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C.B.E., B.A., M.D., C.M., M.R.C.S., Eng., L.R.C.P., London, F.R.C.S.(C.)
Professor of Surgery and Clinical Surgery 1912 to 1932,
Dalhousie Medical College.
DIED JANUARY 20TH, 1933

Some Common Disorders of Infancy.*

F. W. TIDMARSH, M.D., Charlottetown, P. E. I.

FOUR of the commonest and least understood of the minor ailments of early infancy are colic, habitual regurgitation or the spitting up of food, sleeplessness and dermatitis of the diaper region. Although insignificant in themselves, they are the cause of much distress and anxiety to the mother who, in many cases, urgently demands that some form of treatment be given for one or other of these conditions. Too often the physician is content to explain that the trouble is not serious and that the child will improve as time goes on or prescribes some simple mixture as a placebo. This procedure does not relieve the distraught mind of the young mother nor give her the sleep that she needs so much for the welfare of herself and her baby.

I have had the temerity to bring these trivial disorders of infancy before you to-night because I believe that the great majority of infants, suffering from one or other of the conditions mentioned, can be quickly and permanently relieved by simple measures.

Colic. Colic is usually described as a paroxysmal pain in the abdomen occurring as the result of the spasmodic contraction of the muscular wall of the stomach or intestine. It is often spoken of as a mild form of intestinal indigestion and is usually accompanied by eructations of gas or swallowed air, the expulsion of flatus or passage of green, slimy, curdled stools. During the paroxysm the child emits a series of loud, sharp cries, the legs are drawn up on the abdomen and the child gives evidence of suffering acute pain. Frequently the hands are cold and clammy.

Colic is especially frequent in the first three months, oftener in breast fed than in artificially fed infants and occurs most commonly in the late afternoon or night. It is found that the weekly gains have been regular but small. This failure to make satisfactory gains in weight is then ascribed to lack of sleep or the increased metabolism produced by crying and the real cause is overlooked.

Among the occasional but relatively infrequent causes of colic may be mentioned overfeeding, too frequent feedings, unsuitable food especially too high a carbohydrate or fat content, constipation, etc. Or more frequently the colic is due to an irritable sympathetic nervous system, the so-called hypertonic infant that I will discuss later.

All these etiologic factors will, if added together, account for about 25% of the cases. In fully 75% the cause of the attack of colic is simply hunger. Let us go into the routine of the average colicky infant and see if we can find evidence to support this statement. When the supply of breast milk is not quite sufficient for the infant's needs the amounts obtained from the breast will usually be largest in the morning after the mother has had the nights rest and least abundant in the afternoon and evening when she has become tired out after the days' activities. Weighing the infant before and after nursing

*Read at the Annual Meeting of the Medical Society of Nova Scotia, Kentville, July 5th, 1932. Dr. Tidmarsh was the official representative of the P. E. I. Medical Association.

will show a surprising variation, frequently more than two ounces, and thus explain the frequency of colic in the afternoon and evening. Moreover, nursing a dry or partially dry breast results in the infant swallowing a large amount of air, thereby accounting for the eructations of gas and the expulsion of flatus. If the role of hunger, as an etiologic factor, appears doubtful, it is a very simple matter to increase the food by giving complementary or supplemental feedings for 24 or 48 hours. If the colic is due to intestinal indigestion, the extra food will, undoubtedly, make it worse. If, on the other hand, it is due to hunger, there will be no further attacks, provided sufficient food has been given.

Apart from those groups of cases mentioned, where the etiological factor is more or less obvious, there is a comparatively small group that has for a long time baffled the efforts of the physician to ascribe a cause and institute suitable treatment.

This group of infants suffers from the triad of symptoms viz. colic, habitual regurgitation of food and sleeplessness.

In 1923 Haas of New York called attention to a class of infants, having these symptoms, and he showed that there existed a definite clinical entity to which he gave the name "hypertonic infant" and of which he says: "It is characterized by hypertonicity of all the skeletal muscles as shown by the ability to raise the head and grasp objects, even in the early days of life, and by general spasticity. The hollow viscera show increased activity of their smooth muscle fibres. This expresses itself in the form of spasm, involving practically every part of the digestive tube and depending on the region, presents the symptoms of colic, visible peristalsis, regurgitation and vomiting, and diarrhoea. Accompanying these symptoms is a marked psychic irritability expressed by insomnia, general restlessness and crying. They cry violently night and day, and it is surprising how little they sleep, in 24 hours, probably not more than 6 to 10 hours instead of the usual 20 to 22 hours.

Just why the infant is hypertonic is not known. The causes given are (1) Heredity, (2) Congenital unbalance of the sympathetic nervous system and (3) Cerebral birth injury. The second is the one generally accepted, viz. an irritable autonomic nervous system. This theory is strengthened by the fact that the symptoms often entirely disappear with the use of atropine.

The gastro-intestinal symptoms i.e. the colic and regurgitation are due to vagus stimulation which causes distension due to spasm of localized portion of the gastro-intestinal canal. These areas of distension with their subsequent pull on the peritoneum and mesentery are the chief cause of the colic and the violent crying. The regurgitation, vomiting and diarrhoea are also due to the increased activity of the smooth muscle of the intestinal tract. By lessening this activity or spasm atropine acts as a specific remedial agent. The drug is prescribed in a 1/1000 solution, beginning with one drop in water ten minutes before each feeding. Care must be taken to insure the potency of the drug. It is known that atropine begins to deteriorate as soon as the mixture is prepared and that a solution two weeks old is useless. The child is given atropine in the dosage mentioned for one week whether or not improvement is noticed. In the absence of relief of symptoms the dose should be increased to the point of tolerance as shown by flushing of the skin, dilated pupils, hyperpyrexia and abdominal distension. Some infants are very sensitive to atropine and its effect must be closely watched; but, as a rule, the hypertonic infants can take a much greater amount of this drug than can the average infant. One

writer reports giving the equivalent of 1/50 of a grain per day before the physiologic effects of the drug were manifest.

When improvement takes place it is advisable to begin omitting the drug before an occasional feeding.

A case report from my own practice may be of interest in that it shows the specific effect of atropine in this type of infant.

Baby T. age 2 months. First baby. Delivery normal.

Complaints—Excessive crying, sleeplessness, frequent attacks of colic and spitting up of food but no definite vomiting.

P. H.—Nursed entirely for six weeks, then given a mixture of half milk and water twice daily instead of breast feeding. Weight at birth 7 lbs. 8 oz. Present weight 9 lbs. 2 ozs. About 1 lb. underweight.

P. E.—Was essentially negative. No otitis media. Urine normal. As it was obvious that baby was not getting sufficient food from the mother, gradual weaning was advised and a formula, giving 50 calories to the pound, was prescribed.

In the first week there was a gain of 7 ounces but in the second week, in spite of the fact that the formula was well taken, there occurred a loss of 6 ounces. The baby cried excessively and did not sleep after 3 a. m. Furthermore, during this week, there was 7 to 8 loose bowel movements in the 24 hours. The feeding was increased to allow 90 calories per pound. This resulted in some improvement in that during the following week there was a gain of 10 ounces but the child was still sleepless and cried almost continually while awake and the bowels were still loose. On examining one of the stools it was found to contain some very hard faecal matter and on enquiry I was told that nearly always the first of the movement was hard and dry and this was followed by a large liquid stool. This type of stool is characteristic of the hypertonic infant and is due to anal or rectal spasm. The effect of atropine in this case was dramatic.

In 48 hours the whole picture had changed. The baby stopped crying, slept all night and most of the day. The bowel movements became normal. After two weeks the atropine medication was gradually discontinued and at the present time at 5 months of age the child is normal in all respects.

Leaving these three common disorders of infancy let us consider briefly a fourth viz. inflammation of the skin of the diaper region or ammonia dermatitis or, as it is sometimes called, Jacquet dermatitis, after a French dermatologist who in 1886 differentiated it from hereditary syphilis with which it had formerly been frequently confused. More recently it became evident that the condition was always associated with the ammoniacal diaper and it was realized that the whole process i.e. the liberation of free ammonia from ammonium salts and urea took place in the diaper after the urine was passed. There were many theories as to why this occurred, the one generally accepted was that traces of soap, especially Lux, left in the diaper after washing was the activating agent. The treatment has been unsatisfactory. A few years ago Cooke of St. Louis showed that by appropriate methods there can be demonstrated in the faeces of many infants, as well as in older children and adults, a nonpathogenic, non-motile Gram positive bacillus, which has a marked ability to form ammonia from urea, a property other intestinal bacteria do not possess. This bacillus is constantly present in the fecal discharges of those infants whose diapers have an ammoniacal odor. It has been named *Bacterium Ammoniogenes*.

The frequent soiling of the gluteal regions in infants leaves the skin of this area contaminated by the intestinal bacteria, when the diaper is wet by urine a good culture medium is furnished and a favorable temperature for their growth. The free ammonia liberated from the urea makes a marked skin irritant.

This explanation is in accord with the clinical findings: viz. the formation of ammonia in the wet diaper is situ only, the presence of the erythema most frequently noted in the morning after the child has lain in a wet diaper all night and the complete disappearance of the trouble after the infant has passed the diaper age.

The skin lesions are familiar to all of you and need no description. They are limited to the convex surfaces of the diaper region, since the approximated flexures and sulci between them are protected from contact with the diaper and ammonia, thus making a sharp differentiation from intertrigo. In severe cases round punched out ulcers may occur which in themselves are indistinguishable from those of syphilis.

It must not be forgotten that the lesions may occur on the heels and other parts of the legs, if the skin has been long in contact with the wet diaper. A frequent manifestation of this condition is the ulceration and crusting, that occurs at the external meatus of circumcised babies, which frequently narrows the meatus and makes urination painful and difficult. This does not occur in uncircumcised males or female infants.

The treatment is simple and it is the diaper that is treated and not the infant. The napkins after washing are rinsed in a solution of 1/4000 bichloride. They are then wrung thoroughly and allowed to dry. Ordinary diapers retain from 3 to 5 ounces of the fluid. When dried they are diffusely impregnated with the bichloride and, when later wet by urine, the dissolved antiseptic prevents bacterial growth and ammonia formation. So constantly effective is this treatment that when the ammoniacal odor persists one can be certain that the instructions have not been properly carried out.

Summary. Colic when not due to such obvious causes as overfeeding, improper food, too frequent feedings, is probably due to hunger and will disappear when sufficient food for that individual baby is supplied. In certain infants, suffering from colic, regurgitation of food and sleeplessness, the etiological factor is hypertonus of the muscles of the gastro-intestinal canal, which can be promptly relieved by atropine.

Dermatitis of the gluteal region in infants is due to irritation by the ammonia, which is set free from urea by a saprophytic bacillus. This bacillus is derived from the intestinal contents and infests the diaper region as a result of soiling by faeces. A prompt cessation of ammonia formation and a rapid regression of the skin lesions can be brought about by impregnating the diapers with a germicide such as bichloride of mercury.

Medical Ethics.

DR. E. F. MOORE, Canso, N. S.*

IN choosing a title for this address—Medical Ethics—one cannot but be struck by the paucity of literature upon the subject. Looking backwards over a quarter of a century of practice, one can recall only a few brief articles in the various medical journals on the subject of Medical Ethics, and indeed during one's undergraduate days, one can only recollect one address, of ten or fifteen minutes duration, given as a final lecture to a graduating class, in his own inimitable manner by one Murdock Chisholm—of blessed memory, and the burden of that address might be summed up in these words "Whatsoever ye would that men do to you, do ye even unto them." That after all is the underlying principle for all Ethics, be they Medical or General.

But the application does not prove so easy. Of course, theoretically, a man, who possesses what we call character, has no need for a code of rules of morals to keep him in the paths of rectitude, be he priest, lawyer, physician, or engaged in what some are pleased to call, the humbler occupations. However, the majority of us poor mortals are cast in a more common mold and when we would do good, there is evil present within us; hence the necessity for some written rule of right conduct. However, surprisingly different ideas of one's obligations have always existed, as is borne out by delving into the writings of Plato, Socrates, Aristotle down to the time of St. Augustine, St. Thomas Aquinas, to the era of Lock, Shaftsbury, Bentham and Adam Smith.

As you know, the word ethics comes to us through the Greek word *ethos*, meaning a custom or more especially a custom of morality. Ethics then may be defined as the science of right conduct and has to do with one's moral obligations and with the rules that determine man's conduct with respect to himself and the rights of his fellow men.

But in all the speculations of philosophers, both ancient and modern, little or nothing has been said about medical ethics that peculiar system of principles and rules concerning moral obligations and the rights of others applicable to physicians and physicians only. What is perfectly ethical for others engaged in commercial enterprises may not be ethical for us as physicians. We are truly set apart in our relations to the community, entering the house as no man enters it, seeing things as no other eyes see them, and being entrusted with secrets that probably the ears of no father confessor ever hears. What an unspeakable catastrophe would be inflicted upon the individual, upon the community, nay even upon the entire social fabric, were medical men not restrained by an ethical sense of right and wrong from proclaiming what they have seen and heard.

To Hippocrates, it seems, belongs the honour of formulating the first System of Medical Ethics, and if the so-called Hippocratic oath be attributed to him, it antedates by several hundred years, the Golden Rule of the teaching of Christ.

*Read before the Eastern Counties Branch of the Medical Society of Nova Scotia, Oct. 25th, 1932 at Antigonish.

Probably, however, the Hippocratic oath in its present form, is of a much later date than Hippocrates. nevertheless parts of the oath are held to be of a much earlier date than he. Indeed, some parts of it may be seen in the contents of Egyptian papyri of the second millennium. Be that as it may, the question of date does not detract from the grandeur of the ethical principles nor from the high ideals which through the ages have been characteristic of the profession of medicine. But alas, in these more modern days when commercialism is so rampant, when competition is so keen, when men become specialists almost as soon as they graduate, it seems, to us older physicians at any rate, that there is a gradual slipping away from the high standard set by the Hippocratic oath. Perchance, in this more enlightened age the modern up to the minute young physician considers many of the rules of Medical Ethics as pure Bolony, or at least as belonging to an era that has past, and yet after all, the rules we follow should be the basic rules of right conduct both to ourselves and our fellow practitioner. Almost without exception the various Medical Associations have adopted a code of ethics to guide the unwary feet of those who are prone to slip and wander away from the straight and narrow path and to give a high and noble view of the calling whereunto we have been called. In other words, to set down in black and white the things which we as physicians must do and the things we must not do. We Canadian physicians have adopted the Code of Ethics as sponsored by the Canadian Medical Association revised in 1922. This code of ethics is in the form of a manual or brochure which can be read from cover to cover in about ten or fifteen minutes and it seems fitting that each and every one should "read, mark, learn and inwardly digest" what it contains. Indeed, it might be well if we carried it in our pocket and read it daily as the priest does his office. A daily meditation of its contents would give one a fresh inspiration for his daily round and serve to keep us from needlessly treading on the pet corn of our confreres.

Turning now to the Hippocratic oath we find these words: "Whatsoever things I see or hear concerning the lives of men, in my attendance upon the sick, or even apart therefrom, which ought not to be noised abroad, I will keep silent thereon counting such things to be sacred secrets. Pure and holy will I keep my life and art."

One fancies that no physician ever flagrantly sins against this provision of the Hippocratic oath, and yet when one hears small talk among patients and their friends often interlarded with medical terms and phrases, very aptly used, one is apt to wonder if the physician has been just as scrupulously careful as he should have been. Oftimes he may have been taken off his guard and let slip some remark which is eagerly seized by those harpies who infest every community.

One should be scrupulously careful about giving any information to any friend or acquaintance of one's patients. One does not mean the ordinary gossip, but one's meaning is best explained by a case which came under one's notice about a year and a half ago. The parents of a young girl became dissatisfied with the opinions of the local physician and determined to try pastures new. They decided to send their daughter to a neighboring town, as they had a perfect right to do. However, they were unable to accompany their daughter and so called in a neighbor, whose reputation for garrulity was in the inverse ratio to her common sense. The physician in question made a very thorough and painstaking examination, but he made the fatal error of entrusting his findings and outlining the treatment to this gossiping female.

On her return home, she spread the news as to what Dr. X had said, and one may add, did not say, for as so frequently happens, these people can never get things right, so some of the remarks attributed to Dr. X are truly gems! But there was a more tragic side to all this. Apparently the doctor expressed some mild disapproval of the former medical man's treatment and no doubt this has been twisted out of all semblance to truth. Result—a lack of cordiality between the two physicians which can only redound to their mutual disadvantage. Would it not have been far better to have taken the time to have written a letter to this girls' parents and to have sealed it?

Another trap which ensnares many of us is the ubiquitous reporter and for ways that are dark and tricks that are vain, he has the heathen Chinese trimmed to a fare you well. One can speak with authority upon this point for the earlier years of one's life were spent on the staff of one of the Halifax dailies. Possibly one may be a little bit old fashioned, but one holds the idea that the diseases of any, be he rich or poor, prominent or obscure, are their own personal property, and as such should be sacred from prying eyes and ears.

But are we bound in every case to keep silent, unmindful of what may occur on account of our refusing to speak? Well something like this may happen to one of us, especially those of us who belong to the fast dwindling ranks of the family doctor and general practitioner. You have been present at the birth of Mary—you have more or less successfully guided her through measles, mumps and the so-called kindred ills that are supposed to occur in childhood days. You have seen her develop from a gangling tom boy into a glorious womanhood. In the few leisure hours that may have fallen to your lot you have probably smoked not a few cigars and argued good naturedly on politics with her pater. But it has come to your knowledge that Mary is about to marry Tom, a gonorrhoeic or syphilitic not yet in the non-infectious class. You go to Tom, beg with him, reason with him, threaten him, all to no avail. The wedding will take place within a month. What would you do? Are you going to stand by supinely and allow an innocent girl to become an invalid possibly for life, or are you going to throw overboard your principles of silence? Some time since, that was just such a case in England, and the physician, after using all legitimate means to postpone that wedding, told the facts to the girls' parents. He, as a result, was summoned before the Medical Council and severely punished. Of course, future generations of medical men will not have to cope with such problems for in the Utopian age of preventive medicine, which is probably coming, it will be necessary for both contracting parties to file a clean bill of health before the issuing of a marriage license. Meantime, what would you do under such circumstances? For myself—I confess I do not know. Of course, this is an extreme case. In general, keep to yourself what you have been told in confidence. Spread nothing abroad that you have seen, steadily refuse to talk about your patients little ills to any outsider, in short don't be a leaky vessel.

Our first object is to save life at any cost but does that mean that one should keep soul and body together until the last possible moment? Should, for instance your patient be in the last stages of Tuberculosis or Cancer with its untold agonies attendant upon such a disease; unable to swallow food, are you to indefinitely give nutrient enemata, to withhold morphia except in the smallest and very inadequate doses? Is it unethical in such cases to smooth one's passage to the grave, to make the inevitable passing easier even at the risk of shortening a little the earthly existence? These are questions which

needs must come to all of us. How shall we answer them? One thinks each must answer them for himself, trusting to his own conscience to be his guide. It is solely a matter between oneself and one's God. Personally one can have little sympathy for the man who would shorten the death agony of a dog, yet would turn a deaf ear to the piteous entreaties of a human being.

Probably more physicians get into trouble from unethical conduct toward their confreres than from any other cause whatsoever, and it appears to one that this particular sin is on the increase in place of decrease. Possibly this may be more apparent than real, by virtue of the changes which are taking place in the practice of medicine. One must realize that what was highly unethical in the days of the general practitioner, may in these more enlightened times, be dismissed with a shrug of the shoulder. Yet even in the hurly burly of this age of specialism, perhaps it would be well if one should give pause and ponder—if our actions in any given case can be squared to the principle of all ethical conduct, "Whatsoever ye would that men should do unto you, do ye so even unto them."

What is perfectly allowable in business in the matter of securing customers by means of more favorable concessions and service has no place in the building up of a professional clientele. The practice of medicine is not a business and he who adopts that profession for the sole object of getting a livelihood, had better by far follow the calling of a bond salesman or run a garage. Nothing will make more trouble for the physician than the reputation of unscrupulousness in getting together a following of patients. True, he may succeed for a time but sooner or later, he will be compelled to fall back on his fellow practitioners, for after all none of us liveth to himself alone and thrice unhappy he, who by his own unethical conduct has made his name to stink in the nostrils of his professional brothers. Better were it for him that a millstone were hanged about his neck and he were cast into the depths of the sea. Of course, there are oftentimes heart burning and jealousies that seem very difficult to avoid but let us make an effort to reduce them to the minimum. Frequently a little word of explanation will suffice, and one finds that instead of a potential enemy, one has made a friend of his fellow practitioner. Naturally, changes will come, for patients are queer sometimes and for various reasons and very frequently for no reason whatsoever wish to change their medical attendant, more particularly if he happens to be a new arrival in the town or district. There is really no good reason why the former attendant should take umbrage at this. True it may hurt him, nevertheless, no man owns his patients and the patient has a perfect right to change his physician—but is it highly unethical for one to take charge of a patient who is actually under treatment of another physician unless the former has been definitely notified that his services are no longer required. Let this notification come from the patient or his immediate family. Let them do the dirty work. One regrets to say, that this rule is violated not infrequently.

In case one has supplanted the former physician, one requires almost superhuman sagacity to avoid being betrayed into making some derogative remark about one's predecessor, a chance word, a slight shrugging of the shoulders at some method of treatment adopted by the former physician is frequently sufficient to start all the evil tongues in the neighborhood wagging. Say as little as you can about the previous handling of the case, whether you approve or disapprove of it. Your confrere's mistakes of to-day may be your errors of to-morrow. In fact, yours may be even more egregious. Re-

member infallibility is possible for no mortal man, therefore, boost the other fellow, it heartens and encourages him and does you no harm.

Cases may arise where the attending physician asks you to see the patient for him when he is unable to go, but the emergency past, you are in duty bound to hand the case back to him again and even if you are called later you should not respond without at first consulting the original physician. One will often find the patients wish the doctor to continue until the particular emergency has passed; but one thinks the wisest plan is to say nothing, but report the case back to the original physician and await developments. In nine cases out of ten, your colleague will ask you to carry on.

"A physician or surgeon" says the manual of Medical Ethics—Canadian Medical Association, "beginning the practice of his profession or removing to a new locality, a simple announcement by an unobtrusive card in the public press is unobjectionable." Contrast this with the case that follows: not so very long ago a medical man, not a general practitioner, living in a city not a thousand miles away was changing his office. A flamboyant card and that surmounted by a photo gravature of the doctor in question was displayed in the most conspicuous part of the daily press of that city. The whole thing seemed to be on a par with the adds of Father John's Remedy or Lydia Pinkham's Golden Discovery. Can one fancy the doctor as depicted in Luke Fields celebrated painting stooping to that? In response to an enquiry as to whether his local association or the Provincial Association stood for that kind of thing, the Provincial Secretary replied "Certainly not," but he added "no one likes to speak out in school." *Oh tempora; Oh mores* Have we come to such a pass in the medical profession? But again, perhaps one belongs to the medical dark ages.

Perhaps one has criticized too severely and possibly one's remarks are far from being of a constructive nature. One may be accused of finding fault for the mere pleasure of fault finding. Far from it, one has been inspired by the thought of doing one's bit to get the medical profession of to-day to measure up to the high standard demanded by the oath of Hippocrates; to conduct oneself so that the very appearance of evil may be shunned. Medical Ethics has placed our profession on the very highest plane in the service of mankind. But be as ethical or as non-ethical as you please, remember the profession of medicine is no more immune to the caprice of change than any other profession, and so we must be prepared to meet with a smile all that comes. There are times without number, when we are misunderstood, when we are disheartened and discouraged, when base ingratitude seems to be our only reward for spending days and nights without sleep in our endeavour to alleviate human suffering, but on the other hand no one is loved as some physicians are, no one so taken into the heart of the people whom he serves. What then do a few cases of ingratitude count when there is the other side to the shield.

And when the end comes, as it needs must to all of us, may we not say with the poet who was also a physician:

"On life's uneven road,
Our willing hearts have eased our brother's load;
One forehead smoothed, one pang of torture less,
One peaceful hour a sufferer's couch to bless.
The smile brought back to fevers parching lips,
The light restored to reason in eclipse;

Such were the simple records day by day
 For gains like these we wore our hearts away.
 Pain was our teacher speaking to the heart,
 Mother of pity, nurse of pitying art;
 Our lesson learned, we reached the peaceful shore,
 Where the pale sufferer asks our aid no more.
 These gracious words our welcome, our reward,
 Ye served your brothers, ye have served your Lord."

WEE MODERNS.

By BERTON BRALEY

We have received the following:—

The babies of these present days are raised upon a system,
 You count their calories of food and on a card you list 'em;
 They're spanked upon a schedule and petted by the clock
 And you mustn't ever jounce 'em and you mustn't ever rock;
 Physicians choose their style of dress and fix their hours of sleep
 And tell you when they ought to laugh and when they ought to weep,
 Their every eccentricity is catalogued and filed
 For the modern type of baby is a scientific child!

Time was that mother raised them in a rather casual way,
 With a bit of help from grandma—but that isn't done to-day;
 The bringing up of babies is a far from simple art
 And you need a dozen volumes and a blueprint and a chart,
 A clinical thermometer, a stethoscope, a scale,
 Some test tubes and a dictaphone that registers each wail,
 The modern mother's regimen is very far from mild,
 For the baby of the present is a scientific child!

Oh yes, I am describing the *modern* baby now!

Oh, the old folks sniff about it and the jesters jest a lot
 But the modern type of baby is a healthy little tot,
 He may be robbed of baby-talk, of many pats and kisses,
 But there's a heap of colic and other ills he misses;
 And in spite of all the sentiment that in our cosmos lurks
 There isn't any question that the modern method works—
 For the scientific baby is a husky little tad,
A credit to the doctor, and the mother, and the dad.

International Clinics

WHEN a few days ago there came to my desk Volume 4, 42nd Series, 1932, *The International Clinics*, published by the J. P. Lippincott Company for that many years, the outside cover page conveyed to me a distinct shock. It was headed "A New Deal." It went on to say that beginning the 43rd series *The Clinics* has an entirely new editorial board of practical clinical teachers, whose duties are actual, not honorary, furnishing real post-graduate instruction at a minimum cost. As far as I was concerned, I did not want to see any change in the book which had been my *vade mecum* for many years. Personally I, moreover, have always dreaded changes that were unexpectedly presented to me. Upon a slight recovery of reasoning I read farther those who were to be editorially represented in the forthcoming issues. It appeared to me that a forward step was being taken by the publishers and that this volume would be of more advantage to the medical profession in America (the United States and Canada) than ever before.

Then when we came to look over the contents of the recently received volume of the *Clinics*, we noted that Canadian writers were given a very prominent position in the publication. To our very great satisfaction we noted that our esteemed friend and colleague, Dr. Campbell P. Howard, Professor of Medicine, McGill University, Montreal, had been placed upon the list of collaboratory editors.

Not satisfied with this a perusal of this recent volume indicates that Canadian authors have been called upon to furnish the material for this volume to a very large extent.

Attention is called to this because of both the professional standing and authority of the Canadian contributors and to the further fact that Canadian writers along medical lines hold an exceedingly high position in the estimation of the medical profession. It is characteristic of their articles that they are primarily practical and that is really the feature that should appeal to the medical profession throughout the country *over and above all others*. Among these contributions of Canadian writers we are, of course, compelled to give the general prominence to our confreres in the Province of Manitoba. We are sure that another issue will largely feature the articles from doctors in other Associations.

We note a prominent contribution is that of Dr. J. B. Collip, Montreal, "Placenta Hormones." Dr. Norman B. Gwyn, Toronto, writes upon "Some Anomolous Conditions in the Abdomen and their influence upon Surgcial Diagnosis." Then Dr. Tisdall of Toronto writes a very informative article entitled "On Improving the Health of the Child." Dr. A. Clifford Abbott, of the Winnipeg General Hospital, Manitoba, writes on "Hyperthyroidism in Children with a Report on Cases." And Dr. P. H. T. Thorlakson, M.D., F.R.C.S. Canada, of Winnipeg, considers in this volume "The Management of some Common Ano-Rectal Disorders."

There are two articles in this issue of the *Clinics* that we have not mentioned for the reason that both the authors and the subjects are of very considerable personal interest to us. For a very considerable portion of time, for two or

more years, we were associated with Dr. Hunter in medical work, and we have for a considerable period of time been personally conversant with the work of Dr. Ross Mitchell, two of the most outstanding medical men in Manitoba at the present time. It may be permissible for us to comment upon the articles presented in this volume by these two medical men.

First, Dr. Hunter is one of the most precise and one of the most detailed men in the medical profession in Canada. There is only one instance where his methods of diagnosis were ever questioned when it was considered that in the examination of a man regarding his ability to hear. Dr. Hunter required him to lower some of his clothes, in which had been placed a 25 cent piece and a 5 cent piece, and the moment these dropped to the floor the man automatically grabbed for the larger amount. At a later time in the meeting a critical member of the medical society ventured to enquire of the Scotch doctor why he took such chances on a quarter, when perhaps ten cents would have answered the purpose.

Dr. Hunter, as far as we can see, made an excellent statement regarding many of the conditions that attack people in their later years. But when he speaks of cramp in the calf muscles we are not in agreement that this particular disability is especially applicable to the later period of life. It appears to us that some recognition should be made of the same condition that appears in the feet, hands, the arms, the lower and upper lumbar, the neck and even conditions that have been regarded as cardiac angina. We have no hesitation whatever in making this remark because Dr. Hunter was wholly responsible for placing the writer in a position which he subsequently filled as the General Medical Officer in connection with Medical Boards in the Canadian Expeditionary Force. Elsewhere in this issue will be found some further references to this volume regarding the attitude of at least one Provincial Government towards the promoting of Municipal Medical Care. This production is also by our former friend of C. A. M. C. days, Dr. Ross Mitchell.

The Municipal Doctor Scheme.

We are glad to be able in this same issue of the BULLETIN to indicate in a very abstracted manner how state aid medicine is working out in Manitoba to a limited extent. The material matter is gathered from an article of Dr. Ross Mitchell's in a recent issue of the *Canadian Public Health Journal*. From our personal acquaintance, from former associations in the C. A. M. C., as well as from his prominence as a contributor to the *Journal of the C. M. A.*, we are glad to present this article by Dr. Mitchell. We also feel free to make abstracts and comments which are suggested by our local conditions.

Doctor Mitchell very wisely points out that—no conditions are the same to-day as in 1928 or 1929. Hence it was that a Municipal System of Medical Aid adopted in Manitoba and in Saskatchewan has been recently somewhat modified.

Dr. Mitchell says, in the last issue of the *International Clinics*:—

"The scheme grew out of the difficulties experienced in certain Saskatchewan rural municipalities after the war in securing medical attention. The demand for medical men exceeded the supply and many doctors found it difficult or impossible to make a living in sparsely settled rural areas. Doctors would come, stay a year or two, and then move out. To induce them to remain

11 municipalities paid bonuses, and from this bonus scheme the municipal
12 scheme evolved whereby the municipality pays a definite salary to the

physician who, in return, ministers to the medical needs of all residents of the community. At present, forty-three municipalities in Saskatchewan employ whole-time municipal physicians and twenty-five other municipalities assist the doctor's income; in Manitoba there are five full-time municipal physicians with a prospect of other municipalities adopting the scheme.

"The rural municipality has, on the average, a population of 1,800 and covers an area of eighteen miles square. It is a local self-governing area deriving its powers from the Municipal Act passed by the provincial legislature. The average farm contains 400 acres and on this the tax for medical services, where a full-time municipal physician is employed, is from \$12. to \$15 per annum. Salaries paid to municipal physicians range from \$3,000 to \$5,000—in both provinces the Municipal Act fixes the maximum salary at \$5,000.

Advantages of the Scheme.

"The advantages may be considered from the standpoint of the taxpayer, the municipality, and the doctor. In the case of the first two the advantages are obvious. The taxpayer knows exactly what amount of his taxes is set aside for medical care, and for this amount he receives medical attention, except major surgery, for himself and his dependants. He is freed from the fear of prolonged illness or severe accident putting a crushing burden of debt from medical services upon him. The taxpayer living ten or fifteen miles from the doctor pays no more under the scheme than the one who lives next door to the doctor, quite a consideration, since, under the old scheme, he would have paid \$1.00 per mile in addition to fee for the visit. A patient may consult the municipal doctor at any time in his illness; there is, therefore no reason for him to disregard minor ailments, or to neglect to call in the doctor in the early stages of an illness. Under this scheme one might expect that such illnesses as tuberculosis and cancer might be detected earlier than they are usually at the present time."

Disadvantages.

"There may be discerned two disadvantages in this scheme; to the rural public, in its lack of choice of medical attendant; to the doctor, in his loss of independence. He is employed by a municipal council, a body elected annually and consisting of a reeve and six councillors, the greater majority of whom are farmers, and frequently not fitted by education and outlook to understand the professional man. In any case of dispute their sympathies are obviously with the electorate. Again, there have been abuses on the part of patients of the privilege of securing medical services without cost, especially by those living at a distance. Doctors have been called out unnecessarily and at inconvenient hours. Unfortunately, too, there have been cases of friction between the municipal doctors and resident physicians when the former have inadvertently overstepped the limits of their own territory."

Recent Legislation in Manitoba.

Officials of the Manitoba Medical Association and of the Union of Manitoba Municipalities met and agreed upon certain changes which were embodied into amendments to the Municipal Act. These amendments have been passed by the Manitoba Legislature and now are part of the Act. To bring the municipal doctor scheme into effect there must now be three-fifths majority; a vote on the scheme may be taken only once in three years; in a municipality

where a resident physician has been practicing and a vote on the scheme is taken the electors shall decide whether he is to be appointed municipal doctor; all contracts must be made on a standard form drawn up by the Minister of Health and each contract must be approved by the Board of Health. This standard contract provides that the municipal doctor shall have two weeks' holiday with pay every year, that every second year he shall have an additional two weeks for post-graduate study, and that he shall be entitled to leave of absence to attend the annual meeting of the Manitoba Medical Association and the meetings of his district medical society. Three months' notice must be given by either party before the contract can be terminated.

"During the past year a committee of the Manitoba legislature studied the problem of medical services in the province. The report of this committee, recently adopted, approves of the extension of the municipal doctor scheme throughout Manitoba. Farmers in the prairie provinces now receive for their farm products only a third of what they received two or three years ago, and it is therefore likely that rural municipalities in increasing numbers will take up this scheme which puts medical care on the same footing as primary and secondary education. It follows, then, that physicians will be under the necessity of studying the problems of medical economics, and that they will require to be well organized. It is the opinion of medical men generally that municipal councils tend to underpay municipal physicians, that no maximum salary should be fixed by law, and that doctors should be able to negotiate with municipal councils for the best possible terms of remuneration. On paper the municipal doctor scheme offers many advantages; whether these advantages will enable the scheme to prove generally workable in face of the clash of opposing interests remains to be seen."

The only brief the BULLETIN has in this matter is to give information to the profession in this Province on this subject. However, if no one makes a move in the matter there is no reason why we should not expect to have the better medical care of rural patients taken up by some of those most interested—the possible patient.

S. L. WALKER, M.D.

We sometimes go a long ways from home to pick up interesting local news items. The *Journal* of the American Medical Association recently published this:—"Yarmouth, N. S.—Keith Grey, Plympton farmer, blew his nose while going through a thicket near his home and was shot in the neck by a neighbour who mistook the sound for the snort of a deer."

Canadian Defence Quarterly.

Volume X, No. 1, October, 1932, is the latest issue of this *Journal* coming to the editorial desk of the BULLETIN. We believe all R. C. A. M. C. Officers would appreciate the contents of this volume. An article of particular interest is the part played by the 20th and 21st Canadian Infantry Battalions at Bully in January, 1917. This Quarterly is published by a special committee of well-known army experience and can be obtained by addressing:—

The Secretary,

Canadian Defence Quarterly,

Woods Building, Slater Street, Ottawa.

Public Health and Medical Publicity

Report of the Committee on Public Health and Medical Publicity
submitted to and adopted by the Canadian Medical
Association, at its last Annual Meeting.

THE Health Service Department has continued the excellent work for which it has been responsible for several years past. The major activity is to supply two series of weekly articles, one to the daily newspapers for release on Saturday, the other to the weekly newspapers for release on Wednesday. These Health Service Articles are now published in 333 newspapers, of which number twenty-three are printed in the French language. The Health Service furnished the articles in both French and English. *MacLean's Magazine* has also published several articles specially for insertion therein.

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

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

"As the purpose of the Health Service comes to be better and more widely understood greater use is made of it. So far there has been only one complaint arising out of this correspondence. A correspondent felt that his intelligence had been insulted when proper sympathy with his parental affections was not extended. The suggestion that his attitude towards his young daughter was likely to react unfavourably upon her in later life was the genesis of his complaint.

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

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

"In order that a closer contact may be maintained between the Health Service of the Canadian Medical Association and the Health Committee of the Canadian Life Insurance Officers' Association it has been arranged that two representatives of the latter organization shall act on behalf of that organization to assist in some further developments and improvements in the Health Service.

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

All of which is respectfully submitted.

J. G. FITZGERALD,
Chairman.

King Henry VIII

THE BULLETIN of the Medical Society of Nova Scotia has taken much credit to itself for the articles published that have been of historical rather than scientific interest. Many of these matters considered have been concerned with people very prominent in the world's history. Very full publication was given to the question of the introduction into Europe of Syphilis following the unfortunate discovery of America by Columbus in 1492. Even on this we still have an open mind. Then we have published some inside history of certain prominent American Citizens. We even have a very interesting article on the last illness of George Washington.

Our present contribution is, as noted above, and is also suggested by some notes we have previously published, except to say that a Country Practitioner, a constant reader of the BULLETIN and a member of the Society has furnished us with the clipping thus headed:—

“Whitewashing King Henry VIII.”

(Taken from the *B. M. A. Journal*, we reprint the same without further comment).

“The Private Character of Henry the Eighth is a brave and fairly successful attempt on the part of Mr. Frederick Chamberlain, who has already written a ‘private character’ of Queen Elizabeth, to clear the name of her father. It is impossible to acquit the king of polygamy, but there is much that is doubtful about his illnesses and the cause of the rapid change which took place after the year 1536. Mr. Chamberlain begins the book with a lively attack on biographers who have written in imitation of Lytton Strachey, and then gives a history of England from early times until the accession of the Tudors. The history may be described as accurate, potted, and flavoured to suit the taste of the American palate. Both these chapters could have been omitted with advantage. Having thus vented his spleen, Mr. Chamberlain proceeds to a consideration of the private life of Henry VIII, and reproduces a portrait of the king as an infant—healthy, wide-eyed, and square-headed. His method has been to examine afresh contemporary statements from documents in the British Museum and the Public Record Office, as well as the entries in the Calendar of State Papers in England, Spain and Venice.

“The examination has been thorough, and Mr. Chamberlain has spared himself no trouble, for he has travelled to see the original papers when there was doubt or difficulty in getting their true sense in the printed versions. From these sources he has extracted many personal items relating to the private life of King Henry VIII, Edward VI, and Queen Mary, and has put them down without comment. He afterwards made a precis to the medical details, and submitted it to a surgeon and to three teachers of midwifery, asking whether there was evidence to prove that Henry VIII suffered from syphilis, as is generally stated. Sir D’Arcy Power, on the surgical side, exonerates the king, stating that he believes him to have suffered from a callous ulcer, which started in varicose veins. The late Dr. Whitridge Williams, professor of obstetrics, at Johns Hopkins University, gave a verdict of “not proven.” Mr. Eardley Holland says there is nothing in the reproductive history of Elizabeth Blount, of Anne Boleyn, or of Jane Seymour to suggest syphilis whilst Professor Philip F. Williams of the University of Pennsylvania thinks the medical evidence is insufficient to demonstrate that Henry ever had syphilis.

"The point still remains in doubt, therefore, but the careful examination of documents which Mr. Chamberlain has made more than repays him for the trouble he has taken. It reveals the king as a magnificent sportsman standing 6 ft. 2 in., measuring 42 in. round the chest and 35 in. round the waist, a master in all the athletic contests of the time, able to wear down every adversary in the tourney, a good executive musician, and a composer whose works, as they have been rendered recently by the B. B. C., still have power to please. No doubt he was to some extent a showman—witness the Field of the Cloth of Gold; and, as everyone knows, he was the devoted servant of all pretty ladies. What happened? Why, at the age of 44, when he was a giant in perfect health, did he give up active exercise, and, continuing to eat and drink without restraint, gradually become the gross individual who had to be taken about in a carrying-chair; and why is he always pictured in this later stage rather than in the full vigour of his age, when he was beloved of all his subjects? Is the answer to be found in that fall from and with the "great horse" which rendered him without the power of speaking for two hours? Each must answer for himself on the evidence given. The book is worth reading, apart from its medical interest. The portraits showing the progress of the king from youth to age are well reproduced from the originals, and there is a good index."

S. L. W.

Pay the Physician.

The Casket of Antigonish gives publicity to an article published in New York under the above title. The readers of the BULLETIN will at once recognize the desirability of it being brought further to the attention of every member of the Medical Society of Nova Scotia.

"On the authority of Holy Writ, honor is due the physician. But that honor is empty, indeed, unless it is accompanied by payment of his reasonable fees. . . . The profession, as a whole, is forced to make shift with an income that is uncertain, irregular and low. . . . The physician has borne more than his share, perhaps, of the burdens of the depression:—

"We properly insist on the right of the worker to a living wage, but we must also remember that the professional man has the same right. Unlike the worker, however, he is barred by the ethics of his profession from demanding it. He cannot go on strike, or picket the house of a defaulting patient. He must take what is given him, small as it may be, and, in the language of the day, like it.

"Balancing the rightful claims of the physician against the empty pockets of the patient, we come upon a pretty problem. Can it be solved by health insurance, compulsory or voluntary? What part ought the State to take in the matter? When it is remembered that what we spend on patent medicines every year would easily take care of the medical bills of the whole country compulsory insurance has its appeal. But we shrink from the possibility of a State-controlled system of medicine, which the compulsory insurance plan seems to imply. Most of all do we shrink from the possibility of a Federalized medical profession. In its disastrous effects, that would be comparable to a perennial epidemic."

Medical Organization

WHILE for many years I have had ideas about medical organization that met with little approval for very obvious reasons, I am using my official position, shamelessly in my own mind, to give publicity to what has recently occurred in British Columbia and Alberta. I have endeavoured to develop the idea in the minds of the medical men, as well as the Public generally that in Nova Scotia, a small province, we should develop an attitude of co-operation in all philanthropic effort. I cannot say that I have been very successful, every organization of a philanthropic character seems to be far more concerned with presenting a fine annual report than in doubling up with some other organization ready to do the same kind of work.

Whether or not we in Nova Scotia are particularly inclined this way, and whether or not there is a social and economic issue here involved that a thoughtful writer might very well develop, we will not make any statement, but we will simply state what is being done elsewhere. Incidentally, one cannot help but ask the question,—why should we always fight the general trend of thought. Really we appear to be unreasonably set in our opinions and habits. Is it that foolish idea of "Splendid Isolation?" *There is no such thing!* This is, of course, preliminary to a statement of what is happening in Medical Organization elsewhere in Canada, outside of Nova Scotia. It is developing and we are lagging behind.

Of course, we do not have to go as far afield as British Columbia and Alberta, for our Sister Province of New Brunswick can give us some lessons in economic organization. However, we are going to quote fully from the last issue of the *Bulletin* of the Vancouver Medical Association. Incidentally, may we say again that this publication says out very plainly what it means, and we wish we could speak as boldly in our Nova Scotia BULLETIN.

Let us quote from the Editorial Page of the Vancouver *Bulletin*.

"1933 will be a memorable year to us as medical men practising in British Columbia, in one respect at least. For this year, beginning with January 1st, the medical profession of British Columbia sets out on a new course. Following the example of our sister province, Alberta, the B. C. Medical Council is absorbing the duties of the B. C. Medical Association (the word amalgamation is a misnomer in this respect) and is becoming the main body of organized medicine in the province, assuming all the duties that are concerned with medical practice, except educational and social duties, which will still be performed by a somewhat reconstructed B. C. Medical Association.

"This is an important move, and has certain implications which it behooves us all to consider. The move has not been a sudden or impulsive one—it has been taken after a long period of careful thought and consideration. We believe that it is entirely a move in the right direction, and that eventually it will mean a great deal to every medical man in the province.

"In the first place, it will unify medical organizations, and eliminate a great deal of over-lapping and waste effort. It has always seemed rather absurd that there should be two provincial organizations, with our comparatively small medical population—yet as things stood, it was unavoidable. The B. C. Medical Council was a statutory body, with definite powers, but limited scope of action—the B. C. Medical Association had a wide scope of action—but no power, and its membership was voluntary and limited.

"There are too many organizations nowadays, and we believe that any step which simplifies things will make for economy and efficiency.

"Again, this move is in our opinion, a right one for another reason—nobody will deny that medical organization in some form is necessary to protect our interests, and to speak for the whole profession. This, however entails expense, which, in the past, has been met by the fees paid by the members of the B. C. Medical Association. These members paid too much, and they paid for others who for one reason or another, failed to join the Association, yet benefited by its work. It is infinitely fairer to spread these costs over the whole profession.

"It will, too, be very much cheaper—and this is a consideration in these days.

"To the B. C. Medical Council, as it assumes its new duties, we wish every success, and for it we bespeak the support and confidence of every man in the province."

S. L. WALKER, M.D.

Time, the Weekly Magazine has the following in a recent issue. Now its quotation is for informational purposes only, to give medical publicity to what newspapers etc., have to say about Medicine and about the doctors who practice the Art. We are inclined to think there is a lot of rot published under the general heading of *Medicine* in such magazines and in the public press. Just how absurd some of these are, the members of the Medical Society of Nova Scotia are not at all conversant, as they are not very careful readers of this kind of literature. Now the BULLETIN has published many of these articles, but it has, apparently, escaped the attention of some of our leaders in the Profession that this is purely to advise what the public is saying. If you want to adopt the saying of "the public be damned," then remain in your blissful ignorance; but this is no longer possible. We may lead popular thinking but we cannot to-day obstruct it. Many of your patients will give these items careful attention, and fail to realize that it gets them nowhere. This is a partial quotation:—

For Poverty. What is the smallest amount of food which will keep a person healthy in poverty? Dietitians thought this list, offered by Lucy Gillett of Manhattan, sufficient:

At least a pint of milk a day for children, and for adults *if possible*.

Three pounds of potatoes and one-half can of tomatoes a person a week.

Three to four pounds of cheapest varieties of vegetables and fruits, such as cabbage, carrots, yellow turnips, onions, bananas and prunes, per person a week.

Day-old bread, because of decreased cost.

One-half to three-fourths pound of fat and sugar per person a day.

Cod Liver oil for every child under three years of age.

Small amounts of eggs, cheese, meat and fish when funds permit, *for psychological, if not for physiological reasons!*"

The Medical Society of Nova Scotia

President.....	DR. K. A. MCKENZIE, Halifax, N. S.
Vice-President.....	DR. A. R. CAMPBELL, Yarmouth.
General-Secretary.....	DR. S. L. WALKER, Halifax, N. S.
Treasurer.....	DR. W. L. MUIR, Halifax, N. S.

ANNUAL MEETING, SEPTEMBER, 1933.

A NEW CORRESPONDENCE FRIEND.

THE General Secretary has recently received a very nicely printed booklet upon the outside cover of which in gold letters is the following:

“Account of a Complimentary Dinner and Presentation of a Loving Cup to Dr. L. L. Hill by the Montgomery County Medical Society in Commemoration of the Fifty-First Anniversary of his entrance into the Profession; at the Jefferson Davis Hotel, Montgomery, Alabama, November 21st, 1932.”

Readers of the BULLETIN will recall our publication of a delightful correspondence that included Doctor Hill, Dr. Cameron of Toronto, Sir Joseph Lister, our own Doctor John Stewart and others, only a few months ago. Already the folio for the April issue of the BULLETIN, our regular Lister Memorial number, contains the copy of the address delivered by Dr. Hill at the Lister Centennial.

But this booklet contains more than an account of what was a very happy event, chiefly of local significance, in that it portrays very plainly the kindly appreciative attitude that marks the inter-relations of members of the medical profession in so many places. There is, moreover, in most of the addresses a vein of humor that is too often absent from many of our medical gatherings. A few quotations will be appreciated by our readers:—

“From the New York Polyclinic School, having heard of the great Joseph Lister, and longing for more battles to conquer, he (Dr. Hill) traverses the sea and places himself under the tutelage of that great master of antiseptic surgery. He at once became an ardent disciple of Lister, who thought much of him, and this association ripened into a devoted friendship, which continued until that great man died. And although he has gone Dr. Hill never forgot his kindness to him, and has never lost an opportunity to express his appreciation and gratitude for the invaluable part he played in shaping his destiny. As an evidence of this, was his beautiful tribute dedicated to him in his centenary address. And let me add here that loyalty and gratitude have ever been predominant characteristics of L. L. Hill.”

Another incident is somewhat abbreviated thus:—

“Before the days of heat and steam sterilization, carbolic acid was used for the instruments and bichloride of mercury for the sponges. Dr. Hill was going to operate on an old man, Jim Felton, for stone in the bladder. Dr. Hill pulled the towel off the instrument basin and found they had been soaked in mercury and the edge taken off the knives and scissors. Telling his student to get a razor strop as soon as possible Dr. Jackson (Anaesthetist) said, ‘Hell, you haven’t got time for that. Strop the knife on my shoe and go on and cut him—it’s dinner time now.’ Finally the student got an edge on the knife and Dr. Hill removed the stone. He got along all right for about five days, when Jim’s cousin, Colonel Lee Bryan, formerly U. S. Marshall, said Mrs. Felton was worn out and he was going to help nurse Jim. About two hours later when Dr. Hill went home to dinner old Col. Bryan telephoned,—‘Doc., not meaning to do it I got hold of that stuff marked *poison* instead of the lime water and give Jim a glass full of it with his milk. Does it matter?’ Dr. Hill answered:—‘You have poisoned him with mercury. Pour down in

him all the raw eggs and milk in Madison House and I am coming right away.' When Dr. Hill got there old Col. Bryan had a quart bottle filled with raw eggs and milk and the neck of the bottle in Jim's mouth drenching him just as he would a mule. As Dr. Hill came in he heard Col. Bryan say:—'I know it is tough, Jim, but Doc. told me to give you all in the tavern.' Dr. Hill got his stomach emptied and as soon as he could talk Jim pointed his finger at Col. Bryan and said:—'I had rather died from the poison than had that damn fool drown me with milk and eggs.'

Again:—'The summing up of a man's life is often best accomplished through the unconscious revelation of some treasured possession which he cherishes. Dr. Hill's treasury of cherished things holds a letter from Lord Lister, written in response to the announcement that Dr. Hill's son had been named Lister. In commenting upon this letter Dr. Hill glories in the fact that Lord Lister did not wish his namesake, 'fame, fortune, or exalted position but simply a life of health, goodness and usefulness'.'

This reference would not be complete without some quotations from Dr. Hill's reply. We quote:—

Gentlemen:

So long as my brain continues to register and my heart to be grateful I can never forget nor cease to appreciate the kind and generous words spoken here to-night and the professional approbation that these beautiful flowers and this magnificent cup symbolize.

Oliver Wendell Holmes says you can unfrock a clergyman, unweave a husband, but once a doctor, always a doctor. Of course, this does not mean that a doctor may not take up another vocation, but that he cries out to the profession as did Holmes when he became a literary man: "Claim me, hold me, call me brother still."

Songs sweeter than the nightingale came from the brain and heart of Oliver Goldsmith but he wanted to be remembered as a London doctor, as John Keats wished it recorded that he was a dresser in Guy's Hospital when he wrote the "Ode on a Grecian Urn."

In that great musical centre, Vienna, where it has been said but few musicians are born and all want to be buried, Billroth and Rokitansky were among the eagles that soared in the heaven of sound, Billroth as pianist and Rokitansky as a flutist, but Billroth wanted to be known as the first to successfully resect a stomach and Rokitansky as the first to make 50,000 post-mortems. John McRae wrote one of the greatest war lyrics of all time, "In Flander's Field," but he is remembered as a surgeon in the Canadian army.

Drs. Rudolph Matas and John Chalmers DaCosta, "intellectual oceans, whose waves touch all the shores of thought," will ever wish to be remembered as professors and teachers of surgery in great medical colleges.

Dr. Joseph Warren, a graduate of Harvard College, became a Major-General and was killed at Bunker Hill, the first soldier of his rank to give up his life for the birth of this nation. Mencken tells you medicine is a much better profession than law, for if you are seriously ill and another doctor comes in he will do his best to help save you, but if you are in serious trouble and another lawyer comes in he will do his damnest to hang you. . . . Really, Gentlemen, I could never appreciate how long I had been in the profession until the other day a grandmother told me that she was, of course, too young to remember it but she had often heard her father, Dr. Copeland, speak of my going to Eufaula to see him when he had a broken leg. Just as I was getting comfort and solace out of the fact that Voltaire, Plato, Goethe, Sir Isaac Newton and others retained their initiative and elasticity of mind to the end, I recalled the warning of Sir Humphrey Rolleston about the danger of an epitaph which adds another terror to death. There was an old professor at Cambridge who would neither die, resign nor get out of the way, and when the end finally came, one of his colleagues, Prof. Henry Gunning, himself over 80, wrote as the epitaph: "Prof. Edward Christian died in 1823 in full vigor of his incapacity." "In the twilight and evening bell of my life, when the gold of evening is reaching for the dusk of night, looking back into the hallowed past there is no sweeter memory than my association with the young men who were students in my office. There is no greater truism than 'Qui docet discit'—he who teaches learns. Always kind, friendly, loyal and generous they were an inspiration and incentive that helped upwards and onwards. Two became professors in medical colleges and all were successful in

their profession, and all my friends. But now the 'sad refrain, the shadow, the background, the mystery,—six are dead.

"But oh! for the touch of a vanished hand
And the sound of a voice that is still."

If the roll were called as I first heard it, of the fifty-three doctors in Montgomery County, I alone could answer. They are all gone now, but thank God I never had an unkind word with one of them. Life is a stage and the curtain has fallen. Will it rise again upon another stage?

'Reason answers 'Perhaps' and hope still whispers 'Yes.' It has been said "This pleasing hope, this fond desire, this longing after immortality" existed long before Moses as shown in the tombs and temples of Egypt and India, and that man wherever he has lived "above his dead laid the symbols of another life."

In the words of the great Latin poet, Horace,

"The joys I have possessed in spite of fate are mine,
Not Heaven itself upon the past has power
But what has been, has been, and I have had my hour."

THE *Bulletin of the Vancouver Medical Association* is one of our most interesting Exchanges. It adopts an attitude that greatly appeals to the General Secretary of the Medical Society of Nova Scotia, that of openly discussing the questions that oftentimes we are very pronounced in saying should be considered *in camera*. So the Editorial section of the *Vancouver Bulletin* talks about many matters of current interest and shows no hesitancy in expression of opinions.

In the last issue the profession is told very plainly that "medicine and physicians are responsible for many cases of hypochondria," adding further that "popularization of medicine injured the physician, who loses his prestige, when the patient thinks he is educated himself in medicine. Especially does it injure the patient, who is led astray and caused to lose confidence in treatment where confidence is nearly the whole essential. It is very necessary however, to remember, "*Si curare non passis primam non nocere.*"

We also learn that the Vancouver Medical Association has completed financial arrangements and obtained a supply of "The Medical History of British Columbia" by the late Dr. A. S. Munro. Single copies can be had upon request to the Secretary, and the BULLETIN will be glad to obtain these and pass to any member of our Society.

Then again these editorial notes voice the complaint of patients, doctors and drug stores as to the manner in which medical prescriptions are issued and filled, and some handicaps that are undesirable. We sometimes wonder if the BULLETIN of the Medical Society of Nova Scotia spoke any more plainly than it does, what medical support would it receive!

MEDICAL EDUCATION.

WITH all due respect for the opinions and teaching ability of those engaged in the Medical Education of the recent and prospective members of the medical profession, it is quite evident that the matter is still one for careful consideration. On many occasions the BULLETIN has presented the opinion

of medical journals and their contributors on this subject. Perhaps, then, our own readers will approve of our policy when they read the Editorial in the January issue of the *C. M. A. Journal*, entitled, "The Problem of Medical Education," in which it says—"accordingly, the *Journal*, is proposing to publish this year a series of articles on medical education which have been prepared by recognized leaders in the profession, not only teachers but also practitioners, and the point of view of the Medical Student will also be set forth."

There is no need of asking why the *C. M. A. Journal* has waited until 1933 before taking an active part, editorially and by contributed articles on a problem that has been much discussed during the past ten years. We have learned that one makes no friends by venturing to express opinions that may be regarded as critical of the *powers that be*. It will, however, absolve us from any criticism of past reference to this and kindred subjects and the BULLETIN will continue to give prominence to all matters that are, or should be, of interest to members of our profession in Nova Scotia. In this connection the BULLETIN will, therefore, in subsequent issues, make some further reference to this general subject by summarizing, as far as possible the opinions expressed in the proposed series of articles.

We are glad to note that the first of these articles is by Dr. Alexander Primrose, President of the Canadian Medical Association and, until recently on the teaching staff of Toronto University. As Doctor Primrose is a native of Nova Scotia, and very much inclined to say what he thinks, we are confident that this opening article will present a broad basis for further discussions, and he will not lose sight of the medical needs of the smaller provinces and their rural districts.

Possibly some reader of the *C. M. A. Journal*, would really enjoy preparing a summary of this article for the March issue of the BULLETIN. Please do not all speak at once, but study, write and Send It In. See *C. M. A. Journal* January, 1933, page 78.

S. L. W.

NOVA SCOTIA MENTAL HYGIENE SOCIETY.

This Provincial Organization has paid for itself many times over. It is fortunate that this payment did not call for money to any extent, but it did call for very earnest service by its many members. Its latest activity has been the distribution to its members or friends of a series of leaflets originally issued by the New York State Department of Mental Hygiene, Albany, N. Y. We are inclined to think that all the newspapers in this province would be glad to republish these articles if they were furnished to them from time to time.

Notes and Comments

If a press despatch is true to the effect that a man in Montreal died recently after reaching hospital from an accidental knife wound in the leg severing an artery after 14 doctors called by phone were unable to take the call, it is quite evident that we need some different system in these emergency cases.

Dr. Samuel Pepys was born in 1632 or 33, we don't remember which, but he is chiefly remembered as the greatest diarist the reading public has ever known. The BULLETIN will carefully watch coming issues of the *A. M. A. Journal* for some reference to this event by our modern "Dr. Pepys" who contributes so acceptably to the "Tonic and Sedative" columns of that *Journal*.

There has been current recently considerable newspaper reference to a Caledonia, C. B. merchant who for the past 20 years has conducted a grocery business in Caledonia where for five years previously he worked as a miner. We learn that he has advised his debtors that accounts, amounting to \$38,108 have been written off his books, and these debtors can now start anew. Reference is made to this because about the only other instances we know of such cancellation of debt obligations have been in the case of medical men, many of whom in former days kept no accounts at all.

It may be very well questioned whether or no this debt cancellation is really in the best interests of the community at large. Just debts should be regarded by the debtor as a permanent moral obligation for him to discharge to the last cent of his financial ability.

While some reference might be made to the size of the amount this merchant, in a small mining district, can afford to throw "upon the waters," after only 20 years' work, and the advertising that has been gained by so doing, it is sufficient to note that no medical practitioner in Nova Scotia can afford to emulate his act. It is a duty every doctor owes to the community, himself and his family, to see that reasonable fees are paid for every patient attended. The time may come when the state may be required to supplement payments which cannot be completed by the individual. That doctors are proverbially poor collectors is nothing to their credit.

S. L. W.

ANNUAL MEMBERSHIP

For many reasons it is very desirable that our membership list this year should pass our high water mark. In view of the general depression this means a sacrifice or an appreciation of the urgent need of the occasion on the part of all registered practitioners.

In the first place the Society has an official *Journal* that is absolutely necessary if we have any definite provincial organization. At the present time it is impossible to secure enough advertising to pay for its publication. To a larger extent than for the last two years membership fees must be drawn to pay the difference between costs and revenue. Since 1887 the medical profession has recognized the necessity of a monthly medical journal. It would certainly be a catastrophe to be compelled to suspend the publication of the BULLETIN. As a matter of fact, it will not suspend, because if it comes to that, the profession has recognized the necessity of a monthly medical journal. It would certainly be a catastrophe to be compelled to suspend the publication, but private aid will be forthcoming to carry on till this critical period is over.

In some other ways it is particularly desirable that the Medical Society should go forward in the publishing line. Never will we be able to get a better opportunity to contract for the publishing of our proposed medical history of Nova Scotia than this year and its contents should bring us up to

1933. An outstanding feature of the book will be the Directory of Physicians now in practice in this province. In this connection it would be very unfair to make any distinction between members of the Society and non-members. The financing of this proposition requires and deserves the support of every medical practitioner in the province.

Again, in view of the scarcity of funds, the C. M. A. is not in a position to carry on post-graduate lectures as has been done for the past seven years. There is not a Provincial Society in Canada that can do this unaided,—unless they have their full society support. In Nova Scotia if 360 of the 400 or more practitioners make their annual membership effective we can arrange to continue these lectures for all Branch Societies. in the province.

This is Your Time to Invest!

Through our good friend Mr. Wilson of the J. P. Lippincott Company, Publishers, the BULLETIN has just received copies of recent publications issued by certain students of McGill University, not quite in accord with the procedure at present endorsed by the University or, as we are inclined to believe, in accord with the general attitude of the Montreal Press towards a fair presentation of the actual news facts of the day. In our next issue we hope to make further reference to this matter.

The Reform of Medical Education.

The defects of medical education, as is well known, particularly the overloaded curriculum, have given rise to much discussion. At the invitation of the University of London, the Universities of Oxford and Cambridge and the Royal Colleges of Physicians and Surgeons have appointed representatives to consider, with those of the University of London, the present defects of the medical curriculum and to make suggestions for reform. The University of London was led to take action by a recommendation of the board of the faculty of medicine, which has been giving consideration to various criticisms of the medical curriculum. The board was also aware that the present position of medical studies was viewed with concern by other bodies and that action by the University of London would be welcomed. Representatives of the conference are leading teachers. They include Sir Farquhar Buzzard, regius professor of medicine, University of Oxford; Dr. W. Langdon Brown, regius professor of medicine, University of Cambridge; Dr. A. M. H. Gray, dean of the Faculty of Medicine, University of London; Lord Dawson of Penn, president of the Royal College of Physicians; Sir Holburt Waring, president of the Royal College of Surgeons. At the first meeting, Lord Dawson was elected chairman. The conference intends to call evidence and to review the whole course of medical education. (London Correspondent in *A. M. A. Journal*).

The Halifax city evening papers state the Halifax Branch of the Medical Society of Nova Scotia recently held "a regular Critical Meeting at a local hospital."

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. P., Sydney Mines.
Archibald, Bruce, 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 Gonococci; sputum, pleural fluid and pus for tubercle bacilli; throat and nasal swabs; urine and faeces for tubercle bacilli and typhoid; water and milk. Physicians desiring this service should address their communications to Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax, N. S.

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

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

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

THE PREVENTION OF TUBERCULOSIS OF BOVINE ORIGIN.

(London Correspondent in *A. M. A. Journal*)

SIR Hilton Young, Minister of Health, received a deputation from the People's League of Health asking the government to take steps to increase the safety of milk. Lord Moynihan said that impure milk was responsible for the spread of many diseases, particularly tuberculosis. The ideal method of prevention would be insuring the purity of raw milk, but, failing this, pasteurization should be adopted. He did not believe in the objections urged against it, for any diminution in the nutritive value due to pasteurization could easily be remedied by the supply of other articles of diet. Dr. W. G. Savage, health officer for Somersetshire and a leading authority on milk supply said that at present no urban area had power to protect its milk supply. The deputation desired to urge on the government three lines of action:—

1. Steps to reduce bovine tuberculosis.
2. Encouragement of tuberculin-tested herds, and
3. Pasteurization of milk.

The deputation was not asking for universal pasteurization at present, however, but only that municipalities should be enabled to apply to the minister of health for power to require that all milk sold to their districts should be derived from tuberculin-tested herds or pasteurized.

The minister of health expressed full sympathy with the desire of the deputation. He had been much interested in the expert views expressed on pasteurization, and he proposed to ask the Cattle Diseases Committee of the Economic Advisory Council to consider the subject and advise on it.

FUNDAMENTAL RESEARCH IN CANCER.

"I have said enough to indicate to you that the fundamental cancer problem is one of general biology, as was pointed out many years ago by George Adami, and that while the clinical study of cancer and the morphological classification of tumors is practically useful, it casts no light on the real problem, which is to discover some marked and constant difference between the cancer cell and the normal cell. Until such a marked and constant difference can be discovered, a vague, undirected search for a cancer cure is a waste of time. If such cure is ever to be obtained, it will not be by vague experimentation and injecting everything that can be thought of into the unfortunate patient, but by some revelation in the laboratory which will permit of a carefully thought out programme of research, such as Ehrlich developed through many years before he achieved his great therapeutic discovery." (November, 1932, *Bulletin of the New York Academy of Medicine*).

Report on Tissues sent for examination to the Provincial Laboratory, from December 16th, 1932 to January 15th, 1933, inclusive.

The total number of tissue sectioned is 77.

In addition to this, 6 tissues were sectioned from an autopsy, making 83 tissues in all.

Tumours, malignant	20
Tumours, simple	4
Tumours, suspicious	1
Other conditions	47
Awaiting section	5— 77

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 points in the history of the case 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 Dec. 19th, 1932 until Jan. 18th, 1933.

County	Infantile Paralysis	Cer. Sp. Meningitis	Chicken Pox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever.	Typhoid	Tuberculosis, pul.	Tube. other forms	Whooping Cough	V. D. G.	V. D. S.	TOTAL
Annapolis.....	18	3	12	..	..	3	..	..	..	..	..	..	..	36
Antigonish.....	2	..	..	..	..	..	..	2
Cape Breton.....	..	2	3	3	15	..	..	..	4	..	..	..	..	..	..	29
Colchester.....	56	5	..	10	..	..	..	..	..	2	..	73
Cumberland.....	2	..	..	..	..	..	..	..	..	..	..	..	..	2
Digby.....	3	..	..	..	..	..	..	3
Guysboro.....
Halifax City.....	6	..	..	71	2	..	19	..	..	..	..	..	..	98
Halifax.....
Hants.....	1	1	1	..	..	14	..	..	1	..	..	..	17
Inverness.....	..	2	..	2	2	2	..	1	..	..	..	..	..	..	..	7
Kings.....	28	38	..	..	10	..	..	..	1	1	..	4	1	83
Lunenburg.....	3	..	..	..	..	..	..	3
Pictou.....	28	2	1	..	1	..	..	..	1	..	..	..	..	33
Queens.....	..	1	..	5	..	..	..	..	..	4	..	..	..	..	..	10
Richmond.....
Shelburne.....
Victoria.....
Yarmouth.....	2	..	..	..	..	..	..	..	2
TOTAL.....	..	2	88	6	131	82	2	25	47	..	6	2	..	6	1	398

RETURNS VITAL STATISTICS FOR NOVEMBER 1932.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis.....	10	17	8	10	11	2
Antigonish.....	13	9	7	5	4	4
Cape Breton.....	92	95	60	41	31	7
Colchester.....	17	22	18	14	10	1
Cumberland.....	42	34	43	23	11	3
Digby.....	19	26	9	13	16	1
Guysboro.....	8	6	10	8	4	1
Halifax.....	80	91	66	53	49	9
Hants.....	20	23	5	8	6	0
Inverness.....	21	15	10	12	10	1
Kings.....	18	13	14	1	5	5
Lunenburg.....	15	20	16	16	18	8
Pictou.....	25	37	25	21	18	4
Queens.....	11	9	10	2	2	0
Richmond.....	7	7	7	6	3	2
Shelburne.....	8	9	7	4	4	0
Victoria.....	5	1	3	2	0	0
Yarmouth.....	18	18	13	15	6	1
	429	452	331	254	208	49
TOTALS.....	881		331	462		49

Hospital Service

The Ladies' Auxiliary of the New Waterford General Hospital held a regular meeting at the Nurses' Home, January 12th. Various means of raising monies were discussed. The efficient President is Mrs. Morrison, wife of Dr. J. C. Morrison.

The Ladies' Aid of St. Rita's Hospital, Sydney, met in annual session January 9th. Mrs. MacLellan, wife of Dr. J. A. MacLellan, presided. Apart from a satisfactory financial statement the most suggestive part of the newspaper report of the meeting was the appreciation expressed of the excellent services rendered by Mrs. MacLellan to the Hospital for the past two years. Dr. and Mrs. MacLellan have two sons in attendance at Dalhousie Medical College.

The Antigonish *Casket* of January 12th, 1933, says:—

"Sanatorium opening: It is expected that patients will be admitted to St. Martha's Sanatorium before the end of this week. The place is now pretty thoroughly equipped and staffed. Rules and regulations for the guidance of patients have been printed. The routine may seem a bit strict to anyone accustomed to hit-or-miss methods of treating tuberculosis, but the T. B. death rate in Nova Scotia indicates that hit-or-miss methods have not worked out very well. The rules have been prepared by those who have seen tuberculosis win the fight and have seen it lose, and who know how important it is to have the patients do their part in taking the cure. If a little discipline will bring a return to good health, surely a little discipline is worth while, both on the part of the sick person and his friends. Sister Mary Carmel will be superintendent of the Sanatorium.

The Cape Breton Registered Nurses' Association, early in January, held their annual meeting, electing as their President for 1933 Miss Myrtle McMillan, superintendent of the Glace Bay General Hospital.

Miss Rita MacKenzie, R.N., of the 1932 graduating class of the General Hospital of Glace Bay is at present taking a post-graduate course at the Royal Victoria Hospital, Montreal. She was accompanied by Miss Katie Pink of St. John's, Newfoundland, also a 1932 graduate of the General, and also taking post-graduate work at the Royal Victoria.

A newspaper report of the January session of the Kings County Municipal Hospital at Waterville states "it is this year showing an operating profit of over \$3,000.00". Should this go into a sinking or to a lowering of rates?

The newspapers reported that a damage suit for \$54,160 was brought against Dr. A. Stanley Kirkland, Saint John as damages for injuries and expenses incurred as a result of burns alleged to have been received in the course of X-ray treatment given by Dr. Kirkland to a lady patient of that

city. Perhaps in the Maritime Provinces we have been particularly free from damage suits. The possibility, however, of these must always be borne in mind and every medical man should take the necessary steps to have himself defended in all such cases by a responsible Insurance Agency. Dr. Kirkland's name is familiar to all readers of the *C. M. A. Journal* as he has been for a considerable portion of time the regular correspondent representing the Province of New Brunswick. We have not been advised whether or not he has been successful in his defence in this particular case. He has, however, our best wishes.

In a January issue of the *Windsor Tribune*, the Secretary of the Payzant Memorial Board issued the following "Card of Thanks."

"At the meeting of the Payzant Memorial Hospital Board held Tuesday evening, a resolution was unanimously passed to express through the medium of the local press, sincere thanks to the Women's Auxiliary, Afternoon and Evening Bridge Clubs, Catholic Women's League, Mrs. Collishaw, H. W. Sangster, H. B. Tremain, Mr. Rufus Curry, Pesaquid Lodge, I. O. O. F., Welsford Lodge, A. F. & A. M., Walton Institute and any other individual donors for renovating and furnishing rooms, contributions, etc., for the Hospital during the past year.

JAMES RIPPEY,

Secretary, P. M. H. Board.

Windsor, Jan. 5th.

The strenuous time that a number of Hospitals are having in Nova Scotia (and elsewhere) in a vain effort to show expenditures balanced by receipts, is a further illustration of this fact:—it is far easier to build and equip a hospital than it is to maintain one. Perhaps this period of depression will be a proper break upon unnecessary construction.

The Canso V. O. N. Branch at its annual meeting in January were required to elect to their Board of Management a new Treasurer, as Mrs. McGarry, widow of the late Dr. P. A. McGarry, with her daughter is shortly leaving Canso to reside elsewhere.

The onset of the winter season is invariably the precursor of such diseases as Pneumonia, Bronchitis, Pleuritis, Tonsillitis, etc., the treatment of which requires a topical application of recognized merit.

The value of Antiphlogistine in the treatment of these conditions is an accepted standard therapeutic measure.

By supplying prolonged and uniform moist heat and due to its osmotic, relaxant, decongestive and anodyne efficiency, Antiphlogistine checks the spread of the infection and enhances the natural powers of resistance. It is an essential remedy in the therapeutic armamentarium of the physician for the relief of inflammatory and congestive conditions, both deep-seated and superficial.

Antiphlogistine is made in Canada and members of the medical profession are invited to write to The Denver Chemical Mfg. Co., 153 Lagauchetiere St., W., Montreal, for sample and literature.

OBITUARY

**EDWARD VINCENT HOGAN, M.D.,C.M., McGill University, 1896.
F.A.C.S.,F.R.C.S.,C.B.E., Halifax, N. S.**

AFTER an illness extending over a number of years, the call came to Dr. E. V. Hogan just as we were told he hoped to spend the rest of the winter in the West Indies. But in all this time only in the last year or two would he miss any of his regularly appointed duties and no one ever heard a complaint from his lips.

Dr. Hogan was born at Weymouth in 1874 a son of Edward and M. (Rice) Hogan; he died at his home 109 College Street, Halifax, January 20th aged 59 years. After the public schools he entered St. Francis Xavier College and received his Bachelor of Arts Degree in 1892. Four years later he received his M.D.,C.M., from McGill University and in 1900 his M.R.C.S. (Edinburgh).

We may be permitted to quote from a Halifax Daily as follows:—

“Nova Scotia to-day mourns the loss of a distinguished surgeon, Dr. Edward Vincent Hogan is gone. Death has claimed a noble son of the medical profession, a surgeon with a meritorious war record, a man held in the highest respect by members of his profession and society in general, skilful surgeon, a sterling citizen.

“Edward Vincent Hogan, M.D.,C.M.,F.A.C.S.,M.R.C.S., died at his home 109 College Street, at three o'clock yesterday afternoon. At the time of his death he was Chairman of the Victoria General Hospital Board and until only recently he was Professor of Surgery and head of the Department of Surgery at Dalhousie University.

“He was formerly a member of the Senate of Dalhousie University and a member of the Board of Governors of St. Mary's College, Halifax. He was a Foundation Fellow of the Royal College of Surgeons, Canada. . . He has been the attending surgeon at the Victoria General Hospital since 1903 and in that position has given unsparingly of his time and skill in saving human lives. He was surgeon in chief at Camp Hill Hospital and staff surgeon of the Halifax Infirmary.

“‘Vince’ Hogan, as his friends in Halifax knew him, was a man of courage. He was respected highly because of his operating skill and his almost uncanny powers of surgical diagnosis.

“When the war came he went overseas with the Dalhousie Medical Unit and served under Dr. John Stewart, becoming Lieutenant-Colonel, Commanding No. 7 Stationary Hospital Unit. In March, 1918 Dr. Hogan had a hospital behind the lines with 500 beds. An order came through that 300 wounded men must be taken care of—the soldier surgeon operated for 36 hours steadily and saved the lives of scores of men. Later at Etaples Hospital, in a bombing raid, he was wounded in the leg suffering severe hemorrhage. His King decorated him with the C.B.E., for his great war service.

“He was married to Margaret Carney in 1905 who died in 1911. In 1920 he married Elizabeth Doyle, widow of Dr. Joseph Doyle, Halifax. His son Frederick predeceased him two years ago. The two sons living are: Dr.

William Vincent, a dentist practicing in New York City, and Louis Richardson at home. Two stepsons Allan and Paul Doyle, also survive."

Also through the Press many of his confreres paid tribute to his ability as a surgeon and a citizen and friend, highly loved and respected.

Hon. Geo. H. Murphy, said:—

"Dr. Hogan's passing brings sincere sorrow to many in and out of this province. The grim reaper chose a shining mark; for Vince Hogan was a fine surgeon, an excellent companion and a worthy citizen. Always straightforward and honest in his activities he represented much of the best ideals of his profession and of social and civic life. I knew him first as a student of St. Francis Xavier, Antigonish. With the turn of the years we found ourselves confreres on the surgical staff of the Victoria General Hospital. Here and at the Halifax Infirmary he spent his busiest years. His overseas work is well known. He met his duty everywhere cheerfully, and a comparatively short life he filled to the brim with deeds. I am sorry he is gone."

Dr. H. K. McDonald said:—

"The province has lost a highly respected surgeon in the death of Dr. E. V. Hogan, I have lost a friend. He was a classmate of mine at McGill University and I have known him intimately from the time he first began to practice. At the time of his death he was chairman of the Medical Board of the Victoria General Hospital. In that capacity he gave unsparingly of his skill for many years. From an ethical standpoint he had a reputation second to none. In every phase of his life he was absolutely honest and everyone knew where they stood with him. He had the courage of his convictions at all times and under all conditions. Not only does the Victoria General Hospital staff and his associates feel his death but the whole profession throughout the province.

Dr. M. G. Burris said:—

"I remember Dr. Hogan first when he was a young man at or about the time when he became a member of the Victoria General Hospital staff and have known him well during the intervening years. From the very first his confreres recognized in him a surgeon of exceptional ability. At the operating table he combined a deftness and certainty of technique with a rapidity of movement which in my opinion was altogether remarkable. His attitude towards surgical problems was conservative and in such matters his advice was widely sought and uniformly good. These are those matters which pertain to his life's work, known best to his professional brethren. All of his friends will remember 'Vince' Hogan as a man of great common sense, upright and honorable, a good companion and a thoroughly good friend."

Dr. W. D. Forrest said:—

"The passing of Dr. E. Vincent Hogan will be received as a distinct shock by his many friends throughout the city and province. My acquaintance with Dr. Hogan dates back to the year 1896 when he came to Halifax to join the staff of the Victoria General Hospital as a house surgeon. Since that time I have been intimately acquainted, with him and have spent a great deal of time in his company. In 1899 we went to London and Edinburgh where we roomed together during our stay of over a year. Since returning from England we have both spent our professional lives in Halifax and there is no member of the profession with whom I have been on more intimate or more friendly terms. Dr. Hogan was a man of keen intellect and pronounced views, but always kindly and considerate of the opinions of others. Early in his professional career he decided to devote his attention to surgery. In his chosen specialty he made rapid advancement and was generally recognized in the profession as one of the leading surgeons in the province.

"Apart from his professional attainments he was exceedingly popular. Possessed of a charming manner, he made friends readily and invariably retained them. Dr. Hogan loved the out-door life and was never happier than when entertaining his friends at his summer home in Mineville. Fishing and hunting were hobbies with him and it was a great grief to him that owing to ill health he had to forego these pleasures."

Naturally he was given a full military funeral, which is thus described.

"With full military honors, Dr. E. V. Hogan was this morning laid to rest at Holy Cross Cemetery. A large number of prominent people attended the service at St. Mary's where Mass was celebrated by Rev. Dean McManus.

"The 'Libera' was sung following Mass with Dr. Demertyns at the organ, and Rev. Dean McManus spoke very feelingly of the great loss sustained by the community in the death of Dr. Hogan. He traced his life from his school days and dwelt on the great love and esteem in which he was held by everyone. Dean McManus was assisted at the service by Rev. Father Granville of St. Patrick's Church, and by Rev. Father Lanigan of Prospect.

The pall bearers all intimate friends of Dr. Hogan, were Chief Justice Chisholm, Dr. 'Kirk' McLellan, Dr. Allan Cunningham, Dr. W. P. MacKasey, John Douglas and Dr. Stephen Johnson.

"A wealth of flowers, the offering of sorrowing friends, were taken to the grave. The casket accompanied by Dean McManus and Rev. Dr. Burns, was flag draped. Among those who attended the funeral were Arthur Tupper and Miss May Tupper, cousins of Mrs. Hogan of Parrsboro. Dr. Fred Hogan of Boston, and Dr. Daly Hogan of Bridgewater. Also present were prominent representatives of the medical and legal professions of Halifax.

"Former members of the Dalhousie Unit, with which Dr. Hogan went overseas and which he commanded in France, where he built up a reputation that was the pride of the unit, headed the funeral procession and, it was significantly noted, in this connection, that the cortege formed, at the exact spot on College Street, on which the Dalhousie Unit formed on the day it left Halifax for France and that the route, to St. Mary's Cathedral, was exactly the same as that followed by the unit on its way to the waterfront, to embark."

The Medical Society of Nova Scotia officially through its Secretary extended sincere sympathy to Mrs. Hogan saying it with flowers, and the President, Dr. K. A. MacKenzie and Treasurer, Dr. W. L. Muir, attended the funeral as official representatives. To Mrs. Hogan, her sons and other relatives all members of the profession in Nova Scotia will unite in this sympathetic expression.

ALEXANDER SIMEON SMITH, M.D., Bellevue Hospital Medical College, 1890, New Glasgow, N. S.

There passed away at his home on North Provost Street, New Glasgow, Dr. Sandy (as he called himself), S. Smith, on January 9th, after an acute illness of four weeks. Dr. Smith was compelled to give up practice over ten years ago owing to ill health. Of his life, death and burial, the *Evening News* says:—

"Dr. Alexander S. Smith, well-known retired medical practitioner, died at his home on North Provost Street this afternoon following an illness of one month. Dr. Smith was born at Merigomish, 67 years ago, the youngest son of Mr. and Mrs. Thomas B. Smith. His father was a railway contractor. Dr. Smith passed through his common school training to enter Pictou Academy. After graduating he taught school. He secured his doctor's degree at Baltimore and later returned home to open his first practice. After a short period he moved to Newfoundland and practiced at Bonavista Bay, Grand Falls and other points. For a time he was physician on one of the government steamers on the Labrador group. Shortly before his retirement ten years ago Dr. Smith was asked to run as a member of the Newfoundland government, but declined owing to ill health. Shortly after he returned to his native county and resided in New Glasgow. A man of fine christian character, Dr. Smith was well-known and highly regarded. News of his sudden passing will come as a severe shock to all who knew him. He was a member of Albion Lodge of Masons and

Trinity United Church. Besides his wife he is survived by three brothers Andrew, Merigomish; William, Oakland, California; Edward, Reno, Nevada.

"The funeral was held on Thursday afternoon, from his late residence. The services were conducted by the Rev. Harold A. Frame, of Trinity United Church. Members of Albion Lodge, A. F. and A. M., attended the service in a body, and officiated at the grave.

"Interment was at Riverside Cemetery."

AUBREY FULTON TUTTLE, Pugwash, N. S.

The entire student body at Dalhousie were shocked to learn of the death on January 14th of Mr. Aubrey Fulton Tuttle, a third year medical student. He was a son of Mr. Harry Tuttle, a prominent farmer and citizen of Pugwash. On Sunday, the day after his passing, a memorial service was held in Fort Massey Church which was very largely attended by the student body and Faculty members. The service was arranged by the Nu Sigma Chapter of the Phi Chi Medical Fraternity of which the deceased was an active member.

At this service Dr. Clarence MacKinnon led in prayer, President Stanley read the scripture, Mr. Stuart, presiding Senior of the Fraternity delivered the address. Dr. Grant, Dean of the Medical School and W. MacKenzie, President of the Council of Students were present. The music was furnished by the Dalhousie Choral Society, his classmates singing the hymns. Flowers were sent by his Fraternity brothers, the Phi Rho Sigma Fraternity, the Third Year Medical Class, Dalhousie Medical Society, Council of Students and others.

At his home in Pugwash on January 17th, a service was held at the United Church which was attended also by a number of his student friends who also took a prominent part in the service and acted as pall bearers. He was universally liked by his fellow students and was highly thought of by his associates in his home community.

A Press despatch from Clinton, Ontario, under date of January 23rd reads as follows:—

DR. JOSEPH GANDIER, CLINTON, ONT., DIED.

"Dr. Joseph Gandier, one of the outstanding surgeons in Western Ontario, died suddenly on Saturday night. He had just left his residence in his car and had driven only a few yards when stricken. He was found a short time later lying on the road beside his car. Dr. Gandier, who was 51 years old, had practiced in Clinton for about 25 years. A son of the late Rev. and Mrs. Joseph Gandier, of Coloungue, Que., he graduated in arts from Queen's and in medicine from Toronto University. He came here working with the late Dr. William Gunn, noted surgeon, who was responsible for many advances in surgery. His brother Dr. Alfred Gandier, the noted divine died last year."

Dr. Gandier was a brother of Dr. G. G. Gandier of Dartmouth. The Medical Society of Nova Scotia extends sympathy to Dr. Gandier in this sudden passing of his brother.

The Town of Bridgewater mourns the loss of an aged and highly respected citizen in the death of Simeon Ernst. He is survived by a son

and daughter, a sister, Dr. Victoria Ernst, (Dalhousie 1900) and a cousin, Dr. Abbie Ernst, returned medical missionary to India.

A lady who has taken a prominent part in the work of the V. O. N. chiefly in Montreal for the past seventeen years, passed away at the Montreal General Hospital, January 15th, in the person of Mrs. Eugene Wells. For seven years of her service she was Nurse-in-charge of the Verdun District. She was born in Port Maitland, daughter of the late Dr. Wade; she graduated from the Saint John General Hospital. Besides her mother, husband and a sister resident in Manitoba, she is survived by two sisters resident in Bedford, Mrs. E. C. Phinney and Mrs. Thos. Curry.

In the passing of Sir Robert Jones of London, on January 15th, at the age of 74 years, Orthopedic Surgery lost its best known leader. To most of us in Nova Scotia he was best known for his work among the maimed and crippled soldiers. So much was this work appreciated that the War Office offered every possible opportunity to Army Medical Officers to take advantage of his teaching at extended clinics. Quite a few Nova Scotia Medical Officers so availed themselves.

In 1917 he was knighted for his services among the crippled and made a baronet in 1926. Universities all over the world honored him with Degrees. McGill presented him with a D.Sc., in 1923.

The BULLETIN would be very remiss in its duty to the medical profession if it did not give some reference to the death in Saint John on January 11th, of Hon. John W. Daniel, M.D., M.R.S.C., Senator. Had he lived 16 days longer he would have been 88 years of age.

Those of our profession who remember the day of the Maritime Medical Association and the Maritime Medical News will recall that he was clearly a leader and highly regarded by his confreres. That he also had the confidence and respect of the public was evidenced by his election to the House of Commons in 1924, 1908 and 1911.

Word was received in Halifax, December 31st, of the death in Athens, Greece, on December 8th, 1932, of Mrs. Angelo Komnenus, formerly of New York, and Nova Scotia, she was born in Truro, N. S., and was a niece and adopted daughter of the late Dr. A. C. Page, one of Colchester County's most prominent physicians. Early in life she became a leader in social circles in her own County. Somewhat later she was married to a multi-millionaire of New York, but continued to keep up her entire social relations with her many friends in this province. Word of her passing came to Halifax to Mrs. Walker, wife of Dr. S. L. Walker, General Secretary of the Medical Society of Nova Scotia, a cousin of the deceased, and to relatives and friends. She led what must be regarded as a most colorful life. Beginning in her own native province and extending to New York, England, Europe and finally back to the great American metropolis. Upon the death of her first husband she married a prominent citizen of Brooklyn, New York, whose business interests were large in his native country, Greece. A few years ago they retired and expected to spend their remaining days in the retirement of a home in that country. As Miss Lydie Page she will be well remembered by many people in Nova Scotia and by members of the medical profession.

Bulletin Library

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

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

THE BULLETIN OF THE ACADEMY OF MEDICINE OF TORONTO.

THE annual report of the Finance Committee of the Academy of Medicine, Toronto, is published in the latest issue of their *Bulletin*. This report must be very gratifying, if their journal is accomplishing its purposes. It averages 30 pages monthly of reading matter of which 10 or more pages is advertising. We advisedly include advertisements as *reading matter*, for this *Bulletin*, like our own, is read from cover to cover. But the point is that the finance committee report a surplus of between seven and eight hundred dollars for this *Bulletin* and our Society BULLETIN has never been able to show a surplus as yet. Nevertheless we have hopes.

There are two possible conclusions to be drawn from this incident. The first is that the most important thing for a Journal is its advertising and a good business editor would spend most of his time in soliciting advertising, instead of doing editorial and clerical work. We think the other conclusion is that the objects of our BULLETIN will not be attained unless its contents all appeal to our particular clientele. Hence we have devoted over fifty pages of each issue to the various sections into which the BULLETIN is at present divided—scientific or literary articles, case reports, editorials, health department, hospital section, etc.

This small *Bulletin* of 30 pages carries as many pages of advertising as our own BULLETIN of 64 to 72 pages. This ought not so to be. We sincerely trust that the suggestion of the Executive that the General Secretary write to all Branch Societies asking them to endeavor to secure local or other advertising for *our* Journal, will receive cordial and practical support.

Bulletin of the Academy of Medicine, Toronto.

Reference has already been made in this section to the Silver Jubilee Number of this magazine. Jubilee numbers suggest anniversaries and, nearly always, we look backward. "Eyes Front" is quite all right at certain times but much can be learned by looking backward, but we are not living there. But perhaps the backward view may tell you where you are heading for when you look to the front.

In the preparation of this issue of the *Bulletin* of the Academy of Medicine, there was a deal of work, particularly in the obtaining of photos and cuts of members of the Academy, past and present. Then there are so many of them that we have met overseas or in the last ten or eleven years in connection with our provincial meetings or those of the C. M. A., fine, good-looking, upstanding men:—Doctors King Smith, (in twice) H. McPhedran, Anderson, Bates, Murray, Ross, Powell, Hamilton, Anderson (in twice) Bruce, Ferguson, Primrose, Harris, Fotheringham, Harley Smith, Walter McKeown, F. N. G.

 Honorary Members, Medical Society of Nova Scotia.



Dr. E. J. JOHNSTON,
Sydney, 1932.



DR. S. N. MILLER,
Middleton, 1926.

Starr and others. But, perhaps, more interesting than these, are some fac-similes of much importance:—The Presidential Badge of Honor, the Parchment Scroll Conveying the Greetings of the College of Physicians of Philadelphia, the photos with original signatures of Doctors Banting and Best with the first page of the original manuscript announcing the discovery of Insulin. "The Student Examined" is the title of a drawing that would tax the powers of Mr. McAskill to surpass in similitude and imagination. Then we note a fac-simile letter from Dr. Oliver Wendell Holmes when he makes a presentation to the Library of the Academy of his Medical Essays, 1842-1882, the first book presented to the Library. Dr. Archie Malloch's Oration on Sir William Osler is prefaced by the photograph of Sir William which was presented to the Academy of Medicine, Toronto, by Sir Edmund Osler. This portrait is a copy of Mr. James of Boston from the famous "Big Four" canvas of Welch, Halstead, Osler and Kelly, and was made possible through the gracious concurrence of Lady Osler and by special permission of the artist, John S. Sargent of London, England, and of the Governors of Johns Hopkins University.

The Business Editor proposes to undertake to obtain permission to publish in the BULLETIN at some future date, this very interesting and personal oration on the life of Sir William. Again we would extend our congratulations to the publishers and editors of the Toronto *Bulletin* on this very interesting and attractive number of their journal.

The October, 1932 issue of the University of Western Ontario *Medical Journal*, Vol. III, No. 1, has been received. We note some of our "In Lighter Vein" notes has been copied, with all due credit and we reciprocate by repeating some more valuable material from the Journal pages. We regret the Journal is a quarterly issue, it is well worth reading monthly, but that means a very considerable addition to the work of the undergraduate body.

The *Casket* of Antigonish has been on our exchange list for several years and it has been always one of the strongest proponents of better health in rural districts in Nova Scotia. We greatly regretted to learn that it suffered greatly in the recent fire in that town. But it never skipped an issue. Congratulations.

Insulin—Its History.

Pharmaceutical Trade Journals or Bulletins have developed a habit of interlarding their advertising of special products with much interesting material largely of an historical nature. One of these has such an article describing, chiefly, the part played by Doctors Banting and Best in developing Insulin. It is a little history that should not be forgotten: hence we repeat:—

"The disease known to-day as diabetes mellitus was known even to Hippocrates as a condition in which the patient suffered extreme thirst and hunger, passed large quantities of urine and, finally, losing weight rapidly, died in a stuporose or comatose state. The condition was also long ago known to Greek and Roman physicians, and there are many descriptions of it in mediaeval medical writings, under the name of diabetes.

In the seventeenth century, Willis proved that the urine contained sugar, and the word "mellitus" was added. Some two hundred years elapsed before any further advances were made in the study of this disease, but then, in 1889, von Mering and Minkowski demonstrated that diabetes mellitus followed removal of the pancreas. It was felt that a new era had arrived in the treatment of diabetes, and from 1889 to 1922 a continuous series of researches was made on various forms of pancreatic therapy. The net result to the patients, however, was nil, and until 1922 the clinical story of diabetes was practically the same as it had been for over two thousand years.

The following is a typical clinical history; a young adult complained of rapid loss of weight, with hunger and thirst. Examination of the blood and urine revealed the presence of excessive amounts of sugar, together with the chemical stigmata of ketosis.

The patient was admitted to hospital and starved until sugar-free, this process taking, say, as long as seven days. A diet was prescribed consisting mainly of non-nutritious foods, such as thrice-boiled green vegetables and non-absorbable foods. The carbohydrate content of the diet was very carefully worked out, and was gradually increased until the patient showed sugar in the urine, and upon a diet just below that point, he was to remain for the rest of his life. . . . The life of misery entailed by this treatment can only be visualized by those who dealt with diabetics in the pre-insulin days. Many of them died of intercurrent infections, particularly tuberculosis and septic complications such as gangrene, whilst others, tortured by hunger and under-nutrition, threw caution to the winds and indulged in a few good meals. They paid the price by going into coma, and the definite establishment of such a condition meant almost certain death. . . . It is impossible to portray, in a short sketch, the

hopeless gloom of a diabetic ward some twelve years ago. To-day, the picture is entirely different. There are now a number of diabetic children who have grown up to adult age, leading happy lives, and, in certain instances, they have married and had apparently healthy children. The days of starvation have departed, and to-day the diabetic takes his full ration of two thousand or more calories with an adequate proportion of carbohydrate.

The sudden change from two thousand years of hopelessness to the present satisfactory position was effected in the laboratories of the University of Toronto. Here a great school has been built up for the study of carbohydrate metabolism, but, prior to 1922, no solution had been found to the diabetes problem.

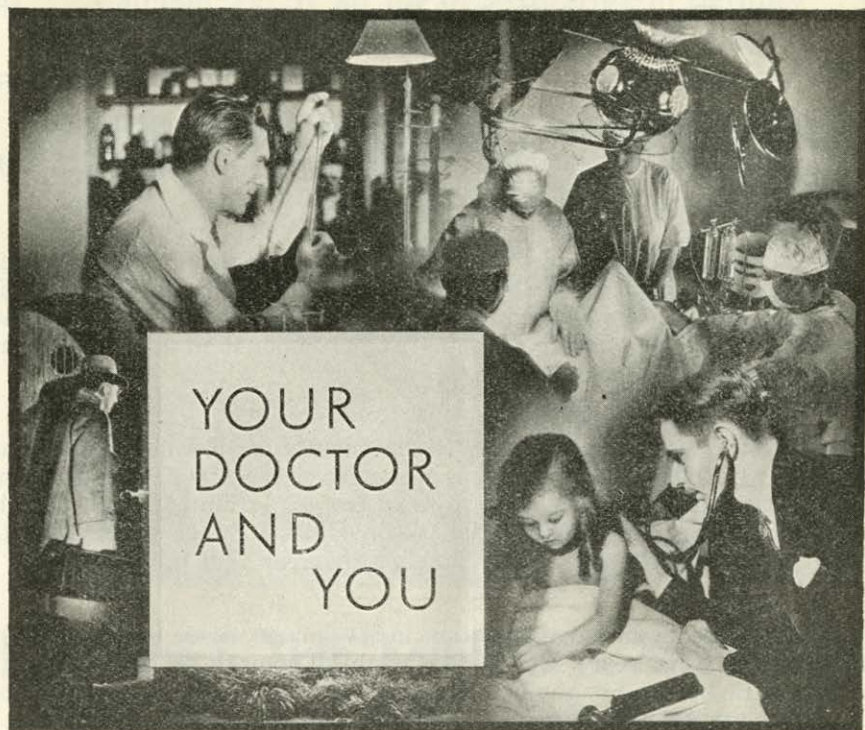
In that year a surgeon, F. G. Banting, visited the Professor of Physiology to lay before him a research plan with which he hoped to solve the problem of the treatment of diabetes. Reviewing the situation on general principles, he had come to the conclusion that the failure to isolate the active principle of the pancreas was probably due to the fact that the hormone was destroyed by the trypsin present in the pancreas, and he argued that if the hormone was of the protein character, then it would be destroyed in situ after the pancreas had been removed.

In support of this theory was the well-known observation that no effect could be obtained by administering the pancreas, or pancreatic extracts by the mouth.

In order to solve this problem, he proposed to ligate the pancreatic duct of dogs and leave them some six weeks. So that the acinar structures would deteriorate, thereby destroying the trypsin-producing cells. Of course, it was well-known that animals so treated did not develop diabetes, and that, on section of the degenerated pancreatic tissue, actively functioning islets of Langerhans could be seen.

He proposed, after the degeneration had occurred, to kill the animals, remove the degenerated pancreas, and extract the tissue, prior to testing it upon diabetic animals, in the hope that he would thus be able to preserve the active principle intact. . . . In order to facilitate the experiments, a medical student who happened to be interested in physiology was lent to him. To-day, the names of these two workers are known throughout the world—Professor F. G. Banting and Professor C. H. Best.

The experiments were a complete success. The extract from the degenerated pancreas had the property of reducing the blood sugar and a diminution in the excretion of sugar in the urine. Having made the fundamental observation, which proved that active material could be obtained, the next step facing the investigators was the difficult task of manufacture on a scale possible for commercial production. At this point they were joined by Professor J. B. Collip, and as a result of the collaboration, a workable process for the large-scale production of insulin from ox pancreas resulted. . . . Admittedly there had been many brilliant attempts to isolate insulin prior to 1922, but even the best could only be described as being partially successful. To those who attempt to minimise the part played by Toronto, there is an all-sufficient answer, namely, that, before the time of Banting and Best diabetes spelt death, whereas now, thanks to them, many thousands of people have been granted a new lease of life, with health to enjoy it."



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DOCTOR
AND
YOU

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To qualify himself to answer your summons, he first acquired a sound preliminary education. Then he spent four years in medical school. He passed rigid state examinations. He served an internship in a hospital. And he has dedicated his life to the practice of one of the most arduous and painstaking professions in the world.

Whether you call your physician suddenly, or make an appointment a week ahead of time, whether you go to his office or he comes to your home; whether your need is slight and simple, or dire and complicated—he brings to your aid the whole of man's protective knowledge against pain and sickness, tempered and fitted to your individual needs by his personal skill and friendly understanding.

Your doctor does not pretend to super-human powers. He is a highly trained expert, working within the limits of modern scientific knowledge, which he interprets for your own individual benefit. With that knowledge, he can prevent some diseases which until a generation ago were believed unavoidable; he can cure or control others which not so long ago were almost invariably fatal.

If we could give you only one message about your health, it would be this: With such help available, don't rely upon the advice of well-meaning friends without medical training—go to your **physician**.

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Personal Interest Notes

MISS Mary, daughter of Doctor and Mrs. W. J Egan of Sydney, was ill for several weeks recently and may become a surgical patient in hospital at a later day.

The press advises that the Ontario Government as regards unemployment relief in respect to medical services and medical supplies for indigents, the fee which physicians may be allowed has been limited to one-half the established prevailing medical fee of their communities—no amount in any one account for any one month to exceed \$100.00.

Every man, woman and child, does that include us all, will regret to learn that Premier Gordon S. Harrington has been a recent hospital patient. Whether we are Grits or Tories, and calling to mind our many illustrious men in this honored position we can truly say that the breed has not degenerated since the days of Howe, Tupper, Archibald, Fielding, Murray and others.

The BULLETIN omitted to mention in its January issue the considerable loss by fire on New Year's Eve of the delightful home of Dr. and Mrs. E. V. Granville of Bedford. For some time they will reside elsewhere in Bedford until repairs are completed.

We regret to learn that in January of this year Mrs. B. C. Archibald of Glace Bay was seriously ill from Pneumonia following influenza.

So Dr. W. H. Eagar, Wolfville, on Saturday, January 14th, had Spinach from his own garden for dinner. Well we have all seen our waxberry bushes, our lilacs, etc., showing buds owing to the mild winter, so we wonder why Dr. W. H., didn't also have his favorite dish of Brussell's Sprouts also served about the same time.

Dr. J. G. McDougall of Halifax recently visited New Glasgow professionally. We are not surprised to learn that he took a run down to his old home in the Blue Mountain district.

Perhaps some Nova Scotia physicians will attend the 17th annual clinic session of the American College of Physicians which will be held this year in Montreal, February 6-10, 1933.

Dr. F. L. Hill of Parrsboro was recently elected President of the local Red Cross Society. We learn that two clinics were held during the year for tonsils and adenoids—beside the tuberculosis and clinic for cripple children. That is what the BULLETIN terms co-operation.

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▼ Each capsule exhibits the complete vitamin value of one teaspoonful *Ayerst Biologically Tested Newfoundland Cod Liver Oil* in addition to its content of organically combined calcium and phosphorus.

▼ "Calcium A" is a rational supplement to virtually any prescribed diet and constitutes a valuable dietary adjunct during pregnancy and lactation.

▼ "Calcium A" has stood the test of seven years' clinical experience. It is the first vitamin concentrate prepared from Cod Liver Oil to be offered to the medical profession in Canada and like all Ayerst products, "Calcium A" is marketed in keeping with professional dignity.

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MONTREAL TORONTO

From the records of the annual meeting of the Canso V. O. N. Committee, we learn that a new Treasurer has been appointed owing to the removal from the town of the recent Treasurer, Mrs. McGarry, widow of the late Dr. McGarry for many years in practice there.

We regret to learn that Dr. T. F. Meahan of New Waterford, Dr. Lewis Thomas of Halifax and our venerable Dr. John Stewart have recently been on the sick list.

In practice since 1893, Dr. Geo. W. Brown of Clarke's Harbor, Shelburne County, has taken a well-earned vacation. He left January 3rd, 1933, on an extended trip to the Pacific Coast and perhaps to Hawaii where a brother resides also a doctor. Dr. Brown is in his 69th year and has been very largely identified with the civic and social life of Clarke's Harbor ever since he began practice there in 1893. We believe this is really the first holiday in all these forty years. All who know him and all members of the Medical Society of Nova Scotia will wish him a pleasant trip and a safe return when he tires of travelling. His son, Dr. Bruce Brown, is his *locum tenens*.

Dr. J. K. McLeod in a New Year's Report to the *Sydney Post* considers Sydney a very healthful place in which to live. Well he should know as for many years he has been the City Health Officer, largely to the exclusion of private practice.

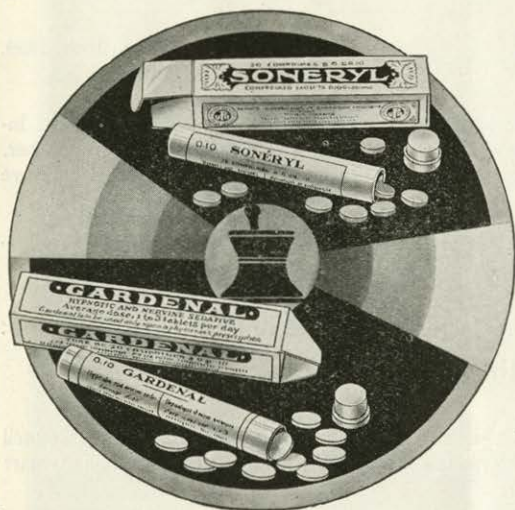
In the passing of the Antigonish Club recently, owing to depleted membership and finances, we are reminded that Dr. W. H. McDonald and Dr. W. Huntley MacDonald, Jr., were both charter members of the Club in 1902. Both are since deceased.

Dr. J. A. M. Hemmeon of Wolfville, President of the local Chamber of Commerce, not long since described a good many citizens of our cities and towns as, "back seat drivers," "sidewalk critics," etc. Oh, well, the terms can be used in a much more general application. Thank goodness, some of these back seat drivers have only an annual gathering in which to stage the result of a year's fault finding. In consequence action is immature, unreasonable, unworkable and noise is all that is accomplished.

In the October issue of the *Dalhousie Review*, Chief Justice Chisholm has a further article on Joseph Howe, entitled "More Letters of Howe." In the Eighteen Hundred and Thirties, words sometimes ended in duels. In 1839, Dr. W. J. Almon, a young practitioner was the first to challenge Joseph Howe to a duel, although others came perilously near it previously and at least two actually followed Dr. Almon's. It may be of interest to quote from the article mentioned this incident which refers to the grandfather of Dr. Bruce Almon, City Medical Officer of Halifax:—

"Mention has been made of the fact that Joseph Howe was three times challenged to fight a duel. He had been taught by a soldier in the garrison

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20 tablets 0.10 Gm. (1½ grain)

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20 tablets	0.10 Gm.	(1 1/2 grain)
30 " "	0.05 " "	(3/4 ")
80 " "	0.01 " "	(1/6 ")

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how to shoot and box, and to that extent he was well qualified to take his part in an encounter of that kind. The first challenge came to him from Dr. W. J. Almon, then a young physician, but known to a later generation as a venerable and much respected member of the Canadian Senate. The young physician took offence at a passage in one of Howe's speeches; and the following correspondence was the result:—

Saturday, March 10th, 1839.
Halifax, N. S.

Sir:—

"Having to-day for the first time perceived in the *Nova Scotian* of Thursday last, the insulting and abusive language made use of by you in the House of Assembly concerning my father, I feel it my duty to call on you for an apology for the same or that satisfaction to which I conceive myself fully entitled.

I remain, etc.,

WILLIAM JOHNSON ALMON."

To Joseph Howe, Esq.

On a blank sheet of Dr. Almon's letter is enclosed in Howe's handwriting:

"Received at 8 o'clock and thus answered."

"Sir:—

When your father apologizes for the insulting and abusive language made use of in the Council concerning me it will be quite time enough for me to consider whether any explanation on my part should be made to him.

I remain, etc.,

JOSEPH HOWE."

Saturday evening, 8 p. m.

Dr. Almon then wrote:

"Sunday April 21st.
Half past six o'clock.

"Halifax,

"Sir:—

Your refusal to apologize leaves me no alternative, I have therefore placed myself in the hands of Mr. T. N. Jeffry, Jr., who will now conduct this affair on my part and to whom you will please address your next.

I remain, etc.,

WILLIAM JOHNSON ALMON."

To Mr. Joseph Howe.

And at midnight of the same Sunday, Howe rejoined:

"Your note of this morning was left at my office before I had risen and reached me about 9, I have since waited but have not seen Mr. Jeffry. When he calls upon me he shall have a reference."

"The duel was not fought. It is fair to conjecture that better sense prevailed on both sides and that the persuasion of friends was used to call the matter off. The young doctor became one of the most highly esteemed medical men of his day in Halifax. The passage of time had its healing effects. Howe and Almon sat together as members of the House of Commons under the leadership of Sir John Macdonald; and at Howe's funeral Dr. Almon was one of the pall-bearers and he was for years the family physician of Howe's son, the late Sydenham Howe."



You will enjoy Staying at

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Single Rooms - - \$3.00 and \$4.00

Double Rooms - - \$5.00 and \$6.00

If you plan a dinner or supper party for resident or out-of-town friends — phone for a reservation at the Lord Nelson. Stimulating cuisine, agreeable service and reasonable charges make the choice a wise one.

Among the curling visitors to Halifax was our jovial friend Dr. "Bob" Sutherland of Pictou. He found time to call on the Secretary. He came to the city ahead of time in order to be able to attend the funeral of Dr. E. V. Hogan.

Dr. C. E. A. DeWitt of Wolfville, accompanied by Mrs. DeWitt spent a few days in Halifax in January, while here they were guests at the Lord Nelson Hotel. The BULLETIN has requested Dr. DeWitt to give us an abstract of the address he gave the Dalhousie Students while in the city.

Dr. H. J. Townsend, Dalhousie 1930, now located at Louisburg, has opened an office at Gabarus which is very acceptable to the people of that community.

Dr. Eliza P. Bryson Provincial Psychiatrist, Halifax, was a recent speaker over the radio in the series of this changing world. Her particular subject was, "Some changed Aspects of Mental Hygiene." Nova Scotia conditions alone would furnish ample illustrations for a most interesting broadcast.

Dr. R. A. Moreash, Dalhousie 1931, has been given a grant for Research Work which had been done in 1932, in connection with Cancer, from the Banting Research Institute of Toronto. Professor Mainland and H. C. Graham have their work also recognized.

Dr. R. P. Smith, Provincial Pathologist, recently addressed the Young Men's Hebrew Association on recent advances in the knowledge and treatment of Tuberculosis, Cancer and other diseases; also giving an explanation of vitamins. Dr. Jacobson was chairman of the meeting.

That Dr. A. C. Fales now a resident of Wolfville, has retired from eight to ten years since from active medical practice, does not prevent him from taking a very active part in matters relating to fish and game. Chiefly through his study and propaganda regarding our lakes, streams and rivers we believe re-stocking will be featured very largely in Nova Scotia immediately. It is well that a retired medical man should have such a worth while hobby.

The Line Forms on the Right.

To our mind the following, which appeared under the section, *Tonics and Sedatives* of the *A. M. A. Journal*, hardly deserves from any standpoint the publicity given it. We almost apologize for copying it.

"Progress of a great social movement in Great Britain as recorded in Nature, Oct. 1, 1932, p. 505.

"A demonstration of contraceptive technique will be given at the Clinic of the Society for Constructive Birth Control on Oct. 5, at 2.30-5 p. m., to medical practitioners and senior medical students only, who will be given an opportunity of practicing various methods under tuition on women patients. Lectures and demonstrations will be conducted by Dr. Beddow Bayly and Dr. Evelyn Fisher and the midwife-in-charge. Applications for tickets (which are necessary) should be made to the Honorary Secretary of the Society, 108 Whitfield Street, W. I."

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IS INDICATED

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Is the Logical Successor to
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The use of OSTOGEN is past the experi-
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DENTAL CARIES is now
SOUND THERAPEUTICS

ECONOMICAL IN PRICE EASY TO ADMINISTER
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Each gram contains 56,000 International Vitamin D Units
(2000 per drop, from precision dropper which accompanies
each package.)

DOSE:

Prophylactic: 2 drops daily

Treatment: 2-6 drops daily

This dose may be exceeded for resistant cases and for
premature infants.

Available in 15 c.c. Bottles and 6 c.c. Bottles

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MONTREAL - CANADA

Dr. J. P. Sweeney who had his office for some time at 301 Barrington Street, Halifax, has removed to Bermuda where he has obtained a very satisfactory position.

Dr. K. P. Hayes, Halifax, has removed his office to 17½ Spring Garden Road.

Dr. Robert F. Ross, Assistant Professor of Anatomy at Dalhousie Medical College, and Mrs. Ross, who have hitherto resided at 434 Robie Street, Halifax, are now residing at Elmsdale. The doctor comes into the city each morning.

Dr. D. W. Archibald, Sydney Mines was confined to the house the latter part of January owing to Influenza.

Dr. M. D. Morrison of the Workmen's Compensation was the speaker at a recent Luncheon of the Gyro Club of Halifax. His subject was, "War Debts and Reparations."

At the Central Presbyterian Church, Hamilton, Ont. on January 21, 1933, Mrs. Margaret, wife of the late Dr. Philip McLarren of Halifax, was married to Dr. W. J. Boyd of Ottawa. Mrs. Boyd was formerly Margaret Clarke of Tatamagouche, a daughter of the late Dr. James Clarke of that place.

Appearances Plus.

"The dignity of a physician requires that he should look healthy and as plump as nature intended him to be; for the common crowd consider those who are not of this excellent bodily condition to be unable to take care of others. Then he must be clean in person well-dressed and anointed with sweet-smelling unguents that are not in any way suspicious. This, in fact, is pleasing to patients. The prudent man must also be careful of certain moral considerations—not only to be silent but also of great regularity of life, since thereby his reputation will be greatly enhanced. He must be a gentleman in character, and, being this he must be grave and kind to all. In every social relation he will be fair, for fairness must be of great service. The intimacy also between physician and patient is close. Patients, in fact, put themselves into the hands of their physician, and at every moment he meets women, maidens and possessions very precious indeed. So toward all these self-control must be used. Such, then, should the physician be, both in body and in soul."—*Hippocrates*.

To Him That Hath.

A foreign army officer appeared in public with his breast covered with medals. "Where did you get all these medals, Colonel? Did you win some big battle?" The officer pointed to the biggest, brightest medal of all:—"Dot's the first one, I got that by mistake. Und I got all the oder ones because I had dot one."

1932

Clinical Evidence conclusively shows that

Coramine "Ciba"

is becoming universally recognized as the safest and most efficient cardio-respiratory stimulant.

March-April, 1932

Anesthesia and Analgesia

... "from numerous pharmacological and clinical investigations, it has been shown that Coramine of all circulatory stimulants possesses the strongest action and the safest therapeutic applicability."

May, 1932
ARCHIVES OF SURGERY

... "Thus Coramine proved to be the most valuable adjunct in combating respiratory and circulatory failure, presumably by its rapid action on the medulla oblongata."

May, 1932
THE LANCET (England)

... "Coramine was superior to 10% CO₂ and that if small doses of Coramine were administered subsequent exhibition of CO₂ was effective in stimulating respiration though it had previously failed."

April, 1932

THE
MEDICAL JOURNAL
OF AUSTRALIA

... M.B., B.S., describes a case of severe cardiac failure with collapse and states that only thanks to Coramine was it possible to save the patient.

No. 4, 1932

Medizinische Klinik
Wochenschrift für praktische Ärzte

... "All of them were admitted in so grave a condition as to appear hopeless . . . Not only did Coramine save their lives, but they were able to leave the hospital in an astonishingly short time."

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A former Nova Scotian, an Army Medical man, who, as a matter of fact should spend his retiring years in his native province instead of the *blawsted* City of Toronto, asks the General Secretary of the Medical Society of Nova Scotia some questions and he is not able to answer them to his own satisfaction. As a matter of fact that is the crux of the whole situation,—to his own satisfaction. Right or wrong if it is your honest opinion it is at least better than having no opinion at all.

In the first place the inquiry is,—“Why does the present generation refer to Dalhousie University as Dal.?” Is it because they are undecided as to the correct pronunciation of the word? The correct usage, in English, is “*Dalhousie*.” In Scottish dialect it is “*Dalhoosie*”. Now perhaps this would have been quite a note for the BULLETIN but it was closed by the following execrable:—

“There was a guy Co-Ed, named Sil!
Who raised a fierce rumpus at Dal.
His indiscreet actions,
Caused needless distractions,
Unheard of at Ac. or at Al.”

New maid at Byng Avenue, Sydney, returning from answering the phone,—
“Twa’nt nobody, jes a man says ‘It’s a long distance from Halifax,’ and I says, ‘Yes, Sir, it certainly is.’”

VERAMON

A safe and powerful analgesic.

Veramon is non-toxic, non-hypnotic and non-habit forming. Clinical experience has proved its worth in painful conditions, ranging from simple headache to dysmenorrhoea, from toothache to biliary colic.

Original packings: Tubes of 10 and 20 tablets of 6 grains.

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