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Here in the capital of Nova Scotia is a hotel where you may stay for business or pleasure, and find just the accommodation you desire. Spacious airy rooms, courteous service, and most reasonable rates in the Dining Rooms and at the Lunch Counter.

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Not toxic. Cannot be absorbed or cause alkalosis.

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Prove for yourself that pain is quickly relieved, acidity controlled.

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DALHOUSIE LOYALTY FUND

ALTHOUGH collectors have been under way for only the past two weeks, the response to our request is exceedingly generous. Our representatives have received a very cordial welcome from most Doctors, and as a rule have come away with substantial contributions. Yesterday there arrived in the mail a cash donation of \$500.00. Other graduates of the Medical School have contributed from \$500.00 down to a minimum of \$60.00, which was received from a graduate of less than a month's standing.

Every Doctor in the Province owes something to Dalhousie University; to it our graduates owe their very living, and most of them are making a good one; the other Doctors in the Province are obligated to a lesser extent; they have had the benefit of the medical library which has been available to them for a number of years, and also the privilege of attending medical refresher courses.

Within the next few months one of our representatives will call on every Doctor in the Province. The needs of the Medical School are familiar to you all. Give our representative a kindly reception and help us maintain the present high standing of the medical school.

S. R. BALCOM,

For the Executive Committee in Charge of Campaign for
DALHOUSIE UNIVERSITY.



MANDAM—Tablets Ammonium Mandelate Squibb are now available in 5 grain Enteric coated tablets. They offer to the clinician the advantage of the ammonium salt in tablet form, enteric coated to minimize gastric irritation. Mandam tablets are most effective in controlling the colon bacillus (*Escherichia coli*). Average dose 3 grams 4 times daily.

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Minutes of Executive of the Medical Society of Nova Scotia, 1939

THE meeting of the Executive of the Medical Society of Nova Scotia was held at "The Pines", Digby, N. S., on Tuesday, July 4th, 1939, at two o'clock in the afternoon.

Present: Dr. J. H. L. Simpson, President; Drs. D. J. MacKenzie, C. M. Bethune, H. D. O'Brien, A. L. Murphy, Carl F. Messenger, L. E. Cogswell, J. B. Reid, S. W. Williamson, A. B. Campbell, P. E. Belliveau, J. A. Langille, J. S. Brean, J. S. Munro, H. K. MacDonald, W. L. Muir, H. W. Schwartz, J. R. Corston and H. G. Grant.

The meeting was called to order by the President.

It was moved by Dr. H. K. MacDonald and seconded by Dr. J. S. Brean that the minutes of last year's meeting as published in the MEDICAL BULLETIN of July and August, 1938, be accepted as read. Carried.

A letter was read by the Secretary from Dr. H. L. Scammell, Registrar, Secretary-Treasurer of the Provincial Medical Board, as follows:

Halifax, N. S., December 10th, 1938.

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

Dear Dr. Grant:

At a recent meeting of the Provincial Medical Board the attached clipping from a popular medical publication was brought to its notice. This item (enclosed) deals with legislation in Victoria (Australia) aimed to prevent division of fees.

So far as the Board is aware, the division of fees has never been an issue in Nova Scotia, but I am requested by the Board to ask that the matter be brought before the Society with a view to determining whether preventive legislation on this matter would be presently advisable.

Yours truly,

(Sgd.) H. L. Scammell,

Registrar, Secretary-Treasurer.

Make Fee Splitting Illegal.

A bill prohibiting composite accounts and the sharing of fees has been passed in the legislative assembly of Victoria (Australia). It is now illegal for a medical practitioner to present an inclusive account for services rendered by himself and other doctors, a practice which has been the cause of complaints from the public and which induced the Medical Board of Victoria to request suitable action to put an end to this method of account rendering. A patient who pays an account covering the services of more than one doctor is unaware of the fees payable to the other doctor or doctors, who in turn are unaware of the fees included, on their behalf, in the composite account. This is considered unfair to the patient and contrary to the best interests of the medical profession. The bill remedies the situation by prohibiting a medical practitioner from demanding payment, presenting an account or collecting fees for professional services rendered by any other medical practitioner, except a partner, assistant in his sole employment, or locum tenens, and forbids a medical practitioner to share, or agree to share fees for professional services with any doctor other than a partner, assistant or locum tenens.

It was moved by Dr. H. G. Grant and seconded by Dr. H. K. MacDonald that the secretary advise the Provincial Medical Board that the Executive

of the Medical Society of Nova Scotia does not consider preventive legislation necessary at the present time in Nova Scotia. Carried.

The next letter which was read by the Secretary was a copy of a letter from Dr. G. F. Strong, President of the Greater Vancouver Health League, as follows:

February 27, 1939.

Dr. D. E. H. Cleveland, President,
British Columbia Medical Association,
925 W. Georgia Street,
Vancouver, B. C.

Dear Doctor Cleveland:

Acting on instructions of the Board of Directors of the Greater Vancouver Health League I wish to take this occasion to draw to the attention of the British Columbia Medical Association certain facts in relation to radio broadcasting. In doing this we hope to secure the co-operation of the British Columbia Medical Association and through it the Canadian Medical Association in an endeavour to have some improvement in regard to the points set out below.

(1) Regarding the broadcast of the Venereal Disease programme as arranged for National Social Hygiene Day on January 30th. Permission was refused by the Department of National Health to broadcast the address that Dr. Williams had prepared. We were told that this talk might be broadcast if certain deletions were made in it, and if for the words prostitute and prostitution, the words promiscuous and promiscuity were substituted. The deletions and substitutions suggested, altered the context of Dr. Williams' address in such a way as to shift the burden of emphasis regarding Venereal Disease control from organized prostitution to promiscuous sexual relations.

It is our opinion as a result of Dr. Williams' investigations that in Vancouver and British Columbia the major source of Venereal Disease is the prostitute. Dr. Heagerty took the view that he did not agree with this opinion, and therefore suggested the alterations. We maintain and we hope you will agree, that this suggests a degree of censorship which is not at all desirable in any publicity, but particularly in health matters. We feel that Dr. Williams' conclusions were based on a study of the local situation and he should have been permitted to give voice to this opinion in the Province of British Columbia, particularly since the Provincial Department of Health endorsed his position.

(2) The Health League is concerned over the situation regarding the broadcasting of untrue and misleading claims for proprietary medicines over our national network. We realize that there is some objection to be taken to the use of the radio for commercial purposes but we are not concerned with that angle of the subject. We would take this occasion to register our decided opposition to the character of the commercial announcements that are heard over CBR regarding the following remedies;

Vick's Vatranol; Novakelp; Mason's 49;
Templeton's T.R.C., and Wincarnis.

Since this is not a local matter we feel that we must secure the endorsement of the British Columbia Medical Association in bringing this to the attention of the Canadian Medical Association and asking that they formally protest to the Department of National Health regarding the character of these broadcasts.

Copies of this letter are being forwarded to the Secretaries of other Provincial Medical Associations, and to Dr. Gordon Bates, Director of the Health League of Canada, in order to give this matter the greatest attention.

Yours sincerely,

(Signed) G. F. Strong, M.D.,
President.

Vancouver, B. C.,
February, 27, 1939.

Statement Regarding Social Hygiene Day, January 30th.

Public meeting held in Hotel Vancouver under the auspices of the Greater Vancouver Health League. The Mayor, Medical Health Officer, Provincial Secretary, etc., present. Dr. D. H. Williams, Provincial Director of Venereal Disease Control was the chief speaker. An attempt was made to have Dr. Williams' address broadcast, and it was accordingly forwarded to the Canadian Broadcasting Commission, Ottawa, for approval. The instruction that we received from the Broadcasting Commission indicated that the words prostitute, prostitution, bawdy houses, brothels and profession of prostitution must be deleted from Dr. Williams' address. The further suggestion was made that for the words prostitute and prostitution the words promiscuous and promiscuity might be submitted. This alteration would completely change the context of the address. A moment's consideration of this suggested change indicates immediately that it shifts the emphasis of the problem of Venereal Disease control from organized prostitution to the problem of home and school environment.

The Health League felt that Dr. Williams has made a careful study of the situation regarding Venereal Disease in Vancouver and British Columbia and his findings indicate that approximately three-quarters of these infections are acquired from prostitutes. The emphasis of our campaign, therefore, has been to attack the problem of prostitution.

We feel that Dr. Williams is entitled to an opinion based on a careful analysis of the local situation and we feel further that since health is a Provincial matter, the attack on a public health problem limited in its application to the Province in question should be subject to Provincial rather than Dominion regulations.

Dr. Corston informed the meeting that all radio broadcasting is under Federal control and that anything of a medical nature is submitted to Dr. Heagerty of the Department of Pensions and National Health who decides whether things will be broadcast or not. He thought it would be the part of wisdom to write Dr. Heagerty stating that this Society had been asked to lend its support to the British Columbia people and see what Dr. Heagerty had to say about it. It was moved by Dr. J. S. Brean and seconded by Dr. A. B. Campbell that the letter from the Greater Vancouver Health League be accepted, and at the same time that the Secretary be asked to communicate with Dr. J. J. Heagerty as to why these terms should be deleted from broadcasting. Carried.

A letter was read by the Secretary from Dr. A. C. Singleton, Honorary Secretary-Treasurer of the Canadian Association of Radiologists, as follows:

170 St. George St.,
Toronto, March 14th, 1939.

Dr. H. G. Grant,
Secretary, Nova Scotia Division of
Canadian Medical Association,
Dalhousie University,
Halifax, N. S.

Dear Dr. Grant:

Re: Radiological Services in Group Hospitalization Plans.

At a recent meeting of the Western Sections of the Canadian Association of Radiologists held in Calgary the third and fourth of this month, it was pointed out that there was a tendency for group Hospitalization schemes to include X-ray services in the schemes, or at definitely reduced rates, to the members of the groups taking part.

I have been asked to write to the Provincial Medical Associations and to the

Canadian Medical Association expressing the disapproval of the Canadian Association of Radiologists of the policy of including professional services in Group Hospital benefits. I do not need to stress the arguments to support this opinion, and would only quote from the "Report of Experiences in Group Hospitalization" published by the American Medical Association in 1937. On page 243 they state "likewise the contract should specify that anaesthesia, all radiological services, every service that is rendered in the pathology departments, and all other services that can be construed as professional, are not included".

The Canadian Association of Radiologists would request that in each case where Group Hospitalization schemes are being undertaken that the phases dealing with Radiology should be discussed fully with the Radiologist in charge of the Department in the hospital involved before the scheme is entered into.

Yours faithfully,

(Sgd.) A. C. Singleton,

Hon. Secretary-Treasurer.

This was discussed by Dr. H. K. MacDonald, Dr. J. A. Langille, Dr. J. S. Brean and Dr. J. B. Reid, but no action was taken.

A letter was read by the Secretary from Dr. D. Selater Lewis, Honorary Treasurer and Managing Editor of the Canadian Medical Association, as follows:

3640 University Street,
Montreal, April 10, 1939.

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

Dear Dr. Grant,

I am enclosing copy of a "Report of the Committee on Joint Advertising Contracts". You will see from that report that at present Nova Scotia is the only province which is actually interested in the suggestion. The comment of our advertising agent in the United States is, as you will notice, rather against embarking on this type of contract. At Dr. Routley's request it was decided at Executive Committee meeting to allow the whole question of advertising in Provincial Bulletins to come up at the meeting of Medical Secretaries in June, so that it could be fully discussed and that their recommendations in the matter could then come up before Executive Committee at a later date for further consideration.

With kind regards,

Yours sincerely,

(Sgd.) D. Selater Lewis.

March 7, 1939.

Report of Committee on Conjoint Advertising Contracts.

The feasibility of the Journal obtaining conjoint advertising contracts to include the provincial bulletins has been studied. The medical associations of the provinces of Alberta, British Columbia, Saskatchewan, Manitoba, Ontario, and Nova Scotia were asked for details concerning their publications. Alberta and British Columbia did not reply. Saskatchewan has never carried advertising. Manitoba has a manager. The Ontario bulletin is financed by a single sponsor. This leaves Nova Scotia only. All bulletins vary in technical matters and in number of copies issued. A summary of the data obtained is as follows:

Province	No. of Issues	No. of Pages		Circulation			Size
		Reading	Adv.	Paid	Free	Total	
Saskatchewan...	4	20	None	None	625	625	6 x 9
Manitoba	12	11	8	All registered	doctors	650	6½ x 9½
Ontario	9	24-32	1	None	4500	4500	5½ x 8¼
Nova Scotia	12	30-50	20-26	330	195	525	5 x 8

Our advertising agent, Mr. Slack, who was consulted, writes that the Journal of the American Medical Association has a close working arrangement with the state medical journals but do not offer a combination advertising rate with their own Journal. They have a "Cooperative Medical Advertising Bureau" which aims to sell space in as many of the state medical journals as possible. This Cooperative Bureau operates independently of the advertising staff of the Journal of the A. M. A. It appears that the Bureau has considerable difficulty in interesting advertisers in the state publications. Slack does not believe it would be in our Journal's best interests to have multiple advertising contracts, particularly as it would increase the cost per thousand of circulation, to the advertiser without a commensurate return in additional circulation.

In view of the above findings your Committee recommends that the question of the Journal obtaining multiple advertising contracts which would include the bulletins published by the provincial associations be deferred till the next meeting.

All of which is respectfully submitted.

(Sgd.) D. Selater Lewis, Chairman.

The Secretary stated in explanation of this letter that some years ago one of the promises of becoming a division of the Canadian Medical Association was that it would be a great help in securing advertisements for our BULLETIN. It was moved by Dr. H. K. MacDonald, and seconded by Dr. J. A. Langille that the Secretary be instructed to communicate with Dr. Routley regarding advertising. Carried.

The next letter read by the Secretary was from Dr. A. S. Kirkland, Secretary of The New Brunswick Medical Society, as follows:

Saint John, N. B.,
May 18, 1939.

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

Dear Dr. Grant:—

I have been instructed by the Executive Committee of the New Brunswick Medical Society to invite the Nova Scotia Medical Society to send an official delegate to the 59th Annual Meeting of the New Brunswick Medical Society, which is being held, this year, in the Algonquin Hotel at St. Andrews, on August 29 and 30.

I would be glad if you could inform me of the name of your delegate before the time of our meeting.

Unfortunately, our finances will not allow us to pay your delegate's expenses, nevertheless a cordial welcome awaits him.

Yours sincerely,

(Sgd.) A. S. Kirkland, M.D., Secretary.

It was moved by Dr. Grant and seconded by Dr. J. B. Reid that the matter of the choice of a delegate be left to the President. Carried.

The Secretary advised that Dr. H. A. Farris of Saint John, N. B., was the official delegate of The New Brunswick Medical Society to the annual meeting of the Medical Society of Nova Scotia.

The Secretary then read a letter from Miss Janet Doe, Secretary of the Medical Library Association, New York City, as follows:

March 8, 1939.

Dr. Harry G. Grant, Secretary,
Medical Society of Nova Scotia,
Dalhousie Public Health Clinic,
Halifax, Nova Scotia, Canada.

Dear Sir:

At the 1936 meeting of the Medical Library Association, the need for an abstract journal in clinical medicine was discussed. In order to learn the amount of support such a publication might receive, this Association sent a reprint of the discussion to all the national and state medical associations, asking for an expression of opinion from their members. Much interest was evidenced in many of the replies received.

Further activity in this direction has been stirred up by a meeting in December, 1938, of the Joint Committee to Investigate Problems of Indexing and Abstracting Services in the Major Fields of Research, sponsored by the American Library Association. Informal discussion emphasized the need for a comprehensive abstract journal covering clinical medicine and surgery and including their various specialties. The possibility of such a publication being undertaken by the American Medical Association was mentioned. It was felt that the Board of Trustees of that Association might regard such a project favourably if sufficient interest on the part of the medical profession could be shown. The Medical Library Association is hereby endeavouring to secure evidence of such interest and approval by addressing the representative associations of the profession, national, state, and those which are locally significant. We ask you, therefore, to bring this question before your society at the earliest opportunity. If sentiment is favourable, will you pass a resolution to that effect and present it to the Board of Trustees of the American Medical Association, in the hope that they may be able to undertake such an enterprise? If enough organizations act promptly, it is felt that there is good prospect of success.

Please *address* these resolutions to the Board of Trustees of the American Medical Association, but *send* them to the Secretary of the Medical Library Association for presentation. Or, if you prefer to send them direct, please send a copy to the Secretary of the Medical Library Association. This is necessary so that a comprehensive report can be made.

An abstract journal for clinicians and specialists in every division of medicine and surgery is becoming a vital necessity. Only large libraries can possess more than a small portion of the entire literature; an individual cannot possibly keep abreast of knowledge by his unaided efforts; the foreign literature is not easily read by a large proportion of the profession. Some reliable abstract source for all the important clinical literature should be available to clinicians in every specialty. Duplication should be avoided in the subjects now efficiently covered by "Biological Abstracts" "Chemical Abstracts", and "British Chemical and Physiological Abstracts".

One possible method of publication would be a comprehensive library edition covering all specialties. The pages on each particular subject could be numbered separately and subscribed to separately by a specialist at much less cost than that of the entire publication. "Biological Abstracts" and the "Proceedings of the Royal Society of Medicine" are satisfactorily issued in this form.

In order to establish such a journal on a large enough scale to be useful, it will need the support of the whole medical profession. Will you please ascertain the reaction of your organization to this proposal at the earliest date possible, and then, if favourable, will you present your resolution to the Board of Trustees of the American Medical Association as outlined above? We welcome your further suggestions.

Sincerely yours,

(Sgd.) Janet Doe,

Secretary, Medical Library
Association.

It was moved by Dr. J. S. Brean and seconded by Dr. J. A. Langille, that this matter be referred to the Cogswell Library Committee and that they report back to the Executive meeting in November. Carried.

The Secretary next read a letter from Lieut.-Colonel Edgar W. Mingo, Honorary Secretary of the Nova Scotia Branch of the St. John Ambulance Association, as follows:

Halifax, N. S.,
25th June, 1939.

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

Dear Dr. Grant:

The Council of the Nova Scotia Branch of The St. John Ambulance Association wish to express to the Members of the Medical Profession in Nova Scotia their appreciation of the support they have given to the Association during the past year.

They particularly wish to thank those who gave so freely of their services during the visit of Their Majesties, King George and Queen Elizabeth, by taking charge of the First Aid posts established by this Association and directing the lay workers in the care of the injured or of those taken suddenly ill.

The work of this Association is dependent entirely upon the goodwill of your members and we trust that you will continue your support not only in teaching and examining but that more and more of your members will become active members and give us the benefit of their knowledge and experience in directing our policy.

Yours very truly,

(Sgd.) Edgar W. Mingo,

Hon. Sec'y., Nova Scotia Branch.

It was moved and seconded that this letter be filed, and that the Secretary write a letter of thanks to Colonel Mingo. Carried.

Dr. J. A. Langille explained the Pugwash Co-operative Doctor Service Association.

Dr. Grant thought that if such things started on the wrong foot, they would do a lot of harm. He suggested that the Provincial Medical Board should be used in an advisory capacity when such companies were registered.

Dr. Reid stated that they were entirely local problems.

Dr. Corston advised that our power ends when we furnish a committee, such as the Committee on Medical Economics, with the information.

Dr. MacDonald thought that, if these people applied for incorporation, before granting the powers which will incorporate them, the Government should be asked to confer with the Committee on Medical Economics of the Medical Society of Nova Scotia, or refer the matter to the Minister of Health.

Dr. Grant stated that about six weeks ago Father MacLean had come to him asking if he, Dr. Grant, could get a doctor for an active co-operative scheme; this will be dealt with in Dr. Atlee's report.

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

184 College Street,
Toronto 2, June 28th, 1939.

TO THE SECRETARIES OF BRANCHES AND DIVISIONS

Dear Doctor:

Re Conference of Medical Secretaries.

The following extract from the Minutes of the meeting of the Executive Committee in Montreal, is sent you for your information:

"Last year at the Halifax meeting, a dinner conference was arranged for the medical secretaries of Canada. There was no particular plan of organization but those in attendance seemed to be in general agreement that the meeting should be as informal as possible, that we should not adhere necessarily to any agenda, that we should keep no minutes and that every one should be encouraged to speak freely, knowing that no detailed report would be made of the meeting. A similar conference is being arranged this year, and, in response to correspondence sent to Dr. M. W. Thomas, Secretary of the British Columbia Division, a communication was received from the Honorary Secretary, Dr. A. H. Spohn, to the effect that the B. C. Division did not feel that they could send Dr. Thomas to the meeting this year unless some definite agenda was to be discussed and unless some arrangements for pooling expenses could be arrived at.

It was pointed out that the Secretaries' Conference is merely an incident in connection with the annual meeting of the C. M. A. and it is very desirable that all Medical Secretaries attend the C. M. A. annual meetings in order to be informed on questions that are being discussed in General Council, affecting every Province of the Dominion.

It was duly moved, seconded and agreed that, in the opinion of this Executive Committee, attendance of the Executive Secretaries of Divisions and Branches of the C. M. A. at annual meetings of the C. M. A. is greatly to be desired as resulting in benefit not only to the Associations but to the respective Divisions and Branches; and that the matter of pooling the expenses of the Secretaries be referred to the General Secretary for solution.

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

This letter was agreed to.

The following letter from Dr. T. C. Routley, which was read by the Secretary, was agreed to, with the request that it be published in the BULLETIN.

184 College Street,
Toronto 2, June 27th, 1939.

Doctor H. G. Grant,
Dalhousie University,
Halifax, N. S.

Dear Doctor Grant,

Acting upon information I wish to send you the undermentioned, being a copy of a Minute adopted by the Executive Committee at our recent annual meeting:

"That this Executive Committee does not approve of the use of bold-faced type in the setting up of Doctors' names in the telephone Directory as it is not in accord with the best ethics of the profession; and we would instruct that this resolution be transmitted to the Divisions and Branches."

Yours sincerely,

(Sgd.) T. C. Routley,

General Secretary.

Several letters of appreciation from the wives of departed members were read.

The following resolution from the Western Nova Scotia Medical Society was read by the Secretary:

"Resolved that it is the unanimous opinion of the Western Counties Medical Society that some suitable form of compulsory Health Insurance would be beneficial to the medical profession in this Province, particularly a type of Insurance which would take care of the medical care of the indigent."

It was moved by Dr. A. B. Campbell and seconded by Dr. J. A. Langille that this resolution be referred to the Medical Economics Committee. Carried.

Report of Provincial Medical Board.

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

Gentlemen:

I beg leave to present the following resume of the activities of the Provincial Medical Board during the past year, likely to be of interest to your members:

1. Dr. M. J. Carney, an appointee of the Provincial Government, whose term expired in March, 1939, was thereupon reappointed for another three years.

2. During the year two general and three executive meetings were held in Halifax, all well attended.

3. The Board has been confronted with two serious problems relating to the treatment of patients by physicians. In the one instance the complaints were lodged by patients of the physician, in the other by a confrere. Circumstances of a local nature and the removal of one of the parties to another community combined to solve the first case without the necessity of other than admonitory action on the part of the Board. In the second instance, legal advice is being sought before definite action can be taken.

4. Two licentiates of the Board, Theodore Markovits and Lester Rosenfeld, upon submitting good and sufficient evidence that their names have been changed by proper enactment, have been re-entered in the Register as Theodore Martin and Lester Rosere.

5. The Board has devoted considerable attention to the proposed purchase of a library for the use of its members and examiners as well as the Profession at large. Nothing of a final nature in this regard has yet been reached.

6. The problem of the European refugee physician is one confronting Nova Scotia in common with all Canadian Provinces. Most of the Provinces,

acting on a first impulse, have practically closed their doors to these men, so far as the practice of Medicine is concerned. Nova Scotia has, with one exception, taken the same action temporarily, considering it wise to watch the situation develop before final and definite pronouncement be made. It must be remembered that while in general we are well supplied with practitioners, yet many of these refugees are men of an exceptionally brilliant type who may, as teachers, find a definite place in Canada. The exception in Nova Scotia is that a rare refugee is possessed of registration with the General Medical Council of Great Britain which, by statute, we are at present bound to honour and give its holder our license upon submitting his credentials and paying a fee. So, for only one such case, has our License been granted. It should be here stated that our reciprocity with Great Britain has, to date, been of tremendous value to licentiates of this Board and has been taken advantage of freely by our students seeking post-graduate educational appointments, colonial service appointments, licensure of Medical Missionaries in foreign fields, etc. On the other hand, few, except our native sons, who took their Medical training and qualified in England have approached us for reciprocal rights, so that to date the benefits have been overwhelmingly in our favour. A close watch, however, on developments is being kept by the Board.

The Annual Conjoint Licensing Examinations were held this Spring and eligible candidates who passed the finals were licensed to practise.

Besides, a great many routine matters have been dealt with giving the Board a year of unusual activity.

Respectfully submitted on its behalf,

(Sgd.) H. L. Scammell, M.D.,
Registrar.

It was moved by Dr. H. K. MacDonald and seconded by Dr. A. B. Campbell that this report be accepted. Carried.

Workmen's Compensation Board Committee.

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

Dear Dr. Grant:

As chairman of the Workmen's Compensation Board Committee I have to report that no meeting of this committee was held during the year.

On assuming the duties as chairman of the Committee after the last annual meeting I wrote each member of the Committee asking them to advise me if any matter arose with them or their surrounding confreres which would necessitate a meeting. I have had no request from any of them nor from any member of the profession to take up any matters with the Compensation Board.

Yours sincerely,

(Sgd.) John B. Reid.

It was moved by Dr. Bethune and seconded by Dr. Brean that this report be accepted. Carried.

Public Health Committee.

Report of the Committee on Public Health of the Medical Society of Nova Scotia.

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

Your Committee is pleased to report that, during the past year, the health of the people generally has been maintained at a rather satisfactory level. There were no serious epidemics and most principal causes of death, with the exception of heart affections and cancer, show diminution or a downward tendency. Particularly gratifying are the morbidity and mortality records of Typhoid Fever, Epidemic Meningitis, Tuberculosis and Dysentery. In the last statistical year the number of deaths from puerperal causes was the lowest ever recorded; yielding a maternal mortality rate of 3 per 1000 living births, a new low for all Canada. This circumstance is, we are sure, a source of gratification to all members of the medical profession.

Believing that diseased teeth are the cause of considerable ill health an oral hygiene educational campaign, under the joint auspices of the Canadian Dental Hygiene Council, the Provincial Dental Association, the Department of Education and the Department of Health, was put on during the early months of last year. The programme covered twenty-two centres and school children were given special attention. While presenting the case to school children, teachers, principals, and school inspectors were also met, which afforded an opportunity of impressing upon these the importance of mouth health education. Certain other adult groups were touched through Health and Welfare Organizations and service clubs. As an outcome of this campaign a mobile dental unit has been procured which will operate in as many of the more isolated sections of the province, as possible, during the summer months. The service will be restricted to children between the ages of six and sixteen years.

As a result of intensive study in public health circles, extending over a period of years, it has been decided to introduce in the province, this year, a special form for recording the facts of still births. This form will supersede the present double registration system. (At present each still birth is registered both as a birth and as a death.) The purpose of this new form is to procure information which, it is thought, will be of value in formulating plans for lessening our neo-natal and maternal mortalities. In the acceptance of this form and in its thorough execution the cooperation of every member of the medical profession is solicited, especially since it is now recognized that the profession can and must play an important role in the broadening field of preventive medicine.

Respectfully submitted,

(Sgd.) P. S. Campbell, M.D., (Chairman)

R. A. McLellan, M.D.

H. E. Kelley, M.D.

R. C. Zinck, M.D.

Harvey F. Sutherland, M.D.

L. B. W. Braine, M.D.

F. E. Walsh, M.D.

It was moved by Dr. S. W. Williamson and seconded by Dr. H. K. MacDonald that this report be accepted. Carried.

Report of the Cancer Committee, Nova Scotia Medical Society.

Once again we have to report a speeding-up of the relentless march of cancer in this province, our deaths from this disease totalling 717 for the last registration year as against 687 the year before.

We reported last year the formation of the Department of Cancer Control of the Canadian Medical Association and the setting up by that Department of the Canadian Society for the Control of Cancer. We showed the way in which the provinces were brought into the scheme and how that all the provinces are linked together in this most important movement. It is now our pleasure to report that in this province several hospitals of 100 beds or over, led by St. Martha's, Antigonish, have undertaken to set up Cancer Study Groups as per the original plan of the Cancer Study Committee of the Canadian Medical Association.

With respect to the Canadian Society for the Control of Cancer, that society has been organized and though President and First Vice-President are laymen, it has been given strong medical flavour by the inclusion within its council of many medical men, including the Deputy Minister of Health as its other Vice-President.

We believe that this may become a very important instrument for the dispelling of much of the ignorance that exists among our people with respect to cancer, and that it is, therefore, worthy of our collective and individual support.

The subject of cancer quackery is still a very sad one in this province, and there is no let-up in the cases that come to our notice manifesting its baneful effects. While it is our belief that it is possible to clean up this shameful situation in very short measure yet it is our feeling that we shall only accomplish relief from its effects by the slow process of public education.

It has seemed important in the Department of Cancer Control of the Canadian Medical Association to have cancer made a reportable disease in all the provinces, as, for some years, it has been in some of them. To this end we were asked to ascertain the view of our provincial authorities. It is our understanding that they would welcome such a measure, if there were any hope of our doctors honouring it, and in view of the way that the tuberculosis and other regulations are honoured by us we cannot resent the proviso. It was recently shown however that in other provinces, where this regulation has gone into effect, the proportion of reported cancer cases to reported cancer deaths is very satisfactory indeed.

Your Committee regards this as an important matter and suggests that this society recommend to the Department of Health the inclusion of cancer in all its forms in the list of reportable diseases.

The question of establishing more cancer centres throughout the country has engaged the study of the Department of Cancer Control for quite some time. It has been made apparent that when centres have been opened without regard to adequacy of equipment, training of personnel and to experience which it is only possible to obtain from large populations, advance in the treatment of cancer has not taken place. At the meeting of the Board of Directors of the Department of Cancer Control held in Montreal last month, it was therefore, unanimously resolved that the treatment of cancer should be restricted to institutions specially equipped in all its various requirements for that purpose.

The matter of getting indigent cancer patients to hospital for treatment has, for a long time, been the subject of our concern. Instances have been brought to our attention where needy cases have not been able to get transportation—in cases where cures could practically have been promised. We believe that further consideration might well be given to this important matter at this time.

Respectfully submitted,

(Sgd.) Norman H. Gosse, Chairman.

It was moved by Dr. W. L. Muir and seconded by Dr. H. W. Schwartz that this report be accepted. Carried.

Editorial Board Committee.

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

The BULLETIN has been issued monthly and the Editors wish to thank all contributors.

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

It was moved by Dr. S. W. Williamson and seconded by Dr. H. D. O'Brien that this report be accepted. Carried.

Legislative Committee.

To The Nova Scotia Medical Society.

Your Committee on Legislation begs to report that during the past year nothing transpired calling for the exercise of its functions.

Respectfully submitted,

(Sgd.) John G. MacDougall, Chairman.

It was moved by Dr. J. S. Brean and seconded by Dr. C. M. Bethune that this report be accepted. Carried.

Committee on Medical Economics.

Report of Committee on Economics, Nova Scotia Medical Society.

Your Committee was in receipt of several letters this year from the Chairman of the Economics Committee of the C. M. A. The matters raised in these communications were of such a nature that your Committee felt it should pass them along at once to the Executive. This it did. At the same time the entire correspondence was published in the BULLETIN so that you might come to the Annual Meeting with some knowledge of it.

From this correspondence and other signs your Committee feels that the C. M. A. has decided to come to grips very shortly with the matter of Health Insurance, and is preparing to accept Health Insurance in some form or other. For that reason your Committee feels that our Society should give the matter its most careful consideration.

We have other reasons for this which lie closer home. Within the last year two of our provincial hospitals have offered a scheme of hospital insurance to their constituencies. Just recently in one of our towns a form of co-operative medical service has been offered by local practitioners. In a Cape Breton community efforts are being made to introduce another scheme of group insurance. Details of these last two are attached to this report.

Having studied these schemes your Committee feels that they are open to serious criticism. If, as a Society, we do agree to some form of Health Insurance, it will be to our interest to make certain not only that it brings us sufficient remuneration, but that it provides the public with proper medical care. We do not believe that such care can be provided for less than \$15-\$18 a year per family, and we believe a sounder fee would be \$24.00. If a lower fee is adopted, there will inevitably be a skimping in the type of medical service provided which will eventually act to our detriment and the detriment of the service. Neither of the schemes of Health Insurance above mentioned provides what we consider a sufficiently high fee to make a proper medical service possible. What is more the rate charged for a maternity case in both schemes is \$10.00. We are attempting in our medical schools to improve obstetrical practice and so lower maternal mortality and morbidity. The public is demanding safer obstetrical care. It is impossible to provide ante-, intra- and post-natal care for a fee of \$10.00. On the basis that every pregnant woman should be seen at least four times during pregnancy, have three visits during the puerperium and be given one final post-natal examination, the \$10.00 fee provides \$1.00 each for these and leaves nothing whatsoever for the actual confinement. We do not believe that proper obstetrical care can be given for a fee of \$10.00, and feel that this Society should strongly object to any scheme which provides so little recompense for so important a service.

We note also that this year a survey is being made of the type of medical service provided in two counties in Nova Scotia. The report of this survey is not yet ready, but we understand it will contain information of the greatest value to the Society.

(Sgd.) H. B. Atlee, Chairman.

Pugwash Co-operative Doctor Service Association.

1. Any family or individual may join.
2. There are three zones. First zone—Pugwash and four miles out in all directions from the monument. Second zone—Four to six miles out. Third zone—Six to eight miles out.
3. The fee for zone 1 shall be \$1.00 per family for each month, including children under 18 years at home, 50c. a month per individual. Zone 2—\$1.50 and 75c. Zone 3—\$2.00 and \$1.00.
4. Initiation fee 25c. for a family and 15c. per individual.
5. Fee to be paid before 10th. of each month for current month.
6. Members not paying fee before 10th shall be expelled for the rest of six month period.
7. Members can choose their own doctor. They shall state their choice when joining. A member can change doctor by notifying secretary-treasurer before 15th of preceding month.
8. Any family or individual wishing to join after the first of June, shall join before the 10th of any month and pay for that month, but cannot receive Doctor Service until on or after first of month following.
9. Each doctor shall be supplied with a list of members choosing him as their physician.
10. Doctor shall be notified if there is any change in this list.
11. Doctors service shall include all house and office calls and prescriptions.
12. Maternity cases shall not exceed \$10.00.

13. One free medical examination for each member for the six month period.
14. The doctor shall have the right to reject any member at the end of six month period if a member makes a nuisance of himself or herself by unnecessary calls.
15. Any member where possible shall make an office call instead of having doctor come to the house.
16. In serious cases when a member's doctor is not available, member shall have the right to call another doctor. Charges for such calls shall be settled between the doctors.
17. Doctors to be paid on or before 15th of each month for current month.
18. Dr. J. A. Langille's patients shall receive necessary treatments with Ultra-Short Wave Diathermy at his office for half price. X-rays of the chest, jaw and extremities shall also be half price.
19. This agreement shall terminate at the end of six months.

Signed by Dr. J. A. Langille and Dr. S. O. Dowling for a six month trial period starting June 1st, 1939.

All wishing to join, obtain *Leaflet from Father MacLean, Red Islands, Richmond County, Cape Breton.*

Suggested Regulations to be submitted to Medical Board for Approval.

1. Only subscribers who pay the full fee of five dollars a year may enjoy the privileges of this organization. Non-subscribers will be expected to pay the usual medical fees.
2. Subscribers who pay five dollars a year may expect one free call a year from the doctor to their homes.
3. Subscribers will pay for the second and subsequent calls of the doctor to their homes the sum of two dollars a call plus ten cents a mile.
4. Any calls made at the doctor's office for consultation will be free.
5. Subscribers may expect substantial reductions in the purchase of drugs.
6. Subscribers may expect substantial reductions in Surgical operations.
7. The Medical Board will endeavour to secure substantial reductions in hospitalization charges.
8. A flat rate of ten dollars plus mileage at the standard rates will be charged for Maternity cases.

Note: Your Medical Board will probably consist of seven members representative of the various districts and appointed by the subscribers in the various districts in which the doctor will practice.

Promissory Note

I, _____ of Nova Scotia, do hereby promise to pay on or before October first, 1939, the sum of five dollars, to our district doctor for medical services, said sum to be remitted to the Secretary of the Medical Board duly appointed to administer the regulations under which our district doctor will practice.

Signature.....

Witness.....

Dated

It was moved by Dr. J. B. Reid and seconded that this report be accepted.
Carried.

As agreed at the executive meeting in June, 1938, that reports not containing anything controversial would not be presented at the general meeting—but would be published in the BULLETIN, it was moved and seconded that the following reports would not be presented at the general meeting: Provincial Medical Board. Workmen's Compensation Board. Public Health Committee. Editorial Committee. Legislative Committee.

The Executive agreed that the following reports, Committee on Medical Economics, Cancer Committee, and report of the Committee on Arrangements of the Canadian Medical Association, which had been presented at the Executive meeting on November 15th, 1938, the financial report of the Treasurer and the Secretary's report should be read at the general meeting. Carried.

FINANCIAL REPORT OF THE TREASURER.

FINANCIAL STATEMENT.

Medical Society of Nova Scotia.

Seven months ending December 31, 1938.

RECEIPTS

June 1, 1938	Balance Cash on Hand.....	\$ 3,005.20
	Subscriptions.....	442.60
	Medical Bulletin.....	1,612.26
	Interest on Savings Bank.....	1.80
		<hr/>
		\$ 5,061.86

The above statement does not include an amount of \$623.07 deposited in Savings Bank December 14, 1938.

DISBURSEMENTS

Subscriptions.....	\$ 110.00
Medical Bulletin.....	1,280.12
Sundry Expenses.....	109.14
Salaries.....	980.00
Annual and Executive Meeting.....	260.71
Cash on Hand:	
Savings.....	\$ 719.71
Current.....	1,602.18
	<hr/>
	2,321.89
	<hr/>
	\$ 5,061.86

PROFIT AND LOSS STATEMENT

Subscriptions.....	\$ 332.60
Medical Bulletin.....	332.14
Interest on Savings Bank.....	1.80
	<hr/>
	\$ 666.54
Less:	
Sundry Expenses.....	\$ 109.14
Salaries.....	980.00
Annual and Executive Meeting.....	260.71
	<hr/>
	\$ 1,349.85
	<hr/>
Net Loss.....	\$ 683.31

For one year ending May 31, 1939.

RECEIPTS

June 1, 1938	Balance Cash on Hand.....	\$ 3,005.20
	Subscriptions.....	4,368.25
	Medical Bulletin.....	3,577.69
	Interest on Savings Bank.....	4.90
		<hr/>
		\$10,956.04

The above statement does not include an amount of \$623.07 deposited in Savings Bank December 14, 1938.

DISBURSEMENTS

Subscriptions.....	\$ 2,384.95
Medical Bulletin.....	2,148.82
Sundry Expenses.....	421.67
Salaries.....	1,680.00
Annual and Executive Meeting.....	260.71
Cash on Hand:	
Savings.....	\$ 722.81
Current.....	3,337.08
	<hr/>
	\$ 4,059.89
	<hr/>
	\$10,956.04

PROFIT AND LOSS STATEMENT

Subscriptions.....	\$ 1,983.30
Medical Bulletin.....	1,428.87
Interest on Savings Bank.....	4.90
	<hr/>
	\$ 3,417.07
Less:	
Sundry Expenses.....	\$ 421.67
Salaries.....	1,680.00
Annual and Executive.....	260.71
	<hr/>
	\$ 2,362.38
	<hr/>
Profit on year's operation.....	\$ 1,054.69

COGSWELL LIBRARY FUND

Medical Society of Nova Scotia.

Year ending June 30, 1939.

RECEIPTS

June 30, 1938	Balance Cash on Hand.....	\$ 1.28
	Income.....	131.25
	Interest on Savings Bank.....	.59
		<hr/>
		\$ 133.12

DISBURSEMENTS

Dalhousie University.....	\$ 132.00
Balance Cash on Hand.....	1.12
	<hr/>
	\$ 133.12

It was moved by Dr. H. K. MacDonald and seconded by Dr. J. S. Brean that this report be accepted. Carried.

It was moved and seconded that as the representative to the Canadian Medical Association is not a member of our Executive that the branch society from which the representative of the Canadian Medical Association Executive is chosen shall be required by the secretary to include that member as a representative of the Executive of the Medical Society of Nova Scotia. Carried.

It was moved by Dr. S. W. Williamson and seconded by Dr. H. K. MacDonald that the Society defray the hotel expenses of Dr. and Mrs. R. C. Williams and son. Carried.

With regard to the nomination of honorary members, Dr. A. L. Murphy thought it would be wise to limit the number of appointments a year, and moved that the President appoint a committee of three to bring in nominations at the first business session. This was seconded and carried and the President appointed a committee consisting of Dr. J. S. Brean, Chairman, Dr. A. L. Murphy, and Dr. H. W. Schwartz.

It was moved and seconded that the incoming President be the representative of the Nominating Committee of the Canadian Medical Association. Carried.

Dr. H. K. MacDonald then spoke on the need of a new hospital in Halifax. "It has been apparent, not only to the members of the profession in Halifax, but to the profession at large throughout the Province, that Halifax is the medical centre of the Maritimes, and as such she has to maintain it. We are severely and sorely handicapped by the necessity of a new hospital, and recently a committee approached the Government, and we felt that we had accomplished something. We felt that if we should get a recommendation from the Medical Society of Nova Scotia, it would help us. Dr. Kinley took up the question of increasing accommodations. He approached the Government from that angle. Dr. Johnston approached the Government for increased accommodation for our cancer cases. From the educational standpoint we are sadly cramped and sadly in need of clinical material if we are going to maintain our standard of an A1 school. I tried to show the members of the Government that in order to maintain our medical school up to the standard we must have increased accommodation. There is only one solution and that is a new hospital. If we can get a resolution through from the general meeting I think it will be of great assistance."

Dr. J. S. Brean spoke on the subject as follows: "I am in very, very hearty accord with the sentiments expressed by Dr. MacDonald. As a medical centre and as one of the most important needs of a medical education, I feel that with the facilities in Halifax at present the Victoria General Hospital is lowering the standard, and I feel that the only way the standard can be maintained, is by a new hospital. Most of us know how poorly the hospital is equipped. I move that this Executive go on record as endorsing the action of the visiting staff of the Victoria General Hospital for the erection of a new hospital at Halifax."

Dr. J. S. Munro: "I feel that it is certainly needed, and I would like to second that motion."

Dr. J. A. Langille advised that he used to write in for patients to send an application for them and would get word back that they would be placed on the waiting list and that he would be informed when he could send them in. If there were a hospital in Halifax with ample accommodation, every

student would have the opportunity of studying the different cases. He heartily endorsed the statement of Dr. Brean and was in hearty accord with the motion.

Dr. H. D. O'Brien stated that the doctors in Halifax had just as much trouble in getting cases in the hospital as the men outside.

Dr. G. H. Murphy thought that the Government being a political organization a resolution from the Medical Society of Nova Scotia would carry more weight than any move that could be made.

Dr. H. G. Grant spoke to the subject from the standpoint of medical education. He expressed the opinion that the medical student in many instances left Dalhousie without a proper conception of a modern hospital. He also said that in many respects the hospitals outside of Halifax were much more up-to-date than the Victoria General Hospital.

The motion was carried, to be brought before the general meeting.

Report of Secretary.

The Report of the General Secretary for the year ending June 30, 1939. To the President, the Executive and Members of The Canadian Medical Association, Nova Scotia Division.

Gentlemen:—

It is my pleasure to report to you on the activities of our Society for the present year.

Although for comparison with previous years this report covers the period July 1st, 1938, to June 30th, 1939, the fiscal year of our Society is now the calendar year.

Membership. The total membership for this year is 296,285 conjoint, 4 Medical Society of Nova Scotia, and 7 Honorary. The number is smaller than last year, but well above average. The same method of collecting dues has been pursued as in the past few years, i.e., the issuing of drafts and accounts, a second dunning letter and personal soliciting. There are still about 110 doctors in active practice who receive and undoubtedly enjoy the BULLETIN, but do not pay dues nor even offer to pay the subscription price of the BULLETIN. With the exception of a few provinces where membership in the Provincial Society is compulsory our membership compares favourably with any in the Dominion. Eight new members were admitted this year.

Obituary. It is our sad duty to record the deaths of the following members, who passed away during the year:

F. Llorens, M.D., Dalhousie Medical School, 1931, died at Halifax on June 8th, 1939, aged thirty-eight. Dr. Llorens was a native of Cuba and practised in Moser River, Port Dufferin and Sheet Harbour.

Allan R. Cunningham, M.D., Dalhousie Medical School, 1904, died at Saranac Lake on July 3rd, 1938, aged fifty-eight. Dr. Cunningham was born in Dartmouth, and first started practice in Halifax, but later went to New York, then London and Vienna, where he took up an intensive study of the Eye, Ear, Nose and Throat, and on return to Halifax he soon gained a well deserved reputation and a large practice. During the war Dr. Cunningham served as medical officer to the 63rd Halifax Rifles.

Byard William Mosher, M.D., Dalhousie Medical School, 1908, died at Halifax on July 25th, 1938, aged fifty-nine. Dr. Mosher was attached to the cable service for many years.

Donald Angus MacLeod, M.D., Dalhousie Medical School, 1911, of Sydney, died on September 1st, 1938, at the age of fifty. Dr. MacLeod was born at Boulardarie, and practised at New Waterford for four years. In 1915 Dr. MacLeod enlisted with The Dalhousie Medical Unit, and then transferred to the Princess Pats, and on his return in 1919 opened practice in Sydney. Dr. MacLeod was a past president of the City and St. Rita Hospital Medical staffs, provincial government representative on the City Hospital Commission since 1925, and a member of the Nova Scotia Medical Board Examiners. He had been medical examiner for the Soldiers Civil Re-establishment Bureau and the Pensions Board.

Alexander Fraser, M.D., Dalhousie Medical School, 1897, died at New York on September 18th, 1938, aged sixty-nine. Dr. Fraser was born at West River, N. S., January 8th, 1869, and first studied at Dalhousie University where he won his B.A. degree, winning special honours in mental and moral philosophy, the Governor General's medal and a scholarship in Philosophy at Harvard. After a year at Harvard Dr. Fraser, from 1891 to 1893, was a fellow of Clark University at Worcester, Mass. At Clark University Dr. Fraser specialized in research in psychology and while there wrote articles for *The American Journal of Psychology* on the psychology of philosophy and on allied subjects. In 1893 he returned to Dalhousie graduating in Medicine in 1897. After practising in West River and New Glasgow until 1910, Dr. Fraser was invited to New York to become assistant in clinical pathology at the New York University College of Medicine. After he became Professor of Pathological Histology, Dr. Fraser for several years lectured at Fordham University on biology and social hygiene. Among his contributions to medical literature were articles on goitre, tumors of the salivary gland and congenital heart disease.

Hector Howard MacKay, M.D., McGill University, 1890, died at New Glasgow, on September 25th, 1938, at the age of eighty. Dr. MacKay was born at Plainfield, Pictou County, and practised in New Glasgow from the time of his graduation.

John William MacKay, M.D., Bellevue Medical School, 1886, died at New Glasgow, on October 9th, 1938, at the age of seventy-nine. Dr. MacKay was born at Balmoral Mills, Colchester County, and after graduation practised in Thorburn for three years. He then went to Edinburgh where he took a post graduate course and then returned to Thorburn for a brief period, going to New Glasgow in 1895. Dr. MacKay was a member of the Provincial Medical Board for twenty years, a member of the original board of the Aberdeen Hospital, and an honorary member of the Medical Society of Nova Scotia.

William Henry Chase, M.D., Dalhousie Medical School, 1922, died at Montreal, on October 20th, 1938, at the age of forty-four. Dr. Chase was born in Wolfville and was educated in the public school and at Acadia University from which he graduated in 1916. He also studied at Horton Academy and St. Andrew's College, Toronto. Dr. Chase served overseas with the No. 7 Canadian Stationary Hospital (Dalhousie Unit) and also with the Field Ambulance Corps. Shortly after graduating in medicine he moved to Montreal

and at the time of his death was pathologist to two Montreal hospitals and curator of McGill University pathological museum.

John Clyde MacDonald, M.D., Bellevue Medical College, 1894, died in Edmonton on December 28th, 1938, at the age of sixty-nine. Dr. MacDonald was born at Gore, Hants County, and before going to Edmonton in 1912, practised in Westville.

Stephen Sinclair Slauenwhite, M.D., Dalhousie Medical School, 1896, died at Windsor, on January 12th, 1939, at the age of seventy-two. Dr. Slauenwhite practised at Rose Bay, Lunenburg County, and on account of ill health moved to the Freemasons' Home at Windsor, about four years before his death.

William Grant, M.D., Dalhousie Medical School, 1892, died at Wolfville, on February 5th, 1939, aged seventy-seven. Dr. Grant was born at Big Bras d'Or in 1862 and taught school there as a young man. After graduation he moved to Port-aux-Basques, Newfoundland, where he practised his profession for thirty years. In 1921 he established his home in Wolfville, where he devoted a good deal of his time to public affairs.

Samuel John MacLennan, M.D., Dalhousie Medical School, 1888, died in Windsor, February 17th, 1939, aged seventy. Dr. MacLennan was born in Sydney on January 17th, 1868, and was educated at Sydney Academy, Pictou Academy, and Dalhousie University, from which he graduated (B.A.) with a distinguished record in 1888. After graduation in 1894 he had post graduate courses in New York, Edinburgh, London, Berlin and Vienna. He was one of the earliest Nova Scotia members of the American College of Surgeons, and in 1932 was elected a member of the Oxford Ophthalmological Society. He first practised his profession in Glace Bay, but left there in 1912 for a year's study abroad. Upon returning he settled in Halifax as a specialist in diseases of the eye, ear, nose and throat. He then went overseas with the No. 7 Stationary Hospital (Dalhousie Unit) and was later transferred to the Westcliffe Eye and Ear Hospital at Shornecliffe, where he served from January to November, 1916. Upon his return he again opened up practice in Halifax and was attached to the staff of Camp Hill Hospital. He remained in Halifax until the Autumn of 1937 when, on account of ill health, he moved to Windsor.

Frank Thomas MacLeod, M.D., Dalhousie Medical School, 1919, died at Sydney, where he had gone on a visit, on March 9th, 1939, at the age of fifty-eight. Dr. MacLeod was born at Burnside, Pictou County, and graduated from Pictou Academy and for several years was principal of the Westville Schools. Dr. MacLeod practised in New Waterford for some years, but during the past number of months had been residing at his former home near Westville.

George Watson Whitman, M.D., Dalhousie Medical School, 1903, died at Stellarton, on April 5th, 1939, at the age of sixty-two. Dr. Whitman had been practising in Stellarton for the past twenty-five years having taken over the practice of the late Dr. C. S. Elliot. In 1919 he was elected Mayor of Stellarton by acclamation and he held this office for five years. He was medical officer of the 85th and for fourteen years he was Major in the Pictou Highlanders.

Willis Bryant Moore, M.D., Halifax Medical College, 1879, died in Halifax on April 13th, 1939, in his eighty-fourth year. Dr. Moore was born in Kentville, and after graduation in 1879 studied in England for two years. After a short time as ship's surgeon on Atlantic liners and a three year internship

as house surgeon in the Victoria General Hospital, he began his extensive practice at Kentville, retiring from regular and active practice fourteen years ago, during which time he travelled extensively, having encircled the globe three times and by different routes. Dr. Moore was an honorary member of the Medical Society of Nova Scotia.

Alexander William Chisholm, M.D., College of Physicians and Surgeons, Baltimore, 1894, died at Margaree Harbour on May 4th, 1939, at the age of seventy-two. Dr. Chisholm was born in 1867 at Margaree Forks. In his early life he worked with his father on railroad construction, but deciding to study medicine he entered St. Francis Xavier University in 1889. In 1890 he entered Dalhousie University and spent one year there, going next to Baltimore. Immediately after graduation he returned to his native province and took up his practice at Margaree Forks. Besides his keen interest in his practice Dr. Chisholm entered the field of politics and for eighteen years represented the County of Inverness at Ottawa.

John James MacDonald, M.D., Dalhousie Medical School, 1910, died in Halifax on May 17th, 1939, in his fifty-fourth year. Dr. MacDonald was born in St. John's, Newfoundland, where his father had charge of a tannery. Returning to Pictou County, Mr. MacDonald located at Pine Tree while his only son attended St. Francis Xavier University. Following graduation in 1910 he practised in New Glasgow.

John Lauchlin MacMillan, M.D., Dalhousie Medical School, 1931, died in Westville on May 28th, 1939, aged thirty-four. Dr. MacMillan was born at Trout River, Lake Ainslie, Cape Breton, and received his early education in Cape Breton. After graduation Dr. MacMillan went to Westville where he took over the practice of Dr. S. G. MacKenzie, who was moving to Halifax.

Ebenezer Ross Faulkner, M.D., Dalhousie Medical School, 1901, died in New York on May 29th, 1939, at the age of sixty-three. Dr. Faulkner was born at Glenholme, Colchester County, in 1876, and part of his early education was received at Pictou Academy. After graduation Dr. Faulkner went to Rose Bay where he took over the practice of the late Dr. W. H. MacDonald, who was moving to West Bay. He later practised in Mahone Bay before proceeding to England to continue studies which culminated in his receiving his Fellowship in the Royal College of Surgeons, London. He then returned to this side of the Atlantic and practised in New York specializing in diseases of the eye, ear, nose and throat.

The Bulletin. The Editor and also our Treasurer have already reported on the BULLETIN. I would like to again point out the difficulty of securing enough material to put out a creditable edition each month. We would appreciate more news items, fuller reports from the branch societies and more articles or case reports from the general practitioners.

Canadian Medical Association. The Medical Society of Nova Scotia is now the Nova Scotia Division of the Canadian Medical Association. Your Secretary has been in touch with the parent association throughout the year. Our representative on the Executive of the Canadian Medical Association, Dr. J. R. Corston, has attended the meetings of that committee and the President of the Canadian Medical Association for this year was one of our own members, Dr. Kenneth A. MacKenzie. The financial arrangement with the Canadian Medical Association remains the same; the conjoint fee of \$15.00 is collected through this office. Seven Dollars is retained by the Med-

ical Society of Nova Scotia, and eight is forwarded to the Canadian Medical Association. The expense of collecting is borne by the Medical Society of Nova Scotia.

This year we are to have the pleasure of a visit from Dr. Frank Patch, the President of the Canadian Medical Association, and Dr. T. C. Routley, the general secretary. Each one has kindly consented to contribute to our programme.

Branch Societies. All of the branch societies have held at least one meeting during the year. Several of them have been reported in the BULLETIN. Such meetings develop the spirit of good fellowship amongst its members and help to improve the practice of medicine. The suggestion is offered that each branch could profitably hold two meetings a year. The central office would be glad to aid any of the branch societies in arranging such meetings.

The Annual Meeting. It was decided at the last annual meeting to hold this year's meeting at "The Pines", Digby. At the meeting of the executive held at Halifax in November a programme committee was appointed. In view of the growing interest in medical economics a good part of the programme will be devoted to that subject.

The Society is indebted to the members of the Valley Medical Society and certain members of the Western Nova Scotia Medical Society and to their wives for the entertainment which has been arranged.

The following contributions and prizes for the annual golf tournament and for entertainment have been received by your secretary.

E. R. Squibb & Sons of Canada, Ltd.....	\$10.00
National-Canadian Drugs, Ltd.....	\$10.00
Laboratory Poulenc Freres of Canada, Ltd.	\$10.00
Mead Johnson & Co. of Canada, Ltd.....	\$10.00
Frank W. Horner, Ltd.....	\$10.00
MacLeod-Balcom, Ltd.....	\$10.00
Ingram & Bell, Ltd.....	Donation of goods to the value of \$5.00
Parke, Davis & Company.....	Toilet preparations.
The E. B. Shuttleworth Chemical Co., Ltd.	Cut glass flower bowl
A. Wander, Ltd.....	1 4-lb. and 1 1-lb. tin Ovaltine
Imperial Publishing Co., Ltd.....	A Spalding brassie.
Anglo-Canadian Drugs, Ltd.....	A Candid Camera.
The J. F. Hartz Co., Ltd.....	Donation of goods to the value of \$10.00
Charles E. Frosst & Co., Ltd.....	1 doz. "Silver King" golf balls

In conclusion, I wish to thank our President, Dr. Simpson, for his keen interest and the time he has devoted to Society matters during the year, also to refer to the unselfish and untiring efforts of the honorary treasurer, Dr. Muir.

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

It was moved and seconded that this report be accepted. Carried.

It was moved by Dr. H. D. O'Brien and seconded by Dr. D. J. MacKenzie that the following doctors be taken in as members of the Medical Society of Nova Scotia. Passed.

Dr. A. S. Cowie, Wolfville
Dr. Edward DuVernet, Digby
Dr. Z. Hawkins, South Ohio
Dr. C. A. MacDonald, Sydney

Dr. F. E. Rice, Sandy Cove
Dr. H. S. Smith, Caledonia
Dr. C. R. Trask, Sheet Harbour
Dr. A. L. Yates, Halifax

There being no further business, the meeting adjourned at 5.40 p.m.

86th Annual Meeting Medical Society of Nova Scotia, 1939

FIRST BUSINESS MEETING

The first general business meeting of the 86th annual meeting of the Medical Society was held at "The Pines", Digby, N. S., on Wednesday, July 5th, 1939, at 11.50 a.m.

The meeting was called to order by the President, Dr. J. H. L. Simpson.

A brief report of the meeting of the Executive was read by the Secretary.

Dr. R. A. MacLellan in speaking to the resolution regarding the construction of a new hospital at Halifax asked at whose cost this institution would be built?

Dr. H. K. MacDonald stated that the idea was that it was a provincial hospital, and the provincial government would build it.

Dr. J. S. Brean, chairman of the committee of three to nominate senior members reported as follows: Your Committee beg to report that Dr. W. R. Dunbar of Truro and Dr. J. J. Cameron of Antigonish, be admitted to Honorary membership in this Society in recognition of their services as President and as active members for many years.

We would recommend that the Society consider the formation of a Senior Membership Group to be made up of those active members who have attained their fiftieth year in practice. We would further recommend that a Committee from the Society elected at the annual meeting each year would submit a report naming those members considered eligible for Honorary Membership and Senior Membership.

It was moved by Dr. J. S. Brean and seconded by Dr. H. W. Schwartz that this report be accepted. Passed.

The Report of the Cancer Committee was read by Dr. N. H. Gosse. Dr. Gosse moved the adoption of this report which was seconded by Dr. H. D. O'Brien and carried. It was agreed that Dr. Gosse should communicate with the Department of Public Health regarding the inclusion of cancer in all its forms in the list of reportable diseases.

The Report of the Committee on Medical Economics, in the absence of Dr. Atlee, was read by Dr. Gosse. Dr. Gosse moved the adoption of this report which was seconded by Dr. J. E. LeBlanc, and carried.

Dr. Dan Murray: "Has this Society any control over the actions of its members? It would appear to me that somebody is looking for more work and are cutting fees in order to extend their practice. Has the Society any control in the line of disciplining its members?"

The President stated that the Society had a committee on Ethics.

Dr. G. H. Murphy advised they only had a moral responsibility.

Dr. J. E. LeBlanc: "We heard Dr. Williams who spoke to us on a form of health insurance, and also Dr. Routley. Most of us came here this morning to know something about health insurance, and Dr. Routley says we have to face this problem. We want some opinion expressed regarding this health insurance, what should be done? Are we simply to come here each year simply to play golf and amuse ourselves or is the Medical Society of Nova Scotia

ready to do what the Province of Ontario are doing? I would really like to hear the older men express themselves." Applause.

Dr. J. R. Corston: "I am not endeavouring to qualify as an old person, but I quite appreciate the difficulty expressed by our friend from West Pubnico. We have been coming to Medical Society meetings for a number of years, and we have been talking about matters of socialized medicine, including health insurance, and many other forms, and I do not wonder that he said we are doing a great deal of talking about it without coming to an opinion. It is an extremely hard thing to form a settled opinion about it. The more one thinks about it, and the more committees think about it, the more profound the question has appeared. A good example of this is found in the work of the Committee on Medical Economics of the C. M. A., one of the hardest working committees in Canada. Under Dr. Wallace Wilson of Vancouver they have been studying these questions for three or four years, and they made a very excellent report at the C. M. A. meeting, the gist of which was that the subject was so deeply rooted in our whole economic system that they frankly could not formulate an opinion at this time for the medical profession of Canada, and they have asked for expert assistance in further study.

Mr. Hugh Wolfenden, a consulting actuary of Toronto, has been retained by the C. M. A. to give this assistance, and, thus fortified, the Committee on Medical Economics will continue their study and investigation during the coming year. Short articles will appear in the Journal with the object of instructing all of the members in these intricate matters.

It is confidently hoped that such further study will gradually bring the Canadian Medical Association to a point where the expression by it of a considered opinion, and the taking by it of a definite stand on these questions of socialized medicine, will be feasible. At present it is generally agreed that such action is not feasible.

Such being the attitude of our National Medical Association, I feel that we in the Medical Society of Nova Scotia may well defer the taking of a definite position on these matters until we have had the benefit of the further study of which I have been speaking."

Dr. J. E. LeBlanc: "I do not wish to say anything that will lead you astray. I do not wish to say anything that will reflect upon our political body. I am from a fishing community, and you all know what took place regarding the beam trawler. I am anxious that this matter be discussed today so that light may be thrown upon the problem of health insurance."

President Simpson: "It is being considered by the Committee of the C. M. A., they have employed an actuary."

Dr. Little: "The Society has no standing on individual doctors. I agree with Dr. Corston, I do not see that we can do very much. I know of two or three cases in Halifax, one of which has taken over the medical care of one of the largest institutions in Halifax for the sum of \$2.00 per month. This doctor agrees to look after the employees of a certain concern and their families and their hospitalization and any special treatment that may be required. He has arrangements with one of the hospitals, and it is as satisfactory as the Workmen's Compensation Board. In one concern there are over two hundred members, in the other over one hundred, and he gets approximately \$600.00 a month. There is another doctor in the city that has a similar contract for \$2.00 a month for the head of the family and \$1.00 a month for any male person who is working in the family. Two have been

operating about six months. What can the Society do about it? What is going to happen if all these large firms have their own doctors? If there is any specialist work the patient must pay. In one case the doctor has a two year contract. The contract, I was informed, was drawn up by an expert. The doctors can give three months notice, or the firm can give three months notice. Other concerns are prepared to talk to one who is willing to take on the work. These are the facts and I think sooner or later the medical men must be prepared to face it. I believe we are going to have a change in the way we are practising medicine inside of five or ten years. The Dalhousie Health Clinic is doing a tremendous amount of excellent work."

Dr. H. K. MacDonald: "I know Dr. LeBlanc very well and I know there must be a great many younger members of the profession in the same position as he is, and I can appreciate the fact that they come here year after year and think nothing is done. At the meeting in Montreal I was actually amazed at the amount of work that this committee had performed, and the question of health insurance is not settled as yet, and it cannot be settled yet. They are as anxious as we are that something definite will be reached, and that it will be definite as far as all the provinces are concerned. I believe that eventually some scheme will be established. There is a vast amount of work being carried on in this particular direction."

Dr. Grant: "Dr. Little has asked the question, so also has Dr. LeBlanc, what can we do? I do not think that we are helpless. These organizations that Dr. Little refers to, if they are going to do business, should be registered as companies are. I would suggest that our representatives on the Provincial Medical Board would request the Board to ask the Provincial Government, through the Department of Health, to call them in in an advisory capacity to pass on these different schemes."

Dr. Little: "These doctors in Halifax that are doing this work are good, decent fellows. One of the contracts was offered to me. They think they are going to do well."

Dr. J. P. McGrath: "The whole field of medicine is changing. We are up against these medical problems. I believe that this association which has down through the years been more of an educational and a social organization, should have broader powers and have some legal authority, then we would be in a position, if we could not decide on health insurance, we could at least be in a position to receive it. At the present time I do not believe we are. We have a great deal of confusion in the province, a great deal of difference of opinion as to the method regarding the indigent poor. I find in practically every county there is a different set-up. The municipal and town authorities do not understand the medical standpoint, or what the medical profession is up against. I think this organization should be incorporated, should have much wider scope. I think that some person should visit each County Council when they are in session, head up a local committee, and have developed some uniform system of dealing with the indigent poor in regard to hospitalization and general medical care. Matters of discipline could be taken up. I think we should do something in regard to stating what implications we have in the Province." Applause.

Dr. T. C. Routley: "I have listened with a great deal of interest to the discussion which has gone on, and I am prompted to offer a suggestion. I have been observing for several years in three provinces of Canada an arrangement which is giving some satisfaction, made up of the licensing bodies

called the College of Physicians and Surgeons, a joint advisory committee composed of members from the licensing board and the medical association. The licensed board has powers which I take it are fairly uniform across Canada, and it is certainly in their power to discipline men if they think discipling is required. They can certainly exercise a great deal of authority as to what is right and wrong in the Province. They may have referred to it all contracts which can be made in the Province. I would say in explanation that any doctor who is proposing to consider or enter into a contract first submit the details of that contract to the committee, as he might be establishing a precedent which would be very detrimental to the profession as a whole."

Dr. G. V. Burton: "It might be well for me to review the discussion which took place at the meeting of the Western Nova Scotia Medical Society. The whole time was devoted to some discussion of this problem. I think it was the unanimous opinion of all members present that we felt that in the Counties of Yarmouth, Shelburne, and the lower end of Digby that something should be done. As far as the town of Yarmouth is concerned, we have been faced with this problem, and our town council felt that something should be done. We decided to appoint a doctor for the poor, and have some rather interesting figures on his work for the first year. The second year is now in force. In addition to the two hundred families who might be receiving relief, about two hundred and fifty more are medically indigent. We feel that the indigent is getting much better care, but the doctor is receiving very, very poor returns. Hospital work is done absolutely free. We found the men who were practising in the country districts were just as badly off as we were. I think it was the feeling of our Society that the time was ripe when some action should be taken by the Medical Society of Nova Scotia. Perhaps we could start some such scheme as they have in the Province of Ontario. I know that I am only bearing out what Dr. LeBlanc says. We members in Western Nova Scotia feel that the time is ripe and something should be done, and I question whether or not any action in Upper Canada will apply to us down here. Each section in Nova Scotia will have to work out its own problems. Different schemes will have to apply to different sections. Some action might be taken to institute something as in the Province of Ontario. I think I am expressing the opinion of our Society that something should be undertaken whichever way it is best as soon as possible."

Dr. C. A. Webster: "I have been listening for a good many years to the different schemes, and have been very interested. How is a man going to pay bills on a salary like that? Dr. Little says that the doctors in Halifax are making contracts. The rest do not earn enough to buy shoe leather. We have not gone to the bottom at all. The whole thing is economic. The people are not earning enough to pay doctors. These societies have been working superficially. Each corporation has too much power, they can make a contract with one doctor and put twenty out of employment. Corporations are nice concerns, but wealth is not normal when 90% is earned by 10% of the people. Things are not equally divided. I think the whole question we have got to face are these economic questions."

It was moved that the meeting adjourn at 1 p.m.

SECOND BUSINESS MEETING

THE second business meeting of the Medical Society of Nova Scotia was held at "The Pines", Digby, N. S., on Wednesday, July 5th, 1939, at 2.30 p.m.

The meeting was called to order by the President.

Dr. R. A. MacLellan: "I do not think that I can add a very great amount of light to this discussion, but I do think that this question deserves full and careful consideration by every medical man. Unless we do so consider it and arrive at some conclusion as to what should be the attitude of medical men, I do not know how we are ever going to be in a position to present the attitude of the medical body when it comes to the time of a decision. The general consensus of opinion from the discussion so far is that it was largely an economic question. It seems to me that it is primarily economic beyond the question of dispute. If it were not for the economic outcome which we have, we would not have any question at all. Therefore, I think we may take it for granted that it is an economic question. I can recollect a great change in the meaning of the word indigent. When I was a young man we had the poor person who through misfortune, whether physical or otherwise, required assistance, and generally he received sufficient assistance to maintain life through an application to the overseer of the poor. But indigent today means anything up to that of a young man who travels around in a better automobile than I do, and these people today in the Province of Nova Scotia form quite a considerable proportion of the people whom we consider as indigent when seeking medical relief, insofar as they are not prepared, or are unable to pay the ordinary fees. We might also describe that as the new economic situation. Dr. Routley this morning referred to the tendency of Federal and local Governments to shunt their responsibilities; at times a very useful procedure; but nevertheless this again is one phase of the economics of this question, for whatever solution is eventually arrived at the funds necessary to solve it must have some source. I do not think that it would be correct for any of us to overlook the fact that under our constitution there is a definite limit to just what the Federal authority may do in the provincial field; and whether that helps us or whether it does not, it should tend to develop more and more that these bodies are the general means of control; nevertheless it is hardly fair to accuse them deliberately, while the facts remain that their powers are to quite an extent limited by constitution. That fact occurs to me, and also Dr. LeBlanc who this morning first brought the text properly before the meeting, and he almost deserves a vote of thanks, as I think it is a question that should not be allowed to go by the board. The first thing we should not do is get in too much hurry, in spite of the pressing character of the proposition. I am sure we have all found by experience that deliberation tends to a wiser solution if one takes a good look around and sees where one is going to land, and so in this particular case, in a question of this magnitude I think we would be well advised to take our time to deliberate carefully, so that when our opportunity comes to protect the medical profession we would be in a much better position to defend ourselves properly; and I would even hope that if we follow that plan some committee of this organization should have this matter much better prepared by devoting more time to deliberations than we can here and to receive suggestions, and when they have consolidated those suggestions to the point of coming before a meeting with their proposition,

they would have something more definite and more than likely to incorporate the considered views and desires of the medical fraternity than a general hurried solution." Applause.

Dr. W. H. Eagar: "As far as I can see the principal matter that he would provide for is the medical side. How is the specialist going to come out on such an arrangement, and I would like him to give some information on that. One always listens to the depression talk and the unemployment situation. Today it seems the one thing we lean upon to explain every difficulty we have. I have not yet seen a poor person who really suffered from lack of medical care. The white collar brigade find it very difficult to meet this care. I do not think that the problems that we are discussing and have been discussing pertain to the people who really deserve a lot of consideration at our hands. The problem from the specialist's stand point is this, in my experience, and experience of others in my line of work, is the fact that a patient is admitted to an institution sick; they are on the County; or they are non-paying cases; immediately the X-ray department is flooded for a mass of examinations. The question of those specialists should be given very special consideration. I would like to hear from Dr. Routley just how they are handling that part of the care in Ontario."

Dr. T. C. Routley: "I shall endeavour to answer Dr. Eagar's question. At the outset of the scheme it did not contemplate providing specialist's fees. It provided general practitioners' services in the patient's home, in the doctor's office, and in respect of maternity also in the patient's home. I told you this morning that the standard fee was \$2.00 for an office call and \$3.00 for a house call and up to \$25.00 for confinement where a specialist was called. This scheme by no means comprehends the subject. It is merely a stop gap in a certain direction. It leaves out hospital services and special services in the home. The whole scheme at the outset was not supposed to comprehend the whole situation."

Dr. W. H. Eagar: "What is going to happen if the person requires an X-ray examination?"

Dr. T. C. Routley: "In Toronto we have a special arrangement. In Montreal the radiologists are salaried men. In a lot of our smaller hospitals men are working on a percentage basis."

Dr. W. H. Eagar: "Every speciality should be considered if we are going to carry out thorough examinations."

Dr. T. C. Routley: "I take it, Mr. President, that not only the argument regarding the work which is being done in our hospitals, but out staff physicians and radiologists and every other field which is likely on a free basis represents a problem which is part of medical economics which some day we will have to face. Dr. Eagar is getting at the heart of the matter. I remember two years ago spending an afternoon with Mr. Lloyd George who said it is perfectly absurd that doctors working in hospitals are not paid, but the day will come when doctors working in hospitals will be paid. That, of course, is a big problem."

Dr. H. G. Grant: "I would like to ask Dr. Williams and Dr. Routley just how much dentistry is practised in these different schemes?"

Dr. R. C. Williams: "In our two Dakotas we do give emergency dental care, that is extractions, simple fillings, emergency treatment and the cleaning. We set aside in North Dakota 8% of the total amount of the fund, and in South Dakota we set aside 15%. That was left in the hands of the medical

profession, and in South Dakota we have what we call an arranging council, and we put such dentistry as is necessary. This is determined by the attending physicians; the dentists do not like it at all. You can really spend money if you go into dental care. In Arkansas in certain counties we are trying out dental care along with medical care. We have 70 counties in Arkansas and we have 65 in which these medical units are going and 45 in which the dental schools are going. We have not yet had a year of this. We have got to think through the next step. One-third of the adults had to have complete upper and lower plates, and about one-fourth of the remaining families had to have either upper or lower. The dental care is quite serious. I have listened to the discussion with a great deal of interest realizing that the group I have been dealing with are low income families. I have been dealing with a restricted group and you deal with the entire population."

Dr. T. C. Routley: "Answering Dr. Grant's question the plan which I have tried to outline to you in the Province of Ontario does not include dentistry, but the Ontario Dental Association has made a special arrangement with the Provincial Government; something in the neighbourhood of \$4,000.00 a month; I am not sure of these figures. The Province does pay to the Ontario Dental Association a certain fixed sum, out of which they provide emergency dentistry."

"Mr. President, it seems to me that the consensus of opinion is that we should do something more or less definite, and I think the way to deal with the present discussion is that it should be presented to the Provincial Medical Board and to the Committee of Medical Economics, and let them deal with it, and maybe it would be a good idea if they would communicate with the Committee of Economics of the C. M. A. to give them their viewpoint. A suggestion was made to me at luncheon here today that this committee of economics should meet every three months, and between meetings every member should make a study of a special phase and report at these meetings and immediately after the meeting that report should be published in the BULLETIN. Certainly they should meet three times a year, and then at the annual meeting we could have a full report from the committee."

Medical Museum Committee. The report of the Medical Museum Committee was read by Dr. K. A. MacKenzie. To the Medical Society of Nova Scotia.

Old instruments were exhibited at the Meeting of the Canadian Medical Association last June, and many favourable comments were heard. The complete list of donations and loans was published in the BULLETIN. During the year a few contributions were received as per attached appendix. Special thanks should go to Dr. C. A. Webster of Yarmouth for the largest contribution to date.

Attention has been called to the Museum in various numbers of our BULLETIN and donations requested. The response has not been as prompt as we desire and we again appeal to all members to send in any interesting objects of medical interest.

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

Appendix A.

Additions to the Museum 1938-39.

Dr. C. A. Webster, Yarmouth.

Spring Artery Clips—Dr. John Webster, 1870.

Linton Sponges.

Set of Obstetrical Craniotomy Instruments—Dr. Isaac Webster,
Horton's Corner, 1791.

Vectis. Craniotomes. Hooks.

Stomach Pump—Dr. Thomas C. Geddes.

Mrs. A. W. Cogswell, widow of Dr. A. W. Cogswell.

Case of old Instruments. Amputation Set.

Mrs. McCallum Grant.

Certificates of her father—Dr. D. McNeil Parker.

Dr. K. A. MacKenzie.

MacKenzie Polygraph.

Ophthalmoscope, old type.

Dr. MacKenzie moved the adoption of this report which was seconded by
Dr. N. H. Gosse. Carried.

Report of the Committee on Local Arrangements

This report was read by Dr. H. K. MacDonald.

Report of Secretary-Treasurer of the Committee on Local Arrangements,
Canadian Medical Association, Annual Meeting,

RECEIPTS

Amount (less exchange) collected by Finance Committee.....	\$2,986.93
Amount (less exchange) received by C. M. A.....	499.37
	299.62
	499.48
Amount received from Province of Nova Scotia.....	284.00
Amount received from Ladies' Dunner Committee.....	156.00
Amount received from Young People's Committee, Waegwoltic Lunch...	44.05
Refund from Golf Committee.....	10.00
	<hr/>
	\$4,779.45

DISBURSEMENTS

Cash disbursed by Cheques Number 1 to 102 (inclusive).....	\$4,155.03
Bank charges operating account.....	1.35
Balance transferred by Cheque No. 103 to Dr. W. L. Muir, Treasurer of the Medical Society of Nova Scotia.....	623.07
	<hr/>
	\$4,779.45

(Sgd.) C. M. BETHUNE, Secretary,
Committee on Local Arrangements:
C.M.A. Annual Meeting,
Halifax, 1938.

December 14, 1938.

Audited and found correct,
(Sgd.) J. R. Corston,
Ralph P. Smith.

Dr. MacDonald advised that the Treasurer, Dr. W. L. Muir had deposited the amount of \$623.07 in the Bank and that it was felt by the Executive this should remain as an emergency fund. Dr. MacDonald moved the adoption of this report which was seconded by Dr. G. H. Murphy. Carried.

Dr. C. J. W. Beckwith suggested that the Committee on Medical Economics might have some expenses during the year and they could draw on this fund.

Dr. J. R. Corston stated that any expenses which the Committee on Economics might incur would be proper charges against the general funds of the Medical Society of Nova Scotia, and that personally he would be opposed to immediately encroaching upon this contingent fund, that it should be kept as a contingent fund for very special purposes.

The report of the Treasurer was read by Dr. Muir. It was moved by Dr. J. E. LeBlanc and seconded by Dr. Dan Murray that this report be adopted. Carried.

The report of the Secretary was read by Dr. Grant. Dr. Grant moved the adoption of this report which was seconded and carried.

Dr. T. C. Routley: "In the first place I would like to have the opportunity of expressing through you to your secretary my own very deep appreciation of the splendid services which he has rendered as your secretary, and also as your secretary of the Nova Scotia Division. I am in a position to know whether a secretary is helpful or whether he is not. I would like to say here through this division how helpful Dr. Grant has been. Some twelve or thirteen years ago a very memorable conference was held at Moncton, when delegates from the three Maritime Provinces met. It was agreed then that the three provinces should hold their annual meetings in sequence, and for a number of years that was done, but this year you are meeting on July 5th, Prince Edward Island on July 15th, and New Brunswick on August 29th. I would like to suggest that an attempt be made again next year to have these three Provinces meet in sequence, if that is possible. It is very delightful to have the President of the C. M. A. to attend these meetings, but it is a little difficult to make a great number of trips.

The other observation is in respect to the BULLETIN. I greatly enjoy the historical articles; I skip over much of the scientific. There is a great deal in your BULLETIN which is extremely interesting, but I do feel that a further attempt should somehow be made to have the BULLETIN made applicable to the three Maritime Provinces. Perhaps the time is ripe for another conference of these three Provinces such as we had twelve or thirteen years ago. I have the feeling that the other two Provinces would welcome it.

I would also like to make reference to the question of Medical Economics. It was mentioned here early today that the parent body had engaged Mr. Wolfenden as consultant. He commenced his duties on Monday of this week. He has agreed to give his services at a very much lower figure than his usual charge of \$150.00 a day. I think it would be very useful if Mr. Wolfenden could come down and visit these three Maritime Provinces; it might be advisable to give over part of a day to a discussion of medical economics."

Dr. H. K. MacDonald: "We all appreciate what Dr. Routley has said and the suggestions he has made. We also appreciate how much easier it would be if some arrangement could be carried out. We have today Dr. Farris as representative of the New Brunswick Medical Society. I feel that so far as Nova Scotia is concerned if the suggested conference were carried out, everything would be gained and nothing lost by it."

Dr. H. A. Farris: "I would like to bring you greetings from the Province of New Brunswick. We had the pleasure of a visit from Dr. Grant some weeks ago, and they asked me to represent New Brunswick. I think our feelings toward Nova Scotia are very much improved through the students who come to Saint John; through them we come in contact with a great number of you. I notice a great difference. We appreciate it and we appreciate the way it brings us in contact with you. I shall go back to Saint John and tell them of the suggested conference and urge it very, very strongly. We started a hospital organization, and you started an organization, and I almost wept because we could not get them together. Their union would bring us cooperation. I thank Dr. Routley."

Dr. H. K. MacDonald: "We all appreciate very much your remarks. I feel that some action might be taken here today in connection with the suggestion of Dr. Routley. I would suggest that the secretaries of the three Provinces might get together and perhaps at a meeting of the executive and see if some such conference could not be arranged. I am particularly pleased to hear what Dr. Farris has to say of the evidence of good feeling of the medical men between Nova Scotia and New Brunswick. We all appreciate very much what Dr. Farris has said."

It was moved by Dr. C. E. A. deWitt and seconded by Dr. A. B. Campbell that the report of the Secretary be adopted. Carried.

Dr. J. R. Corston: "Arising out of the remarks of Dr. Routley and Dr. Farris I would move that the Medical Society of Nova Scotia would now declare itself agreeable to the conference suggested by Dr. Routley between the Medical Societies of the three Maritime Provinces, and that our Secretary be instructed to carry out the matter of details of arrangements for such a conference." This was seconded by Dr. G. H. Murphy. Carried.

Dr. H. K. MacDonald presented the names of the Nominating Committee as chosen by the President; Dr. J. B. Reid, Chairman, Dr. J. S. Brean, Dr. S. W. Williamson, Dr. H. L. Sutherland and Dr. H. D. O'Brien, who will bring in their report at the business session tomorrow morning.

Dr. H. K. MacDonald said that at the meeting of the Executive yesterday reference had been made by himself to the necessity of a new hospital in Halifax, and called on Dr. G. H. Murphy to speak on the subject.

Dr. G. H. Murphy: "The arguments contained in the brief presented to the Government by the staff of the Medical Board of the Victoria General Hospital have been pretty well covered and there is little more to say. There are certain considerations. The Victoria General Hospital is a Government institution, supported by the tax payers of the Province, and thereby in its economics becomes a question for the public of Nova Scotia, as well as the medical profession. Hence, when suggestions are made for the purpose of increasing its resources, and thereby increasing its cost, the matter has to be considered from the standpoint of the public by the Government which controls it. The case now is for increased accommodation. I think ours is the only province that adopted, many years ago, the system of a Government chartered general hospital. It is probably working out about as well as any other system that could be devised.

It is quite clear now that the resources of the hospital are inadequate. In order to get the Government of the Province to look favourably on the matter of further hospital development it is well that all inhibiting influences should be washed out. There have grown up in the last number of years some twenty-three or four local hospitals. These hospitals, excepting a small Government

aid for current costs, are built and supported by the communities which they serve; and, therefore, these communities may ask—why should they be taxed to support a large institution in Halifax when they have to support their own? So there are certain murmurings here and there on what some call favouring the Victoria General Hospital. From an educational standpoint the Victoria General Hospital is absolutely essential; without it we could not carry on the Medical School; the advances made throughout the years would have been impossible without its clinical material. There should be in our Province at least one highly developed centre of medicine and surgery. The benefits of such are in every degree provincial and not local.

The medical men of this provincial organization assembled here today from all parts of Nova Scotia represent an important element of public opinion; and if you endorse this resolution calling for larger and better facilities at the Victoria General, it will strengthen the Government's hands in going ahead with the necessary building operations. It should be clearly understood that your vote on the resolution, whatever it may be, is the official decision of the membership of the Medical Society and, therefore, of practically the whole profession of the Province."

Dr. J. E. LeBlanc: "When I just heard the number of waiting lists it gave me a little inspiration. Certainly what little I can offer in favour of this resolution I shall, and I say that it more or less covers the ground that we have covered this morning. I do not want to cast any reflection on our local hospital at home. We have been sending patients to the hospital and many of them are discharged because they have not got the means to remain in the hospital. I am speaking about our economics and I am so glad that Dr. Burton this morning brought up the matter so clearly. A hospital as described by Dr. Murphy would certainly receive my support."

Dr. A. B. Campbell: "I would like to end this discussion. I discussed this matter with Dr. MacIntosh last June. We have throughout the Province a large number of small hospitals, but we are continually running across from time to time patients who require more than we can give them in the small hospitals. Years ago when I was an interne at the Victoria General Hospital the staff were carrying on with great difficulty. I think it would be opportune at this time to move that this meeting place itself on record as being in favour of a building or rebuilding of the Victoria General Hospital with a note as to what should be done to meet requirements as they are at the present time. I would therefore move that "*whereas* the need for a large and well equipped Provincial Hospital at Halifax has long been recognized, and *whereas* the existing accommodation at the Victoria General Hospital has been for many years grossly inadequate to the needs of the Public of this Province with respect to:

- A. General Hospital work.
- B. Cancer investigation and treatment.
- C. Medical Education.

Therefore, be it resolved, that the Medical Society of Nova Scotia, now in session, urge upon the Government of Nova Scotia, that definite steps be taken to remedy existing conditions.

And be it further resolved that a copy of this resolution be sent to the Hon. F. R. Davis, Minister of Health, and that he be requested to place the matter before his Government at the earliest opportunity."

This resolution was seconded by Dr. T. R. Johnson, and carried.

Meeting adjourned at 5.30 p.m.

THIRD BUSINESS MEETING

The third general business meeting of the Medical Society of Nova Scotia was held at "The Pines", Digby, N. S., on Thursday, July 6th, 1939, at 9 a.m.

The first item of business was the report of the Nominating Committee, which was read by Dr. J. S. Brean in the absence of the chairman, Dr. Reid.

The Nominating Committee submit the following for officers of the Medical Society of Nova Scotia for 1939-40.

President - - - - -	Dr. H. K. MacDonald, Halifax.
1st Vice-President - - - - -	Dr. A. B. Campbell, Bear River.
2nd Vice-President - - - - -	Dr. J. S. Brean, Mulgrave.
Secretary - - - - -	Dr. H. G. Grant, Halifax.
Treasurer - - - - -	Dr. W. L. Muir, Halifax.
Place of Meeting - - - - -	Halifax, N. S.

Legislative Committee

Dr. J. G. MacDougall, Halifax; Dr. J. L. McIsaac, Antigonish.

Editorial Committee

Dr. H. W. Schwartz, Dr. A. L. Murphy, Dr. J. W. Reid, all of Halifax.

Cancer Committee

Dr. S. R. Johnston, Dr. N. H. Gosse, Dr. V. O. Mader, Halifax; Dr. L. M. Morton, Yarmouth; Dr. J. J. Roy, Sydney.

Public Health Committee

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

Insurance Committee

Dr. T. A. Lebbetter, Dr. C. A. Webster, Yarmouth; and Dr. A. B. Campbell, Bear River.

Historical Committee

Dr. H. L. Scammell, Dr. M. D. Morrison, Halifax; Dr. J. H. L. Simpson, Springhill.

Workmen's Compensation Board

Dr. H. D. O'Brien, Halifax; Dr. H. R. Ross, Sydney; Dr. S. W. Williamson, Yarmouth; Dr. H. B. Whitman, Westville; Dr. J. B. Reid, Truro.

Medical Museum Committee

Dr. K. A. MacKenzie, Dr. H. L. Scammell, Dr. R. P. Smith, all of Halifax.

Cogswell Library Committee

Dr. G. H. Murphy, Dr. J. R. Corston, Dr. W. L. Muir, Dr. C. W. Holland, Dr. H. L. Scammell, all of Halifax.

Medical Economics

Dr. H. B. Atlee, Dr. K. A. MacKenzie, Dr. A. E. Murray, Halifax; Dr. G. V. Burton, Yarmouth; Dr. J. F. Bates, Glace Bay.

Council C. M. A.

Dr. S. W. Williamson, Yarmouth; Dr. W. N. Rehfuss, Bridgewater; Dr. J. F. Bates, Glace Bay; Dr. J. H. L. Simpson, Springhill; Dr. H. K. MacDonald, Dr. H. D. O'Brien, Dr. K. A. MacKenzie, Halifax.

Provincial Medical Board

Dr. J. G. MacDougall, Dr. H. K. MacDonald, Dr. F. R. Little, Halifax; Dr. J. S. Brean, Mulgrave; Dr. T. A. Lebbetter, Yarmouth; Dr. L. R. Meech, North Sydney.

It was moved and seconded that this report be adopted. Carried.

The President stated that he would like to say a few words of appreciation to the Nominating Committee, who had done a good job. He advised that as the regularly elected president is a member ex officio of the Council of the C. M. A., he would move that the name of Dr. J. J. Roy, Sydney, be added to that Council. This was seconded and carried.

The President stated that as it was usual at this point of the meeting to call on the president elect to take the chair, he would call on Dr. H. K. MacDonald to take over his duties. Dr. MacDonald assumed the chair.

Dr. J. H. L. Simpson moved that the honorarium of \$250.00 to the Editorial Board, and the honorarium of \$100.00 to the Treasurer, be continued which was seconded by Dr. Dan Murray and carried.

The report of the Narcotic Drug Committee was read by the Chairman, Dr. K. A. MacKenzie.

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

"Your committee appointed to study the question of narcotics beg to report as follows. In conference with the President and Secretary of the Nova Scotia Pharmaceutical Association it was learned that the Federal authorities do not consider it within their province to control the sale of barbiturates, sulphanilamide, daganan, etc., and suggest that these should be controlled by provincial legislation.

It is agreed by physicians and pharmacists that the sale of many powerful drugs is not in the public interest and that some means should be taken to restrict such sales. The drugs under consideration are, barbiturates, codiene, sulphanilamide and daganan. It has come to our attention that such drugs are now being sold over the counter without doctor's prescriptions.

Your committee suggests that this society petition the Pharmaceutical Association to amend the Pharmacy Act making the sale of such drugs illegal.

Your committee further suggest that a committee of this Society be appointed to cooperate with a committee of the Pharmaceutical Society for the purpose of dealing from time to time with similar problems."

Dr. MacKenzie moved the adoption of this report which was seconded by Dr. H. W. Schwartz. Carried.

Dr. J. R. Corston asked whether our Narcotic Committee were a standing committee. He moved that the Narcotic Committee be made a standing committee and that this Society does approve and will give its support to the Pharmaceutical Association along the lines indicated by Dr. MacKenzie in asking legislation regarding the sale of narcotics, and that this resolution be forwarded to the Pharmaceutical Association. This was seconded by Dr. Dan Murray and carried.

It was moved by Dr. G. H. Murphy and seconded by Dr. W. L. Muir that this Society extend a vote of thanks to the *Halifax Herald* and *Mail* for the copies of their paper which they had supplied during the annual meeting of the Medical Society of Nova Scotia at "The Pines". Carried.

It was moved and seconded and carried that a letter of sympathy be sent to Dr. O. R. Stone of Bridgetown on the loss of his wife.

Meeting adjourned at 10.00 a.m. there being no further business.

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Editor-in-Chief

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DR. A. L. MURPHY, Halifax, N. S.

and the Secretaries of Local Societies.

It is to be distinctly understood that the Editors of this Journal do not necessarily subscribe to the views of its contributors, except those which may be expressed in this section.

VOL. XVIII.

AUGUST, 1939

No. 8

THE EIGHTY-SIXTH ANNUAL MEETING

THE eighty-sixth annual meeting of the Medical Society of Nova Scotia met at "The Pines" Digby, July 5th and 6th. This beauty spot of Nova Scotia proved an ideal place for our deliberations and entertainment. The weather was perfect, the accomodation excellent, the ballroom a scene of beauty and gaiety, and the ventilation of the lecture room left nothing to be desired. Although on these dates according to the report of the weather bureau the temperature was high generally throughout Nova Scotia, at Digby the thermometer registered the lowest in the province.

Some members consider that it would be fairer to all to assemble in a different place each year, thereby making it more convenient from the standpoint of travel. However, considering the fact that the main routes of travel are now paved, and that a trip through the country at this season of the year would add to the enjoyment of the occasion and further considering the lack of accomodation in the smaller places, it would appear reasonable that our meetings should be held where the most comfortable surroundings are available.

The attendance this year, although fairly large, was not entirely satisfactory. It is quite true that there are those who are unavoidably absent, but to the small minority to whom the lowing of the oxen and the jingling of the guineas is more alluring than fraternizing with their fellow-workers, I would say, "Come, join the society and spread the leaven of your financial wizardry among your less fortunate co-workers". Let me remind the man who is too busy to attend that "all work and no play, makes Jack a dull boy," and further that even as early as the fourth decade that insidious monster angio-sclerotic ischaemia is stretching out its iron hand to clutch the over-worked fibres of a weary heart. At this period in our medical existence, when it would appear that our economic relation with the public is to undergo a radical change, it is almost imperative that the membership of our society be one hundred percent. If every active practitioner in the province were a member, we should be able to present a united front and thus be in a better position to give effective direction to whatever legislation is enacted to shape our future economic destiny.

A suggestion I should like to make is that the members of the executive of the society be selected from different parts of the province so that all sections may feel that they are fairly represented and that the officers are not selected from the larger centres only.

The annual dinner was well attended and the programme, so well arranged for by the president, was splendidly executed and appreciatively received. The music furnished by the orchestra was appropriate, the vocal selections by Miss Ethier were greatly appreciated; the speeches were humorous and cleverly presented.

The social activities were important in that they provided a relaxation of mind and body, thereby better fitting us for the more arduous duties involved in carrying on the business and scientific parts of the programme.

The President and members of the executive had so satisfactorily arranged the business to be brought before the meeting that little time was lost in accepting their recommendations.

The first session was devoted to discussions on the medical care of the indigent. Dr. William's paper describing the experience in the United States was well presented and attentively received. This address, published in full in the July BULLETIN, is well worth careful study by every member of the profession. "Medical Relief in the province of Ontario" was the subject of an address by Dr. Routley and in his usual clear, logical, and convincing manner he described how this act works out in Canada's richest province. With the limited financial resources of our own province in comparison with the wealth of the United States and the province of Ontario we cannot expect to inaugurate a system of such proportions, but the experiments being carried out in those places may well serve to guide us, if and when this province undertakes to institute a more moderate programme of health insurance.

The address by Dr. F. S. Patch on "Urinary Tract Infections" was presented with the ease and confidence which characterizes a man who has attained the high position which he holds in the profession. He outlined in detail the various causes and their appropriate treatment by chemotherapy, but laid particular emphasis on the importance of using every available diagnostic means to determine whether or not some obstruction in the urinary system was responsible for the condition; and if such is found to be the case, surgery offers the only hope of permanent relief.

Dr. Thomas A. Lebbetter's address on "Coronary Artery Disease" was well presented. He showed by diagram that the greater frequency of thrombosis in the left coronary could be accounted for in large measure by the more abrupt angulation of the left vessel in contrast to the regular course followed by the right. He quoted from the vital statistics of Nova Scotia to show that even in the early forties a greater number of deaths were reported from coronary disease than is generally realized. He also stressed the importance of interpreting in their proper light, the less prominent and indefinite symptoms which sometimes precede an attack of coronary thrombosis. The paper on "Post-Operative Thrombosis" by Dr. L. R. Morse, who is not only a regular attendant at all local society meetings but also a frequent visitor at distant clinics and higher centres of learning, showed the broader vision only attained through contact with men of great intellectual ability. He stressed the importance of correct posture and the administration of heparin in the prevention of those unfortunate post-operative accidents. Dr. J. R. Corston's address on "Dagenan" presented in a style only possessed by the experienced teacher, gave a

description of this aniline derivative and a brief account of its recent application in the treatment of pneumonia. He reported a series of cases treated by this drug in the Victoria General Hospital, giving in detail the various untoward symptoms which were apparently caused by the drug, but in no case were these serious enough to discontinue its use. The results showed almost one hundred percent cures.

From this report and the many others appearing recently in the literature, it is evident that in daganan we have a therapeutic agent which, if properly used in the treatment of pneumonia, will materially reduce the mortality. Recent investigations carried out with this drug on rats—fortunately all humans are not rats—show that the sulphanilamides produced numerous calculi in the urinary system which were evidently caused by the action of the drug; and I am advised by reliable neurologists that the same condition obtains in at least some members of the human race who have taken these drugs. It would therefore appear that further investigation is necessary before the indiscriminate sale of these preparations is permitted.

Dr. Walter House's paper on hernia was a sound exposition, both anatomical and surgical, on the problems to be met with in the inguinal canal. In recommending the use of fascial grafts in all suitable cases he stressed the permanency of the repair attained by a method presenting few more technical difficulties than the older operations.

As a stimulus to those who are absent from the society meetings year after year, let me quote the following admonition from Osler:

"No class of men needs friction so much as physicians; no class gets less. The daily round of a busy practitioner tends to develop an egoism of a most intense kind, to which there is no antidote. The few set-backs are forgotten, the mistakes are often buried, and ten years of successful work tend to make a man touchy, dogmatic, intolerant of correction, and abominably self-centred. To this mental attitude the Medical Society is the best corrective, and a man misses a good part of his education who does not get knocked about a bit by his colleagues in discussions and criticisms. . . . The very marrow and fitness of books may not suffice to save a man from becoming a poor, mean-spirited devil, without a spark of fine professional feeling, and without a thought above the sordid issues of the day."

D. M.

The Seventieth Annual Meeting of the Canadian Medical Association

A Few Notes from the General Secretary

THE week of June 19th, 1939, will be remembered as a very happy and successful one in the life history of the Canadian Medical Association. The fates were kind to us. Everything worked together to make the seventieth annual meeting as highly successful as one could wish for. The sun shone brilliantly excepting for an hour or two on Friday; and the temperature was just right,—not too cold—not too hot.

The Local Committees, both men and women, with practically a year's preparation behind them, manned their posts in a manner to call forth the highest praise.

The Program,—something over 200 contributions—went off like clock work, and a most excellent program indeed it was.

The Scientific Exhibits evoked most favourable and enthusiastic comment.

The Commercial Exhibits were attractive and informative.

The attendance was 1085 registered practitioners, which with invited guests, ladies, young people and students, made up a total of over 1500.

On Monday and Tuesday, General Council met with an attendance of 88, every province being represented. Under the Chairmanship of Doctor T. H. Leggett of Ottawa, Council dealt with a great many subjects of interest to the profession, a full report of which will be found in the September Journal. Suffice it to touch upon some of the outstanding items here. Council adopted the consolidated Constitution and By-Laws, a splendid piece of work which engaged the attention of the Committee for the past year. The New Brunswick Medical Society applied to become a Division subject to confirmation at the Provincial annual meeting in August; and the Manitoba delegates intimated to Council that there appeared to be every reason to believe that the Manitoba Medical Association, at its annual meeting in September, would vote to become a Division of the Association, in the event of which Federation which began five years ago will have become an accomplished fact for the whole of Canada.

The Committee on Economics presented a most informative and exhaustive report on current items of medical economic interest throughout the world. The Association engaged Mr. Hugh Wolfendon, one of Canada's outstanding actuaries, to assist the Committee in its work for the coming year. Mr. Wolfendon assumes office on July 1st, 1939.

The work of the Cancer Department and the Canadian Society for the Control of Cancer was fully reviewed and plans discussed whereby both of these activities may be accelerated and assisted in the coming year.

The following ten Senior Members were elected.

Dr. Thomas Alfred Patriek, Yorkton, Sask.	Dr. Hubert Douglas Hamilton, Montreal
Dr. W. Harvey Smith, Winnipeg, Man.	Dr. John M. Barry, Saint John
Dr. John Graham, Belton, Ont.	Dr. Charles Ashton Webster, Yarmouth
Dr. Robert Dawson Rudolf, Toronto	Dr. Walter Stuart Galbraith, Lethbridge
Dr. Joseph Edmond Dube, Montreal	Dr. Ivan Glen Campbell, Vancouver

The time and place of the annual meeting have been fixed for the next two years:

1940 in Toronto, during the week of June 17th;

1941 in Winnipeg, during the week of June 22nd.

In 1942, the meeting will be held in Alberta, location and date to be decided later.

The Association accepted a proposal from the Canadian Broadcasting Corporation to provide thirty-two broadcasts during the coming year, each of fifteen minutes' duration.

Immigration, particularly referring to the admission of refugee doctors provoked considerable discussion. It was the feeling of General Council that, while the Association is very sympathetic with our medical colleagues in some other lands for the plight in which they find themselves, Council is of the opinion that the medical schools of Canada are graduating more than a sufficient number of doctors for Canadian needs, and, therefore, Council could not support or justify the importation or admission of refugee doctors into Canada for the specific purpose of practising medicine.

The Honorary Treasurer reported a credit balance for the year 1938 of \$4,167.96.

Excellent reports were presented by the various standing and special committees including the Hospital Service Department, the Committee on Schools for Laboratory Technicians in Canada, the Maternal Welfare Committee, the Committee on Medical Education, the Committee on Public Health, the Committee on Nutrition, and the Committee on Legislation. The reports touched upon a great many points of interest which will be detailed in the September Journal.

Among the distinguished visitors to the meeting were Sir Arthur MacNalty, Chief Medical Officer, Ministry of Health for Great Britain, London England; Professor Edward Proven Cathcart, Professor of Physiology, University of Glasgow; Dr. Thomas S. Cullen of Baltimore, fraternal delegate of the American Medical Association; Dr. Allen O. Whipple of Columbia University, New York, who gave the Lister Lecture.

On the entertainment side, the men, women and young people were exceedingly well cared for. The members of Council were dinner guests of the Quebec Division, the Montreal Medico-Chirurgical Society and La Societe Medicale de Montreal, on Tuesday night. On Wednesday night, the Association had the unique experience of a delightful entertainment at the Chalet on the top of Montreal Mountain, motor transportation being permitted which in itself was a great privilege, as rarely have motor cars been allowed on the mountain top. Fortunately, the night was clear, making the view of the city, lying well below, most attractive, indeed. More than 1,000 people were received by the President and Mrs. Patch. To the strains of an excellent orchestra, the party tripped the light fantastic for two or three hours.

Again on Thursday night, the members and their ladies enjoyed a splendid dance and floor show on the Normandie Roof of the Mount Royal Hotel.

Too much praise cannot be given the committee for the magnificent organization which they had set up, which functioned so smoothly in providing delightful entertainment for their guests.

One could go on at considerable length and then not begin to cover all the high lights of the meeting. As has already been said, the records, in due season, will make full and complete reference to the entire meeting.

It is the writer's opinion that every man, woman and child who had the privilege of attending the Montreal meeting would desire to join in expressing appreciation and thanks to all who were responsible in making the meeting so highly successful and enjoyable.

DR. MURPHY AS AN AUTHOR

Dr. G. H. Murphy, well-known surgeon of Halifax, and a former Editor-in-Chief of the *Nova Scotia Medical Bulletin*, has just published a little book entitled *Shakespeare and the Ordinary Man*, which we warmly recommend for perusal by those interested in good literature. The author is well-steeped in Shakespearean lore, having been a devoted student of the productions of the Bard of Avon for over thirty years. In this volume he refers to the date of his Enlightenment and the circumstances attending the New Birth; and like all enthusiasts in matters pertaining to the Spirit realm he encourages the Ordinary Man to reach out and to partake of the Bread of Life that he himself has found to be so nutritious for both mind and body. In other words, Dr. Murphy can be numbered among those keenly observing and deeply reflective beings who do not believe that man can thrive sufficiently on material pabulum alone; there are other things at his disposal equally conducive to physical, mental, and spiritual development and happiness than are furnished by things and elements merely material.

So in affirmation and proof of these convictions he presents scenes from a number of Shakespeare Plays, tragedies and comedies, and shows how the characters there depicted do portray, beyond cavil, men and women of everyday life, past and present, while being influenced and effected by the most varied internal and external circumstances. Students of such characterizations are thereby favored with a pleasurable course in practical psychology which may be of enduring value throughout life: so it has been in the author's own experience.

If a future edition of the book is contemplated, it might be advisable for Dr. Murphy to introduce additional scenes from the different plays already chosen and to group all the scenes of each play under numbered chapters. But that arrangement would, of course, increase the size of the book, and this may not be the desire of the author. We bespeak for it a wide circulation.

Publishers: The Ryerson Press, Toronto.

M. D. M.

Mental Treatment in Eire

At the last meeting of the Section of Medicine of the Royal Academy of Medicine in Ireland, Dr. Francis Pilkington, in a paper on "Facilities for Mental Treatment, Past and Present," traced the development of the facilities for the treatment of mental illness in Ireland down to the present century. St. Patrick's Hospital in Dublin, founded by Dean Swift in 1745, was the first modern Irish mental hospital, and was followed by great building activity all over the country during the next 150 years. Accommodation, however, always lagged behind the need, and large numbers of the insane had to be cared for in the workhouses, where conditions were often very bad. Dr. Pilkington then turned to the developments in the present century, emphasizing especially the changes in the law in many countries whereby patients could enter hospital for treatment on a voluntary basis, and the growth of psychiatric clinics as the centres for treatment of early cases and for teaching and research. The different types of clinics were discussed in some detail, examples being taken from European and American cities, and the question of administration and organization was also considered.

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Hall, E. B., Bridgetown.
 Braine, L. B. W., Annapolis Royal.
 Kelley, H. E., Middleton (Mepy. & Town).

Murray, R. L., North Sydney.
 Townsend, H. J., Louisbourg.
 Gouthro, A. C., Little Bras d'Or Bridge.
 (Co. North Side).

ANTIGONISH COUNTY

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

COLCHESTER COUNTY

Eaton, F. F., Truro.
 Havey, H. B., Stewiacke.
 Johnston, T. R., Great Village (Mepy).

CAPE BRETON COUNTY

Densmore, F. T., Dominion.
 Fraser, R. H., New Waterford.
 Francis, Bernard, Sydney Mines.
 Sutherland, Harvey, Glace Bay.
 McLeod, J. K., Sydney.
 O'Neil, F., Sydney (County, South Side).

CUMBERLAND COUNTY

Bliss, G. C. W., Amherst.
 Gilroy, J. R., Oxford.
 Hill, F. L., Parrsboro, (Mepy).
 Cochrane, D. M., River Hebert (Joggins).
 Withrow, R. R., Springhill.
 Stuart, C. E., Parrsboro.

DIGBY COUNTY

Belliveau, P. E., Meteghan, (Clare Mepy).
 DuVernet, Edward, Digby.
 Rice, F. E., Sandy Cove, (Mepy).

GUYSBORO COUNTY

Chisholm, D. N., Port Hawkesbury
 (Mulgrave).
 Sodero, T. C. C., Guysboro (Mepy).
 Moore, E. F., Canso.
 Monaghan, T. T., Sherbrooke (St. Mary's
 Mepy).

HALIFAX COUNTY

Morton, A. R., Halifax.
 Forrest, W. D., Halifax (Mepy).
 Payzant, H. A., Dartmouth.

HANTS COUNTY

Bissett, E. E., Windsor.
 MacLellan, R. A., Rawdon Gold Mines
 (East Hants Mepy).
 Reid, A. R., Windsor, (West Hants Mepy).
 Shankel, F. R., Windsor, (Hantsport).

INVERNESS COUNTY

Chisholm, D. N., Port Hawkesbury.
 Grant, T. E., Port Hood.
 Proudfoot, J. A., Inverness.
 McNeil, A. J., Mabou, (Mepy).

KINGS COUNTY

Bishop, B. S., Kentville.
 Bethune, R. O., Berwick, (Mepy).
 de Witt, C. E. A., Wolfville.
 Moreash, R. A., Berwick.

LUNENBURG COUNTY

Marcus, S., Bridgewater (Mepy).
 Donkin, C. A., Bridgewater.
 Donaldson, G. D., Mahone Bay.
 Zinek, R. C., Lunenburg.
 Zwicker, D. W. N., Chester, (Chester
 Mepy).

PICTOU COUNTY

Blackett, A. E., New Glasgow.
 Chisholm, H. D., Springville, (Mepy).
 Bagnall, P. O., Westville.
 Crummey, C. B., Trenton.
 Dunn, G. A., Pictou.
 Parker, V. H. T., Stellarton.

QUEENS COUNTY

Ford, T. R., Liverpool.
 Smith, J. W., Liverpool, (Mepy).

RICHMOND COUNTY

Deveau, G. R., Arichat, (Mepy).

SHELburne COUNTY

Corbett, J. R., Clark's Harbour.
 Fuller, L. O., Shelburne, (Mepy).
 Dinsmore, J. D., Port Clyde, (Barrington
 Mepy).
 Lockwood, T. C., Loekeport.
 Churchill, L. P., Shelburne, (Mepy).

VICTORIA COUNTY

MacMillan, C. L., Baddeck, (Mepy).

YARMOUTH COUNTY

Hawkins, Z., South Ohio, (Yarmouth
 Mepy).
 Caldwell, R. M., Yarmouth.
 Lebetter, T. A., Yarmouth, (Wedgeport).
 LeBlanc, J. E., West Pubnico, (Argyle
 Mepy).

Those physicians wishing to make use of the free diagnostic services offered by the Public Health Laboratory, will please address material to Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax. This free service has reference to the examination of such specimens as will assist in the diagnosis and control of communicable diseases: including Kahn test, Widal test, blood culture, cerebro spinal fluid, gonococci and sputa smears, bacteriological examination of pleural fluid, urine and faeces for tubercle or typhoid, water and milk analysis

In connection with Cancer Control, tumor tissues are examined free. These should be addressed to Dr. R. P. Smith, Pathological Institute, Morris Street, Halifax.

All orders for Vaccines and sera are to be sent to the Department of the Public Health Metropole Building, Halifax.

Report on Tissues sectioned and examined at the Provincial Pathological Laboratory, from July 1st., to August 1st., 1939.

During the month, 245 tissues were sectioned and examined, which with 18 tissues from 4 autopsies, makes a total of 263 tissues for the month.

Tumours, simple.....	25
Tumours, malignant.....	32
Tumours, suspicious of malignancy.....	2
Other conditions.....	186
Tissues from 4 autopsies.....	18

Province of Nova Scotia Division of Vital Statistics
Provisional Monthly Report—June 1939

	June, 1939				May, 1939
	Total	Male	Female	Rate	Rate
No. of live births.....	1,141	586	555	25.3	22.4
No. of stillbirths.....	36	19	17	30.6**	23.2**
No. of deaths.....	493	269	224	10.9	12.5
No. of deaths under 1 year of age.....	61	26	35	53.5*	70.2*
No. of deaths from puerperal causes.....	7	...	7	6.1*	3.0*

Causes of Death	Int. List No.	June, 1939				May, 1939
		Total	Male	Female	Rate	Rate
Typhoid Fever.....	7	1	1	..	..	..
Measles.....	8	1	..	1	..	..
Scarlet Fever.....	9	8	3	5	17.8	11.1
Whooping Cough.....	10	..	..	..	..	..
Diphtheria.....	11	15	3	12	33.3	66.6
Influenza.....	23	30	20	10	66.6	84.4
Pulmonary Tuberculosis.....	24-32	6	4	2	13.3	8.9
Other forms of Tuberculosis.....	45-53	62	34	28	137.7	153.2
Cancer and other Malignant tumors.....	82a	..	..	..	..	..
Cerebral hemorrhage, thrombosis and embolism.....	82b	9	4	5	20.0	46.7
Diseases of the Heart.....	90-95	82	51	31	182.0	146.6
Diseases of the Arteries.....	96, 97	52	31	21	115.5	95.5
Pneumonia (all forms).....	99, 102	23	13	10	51.1	102.1
Diarrhea and Enteritis under 2 yrs. of age.....	107-109	26	13	13	57.7	104.3
Nephritis.....	119	34	16	8	29.8*	37.6*
Diseases of Early Infancy.....	130-132	24	16	8	53.3	57.8
Accident.....	158-161	24	16	8	53.3	57.8
	176-195	24	16	8	53.3	57.8

* Rate expressed as number of deaths per 1000 live births.
**Rate expressed as number of stillbirths per 1000 total births.

Provisional Monthly Report of Births and Deaths June, 1939.

	BIRTHS							DEATHS																															
	Total Births	Live Births				Still Births		Total	All Causes	Maternal Deaths	Under 1 year of Age	Influenza	Pulmonary Tbc.	Other forms of Tbc.	Cancer	Cere. hem. Embolism Thrombosis	Heart Disease	Disease of the Arteries	Pneumonia All Forms	Diarrhea under 2 years	Nephritis	Diseases of Infancy	Accident																
		Total	Legitimate		Illegitimate		Total																	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
			M.	F.	M.	F.																																	
Nova Scotia	1141	1105	516	499	51	39	36	19	17	493	269	224	7	61	15	30	6	62	9	82	52	23	26	34	24														
Annapolis...	23	21	11	10	..	..	2	1	1	19	12	7	..	1	1	..	..	6	..	2	2	..	..	..	..										
Antigonish...	25	23	13	9	..	..	1	1	1	17	13	4	..	..	..	..	..	3	..	5	..	..	..	..	..									
Cape Breton	289	281	126	141	8	..	6	5	1	82	44	38	1	17	2	1	..	4	5	10	6	..	..	..	..										
Colchester	57	55	25	27	1	..	2	1	1	29	20	9	..	1	1	..	..	4	..	4	..	..	..	..	..									
Cumberland	72	70	36	31	1	..	2	1	1	25	13	12	..	..	..	..	..	3	..	6	..	..	..	..	..									
Digby.....	30	29	13	14	2	..	1	1	1	18	6	12	..	1	1	..	..	4	..	3	..	..	..	..	..									
Guysboro...	33	31	17	14	1	..	1	1	1	11	5	6	..	..	..	..	..	2	..	3	..	..	..	..	..									
Halifax.....	207	198	85	87	13	13	9	6	114	62	52	2	12	11	3	18	1	17	1	8	8	..	6	5	5														
Hants.....	41	40	20	16	3	1	1	1	28	14	14	..	2	1	1	1	1	2	..	4	1	1	1	1	1														
Inverness...	36	36	18	17	1	..	1	1	14	7	7	..	..	..	..	..	..	2	..	2	..	..	..	..	..									
Kings.....	58	56	18	29	6	7	3	2	25	14	11	1	1	2	2	3	..	1	..	4	..	..	..	..	..									
Lunenburg...	51	49	26	14	1	..	1	1	19	14	5	..	..	..	..	..	..	3	..	3	..	..	..	..	..									
Pictou.....	78	76	35	33	5	3	1	2	31	16	15	1	2	1	1	1	1	4	1	6	2	..	..	..	..										
Queens.....	27	26	12	12	1	1	1	1	7	4	3	..	..	..	..	..	..	1	..	1	..	..	..	..	..									
Richmond...	22	22	15	5	2	..	..	..	11	6	5	..	..	..	..	..	..	1	..	1	..	..	..	..	..									
Shelburne...	33	33	14	18	..	1	..	..	12	6	6	..	..	..	..	..	..	2	..	2	..	..	..	..	..									
Victoria.....	14	14	10	4	..	..	..	..	5	1	4	..	..	..	..	..	..	1	..	1	..	..	..	..	..									
Yarmouth...	45	45	22	18	2	3	..	..	26	12	14	..	3	..	..	..	..	3	1	5	..	..	1	1	1						

Note: These figures are based on the Birth and Death certificates received by the Division of Vital Statistics, Halifax, N. S., up to and including July 10, 1939 and represent the number registered with the Division Registrars during the month of June, 1939.



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Each tablet contains:

Theobromine - - -	5 grains
*Neurobarb E.B.S. - -	½ grain
Sodium Bicarbonate -	5 grains

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Personal Interest Notes

WORK has begun on the erection of a new addition to the Nurses Home of the Victoria General Hospital, Halifax. This will make possible an increased nursing staff.

Dr. and Mrs. A. K. Roy of North Sydney have returned from a two week's holiday in New York City.

Dr. and Mrs. John W. Merritt of Halifax are receiving congratulations on the birth of a daughter on July 29th.

Dr. Mina MacKenzie, formerly of Neemuch, India, accompanied by her sister Dr. Mary MacKenzie Smith of Toronto, arrived at Waterside, Pictou County, the end of July, where she will make her home in the future. Dr. MacKenzie has had a distinguished career as a United Church missionary in India.

Dr. and Mrs. Clement MacLeod of Halifax are receiving congratulations on the birth of a son on August 12th.

Dr. H. E. H. Taylor, Dalhousie '36, who has been doing post-graduate study in Pathology in Glasgow, Scotland, has been appointed assistant pathologist at the Royal Infirmary and University.

Dr. Willoughby Phinney has returned home to Yarmouth from England. Dr. Phinney will carry on the practice of his father, the late Dr. W. S. Phinney.

Dr. Gerald R. Burns of Halifax spent some weeks in Ottawa taking a course in chemical warfare. Dr. Burns is attached to the 22nd Field Ambulance Corps.

The engagement has been announced of Dr. N. H. Gosse of Halifax and Dr. Margaret Burnside Cameron of Montreal. Dr. Cameron is a graduate of McGill University in Arts and Medicine, and for the past several years has been on the visiting staff of the Royal Victoria Hospital and on the teaching staff of McGill Medical School.

Dr. W. H. Johnson of Summerside was elected President of the Prince Edward Island Medical Society at its fiftieth annual meeting held in Charlottetown on July 15th. Dr. Frank Patch, President of the Canadian Medical Association, and Dr. C. C. Ross, Executive Secretary of the Society for the Control of Cancer, were among the guest speakers. Papers were read by Dr. Frank Patch on urinary tract infections, by Dr. J. W. MacKenzie of Charlottetown on some cardiac emergencies; Dr. Gilbert Houston on chronic otitis media with complications. Dr. W. J. P. MacMillan and Dr. Ross both read papers on the study of cancer.

The Four Cardinal Physiological Functions of Progesterone

- (1) The stimulation of the progestational proliferation of the endometrium.

Wintersteiner, Oskar, and Allen, W. M., J. Biol. Chem. 107:321 (Oct.) 1934.

- (2) The inhibition of uterine motility in vivo.

Allen, W. M., and Reynolds, S. R. M., Am. J. Obst. & Gynec. 30:309 (Sept.) 1935.

- (3) The suppression of menstruation.

Corner, G. W., Am. J. Physiol. 113: 238, 1935.

- (4) The inhibition of the action of the oxytocic principle of the posterior pituitary gland upon the myometrium.

Makepeace, A. W., Corner, G. W., and Allen, W. M., Am. J. Physiol. 115:376, 1936.



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The successful candidates in the examinations of the Medical Council of Canada held at Halifax in June are as follows: R. L. Aikens, Stellarton; H. R. Bryant, Norton, N. B.; J. S. Burley, Andover, N. B.; H. E. Christie, Amherst; G. F. Day, Thorburn; J. A. Donahoe, Roseneath, P. E. I.; G. R. Douglas, New Glasgow; C. J. Duffy, Chatham, N. B.; W. H. Frost, Saint John, N. B.; M. Gorkin, Saskatoon, Sask.; C. L. Gosse, Halifax; J. F. Hopkirk, Bridgewater; D. L. MacIntosh, Waverley; W. MacIsaac, Inverness; J. S. Miller, Halifax; W. G. Morson, Halifax; J. A. Rankine, Aylesford; R. F. Ross, Elmsdale and L. M. Sproull, Pictou Landing.

The engagement has been announced of Dr. C. J. Macdonald, assistant superintendent of the Victoria General Hospital, Halifax, and Miss Claire Marryatt of Mahone Bay.

Dr. George L. Covert of Halifax has returned to practice fully recovered from his recent illness.

Dr. T. M. Sieniewicz of Halifax has returned from a three month's study in England.

The Tuberculosis Refresher Course held at the Nova Scotia Sanatorium in Kentville on August 2nd, 3rd and 4th, had a large enthusiastic registration of more than sixty. Papers were presented by Dr. A. F. Miller, and the attending staff of the Sanatorium and members of the Department of Public Health. Guest speakers were Dr. Edward Archibald of Montreal, and Dr. R. J. Collins and Dr. G. J. Wherrett, President and Secretary of the Canadian Tuberculosis Association. The whole field of tuberculosis prophylactic, medical and surgical, was completely covered by lectures, clinics and demonstrations. The meeting was pronounced by all as a distinct success.

Dr. J. Alexander Webster, who graduated in 1938, and who has since acted as an interne in Charity Hospital, Ohio, has been appointed on the service of the Deaconess Hospital, Cleveland, for a year. Dr. Webster plans on returning to Yarmouth, where his ancestors have practised medicine for three generations.

Dr. J. E. LeBlanc of West Pubnico was one of several distinguished French Canadians who during the month of July were awarded gold medals by the French Academy for the interest they had taken in promoting the study of the French language and literature. Dr. LeBlanc's activities for greater education among the Acadians were first recognized in 1934 by the French Government.

At the recent meeting of the Canadian Pharmaceutical Association held in Halifax Hon. F. R. Davis, Minister of Public Health, was one of the speakers at the annual banquet held at the Lord Nelson Hotel. Dr. H. B. Atlee of Halifax spoke at one of the meetings on the subject of state medicine.

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Two Ways to Reduce Mortality of Childbirth

Lives of approximately 7,500 American mothers who die needlessly each year could be saved by widespread adoption of two measures for making childbirth safer. The two ways were stated by Dr. Paul Titus, of Pittsburgh, at the meeting of the American College of Surgeons. They are:

First, mothers must learn to protect themselves by consulting a competent physician before the birth of the child and having him attend when the child is born.

Second, hospitals all over the country should make it a rule, strictly enforced, never to let an intern deliver a baby unless a member of the hospital's official obstetrical staff is present during delivery. Hospitals should also insist that every physician delivering a baby should be required to call an approved consultant in all cases of hemorrhage before birth, of toxemia, and of labor lasting more than twenty-four hours, and before undertaking any obstetrical operation of greater extent than low forceps delivery.

These last measures, Doctor Titus believes, will cut down the number of deaths due to inexperience of the doctor or to radical operations that may not be needed and that require great skill if performed at all.—From *The Diplomat*, March, 1939.

Children's Memorial Hospital

MONTREAL, CANADA

The Staff of the Children's Memorial Hospital, Montreal, announce their Fourth Annual Post Graduate Course in the Diseases of Children. The Course will extend from September 25th to October 4th, 1939 inclusive. It is intended to review in this time the field of paediatrics from the medical and surgical points of view. Due attention will be given to behaviour and psychiatric problems as they occur in childhood. There will be lectures by members of the Staff, each particularly qualified in his special field. Demonstrations of common procedures will be given and ward rounds held during each day of the course. Special evening demonstrations and lectures will also be arranged. A clinical evening, long a feature of the Children's Memorial Hospital, will be arranged for the members of the course. Luncheons will be served at the hospital and a dinner given to the participants at the conclusion. The inclusive fee is twenty-five dollars. Registration is limited.

Applications, accompanied by remittance, should be addressed to
Dr. J. E. deBelle, Superintendent, Children's Memorial Hospital,
Montreal, Canada.

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It has come to them suddenly that the business of being masters of a baby's destiny is a complex and serious one, something for which they are none too well prepared.

Fortunately for them, they don't have to face it alone. For the doctor stands ready to give them the benefit of his training and experience in meeting those troublesome day-to-day problems to which new parents are heir.

The doctor understands new babies—and new parents, too. Under his direction, burdens and problems that seemed mountains melt away into

molehills. And the help and advice he gives is based on sound medical knowledge and not old-wives' tales.

Particularly during the baby's first year of life, he should be inspected by the doctor at regular intervals. These regular visits will enable your doctor to check the baby's diet and schedule, his habits of eating, sleeping, and elimination. They will permit the physician to start an immunization program which will close the nursery door to such diseases as smallpox and diphtheria.

And—vitally important in the years to come—they will make it possible for him to detect fore-runners of future trouble, and take corrective steps at once.

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Another Disease from Ticks Discovered by Federal Health Service

Another infectious disease caused by Rocky Mountain wood ticks has been discovered by Drs. Gordon E. Davis and Herald R. Cox, bacteriologists of the U. S. Public Health Service. The first recognized human case was that of a member of the staff of the U. S. National Institute of Health. Describing this case in the Public Health Reports, Dr. R. E. Dyer, of the Federal Health Service, suggests that the new and still unnamed ailment may be the same as "Q" fever, a disease that has been found in Australia, particularly among workers in abattoirs and among dairy farmers.

Gradual onset, mild fever with chills and recurrent sweating, and "tender" finger joints are the symptoms reported from the single case of the new American ailment. The patient recovered in about one month. He contracted the ailment while observing research on it in the Rocky Mountain spotted fever laboratory of the Federal Health Service in Hamilton, Mont.

The ease with which the infection was picked up in the laboratory, plus the fact that the infection occurs naturally in ticks, suggests that there may have been other human cases and that the disease may even be widespread, although it has not been previously recognized.

The germ of the disease was discovered in ticks that were being examined for Rocky Mountain spotted fever. The new disease is not the same as Rocky Mountain spotted fever nor is it the same as Colorado tick fever. It can be given to guinea-pigs, but no cases have as yet been observed occurring naturally in animals. Blood serum from the one human patient protected guinea-pigs from the infection.—From *The Diplomat*, March, 1939.

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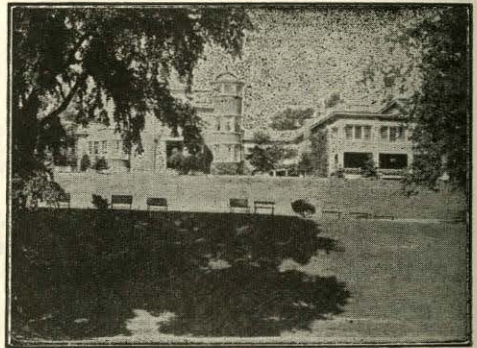
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