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The Sulphonamides

M. K. McPhail, Ph.D.

Department of Pharmacology

IT is just over eight years since the first pharmacological report appeared in the German literature on the antistreptococcal action of protonsil, and somewhat less time since the first appearance of papers from France and England on sulphanilamide. Yet already some 3,000 to 4,000 compounds, closely and remotely related to these substances, have been prepared and examined for antibacterial properties. All but a few have been discarded as being either too toxic or ineffective, although the pharmacological, bacteriological, and toxicological studies have, in many cases, been superficial and it is possible that several of these compounds will prove to be of value in one or more fields at some future date. Mapharsen has recently assumed a place of importance in the treatment of syphilis and yet it is a compound that was studied by Ehrlich and discarded as being too toxic.

The most widely used of the sulphonamides to-day are: sulphanilamide sulphapyridine, sulphathiazole, sulphadiazine, sulphaguanidine and succinyl sulphathiazole; these being listed more or less in order of their introduction. The literature of the sulphonamides is overwhelmingly large; conflicting reports as to the efficacy and toxicity of almost every member exist; yet rather than confine this report to one drug or to one phase of the topic an attempt will be made to present an outline review of the whole subject.

Pharmacology

More is known about the fate of sulphanilamide in the human body than of any of the other compounds. When the drug is administered by mouth, it is well absorbed from the gastro intestinal tract, it is fairly equally distributed throughout the body—rather like alcohol in this respect—and if kidney function is normal, is readily excreted. It is excreted both as free sulphanilamide and as an inactive form, i.e. the acetyl derivative. Union or conjugation probably occurs in the liver. The maintenance of adequate concentrations of sulphanilamide in the blood requires therapy approximately every four hours.

Sulphapyridine is more insoluble and absorption is very irregular; it varies not only in different individuals but in the same individual from day to day. It, too, is fairly evenly distributed throughout the tissues, but more is excreted in the acetyl form than with either sulphanilamide or sulphathiazole. Excretion is slow and this is a potential source of danger as conjugation is increased with the time the drug remains in the body and, as it is poorly soluble, tends to crystallize out in the urine.

Sulphathiazole is readily absorbed and when kidney function is normal, is rapidly excreted. It is conjugated in the tissues to about the same degree as sulphanilamide but the rate goes up if kidney function is impaired. Excretion is almost entirely by the kidney and for the most part is rapid, an important point as sometimes it is difficult to maintain adequate concentrations of sulphathiazole in the blood. On the other hand it is of value in the treatment of urinary tract infections. It passes less readily into the spinal fluid than does either sulphanilamide or sulphapyridine and although it is often the drug of

choice for staphylococcal infections, itis generally not used in staphylococcal meningitis because of its poor penetration into the cerebrospinal fluid.

Sulphadiazine is fairly well absorbed by most patients although its absorption is, as a rule, not so rapid as that of sulphanilamide or sulphathiazole. The peak concentration in the blood is reached between the 6th and 8th hours and it is excreted mainly by the kidneys. It is excreted more slowly than sulphanilamide, sulphathiazole, or sulphapyridine, and thus unlike sulphathiazole it is comparatively easy to maintain a therapeutic blood concentration. Also with sulphadiazine less is acetylated than with sulphapyridine or sulphathiazole, and the acetyl form is readily excreted by the normal kidney. It is poorly absorbed from the rectum whereas sulphanilamide is not.

Sulphaguanidine and succinyl sulphathiazole (sulphasuxidine) are rather unique in that, although quite soluble in the stool, absorption from the gastro intestinal tract is low. Sulphaguanidine has been used fairly extensively in the treatment of bacillary dysentery, cholera, typhoid, and in the sterilization of the intestinal tract for operations on the bowel. It has been found, however, to possess toxic effects very much like the other sulphonamides and further, by an action on the thyroid, to inhibit the growth of laboratory animals. Although little is known about similar effects in man a potential source of trouble is suggested.

Succinyl sulphathiazole appears to be less noxious and to be even more poorly absorbed. The acetyl form is fairly soluble and there is little tendency to form crystal deposits in the urine. Reports to date suggest that this compound may prove to be an adjuvant of some importance in intestinal surgery and in the treatment of intestinal infections.

Mode of Action

An understanding of the mode of action of existing drugs would be of the utmost importance in the discovery of new ones. Unfortunately little is known about the mechanism of action of any chemotherapeutic agent and the sulphonamides are no exception to this generalization although much time and energy have been spent in an attempt to understand their action. It is generally held that the sulphonamides are bacteriostatic (although they may be bacteriocidal in certain local sites as in the urinary tract) and thus success depends on their direct bacteriostatic action and the integrity of the normal body defence system. The earlier views of increased phagocytosis, neutralization of bacterial toxins, morphological changes in bacteria, anticatalase activity, etc., have been largely abandoned for lack of experimental support and one seemingly plausible theory of action has taken shape. It is thought that the action of sulphanilamide is due to the interference of the drug with bacterial metabolism, either directly or possibly by making the available protein unfit for the metabolism of the organism. It has been found for example that p-amino benzoic acid markedly inhibits the action of sulphonamides in bacterial tests; in vitro it is capable of completely neutralizing the bacteriostatic effect of sulphanilamide, sulphapyridine and sulphathiazole on streptococcus, pneumococcus, and staphylococcus respectively, and also nullifies the curative effect of sulphapyridine in mice injected with Type I pneumococcus. The mechanism of action of this substance is not fully understood but the close similarity in chemical structure between it and the sulphonamide compounds suggests that there is substrate competition for some important enzyme essential for

the metabolic activities of bacteria. This view is supported by the observation that only the para, and not the ortho or meta, derivative is antagonistic to the sulphonamides.

Fields of Activity

To obtain the best results with the sulphonamides it is important to pay less attention to the conventional names of the diseases than to the underlying organisms; and a knowledge of the bacteriology of the condition will aid materially in selecting the most effective chemotherapeutic agent. Nevertheless speed of therapy is important and if an etiological diagnosis requires time and the disease, from its clinical picture, is known to respond to a certain sulphonamide, the physician should not hesitate to employ that agent. The danger of toxic reactions should be no contraindication, but the patient should be questioned as to whether or not he has previously suffered a toxic reaction from one of these drugs and if so, a test dose of the drug 0.15-0.30 gm., should be administered. The patient should be watched for untoward toxic manifestations for a period of 12 hours and if none are observed, then therapy may be cautiously instituted. There is evidence that increased sensitivity to the sulphonamide may result from their local use; especially is this true for sulphathiazole.

Evidence to date would indicate that haemolytic streptococcal infections produced by organisms belonging to Lancefield's Group A are best treated with sulphanilamide. This seems to hold true too for chancroid, Welch bacillus infections (gas gangrene) lymphogranuloma venereum, meningococcal infections, S. viridans infections (other than sub-acute bacterial endocarditis), trachoma and urinary tract infections due to the double zone-B haemolytic streptococcus and B. proteus.

Sulphapyridine, formerly popular, has fallen into disuse because of its numerous toxic effects. It is effective in gonococcal infections, certain pneumococcal infections and because it passes readily into the spinal fluid, in staphylococcal meningitis.

Sulphathiazole is the drug of choice for most staphylococcal infections. In pneumococcal pneumonia and male gonorrhoea it appears to be as effective as sulphapyridine and has the advantage that it produces less vomiting. It is also of value in certain urinary tract infections.

Sulphadiazine has the widest range of activity as far as bacterial species is concerned. It is effective against all of the organisms inhibited by sulphanilamide and sulphathiazole as well as a few additional ones such as Escherichia coli.

Sulphaguanidine and succinyl sulphathiazole have a specific local action on normal intestinal flora. Both drugs are used preoperatively in gastro-intestinal surgery to minimize the danger of contamination of the peritoneum during the operation.

In the following conditions the sulphonamides although not of certain value are worthy of trial: actinomycosis, brucella infections, haemolytic streptococcal infections, influenza bacillus meningitis, lupus erythematosus, pemphigus, sub-acute bacterial endocarditis, ulcerative colitis and infections due to Friedlander's bacillus; but would appear to be of no value in the following: common colds, influenza, paratyphoid fever, acute rheumatic fever, tuberculosis, chronic sinusitis, anaerobic streptococcal infections, non-haemolytic streptococcal infections, Rocky Mountain spotted fever, tularaemia, and trichomonas vaginalis.

Therapy and Dosage

In the therapy of the sulphonamides the patient must not be overlooked; all accessory measures of proved value must be employed when indicated, the diet and fluids controlled, abscesses drained, sera administered if they are thought desirable, and massive therapy discontinued if there is no definite clinical evidence of the patient improving. With sulphanilamide it is rarely necessary to force fluids beyond 3500 cc. per 24 hours; larger quantities will eliminate the drug too rapidly. With sulphapyridine and sulphathiazole it is absolutely essential that urine output be maintained at 1 to 1½ litres per day.

When prescribing sulphanilamide or its derivatives for the treatment of a severe infection due to streptococcus, pneumococcus, Welch bacillus, meningococcus, staphylococcus or gonococcus it is important to give a large initial dose in order that an effective concentration of the drug be obtained rapidly, and then sufficient doses at 4 or 6 hour intervals to maintain and augment the effect obtained by the first dose. In general, in severe infections where sulphanilamide is being employed, a concentration in the blood of 10 mg.% or slightly more should be held until improvement of the patient is observed. In milder infections a blood concentration of 5 mg. per cent should be maintained. For severe infections, the first daily dose is 10 gm. for the average adult; 4 gm. in the initial dose, and 1 gm. every 4 hours, day and night. This is followed by 6 gm. daily and is continued until the temperature is normal for 2 or 3 days. If the temperature does not fall rapidly to normal but settles down to lower levels, the dose may be reduced to 5 or 4 gm. daily. If there is no therapeutic effect, the blood level should be determined and if it is below 3 or 4 mg. per cent, the dose should be increased.

In pneumococcal pneumonia where both sulphapyridine and sulphathiazole are equally effective, the concentration of these drugs should be kept at 4 to 6 mg. per cent. Patients severely ill with staphylococcal infections should be maintained with blood levels of 5 to 10 mg. per cent sulphathiazole. In patients with pneumonia receiving sulphadiazine blood titres of 7 to 10 mg. per cent should be maintained.

While there is a general relationship between the therapeutic effectiveness and the blood concentration of the drug, there are so many factors in human infections which influence that relationship, as for example, temperature, pH, concentration of organisms, etc., that it is not easy to decide how often the blood concentration of the drug should be determined. A safe rule to follow is to make a blood estimation after approximately 20 gm. of the drug has been administered, or between the 2nd and 3rd day of treatment.

The peroral route is by far the best for all forms of sulphonamide therapy but where this is not possible, it is recommended that sulphanilamide be given subcutaneously and the sodium salts of the other derivatives intravenously. Several reports, however, have appeared recently of the successful use of the sodium salts of sulphapyridine, sulphathiazole, and sulphadiazine subcutaneously and it may not be necessary to give these agents by vein.

Local Action and Prophylaxis

Reports from England, Spain, Hawaii, etc., indicate that the local use of sulphanilamide and sulphapyridine in the prophylaxis of war wounds has resulted in a decrease in the incidence and severity of wound infection Super-

ficial staphylococcal infections, wounds and burns, the latter two infected with mixtures of pathogenic microorganisms, often clear up promptly when dusted or treated with a sulphonamide pack. In dentistry it has proved of value when put directly into the sockets following extraction. Here, too, it has been used locally after surgical procedures such as extirpation of cysts, apicoectomy, alveolectomy; several grains of powdered sulphonamide being sprinkled into the wound before suturing.

There are other encouraging reports of the prophylactic value of the sulphonamides. Adequate sulphanilamide therapy to patients suffering from compound fractures prevents the development of gas gangrene; the treatment for 48 to 72 hours of the earliest stages of otitis media (beginning of earache) with sulphanilamide or sulphathiazole in children lowers the incidence of prevalent infection of the middle ear; and the use of sulphanilamide in post operation treatment of appendicitis has markedly decreased the complication of peritonitis. There is some good evidence that the administration of small daily doses of sulphanilamide from Oct. 1st to June 1st prevents the recurrenc of the active manifestations of rheumatic fever in patients suffering from this disease. Administration of sulphathiazole as a prophylactic agent to patients undergoing resection of the large bowel, or who have the risk of developing peritonitis following operative procedures in the abdomen, has proved effective. Sulphaguanidine and succinyl sulphathiazole have also been successfully used in the prophylaxis of infections following resection of the large bowel

Prevention and Treatment of Wound Infections

In civilian practice it has been established that many contaminated wounds can be closed directly after an adequate toilet of the wound has been completed. With war wounds, however, experience has shown that with few exceptions (perforations of the chest or abdomen) such wounds should be left open. Necrotic tissue and pus contain sulphonamide inhibitors and every effort should be made to eliminate or neutralize these before therapy is started.

The general concensus amongst surgeons is that local and oral use of the drugs is best in the prophylaxis of infection in moderate or serious wounds of the soft tissues, compound fractures, and penetrating wounds of the abdomen or chest. In minor lacerations of skin or superficial muscle layers, topical application generally suffices.

In the selection of the drug of choice for the peroral and local prophylaxis of wound infection the effectiveness of the compound and its toxicity are of paramount importance. Sulphadiazine, because of its wide range of effectiveness against systemic infections and its relatively low toxicity, would appear to be the drug of choice for oral therapy, with sulphanilamide and sulphathiazole next in order of importance. In desert warfare, where water is scarce and the temperature high, the threat of kidney damage is always present but this danger is even greater with sulphapyridine and sulphathiazole.

Sulphanilamide is the most soluble of the available compounds in tissue fluids and thus would appear to be the drug of choice for local application, although sulphathiazole has been widely prescribed because of its superior action against systemic staphylococcal infections. For topical use the drug should be applied evenly in special microcrystalline form; if the crystals are too fine they cake; if too coarse they dissolve slowly and initiate foreign body

reactions. Sulphanilamide in high concentrations interferes with healing but it is the least noxious of the sulpha drugs in this connection. Thus for serious wounds the use of sulphanilamide locally and sulphadiazine by mouth would appear, as yet, to be the best form of treatment.

Toxic Reactions

The sulphonamides like many other drugs are toxic and successful therapy requires a nice balance on the part of the physician between caution and boldness. Administration of insufficient quantities are not only ineffective but are likely to lead to prolonged therapy and toxic results; over enthusiasm can be rapidly serious. The toxic manifestations are both mild and serious. Into the category of mild toxic reactions fall the following: headache, nausea and vomiting, anorexia, cyanosis, dizziness, depression and sometimes a feeling of inebriation. These symptoms although generally mild may be the harbingers of more serious effects and the patient should be questioned daily as to how he feels. Sulphapyridine causes the greatest nausea and vomiting, sulphadiazine the least. Patients receiving sulphonamides should not be permitted to drive an automobile.

Among the graver signs of toxicity are nervous twitchings, acidosis, peripheral neuritis, skin rashes, and drug fever. Of these the most frequent is drug fever; it generally occurs between the 5th and the 9th day and it is often difficult to differentiate between fever caused by the infection and that due to therapy. Rashes usually follow a variable period of drug fever; they are usually macular or maculopapular and their appearance is justification for termination of chemotherapy. Exposure to sunlight is a predisposing factor in their occurrence. Sulphathiazole is particularly likely to produce rashes of a type resembling urticaria.

The most serious reactions consist of hepatitis, renal irritation and anuria, and red and white blood cell destruction. The first is fortunately rare. The second is most likely to occur with sulphapyridine (although it may occur with the other common sulphonamides) as a result of a precipitation in the urinary tract of sharp crystals of the acetyl derivative and the urine of patients receiving these drugs should be carefully watched for crystal formation. Control of the fluid intake and urine output will usually give a clue as to whether or not mechanical obstruction of the urinary passage is occurring. Sudden severe acute anemia accompanied by haemolytic jaundice may occur at any time during treatment by sulphanilamide and, although sulphapyridine, sulphathiazole, and sulphadiazine are less culpable in this regard, red cell counts and haemoglobin determinations should be made at regular intervals during intensive therapy with these agents. Agranulocytosis is one of the most serious effects of the sulphonamides and may result from prolonged administration of any one of them—several deaths have occurred from this toxic action and a careful check on the white cell count of the patient must be kept during administration. The occurrence of a sore throat may give the physician an indication as to what is happening as it is very unlikely that a sore throat will result from other causes under such intensive treatment; if it occurs therapy must be stopped immediately and fluids forced. The fear of such reactions, however, should not deter the physician from the use of adequate doses in conditions where the drugs have been proved of definite value, but constant vigilance over the haemoglobin, white cell count, and urinary output of the patient must be maintained at all times.

Minutes of the Executive of The Medical Society of Nova Scotia, 1943

THE annual meeting of the Executive of The Medical Society of Nova Scotia was held at the "Cornwallis Inn," Kentville, on Tuesday, July 6, 1943, at two-thirty in the afternoon.

Present: Dr. J. C. Wickwire, First Vice-President, Drs. H. K. MacDonald, H. G. Grant, L. M. Morton, C. J. W. Beckwith, J. P. McGrath, D. F. McInnis, D. Drury, D. M. MacRae, P. S. Cochrane, A. E. Blackett, H. E. Kelley, G. V. Burton, D. F. MacKinnon and J. H. L. Simpson.

The meeting was called to order by the First Vice-President in the absence of the President, Dr. W. Alan Curry.

It was moved by Dr. P. S. Cochrane and seconded by Dr. H. E. Kelley that the minutes of last year's meeting as published in the MEDICAL BULLETIN of August, 1942, be accepted as read. Carried.

The first communication was a letter from Dr. H. B. Atlee and it was decided that it be read when the Provisional Schedule of Fees would be taken up later on in the meeting.

The second communication was a letter from Mr. A. S. Mahon, Chief Commissioner of the Nova Scotia Liquor Commission with a statement of prescriptions filled by physicians from December 1, 1942, to May 26, 1943. After some discussion it was moved by Dr. P. S. Cochrane and seconded by Dr. D. F. McInnis that the Executive go on record as being opposed to the promiscuous issuing of prescriptions, and that it be left to the discretion of the President and the Secretary whether a letter be written to those who have written twenty or more prescriptions, or whether a letter be published in the BULLETIN. It was the opinion of the Executive that a letter be published in the BULLETIN. Motion carried.

The Secretary advised that letters of appreciation had been received, one from Mrs. Messenger, Charles and Carl; and one from Dr. Jemima Mackenzie for her honorary membership.

The Secretary next read a letter from Mr. Murdoch MacLean, Secretary-Treasurer of the Nova Scotia Society of Radiographers.

Camp Hill Hospital, Halifax, N. S.
July 2, 1943

Dr. H. G. Grant
Secretary, Nova Scotia Medical Society
116 Oxford St., Halifax, N. S.
Dear Sir:

In accordance with the Constitution of the Nova Scotia Society of Radiographers re the Election of the Executive Committee, Article 21, Section (2),

"One member (Radiologist) shall be appointed annually by the Nova Scotia Medical Association."

We should be pleased if you would bring this matter to the attention of your President at your Annual Meeting.

Thanking you for past courtesies,

Yours truly

(Sgd.) M. MacLean, Secretary-Treasurer

It was moved by Dr. H. K. MacDonald and seconded by Dr. P. S. Cochrane that Dr. W. M. Roy of the Halifax Infirmary be re-appointed as the representative of The Medical Society of Nova Scotia. Motion carried.

The Secretary advised that no names had been received for honorary membership in the Society.

Report of the Legislative Committee

To the Executive
Canadian Medical Association
Nova Scotia Division

Gentlemen:

Your Committee was instructed to consult the proper department of the Provincial Government to see if the three month's time limit for the payment of bills by the Workmen's Compensation Board could not be changed to a period of one year. On advice we conferred with the Hon. L. D. Currie and presented the arguments in favour of the change. We were courteously received and the reasons pro and con were discussed. He promised to give the matter consideration. Not hearing from him for some time we wrote a letter restating our problem and asking for some definite reply. This was received and was in effect that there were unsurmountable difficulties in making any change of policy at this time. He promised to again discuss the problem with the Board and communicate with us at a later date. Our letter and Hon. L. D. Currie's reply are attached herewith.

(Sgd.) K. A. MacKenzie
N. H. Gosse

Dr. H. K. MacDonald advised he had received a letter from the Workmen's Compensation Board stating that all bills have to be rendered within three months from the date of the last treatment instead of three months from the date of injury as formerly.

Report of the Editorial Board

To The Medical Society of Nova Scotia:

The Editors of the BULLETIN have managed to present to you a monthly issue during the past year. The flow of material has been more of a trickle than a flood, in fact a forced dribble would come nearer to conveying the true state of affairs. The suggestion or rather request has come from the *Canadian Medical Association Journal* that we share, yea even give it the first choice of these few precious drops. God forbid that selfishness should dominate our lives, nevertheless we suggest that self preservation—commonly alleged to be the first law of Nature—should receive consideration. Let not, however, this appeal of the *Canadian Medical Association Journal* be passed over in any routine matter, but let it be given your unhurried attention.

Dr. Sherman of Sydney has contributed abstracts of the current literature for some considerable time and we recommend that he be officially appointed as "Abstract Editor," and furthermore that his out of pocket expenses in the way of stenographic services, etc., be defrayed by the Society. Although now in the Army permission has been granted him to continue this service provided

his military title be not used and his contributions are signed in the usual manner.

Interpreting the directions of the Executive in the most liberal manner several of our members have been approached regarding their acceptance of the post of Editor-in-chief, but so far without success.

This report would not be complete without giving expression to our appreciation of the invaluable help given by Dr. Grant and Mrs. Currie.

Respectfully submitted

(Sgd.) I. W. Schwartz
A. L. Murphy
J. W. Reid

Dr. Schwartz moved the adoption of this report which was seconded by Dr. P. S. Cochrane. It was decided that this report be brought up at the general meeting. Motion carried.

Report of the Cancer Committee

Dr. H. G. Grant
Halifax, N. S.

Dear Doctor:

There has not been any activity on the part of the Cancer Committee during the past year.

Yours truly

(Sgd.) S. R. Johnston, M.D.
Roentgenologist

It was decided to ask Dr. Johnston who would be at the business session in the morning if he thought it worth while to continue this committee.

Report of the Public Health Committee

Report of the Committee on Public Health of The Medical Society of Nova Scotia for the Year 1942 to 1943.

To the Executive and Members of the Canadian Medical Association, Nova Scotia Division:

At this particular time your Committee respectfully desires to bring particular attention to the desirability of maintaining all health services at their highest possible state of efficiency. Throughout the ages it has been observed that during war time unusual health problems have always appeared, sometimes with disastrous results. During the present war many difficult situations have arisen, due in great measure to the important part which our Province has been called upon to take in National Defence. As the various situations appeared they were grappled with, and while some were not removed, all were improved. Our successes have been due to the untiring efforts of health officials, Provincial and Municipal, and to the valuable contributions of many medical practitioners. In this connection we should like to record our appreciation of the assistance given by those busy doctors who at considerable personal sacrifice did everything within their powers to further the public health interests of our Province.

During the period covered by this report, the ordinary communicable diseases were with us in greater or lesser degree. Those for which we possess immunizing agents showed a tendency to decrease. There are however, too many children who have not received the protection afforded by Diphtheria Toxoid. All over the world tuberculosis appears to be on the increase. History thus repeats itself. We derive some comfort from the fact that in Nova Scotia this increase is not so apparent as in most other places. Any increase at all should stimulate us to intensify all known methods of control. In a time like this, the importance of venereal disease control looms high. Our common enemies have no better aides than those who go about, and all who aid and abet the going about of those distributing venereal diseases to the Armed Forces. Every soldier put out of commission by these infections, is just as much a casualty as if he had been injured on the battlefield. In the attempted control of these diseases, the co-operation of practicing physicians, National Defence authorities and Municipal Civil officers with health workers is essential. Where this co-operation has been completely attained, the results have been excellent and on occasions even spectacular. Many foci of infection have been cured or taken out of circulation. Unfortunately, others remain to be dealt with. Many of these however, can be overtaken if more interested workers can be recruited to the cause. We are pleased to note in this regard that federal action has recently been taken by the appointment of a Director of Venereal Disease Control, who will direct and coordinate the Venereal Disease Control services, both military and civilian.

Throughout the year a great deal of time was devoted to the maintenance of sanitary conditions surrounding water and milk supplies and waste disposal. Three more municipal water supplies were protected by chlorination and the consumption of pasteurized milk increased satisfactorily. We cannot over-emphasize the importance of placing under suitable sanitary control, those phases of water, sewage, dairying and milk distribution which affect the public health.

A noteworthy development of the past year was the opening of a Kenney treatment clinic for infantile paralysis. The results so far obtained have justified the time, energy and money spent upon this development. It is not suggested that the method is a "cure all." Despite it there will still be some paralysis and some death. Nevertheless, with its application something long sought for has been achieved, viz. the avoidance, in numerous cases, of stiff joints, contractures, and deformities. Those who have followed this Clinic are convinced that the Kenney method is, for the present at least, the treatment of choice.

In the field of public health, we feel that progress has been made, while realizing much remains to be done. In the future development of health activities in Nova Scotia, we look for and are confident we shall receive the assistance of every member of The Medical Society of Nova Scotia.

Respectfully submitted on behalf of the Committee

(Sgd.) P. S. Campbell

Dr. H. K. MacDonald moved the adoption of this report which was seconded by Dr. H. E. Kelley. It was decided to bring this report up at the general meeting. Motion carried.

Report of the Insurance Committee

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

About four years ago the idea of developing an Insurance Scheme that would be available to all members of the Nova Scotia Medical Society was brought before the General Meeting. Several Insurance Companies were approached, also actuaries were consulted, and the question of the feasibility of the idea was not definitely established. Since the war apparently no further interest has been taken in the matter. Your Committee would suggest that the Executive of the Society be requested to discuss the question of Medical Insurance and decide whether the Insurance Committee is really essential and if insurance of this nature is wanted by the Medical Profession.

Respectfully submitted

(Sgd.) L. M. Morton
Chairman Insurance Committee

Dr. Morton stated that an insurance scheme had been originated by Dr. T. A. Lebbetter and the late Dr. Charles Webster, the idea being that the medical men would have an insurance scheme of their own, and that it had been discussed pro and con and brought before the Executive Committee and voted on by the general Society, but nothing ever came of it. Dr. Morton moved the adoption of this report and also that the Insurance Committee should be abolished, which was seconded by Dr. H. K. MacDonald. Motion carried.

Report of the Historical Committee

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

Dear Dr. Grant:

Herewith the report of the Historical Committee for the year 1942-1943: No meetings of this Committee were held. The Chairman contributed an article to the BULLETIN dealing with a phase of the history of the Halifax Medical College from 1885-1889.

I would respectfully call the attention of the Society to the fact that, unless the membership of this Committee is comprised of men living in the vicinity of one another, it is impossible to make an united effort or jointly contribute anything of value. It matters not where these men are chosen but, if they are near enough to one another so that they can meet, draw up a program of work and jointly contribute their efforts to the *Bulletin*, something of real value may result.

Respectfully submitted

(Sgd.) H. L. Scammell

Dr. H. K. MacDonald moved the adoption of this report and also that the Nominating Committee take note of it, which was seconded by Dr. P. S. Cochrane. Motion carried.

Report of the Provincial Medical Board

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

Dear Sir:

Since the last meeting of the Society the Provincial Medical Board has held two regular meetings and three meetings of its Executive. As a result a great deal of routine business was dealt with. A class in Medicine completed their examinations in December and those applying for license, who had completed the necessary requirements, were registered.

A large amount of correspondence first between the different Armed Services and the Board and later between the Canadian Medical Procurement and Assignment Board was carried on because of a desire expressed that special consideration be given to registering medical officers in the different services for the purpose of caring for civilians. In the beginning various misunderstandings arose which had to be dealt with, but the final outcome indicated that in possibly three places in Nova Scotia the licensing of one or more of the service medical officers would prove of distinct advantage in assisting the civilian practitioners to care for the civilian population. A proposal has been forwarded to the Canadian Medical Procurement and Assignment Board as to what our Board is willing to do in this regard, having in mind primarily the needs of the civilian population and the protection of the civilian members of the medical profession. A reply has not been received to date, but your Society may be well assured that the Board will exercise its greatest discretion in dealing with the situation, to the advantage of all parties.

A proposal from your Society to the Board to the effect that an annual fee be required as a prerequisite to continued registration was considered and refrred back to your Society for further information.

The College of Physicians and Surgeons of British Columbia has been urging that the various provincial licensing bodies take steps to incorporate the teaching of Medical Economics and Socialized Medicine in the curricula of the various Canadian Schools of Medicine. This Board approves of the general idea but is awaiting further details of any plan formulated before expressing a definite opinion on the matter.

A new slate of examiners was appointed, the only change being that Dr. Allister Calder is now the Board's representative as an Examiner in Clinical Surgery in place of the late Dr. J. J. Roy.

In 1942, following the death of Dr. Daniel MacDonald, the Governor-in-Council appointed Dr. M. G. Tompkins for a period of three years in his stead, and in May, 1943, reappointed Dr. A. B. Campbell, Dr. J. B. Reid, Dr. M. G. Burris and Dr. F. G. MacAskill for a further period of three years.

The Board has continued its support and development of its Library, which is at present housed with the University Medical Library, and is there available to students and practitioners alike.

Respectfully submitted

(Sgd.) H. L. Scammell
Registrar

Dr. Grant moved that this report be filed with the comment that it was just a courtesy report.

Report of the Medical Museum Committee

To the Executive
Canadian Medical Association
Nova Scotia Branch

Gentlemen:

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

Two sets of Balance Scales.
Uterine Forceps with leather case.
Vaginal Speculum. Property of the late Dr. Samuel Dennison Brown, 1819-1892, who practised in Londonderry and Maitland, presented by Mrs. James McCool, Brooklyn, New York.
Uterine Forceps. Presented by Dr. Eric Macdonald, Reserve.
Uterine Forceps. Property of the late Donald MacIntosh, Pugwash. Presented by Captain J. A. Langille, R.C.A.M.C.
Scarifier with case. Property of the late General G. L. Foster. Presented by Mrs. Foster, through Lt.-Col. C. E. A. deWitt.
Old Stethoscope.
Blood Scarifier. Property of the late Dr. Henry Chipman. Presented by Dr. G. K. Smith, Hantsport.
Old Blood Scarifier. Presented by Dr. John Stewart.
Wire cage for chloroform, retractor, and other instruments. Presented by Dr. D. W. N. Zwicker, Chester.
Set of old scales. Presented by Major James M. Slayter.
Set of wet and dry cupping instruments. Property of Dr. Black, Windsor. Presented by Dr. G. W. Turner, Windsor.

(Sgd.) K. A. MacKenzie, Chairman
R. P. Smith
D. J. Mackenzie

Dr. P. S. Cochrane moved the adoption of this report which was seconded by Dr. H. W. Schwartz. Motion carried.

Regarding the report of the *Cogswell Library Committee* the Secretary stated that Dr. J. R. Corston, the Chairman, had advised there was nothing special to report.

Report of the Narcotic Drug Committee

To the Secretary
The Medical Society of Nova Scotia
Halifax, N. S.

Annual Report of Committee on Narcotic Drugs.

No matters of special importance have been brought to the attention of the Committee in the past year.

We still hear complaints of too strict adherence to the letter of the law about repetition of prescriptions containing minute quantities of narcotics.

An addict could not get a kick out of a quart but practitioner's meal hours are ruined by druggists and patients asking for a complete new prescription which must be written out in full by the physician and signed and delivered. We have spoken of this in past reports but there has been no change.

We note that the Department of Pensions and National Health is attempting to control the free sale of "Inhalers" containing benzedrine which might be extracted and used improperly.

Respectfully submitted

(Sgd.) Frank V. Woodbury, Chairman

Dr. H. E. Kelley moved the adoption of this report which was seconded by Dr. C. J. W. Beckwith. Motion carried.

Report of the Industrial Medicine Committee

The Committee on Industrial Medicine begs to report as follows:

We as a Committee have not had an opportunity of meeting in a body, but we, at times, have met in smaller groups and discussed this subject.

The cause of industrial medicine in this country is becoming greater by leaps and bounds. There is an Industrial Medicine Committee in the Canadian Medical Association which is taking an active part in the suggested Health Insurance Programme.

The Department of Pensions and National Health in Ottawa, has an Industrial Health Branch, under Dr. Blackler. They have already made a survey of our Province, and reported not too favourably on the situation in industry. I understand that they are about to make another survey, when, I cannot find out.

Employers of a certain number of people have been circularized within the last few months showing what their responsibilities towards thair employees are in the line of industrial medicine and pointing out the requisites as to hospital, dressing room, full or part time medical services.

In this Province, the lumbering industry is the one that has neglected to make any advances in industrial medicine,and this is probably due to the isolated type of operation. The coal fields have a social medicine scheme which, in part, complies with industrial medicine. The steel industry is fairly well organized along the lines of industrial medicine, also the shipyards, but to a lesser degree. Fishing, farming, etc., have not made any changes in their medical services, and it is the complaints from these people that are pushing ahead Health Insurance.

Gentlemen, the above is a skeleton of the work that is being done along these lines in our Province and it leaves considerable for the future.

Thanking you for your confidence in this committee, we are,

(Sgd.) J. G. B. Lynch, M.D.
A. B. Campbell, M.D.
A. Calder, M.D.

(This report was not received until after the meetings were over.)

Report of the Workmen's Compensation Board

Nova Scotia Division
Canadian Medical Association

Dear Sirs:

As Chairman of the Workmen's Compensation Board Committee, I beg leave to report as follows:

With the exception of two complaints which were of minor nature, due to the fact that bills were not rendered within the specified period, nothing of importance has occurred except that the Medical Officer of the Board telephoned me some weeks ago stating that the scale of fees had been revised, and he was anxious to submit same to the Workmen's Compensation Board Committee of the Divison, and obtain their opinion of it. I asked if he would be kind enough to send me five copies so that I would be able to submit a copy to each of the members of the Committee (there are five, as you know). This he did some weeks ago and I sent each of the members of the Committee a copy and asked them to reply to me as soon as they could, with their comments. I might add that I received replies from three of the members of the Committee. In my letter to them I stated that it was my intention to call the Committee together some time during the time when we would meet in Kentville. It is my intention to have the Committee meet now.

I have seen and talked with Dr. Donovan, Chief Medical Officer, on various occasions since then, and it is not the intention of the Board to adopt the revised scale until they hear the views of the Division expressed through the Committee. I told the Chairman that on my return I hoped to be in a position to give him the opinion of the Committee, which of course represents the whole of the Division. I might add that there have been definite changes in the scale. Some have increased and some have decreased, and I will await the decision of the Committee before presenting same to the Chairman of the Board.

Yours very truly

(Sgd.) H. K. MacDonald, M.D.

Dr. D. Drury moved the adoption of this report which was seconded by Dr. D. F. McInnis, and carried.

Report of the Victorian Order of Nurses

President and Executive
Nova Scotia Branch of the C.M.A.

Gentlemen:

1942 Report on Victorian Order Activities in Nova Scotia.

During 1942 four new services were opened—three in Ontario and one in British Columbia. This brings the number of Victorian Order branches up to 99 and of these, 16 are in Nova Scotia.

There were 83,286 visits made to care for 11, 968 patients and their families —30% were for morbidity, 50% for maternity and newborn. These combined both nursing care and the teaching of health measures. The remaining 20% was for health supervision only.

An analysis of these visits on a fee basis shows 60% made free; 13% paid in full; 19% paid for in part and 8% paid for by insurance companies for care to policyholders.

While home visiting is the primary purpose of the Victorian Order, the programme is broadened to include other public health activities where these are not provided under other auspices; and during 1942 nine branches gave a school nursing service, 13 branches conducted child welfare centres and 12 branches gave assistance with immunization clinics.

Our Halifax branch provided field experience to undergraduate students from the Victoria General and the Children's Hospital.

Service to the civilian population is more closely related to the war effort as the war progresses. In many homes Victorian Order nurses visit, they find either workers in war industries or some member in the armed forces. Last year in Nova Scotia, they made 9,867 visits to 2,358 families of soldiers, sailors or airmen.

The outstanding problem of the year has been the difficulty in filling our vacancies. With a staff of 40 nurses employed in Nova Scotia, we had a turnover of 22.5%.

The standard of preparation for Victorian Order nurses has been high. Registration in the province in which they are working and in addition a year's post-graduate study in public health nursing has been required but with the existing shortage of nurses to serve the civilian population and especially of those qualified for public health work, we have been forced to make some concessions. We are employing some nurses who have not had the required post-graduate course. Their employment is on a temporary basis and in most cases, they are planning to comply with our requirements as soon as their financial resources permit. We have canvassed our Victorian Order nurses who have retired during recent years to be married and a number of them have returned as a patriotic service. We are deeply grateful to them.

The granting of Victorian Order scholarships has been re-established, and amounts of $400.00 will be available to assist nurses to take post-graduate study in public health nursing. Nurses who have had two months' experience in Victorian Order work will be given the preference.

At almost any time there are interesting opportunities for well prepared nurses at favourable salaries.

A two-month period of orientation in Victorian Order work is given at intervals during the year when there are sufficient applicants to make up a class. Information regarding this can be obtained from the National Office of the Order in Ottawa.

In spite of the large turnover in staff in 1942, the standards of service have been safe-guarded through the splendid efforts of the supervisors and the cooperation of the staff.

Respectfully submitted

(Sgd.) C. S. Morton

This report was not read at the meeting, as it was stated it would be published in the BULLETIN.

Report of the Representative on the Executive of the Canadian Medical Association

Nova Scotia Division
Canadian Medical Association

Gentlemen:

As your representative on the Executive Committee of the Canadian Medical Association, I beg leave to report as follows:

In the May, 1943, number of the **Bulletin** of the Nova Scotia Division I reported on the various meetings I attended up until that date. Since then I have been in attendance once in Montreal at the regular annual meeting of the Executive.

Since June, 1942, I have attended five meetings, the first in Jasper in June, 1942, three meetings in Ottawa, and the fifth in Montreal as just stated. On all occasions the meetings have been most interesting and instructive. The three outstanding topics which engaged the attention of the Executive were:

1. Proposed Health Insurance Act.
2. Procurement and Assignment Board. The Reports of the Divisional Advisory Committees.
3. Membership.

Probably the most time was spent in discussing the proposed Health Insurance scheme, the details of which you are already conversant with. In view of the fact that the General Secretary and the President are with us at this meeting, I feel sure that the members of the Division will avail themselves of the opportunity to ask and at least make an attempt to find out as much possible concerning the workings of the proposed Health Insurance scheme. A great many other matters engaged the attention of the Committee, but it is unnecessary for me to refer to them in this report.

Yours very truly
(Sgd.) H. K. MacDonald, M.D.

Dr. MacDonald moved the adoption of this report which was seconded and carried.

Dr. H. K. MacDonald moved that the usual honoria to the Treasurer and the Editorial Board and the salaries of the Secretary and the clerical secretary, together with the out-of-pocket expenses of Dr. E. D. Sherman in connection with his abstract column be granted. This was seconded by Dr. P. S. Cochrane and carried.

It was decided to nominate the seven members of the Council of the Canadian Medical Association—plus the President and the Secretary, ex officio—from the floor. It was pointed out that the representative on the Executive of the Canadian Medical Association should be one of these seven members and another the representative on the Nominating Committee of the Canadian Medical Association, and an alternate to the representative on the Executive.

Dr. P. S. Cochrane nominated Dr. H. K. MacDonald as the representative on the Executive of the Canadian Medical Association, which was seconded by Dr. J. P. McGrath.

Dr. P. S. Cochrane nominated Dr. J. G. B. Lynch as the alternate on the Executive which was seconded by Dr. J. P. McGrath.

Dr. H. G. Grant nominated Dr. J. P. McGrath on the Council, which was seconded by Dr. H. K. MacDonald.

Dr. H. K. MacDonald nominated Dr. J. H. L. Simpson on the Council, which was seconded by Dr. H. W. Schwartz.

Dr. J. P. McGrath nominated Dr. J. C. Wickwire on the Council, which was seconded by Dr. H. K. MacDonald.

Dr. H. W. Schwartz nominated Dr. D. M. MacRae on the Council, which was seconded by Dr. P. S. Cochrane.

Dr. H. K. MacDonald nominated Dr. D. F. McInnis on the Council, which was seconded by Dr. H. E. Kelley.

As these nominations totalled seven, nominations ceased.

The following letter was read by the Secretary.

184 College Street
Toronto 2
June 29, 1943

Nova Scotia Division:

To the Secretaries of Divisions

Dear Doctor:

In order that the work of publishing the Journal may go on as smoothly as possible, it is necessary that our list of Divisional Representatives on the Editorial Board be kept strictly up to date. With this end in view, it is suggested that these appointments be given consideration at Divisional Annual Meetings.

Will you please see that this matter is placed on the agenda for your coming annual meeting and, later, either confirm the present appointment or give the name of your new appointee.

At present Nova Scotia has no representative on the Editorial Board.

Yours sincerely

(Sgd.) T. C. Routley
General Secretary

It was moved by Dr. H. K. MacDonald and seconded by Dr. P. S. Cochrane that Dr. H. L. Scammell be the representative on the Editorial Board of the Canadian Medical Association. Motion carried.

Dr. P. S. Cochrane moved that the members of the Divisional Medical Advisory Committee be reappointed, which was seconded by Dr. H. W. Schwartz. Motion carried.

As it was felt that there would be a great deal of business to be discussed, at the first business session, and that not sufficient time had been allowed, it was decided to add an extra half hour to the business meeting, pushing all papers ahead, and adjourning at 1.00 p.m. instead of 12.30 p.m.

In the absence of Dr. J. R. Corston the Secretary advised that the only activities of the Divisional Committee was the report from the Nova Scotia Division to the Canadian Medical Association on the Health Insurance questionnaire which had been sent out to all the members. He then read the questions and answers of the final report which had been sent in to the Canadian Medical Association.

Q. 1. Are you agreeable to having the Federal Administration under the

Minister of Health, with an Advisory Dominion Council on Health Insurance and the Provincial Administration under a Commission?

A. Yes, provided that the Federal Act is an enabling one, with provision for financial grants to the provinces.

Q. 2. What type of Provincial Commission would you favour?

(a) Small (4 or 5) with complete control and large Advisory Council?

(b) Large Commission in complete control (representing all groups) with chief administrator responsible to them?

A. Small, with complete control and large Advisory Council.

Q. 3. How would you ensure that the family physician become an integral part of the Public Health Program?

A. By requiring him to carry out certain established preventive measures such as immunization, the examination of school children, and post-natal care.

Q. 4. Do you agree that it should be left to the individual province to determine—

(a) the income level for compulsory inclusion? A. Yes.

(b) the rate and method of payment for service? A. Yes.

(c) the rate and method of contribution? A. Yes.

Q. 5. (a) Have you any views on the likely total cost per capita?

(b) How would you apportion this total cost as between general practitioners, specialists, hospitals, nurses, dentists, druggists, etc.?

A. We feel that the answers to these questions can be made only after careful study of their respective areas by the Provincial Commissions.

Q. 6. (a) Would certification by the Royal College, after consultation with the different specialties concerned, solve the problem of certification of specialists and payment for special work?

(b) If this arrangement be acceptable, should their relation to this matter be stated in the Act?

A. Not at present—We feel that certain compromises with the Royal College of Physicians and Surgeons of Canada are necessary.

Q. 7. Should the insured person have the right of selecting:

(a) his Doctor? A. Yes.

(b) his Specialist? A. Yes, in consultation with the general practitioner.

(c) Under what conditions should it be possible for the qualified person to see a Specialist or Consultant directly? A. With the approval of the Regional Medical Officer.

(d) Should there be added to F(d) on p. 7 a provision such as the following:

"such additional services to be ordinarily obtained upon the recommendation of the medical adviser?" A. Yes.

Q. 8. (a) Should the insured person name his medical adviser? A. Yes.

(b) What provision permitting change at specified times should be included in the Act? A. A permissive change once per year would be satisfactory.

Q. 9. Should accessory services such as ambulance provision and appliances be included in the benefit? A. Yes.

Q. 10. What form of remuneration to the physician would be most satisfactory:

(a) Fee-for-Service?
(b) Capitation (and fee for Specialists)?
(c) Fee-for-Service and/or capitation and/or salary (in certain districts)? A. We consider (c) most satisfactory.

HOSPITALS AND MEDICAL SCHOOLS

Q. 11. Have you any comments respecting hospitalization arrangements?
A. We prefer the arrangement set forth in section C page 10, sub-section 2.

Q. 12. How would you meet the need of the medical schools for adequate teaching material?
A. We think that any patient who is receiving treatment in a general ward of a teaching hospital should be available for teaching purposes.

We do not anticipate any difficulty under the Fee-for-Service arrangement.

GENERAL

Q. 13. What are your views with respect to:

(a) transients who have no established residence within the Province? A. An inter-provincial reciprocal arrangement is necessary.
(b) In the case of employees resident in a Province with an Insurance plan and covered by such, being taken from the Province to work in another Province where no Insurance plan operates, (say, to a branch of their firm), should such employees be covered by the insurance arrangement in their home Province provided their premiums are kept up? A. Yes, if the attending doctor in the new province be agreeable.
(c) What should happen after they have resided in the second Province long enough to have established residence there? Should they continue indefinitely, or become disqualified? A. They should become disqualified.
(d) In the case of tourists from the United States, etc., not likely to be indigents, what would you think of a small head tax being imposed at the border, which could be applied to meet the costs of any necessary medical care? A. We do not favour this arrangement.

Q. 14. (a) Would you permit any exclusions from the operation of the Act?
(b) If you would permit exclusions, what groups would you specify?
A. No, except as referred to on page 12 (d).

Q. 15. Is there any objection to the recognition of Clinics? A. No.
Q. 16. Should cash benefits be recognized as part of the benefit?
A. Should be recognized but certification not the responsibility of the medical practitioner.

Q. 17. (a) At what level would you place the income ceiling for compulsory coverage? A. Should be decided by Provincial Commission.
(b) Would you permit voluntary coverage above that level? A. No.

PHARMACY

Q. 18. (a) If it is necessary to repeat a prescription, do you agree that it should be re-written in full? A. Yes.

(b) Should the practice of dispensing by doctors be continued if desired, or discontinued? A. Only where there is no drug store.

(b) If to be continued, should the doctor be paid extra for the drugs, dispensed, or should they be included in the usual fee? A. No.—should be included in the usual fee.

(d) Do you favour the preparation and adoption of an official formulary? A. Yes.

NURSING

Q. 19. Have you any comments on the provision of nursing services? A. Adequate general nursing services recommended.

CONTRIBUTIONS

Q. 20. Does the plan of assessing non-employee contributors on the basis of their ability to pay appeal to you as a means of getting over the vexing problem of indigency? A. Yes.

It was moved by Dr. P. S. Cochrane and seconded by Dr. J. H. L. Simpson that Dr. Corston's report be accepted and reconsidered at the first business session. Motion carried.

The special committee which had been appointed by Dr. J. G. B. Lynch to draw up a provisional schedule of fees had met and drawn up a schedule, copies of which had been mailed to each doctor in the June issue of the MEDICAL BULLETIN. In connection with this schedule the Secretary read the following letter from Dr. H. B. Atlee.

The Executive Committee
Nova Scotia Medical Society

Dear Gentlemen:

There are two matters which I would like to bring to your attention.

A. In your proposed new scale of fees you have laid down certain fees in obstetrics, For an ordinary case complete in home $35.00: in hospital $25.00. As a teacher of obstetrics and one trying diligently to prepare students to do better and better obstetrical work, I must protest against this scale of fees. It does not matter to me personally: I have my fees and I stick to them: but a young man starting out to practise obstetrics has been trained to see his obstetrical patients at least once a month starting from the beginning of pregnancy and every two weeks in the last month or six weeks: he then conducts the confinement—and he is urged later to do a final examination at the end of six weeks to determine whether or not the pelvic organs have returned to normal. To ask a medical man to do all this for $25.00 is ridiculous. Let us analyze it according to some of your other costs. If the patient is seen six times by the doctor at his office prenatally, and once six weeks post-natally for a vaginal-pelvic, this alone should add up (according to your figures for office consultations and pelvic exams) at 6 times $2.00—equals $12.00 plus final pelvic $5.00—equals $17.00. Allowing nothing for two or three puerperal visits while the woman is in bed, this leaves $8.00 for the conduct of the actual labor. In other words, less than for injection of a haemorrhoid, or aspirating a bladder, or giving a blood transfusion, or taking a biopsy of the breast, or operating on an anal fissure, or caring for a fractured finger, or removing a nasal polypus. Let's take another instance. You have cauterization of the cervix down at $25.00. I do this in my office without anaesthetic for $5.00 or $10.00. But, to get back to our muttons,

surely the conduct of an obstetrical case should be worth more than a cauterization of the cervix, or operation on an anal fissure, or ligature of varicose veins—all of which are put in at the same price, in your scale.

It is still true in medicine as elsewhere that you get what you pay for. If you only get $25.00 for an obstetrical case, you do not give it the same care, or think of it as important as something that you get more for. Any carpenter with a knife in his hand can do an ordinary appendectomy: but it requires a tremendous amount of judgment and experience to handle properly a difficult posterior position, or to do a vertex in an impacted shoulder, yet for an appendix you get $100.00, for a difficult labor $35.00 and for a version $10.00. We are trying to raise the standard of obstetrical practice; to reduce maternal and infant mortality; to encourage our students to give more and more attention to their obstetrical work—and yet the Nova Scotia Medical Society stands ready to sponsor a fee that undermines our entire position.

Admitted that many doctors practise obstetrics for the fees you state in your proposed scale, nevertheless I believe the Society should insist on a higher minimum fee in order to make the public more obstetric-conscious. The fact is that they are already obstetric-conscious these days. The modern young woman insists on a high standard of prenatal and intra-natal care, with painless labor, etc., etc. I believe she and her husband are ready to pay for it.

Let me put forward a proposed fee, building it up in detail.

Not less than 6 prenatal office consultations	$12.00
One pelvic examination to determine the presentation, fit of head to pelvis, etc.	5.00.
One post-natal pelvic examination	5.00
The actual conduct of the labor (normal)	25.00
Difficult labor—mid-forceps, version, placenta praevia, abruption, eclampsia	25.00

This would make an ordinary fee of roughly $50.00—with $75.00 for difficult labors I do not believe any modern graduate in medicine, who is prepared to carry out the supervision he is being taught in medical schools these days, should be asked to accept less than the fees I have stated in the above schedule.

B. The next matter I wish to bring up is one that I would like to see our Provincial Society pass on to the Canadian Medical Association in the form of a motion. I refer to the present nomenclature of the various hormonal preparations now in common use by our profession in the treatment of gynaecological and other disorders. These preparations divide themselves into three groups—the estrogenic, the corpus luteum, and the anterior pituitary-like hormones. Let me place below opposite these some of the trade names under which we are asked to prescribe them—usually without knowing what we are prescribing.

1. Estrogenic Hormones—Theelin, Progynon-B, Amniotin, Oestroform, Emmenin. Stilbesterol.
2. Corpus Luteum Hormones—Progestin, Progesterone, Proluton, Lipolutein, etc.
3. Anterior Pituitary-like Hormones—Antuitrin-S, A.P.L., Antophysin, Gonan, Follutein.

Let me point out the following regarding the above lists of apparent synonyms:

1. The multiplicity of names for a single entity is confusing to the practitioner. When we prescribe pituitrin, we know that we are prescribing post-pituitary extract—the actual preparation is implicit in the name under which we prescribe it, irrespective of which drug firm puts it up. The same is true of thyroid extract.

2. Even when we know that we are prescribing an estrogenic hormone, we do not know which of three hormones we are prescribing. Estradiol is about six times as potent as estrone or estriol. But we don't know when we prescribe whether we are getting the weaker or the stronger.

3. The nomenclature itself is often confusing, or actually misleading. Take Follutein, for example. It sounds as though it might be an extract of the Graafian Follicle, but is in fact an anterior pituitary-like hormone.

This conclusion or nomenclature is therefore inimical to our purposes as doctors trying to practise a more or less scientific profession: its only purpose, so far as I can see, is to benefit the firms that make it up.

I would like to see the Nova Scotia Medical Society prepare a memorial embodying the above argument, with the following motion attached to it:

Resolved that the Nova Scotia Medical Society, dissatisfied with the confusion now existing in the nomenclature of the above-mentioned Endocrine products, asks the Canadian Medical Society to pass a resolution to the following effect:

1. That a single name be used by all drug firms to denominate each of the following (a) the estrogenic hormones; (b) the corpus luteum hormones and the anterior pituitary-like hormones.
2. That the name chosen definitely and clearly describes the hormone and its source.
3. That in the case of estrogenic hormones the actual fraction present, whether estradial, estrone, or estriol, be subnamed on the label.
4. That wherever possible the dosage present be stated in milligrams rather than rat units or international units.
5. That these resolutions, if passed, be brought to the attention of the various drug firms selling Endocrine products.
6. That an attempt be made to get the American Medical Association to join in this movement.

For one thing is certain: until some such state of affairs is brought about as is embodied in the above resolutions, our profession, by and large, will continue to prescribe biological preparations without knowing what they are prescribing, they will be prescribing from the propaganda of individual drug firms rather than from a properly achieved scientific knowledge, and in so far as they do this, they will be practising a species of quackery.

Yours truly

(Sgd.) H. B. Atlee

After some discussion on the second part of Dr. Atlee's letter it was moved by Dr. D. M. MacRae and seconded by Dr. P. S. Cochrane that Dr. Atlee's recommendation to harmonize the names of hormones, together with the names of drugs as pointed out by Dr. J. H. L. Simpson, be sent to the Canadian Medical Association for their consideration. Motion carried. It was decided to bring Dr. Atlee's letter up at the general business session.

After some discussion on the proposed schedule of fees it was moved by Dr. D. M. MacRae and seconded by Dr. J. H. L. Simpson that following the discussion at the general business session it be turned over to sub-committees to be appointed by the Chair, to go over the whole schedule in detail, and then be discussed again at the second business session. Motion carried.

It was moved by Dr. H. G. Grant and seconded by Dr. P. S. Cochrane that the following doctors be taken in as members of The Medical Society of Nova Scotia. Motion carried.

Dr. F. J. Barton, New Waterford
Dr. C. S. Henderson, Parrsboro
Dr. G. Enid MacLeod, Sydney
Dr. E. J. Gordon, Pugwash
Dr. H. D. Land, Sydney
Dr. W. J. Dyer, Halifax
Dr. H. A. Foley, Canning
Dr. Frank W. Morse, Lawrencetown
Dr. R. G. Wright, Elmsdale
Dr. W. T. MacNicoll, Goldboro
Dr. W. C. O'Brien, Yarmouth
Dr. A. A. Macdonald, Neil's Harbour
Dr. G. W. Turner, Windsor
Dr. H. Robertson, Halifax

The following letter was read by Dr. Wickwire:

184 College Street
Toronto 2, January 8, 1943

To the Secretaries of Divisions

Dear Doctor:

May I remind you that nominations for Senior Membership in the Canadian Medical Association should be forwarded to this office in time to be dealt with at the spring meeting of the Executive Committee, which will likely be held some time in the latter part of March.

For your information, I quote hereunder Chapter II, Section 3 of the By-Laws dealing with this matter:

"**Senior Members**—Any member of the Association in good standing for the immediately preceding ten year period who has attained the age of seventy years is eligible to be nominated for Senior Membership by an ordinary member of The Association. He may be elected only by the unanimous approval of the members of the Executive Committee in session present and voting. Not more than ten such Senior Members may be elected in any one year. Senior Members shall enjoy all the rights and privileges of The Association but shall not be required to pay any annual fee."

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

The Secretary advised that the name of Dr. J. J. Cameron of Antigonish has been the only name sent in, and his name had been forwarded to the Canadian Medical Association, but they advised that Dr. Cameron was not eligible as he had not been a member continuously for the immediately preceding ten years.

On motion adjourned at 5.30 p.m.

90th Annual Meeting of The Medical Society of Nova Scotia, 1943

FIRST BUSINESS MEETING

THE first general business meeting of the 90th annual meeting of The Medical Society of Nova Scotia was held at the "Cornwallis Inn," Kentville, N. S., on Wednesday, July 7, 1943, at 9.45 a.m.

In the absence of the President, Dr. W. Alan Curry, the meeting was called to order by the First Vice-President, Dr. J. C. Wickwire.

It was moved and seconded that the minutes of last year's meeting as published in the MEDICAL BULLETIN in August, 1942, be accepted as read. Carried.

The report of the Editorial Board, as published in the Executive minutes, was read by the Editor-in-chief, Dr. H. W. Schwartz, who stated that it was the decision of the Executive that the request of the Canadian Medical Association for material should be brought before the Society as a whole. It was moved by Dr. W. L. Muir and seconded by Dr. P. S. Cochrane that this request be left to the discretion of the Editorial Board. Carried.

Dr. J. R. Corston, Chairman of the Medical Advisory Committee, stated that he had not been able to attend the meeting last year. The Canadian Medical Association had sent a series of questions to his Committee asking for the replies of Nova Scotia to certain questions with respect to Health Insurance. The only member outside of himself named was Dr. Eric Macdonald of Reserve who came to Halifax more than once. They reinforced the Committee by adding the Secretary, Dr. H. K. MacDonald, the representative on the Executive, Dr. J. G. MacDougall, President of the Provincial Medical Board, and Dr. H. B. Atlee. They considered the questions and formed answers which were sent to the Canadian Medical Association, as published in the Executive minutes. Dr. Corston moved the adoption of this report which was seconded by Dr. Eric Macdonald. Carried.

Dr. Wickwire then called on Dr. D. Sclater Lewis, the President of the Canadian Medical Association, who gave a very excellent address dealing chiefly with Health Insurance. Following this Doctor T. C. Routley, the General Secretary, addressed the meeting. He brought to the attention of the Society certain resolutions which had been sent in to the Canadian Medical Procurement and Assignment Board suggesting that doctors be "frozen" or kept where they are for the period of the war, that the callable age be pushed up to forty-five years of age, and the control of all category "E" physicians. Doctor Routley asked that this meeting express its opinion on these three very important topics. After considerable discussion Docton Corston was asked what his committee felt on these subjects and he repeated to the meeting the report of the local Procurement and Assignment Committee to central headquarters at Ottawa. It was then suggested that the Chairman name a committee to consider this matter and bring in a resolution at the next meeting. At the beginning of Doctor Lewis' speech Doctor Curry arrived and took the chair, and he appointed Doctor J. R. Corston, Doctor H. K. MacDonald, Doctor Eric Macdonald, Doctor G. H. Murphy and Doctor G. V.

Burton to bring in a report at the next business session. Doctor Murphy advised that he would not be at the meeting on Thursday, so Doctor K. A. MacKenzie was appointed in his place. Motion carried.

Doctor H. K. MacDonald advised that he would have a report on the Workmen's Compensation Board, as mentioned in his report at the Executive meeting, for the next business session.

Dr. Muir gave a verbal report on the provisional scale of fees, copies of which had been sent each doctor with the June BULLETIN and which on the average he considered a very favourable scale. It was moved by Dr. H. K. MacDonald and seconded by Dr. P. S. Cochrane that this scale be taken up by the individual societies who would report to the Secretary, and that some of the objections be sent to the branch societies. Motion carried.

Dr. T. C. Routley advised that the War-time Prices and Trade Board has ruled that medical fees cannot be raised during the war.

Dr. Curry presented the names of the Nominating Committee, Dr. K. A. MacKenzie, Dr. L. M. Morton, Dr. M. R. Elliott, Dr. J. H. L. Simpson and Dr. Eric Macdonald.

There being no further business, meeting adjourned at 11.30 a.m.

SECOND BUSINESS MEETING

The second business meeting of The Medical Society of Nova Scotia was held on the morning of July 8, 1943, at the "Cornwallis Inn," Kentville, N. S., at 9.10 a.m.

Dr. H. K. MacDonald gave a verbal report on the Workmen's Compensation Board, advising that he had met with Dr. J. H. L. Simpson and Dr. P. E. Belliveau, members of his committee, and that he would meet the Chairman of the Workmen's Compensation Board and express to him the views of the committee.

Dr. J. R. Corston, chairman of the special committee which had been appointed at the previous meeting, gave the following report:

Resolved that this Committee, endorse the recommendations of the Central Advisory Committee, namely

(1) Advancing of callable men up to forty-five years of age under the N.M.R.A., regardless of marital state or number of dependents;

(2) The control of all Category "E" physicians, especially those of callable age, to the end that such men may be used for the release to the services of dispensable men.

The Committee would point out that our Divisional Advisory Committee make no recommendation re *freezing and moving of men.*

Doctor Corston stated that his committee felt that the control of physicians, freezing and moving, was a little more than they thought a divisional advisory committee should be charged with. Dr. Corston moved the adoption of this report, which was seconded by Dr. H. K. MacDonald. Motion carried.

Report of the Secretary

Report of the Secretary for the year 1942.

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

The activities of the Society have been continued as usual throughout the year. The annual meeting was held at Sydney on July 8th and 9th, and

was a great success. There were ninety-two doctors in attendance. The scientific programme was good and the usual delightful hospitality of Cape Breton prevailed. Dr. T. C. Routley, the general secretary of the Canadian Medical Association was not able to be with us, but we had the pleasure of a visit from Dr. Archer, the President. He spoke on the needs of the armed forces for medical men and described the newly formed Canadian Medical Procurement and Assignment Board. He also dealt with the proposed legislation for Health Insurance and in particular brought up the place of the specialist in such a scheme. He made a plea for a strong membership in the Canadian Medical Association. This meeting was written up in the July, 1942, edition of the BULLETIN.

The semi-annual meeting of the Executive was held at Halifax on December 2, 1942. A good representation was present from most parts of the province. The chief business was preparation for the annual meeting. After some discussion it was decided to have the meeting and to hold it at Digby. Halifax would have been chosen but for the overcrowded hotel situation. It was decided that the Halifax Branch of The Medical Society of Nova Scotia be asked to act as hosts and to be responsible for any expenses incurred by the meeting. Following the executive meeting it was learned that the hotel at Digby would not be open this summer and for this reason the meeting place has been changed to Kentville.

Membership: In 1941 there were 308 members, 41 of whom were in the armed forces and 2 belonged to The Medical Society of Nova Scotia alone. In 1942 there were 309 members, 43 of whom were in the armed forces and 4 belonged to The Medical Society of Nova Scotia alone. Twenty-seven new members joined the Society in 1942.

(The members stood while the list of obituaries was being read.)

Obituary: The following passed away during the year.

William Alfred Lawson, M.D., Dalhousie 1903, died at Dartmouth on January 11th, at the age of sixty-six.

Owen John Cameron, M.D., Harvard 1918, died at Antigonish on January 9th, at the age of forty-six.

Lewis Nelson Morrison, M.D., Dalhousie 1925, lost on the "Lady Hawkins," at the age of forty-nine.

John Knox McLeod, M.D., Bellevue Hospital Medical College 1883, died at Sydney on February 18th, at the age of seventy-nine.

David MacPherson Rowlings, M.D., Dalhousie 1923, died at Halifax on February 18th, at the age of forty-two.

Robert Almon Brehm, M.D., Dalhousie 1898, died at St. John's, Newfoundland, on February 7th, at the age of seventy.

Lewis Obid Fuller, M.D., Dalhousie 1903, died at Shelburne on February 25th, at the age of sixty-six.

Alexander Robert Reid, M.D., Dalhousie 1920, died at Windsor on March 10th, at the age of forty-five.

Thomas Ross Johnson, M.D., Dalhousie 1904, died at Great Village on April 13th, at the age of sixty-two.

Ernest Fraser Moore, M.D., Dalhousie 1895, died at Canso on April 27th, at the age of seventy-two.

Lewis Johnstone Lovett, M.D., University of New York 1891, died at Pinehurst, North Carolina, on April 27th.

John James Roy, M.D., McGill 1897, died at Sydney on May 13th, at the age of sixty-seven.

Charles Galitzan Marsters, M.D., Dalhousie 1920, died at Bass River on June 21st, at the age of fifty-two.

Daniel MacDonald, M.D., Baltimore 1892, died at Mabou on July 31st, at the age of seventy-nine.

Donald Laughlin Mac Kinnon, M.D., Queen's 1905, died at Inverness on August 1st, at the age of sixty-nine.

Herbert Dutton Weaver, M.D., Trinity University 1897, died at Saskatoon on September 12th, at the age of seventy-five.

John Mac Kiggan, M.D., Dalhousie 1921, died at Donkin, Cape Breton, on October 30th, at the age of fifty-one.

Arthur Birt, M.D., Edinburgh 1887, died at Wolfville on November 19th, at the age of seventy-six.

Freeman Simeon Messenger, M.D., University of New York 1893, died at Middleton on November 24th, at the age of seventy-six.

William Hallett Cole, M.D., Bowdoin College 1883, died at New Germany on December 2nd, at the age of eighty-seven.

During the year your secretary has been in constant communication by correspondence with the Canadian Medical Association. It has also been my privilege to visit most of the branch societies during the year. In October I attended the meeting of the Cape Breton Medical Society, in November the Valley Medical, the Colchester-East Hants and the Western Counties.

Respectfully submitted

(Sgd.) H. G. Grant, M.D.
Secretary

It was moved by Dr. K. A. MacKenzie and seconded by Dr. V. D. Schaffner that this report be adopted. Motion carried.

The President advised that one of the senior and very active members was ill, a patient at the Nova Scotia Sanatorium, and he thought it would be very appropriate if somebody would move that a motion of sympathy be sent to him and a hope for an early recovery of his illness, and perhaps some flowers be sent.

It was moved by Dr. K. A. MacKenzie and seconded by Dr. H. W. Schwartz that the Society send Dr. R. M. Benvie a letter of sympathy and encouragement expressing the hope that he will recover soon, accompanied by a suitable floral tribute. Motion carried.

The financial statement of the Society was next presented by the Treasurer, Dr. W. L. Muir.

FINANCIAL STATEMENT

The Medical Society of Nova Scotia
Year Ending December 31, 1942

RECEIPTS

Cash on Hand, January 1, 1942	$2,684.19
Subscriptions	4,142.21
Medical Bulletin	2,460.48
Interest on Savings Bank	6.80
	$9,293.68

EXPENDITURES

Medical Bulletin		$2,027.75
Canadian Medical Association		2,094.00
Sundry Expenses		815.33
Salaries		1,900.00
Cash on Hand, December 31, 1942:		
Current Account	$1,087.01	
Savings Bank	1,369.59	2,456.60
		$9,293.68

PROFIT AND LOSS ACCOUNT

Subscriptions		$2,048.21
Medical Bulletin		432.73
Interest		6.80
		$2,487.74
Less:		
Sundry Expenses	$ 815.33	
Salaries	1,900.00	2,715.33
Net loss on year's operations		$ 227.59

COGSWELL LIBRARY FUND

The Medical Society of Nova Scotia
Year Ending December 31, 1942

RECEIPTS

Cash on Hand, January 1, 1942	$ 55.88
Income	222.30
	$ 278.18

DISBURSEMENTS

Dalhousie University	$ 185.00
Balance Cash on Hand, December 31, 1942	93.18
	$ 278.18

Dr. Muir explained that there had been two executive meetings in Halifax during 1942, one on February 25th when 16 were in attendance, the expenses being $261.60; the other on December 2nd when eight were in attendance, the expenses being $75.60, and usually there is only one during the year; this had tended to increase the sundry expenses.

Dr. Muir moved the adoption of this report which was seconded by Dr. A. McD. Morton. Motion carried.

Dr. P. S. Cochrane thought it would be a good idea if copies of the financial statement were sent to the members previous to the meeting.

Dr. W. A. Curry suggested that the incoming President visit each Branch Society after studying the question of Health Insurance to be prepared to answer questions and bring back expressions of opinion to the Executive.

Dr. W. A. Curry stated that when Brigadier Meakins was in Halifax about a week ago he had spoken to a few of the doctors about a mess fund for the R.C.A.M.C. at Camp Borden. The Government does not give any money for furnishing a mess. Brigadier Meakins said that the Ontario Medical Association had given $3,000.00 towards this fund. Dr. Curry had spoken to Dr. H. B. Atlee regarding the Gerald Burns Memorial Fund who stated he had quite a surplus. If the Society approved a grant could be made from this fund of $200.00 for the purpose of assisting in furnishing the mess of the R.C.A.M.C. at Camp Borden, which is the only Camp which has not a mess. Dr. T. C. Routley advised that the Canadian Medical Association had voted $2,000.00 to be devoted to alleviating the unfavourable conditions under which the medical corps was living; and the Ontario Medical Association had voted $3,000.00. He suggested that if $200.00 were voted to this fund, it should be used at the discretion of the National Committee, of which Dr. F. A. Brockenshire, President of the Ontario Medical Association, was made Chairman, and Dr. Sclater Lewis is a member of the Committee.

It was moved by Dr. H. G. Grant and seconded by Dr. K. A. MacKenzie that The Medical Society of Nova Scotia request the Committee in charge of the Gerald Burns Memorial Fund to pay $200.00 to the National Committee on Medical Officers' Training Camps to be used as they see fit for the comfort of the officers. Motion carried.

The next item was the report of the Nominating Committee as given below. Place of meeting in 1944; to be decided by the incoming executive.

President, Dr. J. C. Wickwire, Liverpool.

1st Vice-President, Dr. P. S. Cochrane, Wolfville.

2nd Vice-President, Dr. A. E. Blackett, New Glasgow.

Treasurer, Dr. W. L. Muir, Halifax.

Secretary, Dr. H. G. Grant, Halifax.

Legislative Committee, Dr. K. A. MacKenzie and Dr. N. H. Gosse, Halifax.

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

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

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

Historical Committee, Dr. H. L. Scammel and Dr. H. W. Schwartz, Halifax, and Dr. J. E. LeBlanc, West Pubnico.

Workmen's Compensation Board—Dr. H. K. MacDonald, Halifax; Dr. D. S. McCurdy, Truro; Dr. J. H. L. Simpson, Springhill; Dr. P. E. Belliveau, Meteghan and Dr. M. G. Tompkins, Dominion.

Medical Museum Committee, Dr. K. A. MacKenzie, Dr. D. J. Mackenzie and Dr. R. P. Smith, Halifax.

Cogswell Library, Dr. J. R. Corston, Dr. J. W. Merritt and Dr. C. W. Holland, Halifax.

Medical Economics Committee, Dr. J. R. Corston, Halifax and Dr. Eric W. Macdonald, Reserve.

Narcotic Drug Committee, Dr. F. V. Woodbury and Dr. C. W. Holland, Halifax and Dr. M. G. Burris, Dartmouth.

Industrial Medicine Committee, Dr. J. G. B. Lynch, Sydney; Dr. A. Calder, Glace Bay and Dr. A. B. Campbell, Bear River.

Dr. K. A. MacKenzie moved the adoption of this report.

Dr. Corston stated he was not prepared to serve as Chairman of the Committee on Economics. Dr. K. A. MacKenzie suggested that the incoming President and executive appoint a Chairman for this Committee.

Dr. W. L. Muir seconded the motion that the report of the Nominating Committee be adopted. Motion carried.

Dr. W. A. Curry: "I want to thank you very much for the honour of electing me President for the last year. It has been made very simple by the great help given me by Dr. Grant and the Executive. I also want to thank Dr. J. P. McGrath and his committee for the very excellent arrangements they have made for this meeting and also for the dinner. I now call on Dr. J. C. Wickwire to take the chair."

Dr. Wickwire took the chair and said he wanted to thank the Society most heartily for the great honour bestowed on him and said he would do his very best to serve the Society to the best of his ability.

There being no further business, the meeting adjourned at 10.00 a.m.

Society Meetings

VALLEY MEDICAL SOCIETY

The 36th Annual Meeting of the Valley Medical Society was held at the Nova Scotia Sanatorium, Kentville, on Wednesday, June 2, 1943, at 3.00 p.m.

Dr. H. E. Killam presided. The following Doctors were present: A. F. Miller, H. G. Grant, T. A. Kirkpatrick, J. P. McGrath, H. B. Atlee, K. A. MacKenzie, E. L. Eagles, O. B. Keddy, G. W. Turner, J. E. Hiltz, V. D. Schaffner, Flight Lieutenant J. A. Webster, A. S. Burns, J. H. Buntain, J. J. Quinlan, R. S. Ideson, D. S. Robb, P. S. Cochrane, R. O. Bethune, R. A. Moreash, S. Bishop, H. A. Foley, L. E. Cogswell, A. L. Anderson and M. R. Elliott.

Doctors Eagles, Buntain, Foley and Turner were elected ordinary members of the Society.

Doctor Killam appointed Doctors Kirkpatrick, Turner and Hiltz as a nominating committee to bring in a list of officers for the coming year.

The following programme was presented;

1. (a) Primary infection in tuberculosis—Doctor A. F. Miller.
   (b) Pregnancy complicating pulmonary tuberculosis—Doctor J. E. Hiltz.
   (c) Post pneumonic empyema—Doctor V. D. Schaffner.
2. Hormone treatment of female glandular irregularities—Doctor H. B. Atlee.
3. On the diagnosis of brain tumours—Doctor K. A. MacKenzie.

All the papers were interesting, contained much information and resulted in considerable discussion. The attendance was the largest of any of the recent meetings.

Following the meeting supper was served at the "Cornwallis Inn." During the supper it was moved by Doctor Elliott and seconded by Doctor McGrath that Doctor Anderson be elected an honorary member of the Valley Medical Society. The meeting approved and Doctor Anderson thanked the members for so honouring him. Doctor Anderson, now retired, resides in Wolfville. He practised many years in the United States and is a frequent attendant at our meetings.

The nominating committee brought in the following slate of officers for the coming year, which on motion was accepted by the meeting.

President—Doctor A. F. Miller, Kentville.

Vice-Presidents—Hants County—Doctor O. B. Keddy, Windsor.
Kings County—Doctor H. A. Foley, Canning.
Annapolis County — Doctor C. F. Messenger, Middleton.
Digby County—Doctor J. R. McCleave, Digby.

Secretary-Treasurer—Doctor R. A. Moreash, Berwick.

Representatives to The Medical Society of Nova Scotia—Doctor M. R. Elliott, Wolfville and Doctor H. E. Kelley, Middleton.

Auditor—Doctor H. E. Killam, Lakeville.

(Sgd.) R. A. MOREASH, Secretary-Treasurer
Valley Medical Society

Correspondence

1390 Sherbrooke Street, West
Montreal, P. Q., August 6, 1943

H. G. Grant, Esq., M.D.
Secretary, Medical Society of Nova Scotia
Department of Medicine
Dalhousie University
Halifax, N. S.

Dear Doctor Grant:

Thank you very much, indeed, for your letter and for the cheque for Two Hundred Dollars ($200) from the Gerald Burns Memorial Fund. I have handed the letter and the cheque to Doctor Patch, Honorary Treasurer of the Association, and have also notified Doctor Routley regarding this very much appreciated contribution of the Medical Society of Nova Scotia for this most useful purpose. As soon as we get word from Doctor Brockenshire as to how the money is to be employed, I shall ask him to write to you giving details as to its expenditure.

With kindest regards and again will you please thank the Society for their most generous gift.

Yours very sincerely

D. Sclater Lewis M.D.
President

July 27, 1943.

H. W. Schwartz Esq., M.D.,
Editor of Nova Scotia Medical Bulletin
Halifax, N.S.

Dear Dr. Schwartz:

I am enclosing a letter which I feel would be of interest to the profession as a whole. It means that they do not have to pay postage on the "draftie" examination forms. Until the receipt of this letter, no doctor in this section knew anything of this so I presume others do not. I feel it should be published in the Bulletin. The local postmaster disputed the validity of this letter so it was confirmed by the Postmaster General's Department.

Yours truly,
(Sgd.) Frank W. Morse, M.D.,
Lawrencetown N.S.

DEPARTMENT OF NATIONAL WAR SERVICES

Halifax, N. S., February 18, 1943

Dr. L. R. Morse
Lawrencetown, Annapolis Co.
Nova Scotia

Dear Sir:

I wish to inform you that letters addressed to this Department do not require postage.

Yours very truly

KATHRYN CORKUM
for
Edgar W. Mingo, Registrar
Administrative Division "G"

Personal Interest Notes

DR. ELEANOR WOOD, daughter of Dr. H. W. Riggs of Vancouver, B. C., is at present Acting Assistant Commissioner of Health for Halifax during the absence of Dr. E. M. Fogo who is taking a special Rockefeller Foundation scholarship course. Dr. Wood practised for four years in Vancouver and has been for the last few years in public health work in Toronto. She left a position as head of the medical department of a Toronto aircraft plant to join the Halifax Health Board. Her husband, Lieutenant B. M. Wood, is serving with the Royal Canadian Navy at Toronto.

Dr. and Mrs. Lewis R. Morse and infant son, Lewis Rupert, Jr., born at the Royal Victoria Hospital in Montreal on June 19th, have been spending a vacation with the former's parents, Dr. and Mrs. L. R. Morse, Lawrencetown. Dr. Lewis Morse left for Halifax on July 20th having received his Naval orders. He spent the past two years in Montreal, at the Royal Victoria Hospital specializing in Urology, and previous to that had been associated with his father in medical practice in Lawrencetown.

Dr. E. A. Brasset has moved from Little Brook, Digby County, to Antigonish, where he has opened an office in the former J. D. Copeland store, and with Mrs. Brasset and their three children is living in the Brasset home on Hawthorn Street.

The BULLETIN extends congratulations to Dr. and Mrs. E. L. Eagles of Windsor on the birth of a daughter on July 26th.

Dr. Z. Hawkins of South Ohio, Yarmouth County, has been in Montreal, where he has been receiving treatment.

We are glad to know that Dr. M. R. Young of Pictou, who underwent an operation in Halifax, is well on the road to recovery.

Dr. and Mrs. F. R. Shankel of Windsor have returned from an enjoyable trip to Newfoundland. Dr. Shankel reported a fine catch of salmon.

The marriage took place in Halifax on August 3rd of Marjorie Jessie, daughter Mrs. W. L. Maclean of Lyon House, Hantsport, and the late Major Maclean, R.C.A.M.C., and Surgeon Lieutenant Hugh Malcolm Henderson, R.C.N.V.R., second son of Mr. and Mrs. D. R. Henderson of Halifax. The bride, who is the granddaughter of the late Rev. Dr. and Mrs. John Maclean of Winnipeg, was educated at St. Leonard's School, St. Andrew's, Scotland, and Dalhousie University, where she received her Bachelor of Arts degree. The groom graduated in medicine from Dalhousie University in January of this year, and is a member of the Phi Delta Theta Fraternity. Surgeon Lieutenant and Mrs. Henderson will live in St. John's, Newfoundland.

The wedding took place recently in Montreal of Sylvia, daughter of Mr. and Mrs. L. Goldstein, and Lieutenant Harold M. Spiro, R.C.A.M.C., son of Mr. and Mrs. Morris Spiro of New Glasgow. The groom graduated from Dalhousie Medical School in May, 1942, served an interneship in Ottawa and Montreal, and then joined the Army, and is at present stationed at Camp Borden.

FLOODLIT WOUNDS

New Surgical Instruments in Desert Battles

New surgical instruments which "floodlight" the interior of the body are being used by some Army surgeons in the Middle East. Equipped with a set of these unbreakable luminous instruments, medicos can perform field operations under a tree or a lean-to shelter, without worrying about aircraft overhead and with better lighting in the wound than in an operating theatre.

Made of a transparent plastic material like glass which transmits light round corners, does not conduct heat and can be thrown on the ground without breaking, the instruments are made in about 30 different shapes, to suit any kind of wound or operation. Even where there are two right-angled bends in the transparent instrument, the light rays travel down to the frosted tip and flood the wound with a cold, shadowless light, however inaccessible the place may be. Blood does not easily congeal on the instrument, as it does with ordinary lighting apparatus.

About 30 different instruments are available, but there are three or four dual-purpose models which are quite sufficient for ordinary diagnostic and surgical work in the field. A set of these, together with a small electric accumulator, costs about £12 and many surgeons in the fighting services have bought them out of their own pockets, so useful have they proved in action. Some of Britain's greatest surgeons are now using these instruments for wounds which cannot be seen into by ordinary operating theatre lighting.

Similar instruments have been made in other countries for some years past, but they had the disadvantage of losing their shape in sterilising. The new instruments however are made of a methyl methacrylate plastic specially developed by British chemists, which will stand any amount of boiling without losing shape.

Note to Editor. "Curvlite" surgical instruments are patented by Vann Bros., Ltd., London, the "Perspex" material being made by Imperial Chemical Industries, Ltd., London.

TO SAVE THE WOUNDED

New Portable Machine Being Mass-Produced in British Automobile Works

Sand was specially imported from Libya for experiments on a new portable vaporising machine for administering anaesthetics and artificial respiration on the battlefield and in air raids. One thousand of the machines are to be mass-produced in one of Britain's largest motor car factories.

The size and shape of a portable gramophone, each of them weighs only 30 lbs. and they will replace the cumbersome gas cylinders at present used. The Libyan sand was used to test resistance to penetration in sandstorms. The machines are also completely vermin-proof.

In hot climates, where anaesthetics evaporate very rapidly, one can never be sure, with the usual methods, how much the patient has absorbed. The portable machine provides complete control of dosage; moreover, it enables one anaesthetist to take part in several operations.

The first 200 of the new machines will go to Britain's R.A.F., after which the fighting services and the civil defence organisations will each have their allocation.

Facts from British Air Ministry

HEMROYDINE E.B.S. is an astringent, antiseptic and sedative ointment, for the treatment of anal irritation and inflammation, caused by haemorrhoids.

Astringent
Antiseptic
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Sedative

COMPOSITION:

Hemroydine E.B.S. contains:

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Phenol
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—in a soothing and protective base.

EFFECTS:

Hemroydine E.B.S. is antiseptic, antipruritic and sedative in action, for conditions which do not require surgical intervention.

INDICATIONS:

Hemroydine E.B.S. is indicated in external and internal haemorrhoids, pruritis ani and vulvae and in eczema, impetigo, favus, acne and psoriasis.

HEMROYDINE is available in 16 oz. jars and in collapsible tubes, with a convenient applicator nozzle, is moderately priced and may be had on prescription, at most prescription centres.

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