A National Health Programme

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(This is another of a series of articles by Dr. Braunstein late of the Nova Scotia Sanatorium Staff which has been published by *Health Rays*, the magazine published by the patients at the Sanatorium. These are published in the BULLETIN as a contribution to our education as to what State Medicine really means in different countries.)

England; Germany-Austria.

WE stated in a former article that health and disease were "a part of the totality of social problems" and cannot be satisfactorily investigated unless studied in relation to other major community problems, particularly industry and economic conditions; furthermore that medical organization has lagged far behind the rapid progress of the medical sciences, and no longer satisfies the needs of our changing social system; that the project has become too vast for individual and small group control; that a national health program alone can fulfil the requirements. We shall now consider certain aspects of medical practice in various European countries. Our study is based almost entirely on facts gathered by others; nor are these, in every instance, the most recent. We are not making an exhaustive analysis but wish merely to indicate a general trend that has gained momentum within recent years.

Social Insurance

The object of social insurance is to protect men, women and children against the fact and fear of insecurity, the exhaustion of savings, a lowered standard of living and recourse to charity, by providing a fund which gives them a legal right to a definite sum, a minimum in all periods of needs, old age ill health, unemployment, maternity, etc.

Friendly and sick benefit societies have existed for many years, their object being to provide sickness benefits and payment of burial expenses. Trade unions, representing larger groups, have been able to extend similar benefits. The State (government) has stepped in because in the absence of compulsion by a central authority comparatively few will make provision against these emergencies. These risks are at present unavoidable and if they are not provided for the burden finally falls on the community (that is, the State—county, province, nation), as well as the individual; moreover, so that profits will not go to individuals or corporations but will serve to enlarge the powers of the insurance fund. By the National Insurance Act of 1911 England provided for compulsory insurance against industrial accidents, ill health, and old age, as well as against unemployment in certain selected trades, of all manual workers between the ages of 16 and 70, and non-manual workers with yearly incomes under £250. Certain other groups were allowed to enter the scheme voluntarily. Subsequent Acts of Parliament have altered and amended the original plan, but the essential features remain. Over sixteen million persons were included in 1930. National Health Insurance has become one of the greatest examples of national co-operation in England's history. Most other states (Denmark, France, Germany, Australia, Japan, Norway,

etc., etc.) have under consideration or have already adopted similar legislation.

Under the English law employers are responsible for the payment of the joint weekly contribution of both themselves and their employees, which, in January 1926, was 9d for each employed man and 8½d for each employed woman, 4½d and 4d, respectively, being deducted from wages of employees, the employer contributing half. Special stamps are issued by the Postal authorities to cover these payments and are affixed to a half yearly card provided by the Government. The actual present value of the stamp affixed is higher than stated above to include contribution for old age pensions. The purchase money is paid into a National Insurance Fund which forms the financial basis of the scheme. The State exchequer adds two-ninths of the entire insurance budget. Considerable periods when there are unpaid contributions owing to unemployment are covered by the insurance, during which the insured are entitled to all medical benefits.

In England and Wales, the Minister of Health is responsible to Parliament for the maintenance of a satisfactory Medical Service for the insured population. The country is divided into areas in each of which there is set up an Insurance Committee responsible to the Minister for the local administration of medical benfits. This Committee, representing the insured, the medical profession, the local county or borough council and the pharmacists, is responsible for the maintenance of the register of insured persons, (the name of each insured individual is placed on the list, or "panel" of a doctor, the number per "panel" being limited to 2,500) for the publication of the list of medical practitioners in their district who will accept patients under the insurance scheme, and for the arrangements with local druggists for medical and surgical supplies, (these are furnished on presentation of a doctor's prescription) and for the payment of doctor's remuneration. It also deals with complaints and all questions arising between the insured and the doctors in their area. (In practice, this is the function of a sub-committee on which sit an equal number of representatives of the insured and the medical profession, with an independent chairman). A card is issued to every insured individual which must be presented at the request of the doctor. A central Department of the State is charged with national oversight.

All insured persons are organized into "approved" societies (that is, approved by the Minister of Health). These are self-governing, democratically controlled and non-profit making. Any body of insured persons (friendly society, trade union, etc.) may apply to become an "approved" society. Most "approved" societies attract the majority of their numbers from particular trades.

The normal benefits provided under this plan include: (a) commencing the fourth day of incapacity, the payment of a specific amount as weekly benefit for a maximum period of twenty-six weeks; (b) after the twenty-sixth week, a reduced disability benefit as long as the beneficiary is incapable of work; (c) a cash maternity benefit to an insured woman or the wife of the insured; (d) medical benefits: such medical treatment as can be properly undertaken by the general practitioner of the usual professional skill, other than in respect to confinement, as well as medicines and surgical appliances. Dental and ophthalmic needs are supplied by some "approved" societies.

Every insured person is entitled to these services wherever he is in Great Britain. The insured person may select from a list any doctor ("free choice

of doctor") as his regular medical attendant, provided that doctor is willing to put him on his list ("panel"), and may change his doctor at any time if dissatisfied. In case of immediate illness every insurance doctor must give such treatment as is required immediately, and advise the patient what steps to take to secure his being placed on a doctor's list. If the doctor on whose list the patient is, is not available an emergency may be treated by any insurance practitioner; this also applies when the insured person is staying away from home, as on vacation, etc.

Every registered medical practitioner who wishes has the right to take part in the service. Opposition to the entire scheme on the part of the medical profession is disappearing. Of about 24,000 general practitioners in Great Britain over 15,000 are engaged in insurance practice. Every physician may, as well, carry on a private practice. The terms of the doctor's agreement are embodied in the regulations of the Ministry of Health. The doctor is paid by quarterly cheque, representing a capitation fee (9s per annum: Feb. 1931) for each insured person on his list, well or ill. In case of illness a prescribed form must be completed weekly by the doctor, stating that he has examined the patient, and that, in his opinion, the patient is incapacitated for work. A special certificate is required when the patient is able to resume work.

"The service, broadly, is conducted as private medical practice is conducted. The insurance practitioner sees his insured patients in the same consulting room as that in which he sees his private patients... As a general practitioner he brings to bear upon their various ailments the same skill and the same methods of diagnosis and treatment that he devotes to his private patients. In short, the aim of the insurance system is to utilize the private practitioner, not to abolish him or replace him by a public official..." (Sir George Newman, chief medical officer of the Ministry of Health of England and Wales.—Report 1925).

That the service is as satisfactory to those engaged in it "as could be expected" has been frankly placed on record on many occasions by the Insurance Act Committee of the British Medical Association, though.... they reserve for continued criticism many matters of detail. The service represents for the members of the medical profession an enormous gain on the conditions obtaining before 1911 for the reason, if for no other, that in the treatment of the employed population of this country every general practitioner is completely freed from any financial anxiety...while the exercise of his clinical judgment, and, generally, the intimate relation of doctor and patient remain completely undisturbed." (R. W. Harris, Chairman, London Medical Service Sub Committee. Can. Pub. Health Jnl., Feb., 1931).

Health Insurance has not been without its critics, and the whole gamut of probabilities has been levelled at it: over-lapping of insurance schemes; that it has become a means of obtaining doles rather than health; that "as soon as men and women have gratuitous medical and surgical treatment thrown upon them, they are apt to search their bodies for signs and symptoms of disease as carefully as a monkey searches for fleas"! that the "will-to-be-well" is undermined because a medical certificate means pay without work; that doctors have to attend to trivialities, and are therefore apt to do rush work; and that "the process of healing and the time for cure are greatly extended;" that it disturbs the normal (?) relation between doctor and patient; that it even threatens the physical and moral degeneration of the race! And last but not least, that doctors and patients will scheme to swindle both the insurance

companies and government. Certainly an undertaking so vast cannot be perfect after a comparatively short period. But our faith in the potentialities of human beings is somewhat more optimistic. When the future becomes less uncertain, malingering on the part of the patient (consciously intentional or not) and questionable designs on the part of others will largely disappear. Human nature is a fluid rather than a fixed entity, and it does change.

A Royal Commission reported in 1926. There was general agreement as to the fundamental soundness in principle and administration of the system—also on the need of a considerable extension of the benefits and the abolition of the insurance committies, and the transference of their functions to the local health authorities, that the risks covered include a larger number of groups that provision be made for dependents of the insured, as well as child-bearing, that the rates of cash benefits be increased, that medical treatment should be extended to include specialists' service, including dental treatment, as well as hospitalization, nursing, laboratory diagnosis, X-ray, etc. Parallel with a movement for extension of the scope of social insurance there is the movement for a gradual unification of all branches of social insurance, since the objects underlying all schemes are broadly the same, under a single department of the State. This "would complete a national system designed to leave no one without the means of readily obtaining adequate medical attention for all forms of illness."

Dr. Leo K. Franckel, of the Metropolitan Life Insurance Company is quoted: "To-day we know that fire is a hazard, and we know that accident is a hazard and we provide against these hazards under the modern method of distributing the burden of risk. Fundamentally this is the insurance principle. Cannot the same plan be applied to meet the cost of sickness, which has been so successfully applied to meet the hazards of death, of accident, of fire, and many other contingencies of life? The cost must be provided for in advance of sickness, and be distributed so that it bears equally upon all."

"The National Insurance Plan established under the British Health Insurance Act of 1911 secures for nearly one-half of the population of the British Isles effective and prompt medical aid...and although the system may not be free from imperfections, its success is attested by evidence of unimpeachable authority." (A. D. B., Can. Med. Assn. Jnl. Mov. '30). "Enormous tribute to the success of the operation of the National Insurance Act of 1911 is found in the fact that all parties of the State to-day unite in desiring an extension of the scheme, and that, whereas seventeen years ago a large number of people sought by devious contrivances to keep outside the ambit of the Act, to-day the cry from many sections as yet ruled out, is for their inclusion. The desired extensions are two-fold, the first having regard to the extension of the number of persons affected, and the second relating to the scope of benefits it is desired to cover by the process of insurance." (Stanley L. Duff, Chairman, National Health Insurance Consultative Council. Jnl. of the Royal Sanitary Institute, Jan. '30).

"In the insurance medical service, then, we have created a system which, for the first time in our history has brought the work of a great body of private practitioners into organic relation to our public organization of preventive medicine.... In three respects the insurance practitioner is placed in a position of special advantage in the attack on disease; first, he encounters disease in its beginnings; secondly, he sees his patients in their own homes; and thirdly, his relation with them is not embarrassed by considerations of gain...He

sees his patients at the outset of illness, chiefly because no question of fee is interposed between him and them. His patients seek his services early because they have no fear of the doctor's bill before their eyes. Similarly he can continue his attendance for the full period for which he is needed, without any thought that his assiduity might be misinterpreted and attributed to his desire to run up a long account. . . . The insurance doctor receives no fee from his patients, but, nevertheless he is paid. The patient is not deterred from sending for his doctor by the feeling that he will receive something for nothing. He has paid his insurance premium in the form of weekly contributions, and his doctor is receiving, for his attendance upon him, what an impartial tribunal has held to be adequate payment. . . ." (Sir George Newman. Report 1925).

"After thirteen years of such a system it is true to say, in general, that the incidence of incapacitating illness among the working population has diminished, that whole classes of persons are now receiving a real medical attention which formerly they did not get at all, that the amount and character of that attention is immensely superior to that given under any of the old forms of contract practice, that illness is now coming under skilled observation and treatment at an earlier stage than formerly, and that the bias toward preventive rather than mere medical treatment has been reinforced." (H. B. Brackenbury. Member of Council of the Br. Med. Assn. Encyc.-Brit. 1926). As one writer aptly puts it: "The paradox of social insurance is its steady growth in spite of constant attacks upon it and the lack of any visible wide-spread enthusiasm for it."—(Ency.-Brit. 1926).

Germany-Austria

Germany was first to institute compulsory sickness insurance (1883). Austria's first laws date back to 1888. These have been altered and amended to fit changing needs. In Germany Health Insurance is compulsory for all whose maximum yearly income is $900 (3600 marks). (McPhedran. Can. Med. Assn. Jnl. Oct. '31). In Austria the law provides that every salaried worker from servant girl to government official or bank director must be insured for medical treatment and within recent years the scheme has been extended to include manufacturers and storekeepers. No provision has as yet been made for the farmer. (The Nation, N. Y. May 14, 1930).

The insured are organized into Krankenkassen (insurance societies) and are self-governing under State supervision. In Austria within the last decade the law has forced the merging of several small Krankenkassen into larger bodies thus diminishing administrative expenses and standardizing benefits to members. The Krankenkassen may be a small organization composed of the employees of a single establishment or may serve the population of a particular district, the members of a trade union or a Civil Service group. Some insure their members only. Others include the family as well.

It has been estimated that over sixty per cent. of the population of Germany receives medical benefits in this form; in some of the larger centers as many as ninety per cent. Over nineteen million are insured in about seven thousand cities (1927). In Vienna, Austria's capital, over seventy-five per cent. of the inhabitants are included.

In Germany only about five per cent. of physicians are doing private practice solely, and over eighty per cent. receive their income from the insurance societies. Payment to the doctor is made on a per visit basis. In Austria

physicians may be distributed over certain districts and patients in each particular district must consult the district doctor. These medical practitioners usually receive a fixed monthly salary and have as well the right to private practice. Some organizations allow free choice of physicians and pay the doctor on a per visit basis.

In Germany contributions of one-third each are made by the insured, his employer, and the State, which are suspended during periods of incapacity from illness. In Austria fifteen per cent. of the salary of the employee (seven and one-half per cent. paid by himself and the balance by his employer) is the insurance premium, covering, besides health, unemployment and old age pensions.

During illness cash benefits are paid amounting to from one-half to two-thirds of usual wages. Medical care consists of general practitioner as well as specialists services and hospital treatment.

In Germany clinics have been established in all centres to which the insured may come for consultation and treatment. The insured have the legal right to free choice of a clinic as well as a particular physician at that clinic to whom they may go individually. One particular clinic receives about seven hundred persons daily and is open for a period of six hours each day, the afternoon period running until six-thirty to seven o'clock for the convenience of day workers. Each doctor has a private room where he receives patients individually, with nurse or clerk in attendance. Each patient, when told to return for further treatment, has a definite appointment by day and hour. In 1927 there were thirty-eight clinics in Greater Berlin, ranging in size from the above to smaller ones in outlying sections with only one department or two physicians and receiving fifty to seventy-five patients daily. Patients having need of a doctor's care at home are also attended by the physicians on the clinic staff.

Most hospitals in Germany are under public control. Sickness Insurance societies pay these public hospitals a per capita rate for members and their dependents. A number of societies have their own convalescent homes, Sanatoria for Tuberculosis, etc.

A central record system has been established on which are summarized all the essential points of the patient's condition and treatment. This card will serve as a guide to his entire medical history in whatever clinic he may be treated during the course of years.

We quote Dr. Walter Pryll, Director of a German establishment: "We are giving our members and their families better treatment than they have ever had before. They have free choice among the clinics and physicians in our system... We give our physicians equipment and assistants to work with, and laboratory facilities and opportunities for consultation which doctors cannot possibly have in private practice among working people.... We are giving them adequate salaries, the same schedule allowed in State allowances for old age, and pensions to the physician's widow in case of death. We are doing everything we can to make these clinics centres of prevention as well as cure ...Our prenatal clinics and our 'sports advisory clinic' (where young people of high school age are examined as to their ability to undertake various forms of athletics, and counselled in building themselves up) are examples... We have come to believe that our system of providing medical service through well organized clinics, with a staff of doctors able to treat patients in their homes when needed, is fundamentally sound in principle, and in line with the trend of scientific modern medicine... It is in fact far less expensive than

the old method of paying by the visit, or at so much per member. Its cheapness, however, does not result from under-paying the doctor but from the use of the principle of organization, in saving his time, pooling equipment, and in utilizing equipment and personnel efficiently... facilities are actually afforded for research and studies are continuously carried on. (The Survey, N. Y., May '27).

"The beneficial effects of the system on the public health has never been questioned by any well informed hygienists... and the German medical profession at a Congress at Essen in June, 1929, while contending that the insurance administration should be amended..had nevertheless recorded their view that the insurance system is indispensable to the German people... the German insurance societies have developed into potent agencies of promotion of public health, providing general practitioner, specialist and hospital treatment on an extensive scale, not only for their insured, but for their dependents as well." (Lancet. Jan. 11, '30).

"When you have visited the average large clinic in America, where most patients must wait and hope, when you have seen the herded men, women and children in the teaching clinics of the German Universities, or the throngs of patients in the great out-patient departments of London... you are prepared, as I was, to appreciate the dignity and individuality which accompany organized medical service under self-support." (The Survey, N. Y., May, '27).

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Presidential Address

C. E. A. DeWitt, M.D.

VALLEY MEDICAL SOCIETY.

Wolfville, N. S., May 6th, 1932.

Gentlemen:—

To be President of the Valley Medical Society is an honour and a pleasure, and in giving thought to what I might present to you in a short presidential address, I felt, that owing to the fact that I have been your Secretary for many years, I could not do better than to present to you at this time a few remarks, give a few ideas, a slight retrospect that takes recognition of past successes and failures, and a peep into the future, in so far as our Valley Medical Society is concerned.

Let us go back for a moment to our past history. The infant from which this Society grew had its birth in the formation of the Kings county Medical Society, on the twenty-first day of December, 1867, in the town of Kentville, where we are holding our meetings to-day (just 65 years ago). This society functioned for only a few years until 1870, when owing to a lack of attendance it automatically died. But in 1892 it came to life again when a meeting was called in Kentville, and thereafter quarterly meetings held. In 1907 Annapolis joined with Kings county and the Annapolis-Kings Medical Society was organized, and still later in 1910, Digby county was added and the Society given the name of the Valley Medical Society, which name it holds at the present time.

Are we to-day as individual members doing all in our power to uphold the traditions of those who have gone before us? In looking up some of the old resolutions, I read as follows:—"the objects of this Society shall be: The advancement of medical science, the discussion of all subjects pertaining to the profession, and the protection of the rights of its members; to observe professional etiquette, to treat every colleague with courtesy and respect, and if necessary, with forebearance; to submit all disputed questions to the council for judgment; in short, to endeavour by all possible means to promote harmony in the profession, and to suppress the baneful influence of quackery." Our professional colleagues who have preceded us, put much time and thought into such matters, some of them had to drive long distances, over poor roads to attend meetings, and yet they did it, and according to the old minutes, had 100% attendance at many of their meetings.

Let us then ask ourselves the question, are we getting the co-operation of the members of the Valley Medical Society that we should? How many answer the secretary, when he asks for papers and case reports for our medical meetings? He often has to write several letters and then eventually telephone. Very few will put forth the effort to do these things, and why? Is it because we depend too much on speakers sent by the C. M. A.? Before these lecture tours were instituted, we usually had one outstanding man in medicine or surgery from our own province on our programme, with one of our own members prepared to open the discussion, in which many more would join, the remainder of the programme was prepared by our own members, and many instructive and interesting case reports were brought before the society.

I do not want you to think for one moment, that I am not whole heartedly

behind the plan, that has been made possible by the generosity of one of our large insurance companies, I am, and the enthusiasm with which these lecture tours have been received, speak for themselves, having brought to us some of the outstanding medical men of Canada, giving us up to date and scientific papers,—in fact, real post-graduate work brought to us.

Nevertheless, I think it would be better, to have extra meetings for these speakers, as we are doing this year, and more of our own men take a keener interest in the preparation of papers, and case reports for our regular meetings, because there is no doubt that the greatest stimulation to any man's cerebration, is the preparation of a paper by himself. There is not the slightest doubt, and I am sure you will all agree with me in this statement, that the medical men throughout these three counties, very frequently, have interesting and instructive cases that should be reported, and I feel that we are hurting ourselves, and our society in continually passing the buck. If in the future, we will all try to co-operate with the President and Secretary in the preparation of our programme, we would have a society that could not fail of being of great value to every physician in our locality, developing as it does, scientific instruction, and the handling of local professional problems. And if you will permit me to make a suggestion at this time, I believe our Valley Medical Society would be strengthened if we included in our organization the physicians of Western Hants County. This seems especially desirable from many standpoints, and geographically just as essential as it was for the members of the Valley Medical Society practising in western Digby county, to join in with the Western Counties association. With general public hospitals in Windsor, Wolfville, Berwick, Middleton, Digby, and the Sanatorium at Kentville, we should have a 100% membership of Physicians, who having the opportunity now afforded by the various hospitals, of keeping records of many interesting and instructive cases, would have available ample material to work up a valuable programme for our meetings. Our branch societies are the very keystone of medical organization, but they must be active units and they cannot be active and cannot wield the great influence in public opinion they should, unless our individual members put more of their own efforts into our meetings.

There is still another matter that we as a body of medical men should pledge ourselves to do, and that is get behind the public health department, which has recently been reorganized in this province. If we do not give this department our wholehearted support, it cannot begin to accomplish in an efficient manner the work it has mapped out to do. The staff that is now operating cannot expect to get results, if every physician does not do his utmost to co-operate, rather than criticize. I have heard the remark time and time again, What does so and so know about our local problems as we see them from day to day in our practice? Of course, they don't know as much about conditions, but is not that just what the department wants, information? and if we will only give voice in our local society meetings regarding such matters, and back our discussions and resolutions with united action we are bound to produce good to ourselves, and to the community as a whole.

It might even be wise for branch societies such as ours to have an active committee on public health relations that would serve as a link between the society and the public health department. We cannot expect much interest from the community at large if physicians do not take more interest in this phase of work. I know I am now speaking on a big subject, one which is being given a great deal of thought by our public health workers; however,

I feel that we are not educating our young adults in matters of health as we should, and this knowledge I believe should be given by a medical man to high school students and first year university students, because if our boys and girls are not given this health education in an intelligent way, then they will either remain in ignorance regarding vital health problems, and this is especially true in regard to Sex hygiene, or they will only partially get it in a way that does more harm than good.

Those who think a little knowledge is dangerous, sometimes refer to the apprehension, engendered by even a general concept of how, "Fearfully and wonderfully we are made." If anxiety is aroused by the knowledge of the working of the body, it is likely because the individual was in a state to be anxious about almost anything. A wholesome respect for danger, is quite different from apprehension regarding it.

It is said that three-fourths of the sorrows of men are due to apprehension. We know that many diseases are self limited and cure themselves. Cults, quackeries, and patent medicines have their triumphs in the relief of apprehensions, and take the credit for the relief of self-curing diseases. Lying in the wake of quacks however, are cases of hopelessly delayed Cancer, Tuberculosis and organic disease, the wreckage of human life.

My daily work among young adults, both male and female, give me the opportunity to observe the appaling ignorance of the majority of young people approaching, and yes, some of them years beyond puberty, in regard to the simple anatomy, physiology, etc., of the human reproductive organs, and of the many undermined nervous systems due to apprehension, and also of the good results obtained, from the standpoint of health, when they were enlightened about such matters. You might ask, what has this phase of the subject got to do with public health? It has a great deal to do with it—in regard to the prevention of disease, and especially venereal disease, as well as nervous disorders.

As a recognized authority once said, what appropriating bodies need to be made to see is that the health department is just as important to a community as a fire department, you can destroy every dollars' worth of property in the world by fire, and the human race would survive and rebuild. If you destroy or incapacitate the human race, property would have no value, and would immediately begin to pass away, and never return.

> We are all blind until we see
> That, in the human plan
> Nothing is worth the making, if
> It does not make the man,
> Why build these cities glorious,
> If man unbuilded goes?
> In vain we build the world, unless
> The builder also grows.

Gentlemen, I trust I have not taken up too much time with these rambling criticisms and ideas. I have had the honour of being a member of the Valley Medical Society for twenty-two years, and I am sure you will all agree with me when I say, we have now, and have had in the past a good active society, splendid meetings, an average attendance that few, if any county societies can surpass; and yet, as I said before, we have reached the stage, in my humble opinion, where, if we are to go forward, and get out of our meetings, what it is possible to get, we must each give of our best.

Housing in Halifax

THE BULLETIN has been favored with a copy of a Report "On Housing conditions in the city of Halifax; including the Results of an Investigation by A. G. Dalzell, M.E.I.C., and of a Sanitary Survey by the City Board of Health; made under the Direction of the Citizens' Committee on Housing; compiled by S. H. Prince, Ph.D., Chairman." This is what the little booklet says and its 75 pages include 22 pages of a report of Mr. Dalzell.

To one studying this report two sections may be accepted as covering the situation both fully and correctly. As these sections have much to say about the relation between bad housing and ill health, abstracts of the same are here presented to BULLETIN readers.

Findings of Committee—"The term bad housing" may be defined in a number of different ways. It is adequate for our purpose that the term should cover: (1) Any kind of housing that in itself tends to impair the mental, physical or moral health of the tenant. (2) Any condition of housing which is unsafe or in any way unfit for living or home making. (3) Any form of housing which is injurious to the community.

Bad housing is a condition found not in a few but in many cities, and in small communities as well. It is an age-old problem; but it has become accentuated with the modern tendency to urban dwelling, and to the crowding together of populations within a small area. An examination of the dwellings of the poor will reveal the fact that a large majority come under the terms of the above definition. At one time it is the evil of foul plumbing and sewerage. At another it appears in the guise of stifling odours and swarms of flies. Again it may be characterized by the accumulation of dirt and germs in broken wood and plaster, poor ventilation, meagre light, scanty provision for privacy and such like deficiencies.

The relation of bad housing to public health has been given a great deal of attention. The very fact that the healthiness of dwellings is linked with the care of infectious disease, school medical services, and other matters as essential public health services, testifies to the realization that bad housing conditions constitute an acknowledged menace to health. Indeed, it is the physical consequences of bad housing which are the first to impress the observer. Tuberculosis is prevalent; rheumatism and colds are common; typhoid and dysenetry frequently break out. Mortality from premature births and congenital debility is high. Congestion charts reveal that the height and weight of children reared under crowded living conditions are sub-normal. More attention has been given to the influence of housing conditions in relation to tuberculosis than to any other specific disease. That certain areas are designated "lung blocks" is itself a speaking commentary. Says Sir George Newman, Chief Medical Officer of the Ministry of Health, Great Britain; "There is no subject in the whole range of preventive medicine in which the evidence is so general and incontrovertible as in regard to the ill effects of bad housing upon the human organism." A campaign for improved housing is therefore fundamentally a public health campaign.

The social and moral effects of bad housing are both direct and indirect. Poverty, according to an English writer, is largely due to wretched habitations. Insanitary surroundings are often responsible for a vicious circle which begins

with impaired health, and leads through decreased earnings to insufficient health, and leads through decreased earnings to insufficient food and clothing and ultimate dependency. Miss Harriet Fulmer, a Superintendent of visiting nurses, states that two-thirds of delinquent children come from homes where dirty, ill-ventilated rooms predominate. The recent Wickershal Commission's report in the United States indites the slum sections of the cities as the breeding spots of crime, and cites the fact that of 8,141 boys brought before the court 43% more from the slum areas became repeaters than from other sections, thus revealing that "the factors that make them delinquent tend to perpetuate their delinquency."

Perhaps the moral effects of wretched and unkempt housing conditions may not be so inevitable as the social and physical degeneration. Yet the Committee of fifteen in New York city declared over-crowding to be a prolific source of immorality. Dark rooms and halls, common toilets and sinks, the enforced sharing of rooms and beds, are fatal to ideals and to standards of decency, and a menace to the moral life of growing youth.

The improvement of defective housing is quite as much a problem of citizenship as it is of public health and philanthropy. Because "the home is the key to good citizenship" the state must be vitally interested in bad dwelling accommodations. It is proverbial that the poorer neighbourhoods swarm with children. Tenements are sometimes termed "factories of human life." If the lower income groups are producing the bigger half of the next generation, self-interest should prompt society to be interested in "how the other half lives."

Economically, the toleration of bad housing depresses property values, decreases assessment returns, adds to insurance risks, and by contributing to illness and other problems enhances the expenditures of institutions of the state, and adds to the expense of law and government. Moreover, the inefficiency of the worker is reflected in industrial loss.

Nor should a community forget that it is not alone the tenants who suffer. Physical contagion spreads through church, school, and movie theatre, and entire residential communities may become victims of their own indifference. Moral contagion, as well, cannot be quarantined, and may be as infectious as a fever.

The opinion of the Committee upon the matters dealt with in this section of the report cannot be better summarized than in the legislative finding contained in the New York State Housing Law which declares that "congested and unsanitary housing conditions are a menace to the health, safety, morals, welfare and reasonable comfort of the citizens of the state."

Housing in Halifax.

A matter of first consideration is to determine how the supply of buildings measures up to the requirements, as this fact is fundamental to the problem of over-crowding. On the usual formula of computation for a population the size of Halifax, approximate.y 60,000, a total of 12,000 dwellings would be required. The Survey reports approximately 8,000 dwellings, dwellings and shops, flats and apartments in the various wards of the city. It is to be inferred that the dwelling accommodation is seriously inadequate, and that the housing shortage is acute, apart altogether from the question as to whether the buildings are satisfactory in other respects. Especially is this shortage

observable in houses of a class suitable for working men, and the lower-income groups.

The lack of an adequate supply of good houses is compensated for in either of two ways; first, by the utilization of inferior and condemned houses; and, second, by the reduction of floor space per family. Both of these are pre-requisites for the development of the slum. On the basis of the Survey there is an average of 1.9 families to one house. The "house" may be an apartment consisting perhaps of a single room. To the extent that numerous families enjoy larger quarters, there must be an equally numerous groups confined to deplorable limitation of floor space. That this is the actual situation appears from the survey discovery of the high ratio of 370 families to 192 houses in the "condemned housing" lists.

The standard used in housing studies is to class as overcrowded all quarters having an average of 2 persons per room. An average of 2.5 per room is classed by Robert Hunter as "fearfully overcrowded." On three streets alone, in the city of Halifax, 50 "homes" reveal an average of 3 persons per room. A total of 291 rooms examined shows the same average.

A number of instances of over-crowding are quoted in the survey and are unfortunately typical of a condition which is of grave importance, e.g. single room on Water Street occupied by family of 8; single room on Argyle Street occupied by family of 9, single room on Maynard Street, occupied by family of 5; single room on May Street, occupied by family of 10.

Indeed, the instances of a family of eight living on Water Street in a single room, the mother giving birth to a child, while outside the door a man waits in readiness to evict them all so soon as the new born tenant should appear, would be enough in itself to condemn the community which permits such conditions to obtain.

Attention may here be drawn to the By-laws, of the Provincial Bureau of Health, Quebec, in which "it is forbidden to any owner of a building to let one dwelling to more than one family, unless the combined cubic space of all the rooms of this dwelling be sufficient to provide each occupant 600 cubic feet of air space, and unless the floor area be in the proportion of seventy square feet to each occupant.

The extent of the building-deterioration due to age and neglect is a striking disclosure of the Survey. That there are, on the admission of the Board of Health itself, 192 condemned houses at present occupied by 370 families, is one of the most serious findings of all. The fact, moreover, that there are 1,273 additional dwellings condemnable, but such as with repairs will pass inspection, is a matter of scarcely less concern. Leaky roofs, broken window sashes, fallen plaster, leaning walls and dangerous stairways all came into the purview entailed by the investigation.

In this connection the fire problem calls for partciular reference. There are not a few large dwellings used as milti-family abodes where the occupants might easily be trapped by flames. There are large blocks of old wooden places which come under the class of "quick-burning buildings." Many have winding stairways instead of the safer "straight run." With the heating in a majority of the defective buildings provided by means of stoves, there is a real fire hazard faced by every family living above the second storey, with only one way of exit to the street.

The sanitary conditions of many of the houses are relatively worse than the structural features already considered. The survey reveals a large percent-

age of buildings in the area examined, unfit for hygenic occupancy. In regard to sanitary conveniences the survey shows the common tap and sink to exist in many quarters. The insufficiency of these conveniences has developed with the crowding of numerous families into houses formerly occupied by fewer tenants. It is quite common to find one or two sinks in a hallway in a buiding occupied by from three to seven families. Members of families frequently must travel two or more flights of stairs to water supplies. Toilet accommodation is distressingly inadequate and inconvenient. The sanitary regulations requiring one on a basis of twenty people, even were they always observed, are faulty, and the location frequently in dark, unventilated cellars is a further matter for condemnation. Not infrequently they are located in halls where they are but semi-private and, moreover, liable to freeze. All progressive cities, it should be noted, now require special toilet accommodation for each individual family.

Bathing facilities are woefully meagre, and as Mr. Dalzell has pointed out, it is of little use to teach physical hygiene in our public schools, unless facilities are provided to encourage cleanliness. The city has at great expenditure brought about water extensions to nearly every door. The distribution within the building itself is that which calls for criticism. Central water supply areas exist, but are not of serious magnitude. Reference, however, should be made to a group of 31 small buildings known as Miller's Field, where a population of 150 people are without either water or sewer provisions. This district constitutes a problem in itself.

The condition of the plumbing in a great many cases needs alteration, and in not a few, replacement. The regulations are most rigid, and it is quite certain that landlords would renew and improve plumbing in a large number of cases where it not insisted that wherever plumbing is touched at all, the entire system must be overhauled, or replaced. It is not advised, however, to perpetuate the use of a house otherwise structurally unsanitary by the installation of plumbing alone.

Due to the structural conditions of many of the buildings, heating in severe weather is difficult if not impossible. Windows are nailed down or sealed with old rags, and cold rooms are forsaken while whole families congregate in the kitchen, with a minimum of light and air—two of the most important factors in the promotion of health and the prevention of disease.

Lack of paving and the prevailing dirt side walks intensify the housing problem, as they add to the difficulty of preserving a semblance of cleanliness. In some instances yards and cellars are littered with garbage and rubbish, and the difficulty of fixing responsibility for its removal, on either landlord or tenant, would suggest the practice obtaining in some cities that it become the responsibility of the city itself.

There are several bright spots in the dismal picture. The old-fashioned privy is becoming exceedingly rare, and only obtains where sewers have not yet been laid. Again there is but a comparatively small percentage of dark and semi-dark rooms, which in many towns characterize bad housing. While basement and cellar dwelling is not uncommon; the sloping nature of the city makes it less the problem that it often is elsewhere. The hillside nature of many of the poor housing districts also provides good drainage facilities, and reduces some sanitary problems which would otherwise occur.

As indicated earlier, there is a well recognized relationship between bad housing and public health and morality. The health of a city depends upon

three factors: the natural robustness of a people, their manner of life and conduct, and the environmental condition of this life. It has been observed, for instance, that "density of population within houses is much more nearly related to the death rate than the density of population on the acre." It has also been noted that "death rate grows as the size of the apartment diminishes." And that there is likewise a "relation between the average number of persons per room and the death rate." It may be said that the Halifax survey tends to substantiate this fatal relation of housing to health.

Unfortunately, there are no sanitary districts in the city which can be made the units of tabulation. Good and bad housing are so intermixed that the calculation of morbidity data is made difficult. Infant mortality rates are an accepted index of health conditions, and of the 1,137 children under five years of age whose deaths occurred during a seven-year period, the larger percentage died within the bad housing areas.

In respect to tuberculosis, health department data, and the record charts of visiting nurses, show an abnormal incidence of the disease in where the survey was carried on.

The evils of over crowding appear in clearest fashion, in the influenza epidemic periods. The rapid spread of the disease in densely inhabited sections multiples mortality, and renders preventive measures costly and difficult. With regard to juvenile delinquency and truancy there appears an unimstakable correlation with the bad housing blocks, where, because of lack of play facilities, the inter-mingling of races, low standards, and general neglect. Children's Aid Workers and Welfare Officers find the majority of their cases. It is opportune to recall at this point the fact that a youthful murderer, one of the last to expiate his crime on the local gallows, came from a "home" where "the kitchen was floating with sewarage."

It is of interest to note that the city has been called upon to expend for illness, delinquency, female prisoners, and feeble-minded children nearly $370,000 over a three-year period; and this is quite apart from the enormous additional cost of charitable organizations.

When one turns to the matter of dependency the bulk of the cases, according to reports of the Mothers' Allowance Commission and the various relief organizations, cluster around the areas notable for their bad housing conditions. And this is, of course, but natural as the unhealthy environment intensifies the whole set of factors producing poverty.

S. L. W.

The General Secretary of the Medical Society of Nova Scotia and the Business Editor, or whatever he is, wishes to send "A Valuable Message" to the Medical Audit Association,—a kind of return favor. There is no use in sending him the usual invitation to forward bills owing to him. The only debts he knows anything about are those he owes, and we do not think "Dr. Collectum" can help us any in such a case. Moreover, it is up to the other fellow to worry about them. We can only suggest that if "the other fellow" sends any such bills to Dr. Collectum that he begins at once to fall down on the job.

Dalhousie Clinic Patients

THE Halifax Branch of the Medical Society of Nova Scotia during its 1931-32 season discussed in its Executive the matter of free or other treatment for patients presenting themselves at the Dalhousie Clinic. The matter is rather an important one and should be of interest to the profession generally. We are inclined to think that Clinics will be established as a regular part of hospital and other medical and nursing care in several parts of the province. If we have not, when that happens, adopted some general scheme of State Medicine for this province, the question of paying for services rendered will be a very vital one.

From the minute book of the Halifax Medical Society we therefore present to our readers this report.

Report of Executive Committee on the Matter of Investigating the Admission of Patients to the Dalhousie Clinic for free Treatment as per Terms of Reference from Meeting of March 9th, 1932.

Your Committee would beg to submit the following:

1. That following the instructions of this Society that the system of investigating the eligibility of patients at the Clinic should be looked into, we replied to President Stanley of Dalhousie, communicated your wish, and sought his acquiescence; that President Stanley was ill, but that the following letter was received from Professor Bean, Secretary of the Faculty of Medicine.

"The President of Dalhousie University has instructed me to inform you that both he and the Chairman of the Board of Governors most cordially invite you to inspect the Dalhousie Health Clinic with particular reference to the function of the Social Service work conducted at the Clinic, and the relation of such work to the admission of patients for free medical treatment and advice."

2. That a meeting of your Executive was held at the Clinic which was attended by the Superintendent of the Clinic, and Professor Bean, at which, to facilitate your investigation, a brief, appended hereto, which had been prepared by the Superintendent of the Clinic, showing methods employed in this connection, was presented to each member.

3. That such methods were made the subject of critical enquiry, and that records showing the operation of the system were readily made available to them.

4. That after careful study your Committee would submit the following findings:

(a) That with the current depression as probably one of the greatest factors in its etiology, the attendance at the Clinic has very greatly increased during the last year—1930, 16,652; 1931, 20,756.

(b) That of this number 2,331 were primary consultations and of these 674 were referred directly by 78 members of our own profession, and that while these were not investigated by us, it being assumed that only needy cases would be referred by us, yet it was suggested that certain misuse has been made, at least in connection with the Chest Clinic.

(c) That all cases admitted to the Clinic are examined by experienced Social Service workers with respect to their financial condition, and that frequently patients are refused treatment because they do not conform to the type or condition considered eligible.

(d) That the University and Clinic authorities facilitated our investigation in every way possible and appear to be endeavouring to meet a difficult situation in fairness and honesty.

(e) While we believe that this is so to-day, there are no guarantees that it may be so to-morrow. It is, therefore, recommended that any member knowing of any case of breach of this understanding should report same to this Society for investigation.

SOCIAL SERVICE FUNCTION
DALHOUSIE UNIVERSITY PUBLIC HEALTH CLINIC.

Method of Investigation to Determine Financial Eligibility of Persons Applying at Clinic for Free Medical Treatment.

Several avenues of approach:—

A. *Interview.* Information re. wage earner's occupation; wages or other income, such as pension; number of dependents; rent; etc. Such information is recorded in our files for *every* patient admitted, regardless of reference or other influencing factors.

B. *Appearance.* Clothing and general appearance which would indicate expenditure on person. This is an important point to take into consideration, but by no means a criterion when taken alone. Probably the majority of our better dressed patients are those referred by physicians.

C. *Reference.* Reference from physicians most valuable. If merely verbal reference brought, patient is told to return to doctor for written reference or verbal reference is obtained from doctor by phone. If patient claims to have family physician or gives history of having had recent medical attention privately, definite reference must be secured from doctor. If doctor cannot be communicated with at time, and patient would seem to require immediate attention, he is admitted pro tem and doctor consulted before second visit.

D. References from such agencies as Poor Association, Welfare Bureau, Children's Aid Society, Orphanages, City Home, City Prison, Salvation Army Hostel, Victorian Order of Nurses, etc., are valuable aids and usually bespeak eligibility.

D. *Type of Home and Environment.* The address given by patient often tells its own story—Africville, Water Street, etc. Visits are made to patients' homes as necessary in order to check up on eligibility from this angle.

Re-investigations. Attempt is made to check up at frequent intervals on eligibility of old patients returning after months or years for additional treatment. Doubtful cases are treated as new cases, and a complete investigation made.

Code. Application of the above mentioned system of admission to clinic more or less automatically resolves itself into a case, which may be represented by the following types of cases.

1. Eligible for free treatment *indefinitely*. Pauper type—rags—and tatters, majority of negroes, the unemployable and tramps in general, various individuals and families more or less chronically dependent on charity.

2. Eligible for free treatment *provisionally*. Temporarily in need, due to unemployment, long illness of wage earner, unusual expense or misfortune, etc.

Financial re-investigation frequently if patient continues to come to Clinic.

3. Eligible for free treatment in *particular clinic referred to only*. Specialists clinics, expensive treatment,—these are practically always on physicians reference.

4. *Eligible for one attendance only*, pending further investigation. Doubtful type, but seeming to require immediate medical attention.

Social Service Personnel.

Interviews and investigations are made *only* by persons qualified to do so. At present this devolves upon three members, of the clinic staff, namely, the superintendent, Miss Fenton, and two other nurses, Miss Hubley and Miss Trefry, all of whom have had a year of special training in public health and social service, in addition to their hospital course, and many years of experience in this type of work. This work is shared by the three workers mentioned, but each has other duties associated with administration, clinics, and follow-up. I estimate that interviewing and investigating alone now takes at least the full time of one worker.

S. L. W.

There has come to be a very considerable confidence in the preparation of pharmaceuticals by a number of French Houses. Messrs. Rougier Freres, 350 Le Moyne Street, Montreal, have long advertised in our BULLETIN. When their literature reaches you be sure to give it careful consideration. In particular, we have in mind the products of Laborators Nativelle and P. Aster Laboratories.

Did you notice that little blotter sent out by The E. B. Shuttleworth Chemical Company about Dilaxol? The next time Mr. G. Hicking of Hantsport calls on you have a good long chat over the preparations issued by this House.

Another pharmaceutical firm that the Business Editor of the BULLETIN is always glad to see a communication with the firm's address on the envelop, is that of Ciba Company, Limited, Montreal. A nice little office clock has been on our desk for a year and the noon day gun is fired when it shows that hour. As a matter of fact it was loaned for a few weeks to a patient in the country and came back on Eastern Standard Time and not Halifax time. Do our readers remember that the main prize of our golf tournament was contributed by our advertisers of last year? We are under a deep debt to our advertisers for their continued patronage to such a small clientele,—yes, it is small, but think of its quality!

Summer Dreaming

The Bulletin *of the Medical Society of the County of Kings.**

CONSIDERATION of economics turns most every mind into a state of "confused and uninformed thinking." This description is emphatically true when the attention is focused on "the cost of medical care." Emotionalism, fantastic idealism, petty-job-hunting-racketeering and all the other motivating influences, except facts, seem to possess the intellectual stage at such a time. Explanations whereof are various.

The genial, dignified, ultra-professional, backward-facing members of our own guild are probably more responsible than anyone else for this state of affairs. These men, whom we have justly honored, likable, lovable and upstanding fellows, could not see the advolution of social change. To them a thought of *cost* and of *money* in association with sick-care profaned the nobility of spirit of a true physician. And perhaps they were right.

They could not foresee that an age of votes-for-women, flapperism, birth-control and single-sex-standardism, and all the other hypocrisy-dissolving turns of mind would demand also business efficiency and individual sufficiency in the methods of medical care. No one can question that a change has come about. No amount of holding-fast can take us back to the "old days." We must adjust to the new.

"Organized medicine" must take on a new meaning. The idea of two or three scientific papers and a couple of "resolutions," once a month from October to May, is destined to give way to a new order of things. In between the acquisitiveness of labor-unionism and the opportunism of industrial combinations, there is the concept of the organization of effort for team-play, in which selfishness is not the theme. An opportunity for collective thinking and collective effort for the common welfare of both public and profession! Administration machinery for the finding of facts, for the assimilation of these into policies is the new need.

Preventive medicine opens a new field of effort. It entails endless education. Both the lay and professional population must acquire new ideas, new habits and a new appreciation of values. This means that organized medicine must formulate a carefully developed programme of activity in public health and individualized service. This is one of many phases of progress which a new and more perfect organization can make possible.

"Collective thinking" is a new experience to us, who have been essentially individualists in our daily habits. For example: Recently, there was a round-table discussion of ways-and-means to promote education of the public to the enjoyment of better medicine and particularly to preventive medicine. Only three of the speakers were conservative and reactionary to any idea of publicity along any of the usual advertising lines. They feared the repercussion upon the professional-fibre of our members and questioned the influence it might have on the attitude of the public mind toward our profession. All three were specialists; tuberculosis. venereal disease and pediatrics—specialists in the three fields in which millions have been spent on "educative propaganda" during the past decade. They have been meeting their patients on a ground

*An Editorial in the July 1932 issue of this publication.

of common understanding, carefully prepared at great expense and years of effort. From such perspective the need of similar expenditure and effort along other lines was not apparent. Would that it were so!

We must deal collectively with the exploitation of medicine. There is the politician who finds profit for his favored friends in the erection of fine hospitals wherein they can give the doctor's services "free". And his allies, the uplifter and the shallow-witted sociologist, who are taking away the dishonor of "living on the County." They are educating the *white collars* to believe that it is even honorable to accept such charity. Numerous other serious problems require our collective consideration.

The safety of the public in matters of life and health rests upon the initiative of our profession. The preservation of all that is best in the traditions of our profession, of all that has been produced in the development of the science of medicine can be accomplished only in a closed union of our individual interests. The surrender of individual rights for the preservation of personal freedom may seem a paradox.

And to him who shivers at the thought of "union," let us recall the words of Shakespeare:

"To thine own self be true, and it must follow as the night the day,
Thou canst not then be false to any man."

Medical Relief Insurance. Time and again some of the Trade Pharmaceutical Houses publish booklets that are of great practical importance to the medical profession, but they are not read for various reasons, most of them very poor reasons at that. But there are loan and relief funds available for almost every occupation and profession other than that of medicine. One of these publications says:—

"When a doctor's leg or bank is busted; or his little girl has to have a long spell in the hospital that he can't pay for; or the premium on his life insurance catches him when he is badly bent financially, the League will pilot him through the shallow places and give him a chance to settle when the sun shines again. If he becomes permanently disabled or passes on to that bourne whence no traveler returns, and leaves the folks with little except tender memories and bad debts, the League steps in again, with material help, if that is necessary and with the still more valuable intangible assistance in the form of sympathetic and intelligent advice and guidance, which is even more often lacking. The widow is shown, how to make her pittance go as far as possible and how to add to it by her own efforts. The children, if old enough, are furnished with the necessary funds to train them for remunerative employment of some kind. And all is done by those who, by personal experience and background, are able to understand.

So far, the only physicians and their families who are offered these services, are the ones who live in the Empire State of New York, but the scheme looks like one that should enlist wide and enthusiastic support in many communities, especially from those in any way connected with the medical profession.

Here is a splendid opportunity for some of the Foundations, which are so eager to aid in things medical. They finance all sorts of surveys and various types of service which some people are sometimes uncharitable enough to regard as "faddy."

Certainly no one could criticize a survey of the needs of the disabled physician and his family and the establishment of ways and means whereby worthy cases could be cared for in a proper and dignified manner."

Thomas Addison

(1793-1860)

THE fame of Thomas Addison is supported by a small volume of work for his name is associated only with two disease processes, pernicious anemia and suprarenal disease, and of these the latter is best known. It is only occasionally that pernicious anemia is referred to as Addison's anemia. He is, however, also distinguished for the example he set medical scholars for his teaching and especially for his acute observations. The facts of his early life are obscure. He was born in April, 1793, in Long Benton, near Newcastle, the son of a Lancercost (Cumberland) yeoman. For early education Addison attended a country school at Newcastle-on-Tyne, under the tutorship of John Rutter, the parish clerk. He was a brilliant Latin student and so proficient that he took lecture notes in this language.

From Newcastle-on-Tyne Addison went to Edinburgh to study medicine and was graduated by this institution in 1815, and proceeded immediately to London to commence a practice. His father was able to contribute some financial assistance, but the practice never became very successful. An appointment as house surgeon to Locke Hospital helped support this practice also, and gave him an opportunity to continue the study of syphilis which had been the subject of the thesis for the degree of Doctor of Medicine ("De Syphilide"). Under Dr. Bateman at the Public Dispensary he studied skin diseases, and upon the death of Bateman was considered to have filled meritoriously this vacant post, although Addison, himself, always avoided acknowledging this honour.

In 1819 Addison was admitted a licentiate of the College of Physicians and a year later he became a pupil at Guy's Hospital, with which institution he remained associated for the rest of his life. His acceptance here was phenomenal, for two reasons. First, he had had no previous apprenticeship at Guy's; he was really an outsider. For his exceptional ability, then, he gained entrance. Secondly, he was not of high social or political rank and had no special financial standing, thus the competition with other applicants, better qualified, was a great barrier. Addison's work at Guy's was so outstanding, that upon the suggestion of Mr. Harrison, the treasurer, he was soon appointed assistant physician (1824). After three years in this capacity Addison was given the additional task of lecturing on materia medica. Success was not immediate, but many of the students who came to hear Armstrong's lectures at the Webb Street School stayed on to hear Addison, who compelled such attention that his popularity subsequently surpassed that of any other lecturer. It is reported that the fees from these lectures (received separately from each student at that time) netted an annual income between £600 and £800. These two posts he filled until 1837 when he was appointed full physician and lecturer in collaboration with Dr. Richard Bright.

Despite a lowly beginning, Addison was ambitious and longed for higher and greater things. His father helped to the best of his limited means to further these ambitions. As has already been mentioned the pursuit of the medical profession in the face of social inequality, without great financial or political influence was difficult. The effect of these things upon Addison was to make him timid, sensitive and nervous. In defense of this great sensitivity he

adopted an air of aloofness which froze those who approached him. Even toward the patients who sought his office his manner was brusque and haughty, which did not serve to augment his practice at all. He, himself, stated that he depended on the profession for his patients, as the public would have let him starve. Toward students, however, this sort of demeanor was successful, for it evoked a feeling of awe and esteem. His manner of speaking, commanding and almost martial, compelled their attention, which was riveted by the brilliant mind at work behind his impassive, swarthy features. His dark complexion increased the air of sternness and melancholy which cloaked all show of sentiment on his face. At one time the founder of *The Lancet*, Thomas Wakely, described Addison as "a blustering bundle of loquacity," but his pupils had a feeling of affection for this mysterious individual.

Addison's work as a physician was characterized by an insatiable desire to seek out the basic causes of a patient's ailment. Investigations sometimes were carried out to boring infinity because he felt obliged to pursue a problem to the very end lest some detail remain which might be the decisive factor in the disease. Thus he built up the reputation of keen observer and accurate diagnostician. Once at the bottom of the trouble, however, his interest in the patient waned, which was another reason for a lack of success in practice. As a clinician, then, he was very successful, but as a practitioner, a failure. In addition to clinical work, Addison was much interested in post mortems, for they afforded him opportunities of checking back on the diagnosis and perfecting the description of the disease picture. He personally executed many autopsies and always sought some lesion to explain the patient's symptoms. As a teacher he ranked among the foremost; he brought great honor to Guys through his lectures.

Addison's contributions to the literature, while not numerous, have withstood the test of time and are still considered classics in their respective fields. The first paper of note is that on syphilis, his thesis for the doctorate. A treatise "On Disorders of the Brain Connected with Diseased Kidneys" explains the cerebral manifestations of nephritis, differentiating them from apoplexy, epilepsy and other similar forms. Five monographs deal with the anatomical and clinical symptoms as well as methods of examination and post-mortem findings in the chest. In 1837 he read before the Guy Physical Society a paper, "Observations on Diagnosis of Pneumonia," (first of the monographs) in which he accurately described the stages of pneumonia and the physical signs which would result therefrom; he disputed Laennec's statement that cases of pneumonia are rare in which pain, cough, hurried respiration and expectoration are absent. Addison contended that such cases were common, rather than exceptional. He also expressed the belief that pain was present only when complicated by pleurisy or during fits of coughing, and that the cough was present only when there was distinct inflammatory involvement of the bronchial tubes. Addison was also opposed to the belief that all infiltrating or disorganizing conditions of the lung were tuberculous. He discussed this at great length in another paper, "Observations on Pneumonia and Its Consequences" (1843) and in a special paper, "The Pathology of Phthisis," read in 1845. In the following year a paper was read before the Society entitled "The Difficulties and Fallacies Attending Physical Diagnosis in Diseases of the Chest," in which he listed forty-two propositions as guides to the diagnostician in diseases of the heart and lungs. He strenuously objected to the use of the stethoscope to the exclusion of the physical diagnosis.

Two diseases in particular are associated with Addison's name. He made the first recorded reference to idiopathic anemia, later termed Biermer's (1872) then pernicious and progressive anemia, now usually called pernicious anemia. It was while studying other forms of anemia that Addison ran across this form which occurred "...without any discoverable cause whatever; cases in which there had been no previous loss of blood, no exhausting diarrhoea, no chlorosis, no purpura, no renal, splenic, miasmatic, glandular, strumous or malignant disease. I, perhaps with little propriety, applied to it the term 'idiopathic' to distinguish it from cases in which there existed more or less evidence of some of the usual causes or concomitants of the anaemic state."

The other disease, which, though not prevalent, is definitely called "Addison's disease," is that affection of the supra-renal capsules which he described in a paper "On the Constitutional and Local Effects of Disease of the Supra-Renal Capsules", (London, 1855). He directed attention especially to "... anaemia, general languor and debility, remarkable feebleness of the heart's action, irritability of the stomach and a peculiar change of colour in the skin, occurring in connection with a diseased condition of the supra-renal capsules." His case reports show that there were instances of tuberculous involvements, of atrophy and of true chronic inflammation. Dr. Trousseau was the first to designate this constitutional affection of bronzing skin, asthenia, irritability of the gastrointestinal tract, weakness and irregularity of heart activity, symptoms ascribed to loss of function, of the suprarenal glands, as Addison's disease, many years later.

In the spring of 1860 Addison was compelled by ill health to retire from Guy's. He died on June 29 of that year at the age of 68 years. A marble tablet inscribed at great length with praise of his ability is placed in the chapel of the hospital to which he brought great distinction.—*Selected.*

A Dead Man's Song.

A weekly newspaper publishes the following poetical effusion, (one stanza being quoted) under the above title. We believe it came from one of the Chiropractors in a leading town in this province. It is also headed by this quotation from Ecclesiastics, "The day of death is better than the day of one's birth."

"At times I hear, o'er my mouldering bones,
People stop and say,—'here lies poor old Jones.'
Poor! why on earth I never was so rich,—
I haven't a want; I haven't a wish.
I covet not power, place, title nor gold,
I'm never too hot and never too cold.
Dunns, troubles, injustice, lechery, pains,
Squabling nor fighting invade my domain.
From politics, poverty, women and grief.
In fact from all ills I've lasting relief.
I pity the living, who toil, sweat and rave
While I bask in the quiet and peace of my grave.
It's great to be dead; if strange, 'tis the truth;
Better off are the dead than the living, forsooth."

The Nova Scotia Medical Bulletin

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Vacations

PERHAPS now that Summer is over, some captious critic, and the BULLETIN has a few, will say our remarks are out of season. But that is not the fact, although most vacations are taken in June, July, August and September. But having but recently finished your usual summer vacation you can now review it while its experiences and effects are still fresh in mind.

The necessity for vacations needs no argument. It is a part and parcel of the Christian religion, one day each week, "ye shall rest from your labors." Perhaps the doctor, more than any other professional man may claim that he cannot take this day of rest. As a matter of fact he can take it much oftener than he does. It is surprising how many patients you can see on Saturday, perhaps morning and evening that would be just as well off if you didn't bother them on Sunday. Dr. Ross Millar of Amherst, with one exception, exemplified this practice better than anyone else. He planned his work so that by noon Sunday he was free, then he went "out of town", but not to the golf links; and his housekeeper loyally supported him.

But if these days are not taken as holiday or rest days, the doctor is entitled by divine law to some fifty-two such days each year. These may be taken by individual days or weeks. He is entitled to over seven weeks vacation each year. Of course, his clientele does not recognize this, but that is the doctor's own fault. If he cannot teach his patients that he is entitled to vacations, the same as any postal clerk or stenographer, he has only himself to blame. He must, moreover, put this idea into the minds of the people of his community as soon as he is located; else he may find he is tied down to service in a community until "death do us part."

What are the two principal requisites of a vacation? We suggest *first*, Rest, *second*, Change. And we name these because sometimes one is much more required than the other.

Not long since a doctor, attached to a university having a thousand or two students following a Christmas holiday, investigated a splendid physical specimen but quite unable to go on with his college studies. The conclusion of both doctor and student was that he would be quite all right, "as soon as I get rested up from my Christmas vacation."

Now this, in its application to members of the medical profession may require some further elucidation. When you attend medical society meetings or take post-graduate medical courses your clientele may regard that as your vacation. It is not so and that should be plainly understood. It is not a rest and is hardly a change for you are engaged with the scientific side of your work every day.

Some two or three years ago we read an article by Dr. John B. Hawes, 2nd, Boston, entitled "Time Off." In this he suggested that we might, in prescribing rest in a vacation for our patients, note, that change of environment, even in family life, may be desirable. He said:—"Much as I believe in the importance of family life, I feel that there are not infrequent occasions when, husband and wife might well take part of their vacation at least separately. Many men have a perfectly natural longing which they often but not always hide, to get off with other men where they can dress, eat and act as they please without any women around. This is a perfectly natural feeling for the male human being to have, and the wife, whose instincts are keen, will note it and insist on its being carried into effect and will not be hurt or offended by it. Doubtless, years ago when life was far less complex than now, it was never necessary. The entire family could and usually did take its vacation together. But under modern conditions, short periods of separation between husband and wife and parents and children are often wise and indeed necessary.

I remember one man of thirty or so, who with his older brother and mother constituted what I always thought to be an ideal small American family. The mother was a very dear but somewhat over-anxious old lady. The younger son consulted me for various vague nervous symptoms along with loss of weight and strength. I could find nothing organically wrong but on detailed questioning it became perfectly clear that what he needed was a vacation from home and mother and her overmuch care and watchfulness. It was, "Henry, have you your rubbers on?" "Henry be sure and wear your overcoat." "Henry, don't be late for dinner." Henry this and Henry that until Henry began to wilt under the strain. I told him that he must leave home and live at a club in the city for a while. This he did, with the resulting disappearance of all his symptoms. This was the vacation that he needed."

Now if this is true does it not naturally follow that the wife and the children should also be relieved of your presence sometimes?

Then where and how to spend your vacation is thus further indicated by Dr. Hawes:—

"After all, what is the primary object of a vacation? I think all will agree that it is for the purposes of rest and to obtain health and vigor to enable one to carry on during the remainder of the year. But what constitutes rest? The best definition I know is that of Dr. Allen K. Krause, who says: 'Rest is relief from strain.' Rest does not necessarily mean sitting with hands folded, although to some this might be the best thing in the world. To many of us in the midst of Winter activities, a few days in another city, living in a hotel, sitting up late and getting up late, is a wonderful relaxation and genuine rest. To me, my annual visit to the Canadian woods, working extremely hard physically or again being very lazy, eating and sleeping enormously, often suffering more severe physical discomfort but away from the telephone, doorbells and patients, is the best kind of rest. Many, many times I have sat motionless, hour after hour, on the edge of a moose bog or on the shore of some lake with a rifle on my knee and a good book in my hand, in cold, wind

and rain, physically extremely uncomfortable but with a wonderful sense of peace inside. To me this is rest. I can get more strength and vigor out of a short, concentrated vacation such as this than I possibly could get as a result of a much longer one within the confines of civilization and at the end of a telephone. And yet many of my friends can see absolutely nothing attractive or beneficial in it."

Now about the doctor who is actually tired out. He is going to have a rather hard time when he goes to the woods. Let him take it easy for several days to accustom himself to the change. If you come back from your vacation, haggard and tired, even if you have a good sun burn you have not had a good vacation. Furthermore please remember if you are over fifty there is no necessity for you to go in for very strenuous exercises. There is a distinct loss if you excite a cardiac lesion that might never have shown its hydra head had you been reasonable.

S. L. W.

The press has published the following news item:—

"Montreal, July 20.—All students at McGill University, whether they are entering for the first time or not, will be required to pay higher fees next September, according to the decision to-day of the Board of Governors of the University. At a previous meeting it was decided to raise fees only for those students entering the University next session, but this ruling was changed to cover all students, normally some 3,000."

We are told that the cost of living is coming down; obviously the cost of education is going up. Does this mean that McGill needs the additional funds that will be thus secured? If so, we think, this is a poor time when all are suffering from the financial depression to take such action. Furthermore, wise administrators would have provided for this additional revenue when times were more prosperous.

Another reason may be supposed,—that we are making more professionals than this country can properly utilize and there is not the same foreign market for our doctors, nurses, lawyers, ministers, etc., that there was formerly, therefore we will put a protective tariff on our product, paying the duty ourselves as per usual. All the same we do not believe this raising of fees is good business at this time.

In this or the next issue of the BULLETIN we publish Dr. A. G. Nicholls article in the last Dalhousie Review, entitled, "Medicine in Chaucer's Day." We are able to do this by the consent of Dr. Nicholls and our exchange with the Review. The courtesy of Dr. Nicholls and of the Editor of the Review. Dr. H. L. Stewart, is much appreciated.

Branch Societies

Halifax Branch of the Medical Society of Nova Scotia.

(*Continued from August Issue*)

DALHOUSIE CLINIC, March 9th, 1932.

At this meeting, 31 members were present, after a short consideration of the eligibility of some patients for free treatment at the Health Centre, the Minutes read thus regarding the scientific programme:—

"The subject on the scientific order paper was a Symposium on Goiter, in which Prof. (Dr.) Cruickshank was to take the physiological aspect, Dr. K. A. MacKenzie the Medical and Dr. H. D. O'Brien the surgical.

Prof. Cruickshank started off with a short statement on autocoids—hormones and katones. He described the histology of the gland and discussed the history and nature of thyroxin. He showed the action of thyroxin to be an increase in metabolism increasing the blood sugar, increasing activity in protein metabolism, increasing carbonic acid output, and increasing cardiac output—all of which are modified by the administration of Iodine.

He discussed the relation of Iodine to goiter especially as regards the etiology of the endemic form, and cited experimental work which had been done to confirm our knowledge of the action of iodine therapeutically. The condition of deficient thyroid secretion was considered and it was stated to be due to Iodine—weak thyroxin.

The inter-relationship of pituitary and thyroid was considered and the synergistic effect of adrenal and thyroid on neural tissues spoken of.

Dr. K. A. MacKenzie started off with a reference to the Oxford Monograph on this subject and to the work of W. O. and P. K. Thompson, both of whom studied here.

He then gave a classification of goiter—simple, exoph, adenoma, malignant and with the aid of a table which he had placed on the blackboard discussed the symptoms in each group.

He then pointed out the pitfalls in diagnosis as being:

Lack of gland, Obscure tachycardia. Minus B. M. R., Acute mental disturbances, citing cases committed to Nova Scotia Hospital and who later were operated on for the goiter and were cured.

He then dealt with the Heart in Thyroid Disease. He showed first that 20% have Auricular Fibrillation and 20% have failure, not the same 20% necessarily. Second that if the goiter is removed or treated with Iodine, the symptoms improve or disappear and no chronic damage is done to the cardiac musculature. Third, that the treatment of the heart is essentially the treatment of the Goiter. Regarding Digitalis—if failure, yes: If fibrillating treated same as any other—Quinidine is given but never in presence of heart failure.

He climaxed his remarks with the following advice:—

1. Never treat a goiter with rest and iodine for weeks.
2. Do not advise patients with non-toxic goiters to leave it alone.
3. Be very careful in the milder cases and in the presence of neuraesthenic, nervous symptoms, etc.
4. The surgeon should make the fullest use of the internist.
5. The throat specialist should not remove tonsils from patients in obvious ill-health without complete physical examination by internist.

Dr. H. D. O'Brien discussed treatment from the surgical side. Toxic cases are hospitalized ten days or so during which time they are properly prepared—physically and mentally. Uses Iodine. The time of operation is to be determined by the experience of the surgeon. Doesn't believe in keeping knowledge of time of operation from the patient—tells them the day before or three or four days before. Does polar ligation first in heart failure cases.

Regarding anaesthetics: acknowledges that there is great advocacy of local, with or without gas oxygen, avertin or sodium amytol, but stated their experience showed ether to be best.

How much gland tissue removed? In single adenoma cases, simply enucleate. In exoph subtotal.

Drainage: Drains all cases. Results: Most satisfactory in eoph. cases, though in this there is a percentage of recurrences. He cited several cases in one of which original gland confirmed pre-operative diagnosis of exoph. goiter and in which the histological picture of the recurrence was pure colloid. He stated the mortality rate in Goiter surgery to-day is given at .8 to 1%, but that in more than 100 consecutive cases that he had been associated with, there were no deaths.

Discussion: Prof. Smith. No one had mentioned etiology. He stressed the fact that one condition frequently overlaps another, that one gland may therefore show areas representing different clinical entities, and argued for the continuous process idea in goiter. He claimed that the clinical classification doesn't show up what is happening in the gland as does the pathological which he gave.

Dr. Burns stated his conclusions on 335 B. M. Tests done from 1929 to 1931.

1. Remarkable drop in rate following operation.
2. Most toxic cases are those in which there has been indiscriminate use of Lugol's solution.
3. No change in skin cases.
4. Test is most accurate in differentating between goiters and conditions having similar symptomatology.

Dr. MacDougall spoke of the importance of taking temperature in doubtful cases. The inference being as a point in differentiating from tuberculosis.

Dr. Carney called attention to cases in which the brunt comes on the heart—not unlike mitral stenosis cases, and stated that the B. M. R. is elevated in passive congestion cases.

Dr. Burris couldn't see how cases could long go on with toxicity and not have hearts permanently affected.

The discussion was joined by Drs. Holland, Kinley, and Reid. Dr. MacKenzie cleared up one or two points of misunderstanding and on motion, the meeting adjourned."

VICTORIA GENERAL HOSPITAL, March 23rd, 1932.

After opening, 35 members listened to a scientific programme which was opened by Dr. K. A. MacKenzie presenting a case of Acromegaly.

Male, age 38, who for ten years had noticed that his head and feet were getting larger. It was noted that there was also enlargement of the hands general weakness, glycosuria and an absolute loss of sexual power.

Dr. Holland spoke of the value of ventriculin with iron in secondary anaemia, citing several cases in which it had proved its value in his hands, where ordinary haematinics had failed.

He then presented a case of "Paroxysmal Tachycardia." Attacks had been recurring of palpitation, weakness and shortness of breath, for twenty-three years. Last two years much more frequent and last attack was continuous from Sunday till Friday, the day of admission to hospital. Pulse was 206, absolutely regular, and change of position did not vary it. Quinidine—3 gr. in capsule repeated in 6 hrs., was given the first day. Next day this was increased to 6 gr. and three capsules given, 18 gr. next day this was repeated and that day it suddenly became normal. Patient has been on quinidine ever since, now gets two capsules a day and there have been no attacks since.

Dr. Burns presented a case of Acute Thyroiditis. On Feb. 29th came on with sore throat—acute tonsilitis. This was membranous, but cultures were negative. Temperature was of septic type. March 3rd neck began to swell and to throb. Physical examination showed marked uniform swelling of the thyroid—from throid cartilage to supra sternal notch, and laterally to sterno-mastoids. Leucocytes were 20,000. Laryngeal examination showed ulceration of whole inside of larynx with slough. Treatment was symptomatic. Ice cap gave best results. Stated that literature shows 1% of goiters are acute simple thyroiditis.

Dr. Corston presented a case of sub-acute "Bacterial Endocarditis."

Female 25 admitted, complaining of weakness and breathlessness. Rheumatic fever five years ago—five weeks in bed. For some months attacks of weakness and breathlessness with oedema of ankles, disappearing with rest.

Examination showed systolic mitral murmur, but no cardiac enlargement. Tonsils had been removed and teeth appeared good. Temperature 100, almost continuous type—pulse about 100 W. B. C. 5,600. Blood culture non haemolytic strep., later pronounced strep. viridans. A search for embolic phenomena revealed no positive findings except tenderness in left hypochrondrium about a month ago. Last night became restless and vomited, this morning was hemiplegic, speechless, but not unconscious. Temperature has risen markedly during the day, now 105 and now unconscious. Treatment: Sod. Cocodylate has been given because the few recoveries reported had been given that.

Dr. Corston stated that over the last five years in this hospital these cases constitute 6% of the cardiac cases admitted.

Dr. Carney presented two cases of "Purpura." He defined purpura and gave a classification of the purpuras, including more than a dozen kinds.

Case 1. was one of purpura haemorrhagica which had been under care for nine years—first at the Children's Hospital and later here.

Case 2 was one of Henock's purpura in which the child was sick for a day, feverish and out of sorts, and a few days later vomited and had abdominal pain. There were purpuric spots and blood in stool.

Dr. K. A. MacKenzie then concluded his presentation with a case of suspected tumor of some intra-cranial structure.

The outstanding feature over a long time was forgetfulness. Has been a bit peculiar. Day after being admitted to hospital he decided to walk back to Kentville—75 miles—and left the hospital half dressed to do so, was discovered four miles out on the Bedford Road.

Examination shows nothing on physical or laboratory examination. Complains at different times of headaches but there is no characteristic evidence of organic disease. X-Ray of the skull is suggestive of tumor near Rolandic area. This was demonstrated by Dr. Johnson and showed defect in bone at that point

Decision was to let him go home and keep him under observation pending development of more characteristic signs.

Dr. Mack presented a case of an elderly woman who following a fall at age of 75, developed sores on her hands which have been going on ever since. Fingers are distorted with great shortening. There are white scars on hands and arms and at one point on the hand an epithelioma has become grafted upon an area of Lupus Mutilans. The shortening is said to be due to tenosynovitis.

DALHOUSIE CLINIC, April 6th, 1932.

Forty members were present and after routine business Dr. E. J. Ryan of Saint John was introduced as the C. M. A. speaker of the evening.

Dr. Ryan prefaced his address with some very pleasing remarks regarding the desirability of greater intercommunication as between the professional elements in the provinces of New Brunswick and Nova Scotia, and made pleasing reference to the new system being inaugurated by which the new St. John Hospital will take some of our final year students as internes.

His address was entitled "Complete Retention of Urine." He gave a long list of the causes, described the anatomy of the urethra and explained the use of catheters and sounds in the different conditions.

He took up the question of Urinary antiseptic and showed that he still clung to the use of Urotropin and ac. solution of phos. He stated that investigation had shown no advantage of dyes over urotropin but admits occasional cases of cystitis where Pyridium works wonders over other things.

The question of emptying the distended bladder was covered and he stated that any modern hospital simply must have some form of decompression apparatus, for the bladder must be decompressed so slowly that there is no appreciable form of blood pressure.

Finally, he raised the question of retention in Acute Gonorrhoea. Should one catheterize or puncture the bladder? He cited cases of retention in this condition. Three were catheterized, two of them developed epididymitis, one was punctured and got acute cellulitis in space of Retzius.

A very well sustained general discussion followed associated with high commendation for the speaker, particularly with regard to the simplicity and lucidity of his presentation.

Dr. H. L. Scammell was then called upon and gave a very excellent but brief paper on "The Old Doctor Himself, His Therapeutics and His Hospital." It was a very humorous and interesting expose of the customs and practices of our medical forefathers, and was well received. At the close of the meeting an informal gathering was entertained by Dr. Mack in honor of our guest at the Lord Nelson Hotel.

NOVA SCOTIAN HOTEL, April 21st, 1932.

This was the annual meeting for the season and was attended by 44 members.

After the usual preprandial exercises the members sat down to the Annual Dinner at 8.35 p. m. The following menu was presented:—

Celery Olives

Oyster Cocktail

Consomme, Double Royal

Filet of Sole Tartar Sauce

Filet Mignon, Mushrooms

Cauliflower au gratin French Fried Potatoes

Asparagus Tips, Vinagrette

Individual Deep Apple Pie with Cheese

Coffee

This menu seemed to have been very much to the general taste and full justice was done to it. This done and the King honored by the usual toast and the singing of the National Anthem, the business portion of the meeting was proceeded with.

After routine business, under the head of communications, the following letter from Mr. J. D. O'Connor of *The Maritime Pictorial*, who is associated with Dr. S. L. Walker in the compiling of "The Medical History of Nova Scotia," asking for co-operation of this Branch and of its individual members. There was a good bit of discussion in which it became apparent that while this Society is very sympathetic with the idea of preparing a Medical History of Nova Scotia, yet it could not subscribe to the methods at present employed for getting about it, but felt rather, that such an enterprise belongs properly to the Nova Scotia Medical Society, through its Committee on Historical Medicine.

Dr. Burris moved, Dr. Corston seconded that the matter be given no action by this Society. This was carried.

The Report of the Secretary-Treasurer was presented.

It showed that thirteen regular but no special meetings had been held. That for five we were indebted for our scientific programme to the staffs of the different hospitals; for three we are under obligation to individual members —Drs. Carney and Holland, for one each; Drs. Cruikshanks, MacKenzie and O'Brien for the other, that Dr. Rehfuss of Bridgewater was our speaker from the "Province" while Dr. E. J. Ryan of Saint John was our C. M. A. representative.

A short review of the past four years showed that in the first of those years our membership was 98. This year it is 107. That is, an increase of 9.2. On the other hand, where average attendance the first of those years was 28, this year it is 35.2, an increase of 24.3%.

There are, as stated 107 names on our list and 15 other registered men in our constituency who are not members.

Regret was expressed at the loss by death during the year of one highly esteemed member, Dr. W. H. Hattie.

The financial statement showed a position of solvency and a credit balance at the bank.

The Secretary-Treasurer incorporated his resignation in his report, and on moving its adoption acknowledged his thanks for the consistent courtesy which this Society had extended to him.

The motion being duly seconded, the President became unusually verbose in the making of a pretty speech, and the report was adopted.

Dr. Mack then named the Auditors for the coming year—Dr. H. L. Scammell, and Dr. T. B. Acker.

The report of the nominating Committee was then presented by Dr. Johnston:

President, Dr. W. Alan Curry; Vice-President, Dr. H. B. Atlee; Sect'y-Treas., Dr. Clyde Holland. Executive, Dr. H. A. Payzant, Dr. N. H. Gosse, Dr. G. B. Wiswell, Dr. G. R. Burris, Dr. F. V. Woodbury.

PICTOU COUNTY MEDICAL SOCIETY.

(From *Halifax Daily Star*).

Dr. J. J. Macdonald was elected president of the Pictou County Medical Association at the annual meeting held in the nurses' home, at the Aberdeen Hospital. Other officers elected were: Vice-President, Dr. W. A. MacLeod; Hopewell; Secretary-Treasurer, Dr. John Bell, New Glasgow, who has executed these duties for 26 years.

Doctors T. W. MacLeod, Scotsburn and J. C. Ballem, New Glasgow, were appointed to the executive of the Nova Scotia Medical Association.

Dr. Grant Campbell of McGill University, Montreal, gave an address on heart and pregnancy. An address on surgery was given by Dr. Victor Mader, of Halifax.

Dr. R. M. Benvie, of Stellarton, retiring president, also addressed the gathering of medical men.

Tea was served by the hospital management.

Epsom Salts.

A youngster who had lost what for him was a considerable amount on the Derby was explaining to his father how excessively hard up he was. "Can't help it" replied the uncompromising parent. "You must learn to take your medicine like a man". "Yes, I suppose so," said the victim, "but some how Epsom Salts are particularly beastly.'

Aunt Agatha's Latest. She thinks that rain would be more appreciated if it came during a drought.

Current Topics

(A Section to which every Member of the Society is invited to contribute).

THE PUBLIC HEALTH NURSE.

WHEN we wish to get an idea of the value of the public health nursing service it may be wise to estimate this in terms of the finding of the Weir *Survey of Nursing Education in Canada.* The value of the nurse in the administration of a health service is thus definitely stated:—

(1) The public health nurse is recognized as an essential member of the public health forces of any community.

(2) Her place in the modern health movement is accepted without question. In increasing degree does the public health nurse promise to become the leading exponent of the gospel of health-living in those communities which no longer regard the scourge of disease as a visitation of Divine Providence.

(3) It is true that the varying types of nursing services, whether educative and preventive or curative, rendered in the remote frontiers or in crowded city slums of Canada, differ in degree rather than in kind of usefulness. No patriot could ask for greater opportunity to serve his country than is given these young public health missionaries and teachers in rural and urban Canada.

A New Research Laboratory.

The press recently carried this news item:—"Ottawa, August 11—(By the Canadian Press)—Dedicated by Canada to the extension of scientific knowledge, the new National Research Laboratories to-day stands open, marking a historical page in the Dominion's history. Formal ceremonies of opening, at which His Excellency, the Governor General, Lord Bessborough officiated, were witnessed by one of the most distinguished audiences ever assembled in Canada. Two thousand guests, including British Empire Representatives here for the Imperial Conference, attended."

Whether or not this is an opportune time to undertake this very considerable expense, even with the assistance of some Foundation or other philanthropic organization, need not be considered now, we must agree that the more of this work that is undertaken the more likely are we to make visible progress in our treatment of disease. We should never lose sight of the idea of these laboratories is to-day primarily to promote health by the prevention of disease and intensive study into the causes of diseases. How many of these institutions do we require in Canada for less than 10 million people? Does not every properly equipped laboratory carry on some research work? There is no doubt this could be done, if we pay the price. Well, what more does any of our good laboratories require to carry on this work, more than they have? In the first place they need to have their chief paid a decent salary. Next there should be an extra assistant in the laboratory, permanent, if desired, that should be worth $3,000 per year. Next an additional stenographer or

secretary at $1,200 per year. The additional cost in the way of equipment would not exceed ten per cent. of what is now required for just the usual routine work. Less than $10,000 per year would enable a good laboratory to do research work along several lines of vital concern to the health of our people. The question is raised that perhaps this will be of greater service to our Dominion at the present time than the establishment of this particular laboratory, and certainly of any others that may be in the imaginative minds of the more or less irresponsible ardent research worker.

Unfortunately, the writer is not as conversant, as he should be with the extent of our laboratory resources in the Dominion, and what are our immediate needs in that particular. But we are impressed with the fact that there is a great tendency on our part to duplicate or overlap our efforts along philanthropic lines. This is one thing we, in the Maritime Provinces, cannot afford to do and the reins should be tightened a little, even at the present time. Let us see and hear before we take for granted even what appears in the BULLTEIN.

Summer Schools.

Summer Schools seem to continue in popularity. This is because we are beginning to realize that our school and college days are but the beginning of our education. In these schools and college days we have simply laid the foundation for subsequent intellectual development, there must be a certain preliminary training before we can build for the future, whether for our own development or to enable us to serve properly the community. We see this very clearly in the teaching profession; when the three R's comprised the bulk of the teaching, there was some chance of getting all that was available. But to-day teachers are the most ardent attendants of the summer schools, they must keep in advance of their schools. So it is in all avocations of modern life, going to school every year at least. There should be a compulsion about this, that when one reaches the stage where the continued study does not appeal to him he should retire from whatever had been his life work, because he is all in.

This is a position that the medical profession has always taken,—the necessity of a constant brushing up and learning what the other man is doing. As many men as could afford the expense from year to year went to some other country to get in touch with the latest methods. The first great local development along this line came with the Society annual meetings when prominent outside men presented papers, presenting their own latest thought on various subjects of interest to the profession. Then this has been substituted by, or supplemented by, systematic post-graduate lectures which have been of great acceptance in Nova Scotia. Then Dalhousie Medical College some twelve years ago undertook to develop, what was termed, A Refresher Course,—a week of intensive clinics and lectures, open to the entire medical profession of Nova Scotia.

What's in a name? Well the Vancouver Medical Association is holding this year what they have come to call their Summer School Clinics. The meetings are all held in the Oak Room of the Hotel Vancouver, each session beginning at 8.00 a. m. the last lecture being timed to begin to 10.00 p. m., eight lectures or more each day, including clinics. Strange to say Clinics form a part of the programme at only the Vancouver General Hospital and St. Pauls Hospital on three afternoons of the week, the fourth afternoon being devoted to Golf.

But this means hard work. A doctor comes down from Penticton for the only post-graduate work he can get away for and he stays with it from before 8.00 a. m. Tuesday till very late Friday night next. He has certainly had a very intensive four days of scientific pabulum but, I wonder, is he any better nourished thereby? Is it fair to bring in a medical man from an outside district and cram him for four or five days, a kind of stall feeding, which with cattle and chickens is generally preliminary to a shipment of dead meat to the market. Perhaps it is the only change, we had almost said vacation, he can afford in the year; but does not the wear and tear more than offset the gain from the change in his usual occupation.

We would congratulate, however, our friends in Vancouver, upon the success that has attended their efforts in securing such prominent members of the profession to give the necessary clinical lectures. Their speakers will include the following:—

Dr. L. H. Clerf, Prof. of Bronshoscopy and Esophagoscopy, Jefferson Medical College, Philadelphia.
Dr. L. Eloesser, Prof. of Clinical Surgery, Leland Stanford University, San Francisco.
Dr. W. E. Gallie, Prof. of Surgery, University of Toronto.
Dr. Geo. C. Hale, Prof. of Medicine, Univ. of Western Ontario, London.
Dr. H. Helmholz, Prof. of Paediatrics, Mayo Foundation, Rochester.
Dr. W. B. Hendry, Prof. of Obstetrics and Gynaecology, Univ. of Toronto.
Dr. K. F. Meyer, Prof. of Bacteriology, Univ. of California, San Francisco.
Dr. F. R. Miller, Prof. of Physiology, Univ. of Western Ontario, London.
Dr. T. C. Routley, General Secretary, Canadian Medical Association.
Personally, we are glad to note the inclusion in this list of Dr. T. C. Routley, General Secretary of the Canadian Medical Association.

As regards the title we have placed above these lines, we would suggest that the one adopted by Dalhousie viz.;—the Dalhousie Refresher Course should be much more applicable to the needs of the general practitioner than this apparently strenuous Summer Training Course. There is no reason whatever why every medical practitioner in Nova Scotia, who is unable to take one or more months post-graduate work elsewhere, should not be able to take in the Annual Refresher Course prepared by the Dalhousie Medical College. We use the words "Refresher Course" advisedly. You will be better and feel better after attending this course.

S. L. W.

SICKNESS COST AND PRIVATE MEDICAL PRACTICE.

In view of the great prominence given to-day to the question of State Medicine, (and this term is used advisedly to cover all related subjects), we would advise that the following booklets, pamphlets, or monographs be read by many members of the profession. As we are quite likely incapable of properly reviewing these interesting monographs, or, perhaps, of writing something that may be of value from the editorial standpoint, in connection therewith, we will be glad to forward any one or more of these publications to any doctor who would desire to read them or secure for him a copy of the article desired. This courtesy will be through the Manager of the Metropolitan Insurance Company, Halifax, Roy Building.

The titles of the papers are as follows:—

1. *A Study of Sickness Cost and Private Medical Practice.* By D. B. Armstrong, M.D.,Sc.D., Third Vice-President Metropolitan Insurance Company.
2. *Cost of Medical Care.* By Lee K. Franjel, Ph.D., Second Vice-President of the Metropolitan Life Insurance Company.
3. *Unemployment Insurance.* Monograph One in a series on Social Insurance.
4. *Old Age Dependency.* Monograph Two.
5. *Health Insurance.* Monograph Three.
6. *Social Insurance Legislation.* Monograph Four.
7. *Administration of Unemployment Insurance.* Monograph Five.
8. *The Limitation of Unemployment Insurance.* Monograph Six.

Some of our members have given considerable attention to this general subject and these brochures may be of value in studying the question from our own standpoint as a provincial society. In case no one is interested in their own salvation some steps will be taken by somebody to keep the matter before the readers of this very popular journal.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA.

A communication under the general title of "Current Topics" and under the special title as above, signed by our very good friend and President of the College, Dr. F. N. G. Starr, appeared in a recent issue of the *Canadian Medical Association Journal.* Please read it over carefully:—

"In the days of long ago in Canada practically every doctor began life as a general practitioner. As practice developed he began to discover that he was more interested in one line than in another. As soon as his purse began to show signs of bulging, he would go abroad to do some intensive post-graduate study and practical work in his chosen specialty, returning to work as a "specialist."

In later years students have frequently decided during their college course what is to be their chosen line, whether fitted for it or not. Upon graduating they begin their future training for this special work by trying for a hospital post in some special course. Failing this, they proceed to some large clinic as onlookers for from two weeks to three months, endeavouring to learn "more and more about less and less."

The question of improving the state of affairs has been under consideration by the Canadian Medical Association for many years, culminating in the formation of the Royal College of Physicians and Surgeons in June, 1929, when the College received a Royal Charter.

It is proposed that the standard of examination for the College shall be of the highest, and that the diploma obtained will stand for the best that is to be found in medicine, surgery and its allied branches.

It is important that students should take the primary examination during their college course, when their anatomy and physiology are still fresh in their minds. Then, when a few years later they have decided upon the line of work they intend to follow, they will be in a position to seek the diploma by taking the Final Examination. It is hoped that the various universities in the Do-

minion will arrange intensive courses of study in order to prepare their undergraduates, as well as their graduates, for these examinations."

We have been greatly surprised that the various provincial Journals have not come out with some criticism or questioning of the establishment of this College. The BULLETIN must in all honesty state that its attitude hitherto has been definitely largely favorable because we expect to endorse every movement vouched for by the Canadian Medical Association. But, apparently, only one class of practitioners are available for membership, Specialists in Medicine or Surgery. You must adopt a specialty to be eligible. Now isn't this the limit for the Canadian Medical Association to *freeze out* the general practitioner of membership in this College. We submit that an honorary degree of this character should be awarded to the man whose work has been of most value to the Community. As a matter of fact, that should be the final test. We have as yet no final proof that the Specialist is the greater benefactor of our people. In days gone by we felt he was the man who made the easiest money.

That the General Practitioner cannot secure this Membership is something greatly to be regretted and it may even be fatal to the future growth and success of this Limited College.

S. L. W.

Birth Control Shelved. To the satisfaction of every opponent of Birth Control, notably Episcopal Gynecologist Howard Atwood Kelly of Johns Hopkins, who keeps snakes in his bathtub and graces every meal with a verse from his ponderous Bible—Mrs. Margaret Higgins Sanger Slee was in an exasperating fix last week. After several years' effort Mrs. Sanger had persuaded the Ways & Means Committee of the House of Representatives and the Judiciary subcommittee of the Senate to consider duplicate bills which would permit physicians, hospitals and clinics complete freedom to learn about contraceptives. Fortnight ago the House committee—at the insistence of Massachusetts' Representative John M. McCormack (Knight of Columbus, Elk, Moose, Forester, Hibernian)—pigeonholed Mrs. Sanger's bill. Her angry clarion stirred Birth Controllers throughout the land to telegraph their displeasure to their Congressmen last week, while the Senate committee was diffidently hearing other of her supporters. After listening to advocates of the movement the Senators postponed the hearings a week.

Meanwhile in New Orleans the physicians of the nation for whose professional discretion in the matter of contraceptives Mrs. Sanger has made herself champion, were flabbergasted when Dr. Jacob Daniel Brook, 56, county health officer of Grandville, Mich., rose up in the House of Delegates and proposed a resolution on Birth Control. Let the A. M. A., urged Dr. Brook, appoint a committee to spend one year pondering the effects of contraception on health, wealth, morals, happiness. Dozens of physicians leaped from their seats to shout pro and con on the long suppressed topic. Retiring President Edward Starr Judd cleverly put discussion over to the next day.

Next day the physicians made Mrs. Sanger appear foolish in Washington and gave the Senators a good excuse to put her off. The doctors decided that not yet did they want anything to do officially with Birth Control.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

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

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

SPECIAL DEPARTMENTS

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

MEDICAL HEALTH OFFICERS' ASSOCIATION

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

COUNCIL

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

MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

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

ANTIGONISH COUNTY

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

CAPE BRETON COUNTY

Tompkins, M. G., Dominion.
McLeod, F. T., New Waterford.
McKeough, W. T., Sydney Mines.
Bruce, Archibald, Glace Bay.
McLeod, J. K., Sydney.
O'Neill, F., (Louisburg & C. B. Co.)
Murray, R. L., North Sydney.

COLCHESTER COUNTY

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

CUMBERLAND COUNTY

Bliss, G. C. W., Amherst.
Drury, D., Maccan (County).
Gilroy, J. R., Oxford.
Hill, F. L., Parrsboro.
Rockwell, W., River Hebert, (M. H. O. for Joggins).
Walsh, F. E., Springhill.

DIGBY COUNTY

McCleave, J. R.. Digby.
Harris, W. C., Barton (County).
Doiron, L. F., Little Brook (Clare Mcpy)

GUYSBORO COUNTY

Brean, H. J. S., Mulgrave.
Elliott, H. C. S., Guysboro (County).
McGarry, P. A., Canso.
McDonald, J. N., Sherbrooke (St. Marys.

HALIFAX COUNTY

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

HANTS COUNTY

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

INVERNESS COUNTY

McLeod, J. R. B., Port Hawkesbury.
LeBlanc J. L., Cheticamp, (County).
Ratchford, H. A., Inverness.

KINGS COUNTY

Bethune, R. O., Berwick.
Bishop, B. S., Kentville.
Burns, A. S., Kentville (County).
DeWitt, C. E. A., Wolfville.

LUNENBURG COUNTY

Davis, F. R., Bridgewater (County).
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 Gonocooci; sputum, pleural fluid and pus for tubercle baccilli; 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."

MINUTES

ASSOCIATION OF MEDICAL HEALTH OFFICERS OF NOVA SCOTIA.

The eighteenth annual meeting of the Provincial Association of Health Officers convened in Kentville at 2 o'clock, Monday afternoon, July 4th, 1932.

The President, Dr. T. R. Johnson, Great Village, occupying the chair.

Those present were:—

Dr. T. R. Johnson, Great Village; Dr. T. Ives Byrne, Halifax; Dr. B. S. Bishop, Kentville; Dr. F. L. Hill, Parrsboro; Dr. A. E. Blackett, New Glasgow; Dr. J. W. Reid, Sr., Windsor; Dr. C. M. Bayne, Sydney; Dr. D. J. MacKenzie, Halifax; Dr. A. S. Burns, Kentville; Dr. H. E. Kelley, Middleton; Dr. L. F. Doiron, Little Brook; Dr. F. R. Davis, Bridgewater; Dr. J. J. MacRitchie, Halifax; Dr. P. S. Campbell, Port Hood; Dr. R. C. Zinck, Lunenburg; Dr. W. R. Dunbar, Truro; Dr. W. N. Cochrane, Mahone; Dr. F. O'Neill, Sydney; Dr. R. A. MacLellan, Rawdon Gold Mines.

Report of Advisory Committee read, motion for adoption moved by Dr. Burns, Kentville and seconded by Dr. W. R. Dunbar, Truro, that report be adopted.

In the discussion of the report, Dr. Reid asked which was more beneficial to patients, mercury or arsenic. General discussion followed as to the difficulty of getting blood Kahn free.

Dr. D. J. MacKenzie stated Kahn became positive before Wasserman and remained positive longer. Most cases became Kahn free after six months to a year. Some remained Wasserman fast, in such cases doubtful if treatment should be pushed further. Proof of reinfection showed that it was possible to cure. Bismuth could be tried in Kahn fast cases and seemed to be useful.

Dr. Dunbar cited cases when arsenic, bismuth, etc., failed to Kahn clear some cases, when turning to iodides cleared the cases. He thought no set form of treatment should be insisted upon. He still uses mercury and finds it useful in many cases.

Dr. Cochrane, Mahone, stated he has had good results with arsenicals. All cases, however, did not become Kahn free by any means. Bismuth and Arsenic sometimes have good results, as well as iodides. He stated that a combination of drugs seems best.

Dr. Hill referred to a case sent to Amherst Hospital and patient complained that they did not appear to be anxious to treat him. Dr. Bryne advised Dr. Hill to bring the case to the attention of the Department, by letter.

Dr. Zinck said he received good results with arsenicals and Bismuth and Mercury. Dr. Davis suggested that early treatment was very important; A course of arsenic (6) and Thio Bismol usually cleared such a case for the time at least.

Report Adopted.

The Nominating Committee was named by the chair as follows:

Dr. P. S. Campbell, Dr. A. E. Blackett, Dr. A. A. Burns.

Regrets were expressed as to the Honourable Minister of Health not being able to be present.

There was no correspondence.

Dr. D. J. MacKenzie, Director of Provincial Laboratory gave a talk on Sera and Vaccines. He referred to the confusion re the various preparations and their use.

A Vaccine is composed of a virus which is injected to produce a more or less permanent immunity to a disease. It is always an attenuated bacteria product. It contains no anti-bodies, but stimulates the production of them in the body. The immunity is slow in developing and increases gradually to a height and remains a considerable time. Sera contains no virus but simply a concentrated solution of anti-bodies which have previously been stimulated in another body. Immunity from sera develops in a few weeks. Use serum in an acute illness because patient has already all the virus he can stand. In chronic cases a Vaccine may be used to stimulate the body cells.

There seems to be most confusion at present regarding the Scarlet Fever preparations. First use Dick Test, which can be read in twenty-two hours. This show suspectibles. Three courses are then open, prophylactic, permanent immunization, or "watch him." Prophylactic not advised here as it is too transient. Active immunization with toxin is the method of choice.

Diphtheria: Here preparations are similar. Two immunizing preparations, toxin-antitoxin and toxois (which is toxin treated with Formalin), the latter is the one of choice. The toxoid is apt to give a sharper reaction especially in children over 7 years. The toxin-antitoxin is not always without danger, unless extreme care in its preparations is used. It however, is not apt to give sharp reactions. The immunity of toxin-antitoxin is not so high or as easily given.

Typhoid: A Vaccine is used.

Epidemic *Cerebral-Spinal Meningitis*: There is only a serum here, but it is put up in two packages, intra-spinal and intra-muscular. The use of both are recommended in a given case.

Convalescent Serum for Infantile Paralysis is of doubtful value. The scientific evidence of its efficiency is not established. It should, however, be used until something better can be found.

A discussion followed.

Dr. Cochrane interested in Scarlet Fever, has used both Prophylactic and curative. Had no bad results with either, but doubted the value of prophylactic doze.

Dr. A. S. Burns was discouraged with the remarks re Convalescent Serum for Infantile Paralysis, would like to know the value of Convalescent Serum in measles. Dr. Reid wanted to know the value of treatment serum in Scarlet Fever.

Dr. Blackett gave 1,000 Schick Tests in school of New Glasgow last year; 96% susceptible. Hence why the value of Schick Testing. Immunization was confined largely to grade one. Also found the Scarlet Fever serum very beneficial for treatment. When there is sharp control reaction dilute Toxoid.

Dr. Davis used Scarlet Serum on streptococcus cases of Scepticaemia with good results in Bridgewater Hospital. Dr. Zinck used it on himself with good results but got violent serum reaction. Dr. Davis said Convalescent Serum was used largely in Lunenburg County by Dr. Cameron of Petite Riviere. This was reported in the BULLETIN.

Dr. Dunbar asked if any knew of Undulant Fever cases in their districts.

Dr. MacKenzie pointed out the difference between antitoxic serum and anti-bacteriacidal serum. All antitoxins are serums.

With respect of Undulant Fever, he stated that some thousand of bloods were tested and about 4% reacted positively.

Dr. Hill suggested that the Department of Health take steps towards educating the public re the necessity of pushing the use of Toxins. He said that vaccination was compulsory for smallpox, why not for toxins, etc. Dr. Byrne said that he hoped through such education, such would be the case sometime soon.

Dr. MacLellan said the financial side of the Vaccines or serums was important. If compulsory the people may say who shall pay the bill. There should be a more definite statement in the Act as to who should pay. If a public body orders a thing done then that body should pay.

The Nominating Committee reported as follows:—

President.....Dr. M. J. Wardrope, Springhill.
1st Vice-President.....Dr. A. E. Blackett, New Glasgow.
2nd Vice-President.....Dr. F. O'Neill, Sydney.
Secretary-Treasurer.....Dr. T. Ives Byrne, Halifax.

COUNCIL

Dr. H. E. Kelley, Middleton; Dr. F. R. Davis, Bridgewater; Dr. F. L. Hill, Parrsboro.

Standing Committees to remain unchanged.

On motion the meeting adjourned.

The Provincial Medical Board.

The 1930-1931 issue of the *Register* of the Provincial Medical Board gives the following list of officers since 1872.

PRESIDENTS

C. C. HAMILTON	1872-1881	WILLIAM TOBIN	1899-1906
EDWARD JENNINGS	1881-1885	JOHN STEWART	1906-1916
HON. D. MCN. PARKER	1885-1888	N. E. MACKAY	1916-1922
A. C. PAGE	1888-1899	J. G. MACDOUGALL	1922 ——

REGISTRARS AND SECRETARIES

T. R. ALMON	1871-1879	A. W. H. LINDSAY	1885-1915
EDWARD FARRELL	1872-1883	H. E. KENDALL	1915-1916
J. F. BLACK	1883-1885	W. H. HATTIE	1916-1932

TREASURERS

R. S. BLACK	1872-1896	A. W. H. LINDSAY	1897-1915
J. F. BLACK	1896-1897	H. E. KENDALL	1915-1916
		W. H. HATTIE	1916-1932

Report on Tissues sent for examination to the Provincial Laboratory, from 16th April, 1932 to 15th May, 1932, inclusive.

The total number of cases sectioned is 87 which compares favourably with the monthly average of 66 specimens for 1930-1931.

In addition to the above figure 28 tissues were sectioned from 6 autopsies.

An analysis of the nature of the biopsy tissues from the histological reports reveal:—

Tumours—malignant	14
simple	12
Other Conditions	53
Awaiting section	8
	87

Unfortunately the giving of an accurate diagnosis is hindered by many of the specimens arriving at the Laboratory unaccompanied by any history whatever. Often the source of the growth is omitted. A short note of the sex, age of patient duration of tumour and any other relevant points in the history would be much appreciated and would be of considerable help in the giving of a fuller report on diagnosis and prognosis.

Report on Tissues sent for examination to the Provincial Laboratory, from May 16th, 1932 to June 15th, 1932, inclusive.

The total number of cases sectioned is 86 which compares favourably with the monthly average of 66 specimens for 1930-31.

In addition to the above figure 8 tissues were sectioned from 3 autopsies.

An analysis of the nature of the biopsy tissues from the histological reports reveal:—

Tumours malignant	16
simple	16
suspicious	1
Other conditions	43
Awaiting section	10
	86

Unfortunately the giving of an accurate diagnosis is hindered by many of the specimens arriving at the Laboratory unaccompanied by any history whatever. Often the source of the growth is omitted. A short note of the sex, and age of patient, duration of tumour and any other relevant point in the history would be much appreciated, and would be of considerable help in the giving of a FULLER REPORT ON DIAGNOSIS AND PROGNOSIS.

Communicable Diseases Reported by the Medical Health Officers for the Period Commencing July 20th, 1932 until Aug. 10th, 1932.

County	Cerebro-Spinal Meningitis	Infantile Paralysis	Chicken Pox	Diptheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever.	Paratyphoid	Typhoid Fe er	Tuberculosis, pul.	Tuberc. other forms	Whooping Cough	V. D. G.	V. D. S.	TOTAL
Annapolis	..	..	5	..	..	2	..	..	1	..	..	..	..	..	1	..	9
Antigonish	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cape Breton	2	..	1	..	..	..	9	..	5	1	1	..	..	..	..	..	19
Colchester	..	1	..	2	..	..	..	2	7	..	..	..	..	..	1	..	13
Cumberland	..	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..	3
Digby	..	..	..	..	..	..	..	..	..	..	..	..	..	10	1	..	11
Guysboro	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Halifax	..	..	..	..	..	1	..	..	6	..	..	..	..	..	..	..	7
Halifax City	..	..	1	1	..	6	..	..	20	..	..	4	..	2	..	1	35
Hants	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	2
Inverness	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kings	..	..	..	1	10	..	..	..	..	..	..	..	..	..	6	..	17
Lunenburg	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pictou	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	2
Queens	..	..	..	..	5	..	..	..	..	..	..	..	..	..	1	1	7
Richmond	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Shelburne	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	3
Victoria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Yarmouth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	2	2	7	6	15	12	9	3	39	1	1	4	..	12	13	2	129

RETURNS VITAL STATISTICS FOR JUNE 1932.

County	Births M	Births F	Marriages	Deaths M	Deaths F	Stillbirths
Annapolis	17	13	8	9	6	0
Antigonish	8	13	10	13	9	0
Cape Breton	126	107	56	47	36	5
Colchester	29	31	25	7	15	3
Cumberland	48	39	30	23	12	3
Digby	22	15	7	9	11	2
Guysboro	28	15	6	6	5	0
Halifax	119	98	87	47	46	9
Hants	15	13	13	9	8	1
Inverness	25	25	9	12	5	1
Kings	32	30	20	24	14	1
Lunenburg	21	26	19	21	18	1
Pictou	30	32	32	20	35	1
Queens	12	10	7	7	7	1
Richmond	12	5	0	8	8	0
Shelburne	13	9	6	4	6	0
Victoria	5	3	4	2	4	1
Yarmouth	16	14	15	9	8	3
	578	498	354	277	253	32
TOTALS	1076		354	530		32

Hospital and Nursing Service

THE NEED FOR PUBLICITY IN HEALTH EDUCATION.

ANNA E. WELLS, Reg. N., Winnipeg.*

ALTHOUGH we have all been brought up to avoid publicity, as health workers, we are expected to reach the public and convince its individual of the truth and value of modern ideas for the preservation of health. Hence the reason for considering publicity in relation to health education.

Health Education may be defined as the act of instructing the public in matters relating to physical, mental and social health, in all age groups. *Publicity* has been defined as the act of making information public. As a part of a movement to improve living conditions, its aim can be realized only as it succeeds in effecting changes in human thought and action. Publicity, in health education is making health information public. The purpose of health publicity is, in brief, to arouse an interest in and to interpret public health work, and to promote healthful living. Health publicity, is, therefore educational. Likewise, health education gives rise to publicity; witness the health teaching in the school as a means of making health ideas known and appreciated in the home. Although it is difficult to draw a distinct line between them, a large health agency maintains that "not publicity, but health education for the prevention of disease and health is the objective of the Health Education Bureau." This health education is accomplished by a routine distribution of pamphlets, weekly articles to the press, a weekly health bulletin, radio talks and a speakers' bureau.

Publicity may be considered as the means or the tools for promoting and conducting health educational activities.

Why Publicity for Health Education?

The need of health education for all sections of society has been too well established to warrant discussion at this time; but how can we make the public realize this need?

In the industrial field, where success is measured by financial profits, advertising is a recognized essential. It is the alpha and Omega of business life. "Not only is there an enormous economic and trade value from the activities of the advertiser, but also from the by-products of publicity," said the Hon. J. R. Clynes, in advising against the curtailment of expenses for advertising, because it seemed to be the easiest form of saving; "for such saving may turn out to be a loss."

Industrial advertising costs usually vary from five to twenty per cent. of the total cost of production. Now, if "health is a business proposition," we may safely conclude that, like any successful business, health must be well and widely advertised. In other words, we must adopt successful publicity methods, and adapt them as a means of obtaining public good will and understanding.

*Presented at the 20th Annual Meeting, Canadian Public Health Association, Regina and published in the Canadian *Public Health Journal*.

Manufacturers make use of the "health appeal" so successfully that the result justifies elaborate and expensive advertising campaigns. And we have reason to believe that public response to this appeal is due to the cumulative effect of the publicity given by health agencies, even though it may have been administered in minute doses. Furthermore, by studying the methods used in successful health demonstrations, we know how much the satisfactory outcome has depended upon the judicious use of publicity.

Generally speaking, publicity has been somewhat of a Cinderella in the realm of health in Canada. This has been so chiefly because of the unfavorable attitude of the professions towards advertising, their tardy recognition of publicity as one of the powerful forces in human affairs; and the consequent lack of public opinion and support necessary for its development. But sooner or later we must face the fact that, much as we may disapprove of publicity, public opinion is leavened with it, and upon public understanding and approval depends our progress in health educational activities.

Health Workers as Publicity Agents. Health authorities regard the nurse with a public health training as the best medium for broadcasting health information in the community. She should be, therefore, the most effective publicity agent.

Now if all health publicity is educational, and if health educational work is carried on by publicity methods of one kind or another, it seems reasonable to suggest that workers who specialize in making health information public should have a thorough knowledge of health educational requirements. Similarily, health workers or health educators should understand the value of publicity, and know how to use it effectively. This does not mean that the health worker who is supposed to know something about medicine, bacteriology, sanitation, sociology, economics, psychology and pedagogy, as well as nursing and home economics, should also be a journalist, an orator, a sign painter, carpenter and painter, et cetera, as occasion requires. If one is well versed in all these arts, so much the better. But such versality is rarely found. In fact, in this age of specialization it is difficult for one who has to be a "jack-of-all-trades" to become proficient in each field. An effective health worker need not be more than a health encyclopedist, if he has cultivated the talents he has been blessed with and has sufficient administrative ability to make use of the talents of others to supplement his own.

The greatest difficulty to be overcome, individually and as a group, is over-modesty. This, coupled with a certain disregard of the dramatic value in the everyday routine of work, is very likely a cause of the "dry as dust" reports that may mean much but teach very little. Often a piece of work by a public health work nurse would have been front page news if a reporter had got hold of it in time. In one community you may find a nurse so worn and worried by multidtuinous demands that she has little time or energy left to talk about public health work or to interest others in helping her. In another community you may find a nurse who works less hard but talks a lot about her work and plans, resulting in more actual service by others in the community. Which of the two accomplishes more in the end, if such publicity has encouraged public interest and support? *Precept and Practice.*

The next difficulty is the failure to realize that publicity, like charity, begins at home. Many of us are so busy "selling Health" to others that little time is left to practice what we preach in matters of healthful living; and yet ex-

emplifying what we preach is the most important approach to health publicity. How often the offices of health agencies are housed where there is inadequate ventilation and sunlight. Does this mean that health workers give little thought to their own requirements as workers and educators; or that they are unable to convince the "powers that be," of their needs in this respect? In either case, we must remember that unfavorable publicity is sure to follow when there is any discrepancy between precept and practice. Have you ever listened to an excellent health lecture in a soporific atmosphere, or attended a health or educational convention where the sessions went on and on without intermission in which to stretch? At a recent convention, careful arrangements were made in this regard. During the morning and afternoon, a fifteen-minute intermission gave members an opportunity to visit the exhibit hall (so often left to the last day when displays are being packed), from which they were recalled for the next session by a warning bell.

Avenues for Health Publicity.

We are told that "there is no royal road to health publicity—the field is new, and the health educator has few precedents on which to base his efforts." But of this we can be certain, that the preventive and protective health measures of to-day have become known largely by the same methods used from time immemorial to bring new ideas to the notice of the people—by talking, by making pictures and by writing.

What might be a publicity programme for the public health nurse. First, the community should be made conscious of her presence, and the purpose of her service. Having accomplished this by means of personal visits of introduction to officials and to church community leaders, and through announcements in the local newspapers, the school, and church and community organization, she must arrange a follow-up system in order to maintain interest and support. Consequently, it is wise for her to become a member of an organization that is representative of the district and to arrange for lines of communication with teachers, editors of newspapers and their correspondents, and all others who can assist in health educational work.

A plan should be prepared for routine publicity throughout the year. Even if a plan cannot be fully carried out, it will chart the way and help to keep the goal in view. This plan, of course, must be based upon the health and social needs of each community, as determined by the health officer, and have his sanction, bearing in mind the problems that should receive immediate attention—e.g., diphtheria immunization—and those less pressing which may be given attention later. If a health officer worker does this consciously and conscientiously, utilizing with judgment every opportunity for publicity, without appearing always to be thinking and talking about health work, the easier will be the task of health education.

So much for a community programme. The need for publicity measures in a provincial health department varies according to the aptitude and efforts of the field health workers in developing publicity measures. No matter how qualified these health workers may be, there are always the difficulties of insufficient time and lack of library facilities for preparing material, of keeping informed on all branches of health work, and of obtaining publicity materials to supplement verbal instruction. The provincial agency is a central bureau of information to keep workers in touch with new ideas in health education, to provide publicity materials, to encourage workers to focus attention on

one health problem at a time, so that, by working together, more may be accomplished by concentration of effort, as in dental health campaign. Having a bird's-eye view of the health field as a whole, it is possible for such an agency to co-ordinate publicity measures, to help workers initiate new projects from time to time, and to maintain a fairly uniform standard of health educational work. In addition, it may prevent duplication of effort by acting as a medium for the publicity materials prepared by our national health organizations, upon whom we rely for inspiration and direction concerning the work undertaken by each. *General Difficulties in Developing Publicity.*

The trend in health education and its effect upon publicity is a matter that every health worker should observe, so that she may be ready to guide, instead of being only an opportunist. For instance, years ago we all started Little Mothers' Leagues for school girls as a publicity and educational measure for infant welfare work. The idea caught, and grew. We then added home nursing, and first aid instruction to that of infant care, because we saw the need of such training. Coupled with health habit training, it gave the teaching of hygiene in the school the practical work that was necessary to vitalize such teaching. At first it was an extra-curricular activity. However, year by year, constant effort has shown the need of first aid lessons in school as a means of promoting safety first measures. And now one teacher is so enthused about this work that he says he would not teach physiology and hygiene without tying it up to first aid. This raises the question, then, whether it is better to leave instruction regarding the care of the body in emergency until the pupil knows how to care for his body in health, or to link such instruction with the teaching of physiology and hygiene. A question of education, of course, but one that involves publicity, too, as to the wisdom of spreading the idea.

Our work is constantly heading us into new experiences that are often difficult and discouraging. Methods are continually changing. For this reason we need some way in which those specializing in health publicity and education can get together and work out their problem. A trouble shared is a trouble halved; so runs an old proverb. "In unity there is strength," and, I might add, wisdom, because in this way we would make greater progress.

For the most part, health workers are unable, through pressure of routine, to put into effect new ideas that require time and funds to develop. For this reason we need a national health agency to set up standards for publicity and educational methods, and to study the aspects of these fields still to be developed. Such an agency would be a clearing house for health publicity materials, and a centre for information about health educational work in Canada.

THE PROVINCIAL MEDICAL JOURNAL.

All readers of the BULLETIN enjoyed reading the *fac simile* copy of the above named journal which appeared in the August issue of our present day official journal. And thereby hangs one or two interesting tales. In the first place the General Secretary has considered it his duty, whenever in a locality, to call on our Honorary Members, if any are resident there, also to call on any who are on the sick list. In that way many articles of a reminiscent character have been obtained for our members' reading. In the western part of Nova Scotia several years ago there resided a doctor who had taught school in Cumberland, Pictou and Colchester Counties in his early days and practised in Nova Scotia

and the Canadian West a number of years. He was an invalid for several years before his somewhat untimely death; he was born in Colchester County; his wife was a daughter of one of Colchester's most prominent country doctors, which prompted the Secretary to first call on him. That reception was so sincere and the courtesy so greatly appreciated that the practice, above mentioned, became a custom.

On the occasion of a recent post-graduate tour in western Nova Scotia, the Toronto University representative lecturer visited Fort Anne and had a consultation with a local doctor, while the General Secretary made a call on the widow of the doctor mentioned, and on a daughter of the late Dr. Augustus Robinson. At the former place almost the first greeting was,—"Oh Doctor, I have a copy of a Medical Journal that I found among the books and papers of my late husband, which, perhaps, you would like to have." She then presented me with this historic publication.—*The Provincial Medical Journal, Volume* 1, *Number* 1. All inquiries as to its course and subsequent publication gave no information. The editor-in-chief, Dr. W. B. Slayter of Halifax, has apparently left no particulars of the venture, nor do the archives, libraries, older practitioners, etc., throw any light on its publication. As it was printed in 1868 and Dr. John Stewart became a valued member of this community only seven or eight years later, I made an appointment with him for information. He was wholly unable to give any information of a publication he had no recollection of ever having seen. Hence its re-publication in the August BULLETIN in the hope that, perhaps, some reader may have some records available which will tell us something definite.

Think of the date 1868, a year after Confederation; coincident with the establishment (1867) of the Canadian Medical Association; the opening of Dalhousie Medical College; its field to be the Maritime Provinces; Does this suggest that the anti-confederate spirit was quite definite then, and there was a distinct feeling looking to closer co-operation of Nova Scotia, New Brunswick and Prince Edward Island as against Canada? Surely before our Medical History of Nova Scotia goes to press something more definite may be learned about this journalistic venture.

The second incident in this connection arose from this call on Dr. Stewart with reference to the above. From his desk he took a pamphlet, in its original envelope, that had come addressed to him from Dr. L. L. Hill of Montgomery, Alabama. Its title was "Reminiscences of Fifty Years in the Medical Profession". Dr. Stewart being unable to localize the author passed it to the Secretary, without any instructions. It now turns out that Dr. Hill has had no personal relations in Nova Scotia despite the large number of men and women of this name that have been and are residents of the province and who have been very prominent in its general economic life. He was, however, a student of Lister, and about the same year that Dr. John Stewart delivered his famous lecture on Lister before the Canadian Medical Association in Toronto, Dr. Hill delivered one before the Alabama State Medical Association, "Lister's Centenary." A copy of this was sent to Dr. Stewart with the "Compliments of the Author." This was published in the *American Journal of Surgery* in 1927. Having no inhibitions of modesty or any inferiority complex, the General Secretary wrote Dr. Hill and he replied in a personal and charming manner.

Montgomery, Alabama,
June 20th, 1932.

Dr. S. L. Walker, General Secretary,
The Medical Society of Nova Scotia
Halifax, N. S.

Dear Dr. Walker:—

I feel very much complimented that you should have written me as you did.

I am sending you the *American Journal of Surgery*, of August, 1927, which I am sure will give you all the desired information.

When I wrote "Lister's Centenary" I, of course, sent a reprint to Dr. John Stewart and he wrote me a most charming letter, and closed it with the significant words: "Yours, in common memories and a great love." This is my connection with that great man, Dr. John Stewart.

I received letters of congratulation from a good many Canadian and English Surgeons, and the following appeared in the *British Medical Journal*, March 31st, 1928:—

A Listerian in Alabama.

Dr. F. L. Hill, F.A.C.S., of Montgomery, Ala., was a pupil of Lister at King's College Hospital London, and his enthusiasm for his great master has not waned. He was written a most eloquent and biographical and personal notice of Lord Lister under the title of "Lister's Centenary." which appeared originally in the *American Journal of Surgery* last August and has now been reprinted in pamphlet form. Dr. Hill is the master of a polished style, and his choice of language is as sound as was his choice of a surgical teacher.

Use whatever you wish from either article and please send me a reprint.

With kind regards,

Yours very sincerely,

(Signed) L. L. HILL.

For several years the BULLETIN has devoted a certain portion of its April issue to some reference to this Father of Anti-septic Surgery and we know of no better tribute we can pay to Lord Lister than to feature this issue of our Journal with this address. In case, however, that some careless reader forgets what we have here said we are printing elsewhere what the American Journal of Surgery says regarding Dr. Hill and his Centenary Address.

Some time ago the BULLETIN gave some inside history as to the illness which subsequently led to the death of President Grover Cleveland and in the Reminiscences mentioned this is corroborated. These "Reminiscences" are so personal and so broadly cover the field, especially in United States medical and surgical progress that its quite full abstraction will be much appreciated by our readers. You will find this abstract under the section of *Bulletin Library*.

S. L. W.

A Cape Breton Sanatorium.

The *Sydney Post* in a recent issue gives publicity to a news item from Glace Bay to the effect that the Mayor and some other influential people in that town have had it in mind to make representations to the Department of Health for the establishment of a Cape Breton Sanatorium.

The writer states that this is a matter of sufficient importance to warrant open discussion by members of the profession and we know of no better method for said discussion than the pages of the BULLETIN.

If we are correctly advised two hospitals, one in Inverness and one in Sydney have already constructed annexes for the care of cases of tuberculosis.

Incidentally, we understand construction is under way for an annex to St. Martha's Hospital in Antigonish. This may or may not have any bearing on the matter to which we are directing our attention at present.

When a town like Glace Bay the largest town in the province, some 12,000 or more of population, comes to consider further the question of the care of tuberculosis cases and the construction of annexes to existing hospitals the question at once is raised as to which of two hospitals should have these annexes, because it is absurd to think that every hospital should have such provision made. We have never been enthusiastic over the tuberculosis annex proposition and our endorsement of the same was quite plainly because of financial obligations necessary to carry out what we considered would be the better plan. Several years ago we advocated an institution for Cape Breton on the lines of the institution at Kentville, feeling assured that two such institutions could more satisfactorily furnish the required bed capacity for these cases than any other method. Our tuberculosis authorities assured us that the bed accommodation required in Nova Scotia was not in excess of 600. If we now count the number of beds in annexes under construction, those now available at Kentville, and such as would be provided at Glace Bay this bed capacity will be practically realized.

But this does not cover the question fully, there are some matters from a health standpoint we believe, are more important than even this question of tuberculosis. For these other purposes it is impossible to expect particularly in a time of depression that the Provincial Government can finance any further capital expenditure in connection with the Public Health Department. Nor have we been able to gather from any source whatever that County, Municipal or Town Councils are in a position to finance such movements in any way whatever, even had they the inclination. Perhaps we are out of order a little in calling particular attention to this matter at the present time as the newspaper item announces that the town authorities proposed to confer with the local medical authorities in deciding what is the best course to pursue.

The news item mentioned says that a meeting would be called and "a start made towards providing the Island of Cape Breton with a Tuberculosis Sanatorium there being not the slightest doubt that all other towns and municipal districts in Cape Breton would lend their support to such a plan."

We are not of this same hopeful opinion as regards Cape Breton Island or the Counties of Cape Breton and Richmond. It is moreover, just as well not to make too definite a proposition or to commit the community to the expenditure that will be involved, considering the present demand for relief on account of unemployment. We believe, however, that a free and open discussion is quite in order and would not be any embarassment to the Department of Public Health.

S. L. W.

Hospital Service.

The graduation of nurses at any hospital is always a very pleasing function, but at none more so than the Nova Scotia Hospital. The BULLETIN regrets that despite our annual invitation we have as yet been unable to attend any of these closings. The last one, July 20th, was exceptional in more ways than one. Evidently it was a daylight function for they had tea on the lawn; it was noted for its brevity, lasting about one hour. This latter is the more

remarkable as it compassed the singing of "O Canada"; remarks by the Chairman of the Hospital Commission, Mr. Misener; an address by the Honorable Minister of Health, who gave an illuminating summary of the work of Nova Scotia Hospitals and paid a merited tribute to the splendid services of Dr. Lawlor; the administration of the Florence Nightingale Pledge; the presentation of diplomas and prizes; an address to the graduating class by Dr. C. S. Morton.

Of Dr. Morton's address the newspaper report says:—Dr. Morton's address was admirably adapted to the occasion, opening with hearty congratulation of the graduates upon their choice of a profession—an art for which the media is the life, health and happiness, of human beings. He designated the first requisite for the nurse as being hopefulness; the second as efficiency, the third as experience. "Interest and enthusiasm in your work," said he addressing himself directly to the graduates, "will, you will find, carry you triumphantly over the hard places."

He counselled them not to be "consistent" but rather to be unafraid of the new. Many and radical changes are certain to take place in the acceptance, training and work of the nurses. The fundamentals gained through their period of training, are, he said, honesty and love of work. There persisted throughout the noteworthy address and earnest counsel to avoid the deadly rut—to beware of becoming stereotyped. "Your talent and training will," said he, "tell you what to do. The priceless gift of tact will tell you *how to do it.*"

He stressed the necessity of going out and preaching the Gospel of good obstetrics—only through such propaganda will maternal fatalities shrink. Their training in the nursing of the mentally sick would, he told them, be valuable to them—invaluable indeed in all their nursing.

The names of those who graduated are:—Misses Pauline Russell, Scotch Village; Margaret Myers, Oyster Pond; Maura Furlong, Halifax; Elizabeth MacIntosh, Dominion No. 4; Marion Murphy, Sheet Harbour; and Messrs. Eric Balcolm, Port Dufferin; Martin Oxley, Berwick; John MacKay, West Bay; Frederick McPhee, Shubenacadie; Mr. McPhee won the DeWolfe medal, Miss Myers the surgical prize, Miss Russell the practical prize. The other prize winners were Miss Blue and Miss Gates undergraduates.

The Payzant Memorial Hospital. A recent number of the Windsor *Tribune* says:—

"The afternoon Women's Bridge Club is at present engaged in furnishing a room in the hospital as a memorial to Miss Margaret M. Martin, late superintendent. On the door will be placed a plate suitably inscribed in commemmoration of the many years of faithful and efficient service rendered to the hospital by Miss Martin who did so much to develop the home for the sick of which Windsor and Hants County is justly proud.

The BULLETIN also notes that hospitals, such as the Payzant Memorial Hospital at Windsor may affiliate with such hospitals as the Royal Victoria Hospital, Montreal. Recently Miss McClare of the Windsor hospital completed her affiliation with the Royal Victoria, a three months' course and will

graduate this autumn. Miss McLean of the Windsor hospital staff is now taking this course in Montreal. While this is a step in the right direction, we do not believe it is the full solution of the education of nurses in Nova Scotia.

" 'Artford, 'Artford," called out the conductor. "You've dropped an 'h'," said a passenger. "That's all right, sir, we'll pick hit hup at Hamherst.'

Miss Helen Mitchell for the past eight years in charge of the "A" Male Surgical Department at the Victoria General Hospital has resigned as a member of the nursing staff and has returned to her home in Mill Village, Queens County. She was the recipient of many reminders of the appreciation of those with whom she had been associated by many courtesies, including presentations and addresses.

A Shortened Medical Course.

At the recent meeting of the Canadian Medical Association at Toronto, Sir Robert Falconer, retired President of the University of Toronto, addressed the Association and advocated a shortened medical course. About this there is much to say both pro and con. Besides the great question of trying to instill in the mind of the young man the detail of modern scientific medicine and surgery in four, five, six or a dozen years, there are the questions of economic considerations and the needs of the general public. Sir Robert is reported as saying—"That medical education has become so expensive that it tends to confine itself to students coming from well-to-do families, whereas some of the finest material for the development of medical and scientific men is found in humbler homes. While it is necessary to retain a struggle for education, it is not necessary to make it too difficult and too long." This press despatch prompts the *Sydney Post* in a recent issue to editorially comment as follows:—

"This may seem reactionary, but only to those who take a superficial view of the case. The Medical Associations, which are mainly responsible for the enlarged college course for medical students, were admittedly actuated by the correct ideals when they induced the Universities and the Legislatures to add one, and then two years to the university training preliminary to the practice of medicine. But it is just a question whether the "reform" has not done more harm than good. With the "pre-med" requirements, many students with average high school attainments, have to face seven years in college before procuring degrees in medicine and becoming registered for practice. Such a prospect, it may well be believed, has discouraged hundreds of promising students from entering upon a profession which is to-day faced with the greatest need it has ever known for new recruits of the right kind.

"The college training is not everything, but only the ground work in the education of medical men and other professionals. The practitioner of the right type is a hard student all his life. Those who make a real success of their work learn far more in three years practice than in six or seven at college. Almost all that the university does in any case is to give the student methods, to introduce him into the broad outlines of his work, to start him on a career which will depend more on his own industry, ambition, character, and devotion to service, than on anything he has learned in the lecture room or the laboratory. A university course, be it long or short, is only an introduction to the business of life."

Correspondence

LISTER STUDENTS CORRESPOND.

THE BULLETIN presents in this issue something unique in the way of Correspondence. As intimated, we have a very fine Address for our Lister number, April, 1933, by another of Lister's students, but here we have some intimate history of some members of our profession that does not often become public knowledge. We have already introduced Dr. L. L. Hill of Montgomery to our readers, and he is responsible for this very appropriate and illustrative contribution to our present day medical literature. In all sincerity we ask each reader of this portion of our BULLETIN, "Did you ever read more courteous, sincere and beautifully expressed sentiments than are here recorded? May we all, and always, be as kindly disposed to each other as these very distant correspondents are, the one to the other. The letters are arranged in an order that is of itself explanatory.

Montgomery, Alabama,
July 31st, 1932

Dr. S. L. WALKER, General Secretary,
The Medical Society of Nova Scotia,
Halifax, N. S.

Dear Dr. Walker:—

In your letter of July 25th you said: "Nor was I able to find space for references to yourself and Dr. Stewart of this city" in the July issue of the BULLETIN.

Imbued with the aphorism of Huxley, "Accuracy is the foundation of everything else," I concluded I would send you the correspondence and also a most interesting letter from Dr. Stewart's friend, Mr. Irving H. Cameron, F.R.C.S., that grand old man of Toronto. Please return these letters as they are among my most valued and cherished possessions.

I am enclosing cheque for a year's subscription to the BULLETIN.

With every good wish,

Cordially yours,

(Signed) L. L. HILL.

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28 South Street,
Halifax, N. S.,
Monday, August 27th, 1928.

Dear Dr. Hill:—

Will you pardon this letter from a stranger. Sometime ago my friend Professor Irving H. Cameron of Toronto sent me a copy of *The American Journal of Surgery*, as he was sure I would be interested in your contribution on Lister's Centenary in the August number 1927.

I have read it and re-read it with very great pleasure, and at last I have venturd to send you, by this post, the First Listerian Oration, founded by the Canadian Medical Association and, at the solicitation of several friends, delivered by me at the Annual Meeting of the Association in 1924. The Second Oration was delivered by Sir Charles Sherrington at Toronto last summer. The Third is to be given in 1930, in Winnipeg, by Sir Berkeley Moynihan.

I was a student of Listers in Edinburgh where I graduated in 1877 and I was taken with my friend, now Sir W. Watson Cheyne, and two junior students, by Dr. Lister to London in September of that year. Cheyne was interne, and I succeeded him in May, 1878 and I left

London for my own country (Nova Scotia, in October, 1878). Lister was a great man, and he was, I say with thankful gratitude a great friend to me.

I need only read your admirable sketch to realize that we are both hero-worshippers, and he is our hero.

It is this fellow-feeling, if you will permit the expression, that urges me to send you my Oration.

Yours, in common memories and a great love,

JOHN STEWART.

September 16th, 1928.

DR. JOHN STEWART,
Halifax, N. S.

My dear Dr. Stewart:

When your beautiful letter and wonderful "Listerian Oration" came I confess a feeling akin to yours when Lord Lister introduced you to Sir James Paget, and "that is amemory to cherish."

There is not a man living, save possibly Sir W. Watson Cheyne, who could have written the oration with the absolute historical accuracy and given it the elegant and charming personal touch that you have.

I have made another observation, that you have not only inherited from your intellectual parent, the Immortal Lister, a knowledge of surgery that has made you an outstanding figure in the surgical world, but also an innate modesty. In your letter to me you said, "Will you pardon this letter from a stranger." To whom that knows anything of the history of surgery or the life and achievements of Lord Lister could Dr. John Stewart, of Halifax, be a stranger? Who does not know that in Edinburgh when a very young man you and Mr. Cheyne were selected by Lord Lister over hundreds of others to go to London with him, and an agreement with the authorities of Kings College Hospital was entered into, with the stipulation of your accompanying him as a sine qua non: that you served him at this, the most momentous period of his life; that you maintained his friendship, confidence, love, and affection throughout the noon and zenith of his career and until the "gold of evening met the dusk of night?" What a satisfaction and joy it must be to you to know that your name will go down in history forever linked with that of the Immortal Lister, whose nobleness of character and grandeur of achievements can never be overestimated!

Born the year that Beethoven died, Lister's life is the exemplification of the closing lines of his immortal ninth and last symphony. "Millions loving I embrace you, to the whole world this kiss I send."

With every good wish, and "Yours in common memories and a great love."

Yours very Sincerely,

L. L. HILL.

DR. L. L. HILL,
Montgomery, Ala., U. S. A.

Dear Dr. Hill:—

I feel sure that I acknowledged the receipt of your packet of (Lister) Reprints from the Royal Societies Club, in London, immediately upon their receipt on my arrival on the 5th or 6th instant and that I mentioned the fact that I had forwarded one of them to Sir Hector Cameron in Glasgow, who was confined to the house in consequence of a fall backwards down the stairs in June last, but is now recovering, and another to Sir Wm. Watson Cheyne, Bart., whom you will recall as he went with Lister from Edinburgh to Kings College London, as his Assistant Surgeon in 1877. My friend John Stewart of Halifax, who had been a helper to him in Edinburgh, accompanied them; both, by Lister's special request and stipulation as a sine qua non, for Lister felt that no chances should be taken on this, his most momentous mission by delegating the care of cases to untried, untaught, and inexperienced assistants. The antagonism which he did meet with at first, proved the wisdom of this foresight. Watson Cheyne has retired from practice and now lives at Seagow, Fetlar, Shetland, where he is Deputy Lord Lieutenant of the

County. He, too, is hors de combat by reason of high blood pressure, and seeks recumbency and rest in long sea voyages in the winter seasons. A letter from him the other day says that he contemplates going this year to New Zealand. He is a widower with two daughters, one married to a coffee planter, and a son, a Colonel in the army, presently stationed at Tilworth, Surrey.. This leaves me with three copies, of whose disposition I shall acquaint you presently after I find a letter from your friend the Editor of the American *Journal of Surgery* in which he tells me the names of half a dozen surgeons to whom he sent, at my request, copies of the August, 1927 issue of the Journal.

I am greatly obliged to you for your courteous compliance with my request for Reprints, and the prompt trouble you have taken to forward them to me. My present "mind" is to send one of them or to deliver when in Glasgow attending the meeting of the British Association (facetiously written oftentimes Asso.) at Glasgow from the 5th to the 12th Sept. proxo.—and one to Professor Teacher, the Professor of Pathology in the University and the Royal Infirmary, there in acknoledgment of the fact that he took the trouble to secure, during the unhappy—if not shameful—demolition, three years ago of the old Lister Ward in the R. I., a "brick" therefrom for both Professor George Washington Corner (of Anatomy) in the University of Rochester, N. Y., (also of Johns Hopkins), and me. He, Corner, has had his incorporated in the wall of the new building (University and Hospital) there, and mine awaits the like disposal in Toronto, when the wall rises as is expected shortly. Corner had one of his skilful laboratory assistants make a very happy composite medallion plaque to be added to his, and, most generously, sent me a replica thereof to embellish mine. As I sit here looking out on the two churches and not untenanted churchyards, on the opposite side of the Lothian Road (in this Hotel), St. Cuthbert's and St. John's, and the glorious prospect of the Princes St. Gardens, the Castle (now the shrine of the Scottish National War Memorial) and, I must not omit to add, in the West Gardens the American Memorial unveiled therein last Fall (after I had left here), the work of Dr. R. Tait Mackenzie, now of Philadelphia, but sometime of the McGill College and a Canadian—as well as the Walter Scott Memorial Shrine, and, in the distance, the Peninsular and Waterloo, Dugald Stewart and the other Memorial Stones on the Culton Hill, I am filled with wonder and amazement of what has been accomplished in this little City in the way of making history and furthering the medical interests of mankind, for in those same Gardens sits in stone Sir James Y. Simpson to whom we owe the discovery of Chloroform. Opposite my bedroom windows, giving upon XI Rutland St. an engraved stone records the fact that "Here lived Lord Lister" (and Syme's daughter) "1856 to 1860." Then, of course, they went to Glasgow, and afer a ten years' (Trojan) siege returned on the death of Syme.

Forgive the garrulity of age and believe me to remain, with unbounded thanks,

Yours faithfully,

I. H. CAMERON.

P. S. I should send the remaining copy to Dr. Logan Turner, son of the late Sir William Turner, for years the Professor of Anatomy here, and later, Principal and V. C. He (the son) went into Throat Surgery and last year was President of the Edinburgh Royal College of Surgoons, and Editor in Chief of the Lister Memorial Volume then issued by the British Memorial Association during the meeting here. And this I shall do, if I find that he was not one of those to whom the Journal was sent.

September 16th, 1928.

MR. IRVING H. CAMERON, LLD.,F.R.C.S.,
The Royal Societies Club,
London, England.

Dear Sir:—

What a wonderful letter of yours in intellectual scope and grasp, and appeal to noble sentiment and the finer feelings of our nature!

Your Alma Mater, the University of Edinburgh, is the intellectual parent of American Medicine, Morgan and Shippen were both graduates at Edinburgh, in 1762 and 1761 respectively. They were taught by the Hunters and Monros. They founded our first medical college,

the University of Pennsylvania, on a basis as near as possible after the University of Edinburgh. Benjamin Rush, who succeeded Morgan at the University of Pennsylvania, was an Edinburgh graduate. Physick, called the Father of American Surgery, was an Edinburgh graduate a pupil of John Hunter's. Ephraim McDowell, the Father of Ovariotomy, was a pupil of John Bell, of Edinburgh. And so I might go on and on but to you, a great surgeon and Professor of Surgery in the renowned University of Toronto that has given us many distinguished men, as Balfour, of the Mayo Clinic, and Barker and Cullens, of Johns Hopkins, it would be as a twice-told tale.

What an outrageous vandalism was the destruction of the Lister ward at the Glasgow Royal Infirmary! It bears out the statement of the late Charles W. Elliott, who for more than forty years was President of Harvard College, when the Gore Hall was demolished, that a College or Hospital Building could not survive as a monument and that the only surviving man in events are structures of high architectural and artistic merit which have no use whatever.

I must tell you the comment my son, Joseph Lister Hill, who is a member of the Congress of the United States, made upon your letter, "Father, I wouldn't exchange that letter for a thousand dollar Government Bond." I have filed it securely away with those of Lord Lister, Sir John Erichsen, and Dr. John Stewart.

It was certainly kind and thoughtful of you to have sent me the book, "Joseph Lister, 1827-1927." I read the book last November, but especially prize this one with your autograph and am going to read it again.

With kind regards,

Yours very sincerely,

L. L. HILL.

Halifax, N. S.,
August 6th, 1932.

DR. L. L. HILL,
P. O. Box 703,
Montgomery, Alabama.

Dear Doctor Hill:—

I am returning you herewith the correspondence you so kindly sent to me. It is a correspondence most unique in its historical interest and in its spirit of splendid professional courtesy and friendship.

Further reference will be made to this correspondence in the September or October issues and (D. V.) in our April 1933 issue of our Bulletin.*

I am sure that Dr. John Stewart, who is now feeling quite severely the infirmities of age, will greatly appreciate the several tributes paid to him in the several letters.

In compiling our proposed "Medical History of Nova Scotia," I believe I shall be able to make an interesting two or three pages over this incident. Perhaps you might feel inclined to add, in your inimitable manner some comment as to how Scotland, Montgomery, Ala., Toronto and Nova Scotia came to be united in interest in this particular.

I hope you will enjoy our monthly journal. With many thanks for your courtesies, I remain,

Yours very truly,

S. L. WALKER, M.D.,
General Secretary
The Medical Society of Nova Scotia.

"To See Ourselves as others See Us."

Editor N.-S. MEDICAL BULLETIN,

Dear Sir:—In conversation with an old friend from New York who has been visiting Nova Scotia, he asked me why I didn't start a campaign for better methods by Nova Scotia physicians. "They may be good enough practitioners," said he, "but their methods of handling cases would never go down with us. You know what I mean, because you have rubbed up against hundreds of the leading American physicians in the course of your New York newspaper life. You know that if a doctor in New York is called to set a broken leg, he doesn't stop at the leg, but strips the patient and makes a thorough examination to see what else may have happened. The same for a broken toe or a wound in the head. There may be most important discoveries, be the patient male or female, and some of which perhaps the patient may wish to conceal. Another thing, a physician here gives a man a prescription without telling the patient just what it is or how it is expected to act. With us the doctor will always explain to the patient what he diagnoses to be the matter and what medicine he is going to give and what results he expects to attain. If those results do not work out, the patient knows for himself that the physician will be disappointed and ought to be advised at once. In other words, the American physician gets the co-operation of his patient and seeks to know his case in every detail. It is the same in private cases as in hospitals, and the patients are encouraged to have confidence in their physicians. I was a bit surprised also, continued this visitor, that your coroners do not bother half the time to hold inquests, saying that it is an unnecessary expense when the cause of death is perfectly evident. It has always seemed to me that the object of an inquest, however, is more than to determine the cause of death, including the pointing out of precautions to prevent recurrence of such disasters and when a witness is under oath at an inquest there is no telling what peculiar facts may be revealed to a faithful jury. I don't think that anything is lost by care and thoroughness."

I am transmitting the above for what it may be worth, whether you may care to publish the gist of it or not. Yours very truly,

(Signed J. W. DAWSON STEARNS,
Annapolis Royal, July 30th, 1932. Editor of *The Spectator*.

Will not someone write the snappy reply so plainly indicated.—S. L. W.

The *Bulletin* of the Canadian Tuberculosis Association has completed ten years of existence. We note that the title page carries this information "printed by the courtesy of the Federal Department of Agriculture.

Editorial co-operation of the Federal Department of Agriculture, Health and Statistics is gratefully acknowledged.

The same issue has this further paragraph, "We regret very much to announce that the Minister of Agriculture has found it impossible to finance the printing of this *Bulletin* which has brought to our office so much appreciation. This issue completes ten years' help, for which we are extremely grateful.

We hope that this does not mean that the *Bulletin* will cease publication, as we believe it still has a very special field upon which it can advise the profession and the public generally in connection with Tuberculosis matters. Furthermore, we are positive that an Association such as the Canadian Tuberculosis Association can not profitably exist unless it has its own official Journal publication. One of the chief regrets of the Business Editor of the *Bulletin* of the Medical Society of Nova Scotia is that our own publication has not had available sufficient space to adequately present to our clientele the work of such organizations as the Canadian Tuberculosis Association, Victorian Order of Nurses, etc., etc. There is a very vital connection between the activities of these more or less voluntary philanthropic organizations and the services required by the people of this country which primarily the medical profession should direct.

OBITUARY

SUPPLEMENTING what the BULLETIN said in the July issue regarding the passing of the late Dr. W. MacK. McLeod of Sydney, the *Post* has a recent contribution from Magistrate F. G. Muggah, which, in part, reads as follows:—

> Some weeks have passed since death deprived his wife and family of the companionship of "Dr. Willie" McLeod, as he was known among his intimates, and I trust it is not too late to write a few words of condolence and reminiscence regarding one who was almost a life-long friend of the writer.
>
> I first met the late Dr. McLeod as a fellow-student at the old Sydney Academy, which in those days was located on Charlotte Street south. The building which then housed teacher and pupil about sixty years ago, has disappeared, along with many of those who labored together in the study of classics and other branches of the curriculum of those times. I never think of those old Academy days without associating with them "Willie" McLeod. The same may be said regarding the days after graduation, when he began the study of medicine under the tutelage of the late Dr. McGillivray. Dr. "Willie" was held up to us all as the model gentleman, an "Admirable Crichton," a man whose grace of movement in every physical accomplishment won unstinted admiration. Those who survive, and there are not many of us, the circle is dwindling as the years pass on, carried that impression of him up to the day of his death, and will carry it far beyond that event, or until memory dissolves.

Besides many citizens a large number of doctors who served in the Great War were grieved to learn of the passing of Col. A. N. Bordon, D.S.O. of Kentville. His name will always be remembered as long as the Highland Brigade has any history. Dr. (Colonel) Joseph Hayes as a medical officer serving under him has paid tribute to his military services in his account of this Brigade. His death was unexpected and he will be greatly missed in the community and in the councils of the returned soldiers and the present Militia Department.

One of the oldest and best known druggists in Nova Scotia, William F. O'Dell, died at his home in Truro, July 23rd, 1932, at an advanced age. As many, particularly the doctors in Colchester County, will remember, he has been handicapped for many years by a disease of the posterior and lateral columns of the spinal cord. A number of present day druggists and some doctors, including the late Dr. L. M. Murray, of Toronto, received their first tuition under his direction. He was not married and is survived by two nieces and one nephew.

Two late blotters to come to the doctor's desk were from Charles E. Frosst & Company who have always been advertisers in the BULLETIN of the Medical Society of Nova Scotia, that is since we began to carry advertising in the fifth year of our reign. *T. O. A. and Tan-Gell* are the titles of the two latest blotters which, being interpreted means "Total Opium Alkaloids" and "Tannic Acid Jelly." Every firm advertising in the BULLETIN will be glad *to be of service* to you.

Personal Interest Notes

DR. JAMES R. ROBERTSON of Amherst spent a two weeks holiday visiting his parents Mr. and Mrs. T. R. Robertson at his former home in Halifax.

In the last issue of the "Transactions of the College of Physicians of Philadelphia," we note that one of the papers read during the year 1931 was by Dr. W. R. Morse, West China, Union University Mission. His subject was "The Principles Underlying Chinese Medical Practice." We believe this Dr. Morse is a brother of our own Dr. L. R. Morse of Lawrencetown.

On July 28th there was a quiet wedding at the Baptist Church, Amherst, of Jean, only daughter of Mr. and Mrs. George T. Douglas of Amherst, to John Everett MacDougall, son of Dr. J. G. and Mrs. MacDougall of Halifax. The newlyweds will spend the summer at Wallace in the MacDougall pleasant summer cottage and will reside in Halifax in the late autumn and winter.

Recent graduates in Medicine include Miss Joan MacDonald, daughter of Premier Ramsay MacDonald of Great Britain who has received her degree of Bachelor of Medicine and Surgery from the University of Edinburgh. This announcement is coupled with another that she is shortly to be married to Dr. Alastair MacKinnon, who was a fellow student in the Royal Infirmary in Edinburgh.

The BULLETIN regrets to record that in the early part of August, Mrs. Francis, wife of Dr. Bernard Francis of Sydney Mines, was seriously ill and a patient at St. Martha's Hospital, Antigonish.

Dr. Edgar Curtis, Dalhousie 1932, of Princeport, Colchester County, has just finished a month's engagement with the Mersey Paper Company at Liverpool. He is now supplying for Dr. D. F. McInnis, Shubenacadie. He expects to locate at Elmsdale.

Dr. M. H. McKay, West Bay, C. B., attended the graduation exercises at the Nova Scotia Hospital July 20th, when his son, John, was one to receive a Nursing Diploma. Dr. McKay was accompanied by two daughters, Miss Catherine and Miss Annie.

Dr. Hugh A. Fraser, Dalhousie Arts 1925, Medicine 1929, is visiting his sister, Mrs. MacDonald, Oxford St., Halifax. Dr. Fraser has just finished a three year interneship at the Charity Hopital, Cleveland, being Chief Sugical Officer the last year. He is a son of Rev. (Dr.) A. L. Fraser, a former Presbyterian Minister in Halifax, and one of Nova Scotia's real poets.

Dr. James Bruce of Sydney has brought to the Sydney Royal Yacht Squadron a new yacht that promises to be among the fastest of them all.

Dr. H. D. Land, Dalhousie 1926, formerly of Sydney, now located at Ramea, Newfoundland, was a recent visitor at his former home.

Dr. A. J. McNeil of Mabou has had more than one member of his own family as patients in St. Mary's Hospital, Inverness. In July his daughter Anna was a patient there. She made a good recovery after operation.

Dr. and Mrs. R. Culton of Wallace spent a day in Stellarton recently visiting relatives. Mrs. E. H. Culton returning with them for a short visit.

The last C. M. A. Journal has the following:—

The outstanding features of the 79th Annual Meeting of The Medical Society of Nova Scotia were:—

1. The largest registration with the single exception of the Dalhousie Anniversary meeting held in Halifax in 1928.

2. The presentation of papers and addresses by Doctors Lahey and Haggart of the Lahey Clinic, Boston, and Doctors Rudolf and McKay of the University of Toronto and of the presence together with papers and addresses of Doctors C. E. Britton representing the New Brunswick Medical Society and Dr. F. W. Tidmarsh, representing the Prince Edward Island Medical Society.

3. The carrying out for the first time in Nova Scotia of a Tuberculosis Refresher Course arranged and conducted by Dr. A. F. Miller, Superintendent of the Nova Scotia Sanatorium, and occupying the three days following the Provincial Meeting. It will be exceedingly hard for a similarly satisfactory course to be presented to the profession in this province until again the Annual Meeting is held in Kentville.

4. The Society meetings were held at the Cornwallis Inn and this convenience was very greatly appreciated. The opinion was expressed that meetings of this kind, should under present circumstances, be held where such hotel accommodation is available.

5. Particular satisfaction was expressed in view of the good financial standing of the Society and that the BULLETIN, its official organ, was for all practical purposes no burden upon the Society, its advertising almost carrying it completely.

6. While no active endorsement was given to the project of preparing a Medical History of the Province of Nova Scotia, it was generally admitted that the Historical Committee of the Society should have something very definite to report in the immediate future.

The officers for the coming year are as follows:—

President.....Dr. K. A. MacKenzie, Halifax, N. S.
Vice-President.....Dr. A. R. Campbell, Yarmouth, N. S.
Secretary.....Dr. S. L. Walker, Halifax, N. S.
Treasurer.....Dr. W. L. Muir, Halifax, N. S.

The Executive consists of these officers and representatives from nine Branch Societies in the province.

The next meeting of the Society will be held in Halifax, July 4th and 5th, 1933.

Health Rays

Often the BULLETIN has referred to this very excellent institutional magazine and quoted freely from it. We are also glad to note that the local editorial board are evidently readers of the BULLETIN. One reason for satisfaction over this exchange is that it accomplishes one of the objects that has been in the mind of the writer always regarding the purposes of our own publication. We have never attempted to have it appear a scientific journal to a majority extent; but a distinct effort has been made continuously to let the profession know what the public say, think, or should say and think, of them as a body. To do this we have called upon more than medical journals for much of the material we have published from time to time. Doctors are not mere scientific machines, they are human beings and citizens of the community, therefore their interests require full knowledge of the thinking, living and needs of the people they serve. So the BULLETIN has endeavored to bring about a mutual understanding of the medical profession and our dear friend and critic,—the General Public.

Now it appears to us that this is also one of the objects of *Health Rays*, the official publication of the patients of the Nova Scotia Sanatorium; they speak for patients and publish the teachings of the medical profession in all matters of health. In the June issue an abstract is made of a speech delivered by Dr. E. Star Judd, a President of the American Medical Association, who considered four outstanding problems that confront the profession to-day—Heart Disease and associated conditions; cancer; pneumonia; mental illness. The abstract of Dr. Judd's when he refers to the latter problem is of value to both physician and the laity, and is as follows:—

"Patients who are mentally ill probably suffer more than any other class. They may be divided into two groups—those who have definite changes in the brain or nerves and those who have functional disturbances referable to the central nervous system.

Six per cent. of those who are mentally deficient have had an accident or injury at birth. Twenty-eight per cent. have had acute illness or severe injuries in early infancy or childhood. Probably the mental deficiency of 25 per cent. is the result of heredity, and in probability 10 per cent. mentally deficient mothers account for the condition of their children.

From this report it is evident that if we can reduce the number of accidents and injuries at birth, we can prevent a certain amount of mental illness. Also, if we can reduce the number of acute illnesses and injuries in infancy and childhood, we shall decrease the number of persons suffering in this way. It is not possible, of course, for a person to select his parents, but if some plan can be developed which is satisfactory to every one, and that will prevent idiots and imbeciles from having offspring, then much will be accomplished toward diminishing mental disorders.

While it is probable that many functionally nervous people derive their trouble from heredity, nevertheless I am inclined to believe that members of the medical profession and those particularly interested in preventive medicine have done all that they should to help out in the matter. I believe that there is an opportunity during the school life of a child to teach him biology in better form, so that he will have more of an understanding of biologic conditions as they arise. If he had definite knowledge regarding some

of these matters, he would be able to handle the fear-complex from which so many people suffer.

Preventive medicine is now being taught to children under 6 years of age. These children are receiving periodic health and dental examinations and protection against smallpox and diphtheria. It is often possible to recognize in children at these early ages the type of nervous system that they will develop, and I believe that something can be accomplished by education and training."

Corrections and additions made in the membership list published in the July BULLETIN. Dr. W. N. Rehfuss, Bridgewater; Dr. I. R. Sutherland, Annapolis Royal; Dr. L. N. Zinck, Lunenburg; Dr. F. L. Hill, Parrsboro; Dr. B. F. Miller, New Waterford; Dr. D. J. McKenzie, Halifax; Dr. B. E. Goodwin, Amherst. Is there any one else.

The Over-crowded Professions. Under this heading the *Exeter-Times Advocate* says:—"When doctors are telling us that there are enough medical men already to attend to the sick, and nurses are assuring us that their profession is already overcrowded, and conferences and presbyteries and bishops are at their wits' end to secure places for ministers, parents will be well advised to think twice before they set their children apart for professional careers. The simple fact is that only those especially fitted by talent, by aptitude and by manner, need look for anything like success in the professions. That is as certain as death. Young people are not expected to see this. It is nonsense for their elders to overlook a condition that is perfectly obvious to everyone who stops to think."

What an absolute ignorance of psychology is shown in this item. What can the elders do to-day in keeping our alert, clever, intelligent Nova Scotians from taking up the professions when we magnify the advantages of the highest possible education the province can afford. Are they to hew wood and carry water all their lives. If you do not want your son to study medicine your daughter take up nursing, let parents do their best to get them into these vocations or professions.

At least one doctor appreciates the BULLETIN, but one may be puzzled as to his general good judgment when he writes,—"Please continue sending me the Journal. The three dollars will be sent you any day now. (They came). For a monthly give me the Journal (BULLETIN); for a daily the *Morning Chronicle*!!"

The attention of the Eye, Ear, Nose and Throat specialists of the province is invited to this item in a Michigan, U. S. A. newspaper,—"April 25th, J. H. Fleischman, Eaton Rapids farmer, had his tonsils removed without charge. He was repairing an auto tire when it blew out with such force his pipe was forced down his throat. The pipe stem snipped off the tonsils."