

# The Treatment of Tuberculosis at the Provincial Sanatorium\*

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Kentville, N. S.

(Read before H. and N. S. Branch, B. M. A., Dec. 19th, 1906)

THE latter decades of the nineteenth century are replete with literature both practical and theoretical, upon the treatment of Tuberculosis, yet it remains for the twentieth century to achieve anything like a certainty in the prevention, arrest, or cure of the dreaded disease. When we recall the work of Jenner, in ameliorating, at least, if not wholly preventing that fearful scourge, small pox, by caccinia or view the wonderful victories won by Serum Therapy over diphtheria and allied diseases; when we consider the light and knowledge, which may be given us by the microscope in bacteriological research, we take heart and believe that in the near future, we will have become victorious over this great White Plague.

As far back as the forties, Dr. Sydenham of England, established for himself an almost national reputation for curing consumption, by out-door treatment, conjoined with horse-back riding. In the sixties and seventies, the late Dr. J. B. S. Jackson, lecturer on Pathology at Harvard, held and demonstrated to his classes, that many cases of advanced tuberculosis, were healed and cured by a life in the Western wilds. Many will remember his specimens of the lungs of the Cadaver, with large cavities cicatrized, the adjacent tissues vitalized and healthy, giving the subject years of usefulness and eventually succumbing to the power of another affection or mayhap to accident. His subject was dry and to many uninteresting, and he gained the soubriquet from his classes of "Morbid Johnny." But his insight into the nature and working of this disease was as logical and correct as that of to-day. I have grateful remembrance of his instruction upon this subject.

The fact of the contagiousness of the disease having been established, is the most potent factor in preventing the spread of the affection.

The possibility of arrest or cure of the disease has caused patients to resort to all climes, and to climb to all heights. The Isles of the Sea have been the resort of some, the dry atmosphere of the far inland has been sought by others.

Cod liver oil and whisky have had their votaries; oil alone by some, whisky more.

The uncertainty in the past, as to the best method of treatment to be adopted for the arrest and cure of the disease, has given license to that arch-fakir of civilization, the patent-nostrum vendor, to conjure with the credulity of the public, so that charlatans have become millionaires, and builders of cities in the name of benefactors forsooth!

But whilst these fakirs are heaping up their filthy lucre, the energy of the grey matter of the medical scientist is being exhausted in the endeavour after truth and light. Great personal sacrifices have been, and are being made, the world over by men of power in the medical profession along these lines, solely for the good of mankind.

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The past has taught us that cases have and do recover under various conditions and various treatments. The nostrum vendor can trumpet his wares through the press, by word and photo showing that many have survived in spite of his fakes.

The scientist sees that all climes, all attitudes have their votaries, all proving the one and the same fact, *vis medicatrix naturae*.

Thus it is that one and all turn to the East and endeavour to assist nature in her mighty work of restoration. Thus it is that we swing back to a primitive method of living, choose our food rich in cell and tissue reconstructives, seek the sunlight, and breathe, day and night, the pure oxygen of Heaven; procuring, if possible needed rest for mind and body, freedom from worry and apprehensions, and above all a hopeful and cheerful environment. So arises the sanatorial treatment throughout the civilized world. America has not been laggard in assisting in this great work, as is evidenced by the establishing of sanatoria in most all States of the Republic. Canada also has her associations for carrying on this work, and no section of the great Dominion has been more active in this interest, than the medical bretheren down by the sea.

Some years ago the late Dr. Edward Farrell, of Halifax, was appointed a delegate by our Provincial Government to a conference on tuberculosis, held at Berlin. A man ever ready to promote the best interests of the public, progressive in thought and action, and a benefactor to his native land. "His works do follow him."

I doubt not that the influence of his address on his return from that conference, was in a great measure instrumental in inducing our Provincial Government to establish at Kentville a sanatorium for the treatment of tuberculosis, the first State building for the purpose in Canada.

In 1903 our Provincial Government purchased a plot of land of eighteen acres, lying north of the Cornwallis River, near the Town of Kentville, and in June of the following year erected and completed a very artistic and well appointed building for the treatment of pulmonary tuberculosis.

The grounds are gravelly and the soil porous, drying very quickly. The primeval forests of pine and oak which once covered its surface, have met their fate at the hands of the woodman's axe. A smaller growth now stubs the ground.

The building will accommodate from 18 to 20 patients, and faces the south. Extending along the south side are two piazzas, one upper, one lower. The dormitories open upon these piazzas by folding doors, sufficiently wide to permit the beds to be drawn out. Running through the building from west to east, are wide corridors, well lighted and airy. A spacious hall and reception room give a home-like effect to the building. It is electrically lighted, and procures its water supply from the town of Kentville.

Patients are admitted by application to the Superintendent, Miss Bertha Elliot. Special medical examiners have been appointed by the Government in different towns of the Province, for the accommodation of applicants. The uniform charge of five dollars per week is required, this being less than one half the actual expense to the Government, making the Institution semi-charitable.

On admission a full clinical history of the patient is taken and recorded. A thorough examination is made by the visiting physician and a diagram and

notes taken. Pocket or hand cuspidors are provided each patient, and scrupulous care is exercised by the nurses in keeping these receptacles sterilized.

The rules and regulations are in detail as follows:

The doors of dormitories, which have been open all night, are closed at 6 a.m. and the rooms heated. Patients arise at 7, take a sponge bath or cold plunge, dress and breakfast at 8, are outside till 10.30, then lunch, at which time the nurses take the pulse rate and temperature, which are recorded upon the chart of each patient, to which the visiting physician has access, before making his round to the patients. Outside life until 12. Dinner at 12.30. Rest, reclining, from 1.30 to 3 p.m., then lunch of egg, cream or milk and pulse and temperature taken. Then outdoor amusements or continued rest as patients feel disposed until tea at 6, after which patients are permitted to go in or out, engaging in music, plays, games, writing or talking as they are disposed, until 9.30 when they retire.

This is the routine life at the Sanatorium. When patients suffer from a chill or have temperature of 100, they are advised to remain in bed until the temperature is reduced.

There is 'phone connection with the visiting physician in town, night and day, and he is notified of any noticeable changes in condition of patients. There is no routine drug treatment and but few stimulants are used. Individual symptoms are treated as they arise. For coughs, the Terpen Hydrate and Herion mixtures are occasionally prescribed.

As bacillicides, I prescribed Guaiacol Carb. or creosote in a menstrum of wild cherry and hypophosphites, the beneficial action of either as bacillicides being questionable.

The sympathetic and psychological factors, in most cases, are underestimated and by many wholly ignored, greatly to the detriment of the patient. Their condition demands and deserves the fullest sympathy and support of all with whom they come in contact. Brethren, give them your sympathy.

Recognizing, as we do, either a constitutional predisposition to disease, or an impairment of the natural resistance, either constitutional or local, we endeavour to assist the body corporal to regain its lost powers, and repair the breach made by the tubercle bacilli.

In order to accomplish this, it is necessary that the physician have a definite knowledge of the habits, environmental and even the mental and emotional forces, which in the past may have influenced the patient's health. Worry and depression must be supplanted by cheer and hope. So much depends upon the mental and emotional condition of the patient in some instances, that I am disposed to minimise the severity or seriousness of the affection, in order to strengthen the hope of recovery.

Having from sixty to eighty patients admitted during the year, a daily visit from the visiting physician, say from one to two hours, is not sufficient to accomplish the work he feels should be done. He should have time to give daily supervision to each case, in regard to diet, physical exercise, deep breathing and mental occupation. Even daily visits are prescribed during this season of the year, for want of a shelter for the physician's horse.

In conclusion, let me say, that as a public educational factor, the Provincial Sanatorium is of incalculable benefit to Nova Scotia. From the physician's practical standpoint it is inadequate to the demand. As viewed from a scientific standpoint it is nil.

Kentville, N. S. November 20th, 1906.

# Antithyroid Substances in Toxic Goitres<sup>\*</sup>

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EXCEPT for the continued improvement in the technic, the treatment of hyperthyroidism has, until the past few years, changed but little. Because the use of antithyroid drugs has given hopes that a new and successful method of dealing with hyperthyroidism is now available, and that a substitute for surgery has been discovered, it is worth while to evaluate the results of the treatment of thyrotoxicosis by these newer methods, and to compare the results with those obtained by surgical resection.

In 1947 in order to prepare a paper on "The Use of Thiouracil in Thyrotoxicosis," I sent a letter to each member of the American Goitre Association asking the results obtained by this method of treatment. I received reports on 2729 cases of toxic goitres which had been treated with thiouracil. Seven hundred and eight were treated with thiouracil in the hope that surgery would not have to be done. Out of these 708 cases, 116 were reported by 5 physicians as having obtained "good results." In the remaining 592 cases, however, "unsatisfactory results" were obtained and the patients were later treated by surgery. It seems reasonable to assume then that thiouracil as the sole means of treating toxic goitre was unsatisfactory. However propylthiouracil, which is as effective therapeutically, but which is much less toxic than thiouracil, was made available to the medical profession. Since its production thousands of cases of toxic goitre have been treated with this drug. Dr. Stanton M. Hardy, Medical Director of the Lederle Laboratories, has been very co-operative during the past several years during which these investigations were carried out. Figures are now available which will give a comparison as to the relative value of thiouracil and propylthiouracil. It is evident from this table that propylthiouracil is definitely less toxic than thiouracil, that the clinical results are better, and that it reduces the basal metabolism at approximately the same rate. However, unless there is some particular indication for its use, we believe that, because it requires a prolonged period of treatment, perhaps many months, possibly indefinitely, and because there still is about 10% of the cases in which toxic reactions occur, in some of which the withdrawal of the drug is necessary, and because a great many people will not continue to take the drug regularly over a long period of time, and because regular blood counts are necessary, and because the dose is not related to the degree of toxicity, should this toxicity occur, and because it may be possible to take the drug for many months without any toxic reaction, and then suddenly severe reaction occur; because of the above, we believe that propylthiouracil is not the treatment choice for all toxic goitres.

It is true that in practically every case the basal metabolic rate will return to normal if treatment is sufficiently prolonged. I want to point out, however, that the fact that the basal metabolic rate does return to normal, does not mean that the patients' symptoms are relieved. We have had innumerable cases in which the metabolism would indicate that the patient was symptom

<sup>\*</sup>Paper given at the sectional meeting of the American College of Surgeons, Halifax, N. S., May 17, 1948.

free, when as a matter of fact the symptoms characteristic of toxic goitre, remained unimproved. After proper administration of iodine, this group of patients was subjected to subtotal thyroidectomy, which was promptly followed by the relief of all of the symptoms that were in any way related to the thyroid pathology.

The mortality accompanying surgical resection of the thyroid by properly trained surgeons is well below 1%. The average case of toxic goitre can be prepared with lugol's solution in 10 to 20 days, after which a thyroidectomy can be safely done. It is to be stressed that it is entirely unnecessary to use any of the antithyroid drugs except iodine in any case of goitre except those who are so desperately ill that stage operations would have to be performed.

We feel therefore that at the present time the greatest usefulness of propylthiouracil is to prepare the critically ill goitre patient for surgery. If the cases are properly selected, and properly prepared with this drug postoperative thyroid crises do not occur. In our clinic we have had not a single postoperative crisis during the last two and one half years. There is now no necessity for treating storms because they simply do not occur. There are a few other indications for the use of propylthiouracil. Occasionally a patient will flatly refuse to accept surgery. This patient of course should have the benefit of propylthiouracil treatment.

A patient who is desperately ill with acute congestive heart failure or auricular fibrillation accompanied perhaps by diabetes or tuberculosis, in which surgery is not indicated, should be treated by propylthiouracil. However, it is frequently found that many of these cases which at first seem to be so ill that they would not withstand surgery improve enough so that after a few months treatment, rather than keep them on a drug which is not without danger, a surgical resection can be safely done. Another indication for the use of propylthiouracil is found in the woman, who, during pregnancy, develops acute toxic goitre. Most of these patients of course could be prepared with iodine and operated upon during the pregnancy. However, this procedure is not to be desired, and propylthiouracil will satisfactorily carry these patients through pregnancy. It is therefore possible to delay operation until the infant is old enough to be separated from its mother at which time resection of the thyroid should be performed. There are also occasional cases which do not respond to iodine. These patients should be prepared with propylthiouracil.

It is very important to stress the fact that propylthiouracil produces hyperplasia of the thyroid much the same as thiouracil does, and it is therefore necessary to use iodine preoperatively until the gland becomes involuted. When thiouracil was being used we began iodine 3 weeks before the contemplated operation. A week before operation thiouracil was stopped but iodine continued. With propylthiouracil however we have found that iodine may be used with propylthiouracil from the beginning and believe that this combination of treatment reduces the basal metabolic rate more quickly, and involves the gland equally satisfactorily. If iodine is not used haemorrhage is so troublesome that the operation frequently has to be stopped and the wound packed. Patients who are given the drug should be instructed to notify their physician immediately if any symptoms of a "cold" or "grippe" develop. These symptoms are frequently manifested before there is a change in the blood count, and often precede leukopenia or agranulocytosis by several days.

Should these symptoms develop, the drug, of course, should be stopped immediately, and the patient placed on proper doses of penicillin in order to combat infection until transfusions and supportive treatments have returned the blood to its normal status.

I shall briefly report two cases which occurred at the same time in our clinic at St. John's Hospital. The Medical Resident who first examined these two patients who had very moderately toxic goitres did not ask for a surgical consultation, thinking that he could cure them with propylthiouracil. He gave each 150 mgms of propylthiouracil a day. Both patients returned to the clinic 10 days later. Blood counts were taken. A marked leukopenia, nausea, vomiting, and swollen knees were found in one of the patients. In the other one the white cells were found to be reduced to 2,000. Severe headache and vertigo were complained of. Both patients were admitted to the hospital. One of them received 7 transfusions, and the other 5 transfusions. Both were given large doses of penicillin and prolonged supportive treatment. They were later discharged. They returned in about 2 months and were given preoperative lugol's solution. In spite of the fact that the white cells returned only to approximately 4,000 both underwent successful thyroidectomy. These two cases represented poor clinical judgement. The unfortunate results were not really due to the drug but were due to the uncontrolled enthusiasm of an over enthusiastic Resident, who should not have prescribed it. These patients should have been prepared with iodine for about 2 weeks and then operated upon. This would have prevented several months of unnecessary morbidity and it would have avoided what might have been a very serious, if not fatal outcome.

Discussion of the use of methylthiouracil may be dismissed by saying that this preparation has been used extensively in the Scandinavian countries since 1946. It was used probably because no thiouracil was available. The dosage is from 150 mgms to 300 mgms a day. Doctor Perry McCullagh reported 37 cases in which this drug was used. Five had a recurrence of symptoms five months following the discontinuance of the drug. Eleven patients had a poor response to it. One had no response at all. One developed purpura haemorrhagica. One case had an alarming drop in the white blood count. It was therefore unsatisfactory in 19 (about 50%) of the 37 cases treated. It is more potent than propylthiouracil, causes more unfavorable reactions and is therefore more dangerous. The dosage must be very carefully controlled. It is apt to produce a marked, and at times, rather sudden drop in the basal metabolic rate. A small percentage of the patients who do not tolerate propylthiouracil may, however, respond to methylthiouracil. If therefore there is a reason why surgery should not be done, it may be advantageous to try this preparation in this group of cases.

Aminothiouracil has had a clinical trial by some investigators but its use has been discontinued.

At the present time, therefore, we must conclude that of all of the thiouracil preparations, propylthiouracil is the one of choice.

It is important that in any case in which the Basal Metabolic Rate has dropped below normal following the use of any of the antithyroid drugs, it must be brought back to normal by administering thyroid before doing surgery.

Brief mention of radio active iodine and radio isotopes as a means of curing goitre must be made in order to make this discussion complete. Their clinical

use began in 1946. They act by causing destruction of thyroid tissue. It is therefore necessary to measure "the uptake" within the gland, if one is to use them safely. To do this, complicated apparatus is needed. A well trained group made up of physicists, biochemists, physiologists, and clinicians is necessary to carry on this work intelligently and successfully. The weight of the gland being treated must be fairly accurately determined so that a proper dose, which depends entirely upon the gland weight can be administered. The strength of the material varies greatly. Some groups have found that 2 millicuries for 30 grams of gland are necessary, while other groups find that 8 or 10 or even 12 millicuries per gram must be administered. Unless you are better guessers than we are, you will find a startling discrepancy in the ability to estimate anywhere near the weight of the thyroid gland. We have been guessing preoperatively the weights of many glands which have later been resected and then weighed. I hesitate to tell you how far wrong we were in nearly every instance. Soley reported the use of radioactive iodine in treating 67 cases with Graves' disease. No nodular goitres were included. Forty-two patients had "good results" at the end of 3 months. Four patients had not improved after 14 months. The remainder had fair or questionable results. Our experience at the Brooklyn Cancer Institute has been limited. We are using it in a few carefully selected cases. It is to be remembered that it is impossible to control its action once it has been deposited in the tissues of the body. Some of the complications that we have noticed and that have been recorded are: oedema of the mucous membrane of the trachea, degeneration of the liver, myxedema, tender and painful thyroid glands, radiation sickness, recurrent nerve paralysis, leukopenia and tetany due to the destruction of the parathyroids. It is feared that there may be ill effects upon the kidneys and the gonads. In short, there may be irreversible changes in the tissues of man producing distressing complications as has been noted in experimental animals. Therefore, we feel that its use should be limited to patients too desperately ill to have surgery done; or to those who have had recurrences after two or more operations; and to those having one nerve paralyzed and having the disease recurring in the opposite thyroid lobe. Dr. Lahey has summed up the use of radio active iodine by saying "This is a justifiable experiment upon the human being." In summary therefore we believe that: At present the best and safest antithyroid substance is propylthiouracil. We believe that:

1. Propylthiouracil plays an important role in effecting a cure for toxic goitre.
2. Propylthiouracil, without surgery, should not be used as a means of treating toxic goitre, except in selected cases.
3. The greatest value of propylthiouracil is found in the preparation for operation of a few selected patients with severely toxic goitres.
4. Propylthiouracil should always be supplemented by the administration of iodine.
5. The use of propylthiouracil and iodine will eliminate the necessity of multiple-stage operations, and will lessen postoperative morbidity. Post operative crises will not occur.
6. Propylthiouracil has in some cases been of value in treating recurrent hyperthyroidism and thyroiditis.
7. Radio active iodine is as yet experimental and should be used only by properly trained workers.

### American College of Surgeons Announces Los Angeles Congress Program

Surgeons from thirty-two states and from two Canadian provinces, with one speaker from Stockholm, Sweden, are listed as participants on the program announced by Dr. Irvin Abell of Louisville, chairman of the Board of Regents of the American College of Surgeons, for the thirty-fourth Clinical Congress which will be held in Los Angeles, with headquarters at the Biltmore Hotel, from October 18 to 22. Speakers, discussion leaders, and chairmen for the scientific sessions during the five days total 163, in addition to which the research work of some 250 surgeons and their assistants will be reported in person or by proxy at the eight sessions of the Forum on Fundamental Surgical Problems in which 111 separate research projects from 33 schools and 26 hospitals and other institutions are scheduled for presentation.

At the opening session on the morning of October 18, there will be a premiere showing of a motion picture, "An Introduction to Fractures," sponsored by the American College of Surgeons and its Committee on Fractures and Other Traumas, directed by Dr. Harrison L. McLaughlin of New York, and made possible through a grant from the Johnson & Johnson Research Foundation. The film will be introduced by Dr. Robert H. Kennedy of New York, Chairman of the Committee on Fractures and Other Traumas of the the American College of Surgeons.

Twenty-four hospitals in Los Angeles and vicinity will participate in the program by holding operative and non-operative clinics and demonstrations. Telecasts of operations from the Los Angeles County Hospital will be shown each day at the Biltmore Hotel.

Dr. Clarence Crafoord is the speaker from Stockholm, Sweden, who will deliver the Third Martin Memorial Lecture at the Presidential Meeting on the first evening. His subject will be "Some Aspects of the Development of Intrathoracic Surgery." Dr. Crafoord is Professor of Surgery at the Karolinska Mediko Kirurgiska Institutet in Stockholm.

The Annual Fracture Oration will be delivered on Wednesday evening by Dr. Henry C. Marble of Boston, whose subject will be "Colles' Fracture."

At the Presidential Meeting on the first evening, Dr. Dallas B. Phemister of Chicago will be inaugurated as President of the American College of Surgeons, to succeed Dr. Arthur W. Allen of Boston. Dr. Howard A. Patterson of New York will succeed Dr. Thomas E. Jones of Cleveland as First Vice-President, and Dr. Carl H. McCaskey of Indianapolis will succeed Dr. Gordon B. New of Rochester, Minnesota, as Second Vice-President. Dr. Paul B. Magnuson of Washington continues as Secretary.

At the annual Convention on the final evening, October 22, more than 900 initiates are to be received into fellowship. The Fellowship Address on the subject, "Hereditary Errors in Metabolism," will be delivered by Dr. George W. Beadle of Pasadena, Professor and Chairman, Department of Biology, California Institute of Technology.

Among the subjects to be discussed at the scientific sessions at the headquarters hotel and nearby auditoriums are the following:

#### Monday

#### Moderator or Presiding Officer

1.30- 3.00—Acute Renal Failure in Surgical Patients. Frederick A. Coller, Ann Arbor  
3.30- 5.00—Tumors of the Mouth, Jaw and Face. . . Gordon B. New, Rochester, Minn.



## Tuesday

- 8.30-12.00—Gastric Surgery (Forum).....Owen H. Wangenstein, Minneapolis  
 8.30-12.00—Thyroid; Thymus; Lungs (Forum).....Frederick A. Collier, Ann Arbor  
 9.00-10.30—Surgical Management of Glaucoma.....A. Ray Irvine, Los Angeles  
 10.45-12.15—Rehabilitation of the Hard of Hearing..Walter P. Work, San Francisco  
 1.30- 3.00—Low Lying Malignant Lesions of the  
 Bowel.....Fred W. Rankin, Lexington, Ky.  
 2.00- 5.00—Symposium: Cancer is Curable.....Grantley W. Taylor, Boston  
 2.00- 5.00—Symposium on Fractures and Other Trau-  
 mas.....Robert H. Kennedy, New York  
 3.30- 5.00—Evaluation of Liver Function in Relation  
 to Surgery.....Nathan A. Womack, Iowa City  
 8.00-10.30—Malignant Lesions of the Thyroid Gland.Dallas B. Phemister, Chicago  
 8.00-10.30—Ophthalmology.....Howard C. Naffziger, San Francisco  
 8.00-10.30—Otorhinolaryngology.....Carl H. McCaskey, Indianapolis

## Wednesday

- 8.30-12.00—Surgery of the Heart and Great Vessels  
 (Forum).....Robert E. Gross, Boston  
 8.30-12.00—Bones and Joints; Infection; Skin Pre-  
 paration; Hemostasis; Plastic Sur-  
 gery.....Michael L. Mason, Chicago  
 9.00-10.30—Congenital Cataract.....S. Rodman Irvine, Los Angeles  
 10.45-12.15—The Preparation of the Surgical Patient  
 and Postoperative Care-(Otorhino-  
 laryngology).....Colby Hall, Los Angeles  
 1.30- 3.00—Peripheral Arterial Disease.....Alton Ochsner, New Orleans  
 2.00- 5.00—Symposium on Cancer.....Grantley W. Taylor, Boston  
 3.30- 5.00—Ulcerative Colitis.....Henry W. Cave, New York  
 8.00-10.30—Symposium, Endometriosis.....Harold L. Foss, Danville, Pa.  
 8.00-10.30—Combined, Ophthalmology and Otorhino-  
 laryngology.....John MacKenzie Brown, Los Angeles

## Thursday

- 8.30-12.00—Protein, Fluid and Salt Balance; Throm-  
 bosis and Embolism (Forum).....Alton Ochsner, New Orleans  
 8.30-12.00—Neurosurgery; Radioactive Substances;  
 Irradiation (Forum).....Clarence E. Stafford, Los Angeles  
 9.00-10.30—Surgery of the Oblique Muscles.....C. Allen Dickey, San Francisco  
 10.45-12.15—Diseases of the Esophagus.....Alden H. Miller, Los Angeles  
 3.30- 5.00—Isotopes in Surgery.....George M. Curtis, Columbus  
 8.00-10.30—Surgery of the Heart and Great Vessels..Howard A. Patterson, New York  
 8.00-10.30—Ophthalmology.....Samuel J. Meyer, Chicago  
 8.00-10.30—Otorhinolaryngology.....James Monroe Mason, Birmingham

## Friday

- 8.30-12.00—Gall Bladder; Pancreas; Intestines; Mis-  
 cellaneous (Forum).....Warren H. Cole, Chicago  
 8.30-12.00—Vascular Surgery; Blood Flow; Urology  
 (Forum).....Clarence J. Berne, Los Angeles  
 1.30- 4.45—Panel Discussions—Surgical Specialties:  
 Gynecology and Obstetrics.....John C. Burch, Nashville  
 Plastic Surgery.....Truman G. Blocker, Jr. Galveston  
 Neurological Surgery.....Howard C. Naffziger, San Francisco  
 Thoracic Surgery.....Frank S. Dolley, Los Angeles  
 Urology.....Reed M. Nesbit, Ann Arbor  
 Orthopedic Surgery.....John C. Wilson, Los Angeles

# REGISTRATION

95th Annual Meeting The Medical Society of Nova Scotia  
September 13, 14, 15, 16, 1948.

“KELTIC LODGE,” INGONISH, N. S.

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|--|-------------------------------------|
| Dr. L. M. Morton, Yarmouth             | Dr. H. F. Sutherland, Sydney        |
| Dr. G. B. Wiswell, Halifax             | Dr. E. L. Eagles, Yarmouth          |
| Dr. R. M. Zwicker, Lockeport           | Dr. J. R. McLellan, Sydney          |
| Dr. H. B. Havey, Stewiacke             | Dr. A. L. Sutherland, Sydney        |
| Dr. W. J. MacDonald, Truro             | Dr. K. M. Grant, Halifax            |
| Dr. Eric W. Macdonald, Reserve         | Dr. D. R. MacRae, Sydney Mines      |
| Dr. A. M. Siddall, Pubnico             | Dr. D. M. MacRae, Halifax           |
| Dr. W. O. Coates, Amherst              | Dr. J. J. MacRitchie, Halifax       |
| Dr. R. A. MacLellan, Rawdon Gold Mines | Dr. D. G. McCurdy, Sydney           |
| Dr. E. I. Glenister, Halifax           | Dr. E. H. Bentley, Middleton        |
| Dr. J. J. Carroll, Antigonish          | Dr. W. I. Bent, Bridgewater         |
| Dr. Malcolm Macaulay, Sydney           | Dr. C. L. MacMillan, Baddeck        |
| Dr. J. G. Cormier, Sydney              | Dr. Adrian Anglin, Toronto          |
| Dr. R. O. Jones, Halifax               | Dr. H. J. Martin, Sydney Mines      |
| Dr. H. R. McKean, Truro                | Dr. D. J. Mackenzie, Halifax        |
| Dr. Gordon C. Macdonald, Sydney        | Dr. C. H. Young, Dartmouth          |
| Dr. W. D. Stevenson, Halifax           | Dr. W. E. Hirtle, Sackville, N. B.  |
| Dr. Norman H. Gosse, Halifax           | Dr. H. J. Devereux, Sydney          |
| Dr. E. D. Dickie, Digby                | Dr. D. K. Murray, Liverpool         |
| Dr. J. E. Park, Oxford                 | Dr. C. B. Smith, Pietou             |
| Dr. F. J. Barton, New Waterford        | Dr. T. M. Sieniewicz, Halifax       |
| Dr. J. R. Macneil, Glace Bay           | Dr. J. P. McGrath, Kentville        |
| Dr. C. H. Reardon, Halifax             | Dr. J. A. MacCormick, Antigonish    |
| Dr. Frank G. Mack, Halifax             | Dr. J. G. B. Lynch, Sydney          |
| Dr. C. H. L. Baker, Halifax            | Dr. W. MacIsaac, Sydney             |
| Dr. Margaret E. B. Gosse, Halifax      | Dr. R. H. Fraser, Antigonish        |
| Dr. H. W. Schwartz, Halifax            | Dr. C. E. Kinley, Halifax           |
| Dr. Hugh MacKinnon, Halifax            | Dr. C. W. Holland, Halifax          |
| Dr. A. L. Saunders, Louisbourg         | Dr. H. J. Pothier, Weymouth         |
| Dr. W. A. Curry, Halifax               | Dr. W. L. Muir, Halifax             |
| Dr. A. D. Kelly, Toronto               | Dr. D. S. McCurdy, Truro            |
| Dr. Daniel Blain, Warrington           | Dr. A. A. Macdonald, Neil's Harbour |
| Dr. H. D. O'Brien, Halifax             | Dr. A. L. Murphy, Halifax           |
| Dr. H. A. Fraser, Bridgewater          | Dr. R. S. Shlossberg, New Glasgow   |
| Dr. J. C. Wickwire, Liverpool          | Dr. M. Jacobson, Halifax            |
| Dr. R. H. Sutherland, Pietou           | Dr. S. T. Laufer, Halifax           |
| Dr. G. G. G. Simms, Pietou             | Dr. William Magner, Toronto         |
| Dr. C. C. Stoddard, Halifax            | Dr. C. P. Miller, New Waterford     |
| Dr. M. R. Macdonald, Sydney            | Dr. J. A. McDonald, Glace Bay       |
| Dr. H. D. Lavers, Pietou               | Dr. D. W. Archibald, Sydney Mines   |
| Dr. H. R. Corbett, Glace Bay           | Dr. J. C. Young, Sydney             |
| Dr. A. E. Blackett, New Glasgow        | Dr. C. A. D'Intino, Sydney          |
| Dr. J. W. Reid, Halifax                | Dr. J. K. Morrison, St. Peter's     |
| Dr. E. F. Ross, Halifax                | Dr. J. P. Macdonald, Sydney         |
| Dr. G. M. Smith, Windsor               | Dr. C. L. MacLellan, Sydney         |
| Dr. J. A. MacDougall, Antigonish       | Dr. G. W. Sodero, Sydney            |
| Dr. A. R. Morton, Halifax              | Dr. W. J. McNally, Montreal         |
| Dr. H. J. Davidson, North Sydney       | Dr. K. A. Fraser, Sydney Mines      |

# Society Meetings

## VALLEY MEDICAL SOCIETY

The 41st Annual Meeting of the Valley Medical Society was held in the Biology Building, Acadia University, Wolfville, on Thursday, July 29th, at 3 P.M. Doctor G. Mahaney presided.

Present at the meeting were Doctors W. H. Eagar, M. R. Elliott, F. W. Morse, R. C. Young, L. E. Bashow, L. R. Morse, T. H. Earle, J. E. Hiltz, O. B. Keddy, G. M. Smith, D. B. Morris, F. L. Akin, H. A. Foley, J. J. and Mrs. Quinlan, A. A. Giffin, A. F. Miller, W. A. Curry, H. G. Grant, N. H. Gosse, V. D. Schaffner, G. R. Forbes, P. G. Loder, L. E. Cogswell, T. A. Kirkpatrick, R. A. Moreash, G. H. Wheelock, F. E. Rice, J. P. McGrath and interne F. K. Hickey.

The minutes of the last two meetings were read and approved. The financial report was read and adopted.

It was moved by Doctor Frank Morse that bills be sent members of the Society for membership dues covering the last five years. Seconded by Doctor D. B. Morris. Carried.

Doctor Giffin had nothing to report from the cancer committee. He suggested that the Secretary write the provincial laboratory to find out what they have to offer in the way of examining discharges for determining the presence of malignancy.

Two minutes silence was observed by the meeting in memory of the late Doctor R. O. Bethune, Berwick, and the late Doctor C. F. Messenger, Middleton. Mention was made by the President of Doctor Elliott having been awarded an honorary degree from Acadia University during the year.

It was moved by Doctor Morris, seconded by Doctor Forbes, that the President appoint a nominating committee to bring in a slate of officers for the coming year. Motion carried. The President appointed Doctors Eagar, Hiltz, and Keddy as a nominating committee. Doctor Eagar was unable to act, as was Doctor Keddy. Doctor Giffin and Doctor Cochrane were then appointed.

The following programme was presented:

- (1) Intestinal obstruction—Doctor W. A. Curry.
- (2) Progress of study regarding prepaid medical care in Nova Scotia—Doctor N. H. Gosse.

A vote of thanks was extended to the speakers by the meeting.

The following new members were elected to membership in the Society:

Doctors P. G. Loder, G. M. Smith, L. E. Bashow, F. L. Akin, R. V. Thorpe, R. C. Young, F. J. Misener.

Dinner was served at the Paramount Hotel, Wolfville. The following were invited as guests of honour at the dinner: Doctors H. E. Killam, E. DuVernet, L. R. Morse, F. E. Rice and A. F. Miller.

Doctor Cochrane moved that these five doctors be made honorary life members of the Valley Medical Society. Doctor McGrath seconded the motion. Motion carried.

Doctors Morse, Miller and Rice spoke briefly expressing their pleasure in being honoured at the dinner and in being elected to honorary membership in the Society. Doctors Killam and DuVernet were unable to be present.

The following slate of officers was brought in by the nominating committee:

President—Doctor D. B. Morris, Windsor.

Vice-Presidents—Annapolis, Doctor F. W. Morse, Lawrencetown;  
Kings, Doctor H. A. Foley, Canning; Digby, Doctor E. H. Anderson, Digby; Hants, Doctor G. K. Smith, Hantsport.

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

Representatives to the Executive of The Medical Society of Nova Scotia: Doctor P. S. Cochrane, Wolfville, and Doctor G. R. Forbes, Kentville.

(Sgd.) R. A. MOREASH  
Secretary-Treasurer.

# Correspondence

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W. F. James & B. S. W. Buffam  
Geologists

Suite 1107, 67 Yonge Street  
Toronto 1, Ontario.

August 24, 1948.

The Faculty of Medicine,  
Dalhousie University  
Halifax, Nova Scotia.

Dear Sirs:

The position of Mine Doctor at the Polaris-Taku Mining Company, TULSEQUAH, British Columbia (Near Juneau) is available as of September 15, 1948.

The salary is \$450.00 per month and transportation is paid into the property and will be paid out of the mine after one year's work. There is a furnished house for the mine doctor, the rental being a nominal sum of \$5.00. The B. C. medical fee of \$100.00 is paid by the Company.

The property is reached by air only in the winter months, thus the mine doctor is expected to be competent and self-sufficient in emergencies. The population of the townsite (all Company owned) is approximately three thousand.

If you know of any doctor who might be interested in this position, would you kindly contact us at the above-noted address.

Yours very truly  
(Sgd.) M. Merrifield,  
Secretary

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## Lonalac for Diets of Restricted Sodium Content

Lonalac, nutritionally similar to whole milk powder but virtually free of sodium, aids in the maintenance of protein nutrition when milk, meat, eggs and cheese must be restricted. Congestive heart failure, hypertension and toxemia of pregnancy have been treated with low sodium diets. Sodium analyses of foods, diet plans, literature on use of low sodium diets and samples of Lonalac are available from:

Mead Johnson & Company of Canada, Limited,  
Belleville, Ontario, Canada

September 1, 1948

The Editor  
Nova Scotia Medical Bulletin  
Barrington Street  
Halifax, Nova Scotia

Dear Doctor:

Please publish in the forthcoming issue of your journal the following notice:

*Urology Award*—The American Urological Association offers an annual award of \$1,000.00 (first prize of \$500.00, second prize \$300.00 and third prize \$200.00) for essays on the result of some clinical or laboratory research in Urology. Competition shall be limited to urologists who have been in such specific practice for not more than five years and to residents in urology in recognized hospitals.

“The first prize essay will appear on the program of the forthcoming meeting of the American Urological Association, to be held at the Biltmore Hotel in Los Angeles, May 16-19, 1949.”

For full particulars write the Secretary, Dr. Thomas D. Moore, 899 Madison Avenue, Memphis 3, Tennessee. Essays must be in his hands before February 15, 1949.

Yours very truly

Committee on Scientific Research

Miley B. Wesson, Chairman

Anson L. Clark

John E. Heslin

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### Try Pabena on Your Vacation

Vacations are too often a vacation from protective foods. For optimum benefits a vacation should furnish optimum nutrition as well as relaxation, yet actually this is the time when many persons go on a spree of refined carbohydrates. Pabena is a food that “goes good” on camping trips and at the same time supplies an abundance of calcium, phosphorus, iron and vitamin B complex. Pabena can be prepared in a minute, *without cooking*, as a breakfast dish or used as a flour to increase the mineral and vitamin values of staple recipes. Packed dry, Pabena is light to carry, requires no refrigeration. Easy-to-fix Pabena recipes and samples are available to physicians who request them from Mead Johnson & Company, Evansville, Indiana.

## Personal Interest Notes

WORK is under way on at medical centre a Springhill which is being constructed by Doctors J. H. L. Simpson, J. C. Murray, J. R. Ryan and C. R. Adams. Each doctor will have an office, and there will be examination rooms, a laboratory and such other rooms as are necessary to carry on the work. Through this centre the doctors hope to give the town better medical service and eventually each doctor will pay particular attention to one department and all doctors will be available for consultation on difficult cases.

Thirty-six nurses and three X-ray technicians were graduated from the Halifax Infirmary School of Nursing at the closing exercises held September first at the Nova Scotian Hotel. Doctor C. M. Bethune, Superintendent of the Victoria General Hospital, addressed the graduates, telling them of the honoured place of the nursing profession and tracing the evolution of modern nursing from ancient times. Doctor G. H. Murphy gave a brief address.

The marriage took place at Halifax on September first of Miss Jean McNeil Doane, elder daughter of Mr. and Mrs. H. W. L. Doane of Halifax, and Doctor Charles Stewart Wright, son of Doctor and Mrs. C. S. Wright of Toronto. Her sister, Miss Frances Doane was maid-of-honour, and the bridesmaids were Mrs. Lloyd Wright, of Toronto, sister-in-law of the groom, and Miss Gene Machum of Halifax. Doctor Lloyd Wright, the groom's brother of Toronto, was best man, and the ushers were the bride's cousin, Doctor E. L. Thorne of Halifax, Doctor R. S. Grant, Doctor G. M. Moffatt and John Wright, Toronto, another brother of the groom. Doctor Adelaide L. Fleming of Halifax was vocal soloist. Doctor Wright graduated from the Dalhousie Medical School in May of this year.

Doctor F. R. Shankel, who has been practising in Windsor since 1928, retired from practice on September 11th. He will be succeeded by Doctor William C. Rice of Brooklyn, who, with his wife and family, will move to Windsor and occupy the present home of Doctor Shankel. Doctor Shankel is the son of the late Mr. and Mrs. Joseph Shankel, of Hubbards, N. S. He graduated from McGill in 1907, and first practised at Brigus, Newfoundland, following which he moved to Hantsport, N. S., and from there to Windsor twenty-three years ago. For some years he has served as county health officer and coroner, has been school doctor for King's College School, and D.V.A. doctor during the war. He has also been port physician and examining doctor for several life insurance companies. Doctor and Mrs. Shankel plan to leave in November to spend the winter in Florida.

Doctor and Mrs. Claude F. Keays of Halifax sailed on September 14th for England where Doctor Keays will continue his studies at the Ophthalmic Institute, London. Doctor Keays graduated from Dalhousie in 1945, and has spent the past three years at Camp Hill in post-graduate study of eye, ear, nose and throat conditions.

Doctor A. F. Miller of Kentville, former superintendent of the Nova Scotia Sanatorium, was made an honorary member of the Nova Scotia Command of the Canadian Legion, B.E.S.L., on September seventh at the opening session of the command's annual convention at Pictou Lodge in recognition of his outstanding services to war veterans over a period of many years. He was also presented with a certificate of merit.

Doctor and Mrs. Donald S. Lindsay left the end of August for Toronto, where Doctor Lindsay, who has been on the staff of the Nova Scotia Hospital, will take post-graduate work in psychiatry. He expects to return next year to the Nova Scotia Hospital.

The marriage took place at Moncton on September fourth of Emily Anita Blackett, daughter of Mr. and Mrs. V. C. Blackett, and Doctor George McKenna Saunders, son of Mr. and Mrs. G. R. Saunders of Stellarton. The bride is a recent graduate of the Royal Victoria Hospital School of Nursing, Montreal. Doctor Saunders graduated from Dalhousie Medical School in 1947 and is a member of the resident staff of the Victoria General Hospital at Halifax.

The BULLETIN extends congratulations to Doctor and Mrs. W. J. O'Donnell (Margaret MacInnes) of Halifax on the birth of a son, James Walter, on August 25th, and to Doctor and Mrs. W. H. Frost of Halifax, on the birth of a daughter, Ann, on September 7th.

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### VACANT PRACTICE

Practice open for doctor starting October 1, 1948. Expanding fishing community, population 1800. No opposition. Much work for good earnings. Apply to the undersigned

E. F. Weir, M.D., Freeport, N. S.