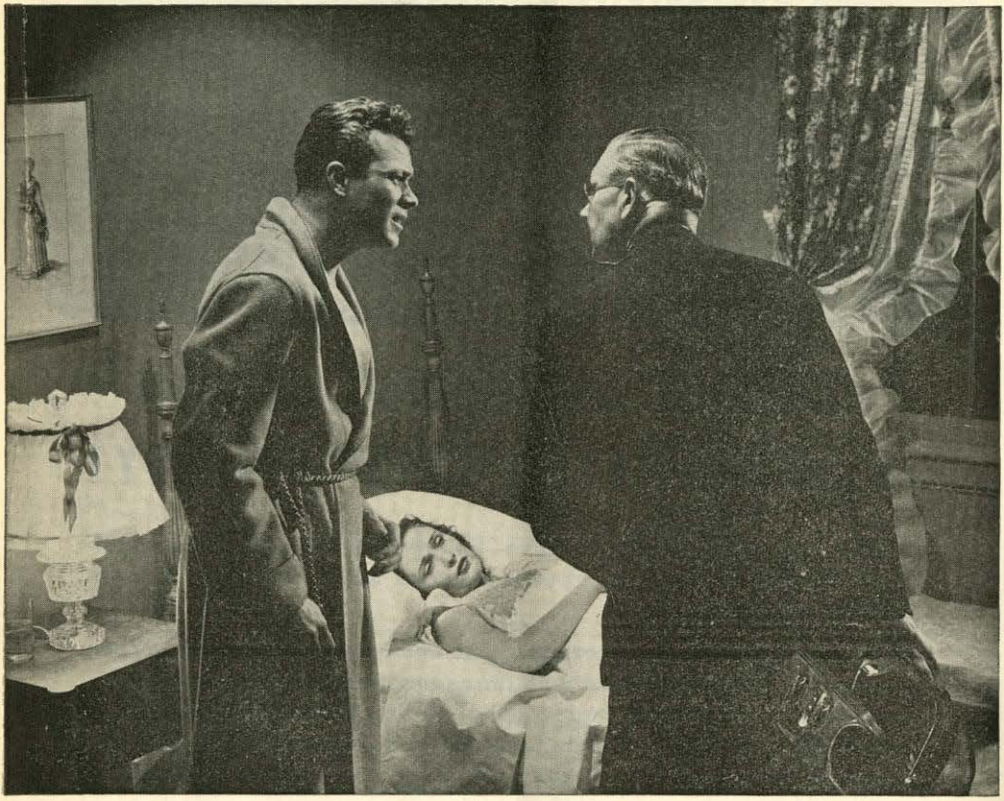
One of a series of advertisements published by Parke, Davis & Co. in behalf of the medical profession. This "See Your Doctor" campaign is running in leading national magazines.



"Get your clothes on, son... we're going to the Hospital!"

THIS YOUNG MAN'S WIFE has done what many people do when they have a pain in the abdomen. She has taken a cathartic.

And it happens that this was just about the most dangerous thing she could have done. For she has acute appendicitis.

There was nothing to distinguish this particular pain from the ordinary stomach ache. She even traced it, in her mind, to some specific food she had eaten, So when the pain persisted, taking a cathartic seemed the natural thing to do. But now, a few hours later, with the pain steadily growing worse, a doctor has been hastily summoned —and is rushing the patient to the hospital.

Self-treatment is probably the principal reason why 15,000 deaths from appendicitis take place annually in this country alone. Resorting to a cathartic may seem, at the moment, the simple and sensible thing to do. Instead, it may greatly aggravate a condition which is already serious.

If and when *you* ever have pain in the abdomen that persists for several hours don't try home treatment of *any sort.*

First, because if you *have* appendicitis, your remedy — whether cathartic, massage, or exercise— will actually make matters very much worse, instead of better. And *second,* because while you delay to see whether your treatment works, precious hours are being lost.

These days, medical science is so advanced and surgery so expert that appendicitis has lost much of its former danger for the average person — provided he does not neglect to *summon his doctor in time.*

So—just remember that any unusual or nagging pain in your abdomen may possibly be the beginning of appendicitis, and call your doctor at once. But until you have his instructions—*do nothing!*

PARKE, DAVIS & COMPANY
Walkerville, Ontario
The World's Largest Makers of Pharmaceutical and Biological Products

SEE YOUR DOCTOR

CONTENTS

Foot Imbalance

C. E. Stuart, M. D., C. M., New Glasgow, N. S.

THE fact that functional disorders of the foot are very prevalent is undisputed. Unfortunately the medical profession has failed to give them serious study and attention. Thus the laity have, in a great many instances, gone to the Chiropodist, or even to shoe merchants, for relief.

In the dim, dark days of long ago, when our ancestors swung from limb to limb, they had a foot materially different from ours. Their foot was adapted to grasping the branch on which they happened to be sitting. The arboreal foot had long flexible phalanges and metatarsal bones and a medially projecting hallux which was used in the same manner as the thumb. The heel was rudimentary and did not contact the ground. The foot was supinated so that the outer part of the foot made contact when placed on the ground.

When our ancestors descended from the trees and began to walk on the ground a change took place in the foot. The medial border became depressed so that it made contact with the ground and the foot became flat. The heel enlarged, the longitudinal arch became longer and higher to gain the essential leverage necessary for propulsion in locomotion, and the great toe was stabilized alongside the second. Thus the foot became adapted for walking rather than for grasping.

The early peoples of the earth as they roamed in search of food walked barefooted on uneven, soft, resilient ground. Their feet grew naturally. The muscles were in a state of tone sufficient to help the ligaments hold the arches of the feet in a proper state of elevation, and the circulation was maintained at an optimum level.

To-day we tread upon hard, unyielding floors and pavement. We encase our feet in shoes and stockings. However, due to the fact that we have to walk upon hard, unyielding substances, the shoes are an advantage if they are properly constructed; but, and especially in the *female* shoe, this is often not the case. The members of the fair sex follow the dictates of style. They must have as high and slender a heel as Mrs. Jones. The feet are placed in shoes which are in the nature of stilts placed under the heel and the toes are crowded together in a narrow toe. The wearer is thus forced to walk on the toes and ball of the foot. Add to this the fact that not unfrequently a number 5 foot is forced into a number 4 shoe and we have the cause of the fact that 90% of patients suffering from functional disorders of the feet are females.

The foot has three arches,—an inner long longitudinal an outer short longitudinal, and an anterior transverse arch. The ends of the inner longitudinal arch are the tuberosity of the os calcis and the head of the first meta tarsal; those of the short longitudinal arch are the tuberosity of the os calcis and the head of the fifth meta tarsal; those of the transverse arch are the head of the first meta tarsal and the head of the fifth meta tarsal. Thus, when the foot is placed on the ground it should make a three point landing.

There are various types of foot imbalance and various causes. These will be taken up under three headings:

I. Foot imbalance in childhood.
II. Foot imbalance in adolescence.
III. Foot imbalance in the adult.

I. Foot imbalance in childhood:

(a) Types of Imbalance—

In a child's foot only one type of imbalance is common—faulty lateral balance, and in this case the form of pronation leading to flat feet.

(b) Etiology—

(1) Muscle weakness.

Muscle weakness in the child may be due to the conditions of general asthenia, rickets, indocrine imbalance, or infantile paralysis, or it may be a relative weakness due to excessive weight. Whatever the cause of the muscle weakness, it results in a loss of lateral balance at the subastragalar joint. If it is due to weakness of the pronators the foot rolls outward at the subastragalar joint; if due to weakness of the supinators the foot rolls inward. In the great majority of cases the foot rolls inward and the weight will fall on the medial side of the foot or the foot is pronated.

(2) Incorrect weight bearing on foot due to bow-leg, knock-knee, or tibial torsion. In all these cases the weight is transmitted to the foot in such a way that the line of the transmitted weight falls to the medial side of the great toe instead of between the first and second toes. Thus most of the weight stress falls to the medial side of the foot, which causes it to pronate.

(3) Short heel cord. This affects the balance of the foot in two ways:

(a) the shortness of the tendo achillis prevents acute flexion of the ankle necessary in walking. Thus when a step is taken, there has to be a pronation of the foot at the subastragalar joint to substitute for the flexion.

(b) shortness of the tendo achillis tends to roll the os calcis inward and thus cause pronation.

(4) Congenital defects.

(a) short first meta tarsal bone. In this case a definite pronation of the foot must take place, so that the head of the short first meta tarsal may come in contact with the surface.

(b) hypermobility of the first meta tarsal segment (the first meta tarsal bone and the medial cuneiform bones). This is due to laxness of the plantar ligaments of this segment. In this case, when the foot contacts the ground, the first meta tarsal segment due to its mobility is displaced and inward rolling of the foot (pronation) takes place until the slack in the ligaments is taken up and the first segment becomes stable.

(c) meta tarsus varus primus. This is an evolutionary deformity of the foot. In it there is a persistence of the pre-human position of the first meta tarsal bone. This bone diverges from the second so that there is a wide space between these two bones. This condition is associated with hypermobility of the first meta tarsal segment and as shown causes pronation.

(d) accessory scaphoid. This abnormality causes pronation by the fact that the tendon of the tibialis posterior on its way to the insertion in the internal cuneiform and meta tarsals is attached to the accessory bone instead of to the under surface of the scaphoid tubercle. Due to this insertion the tibialis posterior pulls backward and inward at an angle and becomes a pronator instead of a supinator.

(c) Pathology—

Due to the improper distribution of the weight, or because of abnormalities of the foot, pronation continued causes depression of the longitudinal

arch and faulty alignment of the tarsal bones, along with stretching and relaxation of the supporting ligaments.

(d) Symptoms—

(1) Subjective.

The most common complaints are that the child tires easily and that the legs pain at night. These leg pains are what are commonly called "growing pains". The mother notes that the child has an awkward gait and "toes in or out".

(2) Objective.

Viewing the feet from the front, inrolling or pronation of the foot, absence of the longitudinal arch, or prominence of the scaphoid bone may be noticed. On viewing the feet from the back, if pronation is present, prominence of the internal malleolus will be seen, as well as inward tilting of the heel. The alignment of the foot and leg should be checked. The deformities looked for are knock-knee, bow-leg, or tibial torsion. If the tendo achillis is short, it will be difficult to doisoflex the foot to an acute angle with the knee extended and the foot moderately adducted. The child should be observed while walking. The usual tendency with a pronated foot is to "toe out". X-ray taken in the dorsi plantar plane in weight bearing will reveal any abnormality of the foot bones. A pedograph of the child's foot will show the degree of pronation.

(e) Treatment—

(a) Local.

The objective aimed at is to convert an unbalanced foot into a balanced one and maintain it in that position, so that in the course of development the child's foot will grow in the correct position. If the shoe worn by the child does not correct the pronation, the foot may be rolled outward and the longitudinal arch elevated by placing in the shoe an oval shaped inlay of felt, one-fourth of an inch in thickness on its inner side, and bevelled to the front, back, and outer edges. This is placed in the inner side of the shoe so that the highest point will lie under the sustentaculum tali of the os calcis and prevents inrolling of the os calcis and depression of the subastragalar joint. If necessary the heel may be wedged on the inner side one-eighth to three-sixteenths of an inch. In some cases it may be necessary to use a Thomas heel, which extends under the shank of the shoe on the inner side and gives added support to the longitudinal arch. If the heel has been wedged, it is advisable to wedge the outer side of the sole one-eighth of an inch opposite the head of the fifth meta tarsal to prevent the foot slipping outward in the shoe. With a short first meta tarsal, hypermobile first meta tarsal segment, or meta tarsus varus primus, a platform of hard felt or sponge rubber three-sixteenths of an inch thick, should be placed under the head of the first meta tarsal bone. This causes a proper contact between the head of the first meta tarsal and the supporting surface, allowing the anterior pillar of the inner longitudinal arch to be stabilized. In the case of an accessory scaphoid, it should be removed and the tendon of the tibialis posterior attached to the scaphoid. With knock-knee, bow-leg, or tibial torsion a wedge one-eighth to three-sixteenths of an inch is placed on the inner side of both sole and heel of the shoe, in addition to the felt support under the longitudinal arch on the inside of the shoe. A wedge should be placed under the head of the fifth meta tarsal to prevent the foot sliding outward.

Short Heel Tendon—The tendo achillis may be lengthened by:

(a) Heel stretching exercises (mentioned later).

(b) The heel tendon stretched manually and the foot placed in a plaster cast.

In older children exercises to be mentioned later are very beneficial.

(b) Constitutional Treatment.

Simple over-weight should respond to careful dietary measures. Endocrine imbalance is usually hypothyroidism or hypopituitarism, or both. Thyroid and pituitary therapy should be given under strict supervision. Calcium and phosphorus deficiency manifest themselves in muscular weakness and knock-knee, bow-leg or tibial torsion. Adequate doses of Cod Liver Oil and sunlight will be of lasting benefit to these cases.

II. Foot imbalance in adolescence:

(a) Types of Imbalance—

(1) a low arched, pes planus, or flat foot.

(2) a high arched, adducted foot with contracted plantar fascia and prominent ball, or pes cavus.

(1) Adolescent pes planus—

(b) Etiology—

The etiology is similar to that of flat foot in childhood.

(c) Pathology—

The pathology is similar to that of flat foot in childhood.

(d) Symptoms—

(1) Subjective.

The symptoms complained of are those resulting from ligamentous strain and muscle tire, that is, tiring and pain in the feet usually on the inner side of the foot. There is often aching in the legs, and a general feeling of exhaustion.

(2) Objective.

These are the same as those of flat foot in childhood. It might be mentioned here that definite shortness of the great toe suggests a short first meta tarsal, wide separation of the first and second toes with hypermobility of the first meta tarsal segment, that meta tarsus varus primus is present. An over prominent scaphoid suggests an accessory scaphoid; the presence of callosities and corns is an indication that imbalance is present.

X-ray:

An X-ray will give evidence of a short first meta tarsal, meta tarsus varus primus, or accessory scaphoid. An increase in the size of the second meta tarsal bone will be seen in the film when present. This is evidence that the first meta tarsal is not functioning properly.

(e) Treatment.

In the adolscent there are two forms of treatment:

(1) Conservative.

(2) Operative.

Conservative treatment is the main form and should be persisted in until there is evidence that it is not going to result in satisfactory results. The first condition to be adjusted in the conservative treatment is the application

of a proper shoe, which should be an Oxford, with a straight inside border, round toe, and low heel, (twelve-eighths to one and one-half inches) in a girl's shoe. The shank should be moderately broad and reinforced by a steel shank. The best arch support is made of sponge rubber. This support has two parts, a longitudinal section for the longitudinal arch, and an anterior section for the meta tarsal arch. The longitudinal section is one-fourth inch high on the inner side at its high point and tapers to an edge on the outer side and posteriorly and anteriorly it is bevelled and merges into the meta tarsal arch support. This section is rounded to conform to the heads of the meta tarsal bones. Its heighth is about three-sixteenths of an inch. The support should extend from just posterior to the head of the second meta tarsal bone to well back under the heel. The high point of the longitudinal section should lie under the sustentaculum tali. It may be necessary to place a wedge in the inner side of the heel, one-eighth inch to three-sixteenths of an inch in thickness. A wedge one-eighth inch in thickness and one and one-half inches long should be placed in the outer side of the sole opposite the head of the fifth meta tarsal bone to prevent the foot sliding outwards. If weight is excessive, an extended or Thomas heel will add to the support of the shank of the shoe and prevent pronation. A short heel cord may be dealt with as outlined. Knock-knee, bow-leg and tibial torsion should be corrected by conservative measures, if possible, by altering weight bearing stresses on the leg bones. This may be done by placing a wedge one-eighth to three-sixteenths of an inch in thickness on the inner side of the shoe, both sole and heel.

Short meta tarsal I, hypomobile first meta tarsal segment, and meta tarsus varus primus may be treated by a platform under the first meta tarsal.

(2) Operative Treatment.

Operative treatment will have to be carried out where conservative measures fail. These procedures are of two types—

(a) those which are carried out for the purpose of lengthening or relaxing contracted structures which prevent the foot from assuming a position of balance.

(b) arthrodesing operations on the foot joints.

These operations are:

(1) Operative lengthening of a short heel cord.
(2) Hake flat foot operation.
(3) Miller flat foot operation.
(4) Kidner's operation for flat foot due to accessory scaphoid.

(2) High-arched Foot (Pes Cavus).

(a) Etiology.

This is largely a congenital condition. Associated with it are shortness of the heel cord, contraction and thickening of the plantar fascia, and a tendency to equinia cavus deformity. Unbalanced muscle action also contributes to the formation of pes cavus.

(b) Symptoms.

(1) Subjective.

This type of foot is less likely to cause painful symptoms than a flat foot. It is not a weak foot, but a rigid one. Occasionally there is pain in the longitudinal arch. However, the most trouble is to get a shoe to fit properly.

(2) Objective.

The foot is the opposite of pes planus. The longitudinal arch is high, the fore part of the foot is usually adducted, and the line of transmitted weight is shifted toward the lateral side of the foot. The ball of the foot is prominent and there is often callous formation over the heads of the meta tarsal bones. In some cases the toes are contracted into a hammer toe position. The plantar fascis is usually contracted and the tendo achillis shortened.

(c) Treatment.

(1) Conservative treatment.

The type of shoe recommended in the treatment of pes planus is also suitable in this case. A meta tarsal wedge opposite the fifth meta tarsal head, as described, will need to be inserted. This tends to shift the weight to the medial side of the foot. Supports;—A longitudinal and transverse arch support- as described, may be used with modification. The longitudinal arch needs to be high and the meta tarsal arch high so that the whole sole of the foot will make contact with the arch. The highest point of the longitudinal arch support should be under the scaphoid bone in this case. Exercises for the short heel cord, as described later, should be carried out.

(2) Operative treatment.

(1) Operative lengthening of a short heel cord.
(2) Steindler's operation for a contracted plantar fascia.
(3) Mid tarsal arthrodesis.

III. Foot imbalance in the Adult:

(a) Types of Imbalance—

(1) Depression of the longitudinal arch, pes planus or flat foot.
(2) Elevation of the longitudinal arch or pes cavus.
(3) Depression of the anterior or meta tarsal arch.

(1) Pes Planus or flat foot. The same etiology, pathology, symptoms and treatment hold good in this case as in the flat foot of adolescence with the following additions:

(a) acquired deformities of the foot, such as Hallux valgus and disturbances of the foot architecture due to fractures of the foot bones and loss of toes add to the causes of pes planus.

(b) in flat foot in the adult, knee pain is occasionally complained of, also pain in the lower back radiating into the lateral aspect of the thigh.

(c) in the treatment it is found in some cases that the flat foot of an adult is rigid. To treat this type it is necessary to mobilize it by manipulation under a general anaesthelia and apply a plaster cast with the foot in a balanced position.

(2) Pes cavus or high arched foot. The same etiology, pathology, symptoms, and treatment as those of adolescent pes cavus hold true here.

(3) Depression of the anterior or meta tarsal arch. A depressed meta tarsal arch is usually due to an improper distribution of weight stresses on the foot, the result of pes planus or pes cavus. Depression of the meta tarsal arch alone, as a rule, is due to a short first meta tarsal, hypomobile first meta tarsal segment, or meta tarsus varus primus. In these conditions the head

of the first meta tarsal bone does not share its proper amount of weight and the stress is imposed on the other meta tarsal bones. Under this excess strain the meta tarsal arch gives way.

An important factor in disturbances of the meta tarsal arch is the wearing of improper footwear. High-heeled, pointed toes, throws most of the weight on the meta tarsal arch.

Symptoms.

(1) Subjective.

Complaint of discomfort in the ball of the foot, burning pain in the toes.

(2) Objective.

Loss of the normal dorsal convexity of the heads of the meta tarsal bones. In severe cases a contraction or drawing up of the toes so that they assume a hammer toe position. Callous formation on meta tarsals I, II and V, or entirely across the ball of the foot.

Treatment.

A proper distribution of weight is aimed at. Proper shoes with a reasonable heel, and rounded toes, should be worn. If there is present also either pes planus or pes cavus, supports as described should be worn.

In the case of depression of the meta tarsal arch alone, a meta tarsal arch support made of felt or rubber may be placed in the fore part of the shoe just behind the head of the meta tarsal bones; or, a meta tarsal bar made of leather, one-half to three-fourths of an inch wide, is placed across the sole of the shoe at the ball just posterior to the meta tarsal head.

In all treatment of foot imbalance any constitutional condition should be treated. Physical therapy may be carried out. Massage and contrast baths are helpful in increasing circulation, relieving spasm, and building up tone in the muscles and ligaments.

Foot Exercises

Foot exercises should be carried out twice daily.

I. Sit with legs crossed, fully extend, then fully flex foot at the ankle, turning the sole of the foot in as far as possible and keep the toes extended. Repeat 20 times.

II. Sit resting heel on floor. Forcibly flex the toes and invert the foot. Hold the foot in this position for a few seconds, then extend and spread the toes as far as possible. Hold this position for a few seconds, then complete the exercise by flexing the toes into the original position. Repeat 20 times.

III. Sit with several marbles on the floor. Grasp the marble with the toes, pick it up and place it about a foot from its original position. Replace the marbles with the other foot.

IV. Stand with hands on hips, feet parallel and about four inches apart. Keeping the toes and heels firmly on the floor, slightly bend the knees and gradually separate them by rolling the knees outward. Return to the original position. Repeat 10 times.

V. Stand ready to take a step. The foot is rolled to the outer side and the toes forcibly flexed. Take twenty-five to fifty steps with the foot in this position.

VI. Heel stretching exercise (sitting). Sit with the foot flat on the floor. Flex the foot upward on the ankle, flexing the toes downward and pulling the foot inward. Pull the foot up and in as far as possible. Slowly lower the foot to its original position. Repeat 20 times.

VII. Heel stretching exercise (standing). Stand facing, and three or four feet from the wall. Toes are turned in and forcibly flexed, and the body weight is rolled to the outer side of the foot. Lean on the wall with arms straight, back rigid and head erect, slowly flex arms, keep the back straight and knees and hips extended, and heels on the floor until the head touches the wall or nearly so. Hold for a few seconds and then assume the original position by slowly straightening the arms. Repeat 10 to 20 times.

Reference: Dickson and Diveby: "Functional Disorders of the Foot".

*The Relationship of the Medical Profession to the Local Hospital

GERALD C. W. BLISS, M.D., Amherst, N. S.

I HAVE been requested to address you upon a subject that has been more or less a bone of contention since the establishment of General Public Hospitals in Canada, and I presume elsewhere, viz., "The relationship of the medical profession to the local hospitals". Having been in practice nearly sixty years and a member of the Highland View Hospital staff of Amherst, N. S., since its establishment thirty-six years ago, my opinions upon the subject before us is of course absolutely free from all personal considerations or reference to any particular hospital.

This relationship I am sorry to say has not been so close or cordial as may be generally supposed. I will simply state the situation from *my* point of view, possibly, some method of reform may suggest itself to you or "State Medicine", *so called*, when it comes, if ever, may be the solution. Far too often, except in emergency or special surgical cases, when the hospital doors close on his patient, the case is *lost* to the regular medical attendant, unless he is fortunate enough to be a member of the hospital staff, or the patient can afford a private room at say twenty-five dollars per week, in which case many hospitals allow an outside physician to treat his patient. When admitted for special treatment the staff member who handles the case frequently continues his attentions after the patient returns to his home, and also gives advice and treatment to other members of the family who may request his services. I admit that the "Family Physician" is rapidly becoming extinct, but I know that the eliminating process is distinctly painful and naturally in many cases *vigorously resisted.*

Self preservation is the first law of nature, and we must not forget *all* of our "Medical Ethics". The welfare of the patient, of course, must always come first, but many on hospital staffs forget, or are *ignorant* of the fact that our Medical Ethics say "the *doctor* comes next". In consequence of many patients being *lost* to their regular medical attendant after entering a hospital, they are now frequently treated at their homes, and visited by a V.O.N., or district nurse, rather than sending them to the local hospital. Other cases are sent to some distant hospital, say Saint John, N. B., or Halifax, N. S. When *these* patients return to their homes they *again* come under the care of their regular physician, who carries out any treatment that is advised by the hospital they have visited. If the medical and surgical staffs of our local hospital could agree among themselves to conduct all their professional work connected with their institution according to the Principles of *Medical Ethics*, set forth by the American Medical Association, now affiliated with the Canadian Association, much benefit would result for the hospital, the general practitioner and the public. Unfortunately, there is, of course, always the personal element in all groups of medicine, business, or other professions to consider. No medical practitioner in Canada at least, can appreciate more than myself the wonderful advancement in the treatment of disease made

*Delivered before the Maritime Hospital Association, Amherst, N. S. in the Summer of 1939.

possible by the establishment of hospitals. Sixty years ago trained nurses, for all practical purposes, were *unknown* in the Maritimes at least. No bandages or surgical dressings of any kind, nor any medicines in tablet or pill form except three standard pills hand made, viz. Pill Hydrarge (Blue Pill), Pill Rhei Co. (Rhubarb Pill) and Pill Carth Co. all in the raw, not coated, were obtainable. The hypodermic syringe had just come into use, and the clinical thermometer was not yet self registering, but had to be examined in site, which then was axilla or mouth. No real adhesive plaster was available only a mixture made with Rosin and other ingredients spread on thin muslin was known; this had to be heated when applied and usually came loose when cold.

Fountain syringes and hot water bottles were *unknown* and unheard of. A wedged shaped earthenware receptacle called a *bed pan*, holding about a quart, and apparently especially designed to *soil* the bed could *sometimes*, be *borrowed* from *another town* or village, and typhoid fever was prevalent in those days. Until about this date typhoid patients were not allowed cold water to drink, or sponge baths, or open windows for fear they might "ketch" cold, and practically little food except *salts* and *senna* with camomile teas as a *side dish*. All this is past history for which we should be devoutly thankful and bring forth our best efforts to smooth out the relations between the "General practitioner and our local hospitals".

The Criminal vs. The Crime

J. J. Cameron, M.D., Antigonish, N. S.

IN the trial of a criminal, two factors are to be considered, viz., the *facts* as attested to by witnesses, and the *responsibility* as determined by the Judge and Jury. Responsibility should not be judged by untrained men, and, in the trial of the criminal the jury cannot be said to be trained, and *responsibility* receives very little consideration at their hands—certainly not scientific consideration. It cannot be said that the criminal is tried because the facts of the crime are investigated.

All criminals are not equally guilty for the reason that all are not equally endowed or equally responsible. "All sinners are not equally guilty, nor all sages equally wise." We are all the product of forces that have gone before us—physically, mentally, morally. Like begets like. Large men and women beget large children, fair men and women, fair children. The criminal, the insane, the idiot, the epileptic, the syphilitic, all belong to (at least potentially) and descend from the family tree. How often have we not observed that great talents spring from a great family tree, that mental obliquity and moral degredation may be traced back to the third and fourth generation, but *heredity*—its laws and consequences, receives very little consideration at the "trial by jury". The measure of our responsibility is our power of resistance —our capital. Heredity has left us with unequal capital and there is every gradation of inequality so that environment and circumstance influence our mode of life, our obedience to the law, and may save an individual otherwise stamped with the stigmata of heredity from becoming a criminal.

Every man is given a free will, to choose the criminal path if he wills or the path of rectitude and obedience to the law. But every man's free will must be balanced by his capital and what is required of him is that for which he is responsible. "To him, whom much is given, of him, much shall be required."

Every medical man must be a biologist whose training embraces the study of man's life—physically, mentally and morally. The average juror has no training to adjudge guilt or innocence from the scientist's viewpoint. The question arises then, whether medical men should be a court of justice in criminal cases? Some years ago I wrote a paper on "Why Medical Men should be a Court of Justice in Criminal Cases" and the fact that it was copied from the *Montreal Medical Journal* into a *Berlin Medical Journal* (a copy of which was sent me in German), led me to believe that the question was worthy of consideration. And just now while I make a plea for the trial of the *Criminal* and not *the Crime*, the radio broadcasts "the biggest day's bombing of the war". Why bother with justice, responsibility and the like while to-day as never before the greatest mechanized armies of all time are engaged in the most vindicative destruction of human life! Why does man, with unrestrained fury, deluge the earth with fratracidal blood? Is it pride or greed or idiocy or insanity or a combination of them all? Here is a worth while question for the psychologist.

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Intro- and Circumspection

SHORN of formalities, and most of its numbers, of scientific displays with mashie and scalpel, the Nova Scotia Medical Society met in annual conclave, at Halifax. For all this lacking it was a good meeting, a modest, sincere, efficient meeting, in keeping with the times. Genial President H. K. MacDonald ruled a presidential address as out of order, but otherwise glared through his glasses and filled the chair with happy aptitude. The session moved through its approved course and came to matters of the BULLETIN.

Now the BULLETIN editors have suffered much of late. Many of their most faithful contributors, khaki-garbed, are confining their compositions to multitudinous printed forms. Mufti confreres have taken on added burdens, and put their pens aside. Ahead, the future was bare of Dalhousie Refresher Course and Medical Society Meeting material—a good three months' supply. Barren prospects. In their despondency the editors made a recommendation. The BULLETIN, they felt, should be reduced to a quarterly or, at most, should appear only every second month. A solution this, if a lazy one.

The error in this editorial conclusion was revealed promptly when the matter came up at the executive meeting. After private, hallway discussions and the attitude of the general meeting had had their effect, it lay even more naked. The error was a basic one, involving the very purpose of the BULLETIN.

The great purpose of the BULLETIN is not easily defined. The Society's publication should breathe the spirit of the society. It should serve as a bond amongst members. Its social notes are as important in this way as its scientific articles. Its correspondence column preserves the Society's democracy. A quarterly bond would be much too loose. Hence the BULLETIN will continue as a monthly publication.

In this resolve the editors ask your forbearance and your aid. We shall reduce slightly the size of our magazine. We shall continue to reprint carefully selected articles from other journals. But we must have contributions —scientific articles and, above all, case reports. There are, throughout the province, some forty young men of Dalhousie's medical school, internes. If you have an interesting hospital case, if you are too busy to write it up your-

self, might not your interne take or the job? With your editing, and perhaps a few lines of conclusion, a good case report would result. The interne gains in experience and training, the BULLETIN in material, and you have lost—what?—perhaps fifteen minutes.

Then there is the correspondence column. In that most famous of general medical publications, *the Lancet*, is any other department more eagerly read than the editor's mail? If you have a suggestion to give the rest of the profession, a grouch to air, dash off a letter to the BULLETIN. Your editors will take pleasure in provoking, wherever possible, correspondence arguments, on anything, from the surgical treatment of peptic ulcer to the relative weathers off Capes Sable and North.

It would be remiss to mention any phase of the annual meeting without comment on the universal pleasure apparent when incoming President A. B. Campbell took the chair. The name Dr. Campbell has built for himself, in both scientific and social parts of his professional life will grace richly the presidency of our society through the coming year.

A. L. M.

Minutes of the Executive of the Medical Society of Nova Scotia, 1940

THE meeting of the Executive of the Medical Society of Nova Scotia was held at the Dalhousie Public Health Clinic, Halifax, N. S., on Tuesday, August 27th, 1940, at three o'clock in the afternoon.

Present: Dr. H. K. MacDonald, President; Drs. J. J. Roy, R. S. Henderson, P. S. Cochrane, D. J. MacKenzie, A. B. Campbell, J. R. Corston, J. V. Graham, H. W. Schwartz, R. A. MacLellan, M. G. Tompkins, J. S. Brean, L. E. Cogswell, J. A. Langille, J. B. Reid, D. M. MacRae and H. G. Grant.

The meeting was called to order by the President.

It was moved by Dr. D. J. MacKenzie and seconded by Dr. P. S. Cochrane that the minutes of last year's meeting as published in the MEDICAL BULLETIN of August, 1939, be accepted as read. Carried.

The President advised that an emergency meeting of the Executive had been held on July 5th, 1940, regarding the changing of plans for the annual meeting and the matter of free medical care to British guest children.

The following letter was read by the Secretary from Dr. T. C. Routley, General Secretary of the Canadian Medical Association.

184 College Street,
Toronto 2, July 11th, 1940.

To Secretaries of Divisions, Re British Guest Children.

Dear Doctor,

Along with a number of other persons interested in the problem, I have just returned from a two hour conference with the Minister of Welfare of the Province of Ontario, when plans were discussed in considerable detail with respect to the reception of British children as war guests in Canada. I came away from the conference with the distinct understanding that the following plan has been agreed upon by the Dominion and Provincial Governments:

(1) That the Dominion Government will be fully responsible for the transportation and necessary care of children between the ages of five and sixteen years, from the point of embarkation in the British Isles to the designated town or city in Canada, at which point the Provincial Government assumes responsibility and exercises authority.

(2) The Provincial Government through its Welfare Department or department performing welfare service, will be responsible for the placing of the children in their foster homes.

(3) The homes which are offered are to be listed with the Welfare Department through its local office in the area, by which department the homes will be inspected and approved.

(4) Hosts will be expected to provide maintenance and all other costs of these children in the manner similar to the care they would give their own children, with the exception that the Dominion Government will be responsible under certain conditions. Here let me quote from the official memorandum issued by the Department of Public Welfare of the Province of Ontario:

> "Should illness develop after the child has been placed, the host will be expected to provide ordinary medical care in the same manner as he would if the child were his own. Under no circumstances, however, will the host be called upon to bear the cost of hospitalization or of major medical care. This responsibility continues to rest with the Dominion Government. In the case of serious illness, the local Children's Aid Society must be notified immediately."

(5) Careful records will be kept in the Province of the foster homes designated for any special groups of children such as Doctor's homes for British Doctors' children. As Doctor's children arrive in Canada they will be placed in Canadian Doctor's homes.

(6) The question of preference as to sex, age, religion, etc., will of course be observed and it will remain, in the last analysis, for the foster home to accept or reject, as the case may be.

(7) At present there is no indication as to whether or not funds will be released from Britain to pay for the maintenance of any of these children in Canada. Therefore, they must still be regarded as non-paying guests. This provision, of course, is open to change at the discretion of the respective Governments, but it would be wiser at this juncture to look upon the service as a voluntary one.

(8) At this time I am able to report that information reaching me from three of the nine provinces indicates that medical homes in these provinces are ready to receive more than 1,100 British Doctors' children. Accordingly, I am cabling the British Medical Association to this effect and suggesting that all arrangements with respect to sending their children to Canada must be made through the proper authorities in England, but that they may rest assured that, when the children arrive here, homes for the number of children designated will be available. It would, therefore, seem proper for each Division in the Association to take the following steps:

(a) Contact the medical profession of the Division to ascertain their wishes with regard to the acceptance of children.

(b) Notify the proper provincial authorities of the homes offered—giving names and addresses or advise Doctors offering homes to contact the local welfare office.

(c) Advise the Doctors offering their homes that all further negotiations leading to the placing of children in their homes will be carried on between the Governmental agency and the Doctor.

(9) It would seem desirable that each Division keep this office notified of the developments within the province,—i.e. as to the number of Doctors' children the province will absorb,—in order that the details may be communicated from time to time to the British Medical Association.

(10) Furthermore, it would seem proper, depending upon the extent to which advantage is taken of our hospitality, that the Divisions should organize either provincial or local Medical Advisory Committees which would be responsible for taking a corporate interest in these Doctors' children, depending upon the needs which might develop. I am thinking of such things as special attention, recreation or holiday privileges and matters of a like nature which will occur to our profession.

(11) I would suggest that as soon as possible after receipt of this letter, you contact your provincial authorities—

(a) to enter into the necessary arrangements in your province for the reception of these children; and

(b) to confirm the understanding which I have presented in this letter which, while emanating from the Ontario Government, I am given to understand is in the main applicable to all the other provinces.

Yours sincerely,

(Sgd.) T. C. Routley,
General Secretary.

The following letter from Dr. J. G. K. Lindsay, Registrar, College of Physicians and Surgeons of Saskatchewan, was also read by the Secretary.

Saskatoon, Sask., July 16, 1940.

To Secretaries of Divisions, Canadian Medical Association.

Dear Doctor:

Re: British Guest Children

For the information and guidance of the members of the profession in Saskatchewan, we would appreciate receiving from you by return mail if possible, information regarding

the action which has been taken by your Division to provide medical care for the children from the British Isles being offered foster homes in Canada.

We have been informed that certain provincial medical organizations have undertaken to provide all necessary medical care to these children as a voluntary contribution to the war effort so long as they remain guests in the foster homes. It should be understood of course that this is separate from the arrangement whereby the children receive their ordinary examinations and protective innoculations at the receiving and distribution depots in the various provinces. This in our opinion is a distinct and separate problem.

In this Province, pending more information as to the probable magnitude of the problem, our President is recommending to our members that they share with the interested organizations and foster parents, the responsibility of their care, and we hope to have the matter dealt with finally at the annual meeting to be held in Saskatoon on September 16, 1940.

Yours very truly,

(Sgd.) J. G. K. Lindsay,
Registrar.

The third letter regarding British guest children was from Judge E. H. Blois, Director of the Evacuated Children's Branch of the Department of Public Health, Halifax, was read by the Secretary, as follows:

July 5th, 1940.

Dr. H. G. Grant,
Secretary, The Medical Society of Nova Scotia
Dalhousie Clinic Building,
Morris Street, Halifax, N. S.

Dear Dr. Grant:

At the present time it is impossible for anyone to say how many evacuated British children will be placed in Nova Scotia. You will understand that the conditions which govern the placement of these children are so complicated and uncertain and change so rapidly that we can only speak in general and rather uncertain terms.

Our present information is that 200 children will arrive in Nova Scotia about the middle of this month and that thereafter we may expect small groups of perhaps from thirty to fifty every five days while shipping facilities are available and conditions generally are favourable for the removal of children to Canada. We all realize quite fully that the number may be quite large or it may be that there will be only a few of these children arrive in the Province. We can quite appreciate the reluctance of the Executive of the Medical Society to commit themselves to undertake to give free medical service to a very large number. However, it would appear that in some of the Provinces at least such assurance has been given to the Provincial authorities by the Medical Societies without reference to the number of children involved.

With regard to the extent of the medical treatment: I would draw your attention to the little leaflet enclosed. It is my understanding, and I think I can say the generally accepted principle laid down, that people who take these children into their homes will agree to treat them in all respects as members of the family and tc assume all expenses, including ordinary medical care. That is, if a child is taken into a home and requires treatment in the home, the family doctor would look after the matter, the same as if the child was an ordinary member of the household, but if that child requires to be sent to a hospital, either for medical care or for an operation, then the expense incurred, both for hospital costs and medical care, would be paid for from another source. No private person will be required to assume such hospital or medical costs. If, as in some cases, the family is able financially and willing to assume such costs, that of course will be quite in order.

I think perhaps I should state further that it is proposed to appeal to the public generally for funds to take care of these hospital costs and other expenses connected with the movement. It was proposed that a national appeal be made to be controlled by trustees

appointed by the Dominion Government. I am telling you this in order that it may be clearly understood that the Governments do not propose to absorb these hospital and medical costs and it was argued by some with whom we have discussed this matter that the medical profession would be making their contribution to such national funds by giving services voluntarily in the way indicated in this letter. I think perhaps I should further add that this free medical care would only extend to those brought out under Government auspices. It would certainly not apply to those who are coming by private arrangement or through groups or individuals who will assume full responsibility for the care and maintenance of these children. This point should be kept clearly in mind by the Society when considering our request.

Yours faithfully,
(Sgd.) Ernest H. Blois,
Director.

The President stated that following receipt of the letter of June 21st from Judge Blois an emergency meeting of the Executive had been called on July 5th.

The Secretary advised that the action of the Executive had been that they could not promise free medical care for the whole medical profession. As he interpreted the two letters they dealt with two different things; Dr. Routley's letter with the question of finding out how many doctors in the province would be willing to take guest children, and Judge Blois' letter asking if the doctors would give medical care in the hospitals.

Dr. Roy asked if it were the responsibility of the Health Department to look after the health of the children.

Dr. MacKenzie advised that a very careful general examination was made on each child by the Department of Health before they were sent out to their foster homes.

Dr. Tompkins stated that following receipt of the questionnaire sent to the Executive in June the doctors in his district (Dominion) had been canvassed and they were all quite willing to provide free medical care for the guest children as part of their war work.

Dr. A. B. Campbell did not think Dr. Routley's letter regarding the responsibility of the Dominion Government was quite clear.

Dr. Brean: "It is not definite, only Dr. Routley's interpretation. We have no definite information as to what the Dominion Government or the Provincial Government will do."

Dr. Cochrane asked if there were anyone the Executive could get in touch with before the general meeting for more information on the subject, and the suggestion was made that Judge Blois or Dr. Davis or Dr. Campbell be asked to attend the evening meeting.

Dr. Campbell thought it would be quite natural to expect that Dr. Routley would have more information on the subject than Judge Blois and that the Executive suggest to the general meeting that the matter still be left in Dr. Routley's hands until we find out what the Dominion Government is going to do.

Dr. Schwartz asked if a child were sent to a hospital for an operation would the surgeon be recompensed. He thought the matter was very vague.

Dr. Graham: "I would move that until such time as the Department or Departments responsible for this matter make some proposition to the medical profession of Nova Scotia that we take no action in the matter."

Dr. Corston: "They have rather a definite proposition. In other provinces it has apparently been agreed that the ordinary treatment be taken

care of by the family who take them. It is an important matter outside of Halifax. I do not think we have any problem here. The child being indigent goes on the free list on the Victoria General Hospital, but in hospitals where there is no public ward there is a problem. We are not concerned with anything but medical fees. In a hospital where there are no free beds some arrangement should be made. We do not get paid for our own indigents, and we will not get paid for these."

Dr. A. B. Campbell: "The Children's Aid Society children are placed in homes which are assigned throughout the district, and whenever those children get sick we look after them, but it is very seldom that we get paid. There are no funds in the Children's Aid Society to pay: that is province wide. If they go to the hospital we notify the Children's Aid Society, but they have no funds. The local doctors are looking after these children for practically nothing."

Dr. Tompkins: "I would move that we suggest to the business meeting tonight that we go on record as prepared to treat these children free of charge in the hospital or out of the hospital." This was seconded by Dr. Brean.

Dr. Corston: "If I may move an amendment, I move that this Executive go on record as being favourable to the arrangement proposed, apparently agreed to by the Ontario Medical Association, as described in Dr. Routley's letter." This was seconded by Dr. Cochrane. Carried.

Dr. Grant: "There is just one more item in this letter. Dr. Routley asks about canvassing the doctors about guest children and we held it up at the last meeting. Do you think the meeting wants me to canvass the profession as to whether they wish to accept as guests children of doctors in Great Britain?"

Dr. A. B. Campbell advised that his district had already been canvassed.

Dr. Cochrane moved that the secretary be authorized to canvass the doctors in Nova Scotia re the taking of the children of British doctors into their homes, which was seconded by Dr. Reid. Carried.

The Secretary read the following letters from Dr. H. B. Atlee and Dr. Wallace Wilson on the question of Health Insurance.

January 1, 1940.

Dr. H. G. Grant,
Secretary, Nova Scotia Medical Society,
City.

Dear Dr. Grant:

I am enclosing a letter from Dr. Wallace Wilson, Chairman of the Committee on Medical Economics of the C. A. M. A. Last year he sent me certain letters containing queries regarding our views down here on Lodge and Contract practice, Voluntary Health Insurance, and Voluntary Hospital Insurance. Your committee read these letters over and decided to place the entire correspondence before the Executive of the N. S. Medical Society. We did this because we felt that our committee would perhaps be taking too much on its shoulders to answer questions on such matters or to suggest just what our opinion on them was. Dr. Wilson seems very anxious to have an opinion and some sort of answer as his letter shows. I am therefore suggesting that the Executive have his letter read to them so that they can decide whether they or this committee should make any reply at the present time.

Yours truly,

(Sgd.) H. B. Atlee.

Vancouver, B. C.,
December 29th, 1939.

Dr. H. B. Atlee,
119 South Park Street, Halifax, N. S.

Dear Doctor Atlee:

Your letter of December 11th received, for which many thanks.

In the present unsettled condition I can quite realize the attitude of your Association with regard to recommending to the Canadian Medical Association what you think it should do in the matter of taking a stand for or against Health Insurance. In writing you the letter I was only wondering if, by any possibility, your Provincial Association had done anything definite at their Annual Meeting.

You say further—"If and when your Committee or the Canadian Medical Association define their stand on the matter I believe our local society would be prepared to make up its mind one way or the other."

I think you will agree it is a rather difficult thing for the Committee on Economics of the C. M. A., or the C. M. A. itself, to make up their minds and define a policy unless they are authorized by those provinces to do so. There is no doubt that when the war is over, the whole question of Health Insurance, particularly from a National standpoint, will be revived and I hope then that the provinces that have not yet instructed the C. M. A. what their attitude is with regard to it will take up the subject again and come to a definite decision.

What I was really more anxious about than the question of the C. M. A. stand either for or against Health Insurance at the present time, was the question of hearing from your Province with regard to the correspondence sent to you last year (copies of which I enclosed to you in my recent letter) concerning Lodge Practice, Contract Practice, Voluntary Health Insurance and Voluntary Hospital Insurance. The Committee on Economics has already received answers to these questions from some of the other provinces and I would be very grateful indeed if you, as the Corresponding Member of the Committee on Economics of the C. M. A., and as Chairman of your local Committee on Economics, could initiate work towards the answering of those questions. It is very difficult for the C. M. A., to attempt to do any work along any of these lines from a National standpoint if reports from all the provinces are not in.

I hope I am not imposing or suggesting too much work for Nova Scotia in urging you to say, appoint small sub-committees in connection with each of the above subjects early in the New Year, in the hope that we may have material to work on before the next Annual Meeting in Toronto.

With best wishes for the New Year,

I remain, Yours sincerely,
(Sgd.) Wallace Wilson, M. D.,
Chairman,
Committee on Medical Economics, C. M. A.

Dr. Cochrane asked what action had been taken in some of the other Provinces.

Dr. Corston stated that on the major question of Health Insurance the Canadian Medical Association is marking time while their expert, Mr. Wolfenden is studying the question and publishing articles in the Journal; his final article has not yet appeared. He thought we might call for some guidance from the Committee of Economics.

Dr. MacKenzie asked if it were not a Dominion wide problem and if action should not come from the Canadian Medical Association.

Dr. Cochrane thought the Canadian Medical Association should make some suggestion and then let it be discussed.

Dr. Roy moved that no action be taken pending the report by Mr. Wolfenden. This was seconded by Dr. D. J. MacKenzie. Carried.

The Secretary next read a letter from J. Stuart Roy, Secretary-Treasurer of the Children's Aid Society of Halifax, as follows.

November 29th, 1939.

Dr. H. Grant,
Secretary, Nova Scotia Medical Society,
Dalhousie Public Health Centre,
Halifax, N. S.

Dear Sir:—

On behalf of the Children's Aid Society of Halifax, I should like to ask for the support of the Nova Scotia Medical Society re regulation of maternity homes in Nova Scotia.

This Society has sent a resolution to the Provincial Secretary that such homes be licensed and supervised by the Provincial Government.

We hope that it will go through at the next session of the Legislature. The Grand Jury brought in a recommendation recently, which the presiding Judge forwarded to the Provincial Government.

We feel that the support of the Nova Scotia Medical Society would be of great importance in furthering a remedy for this vitally important problem.

Very truly yours,

(Sgd.) J. Stuart Roy,
Secretary-Treasurer.

Dr. H. W. Schwartz moved that the Medical Society of Nova Scotia endorse the action of the Children's Aid Society. This was seconded by Dr. M. G. Tompkins. Carried.

The Secretary read a letter from Mrs. Hyland, Secretary-Treasurer of the Nova Scotia Society of Radiographers, as follows.

Victoria General Hospital,
Halifax, N. S., July 18/40.

Dr. H. G. Grant,
Secretary of the N. S. Medical Society,
116 Oxford St., Halifax, N. S.

Dear Sir:

There has lately been organized the Nova Scotia Society of Radiographers. Similar societies have been started in many other provinces and a Dominion Charter will shortly be applied for. The purpose of these societies is to raise the standard of X-ray technicians and to encourage study and research.

Members are classed as Full, Associate and Student. In order to become a Full member, it is necessary to pass an examination conducted by a board composed of two radiologists and one technician. The present officers of the Society are:—

President: Mr. A. Perry, Camp Hill Hospital, Halifax, N. S.
Vice-President: Mrs. B. Campbell, Halifax Infirmary, Halifax, N. S.
Secretary-Treasurer: Mrs. M. B. Hyland, Victoria General Hospital.
Registrar: Miss W. Flynn, Victoria General Hospital.
Advisory Board: Dr. S. R. Johnston, Victoria General Hospital, Mr. G. G. Harrison, Nova Scotia Hospital.

We should be pleased if the President of the Nova Scotia Medical Society would act as Honorary President of our organization and would ask your society to appoint from their members a radiologist to the examining board.

Yours sincerely,

(Sgd.) (Mrs.) M. B. Hyland,
Secretary-Treasurer.

The President advised that Dr. S. R. Johnston, radiologist at the Victoria General Hospital, had spoken to him about this matter, that he is very much interested in it, and would address the general session on the subject.

Dr. Cochrane said he would like to see more interest in X-ray, but thought the Society should be advised by what the radiologists had to say.

It was moved and seconded that this letter be held over for the evening meeting. Carried.

The Secretary next read a letter from Dr. T. C. Routley, General Secretary of the Canadian Medical Association, as follows:

184 College Street,
Toronto 2, June 27th, 1940.

Doctor W. L. Muir,
Halifax, Nova Scotia.

Dear Doctor Muir,

Re: Pooling Expenses

I am instructed to advise you that the Executive Committee is prepared to share on a fifty per cent basis the pooled expenses of you seven gentlemen to the annual meeting in Toronto provided that each of the seven is agreeable to the pool.

In calculating our participation in the pool, the Executive Committee has laid down that it will share on a basis of first class return railway fare, lower berth each way, plus $3.00 a day maintenance while in transit but no allowance for maintenance while at the meeting. If each one of you will let me have a statement of the amount of expenses incurred using the above measuring stick, I shall then be in a position to apply the necessary arithmetic to arrive at the division, and shall notify you as to the results. To some a cheque will go; while others I presume will be required to send a cheque to us. May I hear from you soon please.

Before closing this letter let me say how much I enjoyed our meeting together, and I trust that each of you found not only our conference but the convention as a whole very much worthwhile.

With kind regards, I am

Yours sincerely,
(Sgd.) T. C. Routley,
General Secretary.

After a short discussion it was moved by Dr. P. S. Cochrane that action on this matter be delayed until the Secretary study the relative expenses from different parts of the Dominion. This was seconded and carried.

The next item on the agenda was the nomination of members to the Council of the Canadian Medical Association, which consists of seven representatives in addition to the President and Secretary, the present members being Dr. S. W. Williamson, Yarmouth; Dr. W. N. Rehfuss, Bridgewater, now deceased; Dr. J. J. Roy, Sydney; Dr. J. F. Bates, New Aberdeen; Dr. H. D. O'Brien, Halifax; Dr. J. H. L. Simpson, Springhill, Dr. K. A. MacKenzie, Halifax, the President, Dr. H. K. MacDonald, and the Secretary, Dr. H. G. Grant, Halifax.

The following members were nominated:—

Dr. A. B. Campbell of Bear River nominated by Dr. D. J. MacKenzie;
Dr. J. S. Brean of Mulgrave nominated by Dr. J. B. Reid;
Dr. J. B. Reid of Truro nominated by Dr. M. G. Tompkins;
Dr. T. A. Lebbetter of Yarmouth nominated by Dr. A. B. Campbell;

Dr. J. J. Roy of Sydney nominated by Dr. J. R. Corston;
Dr. H. W. Schwartz of Halifax nominated by Dr. P. S. Cochrane;
Dr. J. H. L. Simpson of Springhill nominated by Dr. J. A. Langille.

It was moved by Dr. P. S. Cochrane that nominations cease. Carried.

Our representation on the Council of the Canadian Medical Association now consists of the seven members listed above with the addition of the incoming President, and the Secretary.

Regarding the appointment of a representative on the executive committee of the Canadian Medical Association it was suggested that this be left over until the next meeting of the Executive, but the Secretary advised there would not likely be one until next July, so the appointment had better be made now. It was suggested that Dr. J. R. Corston be re-appointed, but he stated that he had been on for the three years, and that it took about three weeks time of each year, and he thought it a good policy to nominate the retiring president for that position as he is familiar with the work that has gone on during his term and he could attend the meetings with the full knowledge of the work of the Society.

The Secretary stated that according to the Canadian Medical Association the Society would be nominating a representative on the Council for the next year, as Dr. Corston's term expires in 1941.

Dr. J. J. Roy thought we should nominate the retiring president as Dr. Corston suggested.

It was moved by Dr. J. R. Corston and seconded that Dr. H. K. MacDonald be the representative of the Medical Society of Nova Scotia on the Executive Committee of the Canadian Medical Association for the next year, (1941-42.) Carried.

Dr. P. S. Cochrane: "Why not have Dr. H. K. MacDonald on the Nominating Committee as well?"

Dr. H. K. MacDonald suggested that the incoming president be appointed on the Nominating Committee.

Dr. J. R. Corston reminded the Executive that next year's annual meeting of the Canadian Medical Association is to be held in Winnipeg.

It was moved by Dr. M. G. Tompkins and seconded by Dr. A. B. Campbell that Dr. D. J. MacKenzie be the representative of the Medical Society of Nova Scotia on the Nominating Committee of the Canadian Medical Association. Carried.

The following letter was read by the Secretary.

Halifax, N. S.,
14th August, 1940.

Dr. H. G. Grant,
Secretary, Medical Society of Nova Scotia,
Halifax, N. S.

Dear Doctor Grant:—

Will you kindly bring before the annual meeting of the Executive my request for an increase in salary.

The present salary, $40.00 a month, is not commensurate with the amount of office work. Since the beginning in September, 1933, there has been a great deal of regular routine work, and it took quite a while and a lot of hard work to shape the office work into a smoothly running routine. Since the inauguration of the conjoint fee at the annual meeting in

July, 1935, and the formation of the District Advisory Committee after the outbreak of the war, the office work has been more than doubled, and the prospects are that it will increase still more.

Yours sincerely,

(Sgd.) Muriel G. Currie.

Before this letter was dealt with the Financial Statement of the Treasurer was presented by the Secretary, as follows:

FINANCIAL STATEMENT

Medical Society of Nova Scotia.

Year Ending December 31, 1939.

RECEIPTS.

Jan. 1, 1939	Balance Cash on Hand	$ 2,321.89
	Subscriptions	4,285.47
	Medical Bulletin	3,246.77
	Interest on Savings Bank	6.48
	Amount held in suspense last year surplus contributions C. M. A. Convention	623.07
		$10,483.68

DISBURSEMENTS

Canadian Medical Association		$ 2,398.00
Expenses Medical Bulletin		2,420.14
Sundry Expenses		484.27
Salaries		1,680.00
Annual and Executive Meetings		302.64
Cash on Hand Dec. 31, 1939:		
Savings Bank	$1,349.26	
Current Account	1,849.37	
		3,198.63
		$10,483.68

PROFIT AND LOSS STATEMENT.

Subscriptions		$ 1,887.47
Bulletin		826.63
Interest on Savings Bank		6.48
		$ 2,720.58
Less:		
Sundry Expenses	$ 484.27	
Salaries	1,680.00	
Annual and Executive Meetings	302.64	
		2,466.91
		$ 253.67
Profit on year's operations:		
Carried forward from previous year (held in suspense).		623.07
Net Profit		$ 876.74

COGSWELL LIBRARY FUND

Medical Society of Nova Scotia.

Period from July 1, 1939, to December 31, 1939.

July 1	Balance cash on hand	$ 1.12	
	Income	100.00	
	Interest on Savings Bank	.38	
		$ 101.50	
	Balance cash on hand December 31, 1939		$ 101.50

It was moved by Dr. D. J. MacKenzie and seconded by Dr. P. S. Cochrane that the financial statement be accepted. Carried.

It was moved by Dr. J. V. Graham and seconded by Dr. J. A. Langille that Mrs. Currie's salary be increased $10.00 a month for twelve months, starting September 1st, 1940. Carried.

It was also moved and seconded that the salary to the Secretary, the honorarium to the Treasurer of $100.00 and the honorarium to the Editors, $250.00, be continued the same as last year. Carried.

Letters of appreciation from Dr. Mina MacKenzie of Pictou for the kindness of the Medical Society of Nova Scotia in sending her the Honorary Membership card for 1940 and also for the Medical Journal and Dr. Gerald C. W. Bliss of Amherst for the telegram sent him by the President for the Medical Society of Nova Scotia on April 6th on the completion of sixty years of active practice were read; also letters of appreciation from Miss Muriel Kent, J. A. Campbell, Mrs. Hazel Hall and Tommy, Mrs. Rehfuss and Miss Barnaby and Dr. David Morris.

Report of Provincial Medical Board.

The President and Members,
Nova Scotia Branch,
Canadian Medical Association,
Halifax, N. S.

Gentlemen:

Herewith a brief report of the activities of the Provincial Medical Board during the past year:

As usual the Board has conducted the regular examinations leading to a license in conjunction with Dalhousie University, and also the various necessary supplementary examinations.

It has also dealt with a very large amount of correspondence relating to licensure. In this regard it may be mentioned that the war has temporarily removed the problem of the refugee physician which for a time threatened to cause serious difficulty. It should be pointed out in this regard that the only ones registered in Nova Scotia are those who already were with the General Medical Council of Great Britain. This situation left the Board no option in the matter.

During the year the Board secured information sufficient to induce the Attorney General's Department to take steps to investigate the case of Dr. Joseph Roy of Monastery, N. S. This man was reputed to be a physician but there is serious doubt of this. It was felt that sufficient grounds existed for justifying a charge of receiving money under false pretences. This man, however, heard of an investigation pending in time to flee the country. A

number of specimens of drugs prescribed by him have been secured and are now the subject of analysis. The charge is still pending.

As opportunity presents itself the Board has from time to time reduced the fees for examination and license to medical students. These fees are now 20% less than they were in 1920. The fees for supplementary examinations have also been substantially reduced. In its desire to further assist the students as well as the profession generally, legislation was secured at the last Session of the Legislature to permit the Board to establish and maintain a Library. This it proposes to do and it is hoped that in conjunction with Dalhousie University the books secured from time to time will be housed in the Dalhousie Medical Library and the Library administered from that centre. In view of his long association with the Board it is proposed to call it "The MacDougall Library" after the President, Dr. J. G. MacDougall. The purpose of this is to place additional volumes on medical subjects in the hands of the students which the funds of the University does not permit it at present to secure. At the same time it makes these additional volumes available to the Members of the Board, the Examiners of the Board, and the Profession at large in the Province under the same terms as does the Cogswell Library Grant. Ways and means are now being sought to put this scheme into effect and a sum of money for initial purposes is at present available.

Respectfully submitted,
(Sgd.) H. L. Scammell,
Registrar.

It was moved by Dr. P. S. Cochrane and seconded that this report be received. Carried.

Report of the Legislative Committee.

The Nova Scotia Division,
Canadian Medical Association.

Your Committee has to report that during the past year there was no legislation affecting the interests of the Medical Profession and consequently no action by your Committee.

Respectfully submitted,
(Sgd.) J. G. MacDougall,
Chairman.

It was moved by Dr. P. S. Cochrane and seconded that this report be accepted. Carried.

Report of the Editorial Board Committee.

To the President and Members,
The Medical Society of Nova Scotia.

The BULLETIN has carried on in a fairly satisfactory manner during the first year of the present war. Our sources of material have been seriously curtailed; many of our contributors have entered either the Navy, Army or Air Force, this year's annual meeting of the Medical Society of Nova Scotia has been reduced to a meeting of this Executive, and lastly, the Dalhousie Refresher Course, our greatest single source for material, has been cancelled.

The Editors are in consequence suggesting to the Executive that the BULLETIN be published either quarterly or alternate months for the duration.

The Editors wish to express their appreciation of the work of the Secretary of this Society, Dr. H. G. Grant, and to Mrs. Currie, for their faithful and efficient co-operation.

Respectfully submitted,
(Sgd.) H. W. Schwartz,
Editor-in-Chief.

It was moved by Dr. J. J. Roy and seconded by Dr. P. S. Cochrane that this report be accepted.

The concensus of opinion was that if the MEDICAL BULLETIN were not issued every month it would be a loss to the Society. Dr. J. A. Langille made the suggestion that a special appeal be made to all the doctors attending the meeting and a special appeal through the BULLETIN that the Editorial staff would be forced to curtail to six months if articles were not sent in; that if each man would send in one article and one case history there would be abundance of material. Dr. Grant thought that the doctors attached to hospitals might get the internes to write up histories with very little time, and would also be instructive work for the internes.

Dr. J. R. Corston moved that it be left to the discretion of the Editorial Board how many BULLETINS they put out in the coming year, with the hope that they will be able to put out a monthly issue. This was seconded and carried.

Report of the Cancer Committee.

Dr. H. G. Grant,
Secretary,
Medical Society of Nova Scotia,
Halifax, N. S.

Dear Doctor:—

I regret to report that there has not been any work done by the Cancer Committee. Owing to the general disorganization of most of the hospital staffs it was not considered practical to ask any hospital to undertake the formation of cancer study groups. The formation of these groups is about the only activity available to our committee under the plan laid down by the Canadian Medical Association. It is to be hoped that when conditions become more stabilized, greater interest will be shown by the members of the hospital staffs in this work.

Yours truly,
(Sgd.) S. R. Johnston, M.D.,
Chairman, Cancer Committee.

It was moved by Dr. P. S. Cochrane and seconded by Dr. J. B. Reid that this report be received. Carried.

Report of the Public Health Committee.

To the Executive and Members of the Canadian Medical Association—
Nova Scotia Division.

For the period under review your Committee has nothing of an unusual nature to report. It can state however that the health of the people generally has been good. No widespread infection occurred and the communicable diseases, with few exceptions, showed decreases or tendencies to follow the downward trend of recent years. A study of the most recently compiled statistical figures reveals a very satisfactory drop in deaths from tuberculosis

and the lowest infant mortality rate so far attained. The absence of epidemics gave health workers more time to pursue the active immunization of our younger population to those diseases for which we have certain protecting agents. Very many were protected against Smallpox and Diphtheria, a lesser number against Scarlet Fever and Typhoid inoculations were practised when and where indicated. In addition, satisfactory progress was made with the introduction of the newer Whooping Cough Vaccine.

Much time was spent in an attempt to improve the sanitary conditions surrounding water and milk supplies and sewage and waste disposal. Bacteriological examinations of all municipal water supplies were carried out two to three times a month, and when pollution was found, municipal bodies were importuned to provide the necessary correctional methods. Every case of Typhoid was investigated as to source of infection, which action resulted in finding of several carriers. At present over thirty such carriers are under observation. These are in general quite co-operative and they are not now infecting other persons as they formerly were. A considerable portion of the province milk supply was inspected. Of the portion examined a fair percentage was found of good quality. This is borne out by the fact that we have not recently had outbreaks of disease traceable to milk. Considering the diseases that may be spread through milk, your Committee is of the opinion that it should be, especially when distributed in towns, pasteurized. The merit of this measure in protecting the people from milk-borne infection has been fully demonstrated. The number of pasteurizing plants in the province is increasing year after year and it is hoped before long, none other than a pasteurized milk will be on sale.

The Dental Trailer car referred to in our last report has been at work. It was sent only to districts far removed from resident dentists. During the first 98 days of operation 1,125 school children were given necessary attention, 1,530 temporary and 849 permanent teeth were extracted. There were 1,587 fillings—of these 906 were Amalgam, 253 Silicate, 316 Cement, 102 Cement and Amalgam, 7 Temporary and 3 Gutta Percha.

Respectfully submitted,

(Sgd.) P. S. Campbell, M.D., Chairman,
H. E. Kelley, M.D.,
R. C. Zinck, M.D.,
C. L. MacMillan, M.D.,
J. E. LeBlanc, M.D.,
T. R. Johnson, M.D.

It was moved by Dr. D. J. MacKenzie and seconded by Dr. P. S. Cochrane that this report be received. Carried.

Report of the Historical Committee.

To the President and Members,
Nova Scotia Branch of the Canadian Medical Association,
Halifax, Nova Scotia.

Gentlemen:

I beg to present the following report of the Committee on Historical Medicine of the Society:

During the past year no meetings were held and consequently nothing was accomplished. I would recommend that the personnel of the Committee

for the ensuing year be composed of medical officers in His Majesty's Forces, in order that the part played in the present conflict by Members of this Branch may be recorded in a satisfactory manner.

Respectfully submitted,
(Sgd.) H. L. Scammell, M.D.,
Chairman.

It was moved by Dr. J. J. Roy and seconded that this report be received and that the Nominating Committee act on Dr. Scammell's suggestion when appointing the members of the Committee on Historical Medicine, retaining Dr. Scammell as Chairman. Carried.

Report of the Workmen's Compensation Board Committee.

To The Medical Society of Nova Scotia.

I beg to report that as there was nothing of contentious nature brought before the Workmen's Compensation Board Committee during its tenure of office we have nothing to report.

Respectfully submitted,
(Sgd.) H. D. O'Brien,
Chairman.

It was moved by Dr. P. S. Cochrane and seconded by Dr. A. B. Campbell that this report be received. Carried.

Report of the Medical Museum Committee.

Chairman: Kenneth A. MacKenzie,
Members: Ralph P. Smith,
H. L. Scammell.

To The President and Executive of the Medical Society of Nova Scotia.

The following articles have been added to our collection during the past year.

Clinical Thermometer. Set of Lancets. Two Atomizers. Presented by Dr. C. A. Webster.

Old type of ophthalmoscope. MacKenzie Polygraph. Segregator. Pessaries. Tonsillotome. Presented by Dr. K. A. MacKenzie.

Diploma of the late Dr. L. W. Johnstone.

Diploma of Dr. William Johnstone, 1850.

College certificates of the late Dr. D. McN. Parker.

Several members have intimated that they had some contributions to make but, so far, these have not been received.

Your committee now makes a further appeal to members to endeavour to build up this collection.

Respectfully submitted,
(Sgd.) K. A. MacKenzie,
Chairman of Committee.

It was moved by Dr. J. A. Langille and seconded by Dr. M. G. Tompkins that this report be received. Carried.

Report of the Cogswell Library Committee.

Report of the Medical Library for the year 1939-40.

Expenditure from all sources:—

Subscriptions to current journals	$1,023.33
Purchase of back files of journals	35.81
Purchase of books	436.07
Cost of binding	253.47
Incidentals and films (including office supplies)	128.51
Librarians' salaries	1,425.00
Student assistants' salaries	489.87
	$3,792.06

During the year three new journals were added to our subscriptions, two of them as gifts. Our paid subscriptions now number 110, not including annuals, and we receive about forty as gifts. War conditions cause some uncertainty in our count.

We receive certain journals also from practitioners who bring them in at the end of the season. While we do not have the current numbers of these, still they prove very useful, especially if the complete file does ultimately arrive on our shelves. During the past year quite long runs of journals have been brought in, which are mostly duplicates, but are useful for lending out in place of our large bound volumes, and for building up our duplicate section. We gave listed our duplicates to be offered through the Exchange of the Medical Library Association, through which we have received this year 34 volumes and 318 numbers of unbound periodicals.

Eighty-eight medical books have been purchased, 275 books received as gifts, and 175 volumes have been bound at an average cost of $1.45. One hundred and six items were loaned to fifteen borrowers outside of Halifax. It is worth while noting that throughout the year good use has been made of the library by the medical men in the services, both local and of other nationalities.

Receipts Cogswell Library Fund, 1938-39 (Dr. Muir) $132.00
1939-40 (Dr. Muir) 230.00

(Sgd.) G. H. Murphy,
Chairman.

It was moved by Dr. P. S. Cochrane and seconded by Dr. A. B. Campbell that this report be received. Carried.

Report of the Divisional Medical Advisory Committee.

Dr. J. R. Corston, the Chairman, advised that the Secretary had suggested that he make some kind of a brief report of the activities of the Divisional Advisory Committee. "As published in the BULLETIN, (July, 1940), last October a Divisional Advisory Committee had been appointed, consisting of Dr. J. H. L. Simpson of Springhill, Dr. H. A. Creighton of Lunenburg, Dr. A. E. Blackett of New Glasgow, Dr. J. S. Brean of Mulgrave, Dr. L. M. Morton of Yarmouth, Dr. W. W. Patton of Glace Bay, Dr. L. E. Meech of North Sydney, Dr. S. G. MacKenzie of Truro, Dr. L. W. B. Braine of Annapolis Royal, and Dr. K. A. MacKenzie, Dr. F. R. Davis or Dr. P. S. Campbell, Dr. W. L. Muir, and Dr. J. R. Corston as Chairman, all of Halifax. This large committee was appointed so that all districts of the Province would be represented on the Medical Advisory Committee. As it was obviously impossible to have that large committee meet frequently, they were authorized to appoint

a sub-committee of this committee who could be easily drawn together. This sub-committee consists of Dr. S. G. MacKenzie of Truro, Dr. H. A. Creighton of Lunenburg and Dr. K. A. MacKenzie, Dr. F. R. Davis or Dr. P. S. Campbell, Dr. W. L. Muir and Dr. J. R. Corston. We have had several meetings and we have dealt with matters which have been referred to us from various sources, principally from the Canadian Medical Advisory Committee, and from the military authorities in District No. 6, also from the Dalhousie Medical Faculty, from the Halifax Infirmary and from certain districts outside whose medical practitioners were called for medical service. The Committee have received satisfactory co-operation from the District Medical Officers and from the military authorities. We had a conference with the Director General, Colonel R. M. Gorssline, and with representatives from the two large hospitals here, the Victoria General Hospital and the Halifax Infirmary, and from the Dalhousie Medical Faculty. At this conference the Director General expressed his wish that the fullest co-operation should exist between all these other interests and his department, and he asked that we should all act to further that co-operation. The advice that we have given has, as a rule, been acted upon by the military authorities.

One matter which came up at the annual meeting in Toronto was the rank and pay of military officers entering the service.

I was asked by the Secretary to confer with Dr. H. K. MacDonald, the President, who was also in Toronto, and we were asked to sit in at a conference which was being held a day or two later. I might say that we did not get very far. The Director General explained the regulations which were as stated that a medical practitioner entering the service was given the rank and pay of Lieutenant, with the almost certainty of having his rank and pay raised to that of Captain in three months time. He said, however, that when a medical practitioner was called to do special service, he was given the pay of Major from the start, but it depended upon what he was called to do. "I have nothing more to say at the moment, but I will be glad to answer any questions within the limitations of my ability, and within limitations of our confidence."

Dr. A. B. Campbell: "I think we should thank Dr. Corston for his interesting report and move that it be received and adopted." This was seconded by Dr. P. S. Cochrane. Carried.

Report of the Secretary.

The Report of the General Secretary for the year ending December 31st, 1939.
To the President, the Executive and Members of
The Canadian Medical Association,
Nova Scotia Division.

Gentlemen:—

As the year of the Medical Society of Nova Scotia, Canadian Medical Association, Nova Scotia Division, is now a calendar one conforming to that of the Canadian Medical Association, this report covers the last half of the year 1939. The activities of the first six months of the year were included in the last report of the secretary published in the August, 1939, edition of the BULLETIN.

The Annual Meeting. The annual meeting was held at "The Pines", Digby, on July 5th and 6th, 1939, and was most enjoyable. The scientific part of the programme included two papers on medical economics. Dr. R. C. Williams of the United States Public Health Service spoke on "Experience of the Farm Security Administration of the Federal Government in the Development of Medical Care Programmes for Low Income Farm Families"; and Dr. T. C. Routley, General Secretary of the Canadian Medical Association, told us of the method of handling medical relief at present in force in the Province of Ontario. Both of these papers were well received and members from all parts of the province joined in the discussion. Dr. Frank Patch of Montreal spoke on "Urinary Tract Infections". The other contributors were Dr. T. A. Lebbetter of Yarmouth, "Coronary Artery Disease"; Dr. L. R. Morse of Lawrencetown, "Post-operative Thrombosis"; Dr. J. R. Corston, "Dagenan"; and Dr. W. K. House of New Waterford "Inguinal Hernia". During the second business session we were favoured with short speeches by Dr. Frank Patch, at that time President of the Canadian Medical Association, and Dr. T. C. Routley, the General Secretary.

The social side of the meeting was most enjoyable. "The Pines" with its beautiful site, good food, swimming pool and golf course is an ideal place for a convention. The annual dinner and dance was held on Wednesday evening, Dr. J. H. L. Simpson presiding. The golf tournament was perhaps the only disappointing feature of the meeting as very few remained to attend that function. It would perhaps be better in the future to hold this on the first day of the meeting. During the two days eighty-seven members registered.

Membership. Membership in the Society has been well maintained. This year there were 312 members; 301 conjoint, 4 of the Medical Society of Nova Scotia only, and 7 honorary members. Following our usual procedure drafts and bills were sent out during January. A second letter was sent out in May prompting those who had not paid their fees and in addition the secretaries of the branch societies did some personal soliciting in their respective districts.

The regular semi-annual meeting of the executive was held at Halifax on October 5th, 1939, at the Dalhousie Public Health Clinic. A full report of the meeting was published in the November, 1939, edition of the BULLETIN. The chief business of this meeting was the preparation for the annual meeting and also the formation of a Divisional Advisory Committee.

Obituary. The following members of our Society passed away from July 1st, to December 31st, 1939.

Alexander MacGillivray Young, M.D., McGill University, 1906, died in Saskatoon, July 9th, 1939, aged sixty. Dr. Young was born at Millsville, Pictou County, Nova Scotia, July 30th, 1878, and was educated at Pictou Academy, and received his B.A. from Dalhousie in 1903. Dr. Young was a member of the Medical Council of Canada from 1912 to 1937, and was President in 1925-26, and registrar of the Saskatchewan College of Physicians and Surgeons from 1919 to 1936. At the time of his death he was Liberal member of Parliament for Saskatoon.

William Duff Forrest, M.D., Dalhousie Medical School, 1898, died at Halifax on September 12th, 1939, aged sixty-six. Dr. Forrest was born in Halifax, a son of the late Rev. Dr. John Forrest, past president of Dalhousie University, and was educated first in the public schools of Halifax and later

at Dalhousie University where he received his B.Sc. degree in 1895, and the M.D., C.M., in 1898. After serving as an interne at the Victoria General Hospital, Halifax, he went to London, England, where he received the degrees of M.R.C.S. and L.R.C.P. He established practice in Halifax in 1901 and was there from that time until his death.

Wallace Norman Rehfuss, M.D., McGill University, 1903, died at Bridgewater, Nova Scotia, on November 5th, 1939, aged 63. Dr. Rehfuss was born at Conquerall Banks, N. S., in 1876. He graduated in Arts from Greenville College, Greenville, Pa., and entered McGill University where he received his medical degree in 1903. The same year he began his practice in Bridgewater and carried it on until shortly before his death. Dr. Rehfuss was a Fellow of the American College of Surgeons and a member of local and Dominion medical societies.

William Reginald Morse, M.D., McGill University, 1902, died suddenly in Boston in November, 1939, aged sixty-five. Dr. Morse was born in Lawrencetown, N. S., August 30th, 1874, and after completing public school work obtained a teachers' license in 1893 and taught for one year. He graduated from Acadia University in 1897 with honours in chemistry. Dr. Morse began practising at South Ohio, Yarmouth County, and then after five years moved to Providence, R. I. After two years practice in that city he went to China as medical missionary with the American Foreign Missionary Society in which service he continued until 1937 when ill health compelled him to retire.

War Activities. At the beginning of the war the Canadian Medical Association offered to help in any manner it could the National Department of Defence. As a result, a Central Advisory Committee of the Canadian Medical Association was established, and also Divisional Advisory Committees in the several divisions. These committees have functioned since the beginning and have been most useful to the Department of National Defence in selecting applicants for the Army, and also in safe-guarding the medical needs of the civilian population. A separate report will be given by Dr. J. R. Corston, Chairman of our Divisional Committee.

Respectfully submitted,
(Sgd.) H. G. Grant,
Secretary.

It was moved by Dr. P. S. Cochrane and seconded by Dr. R. S. Henderson that this report be accepted. Carried.

The following letter from Dr. T. C. Routley, General Secretary of the Canadian Medical Association, was read by the Secretary.

184 College Street,
Toronto 2, May 31st, 1940.

Doctor H. G. Grant,
Dalhousie University, Halifax, Nova Scotia.

Dear Doctor Grant,

The expenses incurred in taking Mr. Wolfenden to the Maritime Conference in Moncton amounted to $178.13, including $100.00 honorarium. If your Division feels that you would like to participate in the financial arrangements, we shall be glad to receive such amount as you care to send us.

Thanking you, I am
Yours sincerely,
(Sgd.) T. C. Routley,
General Secretary.

It was moved by Dr. J. R. Corston and seconded by Dr. P. S. Cochrane that the Executive recommend to the general meeting that we pay $50.00 out of the emergency fund deposited in the Bank in 1938 towards Mr. Wolfenden's expenses. Carried.

It was moved by Dr. J. J. Roy and seconded by Dr. J. S. Brean that the following doctors be taken in as members of the Medical Society of Nova Scotia. Carried.

Dr. L. A. Pennington Collier, Halifax.
Dr. S. T. Laufer, Halifax.
Dr. D. M. MacRae, Halifax.
Dr. Clement McLeod, Halifax.
Dr. A. A. Epstein, New Waterford.
Dr. P. O. Bagnall, Westville.
Dr. A. L. Cunningham, New Germany.
Dr. J. W. A. Greig, Bridgewater.
Dr. J. B. MacDonald, Stellarton.
Dr. A. M. Wilson, Barrington.

There being no further business the meeting adjourned at 6.05 p.m.

FOR SALE

The following instruments, all in good condition, belonging to the Estate of E. B. Hall, M.D., are for sale. For further particulars apply to Mr. Chittick, MacLeod-Balcom, Ltd., Paramount Pharmacy, Spring Garden Road, Halifax, N. S., where the instruments may be seen.

2 Gold Needles—Tonsils.
Glass Vaginal Syringe.
Glass Irrigator Set with tube.
Skin Clips—200.
Boehm Surgical Instrument Set: Otoscope, Speculum and Tongue Depressor.
Rayo Health Light.
Cameron's Surgical Light with Opthalmoscope and Rheostat.
Spinal Hypo. Syringe—metal case—3 c.c. B. & D.—2 c.c.
Case of Knives—6.
Insulin Syringe—metal case.
Comprex Cautery Oscillatory—2 Cautery Needles.
2 Tonsil Snare.
Alligator Forceps for nose.
One head mirror. Mouth gag.
2 Vaginal Speculums.
One Rectal Speculum.
Speculum set of four.
Vaginal Powder Insufflator.
Ear Syringe.
Double Urethral Sounds.
Nasal Snare. Plaster Saw.
Pelvimeter. 2 Trocars.
Ear Probe in case.
One new Ear Instrument and case.
1 Vaginal Pessary (bakelite).
Ear Speculum—2 sizes.
Umbilical Clamp with two buttons.
One 20 c.c. Syringe.
Two 10 c.c. Syringes.
Two 2 c.c. Syringes.
S. Gravity Thermometer.
2 Lumbar Needles.
Blood Puncture set. Canvas Roll.
Metal Sterilizer for Sterilizing on Stove.
Instrument Cabinet—all glass with metal frame—glass shelves—metal drawers—about 6 ft. high.
Metal Filing Cabinet.
Obstetrical Stirrups.
One Sound (Chrome).
5 Curets (1 flushing).
1 Eye Retractor. 3 Applicators.
1 Weighted Speculum. 1 Dilator (Wylie).
1 Uterine Packing Forceps.
1 Pessary (hard rubber).
1 Axis Traction Obstetric Forceps.
1 Vaginal Retractor. 2 Uterine Curets.
1 Bone-cutting Forcep.
1 Periosteal Elevator.
1 Dissector. 2 Bone Retractors.
4 Towel Clips. 2 Clip Holders.
2 Air-Ways. 1 Nasal Tube.
1 Adenotone. 2 Tongue Depressors.
4 Tonsil Knives. 1 Tonsil Forcep.
1 Adenoid Curet. 2 Pillar Retractors.
2 Sleutons. Head Light.
Trephines.
2 Babcocks Intestinal Forceps.
Tonsil Scissors.
Uterine Vulsellum Forceps.
Haemocytometer Chamber and Pipettes.

87th Annual Meeting Medical Society of Nova Scotia, 1940

BUSINESS MEETING

THE general business meeting of the 87th annual meeting of the Medical Society of Nova Scotia was held at the Dalhousie Public Health Clinic, Halifax, N. S., on Tuesday, August 27th, 1940, at 8.20 p.m.

The meeting was called to order by the President, Dr. H. K. MacDonald.

The President advised that the Executive had met in the afternoon and gone through a good deal of business which would be put before the general meeting as the evening went on. According to the Constitution and By-Laws the Nominating Committee is appointed near the end of the first business session, but as there would be only one business session this year, he would name the Nominating Committee at once and they could bring in their report later on in the evening, this was agreed to by the general session. Dr. MacDonald presented the names of the Nominating Committee as follows: Dr. J. J. Roy, Chairman, Dr. P. S. Cochrane, Dr. A. R. Morton, Dr. J. B. Reid and Dr. A. L. Murphy.

It was moved by Dr. P. S. Campbell and seconded by Dr. S. R. Johnston that the minutes of last year's meeting as published in the MEDICAL BULLETIN of August, 1939, be accepted as read. Carried.

The first business was in connection with British guest children, and the Secretary read Dr. Routley's letter of July 11th, as published in the Executive minutes.

Dr. P. S. Campbell stated with respect to the medical care asked for, there were two things, one the medical care of the guest children generally, the other the placement of doctor's children in doctor's homes. The first is a Government sponsored project for children at large, and the placing of doctor's children is in the nature of a private undertaking. The placement of these children is under the Department of Child Welfare. The Department of Public Health is concerned only with the examination of these children after they arrive to insure that they are safe to enter homes. With that view in mind they are given a complete physical examination; in addition they have been vaccinated against small-pox, given first toxoid, all tuberculin tested, all X-rayed, a Kahn test made, and a psychiatric examination. The respective homes have been investigated to make sure that they are safe and proper places for these children to enter and of the 120 children which have been placed in the Province of Nova Scotia their Kahns have been negative and they had no diseases of the chest. Now coming to the medical care. We have nothing to do with that. The doctors are asked to give medical care and treatment after they are placed. I think that means ordinary medical care but any major condition will be taken care of out of a fund that is hoped to be gotten together for this purpose. For example, if one child is taken ill with an acute appendix and has to be taken to a hospital and operated on that will be paid for, the doctor will not be expected to treat that condition free. The same applies to a major condition in the home. A fractured femur would be an example of that.

The President asked where the fund would come from to pay for that.

Dr. Campbell replied that it was thought that some funds would be released from England. This has developed since the letter of Judge Blois' was written. It is a matter for the whole Society to consider, and he would advise against any hasty action. A lot hinges on what is meant by major medical care.

The Secretary then read Judge Blois' letter of July 5th, also published in the Executive minutes.

Dr. W. A. Curry thought that major illnesses should be looked after in the free wards.

Dr. P. S. Campbell replied that if they were looked after in public wards the municipalities would be released from that.

Dr. H. B. Atlee thought that as many of our colleagues had entered the R.C.A.M.C. that the rest might do their bit by taking care of these children.

Dr. J. R. Corston did not think that Government were going to pay anything except the hospital expenses.

Dr. P. S. Campbell moved and Dr. G. H. Murphy seconded that this Society go on record as being favourable to the resolution made by the Executive at the afternoon session and that the Society endorse the action of the Ontario Medical Association. Carried.

Dr. H. B. Atlee read his letter of January 1st, and Dr. Wallace Wilson's letter of December 29th, 1939, as published in the Executive minutes.

It was moved by Dr. M. J. Carney and seconded by Dr. W. A. Curry that the action of the Executive be concurred in regarding Medical Economics. Carried.

The Secretary read the letter from Mr. J. Stuart Roy, also published in the Executive minutes, and it was stated that this Act had been passed by the Legislature.

The Secretary read the letter from Mrs. M. B. Hyland, as published in the Executive minutes.

Dr. S. R. Johnston advised these societies have been started in most of the Provinces in Canada, and that in this Province we have many small hospitals in which technicians are not trained. It had been considered a good idea to form such a society. It is proposed to have refresher courses and give lectures twice a year and have these technicians attend, then if they are able to pass the examination and obtain Class "A" they will be able to carry on any X-ray work. He thought it was a project worthy of any help that the Society could give.

Dr. H. G. Grant advised that Dalhousie University did not give any special course in X-ray. Dr. R. P. Smith gives a course in Laboratory Diagnosis, but it is not listed in the calendar. There is not any University course in Radiology Technique.

Dr. K. A. MacKenzie asked what was the usual way in which an X-ray technician became qualified.

Dr. S. R. Johnston replied that in the United States they had to pass an examining board. In this Province we have many small hospitals in which some of the nurses do part time radiologist's work and it cannot be expected that these small hospitals would send their nurses away to take a course of one or two years. He thought this Society should be supported as technicians from small hospitals would be able to improve themselves and

keep up with their work. The intention is to have refresher courses twice a year where they could go and spend a few days brushing up.

Dr. H. G. Grant asked if a technician were trained outside, would he again have to take the examinations of the Board before he could practise.

Dr. S. R. Johnston replied, "No".

It was moved by Dr. S. R. Johnston and seconded by Dr. K. A. MacKenzie that the President of the Nova Scotia Division of the Canadian Medical Association act as Honorary President of the Nova Scotia Society of Radiographers. Carried.

Regarding the appointment of a radiologist to the examining board it was moved by Dr. P. S. Campbell and seconded by Dr. W. A. Curry that Dr. H. R. Corbett of Glace Bay be appointed from the Medical Society of Nova Scotia as radiologist to the examining board of the Nova Scotia Society of Radiographers. Carried.

The Secretary explained the letter of Dr. T. C. Routley of June 27th, as published in the Executive minutes re pooling the expenses of the secretaries to attend annual meetings of the Canadian Medical Association, and that the Executive had delayed action until the relative expenses from different parts of the Dominion were studied. It was moved and seconded that this action of the Executive be agreed upon. Carried.

The Secretary then named the members of Council of the Canadian Medical Association who had been nominated at the Executive meeting.

The recommendation of the Executive that Dr. H. K. MacDonald be appointed our representative on the Executive Committee of the Canadian Medical Association was accepted.

The Executive's action appointing Dr. D. J. MacKenzie as our representative on the Nominating Committee of the Canadian Medical Association was accepted.

The next matter taken up was a request from Mrs. M. G. Currie for an increase in salary. The action of the Executive in granting Mrs. Currie an increase of $10.00 a month for twelve months to begin September 1st, 1940, was approved.

The recommendation of the Executive that the salary of the Secretary, the honorarium to the Treasurer and the Editors be continued the same as last year was approved.

The report of the Provincial Medical Board, as published in the Executive minutes was read by the Secretary. It was moved and seconded that this report be received. Carried.

Dr. H. W. Schwartz read the report of the Editorial Board Committee, which is also published in the Executive minutes.

Dr. H. K. MacDonald advised that following the report of the Editorial Board Committee there had been a very, very interesting discussion, and many views had been expressed, and the result had been Dr. J. R. Corston's motion.

Dr. K. A. MacKenzie asked what the effect would be on the advertising fees if the MEDICAL BULLETIN were cut down in publication.

The Secretary advised that if all the advertising were retained that the income would be the same, but he was not sure that they would be all retained. He had telephoned the Imperial Publishing Company regarding printing, and their price would be about the same.

Dr. H. K. MacDonald stated that the views of practically everyone who spoke at the Executive Meeting had been that it was desirable to continue the publication of the BULLETIN if at all possible. Ways and means had been suggested to the Executive, and they had moved they would leave the matter entirely in the hands of the Editorial Board, and it was really up to the profession of Nova Scotia to keep the BULLETIN going.

Dr. A. L. Murphy spoke for the Editorial Board Committee and stated they would be glad to keep the BULLETIN going; that they had had to use reports from other magazines which was really not the purpose of the BULLETIN.

It was moved and seconded that the action of the Executive be concurred in. Carried.

Regarding the report of the Cancer Committee, as published in the Executive minutes, nothing had been done of any importance.

It was moved and seconded that the Report of the Public Health Committee, also published in the minutes of the Executive, be accepted. Agreed.

Dr. Hugh MacKinnon stated that in connection with his work as port doctor in the City of Halifax he noted a great many cases of venereal disease, and he considered the situation bad. He wondered whether the Society or the Board of Health had taken any action to control this disease.

Dr. P. S. Campbell replied that the Department of Health had taken some action. A committee had been set up dealing with venereal disease control in Halifax and it had done reasonably good work. The committee consists of representatives from the Mounted Police, Halifax and Dartmouth police, Halifax and Dartmouth Health Boards, the Attorney General's Department, the Medical Society of Nova Scotia and Dalhousie University (Dr. Grant), and the Provincial Department of Health (Dr. Campbell). At the first meeting Major General Constantine had been present and a general discussion had followed. Various means had been resorted to and he did not agree with Dr. MacKinnon that the situation was bad. A very considerable number of houses have been raided, and many women have been arrested on the charge of vagrancy; very considerable progress has been made and the number of cases is not great. In fact it is amazingly low, and in conversation with Major General Constantine a few weeks ago he told Dr. Campbell that the same percentage existed in his forces, and he thought that this was correct. The public generally does not know what is going on. He was prepared to say that very considerable progress had been made and that the situation was not alarming as far as he could find out. They were up against one thing, and that was failure to report cases. These are being cared for by the staffs set up for the purpose and as soon as they are found, each man is asked to give his source of infection, and they have many delicate situations. It is not an easy job to be picketing places at all hours of the night. When these places are discovered, the Major General is communicated with, and these places are put out of bounds.

Dr. MacKinnon thanked Dr. Campbell for this report and said he was glad to know the situation was being dealt with.

The Report of the Historical Committee was read by the Secretary, also published in the Executive minutes, and it was moved and seconded that the action of the Executive be concurred in. Agreed.

The report of the Medical Museum Committee was read by Dr. K. A. MacKenzie. Dr. MacKenzie said he would like to remind the profession again that this collection is growing and that there are great possibilities,

but he would like to have more interest taken by the members, that there are lots of things around the Province which could be collected, and if everybody would keep this in mind they would soon have a good collection.

The Report of the Narcotic Drug Committee was read by Dr. K. A. MacKenzie.

Mr. President and Members of Executive,
Medical Society of Nova Scotia.

Your Committee consisting of Drs. H. W. Schwartz, C. M. Bethune and myself met on November 7th with Dr. G. A. Burbidge, Mr. A. A. Thompson and James D. Walsh, representing the Nova Scotia Pharmaceutical Society. Various questions of mutual interest were discussed. The main problem was the restriction of the sale of dangerous drugs to the public.

The Committee made the following recommendations.

1. That the Pharmacy members recommend to the N. S. P. S. Council that application be made to the Government for an amendment to the Pharmacy Act which would give the Council power to prohibit the sale to the public of such drugs referred to in the schedule of the Act, as may be named by the Council from time to time, except on the written order of a registered physician, dentist or veterinary surgeon. Such prohibition would become effective upon approval by the Governor in Council.

2. If and when the above amendment is procured, the following drugs be named:—codeine, sulphanilamide and related drugs, certain drugs of the barbiturate groups.

3. That notices be inserted in the Nova Scotia Medical Bulletin directing attention to the said prohibitions and that an editorial appeal be made to practitioners to refrain from oral prescribing or recommending such drugs to patients.

4. That the joint committee meet from time to time as may seem desirable.

Shortly after this meeting it was announced that the Federal authorities had placed codeine on the narcotic list.

The amendment suggested by the Pharmaceutical Society were passed by the Legislature and is still before the Governor in Council after the approval of which prohibition of certain drugs will be legal. Dr. Burbidge informs me that he expects to get this approval in a week or so.

The joint Committee can be most useful in dealing with the many problems which are of mutual interest to both societies, and your Committee will be very happy to bring any suggestion from any member of this Society to the joint Committee.

Respectfully submitted,
(Sgd.) K. A. MacKenzie,
Chairman.

It was moved by Dr. P. S. Cochrane and seconded by Dr. A. L. Murphy that this report be received and adopted. Carried.

The Secretary read the report of the Cogswell Library Committee, also published in the minutes of the Executive. It was moved and seconded that this report be received. Carried.

Dr. H. B. Atlee reported that nothing had been done this year in connection with Medical Economics.

Dr. J. R. Corston, Chairman of the Divisional Medical Advisory Committee, gave a verbal report on the work of his committee. "My report this afternoon as you recollect, was largely a restatement of the statement I prepared for publication in the BULLETIN in July. We have a Committee composed of about fifteen, situated in different parts of the Province. For the purpose of doing routine work a sub-committee was organized, consisting of members resident in Halifax and Dr. S. G. MacKenzie of Truro and Dr. H. A. Creighton of Lunenburg. This committee has had several meetings, seven or eight, and have dealt with various matters connected with military services. Communications asking for our opinion and advice have come from the Committee at Ottawa, District No. 6, Dalhousie University, Halifax Infirmary and other hospitals in other towns. We have made a practice of keeping all minutes and sending them out to all members in the Province. We have had good co-operation from the military authorities, and in almost every instance our advice has been taken. One matter which was of considerable interest did not come before the Committee as a whole, but it took the form of a telegram to me at Ottawa from our Secretary to the effect that there was dissatisfaction of rank and pay to doctors enlisting in the Army. I was requested to confer with Dr. H. K. MacDonald, our President, who was also up there, and communicate with the Central Medical Advisory Committee. We did so, and we were asked to attend with them a conference which was to be held later with Colonel Gorssline. He explained the regulations, but did not undertake to remedy them in any way, but his explanation was that a medical man entering the Army was given the rank and pay of Lieutenant, with the almost certain assurance of having his rank and pay raised to that of a Captain in three months. When a man was called to take charge of some special work if the military position called for a rank of Major, he would be given that, eventually. He did not give any indication that he proposed to change that regulation. On the whole, I may say that we think we have pretty good co-operation from the local military authorities. We had a conference with Colonel Gorssline and his officers here and while the matter of getting suitable men for military service of the Army was gone into in general, and the desire of the Director General was that he should get the best men possible for his military work, at the same time he did not want civilian services to be seriously interfered with."

The financial report of the Treasurer was then read by the Secretary, also published in the Executive minutes.

It was moved by Dr. W. G. Colwell and seconded by Dr. A. R. Morton that this report be accepted. Carried.

The Secretary read Dr. T. C. Routley's letter of May 31st, published in the Executive minutes, and advised that the Executive had recommended to reimburse the Canadian Medical Association $50.00 out of the emergency fund. It was moved by Dr. J. J. Roy and seconded by Dr. K. M. Grant that this action of the Executive be concurred in. Carried.

The report of the Secretary was then read, also published in the Executive minutes. It was moved by Dr. W. G. Colwell and seconded by Dr. Lewis Thomas that this report be accepted. Carried.

The slate of names of new members as presented at the Executive meeting was next given and it was moved and seconded that they be taken in as new members. Carried.

The report of the Nominating Committee was read by the Chairman, Dr. J. J. Roy, as follows:

President - - - - - -	Dr. A. B. Campbell, Bear River.
1st Vice-President - - -	Dr. J. G. B. Lynch, Sydney.
2nd Vice-President - - -	Dr. D. F. McInnis, Shubenacadie.
Treasurer - - - - - -	Dr. W. L. Muir, Halifax.
Secretary - - - - - -	Dr. H. G. Grant, Halifax.
Place of next meeting - -	Kentville, N. S.

Legistive Committee—Dr. J. G. MacDougall and Dr. G. H. Murphy, Halifax.

Editorial Committee—Dr. H. W. Schwartz, Dr. J. W. Reid, Dr. A. L. Murphy, Halifax.

Cancer Committee—Dr. S. R. Johnston, Dr. H. B. Atlee, Halifax; Dr. M. G. Tompkins, Dominion.

Public Health Committee—Dr. P. S. Campbell, Halifax, and the executive of the Nova Scotia Health Officers' Association.

Insurance Committee—Dr. L. R. Morse, Lawrencetown; Dr. T. A. Lebbetter, and Dr. C. A. Webster, Yarmouth.

Historical Committee—Dr. H. L. Scammell, Halifax, with power to appoint his own Committee.

Workmen's Compensation Board—Dr. H. K. MacDonald, Halifax; Dr. H. A. Creighton, Lunenburg; Dr. V. D. Schaffner, Kentville; Dr. J. S. Brean, Mulgrave; Dr. Dan Murray, Tatamagouche.

Medical Museum Committee—Dr. K. A. MacKenzie, Dr. H. L. Scammell, Dr. R. P. Smith, all of Halifax.

Cogswell Library Committee—Dr. G. H. Murphy, Dr. J. R. Corston, Dr. W. L. Muir, all of Halifax.

Medical Economics Committee—Dr. H. B. Atlee, Dr. K. A. MacKenzie, Dr. A. E. Murray, all of Halifax.

Narcotic Drug Committee—Dr. D. J. Macdonald, Dr. C.W. Holland and Dr. F. V. Woodbury, all of Halifax.

Dr. H. B. Atlee asked that his name be removed from the Medical Economics Committee, but that it remain on the Cancer Committee. He stated that he had been on the Medical Economics Committee for the past three years and could not find anything to report. He made the suggestion that from a medical economic standpoint as Cape Breton was the most important part of this province some man from that section would be much more able to speak on that subject.

The Secretary brought up the subject of the time of next year's meeting, and advised that according to the Constitution and By-Laws the regular meeting of the Society shall be convened annually on the first Wednesday of July, and that next year the first Wednesday in July would be the second of July, so that the Executive would have to meet on the first of July, a holiday. As our Society has always worked with the Health Officers' Association they would have to hold their meeting on the first of July.

It was moved by Dr. P. S. Campbell and seconded by Dr. T. R. Johnson that the Society hold its regular annual meeting on the second Wednesday of July in 1941, that is July 9th. Carried.

It was moved and seconded that Dr. A. Calder of Glace Bay be appointed Chairman of the Medical Economics Committee in place of Dr. H. B. Atlee. Carried.

It was moved by Dr. R. A. MacLellan and seconded by Dr. P. S. Campbell that the report of the Nominating Committee as recommended by Dr. J. J. Roy be adopted. Carried.

The President stated that as it was usual at this point of the meeting to call on the president elect to take the chair, he would call on Dr. A. B. Campbell to take over his duties. Dr. Campbell assumed the chair, stating that he thanked the Society very much for the honour and would do everything he could to further the interests of the Society.

The following were recommended for senior membership in the Canadian Medical Association: Dr. S. A. Adlington of Bedford and Dr. A. McD. Morton of Halifax.

Dr. C. E. Kinley said he regretted very much that Dr. J. R. Corston had resigned from the Executive of the Canadian Medical Association and thought perhaps he might reconsider his decision.

Dr. P. S. Cochrane stated that it had been with deep regret that the Executive had accepted Dr. Corston's resignation, but as he had been on for four years and it was taking too much of his time, his resignation had been accepted.

Dr. A. B. Campbell stated that all the Executive felt the same way about Dr. Corston and he had been urged to carry on.

Dr. J. R. Corston: "I appreciate very much what has been said. Incidentally, I am not through with the job yet, as I have to go another year. In making appointments to the Executive it is considered the best practice to keep a man on for two or three years so that he will get the swing of things, but there is a limit to that sort of thing and four years is really a little too much, and I think changing the representative is the proper policy every three or four years. I think the Society has chosen wisely in my successor, Dr. H. K. MacDonald."

Dr. H. B. Atlee spoke concerning the insurance certificates the doctors were asked to sign after the death of patients, for small amounts, usually to bury the patient, which are only valuable to the insurance company in the claim of death, and yet all the doctors have to sign them without recompense. They only benefit the insurance company and not the insured. He wondered if the Society could not make some form of protest.

After some discussion it was moved and seconded that this matter be referred to the Insurance Committee. Carried.

There being no further business the meeting adjourned at 10.50 p.m.

Personal Interest Notes

THE wedding took place at Halifax on July 12th of Miss Rita Day, daughter of Dr. and Mrs. K. K. Blackadar of Yarmouth and Dr. Robert Gordon Wright, son of Rev. and Mrs. H. G. Wright of Inverness. Dr. and Mrs. Wright will reside at Noel, Hants County, where the groom who studied at Mount Allison University and graduated this year from Dalhousie Medical School is practising. The bride studied at the Bermuda High School for Girls, and is a graduate of the Halifax Academy and the Provincial Normal College. She has been a teacher at the Hon. W. S. Fielding School, Halifax.

Dr. Louis Gelber of Newark, N. J., who has been radiologist at the Glace Bay General Hospital for the last eight months, has resigned, and returned to Newark.

Captain and Mrs. E. F. Ross of Halifax have returned from a trip to Central Canada. Captain Ross was taking a military course at Kingston, Ontario, and Mrs. Ross was visiting friends in Ottawa.

Dr. and Mrs. H. L. Scammell and daughter of Halifax spent their vacation in July at Toney River, Pictou County.

Dr. H. A. Creighton of Lunenburg was guest speaker at the Kiwanis luncheon held at the Fairview Hotel, Lunenburg, on July 15th, speaking on the subject "The Enemies of Man", dealing with bacterial infection.

Dr. and Mrs. W. A. Hewat of Lunenburg spent a week in July visiting in Prince Edward Island.

Dr. A. R. Morton of Halifax has been appointed City Medical, Health and Welfare Officer.

Dr. James C. Farish of Vancouver was a recent visitor in Liverpool. Dr. Farish, who is a brother of Dr. G. W. T. Farish of Yarmouth, was born in Liverpool seventy-four years ago and this year celebrated his fiftieth year in the practice of medicine.

The BULLETIN extends congratulations to Dr. and Mrs. Harry D. Roberts of St. John's, Newfoundland, on the birth of a son on September 1st. Mrs. Roberts was the former Katharine Moxon of Truro.

The Hon. F. R. Davis, M.D., is attached to No. 1 Casualty Clearing Station, N.P.A.M., with the rank of lieutenant. The unit has just completed three weeks training at Aldershot.

Dr. and Mrs. D. K. Murray and small daughter of Liverpool spent a vacation during August at Northumberland Lodge, Toney River.

We are pleased to hear that Dr. Norman H. Gosse of Halifax who has recently undergone an operation for appendicitis is out of hospital and rapidly gaining back his health.

Dr. and Mrs. E. M. Curtis of Truro spent a vacation in August visiting Prince Edward Island and various parts of Nova Scotia.

Dr. J. A. Langille, formerly of Pugwash, has recently undergone a major operation, and we are very glad to learn that he has made a successful recovery and is now convalescing.

Dr. Dixon Dobson has arrived from Detroit, Michigan, and has opened a practice in Yarmouth and is located in the office formerly occupied by Dr. Farish. They are living in Mrs. Dobson's former home, that of her parents, the late Dr. and Mrs. W. S. Phinney.

Captain J. A. Muir, formerly of Port Hawkesbury, now attached to No. 7. Hospital Unit, Aldershot, has been a patient at Cogswell Street Hospital, Halifax, for sometime, suffering from lobar pneumonia. We are delighted to hear that Dr. Muir is out of danger and will soon be back at work.

Dr. M. Jean Whittier, Dal. '29, a native of Rawdon, Hants County, medical missionary from India, is now home on furlough.

Squibb Releases Sulphathiazole

Sulphathiazole has been released for sale by E. R. Squibb & Sons of Canada Ltd., in the form of 0.5 gram scored tablets for oral dosage and in crystals for compounding prescriptions and for determination of blood concentration.

Sulphathiazole has received extensive clinical trial and is a noteworthy advance in the chemotherapeutic treatment of pneumococcal and staphyloccocal infections. It is the third of the "sulphonamide derivatives" to be released by Squibb, the others being Sulphanilamide and Sulphapyridine. Sulphathiazole is believed to have the following advantages over Sulphapyridine:

1. More uniform absorption.
2. Less conjugation after absorption, so that a higher proportion of the total drug in the body-fluids is chemotherapeutically active.
3. Less tendency to cause serious nausea or vomiting.
4. Greater effectiveness against staphyloccocal infections.

Sulphathiazole Squibb is supplied in bottles of 50, 100 and 1,000 0.5 gm. tablets and 5 gm. vials of crystals.

OBITUARY

DR. WILLIAM BRUCE ALMON, prominent physician, and a member of one of the oldest Halifax families, which has taken a prominent place in the profession and social sphere of the community for almost two hundred years, died in the Halifax Infirmary on September 11th, after a lengthy illness. His death caused the first break in a long line of physicians of the Almon family. Since 1776 Halifax has never been without a Dr. Almon as generation after generation carried on the tradition of the well-known family.

He was the son of the late Mr. and Mrs. Cotton Mather Almon and a grandson of the late Hon. Senator W. J. Almon, M.D., of Halifax. He studied at the Halifax schools and King's College at Windsor and graduated from the Halifax Medical College in 1899, and later continued his medical studies in Paris.

Dr. Almon was City Medical Officer for over twenty-five years, served as demonstrator in Anatomy at Dalhousie Medical School, a member of the Medical Society of Nova Scotia, and one of the oldest members of the Halifax City Club.

Surviving are two sisters, Miss Susanna Almon, with whom he resided, and Mrs. Caroline Beckwith of Spokane, Washington. Lt.-Col. W. B. Almon of Halifax is a cousin.

The funeral was held on Friday, the 13th, from St. Paul's Church.

The death occurred suddenly on August 21st at his home in Victoria, B. C., of Lieutenant-Colonel James Alexander Murray, aged sixty-one. Colonel Murray was born at River John, Pictou County. He graduated from Dalhousie Medical School in 1905. In 1915 he went overseas with the Canadian Army Medical Corps, and served until 1919. Returning to London in 1925 he took a post-graduate medical and army course, and in 1929 was appointed district medical officer at Victoria. Two years later he was sent to Calgary as medical officer for that district, but was transferred back to Victoria in 1936, where he held the post of medical officer until forced by ill health to retire several months ago. He is survived by his wife and one son.

The BULLETIN extends sympathy to Dr. Albert Culton of Wallace on the death of his wife, which occurred on August 18th.