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What the General Practitioner Should Know About Mental Disease

By Dr. Harvey Clare, Homewood Sanitarium, Guelph.

So much has been written about mental disease and written in such a way and such language that very few of us have a clear conception of the subject. When I was a medical student there was a course of lectures delivered at the Hospital for Mental Diseases, and this course was optional. If we took it, we had to pay five dollars, if we did not take the course we saved the money. In my year I think nobody heard the lectures. When I graduated I had never seen a case of mental disease, and knew nothing about it. During the three years that I practised I was never consulted concerning a case that I thought was insanity, but now when I look back I remember many cases that were typical cases of Depression, Senility, Epilepsy and Feeble-minded conditions.

Like all new and interesting subjects that have engaged the public attention, the study of mental diseases or Psychiatry, has aroused the interest of faddists and enthusiasts. These people write books, write articles in journals, organize all sorts of up-lift associations and societies, they talk of eugenics, environment, re-education, and unfortunately, many of them talk in words and phrases that are new and seem to be manufactured simply to make their statements more confusing and harder to understand.

It is a fact that we have in every country certain people who are abnormal mentally. Those who are born with abnormal mental developments may be called Mental Defectives, those who acquire this condition may generally be said to be cases of mental disease.

In Ontario about one person in every 275 is a patient in a public institution because of his mental condition. In some other provinces this proportion is larger, and some smaller. In Massachusetts, where the organization for taking care of mental cases is possibly better developed than anywhere else, I think the proportion is one in 200, and it has been said that it reaches one in 180. Remember, that 100 years ago in this country we had practically no institutions, and the proportion was not more than one in 1,000. In some of the southern states where they have a lot of poor people, both blacks and whites, their proportion of population resident in mental hospitals sometimes is quoted at one in 800. They undoubtedly have as high a proportion as we have, but they don't recognize them. As our social condition improves, and as our wealth improves, we get more hospitals, better hospitals, better equipment, and more patients come in for treatment. If the hospital is poorly manned, poorly equipped and over-crowded, many patients will be kept at home, because the friends think, and rightly so, that they can take better care of the patient at home. The number of patients in the mental hospital may be an indication of the number that exist, but it is quite possible that there are as many patients suffering from mental disease living at their own homes as there are receiving treatment in hospitals.

An interesting question is—"Is this insanity increasing?" We are often asked this. We often hear people say it is increasing, and probably it is. Certainly there are more patients in the hospitals, but as I have just stated as hospitals improve more patients will come. The time will come when most mental cases will be voluntary patients, and the matter of admitting and discharging them will become a very simple routine, if we can ever get those hospitals efficient enough to merit the confidence of the physicians and of the educated people in the community. I believe that mental diseases are increasing in frequency. One thousand years ago life consisted of one grand struggle for existence. It was a case of the survival of the fittest. The strong, the vigorous, the able-bodied, the alert mentally, were able to take care of themselves. The weaklings, the cripples, the mental defectives and so forth fell by the wayside. They could not get sufficient food, they couldn't find shelter and consequently a new race was produced by the best. The unfit did not have a chance to produce their kind.

Now we have organizations all over the country working constantly, trying to build up and lengthen the life of the feeble and weak mentally and physically. We have hospitals for mental disease—they work hard trying to build up and get a recovery in the case of the Melancholic woman. We have tubercular hospitals, we have hospitals for all sorts of surgical conditions, we have welfare associations, we have Big Brother and Big Sister Movements, and it is the foundation stone of our religion that we shall take care of these little ones, but if we take care of them, if we see that they grow to maturity, we may be sure that they will propagate their kind. Every community has examples of families that are kept up by the municipality—the father and mother feeble-minded and a family of children that are usually of the same type.

Another reason why I think these mental troubles must be on the increase is the additional strain and worry that must be produced by our manner of living. At one time a man depended upon his landlord for his living. He had no ambition to improve his condition, the Feudal system existed and the master had his servants and took care of them, and they were comparatively free from worry and anxiety. Now it is a case of every man for himself.

The next question that is worthy of attention is—"What produces mental illness?" First I would name *heredity*.

I do not mean that when a man with six children goes insane his children are going to go insane also. We have several types of people that are not healthy types. We have the nervous, high-strung, neurotic, irritable, jealous, suspicious, bad-tempered and alcoholic types. These people are unstable emotionally. When you see a man or a woman of one of these types being married and raising a family, look out for abnormal types in the children, I have known many insane men who were chronic patients in a hospital, and who were the fathers of splendid families. It seems to me that one half of the mental cases coming to hospitals come with good family histories, if there is such a thing. I suppose all of our family histories are about alike. If we go back ten generations, each one of us has more than 1,000 people who were our ancestors. If we go back these ten generations, it is easy to see that the family history of all of us must have been about the same kind of material. I have in me the blood of a thousand different people ten generations ago. Some of it was probably pretty good, but there were probably some cases of mental disease in that 1,000 people, some cases of alcoholism, some cases

of a criminal type, and some that were neurotic, unstable, hysterical and so forth. I think it is the bad part of our family history that causes our mental diseases.

Second—*Environment* is a cause. Many enthusiasts claim that heredity has nothing to do with it. They say that any child placed in a home where things are as they should not be, will grow up abnormally. If there is jealousy, deceit, unfair punishment, abuses and fear constantly surrounding that child he will be an abnormal mental case. There is no doubt that it is very difficult for a child to grow up bright, cheerful, frank and healthy, in an atmosphere of the kind that is described. I am certain that I have seen many cases of young people brought to a mental hospital because of the environment of the home. Even in the hospital the patient would improve because he was free from nagging and from responsibility and from constant unhappiness. I have seen these patients get better, go home and come back. I have heard them say, "There is no use going home, I can't live there." I believe that environment has something to do with it, but it is impossible to place the proper valuation upon heredity and environment as causes of mental disease.

Third—When we pass over heredity and environment, we have the *toxic conditions* that will produce mental changes. We get the toxic deliriums that follow Influenza and Typhoid. We get the poisons of Alcohol and Syphilis, which really produce organic changes. In addition to these, we have injuries to the brain and skull, and we also have the changes that always come with old age and produce mental peculiarities.

When patients come to a mental hospital they have to be classified and diagnosed. There are five or six or more definite types of cases. Some of these get well quickly and some never get well. The first question that the friends ask is, "Will he get well?" We know positively that toxic cases tend to recover. We also know that cases of Melancholia and cases of Mania get well. By Melancholia I mean the depressed type of Manic Depressive and the other depressed types known as Involutional Melancholia. When I speak of cases of Mania I mean the manic type of Manic Depressive. Those cases always recover, and usually recur. We know that cases of Dementia Praecox usually progress slowly, deterioration gradually proceeds, the patient may have exacerbations, periods of excitement and delusions and hallucinations that make them very excited, and takes them into a hospital, but these periods of excitement pass over, the patient seems better, but he never comes back to the place mentally that he was in before. He slowly and gradually becomes indifferent, loses his initiative, becomes a creature of routine and the outlook is not good. People who definitely suffer from Dementia Praecox are never going to take their places in the world and be useful, responsible citizens. We also know that when old people, Senile cases, come into the hospital, that they are not going to get well. Their excitement may quiet down, but the organic changes have taken place in their brain cells and in their arteries, and we know that their work is over. If the patient is a mental defective, we know that we can do very little for him.

I will now take up some of these conditions separately and just for a few minutes discuss three or four types of cases. Probably the most common kind that we see is Melancholia, or the depressed type of Manic Depressive Psychosis. The patient becomes despondent, loses sleep, fails in weight, constantly worries, is usually self-accusatory, thinks he was no good, he becomes hopeless, thinks he will never get well, he thinks he suffers from all sorts of

hopeless diseases. They frequently think they have Syphilis, think they have Cancer, think they have committed the unpardonable sin, they are mentally retarded—that is, it takes them a long time to think, speak or move. They want to be left alone and they do not want to be disturbed. These cases always get well, but nobody can tell you how long it is going to take. The older the patient is, usually the longer the attack. Three months is a short period for an illness of this kind. Many of them last three or four years. The main thing to remember in the care and treatment of these cases is that all cases of depression are apt to commit suicide. I think the general practitioner does not realize how easy it is for a depressed man or woman to become hopeless and end it all. These patients are so apprehensive and fearful that they not only want to end their own lives but frequently they want to take their loved ones with them. I have known many cases where the mother who was only slightly depressed took her children and they all died together. I knew a mother who took her four children in the motor car, left a note for her husband, went for a drive and hanged the four of them and herself. I knew another woman who took her whole family to the cellar and they all died together. The husband said he did not notice very much wrong, but his wife seemed to be worrying. I knew a man who went to bed quite normally, according to the story told by the neighbours. In the morning his two children and his wife were dead with their throats cut and he was unconscious but alive. They were all in the one bed and his arms were around the three of them. Scores of times in the hospitals where I have lived I have known depressed patients to commit suicide in spite of every precaution.

It seems to be an impulse that comes on them suddenly. I do not believe that they plan it days ahead, but all types of depressed and melancholic patients will confess to you that at times they would have done it if they had had the means ready at the time. In one Summer at Homewood there were five depressed patients taken home by their families because they had improved and all five of them did this within one week after reaching home, and I may frankly confess that in each case I thought the patient had recovered sufficiently to go home with safety. Melancholia or mental depression is the most horrible disease that can be inflicted upon a person. Their mental suffering is worse than any physical anguish that can be imagined. The world looks so dark and wicked and hopeless that it is a wonder to me more of them do not slip away by their own action. Every time that you have a depressed patient, I think it is only fair to tell the friends of the danger of suicide. The friends will laugh at you and say, "Oh, he will never do that." For these patients we prescribe constant observation. We usually try to have them live in a dormitory where other patients are. We give them all the sunlight and fresh air that we can get. Occupation of some kind is necessary all the waking time. We try to build them up with tonics, cold baths, massage, and electrical treatments. They make the patient feel better if they do nothing else. Walks and games are good if you can get the patient to take part. Our men patients will play billiards, bowl on the green, bowl in the alley, listen to the radio, play bridge or do anything that we can think of to get their minds off their own troubles. Picture shows seem to help them forget their worries. The worst thing that can be done is to let the man sit down and brood and think and think and think. When the patient begins to gain in weight we usually think that he is on the way to recovery.

Another type of case is the Manic type. Usually the Manic cases also have periods of depression, and frequently the depressed patients also have the

Manic phase. The depressed man is slow to think, slow to move and he is depressed. The manic patient is quick to think, quick to move and he is elated and happy. The Manic patient thinks and moves so quickly that he is said to be busy, he is interfering, he is boastful, he is so busy that he cannot sleep. He is interfering in business, he is constantly planning new departures, new journeys and new operations. He has so much confidence in himself that he fears nothing, and he constantly makes an attempt to direct and advise and control everybody with whom he comes in contact. He talks constantly, he moves rapidly and in extreme cases he shouts, fights, and is difficult to control. He has no insight into his condition. He thinks he is better than he ever was in his life, he is not sick, he resents any interference. He shouldn't be in hospital, he has great business to look after, and the funny thing is that even after he gets well he cannot realize that he was really mentally sick. He never seems to get an insight into his own condition. He always afterward blames everybody else and says if they had left him alone he was going along fine, didn't need their advice or their help. These patients also always get well. Three to six months will work wonders with most of these cases. There isn't much that we can do for them except to keep them out of trouble for that time. They fail in weight, because they are so busy they walk all night, they are up and down, and sometimes they are so busy that they don't have time to eat. Nursing care is about all that we can do, feed them plenty and give them fresh air, sunshine and occupation.

Another type of case at one time we used to get many patients suffering from General Paralysis of the Insane, or General Paresis. We often considered that these patients were going to die in a year or two. We did not know anything to do for them. The presence of the Spirochaeta in the brain tissue was demonstrated and ordinary syphilitic treatment was begun. Now there are two or three things done for cases of Paresis. Intravenous injection of some arsenical preparation, there are many of these preparations some are preferred by one, and some by another; infection by malaria, and thirdly, Bismuth-Salicylate intramuscularly, and maybe Pot. Iodide is useful. Anyway, our paretics are not dying the way they used to. All paretics used to stay in the hospital until death. Now practically all paretics recover enough to go home, and we do not hear much more of them. Of course, if the patient has suffered from this disease for a long time and there has been great destruction of brain tissue, there won't be a complete mental recovery. It is too soon to know just how complete the recovery is in the cases of Paretics. Possibly ten or fifteen years from now we will know more about it. Certainly the universal use of the Wassermann reaction and the present practice to treat early Syphilis has lessened the number of paretics that we see. Arsenic and Malaria has changed the outlook of these cases after the disease has developed.

Cases of Dementia Praecox are very common and often not recognized. I do not know that Dementia Praecox is a disease, but it is a group of cases that have similar symptoms. There are a great many of these cases in hospitals, because there is nothing that tends to shorten life and the patients do not recover completely. They may pass through an excited period and get better and go out, but the trouble is still progressing. It is important to be able to recognize one of these cases. One does not have to tell the friends that it is hopeless, but it is just as well not to be too optimistic. This trouble develops in youth. Some have stated that they can even identify it at ten years of age. The chief symptoms that you look for are hallucinations, that is, the

patient hears voices talking when none exist, or he sees visions when there is nothing to see, or he tastes something in his food or he smells something that does not exist. I think most cases of Dementia Praecox have some form of hallucinations. They may not talk about them much, but you can usually get them by enquiring. Delusions of a persecutory nature are often present, but they may be present with any other mental disease. Hallucinations in a young person are very typical. The patient gradually becomes indifferent, loses interest in his appearance, is untidy, careless and unclean. Another symptom that is quite frequently found is mannerisms viz., peculiar actions, grimacing, twisting, walking in a peculiar way. You see these patients in the country village, doing something or dressed in such a way as to be very striking and very different from other people. Around the institution you will see the advanced cases, carrying their arms in funny positions, walking with peculiar steps, following the same pathway, rubbing their hands or doing something that the normal person does not do, and doing it all the time. It seems that the patient has no initiative and he tends to repeat the same thing over and over, in the same way. He may be taught to do work and he will do routine work over and over and over again, but he can't take up new work.

There are different types of Dementia Praecox, but there is no use in trying to go into that. When a young person changes mentally, becomes indifferent, hears voices, has mannerisms, and so forth, you are pretty safe in making your own diagnosis. There isn't much that can be done for them. They have to be taken care of, they will never stand responsibility, they can't take up new work, occupation must be provided that is routine, and simple. Many of these patients are living on farms and going along quietly, but they can't do business, they can't take their part in social life. They are perfectly content to sit about home, to milk the cows or to pitch hay and they take no part in the community life.

Another type of case that must be considered is the Paranoid. There are many of these cases, some may be definitely insane and some are not, but the Paranoid has two definite symptoms that always stick out. First—an exalted idea of his own importance, second, the idea that he is being persecuted or treated unfairly. The two ideas seem to go together. "I think I am very important, very clever, very handsome and I think that other people do not recognize this and do not treat me as they should. They are jealous of me, because I am beautiful, and they are trying to hold me down, because I am so smart. They even go so far as they try to destroy my work, they try to make me unhappy. They try to destroy my character, they tell lies about me, they say I am a sexual pervert." In the early stages, these cases are common. Many people are of the paranoid temperament, inclined to think that other people are knocking them, inclined to think other people never give them a fair deal, inclined to think that other people are spreading stories about them. I have knocked at a house door, a woman would open the door and show by her attitude that she was of the paranoid temperament. You could see it sticking out—"I am just as good as you are, you needn't think you can fool me, I am not afraid of you, I am not afraid to talk out to you, I will let you know I am just as good as you are every time." This is a Paranoid attitude. Only the extreme cases get to the mental hospitals. When a patient thinks that someone is trying to do him harm, and he reacts and attempts to burn the other man's barn, or attempts to kill him, then he is placed in restraint. Many times have I seen

these cases discussed in the Court. A person of a paranoid trend becomes so irritated and excited and exasperated that he reacts and commits a crime. Everyone says, "Oh, he was all right, he was able to do business, he was always cross and surly, but he wasn't insane." It is a very important question to decide then what should be done. The man is a paranoid, he can't change his manner of thinking, he can't control himself when these irritations become too great. There is nothing that can be done. Paranoidal conditions come on gradually, becoming worse and worse, but fortunately their egotism becomes so great that in the end-stages these patients think that nobody can hurt them, they are too important, they can overcome their persecutors, they can control the world, they have become so egotistical that they imagine themselves Kings and Queens and Princes. Flattery is the only way to get along with them. There is no use talking to them. There is no use arguing with them. One can only agree with them and let them get what little pleasure they can out of their delusions.

One other type of mental case that should be considered is the feeble-minded. There has been so much public education along this line that maybe it is unnecessary, but so much of the talking has been done by people who know very little about the feeble-minded question. No one knows exactly where the point is that a feeble-minded person must be placed in an institution. We do know that some people are smarter than others, and we know that some are pretty dull and are still able to get out and take their place in the world. We know that there are three large groups of feeble-minded people.

The lowest group intellectually is the idiot. Measured by mental tests, this group includes those people who never attain the mental age of three years. A child of three years of age will know his father and mother, he may learn to talk, but his vocabulary will be very limited and probably not distinct in articulation. An idiot will learn to walk, he will never be able to dress himself well, he will never be able to keep himself clean in his person, he will never be able to do any form of work. This group is no problem, but must be taken care of the way a baby of two years of age is taken care of. This care must be done at home or in an institution. There is nothing that can be done to improve the condition.

The second group, called Imbeciles, are a little brighter than the Idiots. Their mental age may reach that of a normal child of eight. What can a normal child of eight years do? He can dress himself, he can run around and play, he can talk and take his meals nicely, he can do routine work, he can pile wood, if someone is with him, he can pick up potatoes if someone is with him. He can shovel snow if someone stays with him, but if left alone he soon thinks of something else and forgets his work. He will do anything to be with grown-up people or to do what the big fellow does. A girl wants to dress the way the big girl does. They imitate and copy other people. These people are a great source of worry to their families and to the community, but they are not the source of worry that the third group, Morons, have become.

The Moron measures mentally anywhere from nine to twelve years of age. Remember that the Moron may be a handsome young woman of 22, or a young man of mature years, but mentally he is ten, eleven or twelve years of age. Physically he may be able to do anything, he is able to learn to dress, to do work, to drive horses, plough, work in a factory but when you begin to think of all the possibilities or trouble that would exist if you took a boy of eleven years of age and put him out in the world on his own—his judgment is not

developed, his sense of responsibility is lacking, he is fond of play, his self-control is deficient, his desires are as strong as those of a normal person's, but he cannot realize that these very desires lead him into trouble. These boys recognize that they are not bright and they are anxious to chum with other fellows—the other fellows know that they are a little bit simple and try to get rid of them. These big, handsome, feeble minded, twelve year old boys will do anything for the sake of contact with the grown-up. They hang on to the edge of the gang, they hang around the corners and pretty soon someone for fun coaxes them to do something, steal apples, steal chickens, break a window—they in their childish way think if they do these things it will make a man of them. These boys are made the cat's paw. They commit crimes and others rob them of their plunder. Girls of this age get into trouble. They think it is great to have a fellow, to get out dressed up, and be out late at night, like the other girls. It is wonderful to go for a motor drive, and they do not realize the danger or the troubles ahead. The jails and prisons are full of this type of people who are just a little bit under par. We have a lot of them, and we can't do anything but take care of them. It is a very simple matter to say, "Oh, he knew enough to work in the factory, he knew enough to run around at night, he was always around the streets well dressed and he is responsible for what he did," but he is only responsible to the same extent that a boy of twelve years of age is responsible. There is nothing that can be done about this question, except that it is up to a doctor to know that these people exist. It is up to him to advise the community, there is no use advising the friends that he isn't quite right mentally, because they won't believe you. The other boys in the school know that he is a little bit simple, that he couldn't keep up with his class, that his school work was too difficult. Under proper supervision he could do useful work—the Big Brother movement is a wonderful thing if you can pick out the right boy and get someone to take this boy and direct him and keep him out of trouble. These Morons are a great problem.

I did not say much about Imbeciles, but they are easier problems. The girl of eight years mentally who is well developed, and good-looking, is more easily recognized and more easily taken care of. The nearer the patient becomes to the normal mentally the more difficult it is to recognize his deficiency. The only thing that we can do for these people is to take care of them and forgive them like a child when they do wrong, but try to arrange that they won't have an opportunity of committing that wrong again. Some people are starting schools and organizations for the feeble-minded, but to me this is useless. If a girl is mentally defective, if she is below par, I think that when we can find this out without difficulty, she is safer than if we have educated her until it is difficult to recognize her deficiences. No amount of education will increase her intelligence. I have seen these girls educated until they would appear almost as normal. They could go into society, they could dance nicely, they could sing a little bit, but they couldn't control themselves and they were just as easily made the victims of designing persons and it was harder for us to protect them, because they looked like normal people. Feeble-minded people are children mentally, and should be treated and punished as children are treated and punished.

I have omitted one point that I think is worthy of attention. In treating nervous and mental cases, the doctor cannot be too careful in the use of sedatives. Sedatives do not improve the condition of any patient. They may make it easier to get along with the patient. The use of sedatives won't get

us anywhere, as the dose has to be increased to get the result. I think that many times when a patient is noisy, not sleeping getting out of bed and worrying the life out of his friends, Luminal or Bromides may get him some sleep, but I think I have seen more patients come to the hospital much worse because of the use of sedatives than I have seen them improve by these. Fresh air, sunlight, exercise, massage and hot drinks will usually produce quite a bit of sleep. While emphasizing the danger of these sedative drugs, I may confess that we use them when we can't do anything else.

Summary.

1. Frequency of mental disease—one person in every 275.
2. Causes—Heredity, Environment, and Toxic conditions.
3. Frequency probably increasing slowly.
4. Some symptoms and care of Depressed cases.
   Some symptoms and care of Excited cases.
   Treatment of General Paresis.
5. Some symptoms and care of Dementia Praecox.
6. Three grades of Feeble-minded conditions.
7. Danger of the use of Sedatives.

Whether or no we are as a public better served by having Optometrists affording special treatment or not, may be a question in some minds, but it is not a practical question, any more than this:—Are we any better off because we have doctors? They are here, and we are here. The service we both render tells the true answer to the question. Attention is called to this matter as the press advises us that the Provincial Board of Examiners in Optometry call attention to the fact that there can be no peddling of glasses under the present optometry legislation. It is very necessary that every medical practitioner should embrace every opportunity to advise our clientele and people generally to avoid the itinerant eye specialist. Mr. H. W. Cameron of Halifax, Secretary-Treasurer of the Provincial Board of Examiners, brings this matter to the attention of the public in the daily press of Halifax, as we noted in a recent city paper.

PATENT MEDICINES, IRREGULARS, INFERIORS.

Referring to the cost of medical care, a very vital question to-day, the Milbank Memorial Fund Quarterly *Bulletin* for January, 1933, makes this comment:—

"Meanwhile, perhaps a billion dollars a year spent to preserve or regain health is wasted, according to the Committee, by expenditure on "patent medicines," healers, and on inferior services, and by inadequate use of hospitals and of time and equipment of practitioners."

Medical Education

THE question of medical education is being subjected to considerable criticism to-day, especially in Great Britain, the United States, and Canada, on two scores, namely, its Cost and its Inadequacy.

Cost.

First, to the student. The rapid strides in medical knowledge, induced by research work in all parts of the world, have necessarily enlarged the scope of the medical curriculum so that now, in all our colleges, it is truly overloaded. Consequently, the intellectual burden imposed on the student has been very much increased, while his years of servitude in training have been correspondingly lengthened.

Second, to the parents. Apart from the standpoint of the student himself we ought to contemplate the viewpoint of the parents who, in most cases, must furnish the financial requirements. After a rough calculation of what it costs the fathers and mothers of the members of our Profession to see their sons enrolled on the Medical Register, we cannot but admire their fortitude to encourage such an undertaking. Moreover, there is no doubt, whatever, that this medical economic problem has deprived the country of many students of very high intelligence, and has driven them to other pursuits and occupations where their ability is wasted.

Third, to the patient. Nor is the economic problem confined to the student and those responsible for his University expenses. With all our modern facilities for the education and training of our medical students they are sent out to-day into the professional world considerably handicapped, particularly in the matter of self-reliance. In too many cases they consider themselves incapable of making a satisfactory diagnosis unless they are aided therein by special reports from leading specialists, such as X-ray men and laboratory experts. And so the cost to the patient is increased.

Inadequacy.

And these observations lead to the second complaint mentioned, namely, that the young doctor, on emerging from College and Hospital, finds himself ill-equipped, too frequently, to meet the actualities of his medical calling. He soon realizes that the practice of his profession, outside of a community with hospital accommodation, is very disheartening, if not impossible; and after a brief sojourn in a country district we find him seeking the more alluring precincts of the town or city and thus adding to the evils of over-crowding. One reason why our young graduates are so loath to undertake country practice, where their work is so urgently needed, is the sense of helplessness in the absence of those auxiliaries that were at their disposal while undergoing medical training. The early, rapid, and precise information furnished by the laboratories precluded the development of those powers of observation that were so marked a feature of teachers and students twenty-five and more years ago.

We shall return to the subject in a subsequent issue.

M. D. M.

The Medical Economic Situation

MEDICAL men in Nova Scotia are to-day in the most deplorable financial condition they have ever experienced. It is all very well, as some one recently said, to recall thrilling reminiscences of early pioneer days in medical practice, lost on the ice, in a boat all night, horse back or on snow-shoes, much of it quite unnecessary if good judgment had been used,—but we had plenty to eat and plenty to wear which is more than many of the 1933 men have now.

But the objector has lots to say about the conditions of modern life, etc., etc., *ad nauseam*. But *conditions of life* always existed even in prehistoric days. But if it gives any satisfaction to talk about all such stuff, the fact remains there is an appalling medical economic situation that may be and is, for all we know, world wide. Now, while we stated we were not to blame for the defects in our medical service, after reading an Editorial of the *Bulletin* of the Vancouver Medical Association in a recent issue there seem to be some things we, as a profession, should remedy, that are very vitally connected with these services.

The situation is thus stated as it exists in British Columbia:—

"At the last meeting of the Association, a step was taken which we may hope will be only the first on a road which for a long time has invited us to travel on it; the road to economic sanity and security for the medical profession. This step should have been taken long ago, before it was forced on us by the pressure of circumstances, and before other agencies had begun to act in an attempt to meet the situation which exists. This situation is, briefly, that there are thousands of people who cannot afford to pay for medical care, either at our usual rates, or at any rate at all, and yet need medical care and need it urgently. This need must be met, and up till now has been met by the fact that the medical profession, acting in accordance with the ancient tradition that lack of money shall not deprive any one of medical attention, has been willing to forego its fees for charity's sake, and do the work for nothing.

"But as we have pointed out before this tradition does not apply in the present situation, and our generosity and idealism are being exploited and abused. For in the case of those who are now receiving relief from City or Province, there is money, available for every other need of life—not abundantly but sufficiently. Only in the matter of medical care is money not found to be available—and the medical profession is beginning to doubt the justice of this claim. For they themselves are doing as much as any other citizen to supply money, through taxes, for the other needs spoken of, and in addition, they are expected to carry the whole load of medical care for the indigent, and absorb the cost thereof—paying in addition special taxes, because they are medical men.

"As Dr. Coleman pointed out, it is time that this tradition, which he referred to as ethics, was revised and readjusted, to meet the present-day situation. As a profession, we are willing to do our full share of paying just taxes—as members of that profession, whose traditions we all revere, we are willing to carry on our own individual charity work as we have always done,

for our own patients, who are our friends and our proteges, but we are not willing, emphatically, to put up with unfair treatment.

"And the present method of caring for the indigent is bad in other ways; it is not only bad for us—if it were, we might put up with it. It is bad for the patient, and here we do not wish to be misunderstood. We believe, in fact we know, that the men on the medical staffs of the hospitals are giving of their very best, in time and skill—but they are over-loaded. Last month's record at the V. G. H. (Vancouver) alone was 3,561 consultations in the O. D. department, an increase of more than 1,000 in a year and the list is growing still. We are of the opinion expressed by the British Medical Association, that every family, poor as well as rich, should have its own family doctor, and that this must be the backbone of any scheme of medical care. And some provision must be made for payment—no matter how small, as long as it represents a reasonable fee, fair to both sides.

"We are confident that the profession has taken the right step, we believe that it only awaits sane and reasonable leadership, and that it will folllow this as a unit. And here we would again plead that no man try to solve this problem individually. We must act as an organized and coherent body or we shall meet disaster. The eastern provinces are in advance of us in this matter, in Ontario they have already secured much, and in Manitoba they are very active; we can learn from them, and work with them.

"We do not propose here to offer any solution—this must be arrived at by concerted action on the part of the whole profession. The indigent patient is only part of the problem, we must also consider the poor, who could pay something but not all. It is merely that the camel's back has been sagging slowly but surely, and the indigent problem has only been the last straw. But now the whole question should be faced, and faced by a united profession."

S. L. W.

(The fear of work has been classified as a disease by medical men, I read).

Treat with scorn those symptoms morbid,
That disturb the breast,
Banish languid thoughts that forbid,
Energy and Zest
Having heard the diagnosis.
Forcibly expressed,
Here's the cure in daily doses—
"Never mind the rest."

Isn't it True.—"Aren't women the limit," growled one doctor. "We husbands don't know anything at all and our wives know everything."

"Well, there is one thing," said the one addressed, "there's one thing my wife admits she doesn't know." "What on earth is that?" "Why, she married me."

Dalhousie University 1931-1932

SOMEWHAT belatedly the 1931-1932 Report of Dalhousie University has been issued, that is the Report of the President, Prof. Carleton Stanley. There is so much of concern in this report of matters relating to the Medical School and kindred topics that we venture to quote rather extensively from its pages.

"In the Medical Faculty I have listened to much interesting discussion on the advisability of special training of abler students in scientific technique, and for the inculcation of the scientific outlook. Many of the medical professors are seized of the vital importance of having some of their graduates continue in the scientific groove, and retain their interest in research after they begin practice. To this end, they feel, a new grouping of courses is desirable for certain select students. They have explored the possibilities of encouraging such men by offering them a B.Sc. Degree in addition to the Medical M.D. Degree. Mention has also been made of the desirability of giving only the M.D. Degree to the ordinary medical student, and reserving the C.M. Degree for such special students. The discussion has not yet concluded."

(As we pass along might we be permitted to comment at times?) One might here ask the question as to what claim students, who did some special scientific research into purity of water or the Wasserman reaction, should get a C.M. Degree?

"I very much regret, as I know the Governors regret, that we have been obliged to raise the fees in all the faculties. It consoles us a little to know that other Universities have been obliged to do likewise... It costs Dalhousie several times as much to train a student in most of our Faculties as the student pays. But we all realize that there are a few excellent students in our midst who are prevented from further intellectual pursuits solely by their inability to pay the University fees. These students we are most anxious to have. In this respect we have made an excellent beginning this year, by securing the four new scholarships."

The BULLETIN greatly regrets that it has not until now made suitable reference to this annual report that is of such vital interest to the people of these Maritime Provinces. There are many matters mentioned in the report of the President of general interest but we can refer only to a few mentioned in connection with the Medical College.

"I have sometimes wondered whether it is sufficiently realized what amount of good we are doing, directly, for the community in the Public Health Centre. No other University, so far as I know, attempts anything of the kind. The load we carry there is very considerable and prevents our doing other things as well as we should. And so I venture here to call attention to the fact that the city of Kingston has recently given to Queen's University $150,000. Kingston is about one-third the size of Halifax, or less. A proportional gift from Halifax to us would enable us to put the Public Health Centre on a good footing for all time to come, and would lighten our anxieties in many directions."

(We regret that this quotation is headed "A Special Burden." We are inclined to state very positively that, as far as the Medical College is con-

cerned, the Dalhousie Health Centre is one of the chief assets the College has. If any mistake has been made in its endowment we think it must be placed upon the shoulders of those who were especially interested in the administration of the so-called Massachusetts Relief Fund before it was finally closed. If we are wrong in this we shall be glad to be corrected and will make proper amendment).

The BULLETIN would wholly endorse this sentence,—"In those parts of the Report which follow I have been greatly assisted by Miss Joyce Harris and others of the office staff." To this we give most cordial support for they have always been kind and considerate to us when we asked for their assistance.

Changes in the Staff. We quote as regards the Faculty of Medicine: "Dr. W. H. Hattie, M.D.,C.M., (McGill), F.R.C.P.,(C), Professor of Mental Diseases and Lecturer on Hygiene 1911-12 to 1921-22, and Assistant Dean of the Faculty of Medicine and Professor of Hygiene and Public Health, and of Mental Disease, since 1922, died on December 4th, 1931."

"The following members of the staff retired:—

Dr. John Stewart, C.B.E.,M.B.,C.M., (Edin.), LL.D., (Edin., Dal. and McGill), F.R.C.S., (Edin.), Professor of Surgery since 1912-13, and Dean of the Faculty of Medicine since 1919-20.

E. V. Hogan, C.B.E.,B.A., (St. F. X.), M.D.,C.M., (McGill), M.R.C.S. (Eng.), L.R.C.P., (Lond.), R.R.C.S.(C), Professor of Surgery and Clinical Surgery since 1912-13, and Head of the Department.

W. B. Almon, M.D.,C.M., (Dal.), F.R.C.S.(C), Associate Professor of Obstetrics since 1911-12.

"In October, 1931, the following appointments were confirmed: Dr. N. B. Dreyer, as Professor of Pharmacology; Dr. Donald Mainland, as Professor of Anatomy; Dr. R. F. Ross, Assistant in Anatomy to be given the rank of Assistant Professor; Dr. C. W. Holland, as Demonstrator in Anatomy for the session 1931-32; Dr. A. E. Murray and F. C. MacIntosh, B.A., as Assistants in Biochemistry.

"In the Spring of 1932 the following appointments were made:—H. G. Grant, M.D.,C.M., (Dal.), F.R.C.S.,L.R.C.P. (Lond.), a Lecturer in the Faculty of Medicine from 1919-20 to 1924-25, to be Professor of Preventive Medicine and Dean of the Faculty of Medicine; A. L. Murphy, M.D.,C.M., '30, to be Demonstrator in Clinical Surgery; F. A. Minshull, M.D.,C.M., '30, to be Anaesthetist at the Children's Hospital; R. W. M. MacKay, M.D., '28 to be Demonstrator in Mental Diseases; F. C. MacIntosh, M.D., '32, to be Demonstrator in Pharmacology."

The bulk of this report now concerns itself with matters that specially concern the medical profession, therefore we give it *verbatim*, forthwith.

The Dr. W. H. Hattie Prize in Medicine.

"The anonymous donor mentioned in the last Report, who has offered a prize of $25 to the student of the fourth year of the Medical School who reached the highest standard in Medicine and Therapeutics was recently discovered to be the late Dr. W. H. Hattie.

It has since been announced at a meeting of the Faculty of Medicine that a Committee of Medical professors have undertaken to secure the permanent endowment of this Prize, which is to be called "The Dr. W. H. Hattie Prize in Medicine."

Students' Health Service.

"The following report has been made by Dr. C. W. Holland, who, since last December, has had charge of the Students' Health Service.

A Students' Health Service was announced in the Calendar for the session 1931-32. On one or two occasions in the past students had been given a physical examination at the commencement of the Fall term, but nothing in the way of a health service had been offered them. It was decided that the Service would provide for the following:—

1. A medical examination at the beginning of the session.
2. Such consultations, at the Public Health Clinic, as might be necessary during the session.
3. Such medicines (except antitoxic sera, insulin, and other unusual preparations) and dressings as might be prescribed.
4. Necessary hospitalization (public ward), for a period not exceeding five days in the case of any one student. Women students requiring hospitalization were to be cared for, if practicable, in the Infirmary of Shirreff Hall.

The late Dr. W. H. Hattie, Assistant Dean of the Faculty of Medicine, was placed in charge, and it was due largely to his untiring efforts that the Service was organized and in readiness when the Autumn term opened. Members of the Attending Staff of the Public Health Clinic were selected to conduct the examinations and to serve as consultants at the Clinic. Women students were examined at Shireff Hall, men students at the Clinic. Examinations were so arranged that no interference with class attendance was necessary."

Routine Examinations.

Arts and Science		Law	Medicine	Denistry	Total
Men	Women				
440	217	63	113	22	855

As a result of the routine examination, it was deemed advisable to refer a considerable number of students to specialists for further investigation.

Referred to Specialists for examination of:—

Lungs	Heart	Eye, Ear, Nose and Throat	Other Conditions	Total
28	21	51	7	107

The large number of impairments reported was rather startling. The following have been selected as the most important:—

Organic pulmonary disease—total 30: Active T. B. 1; Arrested (inactive) T. B., 9; Acute Bronchitis, 3; Asthma, 1; Evidence of old Pleurisy, 13; other abnormalities, 3.

Organic heart disease—total 17; Aortic Regurgitation, 2; Mitral Regurgitation, 12; Mitral Stenosis, 3. (56 students had functional cardiac conditions).

Abnormal Blood-pressure—15 students had a systolic pressure persistently above 140; of these, 6 had definite hypertension.

Abnormal Urine—Persistently abnormal—total 15; Diabetes Mellitus, 3; Renal Glycosuria, 1; Renal Disease, 2; Albuminuria, 9.

Eye, Ear, Nose and Throat: Requiring glasses, 7; requiring other treatment for eyes, 2; requiring treatment for ear trouble, 3; requiring

treatment for nasal trouble, 20; requiring treatment for throat trouble, 36; Tonsils removed during the session, 7.

Others required treatment for skin disease, varicose veins, hernia, posture, etc.

In many instances the student was aware of his impairment, while in practically all of the others, the student was appraised of it and given advice either by the examiner or by the Medical Director. It was interesting to note that the state of health of the women students was apparently much better than that of the men. The follow-up in connection with reported abnormalities necessitated the interviewing of 238 students by the Medical Director. The personal interview proved to be more satisfactory than noti ication by letter. One of the diabetics was previously unaware of his condition, while another student, at first thought to be a diabetic, was found to have renal glycosuria.

During the session four men students were found to be suffering from active pulmonary tuberculosis and were sent to their homes. One of them was able to return in time to complete his year.

Consultations at the Public Health Clinic.

Medical	Surgical	Skin	Total
73	73	11	157

Prescriptions dispensed	83
Dressings required	17
Special Laboratory tests	8
X-ray examination of lungs	6

Students were first interviewed by the Medical Director before being referred to a physician or surgeon.

Hospitalization.

During the session 14 students were referred to hospital for treatment (exclusive of women students treated in the Infirmary of Shireff Hall).

It would appear that the results of our first year's experience with a Students' Health Service justifies its continuance. The primary object in establishing the Service has been achieved, namely,—directing the attention of the individual student to his or her state of health. A large number, impressed with the obvious necessity of good health, have followed advice and taken the proper steps to correct their physical shortcomings. Many letters and comments have been received from grateful parents commending the Service. The large number of physical defects discovered in our students has been a startling revelation which should serve to spur us on to greater effort in dealing with or preventing them.

The success of the Students' Health Service during the past session has been due largely to the kind assistance and co-operation of the Attending Staff of the Public Health Clinic, to whom the University is indeed grateful."

Graduate Medical Clinic.

For the tenth year in succession the late Dr. Hattie arranged for a Refresher Course for the provincial members of the Medical profession, in which many of the members of the Medical staff assisted and presented lectures. The course was given from September 7th to 11th, 1931, inclusive, and was well attended.

Nomination of Medical Officer for C. G. S. "Arras."

Alexander Gordon MacLeod, M.D.,C.M., '32, has been appointed as Medical Officer to the hospital ship C. G. S. "Arras."

Since December, 1930, this appointment has been in the gift of the Board of Governors of Dalhousie University.

Obituary.

Dr. W. H. Hattie, M.D.,C.M.,F.R.C.P., Professor of Mental Diseases and Assistant Dean of the Faculty of Medicine (1922-31), died on December 4th, 1931.

Many tributes were paid in Medical Journals and by the Press to Dr. Hattie's distinguished career.

A memorial service was held at St. Matthew's Church on December 7, 1931. A large number of members of the University and of the student body attended the service, and marched in the funeral procession. On behalf of the University, President Stanley delivered the following address at the Church:—

"We are gathered to-day to do the last tangible honor, which it is possible to do, to a friend, a colleague, a teacher, a healer, a most loyal and lovable gentleman. Most of you who are assembled here, knew Dr. Hattie a much longer time than I. And yet in four months I have learned to appreciate his qualities, and so though it falls to me, on behalf of Dalhousie University, to utter the eulogy that many would fain utter, and which others would utter more worthily, I find no difficulty in testifying to the great service which Dr. Hattie steadily did for the Medical School and the University at large, and to the extreme sense of loss which all of us have at the moment.

"Many men are vague in outline, hard to place, difficult to assess. But the men who do the day's task and carry the world forward have a way of being simple, straightforward, transparently clear as to motive and purpose. So it was with our friend, Dr. Hattie. If he had one fault, it was an excess of modesty. And yet in these days of self-advertisement, it was a joy to find a man who was not confident and certain about his own powers. About other men he stated himself more precisely, but always about what the man could do, and had done, never about his failings. He was Scotch and critical, and just, yet he grasped clearly the essence of human wisdom, which is to seize on what is possible, and lose little time over the difficulties.

"What struck me, when I first met him, was his loyalty, and it has never failed to strike me clearly as I got to know him better. He made no parade of it, but the spirit of it shone through him in word and action. He was loyal to Dalhousie and its Medical Faculty. The first thing he said to me was: "You may think Dalhousie has a small Medical School compared with other universities you know, but there is good stuff here, and we are making excellent progress." He went on to praise the work of my predecessor, and to tell me how the Medical School had grown under his regime. Of Dean Stewart he spoke with affection, and even reverence. In a later conversation, it transpired that he was a graduate of the University from which I had just come. In every word of reference to it there was the same breath of loyalty.

"I think that all of you here, who knew him, will agree about this characteristic of his. Perhaps, I may add that he showed a surprising loyalty to me. He seemed to be aware in a strangely sympathetic way of my difficulties in grasping all the necessary threads, and he most unselfishly went out of his

way to save me from possible mistakes and misapprehensions. In particular, he took delight in acquainting me with the men I should have to work with. As I met them and saw their bearing to him, I understood fully why the onerous duties of his office, as Assistant Dean, of the Medical Faculty, had fallen on his shoulders. He knew his colleagues intimately and seemed to draw each man out on his better side. He knew all the students just as personally, and took a fatherly interest in them.

"To-day we speak of it all as in the past, but his work continues and will continue; and indeed the efforts he made in a formative and difficult period will have a multiplied result in the days to come. Dalhousie University will cherish his memory."

The Retirement of Dean Stewart.

A notable break with the past occurs in the resignation of Dr. John Stewart, C.B.E.,M.B.,C.M.,LL.D.,F.R.C.S., Professor of Surgery since the session of 1912-13 and Dean of the Faculty of Medicine since 1919.

Dr. Stewart is one of Dalhousie's famous men. He was assistant to the great surgeon and discoverer, Lister. He turned his back on a golden career in Europe to serve the cause of healing and of science in this Province and in Dalhousie University.

He was Officer in Charge of Canadian No. 7 Stationary Hospital, with the rank of Colonel. Last November his fellow-officers and comrades presented him with his own portrait in oils, the work of John Macgillivray of Halifax.

Warm tributes to his distinguished career and to his greatness as a man have been paid in the local press and in Medical Journals during the last few months, but it may be doubted whether Dr. Stewart prizes any of these more than the spontaneous ovation which professors and students gave him at the recent Convocation ceremony, when for the last time as Dean he presented the Medical graduates for their degrees."

Sundry Items of Information.

G. M. Morris, M.D.,C.M., '28, who has spent two years as Health Administrator at Gallatin, Tennessee, has been awarded a nine months' scholarship in Public Health at John Hopkins University, Baltimore.

Under the will of the late Dr. Leonard M. Murray, of Toronto, a former Professor of Medicine of this University, the Medical School of the University has been named, in certain contingencies, a participant in the division of the residue of the Estate.

In the will of the late Dr. Hattie provision was made for a substantial bequest to the University, to be paid on the death of Mrs. Hattie.

From Dr. S. J. MacLennan, Halifax, gift of $50, for the Classics Department of the Arts Library, as last year.

From Dr. F. P. Keppel, President of the Carnegie Corporation of New York, a telescopic photograph of the nebula in Cygnus.

From the Provincial Medical Board, through the late Dr. Hattie, a sum of $100.00 for the Medical Library, to "be expended in the purchase of such books prescribed as texts for medical students as are not already on the shelves of the Library," or, if not required for this purpose "for the purchase of books useful to clinicians."

From Dr. George D. Stewart, New York, a photograph of himself.

From Dr. W. W. Chipman, Montreal, an autographed photograph of himself, to be hung with the other Medical LL.D. photographs.

Publications by Members of the University:—G. R. Burns, M.D.,C.M., "Heart Conditions simulating acute Abdominal Symptoms." *Can. Med. Assoc. Journ.* 1931, Vol. XXV No. 4, p. 424.

C. W. Holland, B.A.,M.D.,C.M., "Limitations of the Electrocardiogram as an Aid in the Diagnosis of Coronary Occlusion." (With S. A. Levine,M.D.) *New. Eng. Jour. of Med.*, Mar. 17, 1932.

Prof. R. A. H. MacKeen: "Bacteriophage," N. S. **Med. Bull.**, 1932, Vol. II.

Prof. D. Mainland, "The volumes of ferret ova, with special reference to the methods of determination." *Anat. Record,* 1931, Vol. 50, pp. 53-831 "The early development of the ferret; the cytoplasm." *Journ. of Anat.*, 1931, Vol. LXV. pp. 411-426. "The connective-tissue nuclear density of human ovaries." *Anat. Record,* 1931, Vol. 51, pp. 107-118. "Nuclear sizes in the endothelium of the body of the human uterus in malignant and non-malignant diseases and in health." *Anat. Record,* 1932, Vol. 52, (Supplement: Abstracts of papers for 48th annual session of the American Association of Anatomists.) p. 67.

Hon. George H. Murphy, M.D.,C.M.,F.R.C.S., "Evolution of Public Health." *Dal. Rev.*, 1932, Vol. XII, No. 1, pp. 47-59.

R. F. Ross, B.A.,M.D.,C.M., "A Quantitative Study of Knee Joint Rotation in Man." *Anat. Record,* 1932, Vol. 52, pp. 209-223.

S. L. W.

"It can be said that the administration of mental hospitals in Canada, generally, is on an efficient basis. But it would be too much to hope that patronage and other evils incidental to political control are entirely absent. Many medical hospital superintendents could tell, if they would, of incompetent personnel forced upon them through patronage. This is not the only defect of political control; and there is little doubt that the best interests of the mentally afflicted would be served if the hospitals could be more completely divorced from direct political control and placed under suitably appointed commissions.

The greatest safeguard, however, is an alert and informed public opinion. Even under the most direct political control, many of the worst evils could be eliminated if those in control were convinced that any failure on their part to provide the best possible care and attention for the mentally afflicted would be resented and avenged by the electorate at the earliest opportunity."

A teacher in a north end School in Halifax was recently instructing a class in the use of phrases. She wrote on the blackboard the words, "Nota Bene". She asked what was meant, and after some time a small boy replied, "please, Teacher, it's what father says when mother asks him if he's got any money."

A Surprise. "I want to see the doctor," said the pale faced man. "Do you think you could come to-morrow," said the sweet young thing, who answered the door? "Why isn't the doctor in?" "Oh yes, but you're his first patient, and to-morrow is his birthday and it would be so nice if we could manage to give him a surprise between us, wouldn't it?"

"It is very bad to drop off to sleep propped in a chair," warns a doctor. Especially if the fellow telling the story happens to be a bit touchy.

The Cost of Medical Care

An Editorial in the Canadian Medical Association Journal of February, 1933 *by Dr. W. Harvey Smith.*

The Report of the Committee on the Cost of Medical Care.

"The Committee on the Cost of Medical Care has laboured and brought forth a report of extraordinary interest and authority, that marks the culmination of a five-year survey and an intensive study of the organization and cost of medical services.

"The regrettable, but not surprising, feature of the report is that it is not unanimous, and that a wide divergence of viewpoint exists between the main body of the Committee representing institutions, social interests, public health, social sciences and the public, and a minority group representing, practically, the American Medical Association. The majority report is signed by seventeen of the twenty-five physicians on the Committee, and by thirty-five of its total membership of forty-eight. Of the group of nine who approve the minority report, eight are physicians.

"The Committee was established under the auspices and with the financial backing to the extent of almost a million dollars, of several of the great educational and elemosynary institutions of the United States, including the Rockefeller and the Carnegie Foundations and the Julius Rosenwald and Milbank Memorial Funds. The premise on which the Committee carried out its study was that a vast amount of unnecessary sickness exists and thousands of preventable deaths take place, and that, though the medical profession has made enormous advances in knowledge and institutional resources, many people are not getting the service they need because the cost is often beyond their means and in many parts of the country is not available.

"It may be assumed that conditions relating to the practice of medicine in Canada are analogous to those prevailing in the United States, and that the facts, figures and conclusions represented by the Committee are applicable to the Dominion. Canadian physicians should therefore study with particular care the recommendations made, some of which are certain to arouse wide differences of opinion and heated argument among medical men because of their radical character. The recommendations are based on twenty-six reports on fact-finding studies, made by trained investigators, and many contributions by collaborating agencies.

The main features of the majority report are:—

1. That medical services of all kinds, with the exception of those generally recognized as coming within the province of governments or communities, should be furnished largely by organized groups.
2. That all basic public-health services should be available for the entire population according to its needs.
3. That costs should be placed upon a group-payment basis, through the use of insurance or taxation.

The dissenting minority group maintain that "Centuries of progress in the conquest of disease give us confidence that the individual and not the group should remain the unit of practice in medicine."

"*The Journal of the American Medical Association* opens a vigorous attack against the group-practice plan, by characterizing it as medical care by "Medical Soviets," and "Incitement to Revolution," and strongly supports the minority recommendations that "The corporate practice of medicine, financed through intermediary agencies, be vigorously and persistently opposed as being economically wasteful, inimical to a continued and high quality of medical care, and an unfair exploitation of the medical profession."

"The views of the Committee on providing medical care for indigents are interesting and timely, both majority and minority reports stressing the responsibility of the public to supply and pay for medical services for this class by distributing the cost over the rest of the community, according to ability to pay.

"A dissenting statement is included in the report by a Professor of Law in Yale University, who maintains that, though forward-looking and constructive, it "falls short of an adequate attack on the problem of medical care." He asserts that if medicine is to uphold its high and unselfish traditions of service in an industrial world dominated by business the acquisitive motive must be eliminated from practice by keeping physicians and patients out of business; that compulsory health insurance is the very minimum the Committee should have recommended; and that the venerable principle of medicine, "To each according to his needs, from each according to his ability to pay," should be adapted to meet modern conditions.

"The foregoing are a few of the cardinal features of the report. That the recommendations of the majority group will be accepted as of immediate applicability by any considerable number of physicians engaged in private practice is doubtful, but one may not be far astray in predicting that, in the light of present day dissatisfactions and developments, the medicine of the future will increasingly follow the group-payment and service plan suggested. The wide-spread interest manifested by the medical profession and the public in medical organization and economics, as evidenced by a deluge of books, reports and newspaper articles on these subjects, suggests that ground may exist for the criticisms that prevail so widely of the system under which medical services are offered and paid for at the present time, and that a reappraisal of the principles relating thereto might well be undertaken by organized medicine.

"The majority report of the Committee on the Cost of Medical Care, endorsed by such a large proportion of its members, including many able and judically-minded students of social and economic conditions, together with the ever increasing control of medical service by governments, municipalities, and charitable and business organizations, indicates that medicine is slowly but surely losing direction of its economic destiny. The reason is not far to seek. The physician, preoccupied with the burden of practice, has little time to devote to the complicated problems of medical organization and economics. Even in the field of medical licensure and education, over which medicine has statutory control, his representatives have done practically nothing to ensure high standards of specialization and to protect the public from ill-qualified practitioners. Is it surprising, therefore, that, to cite but one example, Compensation Boards are commencing to look not unfavourably upon the selected panel system as an assured method of limiting periods of disability in accidents, through provision of the best medical skill obtainable, or that the report of the Washington Committee recommends important

departures from the time-honoured method under which medical care has been supplied in the past?

"The failure of the Committee to reach unanimous conclusions may prove a blessing in disguise, as it will result in wide discussion and the consequent clarification of issues that are vital and difficult to solve. One thing, however, seems certain, that, unless medicine meets the challenge of the times, governments, communities, and profit-seeking organizations will obtain the business direction and control of practice, and the will of the self-seeking politician and the social-service visionary will prevail, which will not be "a consummation devoutly to be wished." But, even though the recommendations of the Committee may be received with disapproval or active hostility by many physicians, the twenty-six published surveys and studies upon which the report is based should prove to be a mine of information and of great educational value to the medical profession and of material assistance in solving the problems of medical economics and organization that are such a vital issue in the world to-day."

Signed, W. HARVEY SMITH.

December 6, 1917. For many people in Halifax this date stands out as one that brought greater sorrow to the City than ever in its history or that of many a city of far greater population. There was one feature of this tragic event that few people realize. There were hundreds of men in England and France on that date who were vastly more concerned about the lives of their friends and families at home than they ever were about their own chances in the next Advance. It was pathetic the way many of these, on that and the following day, came to the Unit Orderly Room to get the latest word. It was something to the credit of the Army Administration that, while much telegraphic information was witheld at this time, every item that referred to the friends of members of the Overseas Forces was passed to every Unit in France as soon as received. At No. 1, 2, and 3, General Hospitals in France this was very greatly appreciated, as it was in the many Combatant Units. Perhaps to us this event stands out equally with November 11, 1919.

Now the latest fad in clothing is to do away with pockets. A London Medical authority states "that pockets are really intolerable germ spreaders is agreed by experts." Well we disagree. A lady may use her stocking but a man must have pockets and moreover, what in H......is the use of being a Boy if you have no Pockets?

Newspaper Obituary. "Mrs. E. Q. recently passed away, death caused by plural pneumonia." Perhaps not so far wrong as may at first sight appear.

They Will Read Newspaper Health Talks.

Friend:—"I understand your wife is quite ill?"

Husband:—"Yes, she had a slight cold, tried to cure herself by reading a daily health hint in the newspaper and is suffering from a typographical error."

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.

CANADIAN GODFATHER OF BROADCASTING.

THE General Secretary of the Canadian Medical Association has forwarded to the General Secretary of the Medical Society of Nova Scotia a recent number of the *Weekly Bulletin* issued from the Canadian High Commissioner's Office in London. The quotation we are about to give bears this side note from Dr. Routley:—

"This is advertising. Thought you would be interested in it from this source."

After referring to Sir William Mulock as the Godfather of Broadcasting, the BULLETIN goes on to say:—

"In 1902 Marconi came to America eager to put his ideas to the supreme test of wireless communication across the vast reaches of the Atlantic. Such a test demanded a considerable sum of money, and in the United States his endeavors met with no response. Then he came to Ottawa, and went to see the Postmaster-General of Canada, who was at that time the Hon. William Mulock.

"The possibilities of the invention appealed to the imagination of the latter, and though most of his colleagues in the Laurier Administration were skeptical he, in his forceful way, persuaded them that it was worth while spending a little money of the national revenues on an experiment which might prove epochal. With some difficulty he converted to his views the Hon. W. S. Fielding who, as Minister of Finance, held the purse strings, and persuaded him that *Nova Scotia would hold a lasting place in history* if the first wireless communication from *this side of the Atlantic were sent from the shore of that province*. The result was the construction of the first wireless station in North America at Glace Bay, Cape Breton, in 1902.

"At that time Sir William, as father of Imperial penny postage, had immense prestige with the Postmaster-General's Department of Great Britain, and there was no difficulty in securing its co-operation in the form of the construction of a corresponding wireless station in Ireland. Thirty years ago the experiment of wireless transmission proved an immediate success, and the 80,000 dollars which Canada spent on the Glace Bay station, at the instance of Sir William, was a leg up in a crisis for which Marconi has never ceased to be grateful."

A WELL-TIMED GIFT.

While a period of financial depression, such as we are having at the present time is universally regarded as an indication for economy, retrenchment and lessened production, there is one line of activity that should not be hampered by this general law. It is universally recognized the world over that the

health of the nation suffers in these times to a much increased extent. Not only does this apply to actual conditions during the depression period, but it is felt for a number of years after and, probably, for the entire coming generation.

Briefly speaking the physical effects upon individual health last for more than a generation. It would, therefore, be the part of wisdom to make wise health investments in health matters at times like the present. We do not say that extra investments in Health Work at such a time as the present will lessen expenditures in the future, for the more we accomplish along this line the more we will see where further progress can be made. But, *we do say*, that additional expenditures in Public Health Work at such a period of depression will enable the public, in the future, generally to finance the health problems of Nova Scotia with less demands upon the Provincial Treasury than would otherwise be necessary. The time to invest is when prices are at the bottom. If the Health Department invests now it will be obviously looking towards the future when they will have no increase of positi ely necessary expenditures when prices are again up in the air.

This preamble is lengthy compared to the brief announcement that the Halifax-Massachusetts Relief Commission is again supporting the Dalhousie Public Health Clinic. An Editorial note in a recent Halifax Daily reads as follows:—

"When the Halifax Explosion took place on December 6th, 1917, the Massachusetts-Halifax Relief Committee gathered up assistance without a moment's delay and on the morning of the 8th the train came steaming into Halifax with a corps of nurses and doctors and emergency supplies—a service which will never be forgotten as long as Halifax endures. When the emergency was over, with monies on hand, the fund was applied to the work of The Massachusetts-Halifax Health Commission, which was created for the purpose.

"When the Public Health Clinic was organized under the auspices of Dalhousie, it co-operated with the Massachusetts Commission. When the Massachusetts Commission closed its work it was carried on by the Clinic, which finds the work taking its resources beyond its strength. The gratifying announcement has just been made that a gift of $13,598 has just been made by the Massachusetts-Halifax Relief Commission to the Health Clinic, which is to be used as endowment and the proceeds from it to be devoted to the purpose of the Public Health Centre. It is a timely and much appreciated gift."

We have heard very many more or less slighting remarks made by those who were very critical of the general procedure of those who were directing the work of the Halifax-Massachusetts Health Commission, but none of it, as far as we can see, has detracted to any extent from the good work that has actually been accomplished. Then on top of this comes this further support of the Clinic made possible, in the first place, from this particular source. It is very necessary for all friends of Dalhousie Medical College to realize the importance of the Clinic from the medical education point of view. Our congratulations are therefore due the Clinic on this well-timed gift. Surely now we can stand on our own feet!

S. L. W.

MUNICIPAL COUNCIL ORATORY.

From a perusal of the press in this Province, and we presume the same is true elsewhere, the members of the medical profession who address the Municipal Councils either as Councillors, Health Officers, or in any capacity, should always remember one or two things in regard to their presentation of the matter which they are presenting or discussing.

In the first place there is always present the official Council Reporter and at his heels the representative of the local or city newspaper, sometimes one, oftener two or more. None of them can give a full and accurate record for obvious reasons, so they endeavor to touch upon the high spots or spectacular features of the address. Quite likely your ideas of this do not agree with what they have made you say, but from their reports, you have said it.

In the second place their copy goes to one or more newspapers, where another party, after a hasty glance over, to determine its nature and amount of space required, further increases trouble by writing, very often, the most unsuitable head lines. This head-liner is well aware that many people read their paper, mostly referring to dailies, as if head lines were a table of contents and they select what they wish to read. So it comes that this class of writers must make them as eye-catching as possible.

Then in the third place the reading public gets its first impression from the headlines and reads the item from that viewpoint. Oftentimes, then, after reading he is still in the dark as to what the speaker really did say.

As a case in point, a medical Councillor was speaking on the question of a grant, so that children needing tonsil and adenoid operations might have them *performed in hospitals rather than at their homes*, when the Reporter thus makes the Doctor say,—"Certainly the hospital would be vastly better, but he had found many children, who were greatly frightened at the mere mention of a hospital, but were perfectly quiet and content on the old kitchen table... It would be much more economical in the end to have the cases looked after locally than pay several days' expenses at the hospital."

Then by the time the item reaches the Public it bears a heading,—"*Says Kitchen Table Best for Operations.*" Even the general rank and file of the newspaper reading public know better, but that striking headline remains in their minds; which ought not so to be. So this is just a word of advice to the doctors interested to always know just what the reporter and the head-line writer will make you say. What they report settles the question—no matter what you really did say, or had in your mind to say.

S. L. W.

The Soviet Government, it is stated disapproves of card games. Is it because only half the pack is red?

It was only Natural. For the coffee blender to buy a house standing in its own grounds.

"Take off your clothes, get in your bath, and what do you hear?" The telephone bell starting to ring in the hall.

"What causes ice to thaw," asks a correspondent. "Me getting my skates ready."

Spread the Risk is Advice to Investors

"Believe me, no.
I thank my fortune for it.
My ventures are not in one
Bottom trusted, nor to one place:
Nor is my whole estate
Upon the fortune of this present year;
Therefore, my merchandise makes me not sad."

(Scene 1, Act 1, Line 41—"The Merchant of Venice.")

So answers Antonio to Salarino, in the lines written Four Hundred Years ago by William Shakespeare.

A. D. 1933—Act 1.

Scene—Broker's Office.

Enter—Doctor.

Doctor "If you were asked what lessons, investors learned during the slump in the price of securities, what would you say was the outstanding moral?

Broker "There are many lessons to be learned from the experiences of the past three years, but I think of one, particularly, that should be remembered."

Doctor "What is that particular one?"

Broker "The cardinal principle of diversification. It would be difficult to find any investor who purchased securities during the past four years, who to-day could realize the purchase price. The science of investing is far from perfect. The one avenue of safety is spreading the risk in an investment programme. If an analysis was made of anyone's holdings, the degree of shrinkage depends to a large extent on the distribution of risk."

Doctor "How should one plan an investment programme and yet feel fairly safe, that is, be assured of a steady income and not lose the principal?"

Broker "There are as usual a number of serious 'don'ts.' Venturesome investors must consider the law of averages. Experience is a great asset and will prevent many mistakes. The trouble is that most people do not know a good investment from a poor one."

Doctor "What is a rule one should consistently follow?"

Broker "Know how much risk one can take and then minimize it as much as possible."

Doctor "For instance?"

Broker "After one has acquired a proper proportion of Government, Provincial and Municipal bonds, the utmost care should be exercised in the purchase of any other, such as Public Utility and Industrial bonds, preferred and common stocks.

Doctor "Applying the theory of diversification, what amounts of these should one have?"

Broker "Say if 60 per cent. of one's investments were in other than Government, Provincial and Municipal bonds; roughly, 20 per cent. in Public Utility bonds, 10 per cent. in Industrial bonds, and 30 per cent. in preferred and common stocks. There are many corporations which have no other form of capital than their common stock, so in a sense, representation in an investment portfolio would have to be in its common stock."

Doctor "Is this the meaning of spreading the risk?"

Broker "This is the first step in that direction. A number of investors get this far but overlook the most important principle. For instance, suppose $10,000 was invested in Industrial bonds. The plan of diversification must follow all the way through. One must select different companies. Obviously, the purpose is defeated if one bought one, two or three lots of different bonds of one industry. Owners, at the present time, of bonds in different Pulp and Paper companies, now realize that adversity usually affects all engaged in one industry. The proper procedure would be ten or more bonds representing a cross section of the essential industries. Owning a $500 or $1,000 bond of one company limits the risk to that sum per Company, and only represents 5 or 10 per cent. of the funds placed in industrial bonds.

Diversification is insurance against errors in judgment. No individual's judgment can be 100 per cent. correct. Diversification to some extent atones for inevitable errors.

"If this plan was strictly followed, all down the line in preferred and common stocks, it is doubtful if any great proportion of the grief suffered to-day by many investors, would have been necessary."

"A lot of things are coming through in my greenhouse now," says an amateur gardener. And in mine too—including a football from next door.

Obviously. I can't imagine why so many people go skating immediately ice forms, says a writer. Well, it wouldn't be much use going before it formed.

Lingering On. "The plumber joke has been with us too long," states a writer. So has the plumber I called in last week.

Artful. A woman told the magistrates that she could not get rid of a dishonest maid because she pretended to be very ill in bed. She would not sit up and take notice.

Sent Packing. A woman novelist says that we shall soon see the last of careless and dishonest housemaids. I know a lady who saw the last of one the other day.

In the Dark. "Tunnels," says a writer, "are wonderful engineering achievements." I never could see much in them myself.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

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

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

SPECIAL DEPARTMENTS

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

MEDICAL HEALTH OFFICERS' ASSOCIATION

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

COUNCIL

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

MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

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

ANTIGONISH COUNTY

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

CAPE BRETON COUNTY

Tompkins, M. G., Dominion.
McLeod, F. T., New Waterford.
McKeough, W. T., Sydney Mines.
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.

Communicable Diseases Reported by the Medical Health Officers for the Period Commencing Jan. 22nd, 1933 until . th, 1933.

County	Infantile Paralysis	Cer. Sp. Meningitis	Chicken Pox	Diptheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever.	Typhoid	Tuberculosis, pul.	Tubep. other forms	Whooping Cough	V. D. G.	V. D. S.	TOTAL
Annapolis	..	..	10	..	39	23	2	1	..	..	..	..	..	..	..	75
Antigonish	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cape Breton	..	1	..	5	68	5	..	..	1	..	..	..	..	..	..	80
Colchester	..	..	4	1	20	3	..	1	2	..	..	..	..	1	..	32
Cumberland	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	2
Digby	..	..	..	..	22	..	..	..	1	..	..	..	..	..	..	23
Guysboro	..	..	..	..	22	16	1	..	..	..	..	..	..	..	..	39
Halifax City	..	..	5	3	..	34	..	..	12	..	..	..	..	..	..	54
Halifax	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Hants	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Inverness	..	..	..	..	3	..	..	1	..	..	..	..	..	..	..	4
Kings	..	..	6	..	26	5	..	..	..	..	..	..	..	2	1	40
Lunenburg	..	..	..	..	3	1	..	..	2	..	..	..	6	..	3	15
Pictou	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Queens	..	..	..	..	12	..	..	3	..	1	..	..	10	2	1	29
Richmond	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Shelburne	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Victoria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Yarmouth	..	..	..	..	2	..	..	..	1	..	..	..	..	..	..	3
TOTAL	..	1	25	9	217	88	3	7	21	1	..	..	16	5	5	398

RETURNS VITAL STATISTICS FOR DECEMBER 1932.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis	21	14	13	6	12	1
Antigonish	10	5	3	3	3	0
Cape Breton	118	119	50	53	42	11
Colchester	12	32	15	21	11	2
Cumberland	26	31	30	12	19	5
Digby	12	15	6	6	8	1
Guysboro	17	12	8	13	9	2
Halifax	88	89	59	64	40	13
Hants	13	23	8	6	15	2
Inverness	16	11	6	15	19	0
Kings	11	20	22	6	6	3
Lunenburg	35	31	17	29	20	3
Pictou	32	33	22	23	16	1
Queens	4	9	4	12	7	1
Richmond	12	9	1	8	2	0
Shelburne	17	12	4	13	4	1
Victoria	4	4	3	1	3	0
Yarmouth	27	32	9	30	21	4
	475	501	280	321	257	60
TOTALS	976		280	578		50

DIGBY COUNTY

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

GUYSBORO COUNTY

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

HALIFAX COUNTY

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

HANTS COUNTY

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

INVERNESS COUNTY

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

KINGS COUNTY

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

LUNENBURG COUNTY

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

PICTOU COUNTY

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

QUEENS COUNTY

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

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELBURNE COUNTY

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

VICTORIA COUNTY

Gillis, R. I., Baddeck.

YARMOUTH COUNTY

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

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

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

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

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

INTELLIGENCE TESTS

IT is not surprising that we meet many persons who are critical of mental tests and do not understand their value, for intelligence testing is comparatively a new science, but has had a rapid growth, the accumulation of data concerning it already reaching huge proportions.

It has been only during the last ten or fifteen years that scientific investigators have begun to appreciate fully the importance of mental or Intelligence Tests as a guide to educational procedure, especially on questions relating to school retardation, juvenile delinquency, and proper handling of subnormal children, on one hand, and brilliant children on the other.

Not long ago we were privileged to hear Dr. Harvey, Clare, Superintendent of Homewood Sanitarium, Guelph, Ontario, address the Halifax Medical Society on, "What a General Practitioner Should Know About Mental Diseases." He also touched on Mental Deficiency and Intelligence Tests. Before coming to Halifax, he spoke to the Colchester-East Hants Medical Society on the same subject.

I think the Truro correspondent must have misunderstood Dr. Clare's attitude in regard to Intelligence Tests. The Report states, "Dr. Clare hasn't any special regard for I. Q. Tests." From hearing the Doctor speak and from conversation and correspondence with him, I feel very sure that he has quite a good deal of regard for such tests. He says that we must have some way of making Intelligence Tests in order to have a definite foundation upon which to give an opinion. He believes, as we all do who know something of mental tests and testing, that they cannot be used as a yardstick for measuring intelligence as we would measure lumber, and that the results should always be considered approximate only; but when these tests are used by trained and experienced people, they are the best means that we have to give us an estimate of the intelligence of a person we wish to examine.

I do not think that there was more faith in intelligence tests ten years ago than at the present time, as this correspondent states, but we know that the viewpoint is changing and we cannot stay where we were ten years ago when simple tests were offered as an adequate criteria for judging mental capacities. To-day an intelligence test or examination means a study of the individual and the value of the test lies in understanding the whole personality.

In this brief note I have not tried to explain or define Intelligence Tests. My endeavour has been to correct a misunderstanding which might create an unfavorable impression among the readers of THE MEDICAL BULLETIN of Dr. Clare's views of Intelligence Tests. DR. E. R. BRISON.

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

The total number of tissues sectioned is 116. In addition to this, 19 tissues were sectioned from autopsies, making 135 tissues in all.

Tumours, malignant	22	
Tumours, simple	17	
Tumours, suspicious	0	
Other conditions	70	
Awaiting section	7—	116

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.

Correspondence

February 20th, 1933.

Dear Doctor:—

Since 1925, Mr. George Hicking of Hantsport, N. S. has represented this firm in Nova Scotia and in Prince Edward Island. Mr. Hicking has severed his connection with us, and carries with him, in whatever field of endeavor he chooses, our best wishes. We are grateful to you for the many kindnesses you have shown him.

In future, Mr. F. R. Clayden of Moncton, N. B. and formerly of Trenton, N. S., who has represented us in New Brunswick for more than two years, will call on you in our interest. He knows our products intimately, and is well acquainted with the territory and conditions, and will look after your interests in every way.

We request that you accord Mr. Clayden a kindly reception, and assure you we will appreciate the courtesies you show him. We thank you for the business you have given us, and request the opportunity of continuing to serve you.

Yours sincerely,

THE E. B. SHUTTLEWORTH CHEMICAL CO. LTD.,

(Signed) R. H. Thompson.

Just about Christmas the Superintendent of the Nova Scotia Sanatorium received the following letter that was published, quite properly in *Health Rays*. We sometimes wonder if it would do any harm for patients in Hospitals after their return to their homes, to write more such appreciative notes.

Sydney, N. S.,
Dec. 23, 1932.

DR. A. F. MILLER,
N. S. Sanatorium, Kentville, N. S.

My thoughts go back to the Sanatorium to-day and the *warm* friendship formed while there. I shall *never* forget the unfailing courtesy and kindness shown me by medical and nursing staff. I am thinking too of familiar faces among the patient body, and my earnest wish is for their speedy and complete recovery. Wishing one and all every blessing that comes with the season.

Signed........

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

184 University Avenue,
Toronto, Ont.,
Feb. 17th, 1933.

Dear Doctor:—

Some four and twenty years ago, accompanied by Dr and Mrs Sponagle, and friends, I visited the churchyard of St. Mungo's Cathedral, in Glasgow, where, among many interesting tombs and monuments, I noted one with an inscription, which I thought interesting enough to copy. It is the epitaph of Doctor Peter Low, founder of the Faculty of Physicians and Surgeons, in 1642; and it seems to indicate that to his many professional attainments he added an enviable bedside manner.

Stay, Passenger, and view this Stone,
For under it lyis such an one,
Who curied many whill he lieved.
Soe gracious, he noe man grieved.
Yea, when his physicks force oft failed,
His pleasant purpose then prevailed—
For of his God he got the grace
To live in mirth and die in peace.
Heaven has his soul, his corpse this Stone
Sigh, Passenger, and soe be gone.

Ah me! I gravell am and dust,
And to the grave deshend I must.
Oh, painted peice of liveing clay
Man be not proud of the short day.

Yours sincerely,

F. S. L. Ford,

Short Course in Nurse Education.

A special course in Nurse Education has been arranged for with the Extension Department of St. Francis Xavier's University, Antigonish, N. S., covering a period of four weeks,—from Feb. 6th to March 3rd, 1933. This course has been inaugurated principally for instructors in our various Schools of Nursing in order to help them qualify for standard requirements.

Professor G. W. Weir of the Department of Education, University of British Columbia, in his survey of Canadian Schools of Nursing recommends a special training for instructors in the following subjects:

1. Educational Psychology .... 60 hours.
2. Principles of Education.......................... 30 "
3. Sociology, (rural, industrial, etc.)............. 30 "
4. Methods of Teaching.............................. 30 "
5. Observation and Practice Teaching.......... 30 "
6. Mental Hygiene................................... 30 "
7. Educational Seminar.............................. 60 "

As a result of this recommendation, the Extension Department of St. Francis Xavier's University offers short courses by which nurses may receive

a special training that will better qualify them for the work of teaching. The following subjects will be taught in the first period of the course:

1.	Educational Psychology	30 hours.
2.	Principles of Education	30 "
3.	Mental Hygiene	30 "

The Professors of this course are: Rev. M. M. Coady, D.D.,Ph.D. in Education; Rev. J. Boyle, M.A. in Education (Columbia); Mr. A. F. Chaisson, M.A. in Education (Harvard) and Mrs. A. F. Chaisson, M.A. and specialist in Mental Hygiene.

Dr. M. M. Coady of St. Francis Xavier College writes THE BULLETIN as above regarding this very valuable addition to our Nursing Educational System.

Montreal, February 23rd, 1933.

Dear Doctor:—

We take pleasure to remit herewith a sample of Soneryl, the hypnotic with analgesic effect.

We believe this product is already known to you; if not, we trust that you will avail yourself of this opportunity to give it a good trial in your clientele.

You will find that Soneryl procures a restful sleep without the slightest inconvenience or untoward effect after awakening.

All drug houses of your city know about Soneryl and most of wholesalers carry it in stock; so, your patients will find no difficulty in procuring same, should you favour us with prescribing it.

We beg to remain,

Sincerely yours,

Laboratory Poulenc Freres of Canada Limited.

Public Health Clinic,
Halifax, N. S.,
February 11, 1933.

Dr. S. L. Walker,
Room 311, Roy Building,
City.

Dear Dr. Walker:—

We have established here a clinic for immunizing children against Diphtheria. If you have in your practice any little children who need this service, and whose parents cannot afford to have it done, we shall be very pleased to look after them, provided they bring a note from you.

The clinic is held every Wednesday afternoon at 3.30 p. m.

Yours truly,

H. G. GRANT, M.D.,
Medical Director,
Dalhousie University Public Health Clinic.

Hospital Service

THE *Eastern Kings Memorial Hospital* is thus reported at its recent annual meeting:—

The annual meeting of Eastern King's Memorial Hospital Corporation, presided over by President W. H. Chase, was held this afternoon with a large attendance. Officers were elected:

President, George Boggs; Vice-President, Dr. J. A. M. Hemmeon; Secretary, W. D. Withrow; Treasurer, Ralph Creighton; Auditor, M. J. Tamplin, Finance Committee, Ralph Creighton, R. D. Sutton.

W. H. Chase, who declined to accept the presidency for another year was accorded a vote of thanks for his great service to the hospital since it was organized.

The report of the board of management was presented by its chairman, George Boggs. He announced an operating surplus of $259 for 1932 and stressed the need for rigid economies. During 1931 the operating cost on a per patient day basis was $2.73 as compared with $2.44 in 1932. The average costs on the basis for the Dominion of Canada were $3.63. Comparing operating costs for 1931 and 1932 a saving was made of approximately $1,400. The larger part of this saving had been effected by the management of the superintendent, Miss V. Bengston, aided by contributions in work and material from the Women's organizations of Port Williams, Greenwich, Gaspereau, Grand Pre, Wolfville, Sheffield Mills, Canard, Canning and Kingsport. Donations of produce and other foodstuffs by individuals had also been of great assistance.

Finance report, presented by Ralph Creighton, showed a capital indebtedness of $34,500. From July 31, 1932 until this debt is liquidated the operating revenue will be subjected to the interest charge on at least 50 per cent. of this debt.

The meeting gave the board of trustees authority to issue bonds for $35,000 for liquidation of liabilities.

L. E. Shaw, chairman of the board of trustees, stated in his report: "My first thought is that all are happy to find Mr. Chase in the place which he fills so acceptably, leading, directing, advising, keeping us on safe and sound ground. His hospital, his home town, and his home county never needed him more than this year 1933." Mr. Shaw stated that Kings County had on an average each day 27 idle hospital beds. Eastern Kings accounting for 15 and Berwick for 12. He warned against any further expansion of hospital services in this county with subsequent duplication and waste.

The report of the superintendent contained the following figures: Patients admitted during 1932, 359; ward cases, 198; private and semi-private, 161; 48 births, 30 boys, 18 girls; deaths, 13; medical cases, 162; surgical, 197; operations, 187; hospital days, 5,229; free days, 321; average patients per day, 14.

A vote of thanks was tendered Miss Bengston and her staff.

Other reports presented during the three-hour session were: Auditors, M. J. Tamplin; Wolfville Women's Auxiliary, Mrs. J. W. Smith; Greenwich Auxiliary, Mrs. L. H. Bishop; Grand Pre Auxiliary, Mrs. C. A. Patriquin; Port Williams Auxiliary, Miss Bengston.

OBITUARY

SINCERE APPRECIATION

THERE passed away in Halifax a few weeks ago, Dr. E. V. Hogan, a Surgeon respected and loved by his many friends. Those of us who knew him well will not soon forget his passing. Cut down in the zenith of a full Professional life, he will be mourned for many years by all who knew him.

His was a mixture of many gracious parts, all of them substantial, each of them solid, because they were unaffected and sincere. The quiet assurance of the man, his wholesome comradeship, his fine, firm grasp of the essential fundamental things life has to offer to him who really knows his fellow man—his solidarity of purpose, his loyalty to friends, his brilliant craftsmanship and his fine humility, all of these will long be remembered.

He was a credit to the small western town where he was born; to the Colleges that nurtured his intellect; to the Institutions which he served with honour, taithfulness and distinction.

The shams and superficialities of life he had little time for. He liked simple, substantial things—and as he lived—so he died and so will he be mourned by the friends with whom he foregathered, in the days when he was hale.

He was a credit to an old and honourable profession; he was the friend of many men in high places, but his most permanent position was in the hearts of those who knew him most intimately. These knew best, the mixture of that rich fine fellowship which he possessed, and to these men the death of Vince Hogan is an irreparable loss.

And as he passed on he will leave an emptiness and a memory, and those of us who remember him as a teacher, fellow-soldier-in-arms and friend, can only say with sorrow and affection *Requiescat in pace.*

(Signed,) T. A. LEBBETTER

Somewhat unexpectedly the death occurred on December 10th, 1932, of Dr. Frank H. Pratten, late Superintendent of Queen Alexander Sanatorium, Ontario. To many ex-C.A.M.C., Officers he will be remembered as the medical officer in charge at Moore Barracks, Folkestone, of cases of chest diseases. He was, since the war, prominently identified with all medical societies and all who met him overseas will regret to learn of his untimely passing.

To many medical men was conveyed the sad news of the passing early in February, 1933 of Miss Harriet A. MacKay, at the Halifax Infirmary of an illness extending over six months. She was widely known as a member from the nursing profession in Nova Scotia, most of her service being in Halifax. She is survived by one brother, Dr. V. N. MacKay, of Halifax and two sisters, Miss Belle at the old family residence at Earltown, and Mrs. Campbell, widow of the late Dr. G. M. Campbell, of Halifax. The late Dr. J. S. MacKay of Windsor, was also a brother of the deceased.

To Mrs. Campbell, Miss MacKay and Dr. V. N. MacKay, the Medical Society extends sincere sympathy.

When, As and If the bottle-fed baby exhibits symptoms indicating partial vitamin B deficiency—described by Hoobler as (1) anorexia, (2) loss of weight (3) spasticity of arms and legs (4) restlessness, fretfulness, (5) pallor, low hemoglobin, etc.

Dextri-Maltose with Vitamin B may be used in adequate amounts (up to 71 Chick-Roscoe units) without causing digestive disturbance. This ethically advertised product derives its vitamin B complex from an extract of wheat germ rich in B and brewers yeast rich in G. Physicians who have attempted to make vitamin B additions to the infant's formula but who have been obliged to abandon this due to diarrheas or other unfortunate nutritional upsets, will welcome Mead's Dextri-Maltose with Vitamin B. This is a tested product with rich laboratory and clinical background and is made by Mead Johnson & Company, a house specializing in infant diet materials.

Not all infants require Vitamin B supplements, but when the infant needs additional Vitamin B, this product supplies it together with carbohydrate. In other cases, the carbohydrate of choice is Dextri-Maltose No. 1, 2 or 3.

Cod Liver Oil vs. Salmon Oil.

It is intimated that Salmon Oil is even more potent in many diseases of children than is cod liver oil. We are not sure we hope that this is a fact, or that it can be procured in sufficient amount to make its production profitable. For many years we have been almost confused by the teachings of Pharmaceutical houses regarding the potentialities of preparations of Cod Liver Oil; it will be still more confusing if we are now to go through the same experience with Salmon Oil. Yet the matter has been studied in British Columbia and some firms were recently on the same mission in Cape Breton.

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.)

MEDICAL EXPERT EVIDENCE.

IN a recent issue of the *Bulletin* of the Academy of Medicine of Toronto there appears an article by that very learned Jurist, The Honourable William Renwick Riddell, Justice of Appeal, Ontario, under the above title. This was read before the Academy of Medicine, Toronto, last April and may be regarded as suitable for some reference in the BULLETIN of the Medical Society of Nova Scotia.

Now the writer has given evidence as a practitioner of medicine in Court on more than one occasion. He has heard the evidence given by other practitioners on several occasions. He has read the evidence of numberless practitioners as reported in the press from time to time. There is only one conclusion to draw from a review of this personal experience that Mr. Justice Riddell is quite justified in saying,—"that no small part of the public odium which Medical Expert Evidence undoubtedly labors under, is due to the misconception by some medical witnesses and those not always of an inferior rank, as to their function as such, they, in short, thinking—or at least, act as though they thought—that part of their duty was the collection of evidence."

It is quite clear that the medical witness has no right to answer any questions that do not relate to facts of which he has no knowledge. If asked for an opinion it must be stated only from the facts brought out in the evidence. The Expert's opinion must be based upon his special knowledge, although he may also be questioned upon matters otherwise regarded as the field of the general ordinary medical witness. It is noted the "medical man called to swear to question of fact is peculiarly bound to careful observation, clear recollection and accurate statements."

The learned Justice then proceeds to say:—

"It is in the field of the other kind of expert evidence that most of the difficulty, most of the contumely, is found, that is, in the field of opinion evidence; this is when the witness is asked, not concerning a fact but concerning an opinion. And here there is no difference between medical expert evidence and any other kind of expert evidence. It is not commonly known—or, at least, not commonly borne in mind—that there is expert evidence in every line, with the single exception of law. Leaving aside Law, there may be Expert Evidence in every field, and there is no difference as to the rules of governing its acceptance or rejection, whether the Expert Witness is a Doctor, an Undertaker, a Milliner, a Farmer or a Blacksmith. Perhaps this consideration, if borne in mind, would do something to mitigate the resentment felt and expressed by some as to the treatment of Expert Medical Witnesses.

Most of the trouble experienced by such witnesses is due to a misconception, a non-appreciation of their true function in the witness-box. This

function is not to give an opinion as to the law, either what it is or what it should be—many times, we hear in Courts of Justice, confident opinions expressed that a man in a particular condition of mind should not be punished, and the like. The witnesses forgot or never knew that it is for the Legislature to determine what will constitute responsibility for one's acts—neither Court Counsel or Witness has anything to say about that matter. If a Doctor is not satisfied with the law as it is laid down, it is his privilege, as it is the privilege of every citizen, to try to have it changed; but he has no more right than any other citizen to air his views in a Court of Justice.

"Sometimes the terminology is inaccurate; for example, the witness is sworn to tell "the truth, the whole truth and nothing but the truth." This does not mean precisely what it says,—the witness is not called upon and may not be permitted to tell all he knows, even though some of what he wants to tell may in his opinion, or indeed, in fact, have a bearing upon the matter to be tried. It is not the duty or the right of the witness to decide what he will or will not tell of; the law—and, remember, when I say "the law," I mean, in the last analysis, "the people,"—has made it the right and the duty of others so to decide. The Counsel determines what questions he will ask; and, in case of dispute, and, not infrequently, without dispute or objection, the Court must determine—and that according to the rules laid down for the Court, not according to the whim, caprice or private opinion of the Judge himself. The oath, then, means that the witness obligates himself by the solomenity of an oath taken in open Court, to answer all questions properly put to him, and that to the extent directed by those to whom is committed the duty of determining this. Nor may the witness determine for himself what questions he should or should not answer; if he thinks that he ought not to answer any question asked him by Counsel, he has the right to appeal to the presiding Judge; and, speaking, from a long experience as Counsel and Judge, I may assure the Medical Witness that an objection of this kind respectfully and not captiously made, will receive courteous hearing, fair and ample consideration, and a determination according to what is believed to be law. Refusal to answer a question which the Court rules should be answered, may subject the recalcitrant to punishment for Contempt of Court which does not, in this instance, imply any disrespect on the part of the Witness respecting Courts generally or the presiding Judge. There will seldom be any serious objection in the case of a Medical Expert Witness in this regard and I do not pursue the matter....

"Care should be taken not too readily to accept any work as an authority, the dictum of which is to be considered as final—as a rule, a Medical Treatise like a Treatise of any branch of human knowledge except Mathematics or Pure Science, will contain something that is doubtful. Many an unwary witness has fallen into the snare spread for his feet by saying that such-and-such an author is an authority, and the being met by an extract from this "authority" diametrically opposed to an opinion which he has just been giving.

Nor is the lawyer to be blamed for thus "catching", the expert—the functions of the two men face to face are entirely different; the Medical Expert's whole duty is to assist the trial tribunal, Judge or Jury, to arrive at the truth; the lawyer is placed in the Court to represent one party; standing in the place of his client, he is like the champion in the olden times who stood for another in the field of combat, and whose duty it was to win the victory for his client by all fair means—and "fair means" is synonymous, in this

connection, with means justified by the law as laid down for us. The Counsel has no more right to lie than any other man; nothing is more absurd than a not uncommon notion that the profession of law is a profession of deceit, that the lawyer is called upon to lie, misrepresent, misstate—let a lawyer once get a reputation of dishonesty, and his career is damned, he loses caste with Court, with his fellows as well as with the public—except that part of the public that prefers crookedness to plain honesty. This foolish notion is due in part to the misunderstanding alluded to; the lawyer takes an apparently honest witness and "tangles him up;" the spectator thinks this unfair, dishonest, deceitful, whereas there is a perfectly proper and laudible object in view.

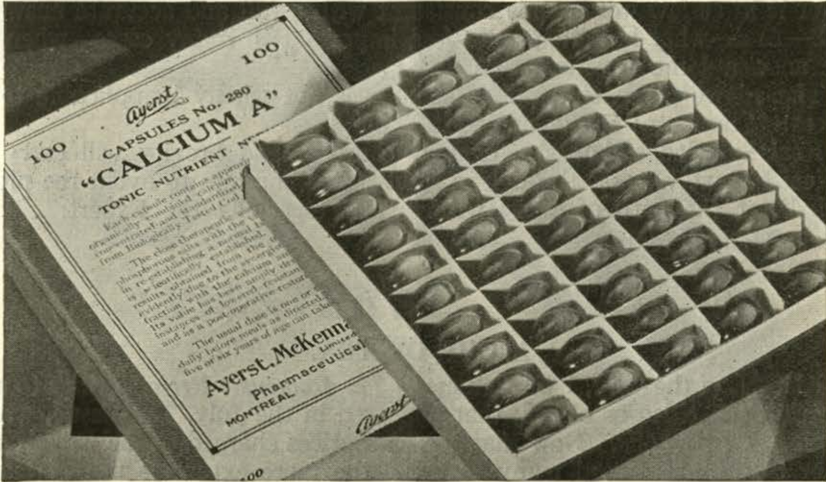
The Expert Witness must understand that his knowledge as well as his honesty will be made the subject of close investigation; and no other method than cross-examination has yet been discovered that so well enables this to be done. Those who complain of cross-examination would be the first to complain if their rights were taken from them on the testimony of a witness who might, indeed, be honest but whose means of knowledge, etc., were deficient, if he was not cross-examined to show that his testimony should not be accepted. This little discussion is intended to remove from the Expert Witness the sense of injury, ill-treatment, disrespect, he may feel at being rigidly cross-examined; it is not disrespect, want of consideration, discourtesy, but a clear duty that causes the Counsel to examine critically and minutely into the reliability of a Witness. Bearing this in mind may be of advantage to the Witness; more than once, I have seen an Expert Witness weaken the effect of his evidence by showing resentment at cross-examining Counsel. Remember, too, that improper cross-examination will be checked by the trial Judge if an appeal is properly made to him.

"I have now said enough of the necessity of a thorough preparation for giving evidence, a thorough knowledge of the subject—and, now, a word as to the manner in the witness-box. You cannot make a silk-purse out of a sow's ear; and it is hopeless to make a valuable witness out of a cad.

"The object of all evidence as it is of all legal oratory is to persuade; the Witness who goes into the witness-box to "show off," to exhibit to the public what an awfully smart or important personage he is, who is contemptuous of the lawyer or other non-medical man, is not the ideal witness. There is never the slightest objection for a witness to show himself a gentleman, even in the stress and give-and-take of a Court. The duty to tell the truth has as a correlative, the duty to make the truth tell, and that is accomplished by telling the truth in such a way as to cause those who are to decide, to believe what is sworn to. It is not enough to state the fact as you believe it, if it is stated in such a way as to make those whose duty it is to weigh the testimony think that you do not care whether you are telling the truth or not; it is the duty of every witness to weigh his words, not to speak at random, not to treat his oath lightly and not to appear to do so. Some men cannot look serious if they try; and they must not complain if the trial tribunal looks upon them as irresponsible triflers, whose testimony cannot be given much weight. Sparring with Counsel is a common failing, and one with which the cross-examining Counsel is pleased, as, almost invariably, the Witness loses his poise and becomes an easy prey to the Counsel, who is endeavouring to show to the Judge or Jury, his unreliability. Three cardinal rules may well be kept in mind:—

"1—Understand the question, before you attempt to answer it—if you do not fully understand it, have it repeated or explained, until you do, showing,

"Calcium A" is an ideal restorative in debility following influenza and the common cold



ENRICHES THE MINERAL-VITAMIN VALUE OF ANY DIET

"*Calcium* A" not only enriches the diet in calcium and phosphorus but also in the vitamins (A and D) of Cod Liver Oil. It supplies them moreover in easily-taken capsule form.

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.

"CALCIUM A"

AYERST, McKENNA & HARRISON, Limited

MONTREAL TORONTO

of course, no captiousness or "Smart-Aleck-ness"—if you cannot get a clear statement of what it is you are asked to reply to, appeal to the Judge, and you will be protected—no one can be called upon to answer any question he does not fully understand, when he is honestly trying to understand it.

2—If you cannot answer the question, say so frankly; if you can, then answer it in as few words as is consistent with a full and accurate answer.

3—And—what is perhaps not less important in many cases—when you have answered the question, SHUT UP.

The advice given to a public speaker is not wholly inapplicable to the witness: "Stand up: *Speak* up: SHUT UP."

Real knowledge, honesty, candor, courtesy and brevity will carry the Medical Expert Witness through in safety, enabling him to avoid the pitfalls which beset the path of every witness and especially the Expert."

Osgoode Hall, Toronto,
April 21st, 1932.

A CUP OF TEA.

PERUSAL of the July, 1932 Volume of *The Dalhousie Review* brings to mind an article, titled as above, that appeared in the July, 1931 issue, written by Dr. A. G. Nicholls. Now that the high prices charged in the Government Liquor Stores has forced many of us to the more extensive use of tea and coffee, perhaps the following excerpt from this paper may not be out of place in a Journal such as the BULLETIN.

"The important constituents of tea are caffein, tannin, and an essential oil, on which constituents depend the physiological effects, the strength and the flavour. Black tea contains about three per cent. of caffein and ten per cent. of tannin; green tea contains about fifty per cent. more of tannin. Caffein is the alkaloid found in tea, coffee, guarana, maté, and kola nut, and is closely allied to theobromin, an alkaloid found in cocoa. It is present in greater amounts in India and Ceylon teas than in those of Java, and is lowest in China and Japan teas. Caffein stimulates the heart and circulation, the heart beating more quickly and with greater amplitude, and the blood pressure being raised. Respiration is also quickened, and a pronounced diuretic action can be noted. Tannin has a retarding action on digestion in that it coagulates the albuminous substances in the food. Tea, therefore, should be quickly infused (for not more than five minutes) and should never be boiled. In this way the amount of tannin in the brew is kept down. From this aspect the China and Japan teas should be preferred.

"Perhaps we can find the solution for the popularity of tea-drinking in the effect of caffein on the central nervous system, particularly that part associated with the psychic functions. Cushny, an authority on pharmacology, says—"The ideas become clearer, thought flows more easily and rapidly, the fatigue and drowsiness disappear...If the quantity ingested is small, the results are of distinct benefit to intellectual work. The capacity for physical exertion is augmented, as has been demonstrated repeatedly in the case of soldiers on the march. Kraeplin finds that both tea and coffee facilitate the reception of sensory impressions and also the association of ideas, especially in states of fatigue, while transformation of intellectual conceptions into actual movements is delayed. The effect of caffein on the acuteness of the senses is demonstrated by the greater accuracy of touch when under its influence.

WHEN VITAMIN D
IS INDICATED

OSTOGEN

VIOSTEROL
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Is the Logical Successor to
COD LIVER OIL

The use of OSTOGEN is past the experimental stage.

Its use for the PREVENTION and TREATMENT of RICKETS, TETANY and DENTAL CARIES is now SOUND THERAPEUTICS

ECONOMICAL IN PRICE EASY TO ADMINISTER
CERTAIN IN ACTION

Each gram contains 56,000 International Vitamin D Units (2000 per drop, from precision dropper which accompanies each package.)

DOSE:
Prophylatic: 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

Charles E. Frosst & Co.
MANUFACTURING PHARMACISTS SINCE 1899
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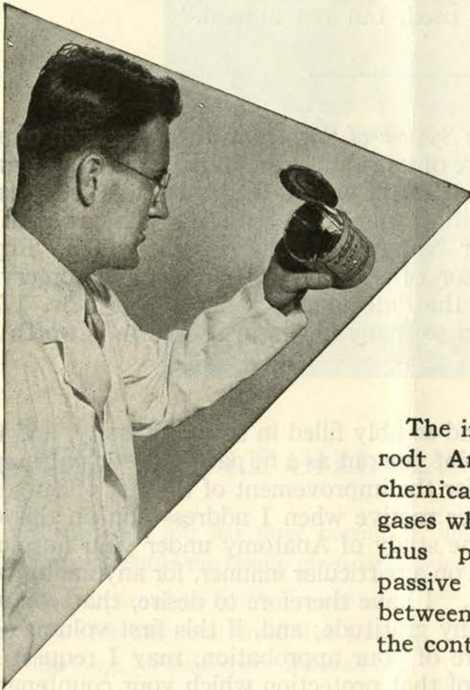
"This view as to the beneficial effects of caffein is not universally accepted, however, at least without qualifications. Prof. W. E. Dixon, Reader in Pharmacology in Cambridge University, in an address last August at Winnipeg before the British and Canadian Medical Associations, said this. "Caffein has been called an intellectual beverage because it is supposed to facilitate thought and association, and this is said to explain the fact that many of those engaged in mental occupation can work only under its influence. Modern investigations show, however, that caffein has not quite the effect we have been taught to believe. If the action of morphine were determined only on the morphinomaniac, an entirely different conception of its effects would be obtained from that which we know it possesses. But knowledge of the action of caffein on the minds of man has been obtained mainly by experiments on those who were already caffein 'addicts,' and naturally enough on these people caffein would be wholly beneficial. Caffein diminishes reaction time and discrimination time in those who have the caffein habit; furthermore, those with a caffein habit and some tolerance, on discontinuing tea and coffee, show a shortening both of their reaction and discrimination times."

"The amount of caffein that most of us imbibe daily is not inconsiderable when we realize that a "good" cup of tea usually contains more than a grain. The average person must, therefore, take from five to eight grains daily, and the tea-lover very much more. Also, while some authorities recognize the existence of a degree of toleration to caffein, according to Professor Dixon, this is not great, so that caffein exerts practically its full effect. At the same time, we must recognize differences in susceptibility in different people. Caffein, in the amounts in which many of us take it in the form of tea and coffee, produces features that are characteristic of the neurotic type. It increases nervous responses, thus causing restlessness, irritability, palpitation, tremors, and dyspepsia. As Professor Dixon remarks, there is certainly something to be said for Dr. Charles Fernet's definition of the caffein drinks as "satellites of alcohol," since alcohol removes irritability and restlessness, and in this respect is an antidote to caffein, just as after-dinner coffee is taken partly to counteract the effects of alcohol. However this may be, there can be little doubt that the excessive use of caffein over years predisposes to the mental irritability and instability that characterize the neurotic person. In this age of jazz, when hurry, noise, and bustle are so much in evidence, we may well ask ourselves whether greater restraint in the use of tea and coffee is not desirable; indeed, imperative. Professor Dixon, in his most illuminating address, calls attention to a peculiar effect of tea that is occasionally met with—that it produces an extreme degree of physical depression. "An hour or two after breakfast including coffee or tea, when the energies of the body should be at their optimum, the sufferer is seized with a grevious sinking referred to the stomach; or it may be that he complains of pain and palpitation, and not infrequently confusion and giddiness add to his troubles. Many people spoil the best years of their lives in this way, until they consult a physician who recognizes the cause and so sets them free."

"In connection with the excessive use of tea and coffee we have to reckon, it should be added, with the intake of fluid as well as the amount of caffein. The effect of this factor is not negligible. Assuming the truth of the statement that Samuel Johnson drank thirty-six cups of tea with his meals, and allowing an amount of six ounces per cup, this would total about one gallon and a quarter—a very respectable amount. This would undoubtedly raise the

Ether Protected by "Chemical Sterilization"



Surgical instruments are sterilized to protect the patient against infection. Mallinckrodt Anesthetic Ether containers are chemically sterilized to protect the patient against irritation caused by deterioration products, the result of catalytic action between the ether and the untreated container.

The inner surface of every Mallinckrodt Anesthetic Ether container is chemically sterilized with oxidizing gases which form a metalic oxide film, thus producing a noncatalytic or passive surface, retarding interaction between the ether and the metal of the container.

An air-tight mechanical closure prevents contamination from soldering flux.

One of 1500 Mallinckrodt Fine Chemicals

For Medicinal Use

"The Purer the Ether the Safer and Better the Anesthesia"

blood pressure considerably while the fluid was being eliminated, and might lead in time to dilatation of the heart, with all its disastrous consequences. The same thing applies to water. Some people take this to excess, with the laudable intention of "flushing out the kidneys." But is this wise? We are inclined to agree with Mayster Isaac, who "sayeth that it is impossible for them that drynketh overmoche water in theyr youth to come to ye aege that God ordeyned them." Moderation, then, is the watchword. Tea and coffee, like fire and alcohol, are good servants but bad masters. Verb. sap."

"Tea, then, can rejuvenate, for a time at least, the body and the mind; it can soothe the ruffled spirit. It is the rival of tobacco; in time it may sup. plant alcohol. Let us beware how we substitute one poison for another- God's good gifts were made to be used, but not abused."

There are few volumes of *Bell's System of Surgery* in the possession of any of our members although one or more of its volumes are in the Cogswell Library at the Dalhousie Medical School. The General Secretary was personally presented with Vol. I, Second Edition, published in 1785. The volume is, however, dedicated to "Alexander Munro, M.P., President of the Royal College of Physicians, and Professor of Medicine, Anatomy and Surgery in the University of Edinburgh, and the date of this dedication is Nov. 1782. This dedication to a man who filled so many chairs in a College is worth repeating.

Sir:—

"The chair you have so long and so ably filled in this University, and the rank you hold in your profession, point you out as a fit patron of such attempts as are made by your countrymen, for the improvement of the Art of Surgery.

"But I am actuated by another motive when I address you on this occasion. For, having commenced the study of Anatomy under your auspices, I consider myself as indebted to you on a particular manner, for any anatomical knowledge of which I am possessed. I have therefore to desire, that you will accept of this public testimony of my gratitude; and, if this first volume of a System of Surgery merits any share of your approbation, may I request, as an additional obligation, the favor of that protection which your countenance will be sure to afford it?

I remain, very respectfully,

Sir,

Your obedient humble servant,

BENJAMIN BELL."

Edin., Nov., 1782.

Special reference is made to this publication because the BULLETIN some time ago had from the pen of Dr. John Stewart of Halifax a review of Heister's Surgery, which was also the personal property of the General Secretary and which was loaned to an interested medical man and *never returned*. Dr. Bell in this Second edition has this to say for the publishing of his System:— "In announcing an undertaking so arduous and so extensive, it may be proper to

One of a series of advertisements prepared and published by PARKE, DAVIS & COMPANY in behalf of the medical profession. This "See Your Doctor" campaign is running in the *Saturday Evening Post* and other leading magazines.

THIS LITTLE GIRL HAS THREE PARENTS

YES, this little girl has three parents. The third parent is the family physician.

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PARKE, DAVIS & COMPANY, WALKERVILLE

The World's Largest Makers of Pharmaceutical and Biological Products

explain the reasons which induced me to enter upon it, and to point out the plan upon which I intend to proceed.

The learned and judicious Heister published the last edition of his System of Surgery so long ago as the year 1739. In this work the author comprehends whatever the experience of former times had approved as useful; and adds such observations as his own knowledge in Anatomy and practice in Surgery suggested.

This was the first, and it still remains the only complete System of Surgery of which we are possessed."

Whoever borrowed that volume of Heister will make a valuable contribution to our local library of medical history by putting the volume again in circulation. When that is done some Surgeon may be inspired to write a contribution for the BULLETIN on the Progress of Surgery from Heister onwards. Oh! Other Journals have had such articles. Perhaps! We haven't.

Spinal Anaesthesia in Children.

From a paper by Dr. C. I. Junkin of Toronto, published in the *C. M. A. Journal* in January, 1933 we exerpt the following:—

"Conclusions.

1. Spinal anaesthesia is as sage and as satisfactory in children as in adults, if not more so.
2. A preliminary sedative is an important and necessary adjunct to to successful anaesthesia.
3. Spinal anaesthesia is definitely indicated for children suffering from advanced pulmonary or renal disease for operations below the diaphragm.
4. In general, spinal anaesthesia is to be preferred to other anaesthetics for splenectomies. nephrectomies, lumbar sympathectomies, intestinal obstructions, and for orthopaedic operations on the lower limbs where complete muscular relaxation is desirable."

Mead's 10 D. Cod Liver Oil is made from Newfoundland Oil.

Professors Drummond and Hilditch have recently confirmed that for high vitamins A and D potency, Newfoundland Cod Liver Oil is markedly superior to Norwegian, Scottish and Icelandic Oils.

They have also shown that vitamin A suffers considerable deterioration when stored in white glass bottles.

For years, Mead's Cod Liver Oil has been made from Newfoundland Oil. For years, it has been stored in brown bottles and light-proof cartons.

Mead's 10 D. Cod Liver Oil also enjoys these advantages, plus the additional value of fortification with Mead's Viosterol to a 10 D. potency. This ideal agent gives your patients both vitamins A and D without dosage directions to interfere with your personal instructions. For samples write Mead Johnson & Company, Evansville, Ind., U. S. A., Pioneers in Vitamin Research.

For the intensive intravenous treatment of syphilis

BILLON'S NOVARSENOBENZOL

stands foremost among arsenicals

Insures a therapeutic activity unsurpassed

It is as safe as possible when properly administered

Offered in powder form only, in vacuum sealed ampoules to maintain its chemical integrity and its full potency.

Laboratory Poulenc Frères of Canada Limited

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ROUGIER FRÈRES

350, Le Moyne Street, - MONTREAL

Personal Interest Notes

DR. IAN MACDONALD, Dalhousie, 1930, son of Dr. D. J. MacDonald of Halifax, recently doing post-graduate work in London, has received his membership degree in the Royal College of Physicians.

It is characteristic of present-day conditions that members of the medical profession are taking a very prominent part in the discussions in various towns, societies and clubs of local health problems. A few years ago it was openly stated that any doctor who did this had an axe to grind or was courting publicity. It was finally discovered that doctors could make town and municipal Councillors and even Mayors and Wardens and very efficient at that. So even their confrerers began to hedge a little in their comments.

Now in our opinion when Dr. Clarence Miller recently addressed the Rotary Club of New Glasgow on the work attempted and accomplished by the Aberdeen Hospital in that Pictou County centre for 37 years, he made a very valuable contribution to the information the public should have regarding our local hospital institutions. That we have too many of them is nothing to our discredit, rather the reverse. Then again we think he was justified in bringing to the attention of his audience the material assets a hospital brings to the community.

We believe that a short article from Dr. Miller along this particular line would be enjoyed by BULLETIN readers and perhaps counteract some of the usually expressed fault finding, anyway. Please do, Dr. Miller!

When the BULLETIN mentioned that Dr. Bob Sutherland of Pictou recently visited Halifax, it omitted to mention that he skipped a Pictou Curling Rink at a Bonspiel in the Halifax Rink and managed to score three points.

They had a College Oratorial Contest—recently at a Nova Scotia University. Such subjects as "Beauty in Everyday Life," "The Future of Canada," etc., were presented. One venturesome youth, Havey by name probably some relation of our Doctor H. B. Havey, of Stewiacke, orated on "Medicine as a Profession." Needless to say he did not receive the Judge's award.

Our Latest on the Scotch.

The incident is told very pleasingly in a recent number of the *Acadia University Athenaeum.* It is entitled the "Life History of a Cent," coined in 1914. This cent soon saw overseas service, came back to Canada, went to Australia and in 1929 returned to Canada, this time coming to Nova Scotia. The writer then makes the Cent say,—

"Last July, my owner, of whom I thought a great deal, let me fall from his pocket. I rolled to the side of the road where I stayed too hurt to move. I expected to stay there for perhaps fifty years. But that expectation was not to be realized, for a Scotchman picked me up and put me in his purse—and now I expect to stay there for fifty years. O, Well, such is life!"

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."

THE LANCET (England)

May, 1932

"Coramine was superior to 10% CO_2, and that if small doses of Coramine were administered subsequent exhibition of CO_2 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."

CIBA COMPANY LIMITED - MONTREAL

It is so reported in a local newspaper "His death was followed by a prolonged illness."

Should the matter be investigated?

That you can fool all the people some of the time and some of them all the time should be a modified dictum at the present time. To it we would add this:—When you have done all this there will still be sometime and people at your disposal. Well, then, just remember that there is somebody else who will fool them.

Conductor (helping stout lady on car)—Yer should take yeast, mother, ter 'elp to rise better.

Stout Lady—Take some yerself lad, and then yer'd be better bred.

1908, *The Casket*, Antigonish, on January 30th, 1908, published the following little news item:—

"Dr. J. L. McIsaac, a graduate of Baltimore Medical College has opened offices in Antigonish."

Perhaps, to-day, he is better known, loved and respected in eastern Nova Scotia than any other member of our profession. Again we venture to suggest that he engage a chauffeur, for we do not want to lose him.

The BULLETIN recently received from a personal friend a letter giving two chief items that have a right to be mentioned in the official organ of the Medical Society of Nova Scotia. In the first place the friend passes this word, re the BULLETIN itself from a lady in Bermuda. He says:—"My daughter writes and makes acknowledgment of receipt of the Nova Scotia MEDICAL BULLETIN, and expresses much appreciation of the contents of each month's numbers, particularly the excellence of the Editorial and News matter, to say nothing of the amusing items of spice for which the doctor seems to have a penchant."

In the second place a copy of a local newspaper has a reference to the very successful career in the movie picture business in Vancouver of Jack Muir, a son of the late Dr. D. H. Muir of Truro and a cousin of Dr. Walter L. Muir of Halifax. When the General Secretary last saw Jack he was the owner of an orange grove in Hollywood and the site of his ranch home in 1903 is now the centre of the largest movie industry. Then he went to Vancouver, B. C., where he made moving pictures what they are to-day in British Columbia. He has thus developed that business ability that was very characteristic of his father, Dr. "Dave" Muir, brother of the late Dr. W. S. Muir, Walter Muir's father.

Dr. A. C. McLeod of Caledonia is the Medical Health Officer for the Municipality of Shelburne, Nova Scotia, for the year 1933-34.

No Ship Lover. "I suppose that it's all chopped up by machinery nowadays," said Aunt Agatha, when she saw a newspaper article entitled, "Last of the Old Tea Clippers."

Non-Stop. I see two American comedians call themselves Rain and Hail. I can imagine what their patter is like.

The treatment of MENSTRUAL DISORDERS *with Emmenin and A.P.L.*

The recent presentation of these two hormones offers definite advantages in the treatment of functional menstrual disorders. The permanent character of the results obtained justifies the belief that Emmenin and A.P.L. offer a superior therapy to that of the substitution type. Outstanding indications are dysmenorrhea (when pain precedes the flow), migraine (based on endocrine disturbances), menopausal symptoms, amenorrhoea (secondary types) menorrhagia and metrorrhagia.

Emmenin Liquid is available in original, specially sealed four ounce (120 c.c.) bottles only.

Emmenin

Liquid

(TWO TYPES)

THE COMPLEX TYPE is indicated in the treatment of dysmenorrhoea, migraine and menopausal disturbance. ***Orally active.***

THE ETHER-WASHED TYPE is particularly indicated in the treatment of amenorrhoea (secondary type). ***Orally active.***

A.P.L.

This anterior pituitary-like hormone of the placenta is indicated in menorrhagia, metrorrhagia and amenorrhoea. *For subcutaneous injection.*

A. P. L. is available in ampoules of 1 c.c. (six in a box) and in 5 c.c. rubber stoppered bottles.

These oestrogenic placental hormones are prepared and biologically standardized in accordance with the technique of Dr. J. B. Collip, Department of Biochemistry, McGill University, (C.M.A.J. 22 : 761, 1930). Descriptive pamphlets mailed on request.

AYERST, McKENNA & HARRISON Limited, *Pharmaceutical and Biological Chemists,* **MONTREAL**

One of a series of advertisements prepared and published by PARKE, DAVIS & COMPANY in behalf of the medical profession. This "See Your Doctor" campaign is running in the *Saturday Evening Post* and other leading magazines.

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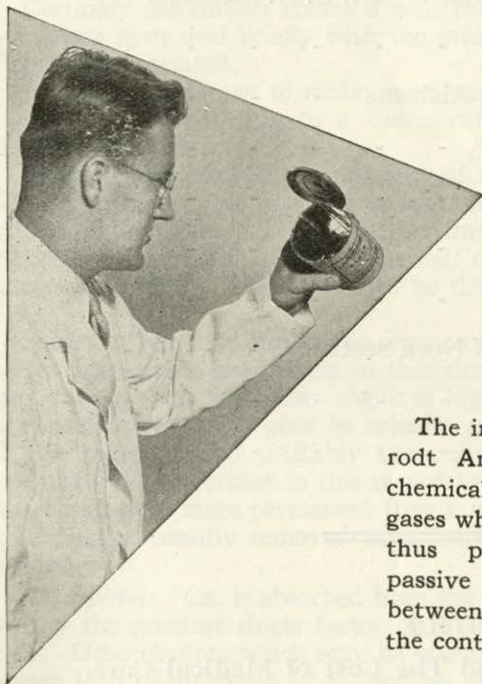
PARKE, DAVIS & COMPANY, WALKERVILLE

The World's Largest Makers of Pharmaceutical and Biological Products

Ether Protected by "Chemical Sterilization"



Surgical instruments are sterilized to protect the patient against infection. Mallinckrodt Anesthetic Ether containers are chemically sterilized to protect the patient against irritation caused by deterioration products, the result of catalytic action between the ether and the untreated container.

The inner surface of every Mallinckrodt Anesthetic Ether container is chemically sterilized with oxidizing gases which form a metalic oxide film, thus producing a noncatalytic or passive surface, retarding interaction between the ether and the metal of the container.

An air-tight mechanical closure prevents contamination from soldering flux.

One of 1500 **Mallinckrodt** Fine Chemicals

For Medicinal Use

"The Purer the Ether the Safer and Better the Anesthesia"