treatment or re-establishment in civil life, of all persons who since the first day of August, 1914, served in the naval, military or air forces of His Majesty or any of His Majesty's allies, and of the care of the dependents of such persons.

There shall be a Dominion Council of Health consisting of the Deputy Minister, who shall be chairman, the chief executive officer of the Provincial Department or Board of Health of each province, and such other persons not to exceed five in number, as may be appointed by the Governor-in-Council, who shall hold office for three years.

Such Dominion Council of Health shall meet at such time and places as the Minister may direct, and shall be charged with such duties and powers in respect to this part as the Governor-in-Council may prescribe.

Nothing in this part or in any regulation made hereunder shall authorize the Minister or any officer of the Department to exercise any jurisdiction or control over any Provincial or Municipal Board of Health, or any other health authority operating under the laws of any province.



## SANATORIUM ANNUAL REPORT.

To The Honourable George H. Murphy, M.D., F. R.C.S.,  
Minister of The Public Health, Halifax, N. S.

Sir:—I have the honour to present the Twenty-seventh Annual Report of the Nova Scotia Sanatorium.

The past year has been an exceedingly active one at the Sanatorium for both the medical and the business department. 457 patients have been treated during the year; 165 patients have been discharged, and there remain in the Sanatorium, September 30, 1931, 206 patients.

**Medical Work.** The medical work has been kept up to its usual high standard. Through our excellent clinical and x-ray services we have been able to render accurate diagnosis on all patients sent to the Sanatorium. The problems of diagnosis and the demands of treatment at this institution become more exacting year by year. The former because of the variety of respiratory diseases sent to us, the latter because of material advances in the accepted methods of dealing with cases of pulmonary tuberculosis. Ten or more years ago, when patients were given good food, fresh air and rest in the open, we considered that everything possible was being done for their recovery. To-day, we know that when these measures fail, it is possible in many cases to stop the progress of the disease, and to bring patients back to health and usefulness by proper use of some of the notable medical and surgical procedures which we now employ in selected groups of patients. Undoubtedly, many lives have been lost, and many other patients kept "on the cure" for tedious and costly years, through lack of appreciation of these special aids.

The following are among the special procedures now used at this institution by which we are able to save the lives of many, who without these aids would surely pass away:—*Artificial pneumothorax* treatment, that is, the compression of the diseased lung by the introduction of sterile air into the pleural space; *thoracoplasty*, the severing of ribs over the affected lung in order to bring about its collapse; *phrenicotomy*, division of the phrenic nerve to cause one-sided paralysis of the diaphragm and induce compression of the diseased lung; *oleothorax*, introduction of sterile oil into the pleural space to compress a lung. The return to health of some of our seriously sick patients is, at times, so spectacular that we now make it a habit to advise every tuberculous person to come to the Sanatorium so that he may have the benefit of a careful and clinical and x-ray study of his case, in order to determine if any of these measures are likely to be of help to him. It may also not be without interest to mention that we are meeting with considerable success in our treatment of tuberculous colitis, i.e., tuberculosis of the bowels, a distressing complication in some cases of tuberculosis, by the use of ultra-violet rays, cod liver oil and tomato juice, combined with careful dieting.

**The New Infirmary:** The outstanding event at the Sanatorium for 1931 is the construction of the "new infirmary". This building, started in May, is expected to be ready for occupation by the end of the year.\* The infirmary, a fire-proof structure, four stories in height, is of pleasing appearance, the outer walls being of hollow tile finished with a smooth cement stucco. The building is intended to provide accommodation for eighty bed patients, and will have

\* The BULLETIN has reported its opening in May, 1932.



every modern facility to give the very best medical and surgical care to those who come to the Sanatorium for treatment. On the ground floor are the headquarters of the medical and x-ray services, for which there are examination and waiting rooms, radiology and interpretation departments, artificial pneumothorax, operating room, physiotherapy or light department, laboratorn, dental pharmacy, and nose and throat rooms. There is also on this floor a central diet kitchen, for the scientific feeding of patients in this building. On the first floor, centrally situated, are the executive departments, medical and business, while the remainder of the floor, facing south is given over to individual rooms, two-bed and three-bed wards. Here, in addition, are to be found a nurses' station, examination rooms, reception room, service kitchen, bath and utility rooms. The second floor is devoted entirely to the care of patients, and contains individual rooms, two-bed and three-bed wards for thirty persons. The third floor contains a small, but well planned operation department, physicians' library, nurses' station, and the balance of the floor is intended to take care of thirty patients. The out-of-door treatment porches are conveniently and pleasantly arranged, and, with the Donovan hinged windows, they provide the maximum amount of light and fresh air. The wards facing the north and east have vita-glass windows. The roof of the infirmary is so constructed that later, when money is available, it may at little expense be converted into quarters where heliotherapy, that is, direct sunlight treatment, may be employed upon our patients. We earnestly hope this infirmary will fulfill the purpose for which it is intended and that it will materially help us to admit patients promptly to the Sanatorium at a time when treatment may be of benefit to them. The Government is to be congratulated upon its progressive public health policy and its desire to keep the Sanatorium abreast of the times, so that any worth-while treatment, after careful investigation, may be at the disposal of tuberculosis sufferers throughout our province.

**The Radio:** While the gift of a complete radio outfit is acknowledged on another page of the report, we desire to extend not only our own thanks, but that also of the patient body, to the Halifax Herald and The Halifax Mail, through whose efforts money has been subscribed for the splendid apparatus which will shortly be in use at the Sanatorium.

The radio selected is one of the best of the Westinghouse type, with Samson Pan amplifiers, microphone and various control panels. There are approximately 375 head phones, one for each bed, and one auditorium speaker. Radio programs will be picked up and sent over the distribution system to each patient.

The benefit to the health and spirits of patients, especially to those undergoing a long tedious period of treatment, will readily be understood. To have the best of speeches, sermons, and music, as well as the amusing and diverting numbers, and the world's news, coming to them without expenditure, on their part of the precious energy which must be saved for "the cure", is, indeed, a pleasure that makes for contentment and a normal state of mind. Besides this, our radio will enable the physicians to give instructive talks to all patients on the subject in which all patients need special education—personal and community health. Every discharged Sanatorium patient becomes an educator of his community, and incalculable good has been done and will be done in this way toward the control of the common enemy, tuberculosis.

**Employment of Patients:** We continue to employ patients at the Sanatorium, provided their physical state of health warrants it. Whenever



a suitable position becomes available it is usually offered to one, who, for financial reasons, is in need of work. Some patients are employed full time, others part time (one-half day). The policy we pursue in this respect is not a wasteful one to the Sanatorium, as we find that the majority of patients working for us are fully as capable and competent to carry on their duties as are our healthy employees. The following positions are filled by former patients and by patients who take the cure part of the time: nurses 4, telephone operators 3, stenographers 1, librarian 1, canteen clerk 1, barber 1, physician 1, orderlies 4, maids 3, clerks 3, light department 1, x-ray technician 1, laboratory technician 1, post-master 1, freight and ambulance driver 1, laundry manager 1, messenger 1, garage mechanic 1. Total 30.

We extend our felicitations to you, Sir, on your appointment to the Ministry of Public Health. We have every reason to feel assured of your sympathetic interest and aid in the work of the Sanatorium, and we confidently look forward, under your leadership, to a progressive public health policy, which, we trust, will bring about a notable reduction in the losses due to tuberculosis in our Province.

I have the honour to be, Sir, Your obedient servant,

A. F. MILLER, Medical Superintendent.

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#### No Curtailment.

One of the unexplained features of the present distressing times is the continued maintenance of health as evidenced by mortality and morbidity rates. The difficulty of public and private organizations promoting health in obtaining funds leads to an increasing tendency to curtail expenses by reducing staffs. While mal-nutrition is an indefinite diagnostic term there are indications that an increasing number of cases are being recorded: The medical profession and the health agencies are all urged to protect and promote the health of children and, while expansion of activities may not be possible, the maintenance of present programs is essential. This places a two-fold problem before the practitioner—first, to strive even more than usual to do health work with children; and second, to urge that contributions for child health work be not curtailed.

*(Bulletin of the Medical Society of the County of Kings N. Y.)*

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There are other elements that cannot be left out of the category of qualities a doctor needs if he wants to exercise the art of Medicine with success. Dignity is one of these. The dignity that I have in mind does not depend on what is facetiously called the bedside manner, nor upon the cut of the clothes nor upon the appointments of the office. I can best define it by saying what is absent from it—familiarity, gossipiness, pomposity and haste.—David Riesman.

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The C. M. A. Journal is publishing in instalments "The Medical History of British Columbia" from the pen of Dr. A. S. Monro of Vancouver. It is interestingly written and its value will be speedily recognized by the profession in that province in the immediate future. Too often this matter is put off to a more convenient date, then somebody dies and it is too late. It is a matter for congratulation that the Medical Society of Nova Scotia is not going to let this matter go by default any longer.



Communicable Diseases Reported by the Medical Health Officers for  
the Period May 19th., 1932 to June 23rd., 1932.

County	Infantile Paralysis	Meningitis	Chicken Pox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever.	Paratyphoid	Tuberculosis, pul.	Tuberc. other forms	Whooping Cough	V. D. G.	V. D. S.	TOTAL
Annapolis.....	..	..	..	..	..	..	..	..	2	..	..	..	2	..	..	4
Antigonish.....	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	2
Cape Breton.....	..	..	..	..	..	..	4	..	2	..	..	..	..	..	..	6
Colchester.....	..	..	..	..	..	..	..	..	10	..	..	..	..	..	..	14
Cumberland.....	..	..	2	..	..	..	..	..	6	..	..	..	..	..	..	8
Digby.....	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	2
Guysboro.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Halifax.....	..	..	..	..	..	..	..	1	2	..	..	..	..	..	..	..
Halifax City.....	..	..	5	5	..	40	..	..	18	..	1	..	..	..	2	71
Hants.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Inverness.....	..	..	..	..	..	..	15	..	..	..	..	..	..	..	..	15
Kings.....	..	..	..	..	9	..	5	..	1	..	..	..	..	..	..	15
Lunenburg.....	..	..	..	..	..	..	..	..	4	..	..	..	3	..	..	7
Pictou.....	..	..	3	..	5	..	1	..	..	..	..	..	..	..	..	9
Queens.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Richmond.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Shelburne.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Victoria.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Yarmouth.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL.....	..	..	10	5	14	40	29	1	45	..	1	..	7	..	4	256

RETURNS VITAL STATISTICS FOR APRIL 1932.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M		
Annapolis.....	16	10	3	11	10	1
Antigonish.....	10	9	4	8	7	4
Cape Breton.....	99	93	35	41	32	6
Colchester.....	23	20	11	22	12	2
Cumberland.....	31	39	7	12	17	2
Digby.....	19	24	6	12	10	0
Guysboro.....	13	13	2	10	5	1
Halifax.....	122	105	54	55	58	5
Hants.....	21	13	6	10	9	1
Inverness.....	20	11	6	9	14	0
Kings.....	18	17	11	8	2	1
Lunenburg.....	23	22	5	14	7	1
Pictou.....	29	42	9	18	22	2
Queens.....	3	9	1	1	3	0
Richmond.....	7	15	1	13	10	0
Shelburne.....	10	14	5	7	6	2
Victoria.....	7	4	1	5	3	0
Yarmouth.....	24	21	7	12	7	3
TOTALS.....	495	481	174	268	234	31
TOTALS.....	976		174	502		31

This month we have to report:

The appointment of Ernest Ettinger of Shubenacadie to be Division Registrar of Births and Deaths for Registration Division No. 11 in the County of Hants, in place of Mrs. Kate Logan, deceased.



## Hospital Service

### EXAMINATION OF NURSES FOR REGISTRATION.

ON May 18th and 19th examinations for registration of graduate nurses were held at Halifax and Sydney, a total of 61 taking the examination.

Miss Mildred Hall, R. N., acted as Deputy Examiner for the 35 applicants who presented themselves at the Dalhousie Medical College. These applicants came from Halifax Infirmary (7); Victoria General Hospital (16); Aberdeen Hospital, New Glasgow (6); Yarmouth Hospital (1); Children's Hospital (1); All Saints Hospital, Springhill (1); Payzant Memorial Hospital (3); Flushing Hospital of Long Island (1); Nova Scotia Hospital (2); Western Kings Hospital, Berwick (1).

The 26 graduates who took the examinations at Sydney came from eight hospitals and Miss J. A. McLeod, R. N., of Glace Bay was deputy examiner. The hospitals represented are: City of Sydney (1); Victoria General (1); Hamilton Memorial, North Sydney (4); Glace Bay General (7); New Waterford General (4); St. Joseph's, Glace Bay (4); St. Martha's, Antigonish (4); St. Michael's, Antigonish, (1).

There appears to be a trend towards the employment of more trained nurses in existing hospitals with correspondingly fewer probationers. It also appears that a proportion of these nurses should at once take post graduate work in public health nursing in view of the extension of the health nursing service in this province.

### Tuberculosis Annex Opened.

The *Halifax Herald* publishes an account of the Annex to St. Mary's Hospital, Inverness, for cases of Tuberculosis—

Inverness, May 24.—The tuberculosis annex of St. Mary's hospital was formally opened to-day amid the cheers and well wishes of the Inverness County population who gathered for the occasion. Rev. R. L. MacDonald, chairman of the Board of Directors, occupied the chair and outlined the work accomplished. Then Father MacDonald introduced the various speakers, distinguished among whom was Hon. Dr. G. H. Murphy, Minister of Health for Nova Scotia, Dr. J. A. Proudfoot of Inverness, Dr. M. E. McGarry of Margaree, Dr. Campbell of Port Hood, and Dr. C. M. Bayne of Sydney. The applause that greeted each speaker bore out the fact that their words of cheer and encouragement had taken deep root among the listeners.

During the course of the ceremony a plane from the Cape Breton Flying Club, carrying F. J. Mosher and Don McPherson, honored the occasion by circling the hospital and a letter of greetings from L. D. Currie was dropped. The letter addressed to the president, St. Mary's Hospital, read:

#### PRESIDENT'S LETTER

It is my happy privilege to convey to you through the courtesy of E. J. Mosher and Don McPherson of the Cape Breton Flying club my warmest and most cordial greetings upon the opening of the T. B. Annex to your hospital. It is a matter of very great gratification to the hospital Association of Nova Scotia and P. E. I. Our hospitals are always seen in the fore-front of any movement in the direction of public health and hospitalization and the



latest evidence of the deep interest of the care of the sick displayed by the people of the county of Inverness should have a widespread and permanent effect. To be able to erect such a splendid edifice to your present institution under conditions of depression as exist to-day should provide a lasting and permanent inspiration for every community in this province. Kindly accept my deepest congratulations on your splendid effort."

#### LEADS ATTACK

Inverness is very distinguished in leading the attack which the Provincial Government, through the efforts of the Hon. Dr. Murphy, has launched against tuberculosis. The annex is of 12-bed capacity and as it has been built over an ell previously existing it gives a much improved appearance to the hospital. The annex contains two public wards and two private wards and is furnished with Ives Gatch adjustable beds and Wilmot Castle sterilizers. It is most modern in every respect and reflects creditably on the contractors, Thomas Burke, of Mabou.

Among the visitors who attended the ceremonies were Mrs. G. H. Murphy, Halifax; Mrs. P. S. Campbell, Port Hood; Dr. and Mrs. A. J. MacNeil, Mabou; Rev. A. H. Cormier, Margaree; Rev. L. J. McDonald, Judique; Rev. J. A. McPherson, Brook Village; Rev. P. A. McLellan, Broad Cove; Rev. F. J. McMaster, Mabou; Rev. Donald McPherson, Port Hood; Rev. J. A. SeCoste, Grand Etang.

Prizes donated by doctors to the graduating class of St. Joseph's Hospital were as follows:—

Efficiency in practical nursing \$10.00, donated by Dr. M. G. Tompkins, won by Miss Margaret Meaher; Highest aggregate in Pediatrics, \$5.00 donated by Dr. E. W. McDonald, awarded to Miss Helen Brophy; Highest aggregate in Obstetrics \$5.00, donated by Dr. W. W. Patton, awarded to Miss Catherine McEachern; Highest aggregate in Communicable Diseases \$5.00, donated by Dr. T. F. Meahan, awarded to Miss Helen Brophy.

Mt. Allison University at its Convocation last May conferred the honorary degree of Doctor of Laws upon Mr O. E. Smith of Halifax. This is only a fitting recognition of his services in connection with the Children's Hospital, Halifax. In presenting him to the Governors for this degree Dr. Clarence McKinnon said,—“He has chosen as one of his special fields of philanthropic interest the Children's Hospital and for 14 years has been President of the Board.” His services to this hospital were mentioned in the BULLETIN of a few months ago.

Graduation dances in connection with Nurses' graduating are very popular. At that at New Waterford the latter part of May the wives of the following doctors were chaperones:—Doctors Morrison, Poirier, Hartigan and Miller.

At the Nurses' graduation exercises of the Glace Bay General Hospital Dr. C. M. Bayne delivered an address representing the medical profession and the Public Health Department. Ten of the twelve graduates belong to Glace Bay.

At the convocation exercises of the St. John Hospital School of Nursing, Long Island, N. Y., some 40 nurses were graduated. Of these four were from Cape Breton County, one of these being Miss Margaret O'Toole of Lousiburg who led the class and won the highest award offered by the medical faculty. Cape Breton Over!



**The Hospital Association of Nova Scotia and New Brunswick.**

At the recent annual meeting of this association the following questions or problems were discussed in a free-for-all round table discussion.

**WEDNESDAY, JUNE 15th, 1932, 1.30 P. M.**

1. The Registered Nurses' Association of N. S. is in favor of having a Nurse Inspector of our Schools of Nursing in N. S. Will the Hospital Association express their views on this matter.
2. Is the Hospital Association in favor of having a qualified Nurse Instructor on the Staff of the Schools of Nursing in N. S.? What qualifications would be required?
3. In cases of vacancies on the nursing staff how can competent qualified nurses be secured for these vacancies?
4. What steps are being taken in our Hospitals to safe-guard the health of student nurses? What results are we getting?
5. What type of nursing service should be used in the Tbc. sannea, graduate or student? If the latter what conditions should be observed?
6. What is the value of affiliations to Schools of Nursing, especially the smaller ones?
7. What are the necessary expenditures for staff and equipment of the School of Nursing if the student nurse is being properly educated?
8. Should the Educational qualifications for entrance to our School of Nursing in N. S. be raised to Grade XI Certificate? Grade X Certificates are not longer issued by the Department of Education.
9. What benefits may we hope to derive from higher educational standing of our nurses?
10. What rules and regulations are necessary for a graduate nurse staff?
11. Would you consider a 50 bed Hospital justified in maintaining a School of Nursing?
12. How can efficient nursing service in small Hospitals be secured without a Training School? How can a small Hospital, without a School of Nursing plan to have enough nurses to care for the patients when they fluctuate from a low to a high number?
13. To whom is the special or private duty nurse responsible for her conduct and quality of her work on duty in the Hospital?
14. How can one estimate accurately the cost and maintenance of the School of Nursing?
15. What would you consider the minimum equipment necessary for a Class room in the School of Nursing? A Demonstration Room?
16. How can recreation be provided for the student nurse?
17. How long a vacation should student and staff nurses have each year?
18. What should be done about a student nurse who is frequently losing time through sickness?
19. At present we are admitting students at the age of 18. Is the Hospital Association in favour of raising this age limit to 20 years?
20. What methods may be used to advantage in the care of supra-public operative cases, with profuse drainage?

**THURSDAY, JUNE 16th, 1932, 9.30 A. M.**

21. What difficulties are the local Hospitals of N. S. finding in their relations to the Workman's Compensation Act? What changes are suggested to meet these difficulties?
22. Would it be possible to consider any system of co-operative or group buying for our Hospitals?
23. Would it be better for our Hospitals to have Government grants to local Hospitals in N. S. given independently of the Municipal grants?
24. Who should supervise the administering of anaesthetics in Hospitals?
25. How many Hospitals discharge patients on telephone orders of physicians?
26. Should physicians sending in private patients to our local hospitals be expected to pay for this privilege?
27. What information is available of the cost of graduate service as compared with student nurse?
28. Should the small Hospitals have printed constitution, by-laws, rules and regulations?



29. How can interference by the Board of Trustees with the administration of the Hospital be avoided?
30. Is it desirable for the Superintendent to attend medical staff meetings? Meetings of the Board of Trustees?
31. How best can the clinical or professional work be supervised and controlled in the small Hospital?
32. How can the extending of Hospital privileges be guarded so as to assure the highest quality of professional work?
33. How can the medical staff and governing body be brought into the closest co-operation and harmony?
34. How can the medical staff of the small community Hospital be encouraged to discuss more frankly and freely the medical and surgical work done in the Hospital?
35. What disciplinary action should be taken when members of the medical staff persistently refuse to obey the rules and regulations such as writing clinical records, attending clinical conferences, observance of quarantine, aseptic technique rules, etc?
36. What portion of his time should a doctor give to surgery in order to qualify for membership on the surgical staff? What should be the minimum training for a surgeon before attempting major surgery?
37. Is it proper and good practice for a surgeon to use a graduate nurse as first assistant at operations?
38. How can a small Hospital secure the interest and co-operation of the medical staff in obtaining acceptable case records?
39. When the X-ray department is under the control of a lay or nurse technician and no physician connected therewith, how can the problem of interpretation of films be met?
40. What action should be taken on the part of the Hospital management when a patient for operation arrives in the operating room without a history or evidence or preoperative study?
41. Who should be responsible for assigning accident or other cases, having no choice of physician or surgeon?
42. How can the small Hospital without a Pathologist in the community meet the requirements for approval?
43. Would it be advantageous for a 100 bed Hospital to have central supply room for dressings, special treatment trays, solutions, etc?
44. Should the small Hospital volunteer to care for the contagious diseases of the community?
45. What are some of the ways by which a Hospital may save money?
46. Should a Hospital charge for the care of babies in the Maternity Department?
47. Should the small Hospital insist on payment in advance from private patients?
48. What should be done with a patient who insists on having a private room when his financial status indicates difficulty in being able to pay even ward rates? Or in cases where the private patient makes promises to pay, but fails to do so?
49. Is it less expensive for the small Hospital to do its own laundry or send it to a commercial one? Which it to be preferred?
50. Should the Hospital care for its personnel in case of illness free of charge, or what discount rate should be given?
51. What activities in the small Hospital can be combined to economic advantage and still maintain a proper standard of efficiency?
52. What should be the relation of the interne to the private patient from the standpoint of securing history and making the physical examination?
53. Should a Hospital be expected to render free service or give reduced rates when there is no endowment or subsidies given?
54. If the Hospital has not an out patient department, what records are kept of the casual patient coming to the Hospital for dressings or minor operations, the patient being attended to in the consulting room only and not admitted to the Hospital? How should these patients be entered in the Hospital records?
55. What are some effective methods of collecting accounts due the local Hospitals?



At the first 1932-1933 meeting of the executive of the Western Memorial Hospital Mr. A. V. Cook of Waterville was elected president; Mr. C. Hall of Morristown, vice-president; H. C. Beals, Berwick, Secretary; Miss Anne Foster, superintendent was appointed as a delegate to the Hospital Association meeting at Bridgewater.

On June 12th, the official opening of the Verdun General Hospital, Montreal, took place. It has just been erected at a cost of \$1,000,000.

#### Registered Nurses' Association.

The annual meeting of this body was held in Antigonish, June 1st and 2nd. Miss Anne Slattery, now public health nurse for Hants-Kings Counties was elected President.

Other officers elected are 1st. vice-president, Miss Victoria Winslow, Halifax; 2nd. Vice, Miss Ethel Grant, Halifax; 3rd vice, Miss Gertrude McKenzie, Halifax; recording secretary, Mrs Donald Gillis, Halifax; treasurer Miss L. F. Fraser, Halifax.

The executive will comprise these officers and the following: Miss Edith Fenton, Halifax; Miss Jean Trevett, Halifax; Miss Elizabeth Brown, Halifax; Miss Mary Campbell, Halifax; Miss Deathe, Halifax; Miss Gladys Strong, Halifax; Mrs. W. C. Nickerson, Halifax; Mrs. Harry Hall, Halifax; Miss Gertrude Crosby, Halifax; Miss Josephine Cameron, Halifax; Rev. Sister M Dolorosa, Antigonish; Miss Cecelia Chisholm, Antigonish; Miss Winnifred Reed, Halifax, and Miss Lena Hall, Halifax.

Among the resolutions that were passed was one of appreciation of the kindness of the local branch to the visitors.

The 23rd annual meeting of the Registered Nurses' Association of Nova Scotia had its first session here yesterday, with Miss Margaret E. Mackenzie, Public Health Department, presiding. The morning was taken up by committee meetings and registration. The general session was held at 2 p. m. The Very Reverend Monsignor MacPherson gave the address of welcome. Rev. Dr. Coady, of St. Francis Xavier Extension Department then addressed them. The rest of the session was taken up by the reading of the minutes of the last annual meeting, the president's opening remarks, and the reports of the following officers: Registrar, Miss L. F. Fraser; Treasurer, Miss L. F. Fraser; Recording Secretary, Miss A. M. Fraser; Corresponding Secretary, Miss L.F. Fraser.

After the meeting the visitors were the guests of the local nurses at a motor drive around Lochaber Lake, with tea at Wall's Hotel.

The evening was taken up by reports of various committees and local branches. The session continued this morning and early part of afternoon, with a visit through St. Martha's Hospital and tea there. At 8 p. m. there was a dinner at the Royal George Hotel, with Dr. W. F. Mackinnon and Prof. A. B. MacDonald the guest speakers.

(HALIFAX STAR.)

Suitor:—"May I marry your daughter?"

Stern Father:—"What is your vocation?"

Suitor:—"I'm an actor."

Stern Father:—"Then get out before the foot lights."



## Branch Societies

### Cape Breton Medical Society.

The Annual Meeting of the Cape Breton Medical Society was held in the City Hospital, Sydney, June 2nd, 1932, the following officers were elected for 1932-33,-

President .....	Dr. Freeman O'Neil, Sydney.
Vice-President .....	Dr. Dan McDonald, North Sydney
Secretary .....	Dr. Eric MacDonald, Reserve.

#### Nova Scotia Executive.

Dr. J. W. McLean, North Sydney; Dr. J. F. McAulay, Sydney; Dr. McKeggan, Dominion No. 6.

#### Cape Breton Executive.

Dr. D. R. McRae, Sydney Mines, N. S.; Dr. D. J. Hartigan, Waterford; Dr. P. McF. Carter, Sydney.

At this meeting twenty-six out of thirty-one members of the Society were present. The addresses were given with the assistance of the Canadian Medical Association and the Post Graduate Lecturers were Dr. D. Grant Campbell of Montreal and Dr. Victor Mader of Halifax. The speakers were congratulated by Dr. Dan McDonald and others. Questions were asked by Doctors D. McDonald, L. Johnston, J. W. McLean, D. J. Hartigan. The members seem to feel that while the subjects discussed were practical enough and easily assimilated that the members did not secure such an amount of definite information as would be of practical value to them. As will be noted the attendance was exceedingly good.

Dr. D. Grant Campbell spoke on "Heart Diseases and Pregnancy" and Dr. Mader discussed "Management of Head Injuries."

A reporter later in the *Sydney Post*, stated:

"The Cape Breton Medical Association met in annual session, in the city Hospital on Friday evening when the officers for the coming year were elected and Dr. Freeman O'Neill Whitney Avenue, was appointed president with Dr. Daniel MacDonald of North Sydney, Vice-President. The meeting was, it is reported well attended and some interesting matters came up for discussion."

### CANADIAN AND AMERICAN PHYSICIANS' FRENCH SPAR TOUR.

#### Third Annual Tour, 1932

Leave New York on July 15th, 1932, on the S.S. "Lafayette," landing at Havre, early Saturday morning, July 23rd. At Havre there will be no customs formalities for members of the group.

A special train will carry the members of the group to Paris and the entire party will be transported to the Hotel Continental in Paris.

Sunday, July 24th and Monday, July 25th, will be spent in Paris. Leaving Paris on Tuesday, July 26th, the party will proceed by special train with



wagon restaurant car and baggage car for Strasbourg. A special train will be at the disposal of the group throughout the entire trip. The travelling will be done entirely by daylight and meals will be served en route.

Between July 26th and August 20th the following Cities, Spas and Watering Resorts will be visited: Strasbourg, Contrexeville, Vittel, Evian-les-Bains, Aix-les-Bains, Avignon, Nice, Grand Corniche, La Turbie, Menton, Monte Carlo, Monaco, Cap D'Ail, Beaulieu, Villefranche, Cagnes, Antibes, Cap D'Antibes, Juan-les-Pins, Cannes, Marseille, Carcassonne, Luchon, Superbagnères, Biarritz, St. Jean de Lux, Dax, Hossegor, Vichy, Paris. On Saturday evening, August 20th, the party will arrive in Paris and remain there until Wednesday, August 24th, when departure will be made from St. Lazare Station for Havre, returning on the S.S. "Paris," arriving in New York on Tuesday, August 30th.

Throughout the trip, first class accommodations will be provided, with the entire party always at the same hotel. In the Cities where Spas are visited an official reception, banquets, a lecture by a professor of medicine, evening at the theatre, automobile trips in the neighborhood, etc., will be held.

The accommodations, meals, automobiles, luggage and other details connected with the trip, will be arranged and carried out by the representatives of the French Government. Each member participating in the trip is required to pay 935 dollars. This is the total expense for the trip, so far as the member is concerned. All steamship transportation, hotel expenses, meals, special trains, lectures, theatres, motor trips, etc., are defrayed by the French Government. In short the entire trip from New York and return represents a personal outlay of 935 dollars per person. The physicians may, if they so desire, be accompanied by their families.

It is understood that none of the physicians will have to look after their accommodations, luggage, or any other detail connected with the trip, as everything will be taken care of by their host.

Members of the delegation wishing to remain in France for a longer period than the official trip can do so and will be free to choose the steamer most convenient to them, but must be one of the French Line.

There are plenty of free days and half for golf and side trips. At places like Vittel, there are golf, tennis and horseback riding.

As a practical detail, the amount of baggage should be confined to the least possible convenient limit. Dinner coats are essential but tail coats not required.

For information or registration, please communicate with Dr. Leon Gerin-Lajoie, 1414, Drummond Street, Montreal, Que.

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"Martha, did you wash the fish before you baked it?"

"Lor', mum no! Wot's the use of washin' a fish wot's lived all 'is life in the water?"

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Dr. George Farish of Yarmouth spent several days in May at the place of his birth, Liverpool. Whether he fished or played golf the newspaper sayeth not,—he probably did both.



## 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.)

**W**HAT Nova Scotia has been doing for the mental defective in this province is very inadequately set forth in the last issue of *Mental Health*, the official organ of the Canadian National Committee for Mental Hygiene.

The article which came to our attention specially was by D. H. Russell, B.Sc., B.Ed., University of Saskatchewan. From a perusal of the article itself, evidently the conclusions were reached by a study of these particular conditions in British Columbia, Saskatchewan, Manitoba, Toronto and Ontario.

It is quite apparent that the author of this article when he speaks, of special education in Canada did not fully grasp the efforts that have been made in Nova Scotia in the last twenty-five years to provide the very thing that he refers to in his article. He says this:

"Nova Scotia has made provision for the education of subnormals by classes in the city of Halifax and by the institution recently opened in Truro. The School for the Deaf and the School for the Blind have been mentioned above. The latter institution had an enrolment in 1930-31 of one hundred and sixty-five. The school curriculum provides four types of training—literary, from kindergarten to grade XI, manual, and physical. In addition to the above the girls are given a two-year course in household facilities for the education of psychopathic or delinquent children. The latter are committed to reformatory institutions where instruction is provided by the local school boards."

He thus does not take into consideration the very appreciable successes that the Department of Health and those people who are definitely interested in Mental Hygiene in this province have accomplished, or endeavor to accomplish, in recent years. It is altogether probable that more mental defectives are cared for by special classes in town and city by special Community Homes and Hospitals and our present Training School, proportionately, than any other province in this Dominion.

Like the author of a history of the late Giant MacAskill of Cape Breton, who claimed that, because he had traveled as far as Boston, he did not earn by that any great kudos in his community, the Medical profession in Nova Scotia realizes that they have no right to take any second or third place in this undertaking to any province in this Dominion. This is said in all modesty. We recall twenty-five odd years ago when we lodged our representations against the system that was adopted at that time for the caring of those who were mentally defective.

Our only object in bringing this matter to the attention of the members of the Medical Society of Nova Scotia is to emphasize the fact that for many years we have been fully cognizant of the very great desirability of caring for those, naturally defective, who might be made fairly good citizens of the community.



From the *Bulletin of the Academy of Medicine*, we learn that Golf dominates the sport of the members beginning with a general Field Day on June 6th. We gather that the players on this date will be divided into two "flights," the first to be those who have handicaps from scratch to twenty, the second from twenty-one to thirty-two should follow our suggestion and take up fishing instead. As a matter of fact a good fisherman ought to compete on even terms with a golfer—in lying.

Of course this means the competition keeps up all summer and the finals are contested and won in the fall. Golf is not yet recognized by the majority of the profession in Nova Scotia as so necessary but what we can handle our events in one afternoon. If it ever requires direction from early in June, until it rains or snow write *finis* in the fall, we will have to have a Standing Committee of the Society to take charge of this feature. Indeed, perhaps this should be very definitely arranged even now. Your General Secretary doesn't know anything about golf; the things you swing have no likeness to cricket bats of which he *should* know something.

We further note that this initial afternoon and evening Sport, which doesn't decide anything, it being only an eliminating contest, cost each member \$3.00. We conclude that our Kentville hosts have planned very well for us when they tell us that your fee at the Club will be \$1.00; afternoon tea, 25c, and the dinner and speeches and dance at the Cornwallis Inn in the evening \$2.00; and our contest is settled at once—a kind of sudden death but with your final award not subject to further review.

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The BULLETIN very greatly appreciates the presence on our Exchange list of this publication of the *Toronto Academy of Medicine*. As a matter of fact, we fall very easily for what our organization calls itself an "Academy of Medicine." In this connection we have in mind also the *Bulletin of the New York Academy of Medicine*, to which we have so often referred. These Academies appear to be much more imposing and useful than the usual Medical Society. Why not an Academy of Medicine for Dalhousie University with regular meetings of the Halifax Medical Society and, in time, an Academy or Medical Arts Building.

Now, of course, the obvious reply to anyone making any suggestion along these lines is that it is impossible under present circumstances. Were financial conditions favorable some other difficulty would be presented. It is human nature to object and oppose rather than give kindly consideration to something some person other than ourselves ventured to suggest. Perhaps this tendency exists in Halifax to, at least, a visible extent.

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#### MATERNAL MORTALITY AND PUBLIC HEALTH DEPARTMENTS

The BULLETIN Library cannot, in justice to its expressed objects and aims, refrain from directing the special attention of our readers to some points brought out in our abstract of the advanced Report of the Council of the Canadian Medical Association presented at its recent annual meeting which appears elsewhere in this issue.

In particular we refer to some points raised in the report of Dr. Hendry, the Maternal Welfare Committee and again attention is directed to four of the six conclusions recommended by the Committee as follows:



1. That a campaign of public education on maternal welfare, including pre, intra and post natal care, and correlating the medical and nursing services with those of the different social agencies, should be carried out in each province.
2. That the Department of Health in each province should establish a medical service in unorganized districts by providing for the appointment and reasonable remuneration of young practitioners to give medical service in such districts and outposts.
3. That an Advisory Committee on maternal welfare should be appointed in each province. This committee should be appointed by the Deputy Minister of Health in consultation with the Provincial Medical Association, and should consist of lay as well as professional representatives.
4. That the Department of Health of each province should establish a minimum standard of equipment for all maternity and bacteriological testing of all sterilizing equipment in such hospitals and homes."

As regards the first, the question is asked to whom shall be entrusted the "campaign of public education on maternal welfare?" It is obviously the work of the Provincial Health Authorities, participated in by several medical nursing and social organizations. The direction cannot be by a federal body, but must be by a provincial body.

As regards the other three conclusions, it is pointed out that an opinion is expressed that each Department of Health is advised that it "should" perform certain duties in this particular field. True, this does not express the final opinion or advice of the Canadian Medical Association but we all know that these reports are generally adopted by both Council and the Association. It may be concluded that these points will be endorsed by the Association. The question is then raised as to how we in Nova Scotia are interested in this subject. We have talked it over at annual meetings time and again but are we really accomplishing anything.

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The *Sydney Post* has this to say regarding the recent visit of Dr. Grant Campbell of Montreal and Dr. Victor Mader to Sydney and vicinity in connection with their recent Post Graduate Lectures delivered before the local medical society: "Returning to Montreal June 3rd, after spending two days in Sydney meeting with and addressing members of the Cape Breton Medical Society, was Dr. Grant Campbell, of the lecturing staff of the Canadian Medical Association. Along with Dr. V. Mader, Halifax, he conducted a lecture tour of various medical societies of the province, having visited Halifax, Amherst, New Glasgow and Truro.

"Interviewed before his departure Friday, Dr. Campbell expressed himself as being highly delighted with his visit to Cape Breton, and was warm in his praise of the cordial reception accorded him by members of the Island medical profession. On Friday afternoon he was taken on a tour of the industrial areas by Lt. Col. Dr. Freeman O'Neil, while Dr. Mader, who is an aviation enthusiast, was guest of the Cape Breton Flying Club and taken on a flight over the city

"Dr. Mader returned by motor and will stop at the Margaree en route to try his luck with the elusive salmon at some of the famed pools in that district."



## OBITUARY

**WILLIAM MACKENZIE MCLEOD, M.D., Bellevue Hospital Medical College, 1875, Sydney, Nova Scotia. Honorary Member of the Medical Society of Nova Scotia, 1928.**

**A** VERY considerable number of the medical profession of Nova Scotia and very many of the general public, chiefly in Cape Breton, were deeply grieved to learn of the death on June 12th of Dr. William McKenzie McLeod, aged 77 years, which occurred at his residence, 79 George Street, Sydney, following an illness of nearly six months duration. Had his death occurred eight or ten years earlier it would have been somewhat difficult to see how the local affairs of the City of Sydney and the community of Cape Breton could be successfully carried on without his active participation. About this time he retired to a certain extent from active practice and active participation in the affairs of his community. As a result, he was not as well known to the younger members of the profession in this province as his professional services in the community justified.

The press correspondent of the *Sydney Post* and the Halifax daily papers has the following to say regarding his services to the community:

"In political circles of years ago he was a familiar figure, having represented Cape Breton County in the parliament of Sir John A. McDonald from 1878-82, winning his seat, which had been made vacant by the death of his brother, Dr. Hugh McLeod in 1877, by defeating the late Newton L. McKay, Liberal and the late Murray Dodd, Independent Conservative, in a by-election here.

"He retired in 1882, but his parliamentary career, although brief, was marked by one outstanding feature—he was a member of the parliament that passed the bill giving birth to the Canadian Pacific Railway. Last year, when E. W. Beatty, President of this great Canadian railway system, visited Sydney on a tour of Eastern Canada, to take occasion to pay his official respects to the Doctor.

"Aside from his medical duties, he maintained an active interest in military work, and was responsible for the organization of the old Sixth Field Battery, holding the rank of Commanding Officer. This unit was later to distinguish itself in the World War, having been the first group to leave Sydney in 1914 for overseas service. Although he expressed a keen desire to go over with the Battery, Dr. McLeod was prevented from doing so because of being over-age. He played his part at home however, and during the years of the war was actively engaged in patriotic work and service.

"For many years he was President of the Cape Breton Territorial Division of the Navy League of Canada, and after retiring from this office continued his interest in the affairs of the organization.

"He was an elder in the Presbyterian church here, and an ardent and devout member of that congregation, maintaining a fervent interest in its work and endeavours and his loss in this circle alone will be irreparable.

"He was the oldest living member of the Cape Breton Medical Society, and several months ago, along with Drs. E. J. Johnstone and Arthur S. Ken-



dall, all three having celebrated the golden anniversary of their entering the medical profession, he was presented with a walking cane, at a complimentary banquet held at the Isle Royale Hotel. This was symbolic of the esteem and respect of his confreres."

The Medical Society of Nova Scotia sent a floral tribute to his memory and instructed Drs. A. S. Kendall of Sydney, and J. W. MacLean of North Sydney to represent the Society at the funeral services. To Mrs. MacLeod, Dr. J. K. McLeod, Dr. Thomas McLeod, Newfoundland, and other members of the family the BULLETIN and the members of the Medical Society of Nova Scotia extend sincere sympathy.

The *Sydney Post*, under date of June 13th, 1932, has the following to say regarding the passing of this Honorary Member of the Medical Society of Nova Scotia:

"There will be widespread regret over the death of Dr. William McK. McLeod, which occurred at his residence yesterday after a lingering illness. The late Dr. McLeod was one of the oldest and best-known physicians in the province, having been in active practice for well over half a century. Almost fifty-three years ago he was elected to the House of Commons for Cape Breton County, retiring from public life at the end of the parliamentary term in 1882. But his interest in public affairs never waned, and there were few persons so well-versed in the trend of national events, or in the wider sphere of Empire politics. A Conservative of the best school, strong in his attachment to British institutions, firm in all his convictions, he was respected and loved by his fellow-citizens of all parties because of his broad tolerance, his unfailing courtesy, his fine integrity, and his kindness in his relations with everyone. In his passing a gracious personality and a sterling citizen has been removed from the community life. To his widow and family, the *Post* extends its sincere sympathy."

In a later issue of the *Sydney Post*, we find the following tribute which we very gladly reprint:

#### **Tribute from an Old Chum.**

As one who was closely associated with the late Dr. McLeod in boyhood, in early manhood, and during his maturer years may I be permitted to express an appreciation of his personality, and those fine traits of character and disposition which endeared him to a large circle of intimate friends and won for him the respect and esteem of all with whom he came in contact.

As boys our homes were not far apart and we naturally drifted into companionship on the way to and from school and this association grew into a friendship which has stood the tests and vicissitudes of sixty-five years. The school was situated on Charlotte street, one door south of Fanjoy's and the teacher was John Stewart, now the eminent surgeon, Dr. John Stewart of Halifax.

As a youth Dr. McLeod was fond of all kinds of sports. In summer cricket claimed his attention and in the middle seventies he became the trusted captain of the Sydney first eleven. In winter he was devoted to skating and curling, in both of which he became expert. In straightaway skating he was the perfection of graceful motion and in figure skating he was in a class by himself. He was one of the original members of the Sydney Curling Club and as a trophy of his prowess in this game he carried of the Royal Caledonian Club bronze medal in a points competition on the day of his last appearance on the ice about thirty two years ago. When the last regular shot was played he and I were ties and we had to play off at outwicking at which he won.

After receiving his preparatory training in Sydney Academy he went to Dalhousie in the autumn of 1871. In 1872 he began the study of medicine and took the course at Bellevue



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Hospital Medical College from which he was graduated M.D. in 1875. In this year he opened an office for general practice in Sydney and met with deserved success. In 1879, on the death of his brother Hugh, who was one of the sitting members from Cape Breton at Ottawa, he contested this seat in a three-cornered contest and was elected, probably the youngest representative ever sent to the Federal Parliament.

Following a paralytic stroke, Dr. W. P. Kirby, well known surgeon of Moncton, N. B., died in the Moncton City Hospital, May 22, 1932.

Many Halifax people will recall Mrs. George Boardman Layton and her family, who were resident in Halifax a number of years ago. It is a matter of regret to note the death on May 25th in the Buffalo General Hospital of a daughter, Miss Matilda Black Layton, Miss Layton was particularly interested in the work for wounded and invalided soldiers in Camp Hill Hospital from the time of its opening. In recent years Miss Layton was head of the occupational therapy department of Niagara County Sanatorium at Lockport, New York.

At historic Englishtown, Cape Breton, on the 10th day of February, 1932, there passed away at the advanced age of 99 years and 10 months of a man in the person of Angus MacRitchie, who had been a respected citizen of that community for very many years. Of his own immediate family only one brother over 80 years of age now survives his passing. He is mourned by five children, one of the younger ones of the family being Dr. J. J. MacRitchie, now associated with the Public Health Department Tuberculosis Division in Nova Scotia

### WOULD RAISE STANDARD.

It was reported that the following hospitals and clinics would have registered pharmacists: Victoria General, Halifax Dispensary, Halifax Infirmary and St. Martha's Hospital, Antigonish.

Discussion was held with regard to raising the standard of admission to the Pharmacy course and it was suggested that completion of first year Arts be instituted. The matter was referred to the annual meeting.

The board of examiners was appointed for the next three years and will include: Professor H. P. Bell, Halifax; H. D. Madden, Liverpool; G. S. Kinley, Halifax. Three more will be appointed by the Government.

A wise old owl lived in an oak;  
The more he saw the less he spoke;  
The less he spoke the more he heard;  
Why can't we be like that old bird?



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## Personal Interest Notes

**D**R. M. J. WHITTIER, Dalhousie 1929, who has been resident physician at the Maritime Home for Girls at Truro, Nova Scotia, for the past two years has removed from that institution and is taking a special medical course at the Women's College Hospital, 125 Rushomeme Road, Toronto. Possibly following this special course Dr. Whittier will be enlisted as a Medical Missionary in India. Knowing the very good work that she has already done in the Province we are not so sure that her transference to a more or less related organization is in the best interests of the modern progress of medicine at this time

A press despatch in interested newspapers announces the wedding at Whitnev Pier, on June 10th, of Dr. H. J. Townsend, of Louisburg, Cape Breton, Dalhousie University 1930, to Miss Janet Wallis, daughter of Mr. James S. Mitchell, of Stellarton.

Dr. and Mrs. Poirier, who recently received a very kindly farewell reception when they removed from New Waterford, are now located at Cheticamp, Inverness County. They will undoubtedly make many new friends in their new home

Dr. J. W. McKay, of New Glasgow, returned June 1st from a trip to Montreal, Toronto and Buffalo, ending up a very pleasant trip by a few days spent in Halifax, visiting his daughter Mrs. (Dr.) Doul.

Dr. and Mrs. Freeman O'Neil, Sydney, may have an aviatrix in the making, in the person of their daughter, Miss Jean, who recently flew from Sydney to New Glasgow and return. The pilot, Captain George Ross, of Ottawa, was a guest at the time of Dr. and Mrs. O'Neil.

The BULLETIN was glad to have calls recently from Doctors Kennedy of Glen Margaret; Dr. White of Bridgetown; Dr. J. J. MacRitchie, formerly of Goldboro, now in the Department of Health; Dr. G. Harvey Agnew, of Toronto and there were others! Thank you!

Our good friend, Dr. L. R. Morse, of Lawrencetown, again has his photo in the Halifax press, and its a very good picture of the genial doctor. This time he is not mentioned as the President of the Medical Society of Nova Scotia, but as extending a very cordial welcome to the representatives of Western Baptist Association that met in June at Lawrencetown. Well! The Morses were generally Baptist ministers or doctors, or educationalists. So Dr. L. R. is only living up to his family traditions in combining theology and medicine.

One of the most enjoyable calls the BULLETIN office has had recently was when Mr. Jean Lanctôt representative of Rougiere Freres, 210 Le Moyne St., Montreal, came in and told us how much his firm appreciated the co-operation of the BULLETIN in giving publicity to their very great contribution to the supply of pharmaceuticals available for the Canadian practitioner. We hope the day will come when all our readers will say: "If that advertisement appears in the BULLETIN of the Medical Society of Nova Scotia it is all any of



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us need to justify our immediate business relations with such concerns." We trust Mr. Lanctôt will call at the BULLETIN office whenever he is in Halifax.

Our good friend, Dr. C. L. Gass, of Sackville, N. B., who always attends the regular meetings of the Cumberland County Medical Society, sailed by the S.S. "Nova Scotia" from Halifax, June 14th, 1932, for Liverpool. He was accompanied by Mrs. Gass. Besides attending the Centennial Meeting of the British Medical Association, he will do six weeks' post graduate work in London.

Among recent graduates at McGill we note E. David Sherman, of Sydney, M.D., C.M., also Miss Mary E. McAskill, Glace Bay, Diploma in Public Health Nursing.

Doctors J. L. McIsaac of Antigonish and M. R. Elliott of Wolfville were in attendance at the Nova Scotia Training School at Truro when Mr. Justice Hall was honored for his interest in this Provincial economic and philanthropic institution.

"Some people," said the restaurant keeper grimly, "seem to look upon spoons and forks as medicine to be taken after meals."

It is intimated that a number of influential citizens of Winnipeg have decided that a change of government in Manitoba is desirable. A memorial was drawn up to this effect and among those prominently supporting the movement was our own Dr. D. S. MacKay, "Dr. Dannie," son of the late Dr. Wm. MacKay, of Reserve Mines.

Dr. and Mrs. John Bell, of New Glasgow, are to be congratulated upon the success of their son, Adam, in obtaining his Ph.D. from McGill University. He was a graduate B.Sc. and M.Sc. of Dalhousie and now at the age of 22 years he has his Ph.D. with honors. The BULLETIN extends its felicitations to Dr. and Mrs. Bell and congratulates the grandson of the late Senator A. C. Bell upon his success, which, we trust, will only be preparatory for a useful life.

Dr. William Winfield of the Crile Clinic, Cleveland, Ohio, spent a two weeks' holiday in Halifax, May 20th to June 4th, visiting his parents, Mr. and Mrs. J. H. Winfield, who graduated at Dalhousie in 1929.

Dr. W. J. Egan, of Sydney, as Lieutenant Governor of the Maritime Division of the Kiwanis Club, paid an official visit to the Halifax Club on May 23rd.

Dr. and Mrs. D. J. MacDonald, South St., Halifax, announce the engagement of their daughter, Sheila Mary, to Chas. D. MacKenzie of Halifax, wedding to take place in St. David's Church, June 10th.

Dr. R. St. J. MacDonald, of McGill University, with Mrs. MacDonald, has taken up his summer residence in his former home at Bailey's Brook, Pictou.

**Medical Officer Granted Leave.**—Granted two months leave of absence to recuperate from a recent severe attack of pneumonia, Dr. J. K. McLeod, City Medical Officer, will leave within the next few weeks for the old country, and in addition to attending the Centennial of the British Medical Association, will visit various important centres of the British Isles and other parts of Europe. During the absence of Dr. McLeod, his office will be filled



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by Dr. E. M. McDonald, who has filled the position of Acting City Medical Officer on other occasions. Dr. McLeod was granted leave of absence at the council meeting last night.—*Sydney Post*, May 21, 1932.

Dr. W. A. Chisholm, now resident in New York, who, with Mrs. Chisholm, spent the winter at St. Petersburg, Florida, and they settled, the latter part of May at their summer home at Cape George, Antigonish County.

Dr. and Mrs. C. E. A. deWitt and Miss Betty, went to Montreal to attend the wedding of Mrs. deWitt's sister, Miss Harding. Doctor deWitt will remain in Montreal several weeks attending Clinics at the Montreal General and Royal Victoria Hospitals.

Mrs. Morton, wife of Dr. A. McD. Morton, of Halifax, visited in the latter part of May and early June, Toronto, Kitchener, Princetown, and New York. Besides attending the annual meeting of the Imperial Order Daughters of the Empire she visited friends and relatives, including two sons.

Mrs. Chisholm and Miss Mary Chisholm, widow and daughter of the late Dr. Murdock Chisholm of Halifax, have gone to Kentville to spend the summer with the widow of the late C. L. Baker, also a daughter of Mrs. Chisholm.

The May meeting of the Stellarton Local Council of Women was addressed by Dr. V. H. T. Parker of that place. He made a plea for parents to cooperate with the School Nurses and to support universal vaccination. We emphasized the value of the present health nursing system. This is fine for towns like Stellarton, but how about the remote rural districts?

Dr. D. R. Sutherland of Middle Musquodoboit was laid up a few weeks in May with that common and uncomfortable affliction—mumps. Dr. R. A. Morash of Halifax, Dalhousie 1931, acted as his *locum tenens* during his indisposition.

Dr. and Mrs. A. W. Miller of New Waterford attended the recent convocation of St. Francis Xavier, when their son, Cyril, was ordained to the priesthood.

The latter part of May the Canadian Legion of New Waterford and the Ladies Auxiliary held a joint meeting. Advantage was taken for those present to make presentations to Doctor and Mrs. W. G. J. Poirier who are about to remove from New Waterford. A programme of speeches, music and dancing was greatly enjoyed.

Dr. J. P. McGrath of Kentville was Chairman of the Committee which made the local arrangements for the recent Rotary Conference of the Clubs in the Maritime Provinces and Newfoundland. By the same token he was recently elected President of the Kentville Rotary Club.

The South Shore has a Tennis League and at a recent meeting Dr. W. A. Hewatt of Lunenburg was elected president of the league which includes Bridgewater, Lunenburg and Liverpool.

The press gives publicity to the wedding recently of Miss Marjorie MacKinnon, daughter of Principal McKinnon of Pine Hill College, to Dr. Ian Macdonald, son of Dr. and Mrs. D. J. Macdonald, South Street, Halifax.