

What the Public Say

(The following editorial from the Halifax Chronicle of February 19th, 1925, under the title "The Medical Profession" is herewith given in full for the information of the Profession in Nova Scotia.)

The Medical Profession.

IN such an age of progress as this we are inclined to become complacent. We see the almost magical advances of science on every hand. We are surrounded by a mechanical necromancy that would turn green with envy the Merlins of yesterday. Look, we cry, how wonderful are the works of Man. But, because of the character of our education, covering an even wider area, we fail to realise that we are entirely ignorant of the real truth of most matters that do not definitely concern the specialty in which we are particularly interested. And even our little specialty may have broadened so enormously that no one man's brain can hold the whole truth or knowledge of it all.

Take as an example the science of medicine. It is no longer possible for one man to understand completely the whole of that science. Already it has been broken up into specialties—Medicine, Surgery, Diseases of Women and Midwifery, Eye, Ear, Nose and Throat; Orthopaedics, Urology, Diseases of Children, and so on into an ever widening array. Indeed, even in these specialties, though a man give his whole time to one of them, he is not able to keep up wholly with the new knowledge. What then of the general practitioner who after graduating from college ceases to study the rest of his life? In five years the knowledge he acquired at the University has begun to get out of date; in ten years it is more so, in twenty years it is almost obsolete. So that any Doctor who has clung to the University-gained knowledge of his twenties without constantly renewing it, is a "back number" in his forties. Because at the University and the Hospital he gained enough knowledge to enable him to pass the requirements of his Province and to deal after a certain manner with disease, he must not let matters stop at that. It must be brought home to him that he owes it to his community not merely to treat its ills according to his lights, but according to lights that are continuously advancing. It is true that there are men with tender consciences and great ambitions in Nova Scotia who do try to forge onward, men like the late Sir James Mackenzie who as a general practitioner made discoveries which revolutionised the knowledge of a certain branch of medicine. But these are rare cases.

In an individualistic society such as ours few men in the professions

or otherwise realise that they are, when the last word has been said, servants of the public. This is and must be particularly true of the medical profession. The non-recognition of it by the doctors themselves has led to a system under which people have to deliver up their lives, in spite of the great advances of medical science, to obsolete methods of practice and diagnosis. This system has led also to the apathetic attitude of both the profession and the public to the great and urgent matter of the prevention of disease. Doctors are to be found in the City of Halifax so short sighted and so steeped in prejudice that they not only fail to see the necessity of preventive medicine but actively oppose it.

The trouble is that most of us do not realise the necessity for a carefully trained medical profession and an active campaign of preventive medicine. Nor do we, through the very closed nature of the guild of medicine, learn except by surmise of the fatal mistake which some doctors make because of a deplorable ignorance. Furthermore, it has not been impressed sufficiently on the graduating doctor that he should not only be a servant of the public but a teacher of the public. It is the duty of every practising physician to educate that part of the community in which he happens to live in the means and ways by which the ninety per cent of diseases that is preventable may be prevented. But how many doctors do you hear preaching from the hill-tops of Nova Scotia that hygiene should be one of the first laws of life, in order that we may accomplish the ancient ideal of a sound mind in a sound body?

The public must wake up to these facts. They must cease to be complacent over a profession that can whip their appendix out so easily for a fat fee and ask why that profession does not teach them how to avoid appendicitis. They should insist that the physicians throughout this Province not only pass a high standard of graduation into the profession of medicine but maintain that standard. It is true there is a difficulty there for the maintenance of a high standard to-day rests with the individual doctor and the public have insufficient knowledge by which to gauge such a standard. But why should not the profession as a whole, since it is the servant of the public, prove its stewardship every five or ten years by sitting for an examination? We demand that our politicians place their wares before us anew every four or five years; why not our Doctors, on whose proficiency our very lives depend, on whose ability as teachers of health, the health of the next generation of Nova Scotians hang?

Such a test would ensure that the men practising medicine throughout Nova Scotia had at least kept up to a certain standard, and had not, as so many have done, deteriorated from that standard. In the Army a Captain in the Medical Corps must pass an examination in the subject of Medicine before he becomes a Major. Such an examination need not embody highly technical subjects but should be a thoroughly searching evidence that the doctors of this land had kept

well up to the most modern teaching of the great science to which they have dedicated their lives.

We realise to the full that there are many fine-hearted noble men in the profession of medicine in our midst. We have nothing but praise for them. They have labored and struggled to keep in the forefront of their advancing science and in the main have done so. They fully realise their duties to their profession and to the public. They are mainly to be found on the staffs of our hospitals.

But there is always the less than average doctor to whom we must trust our lives and we are entitled to exact a real proficiency from him.

Regrets Newspaper Publicity.

Doctors C. K. Fuller and A. R. Campbell of Yarmouth write the Bulletin regarding some recent newspaper publicity. We are very glad to give this letter to the readers of the Bulletin:

Yarmouth Clinic Infirmery,
Yarmouth, N. S., Mar. 12, 1925.

Editor of the Bulletin,
Halifax, N. S.

Dear Sir:

The undersigned wish to take this opportunity of expressing through the medium of your journal their extreme regret of the publication in the lay press of a letter from an over-enthusiastic patient commenting on the report of his case which appeared in our Article in the February number of the Canadian Medical Journal.

Medical men in general know how easy over enthusiasm can present to laymen. Scientific matters that all Ethical practitioners discuss only through the proper medium.

This letter was published without our knowledge or consent in any manner whatsoever.

Respectfully,

Signed CHAS. K. FULLER.
A. R. CAMPBELL.

The Physician and the Public

As an offset for the Editorial of a Halifax Daily, read what the Digby Courier writes as a front page article:—

THE practice of medicine is undergoing tremendous revolutionary changes. Scientific thinking is changing the responsibilities of the physician to the public. We are in a world of "business" and medicine is after all a means to livelihood. Even the physicians hardly know what is going on.

Forty years ago a medical education could be obtained at a low figure. Apprenticeship to a preceptor; one or two short terms of lectures at some "college". Possibly the favored youth might get into a hospital; but it was not essential. He learned by "practice," on the public.

At present, after graduation from a High School the physician must spend at least two years, preferably four, in an accredited college or university in specified studies; then four years in a medical school. Many states in America require an added year as intern or a "hospital year." Ambitious students have often taken several of these intern years.

This will cost—college \$2,000 to \$4,000; medical school \$4,000; loss of earnings from say 19 to 26 years of age or a matter of six to nine years at the least—in which period a bright young man ought to be earning at least \$1800 a year is a matter of \$10,000 to \$15,000 at the least; making a total of from \$15,000 to \$25,000 as the case may be before a physician begins to practice. Public policy and statutory laws made this imperative in the case of the M. D. There are shorter cuts to earnings in other schools by which an architect or a dentist or a carpenter may become a practitioner in a year or so—but we are speaking of the regular practice of physicians and surgeon.

In the old days the doctor had an office within his own home or possibly in the village block. He had a pair of obstetric forceps; a couple of test-tubes; a cuspidore; a few books; a pocket medicine case and a horse and buggy. He smoked a corn-cobbed pipe; looked suspiciously as tho he never washed his hands; seemed to be a good man, *WAS* a good man; went thru snow and storm; did his best; lost three times as many patients with inflammation of the bowels and like diseases as he does to-day. Life is being extended every year.

To-day, the doctor of distinction and of scientific attainments has a fine office with an assistant, a nurse possibly, and a waiting room and examination room. He must have an automobile and perhaps a chauffeur; for it is often unwise for a surgeon who is about to perform a most delicate surgical operation, to use his hands driving a car. A specialist,

like a physician who treats eye and ear often, if he runs a private hospital, has an enormous overhead, in equipment, etc.

To-day we do scientific diagnosis as far as possible—not guesswork. You would have a broken wrist set by guess and by thunder twenty years ago. Now you have an extra specialist to take X-Rays of it before and after and if the first setting be not exact, it must be set anew and anew until it is right and will make a good wrist. Same with other uses of the X-Ray. Bacteriological study, microscopic work, all are of expense.

The patient demands more. The physician is bound to assume this or he may have a life on his hands. Every person must have the best. There are no grades in treatment. You can't have either a Ford or a Cadillac—it must be a Cadillac or better, if there be such in reach. The doctor must also guard his patient against his own notions—he must save him all he can in this way. He should never give him a lot of useless stuff just to add to costs. He does not do it as a rule. He has not time.

We have seen about 15 years added to the average length of human life in the last 70 years. Much is paid for by institutions and giving of rich men to hospitals. No better way can be devised to bequeath money. The rich have to bear a part of the expense of the poor. They do. Few patients ever think of the overhead costs of the doctor.

Now to go back to the beginning—these things confront the honorable physician as never before. There may be some who urge “cultivate high-class patients because they pay more.” But the honorable physician regards human life and happiness as chief, and he does not like to slight anyone. There is a book recently out called “The Successful Physician,” that is marred by such commercial advice as “Have Something to give your patients that he wants. “It is well to cater to high-class patients.” This is not the way for the physician to look at it. And it is not the way that they do look at it. But the terrific costs are making the physician look to patients as a sort of income.

Yet how can the poor man evade the necessity of treatment. Can he get along with half-treatment? Never. In a case of life and death every man is entitled to the best. Here is where the hospital comes in. There he gets the best that can be given him. Discriminating choice of timber with which to make physicians; eager men of real heart and soul; men who regard one life as valuable as the other—these are the men to whom we look.

We have so many of them in Digby County, that we ought to be proud. This is written not in any way as critical—only as explanatory of the problems of the modern physician; the service of endowed hospitals where the physician may divide the work and divide the costs; where charity work may be systematized and whereby the man of eager desire to serve as a doctor, may yet get enough to live and carry on his work of research, study and service along with progress.

Boylston Medical Prizes of Harvard Medical School

The Boylston Medical Prizes, which are open to public competition, are offered for the best dissertation on questions in medical science proposed by the Boylston Medical Committee. The Committee is appointed by the President and Fellows of Harvard College. The names of the Committee appear in the annual catalogue of the Harvard Medical School.

A prize of five hundred dollars and the Boylston Prize Medal is offered every three years for the best dissertation on the results of original research in medicine, the subject to be chosen by the writer. The Boylston Prize Medal will be added to the money prize only in case the winning essay shows special originality in the investigation detailed. In awarding these prizes, preference will be given to dissertations which exhibit original work; if no dissertation is considered worthy of a prize, the award may be withheld.

Dissertations entered for this prize must be in the hands of the Secretary on or before December 31 of the year in which the prize is offered. Competition for the next prize closes December 31, 1925.

Each dissertation must bear, in place of the author's name, some sentence or device, and must be accompanied by a sealed packet, bearing the same sentence or device, and containing the author's name and residence within.

Any clew by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition. Previous publication of the work, if in form to give a clew to authorship, will debar from competition.

Dissertations must be printed or typewritten.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1. That the Board does not consider itself as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.
2. That, in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

The address of the Secretary of the Boylston Medical Committee is Dr. Henry A. Christian, Peter Bent Brigham Hospital, Boston, Mass.

Research Fellowships

Fellowships are offered by The Henry Phipps Institute to qualified applicants who desire to undertake investigation in experimental pathology and bacteriology with special reference to tuberculosis and related conditions. These fellowships are open to graduates in medicine and to doctors of philosophy or science who have elected one of the fundamental medical sciences as a major subject. Applicants are requested to submit a statement of their professional training, including degrees, hospital internship and experience in methods of research. Letters of reference from teachers or others familiar with the training and work of the applicant are desired. Fellows will receive from \$1,500 to \$2,500 in accordance with their experience and special training.

Applicants are requested to address Eugene L. Opie, M. D., Director of Laboratories of The Henry Phipps Institute.

The University of Pennsylvania,
The Henry Phipps Institute,
Seventh and Lombard Streets,
Philadelphia.

Elsewhere will be found the list of those who have completed their 1925 membership in the Medical Society of Nova Scotia on or before March 10th, the date that copy is furnished to the publishers of the Bulletin. The list will be forwarded at once to the Secretary of the C.M.A. and the 1925 mailing list of the Journal will be amended in accordance with this list. Some are going to be disappointed in not seeing their names; but the Associate-Secretary had no intimation that the 1925 fee had been paid. All subsequent remittances will be duly acknowledged and the names will appear in subsequent issues. The total is the largest yet both for the Nova Scotia Medical and the Canadian Medical Association.

What the Sanatorium Has Done

THE Christmas number of The X-Ray contains an article by the Superintendent, Dr. A. F. Miller, with the above title. While, as a review of the past and a forecast of the future, it is directed chiefly to lay readers of the Magazine, it is quite desirable that the Medical Profession should know the message that Dr. Miller is conveying to the public.

In part Dr. Miller says:—

“We have everything to be thankful for, when we look back to the day when this institution consisted of a single small building with accommodation for eighteen patients. Who would have thought that within the short space of twelve years the sanatorium would have become one of the largest institutions of its kind in Canada, with accommodation for nearly three hundred patients—a small town in itself?

It may not be without interest to recall the early development and growth of the Provincial Sanatorium, as it was then known. In 1904 the Nova Scotia Government established the first provincial institution of its kind in Canada, for the treatment of incipient pulmonary tuberculosis. The idea was to give those affected with tuberculosis in its early stage, an opportunity to live and rest in the open; and with good food and a carefully regulated life, it was hoped that many patients would be restored to health. Unfortunately, as we learn from published reports, the large majority of those who came for treatment were in an advanced or hopeless stage of the disease. This was disappointing to those in charge; and it had its inevitable result. Few lives were saved, and as a consequence there was a feeling throughout the province that the sanatorium had failed to accomplish the purpose for which it was intended.

With the appointment of a medical superintendent early in 1909, the admission requirements were more strictly adhered to, and from that time on to 1918 only patients with a reasonable chance of recovery were admitted for treatment. The succeeding annual reports published show that more encouraging results were now obtained, and that patients not only received marked benefit while they were at the sanatorium, but that they maintained excellent health after they returned to their homes. The popularity and reputation of the institution grew throughout the province, and from that time on there was little difficulty in getting sufferers to come for treatment.

Owing to the limited accommodation and the demand for care, two new pavilions were erected in 1912. Then in 1917

and 1918, in order to accommodate military patients, who had recently returned from overseas, the sanatorium was further added to, so that by 1919 the institution has grown beyond anything ever expected of it; and had become a plant of 20 buildings, with accommodation for nearly 300 patients."

Dr. Miller then asks, "Has the Sanatorium at Kentville justified the hopes entertained for it? He answers the question by quoting three, out of very many received, appreciative letters from patients who were at the Sanatorium in 1909, 1914, and 1915. These letters emphasized the very great educational work carried on in the homes and communities by ex-patients. When we consider that 3,399 patients have been treated at the Sanatorium and the majority have returned to their homes to preach the gospel of proper living, this educational work alone has justified its existence. Perhaps this statement might be accepted as fully answering the question raised, had our general health nursing service been such as to give a full extended follow-up service, with such medical clinics as are now being conducted by the Provincial Health Department. But we are even yet sadly lacking in our T. B. follow-up work in rural districts. This hesitancy to fully endorse the statement does not in any way affect the status of the Institution, but it may be somewhat suggestive of a non-active leadership in a wise policy by the profession generally. Is it not true that the profession needed as much 'interesting' in the Sanatorium work as did the laity?

Dr. Miller then refers to the Sanatorium as a Diagnostic Centre, and were he speaking to the profession this might be much more strongly emphasized. Is it not well worth while for the general practitioner to advise his suspected cases to go to the Sanatorium for a period of observation. It would be money well invested in any case. On this point Dr. Miller says:—

"One of the motives of the government in establishing a sanatorium for the care of the tuberculous, was to make it a centre where physicians could send their patients for diagnosis and advice. With a staff of trained chest examiners, and with every facility, including x-ray and laboratory, for making an accurate diagnosis in respiratory diseases, the sanatorium has notably succeeded in this respect also. To-day medical men in every part of the province are alive to its worth, and scarcely a day in the year passes that requests do not come to have their patients admitted for observation and advice. This is as it should be, and we are grateful for the interest and confidence they have in our work."

Again as to the results of treatment he says:—

"No matter how extensive and well equipped an institution may be, unless there is some record to show what results have been

obtained in the way of treatment, it is hard to convince people that such a place is worthy of their interest and support. It is, with no personal boasting that we point to the number of patients who have received lasting benefit from their treatment at this sanatorium. During the past ten years 1019 patients were cared for in this institution. To-day we find that of those admitted in the minimal, or early stage of tuberculosis, 81 per cent are alive and well, and only 5 per cent. dead; of those in the moderately advanced, or second stage, 70 per cent are alive and 20 per cent. dead; of those in the far advanced or third stage, 50 per cent. are alive and 40 per cent dead. Altogether 69 per cent. are living and well, 21 per cent. dead, and 10 per cent. untraced.

This goes to show that tuberculosis is very amenable to treatment in its beginning stage, and that 80 or 90 per cent. of patients treated in this stage may be expected to be restored to health. For those in the moderately advanced, or second stage, the prognosis is not quite so good, and yet, even here, 60 per cent. or more of lives may be saved. While a full recovery to health cannot be expected for those in a far advanced stage of the disease, nevertheless the lives of many of these patients will be lengthened and made comfortable for years to come.

The results of sanatorium treatment are well brought out by Dr. Louis Dublin, Statistician of the Metropolitan Life Insurance Company, in his address to the National Tuberculosis Association. He explained that the tuberculous, as a whole, have a morality rate 15 times that of the healthy, while among those treated at sanatoria, the early cases have a mortality rate of 2 to 3 times the healthy, and the moderately advanced a rate of 8 to 10 times the normal.

'It follows, therefore, that the effect of sanatorium care consists in converting groups of individuals who, if left to their own devices might be expected to die at the rate of 15 times the normal, into groups who die at the rate of 2 to 3 times the normal if treated in the early stage, or from 8 to 10 times the normal if in the moderately advanced stage. Even for the far advanced, though there is no evidence as to actual saving of lives, there are other community advantages which justify their care in institutions.'

These results are most gratifying, and go to show that tuberculosis is just as curable in the climate of Nova Scotia, as it is in the well-known climatic health resorts of Colorado, Arizona, or California. Many a patient, who has gone out West to regain his health, has been disappointed to find that he did no better out there than he did in his own province."

As to the needless loss of lives:—

"But while it is well to draw attention to the curability of tuberculosis, and the many remarkable recoveries that have been made when treatment has been instituted in time, we must not forget that once the disease has been allowed to spread in the body, it becomes a far more serious ailment to deal with. One has only to look over the published annual reports of this institution,

to note the truth of this statement. From 1904 to 1923, 1459 civilian patients have been treated here. To-day 54 per cent. of these are alive, 35 per cent. dead, and 11 per cent. untraced. Many of the sadly unsuccessful results might have been averted had the patient only realized in the beginning the necessity of seeking advice and getting down to treatment at the earliest moment. Unfortunately through ignorance and lack of information, and that peculiar indifference that keeps a person from finding out what state of health he is in, the disease had progressed so extensively by the time these patients reported to the sanatorium, that little could be done to ward off the inevitable end.

Yet, while it is sad to think of the loss of so many valuable lives, we believe the death of these patients has not been in vain. For to-day throughout the province there is an awakening to the seriousness of the situation, and from all sides we hear the determination expressed 'something must be done to overcome

Dr. Miller concludes his article by sympathizing with the point suggested at the beginning of the review. The Sanatorium is but a link in the chain of agencies for combatting Tuberculosis. He says:—
Insert 10pt. solid here.

"Too much must not be expected from the Sanatorium alone. It is only a link in the chain of many agencies necessary in the combat against tuberculosis. As Dr. Allen Krause, a brilliant medical writer puts it:—

"The sanatorium is in no way the beginning and end of the struggle. It is a link, a way station, but by all odds the most important way station, the one most faithful in results, yet imagined or devised. It is not the fault of the sanatorium that patients have to return to it. It is the fault of conditions outside of the institution, and of the relapsing nature of tuberculosis. Most patients cannot remain under treatment long enough. Permanent results cannot be expected from a term of treatment only long enough to bring about an appearance and feeling of well-being. With incomplete healing of the disease in the lungs, results of treatment are doomed to further failure unless a prolonged after-cure is carried out. The rigor of the 'after-cure' must depend upon the severity of the case."

We are indeed glad that the time has come when the people of Nova Scotia are taking an interest in the broader side of the tuberculosis question, and facing the fact that the sanatorium is only part of it—that tuberculosis is a community responsibility—a social problem—bound up with the whole public health question. The district clinic, the public health nurse, the trained chest examiner, with other social and educative agencies, all have their important part in any effective system of handling tuberculosis.

As for our institution at Kentville, Providence has dealt generously with us in the past and we face the future hopefully. With the continued help of our faithful staff, the loyalty of our "graduate" patients for their "Alma Mater" the co-operation and

support of the medical profession, and the trust reposed in us by the Government and the people of the Province, we have every reason to believe that in the years to come the sanatorium will play its part with efficiency, courage and determination, in an organized effort to stamp out tuberculosis in Nova Scotia.

Good as the institution and its influence have been in the past, it will be only then that it shall realize its place, as the centre of a province-wide movement, wisely planned and sincerely carried out by all the people, to whom it belongs and whose health it exists to serve."

Public Health Nursing.

THE February 20th issue of "Public Health Notes" from the Department of Health, makes the following reference to the general attitude of Municipal Councils to this necessary agency in health work:—

"A number of Municipal Councils during the January Session have declared their intention of continuing the Public Health work being carried on within their borders by Public Health Nurses and have made satisfactory arrangements towards this end. That all have not done is regrettable from the health standpoint, though, doubtless, the local conditions in these cases made such action necessary. Without a doubt the Department was supported more strongly by the Municipal Councils so far at least as the principle and purpose of the work was concerned, than ever before, and if some Councils did not see their way clear towards making provision for the service, it was not because they were convinced that the service was valueless. In fact the value of the service appears, each year, to be more appreciated, and when it is experienced yet more fully how essential the service is, the objections, now advanced in justification of the inaction, will be swept away. After an experience, extending over a period of three years or more, so far as some Counties are concerned, the Department at least is more thoroughly convinced than ever before of the value of the Public Health Nurse, especially in the field of health education, and no one can assert that in this Province the need of this service does not exist."

The same issue refers to continued neglect of the profession to report notifiable diseases. It is not creditable to the profession that this neglect is marked to-day. Dr. Jost says:—

"Recent issues of the League of Nations Health Report have contained the reports of notifiable diseases of this Province, for a period of some months. The Nova Scotia records are thus being placed in juxtaposition with those of other Provinces or Countries, and a comparison is very easily made. The result of such a comparison can not be considered flattering, which is regrettable since the extent to which disease is reported in any community

may be taken as an indication of the interest taken in public health. This criterion will hardly apply in this Province, since without a doubt, our practitioners are not behind those of the other Provinces in this respect. The reason for regret is that the reception of a wholly erroneous impression of the profession of this Province is made possible when it is seen to what extent our Provincial records are inaccurate."

Treatment for Pneumonia.

DR. H. A. Grant of Whycocomagh, has a letter in the February issue of the Canadian Medical Association Journal, on the use of Wine of Ipecac in bringing about an early crisis in Pneumonia. Here is what Dr. Grant writes:—

"To the Editor:—

At this season of the year when pneumonia is beoming prevalent, I wish to bring before the profession a useful treatment for it. From my experience with this remedy, I regard it as a specific for pneumonia if given within twenty-four hours of the initial chill. Given after disease is well established, any time during the second to furth day, it will shorten the course of the disease by bringing an early crisis. This remedy is wine of ipecacuanha pushed to its physiological action on the vomiting centres and then restricted to the verge of slight nausea.

To carry out the treatment, the patient should be placed in a comfortably warm room and be given from 10 to 20 minims wine of ipecac every three hours. The average dose for a robust patient is 15 minims. Heat, as afforded by a good flaxseed poultice, over the affected lobe, appears to hasten the effect of the remedy. This treatment will abort the attack if started within the first twenty-four hours. The remedy should be given in smaller doses for three days at least after the attack is aborted. If the treatment is discontinued immediately, there is danger of it lighting up again. To illustrate by case reports I will cite a few recent cases.

CASE 1. Female, sixty-eight years of age. Previous history negative until six months before attack when I had occasion to treat her for cardiac trouble. One morning at 10. a. m., patient had a severe chill and said she felt very ill. I saw the patient at 7 p. m. She looked very ill and was restless, had slight cough with scanty rusty sputum, temperature 102.5°, pulse 130, respiration 39. Examination revealed signs of a typical right lobar pneumonia. I ordered her 15 minims wine of ipecac every three hours to begin with, reducing the dose to 10 minims after third dose. A 7.30 the following morning, temperature 99°, pulse 104°, respiration 28. At midnight temperature 97°, pulse 82, respiration 24. Forty-eight hours after onset temperature 98°, pulse 74, respiration 22.

CASE 2. Male, fifteen years of age. Previous history negative. Had been ill with influenza for four days, but kept at work where he was employed, as the influenza was of a mild type. On the morning of the fourth day patient felt very ill, and developed a chill, irritating cough, rusty sputum and the typical symptoms of pneumonia. I ordered 10 minims wine of ipecac every three hours with a hot poultice over affected lobe. At 5 p. m. on the following day the temperature was normal and patient so well that I did not visit him any more.

CASE 3. Male, forty-five years of age. Previous history negative. Called at end of second day of illness. Patient very ill. Severe irritating cough with sticky-rusty expectoration; pain over affected lobe; prescribed wine of ipecac, 15 minims, every three hours. The following is the record I kept: Visited him next day and found his condition much improved. Following day he appeared better. Visited him again on fifth day of disease and found that the crisis had been passed.

I could go on quoting a large number of cases, but I think that the above will serve the purpose for the present. I may add that similar encouraging results are coming from Halifax since Dr. Chisholm announced my success with the remedy.

I wish to ask the different members of the profession who will try the remedy, to kindly advise me of the results, so that they may be presented to the Canadian Medical Association Journal.

Yours very truly,

H. A. GRANT, M. D.

Whycocomagh, N. S.
December 26th, 1924.

Time for Action.

IN more than one town and county in Nova Scotia, the duties of M. H. O. are performed by a general practitioner for the salary (?) of One hundred dollars per year. In some instances the duties of Sanitary Inspector are added. But to our surprise in reading of the annual appointments made in one town of Nova Scotia, a local physician was appointed M. H. O. Sanitary Inspector, and poor Doctor, with the privilege of supplying treatment, drugs, and dressing—all for the ridiculous sum of one hundred dollars. The holder of all these privileges writes:—

“Replying to yours of 16-2-25, the information in the paper clipping referred to by you is correct. As M. H. O., Poor Doctor and Sanitary Inspector in Town of the remuneration is \$100.00 per annum, no extras of any kind.

It has been customary for several years for the various Doctors to take in turn the duties of M. H. O. The doctors

have protested at times about having to buy their own medicine for the poor cases, but nothing was done. Finally the Sanitary inspectorship was tacked on to the other duties, all for the munificent sum of \$100.00 per annum. Obviously this is inadequate, and although the local doctors are in accord on the matter, we have been unable to get any change made."

This is a matter to be taken up at the next Annual Meeting in Bridgewater.

This is how one Medical Health Officer closes his annual report to his Town Council:—

"In conclusion let me remind you that public health lies at the foundation of all human welfare, and unless health is conserved and protected, there is very little use in any other activity for the promotion of public welfare.

In the conservation and protection of so valuable an asset, I respectfully invite your co-operation, as co-operation for better health should be our watchword, and it requires the help of each individual concerned to make it a success.

Kipling says:

"It ain't the individual, nor the army as a whole,
But the everlasting team work of every blooming soul."

"Team work"—That's what counts.

Regarding the shortage of doctors in rural districts, the General Medical Board of the Rockefeller Foundation makes the following pronouncement:—

"The shortage is dependent on social and economic conditions which cannot be overcome by any policy under the control of the medical profession or medical educators in particular."

Really it is too bad if such a question relating to the medical and nursing care of people in sparsely settled districts is not a question for the medical profession. Even such statements made by such high authority as the Rockefeller Foundation may be at times more or less absurd.

All in a Day's Work.

The Parrsboro local paper notes some of the difficulties that the rural practitioner meets, and refers particularly to Dr. M. D. MacKenzie, Mayor of Parrsboro, as follows:—

"Mayor McKenzie was compelled to return to his home from an intended professional call to Five Islands because of difficulty in forcing his way by car. The various snow banks and clogging slush stalled the car and he became weakened by efforts to go on. Finally he gave up exhausted and after a three hours detention accepted the assistance of passing travellers which enabled him to return home. He has since been confined to his room."

European Clinic Tour.

DOUBTLESS many physicians received the bulletin with particulars of the Clinic tour of United States physicians to Canada, Great Britain and Ireland and France, with extension tours to other leading medical centres in Europe. The tour begins at Chicago May 17th, 1925, and leaves Montreal May 23rd. Any Canadian physician in good standing with his Medical Society may join the party at Toronto or Montreal. The tour officially ends July 6th when the party sails from Harve, Cherbourg and Boulogne. The cost from Montreal and return to Montreal with the best accommodation throughout is \$880.00, which can be reduced to as low as \$640.00 for medium accommodation. Several doctors in Nova Scotia are talking of taking the tour.

The Bulletin issued gives the following information:—

"TRAVEL FEATURES

"For all the party; Boat trip through The Thousand Islands: Melrose, Abbey and Abbotsford, the home of Sir Walter Scott; the famous Trossachs tour from Edinburgh to Glasgow; Ayr, the land of Bobby Burns; motor trip through the beautiful lake region of England: train along the picturesque mountains coast of Wales, city drive in London, elaborate program of sightseeing in Paris, including a visit to the greatest palaces in the world at Versailles, to see, among other things, the Hall of Mirrors where the Peace Conference was held; one day trip to the battlefields by train and motor, including Chateau-Thierry, Belleau Wood, the Hindenburg Line, Fort Pompelle and the great ruined cathedral at Rheims. While the clinics are in progress in Liverpool, Leeds, Edinburgh, Dublin, London, and Paris, special sightseeing programs for the ladies and guests of the doctors will be arranged as indicated on the itinerary following:

"OCEAN PASSAGE"

The trip across the ocean is to be made from Montreal to Liverpool on the large modern one-cabin White Star steamer, the "Doric" to give the physicians the cabin space desired, two boats of this type will be used.

In order to save both time and money and avoid uncertainty in the matter of expense, we have contracted with the Temple Tours of Boston to manage the business affairs of the trip. All

correspondence regarding travel matters should be addressed to them, and all correspondence regarding clinical or professional matters to Dr. William B. Peck, Managing Director, Freeport, Illinois."

The Thorough Examiner.

A young medical student was being quizzed by an instructor. "In what will you specialize?" the aspirant was asked.

"Diseases of the nostril," replied the student.

"Good!" said the professor. "Which nostril?"—*Everybody's*. (Perhaps he was applying for membership in a Rotary Club).

A Grave Condition.

"I admire Dr. Young immensely," remarked Mrs. Brown. "He is so persevering in the face of difficulties that he always reminds me of Patience sitting on a monument."

"Yes," replied her husband, "but what I am becoming rather alarmed about is the number of monuments sitting on his patients."

Religious Handicap.

Teacher: "Now, Robert, what is a niche in a church?"

Bobby: "Why, it's just the same as an itch anywhere else, only you can't scratch it as well."—*Boston Transcript*.

Physiologically Speaking.

A. "She was a beautiful girl, dressed well and a good dancer—yet she sat out many dances."

B. "I'll bet she had halitosis."

A. "No, you're wrong, she had bunions."—*Pickup*.

A Little High.

Rochester (N. Y.) Democrat.

Hornell, Jan. 28.—A snowball hurled by a boy hit Engineer Beecher M. Granger, of No. 104 River Street, in the eye yesterday as his train was passing through Painted Post and as a result he may lose the sight.

He had to be relieved of his train at Corning, where an examination showed that the corona had been ruptured.

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Editor:—S. L. WALKER, B. A., M. D.

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NO. 3

The Public and the Profession.

THE Bulletin has had frequent references to the relations of the Profession to the public, and the Associate-Secretary in several addresses to Branch Societies, has taken this matter as his subject. It is therefore quite in order to note that a leading Halifax Daily recently devoted an entire column to give an Editorial opinion of "The Medical Profession." As some of our readers may not have seen this tribute (?) to the profession, it is published in this issue of the Bulletin.

Without expressing any opinion on this Editorial, it is noted that a Correspondent of the C. M. A. Journal points out that, as the profession owes its best services to the public, so the public owes a duty to the profession. He says:

"The profession has been attacked so often that one begins to wonder whether all the onus of blame attaches to the one side. The profession has been accused of lacking interest in the public, and in thinking only of patients as "Cases," but has the public not to a certain extent itself to blame for this state of affairs, if such actually be the case? In some quarters it seems to be the privilege to decry any good work done, and conscientious endeavour is treated in terms bordering on contempt. The practitioner is regarded as a charity organization by many, whilst if anyone who is getting a good salary happens to be presented with a bill which seems a trifle large, though within the limits of the recognized fees, he forthwith, proceeds to describe the profession as an organization of bandits.

To a man who has spent years of his life preparing for his task, the remuneration obtainable is none too attractive. What day-labourer would care to go out and get no pay for many of the hours he "put in?"

It is called a terrible breach of trust for a doctor not to appear when called to a serious case, but should he insist on settling up the account at a later date, he is at times accused of being mercenary.

When one gives one's best skill to a case, and the patient disappears on the eve of success to the service of another medical man or to that of the chiropractor, without warning, it does not conduce to pleasant thoughts.

It is wise to emphasize the fact that not only have we a duty to the public, but the public by their intelligent co-operation with the profession and recognition of his claims can do a great deal to make the practice of medicine a success and satisfaction to all parties."

Waiting Room Literature.

THE Bulletin has made it a point to advise the profession on the subjects of quacks and quackery, nostrum frauds and fake cures. Yet many a doctor in his own waiting-room leaves literature around to catch the unwary. A well-known pharmaceutical house not long since received a letter from a lady which read as follows:—

"While looking over some medical journals in my doctor's waiting-room, I saw your medicine for high blood pressure mentioned. Send enough for a woman of 54, who has headaches at times."

The first point to make is, that journals for the medical profession only should not be on the waiting-room table. The average layman cannot properly interpret articles in professional publications, nor can he in any case properly judge of the merits of preparations advertised in such journals.

Patients, however, expect to find something suggestive of health matters in the literature available while he is waiting his turn for consultation. If the medical information is conveyed in a rational manner only good can result. In many waiting-rooms, especially of Doctors in the United States, copies of *Hygeia* are to be found. This is a journal published by the American Medical Association for the express purpose of furnishing correct medical information to the laity. Again and again we find fault with the views and opinions of the laity, and we have done little or nothing to enlighten them.

In some waiting-rooms the literature has been a positive menace to the lay reader. For instance in several waiting-rooms not long since, current copies of *Physical Culture* were noticed. Let any doctor glance through this hectic exponent of sex problems and arrant physical nonsense, and read the astounding miraculous things that its advertisements claim, then he will see that he has been exploiting in this very way hundreds of quacks and fake remedies. There is not a journal printed that has so many of these fake Ads.

The least the profession can do is to keep such a journal from the waiting-room table.

The High Cost of Medical Education.

MANY factors have contributed to increase the cost of securing a medical education, until it is only possible for students whose parents have a fairly good income, or they (the students) have exceptional opportunities for earning money between terms. The majority of recent graduates are saddled with initial debts which handicap their work for years.

An effort to afford some relief in cases of poor students, is suggested by Washington University, St. Louis, as noted in a recent issue of the *Journal, A. M. A.*:—

“A movement is on foot at Washington University, St. Louis, to establish a permanent scholarship loan fund to help medical students who would be unable to continue their medical education without such assistance. One million dollars is to be raised, of which \$120,000 has already been subscribed. The plans for raising this fund provide three ways by which donations may be given: (a) in terms of one or more scholarships at \$200 a year for four years; (b) in endowment gifts, and (c) in various sums as simple contributions to the fund. No better investment could be made by those having money to give to worthy purposes. The standards of medical education have been rapidly advanced during the last twenty-five years, and the charges to medical students have also been doubled or trebled. The advance in tuition fees does not even approach the actual cost of furnishing the education—the difference being met from state appropriations or private endowment. It has been gratifying to note that with these essential advances in tuition, there has also been established an increasing number of scholarships and loan funds for deserving students, but more of them are needed.

No student who had demonstrated his real scholarship and merits, should be permitted to discontinue his instruction merely for a lack of financial assistance, nor should such assistance in any way be considered as a charity. It is of great importance to the public, that those who mentally are best qualified to become practitioners of medicine, should be enabled to do so, regardless of their financial status.”

Possibly a plan of Scholarships, with a guarantee of three years of general practice in rural districts, also subsidized, might be worked out for a Province like Nova Scotia.

Health in Physicians' Families.

UNLIKE the poor boots worn by the children of the cobbler, Preventive Medicine should make a good showing in Maternity and Infant Mortality and Morbidity of physicians' families. In the *American Journal of Hygiene* Dr. Haven Emerson has contributed a

paper entitled "Maternal and Infant Mortality in Physicians' Families," in which he makes the point that the earliest application of our knowledge of health protection should occur in these families. The American Medical Journal then adds:—

"Through direct correspondence, Emerson has ascertained that maternal risk rate and the infant mortality rate in the physicians' families investigated are far below any that have so far been reported during the same period of time for the communities in which the majority of these persons lived; namely, the larger cities of the Eastern States. We are led to believe that the facts of preventive medicine, as far as they affect the survival of mothers from pregnancies and the escape of infants from the hazards of early life, are probably better understood and more commonly and effectively used in physicians' families than among other groups in the community. If the maternal and infant mortalities throughout the population could be reduced to that which prevails among the families of physicians in the United States, it is estimated that there would have been saved 4,000 lives of mothers and 4,000 lives of infants under 1 year of age in the year 1922 alone. Lest professional pride go before the fall, however, it should be recalled that, according to Emerson, several cities in England have reported maternal risk rates for their entire population lower than that of even physicians' families in the United States; and further, that lower infant mortality rates have been reported from cities during the last five years. It would be interesting to know whether the physicians' families also retain a leadership in those communities in the conservation of life."

Locum Tenens.

THE Associate-Secretary receives many letters asking for information as to Doctors who would be willing to act as temporary supplies. Unfortunately he has no knowledge of the identity of any one who is available for such positions. Nor is he in any better position when the proposition is for a permanent or lengthy period. Yet a firm recently advertised in a City daily and inquiries came from at least ten registered practitioners. So there are those who are willing to make changes and there are also those who could supply for short periods. The difficulty rests in getting the demand and supply in touch with each other.

It should be a simple matter of confidential registration with the Secretary of those desirous of considering a change or of accepting temporary practices. While it has been accomplished in several instances, it has not always been quite satisfactory to all parties. In the first place the remuneration offered to the man but recently out of college, with perhaps a burden of debt on his shoulders, appears to

him small. When he considers what his outfit is going to cost him, after this temporary work is over, the reward still appears small. To the doctor who desires the "locum tenens" who is going away for post-graduate work at great expense to himself, and who will furnish his assistant with all board, transportation, etc., the remuneration appears quite ample.

There is another element to be considered, which is the difficulty in having the Supply recognize his proper relation to his employer. He undertakes to take the latter's place with his patients. For a remuneration he is to look after not only the patients, but the interests of their usual physician. Office, car, instruments, the entire outfit must be cared for as if it were his own. No doctor likes to return to his practice after a month's absence to hear complaints from many quarters, and to receive long bills for repairs, etc., etc. If the locum tenens is giving honest service, he should be ready to report fully regarding every day's work. His honor is at stake in service of this kind, particularly as he is working for another and with another's endorsement.

Recent graduates are often sought after for appointments of this nature, and the responsibility for the honorable filling of these posts should be thoroughly realized by them.

Sometimes these temporary positions open up to a permanent location as assistant or as an independent practitioner. Thus locum tenens work has its attractions, and good service brings its reward.

OBITUARY

JOHN McDONALD, M. D., C. M., Halifax Medical College, 1876,
St. Peters.

After nearly half a century of service to the community, Doctor John McDonald of St. Peters, passed away February 26th, 1925. The immediate cause of death was pneumonia; but he suffered serious heart trouble for a considerable period. The press has the following obituary notice:—

“Dr. MacDonald was born at Whycomagh, Cape Breton, August, 1854. He was educated at Baddeck Academy and served for a number of years in the teaching profession. He was one of the earliest students at Dalhousie Medical College, completing his course there in 1876. He settled at St. Peters and for more than 45 years carried on a most successful and extensive practice.

Widespread sorrow is felt at Dr. MacDonald's decease, for he was a beloved physician in many a home in this part of Cape Breton. The funeral service was conducted by Rev. W. K. Partridge in the Presbyterian church at St. Peter's, in which Dr. MacDonald had been an elder and Sunday school teacher for a number of years. The multitude of mourners, crowding the church to the doors was a tribute to a life of unwearying service.

Dr. MacDonald is survived by his wife and two daughters, Mrs. John W. MacQueen of Leitch's Creek, and Evelyn MacDonald of St. Peters.”

The death occurred early in February, in London, England, of Alice, wife of Dr. Charles Moseley, of Port Antonio, Jamaica. Mrs. Moseley was a daughter of the late Captain John Sheridan, submarine diver, of Halifax, N. S. was born in this city, and 43 years ago, following her marriage to I. C. Moseley, who was born in Dartmouth, his father being Eban Moseley, shipbuilder, they left for Jamaica where Dr. Moseley was appointed Imperial Army Medical Officer of the Garrison. Afterwards Dr. Moseley served as port doctor in Jamaica, where he still resides.

Dr. Moseley was a graduate of Dalhousie University and will be well remembered by the older residents of Halifax. His friends will be pleased to hear that he is in splendid health.

We regret to learn of the death, February 22nd, 1925, of the six months old daughter of Doctor and Mrs. R. McK. Saunders of Lunenburg. Sympathy is extended to the bereaved ones, including the grandparents, Doctor and Mrs. D. O. Saunders of West Clarence, Annapolis County.

Mrs. E. S. Crawley of Wolfville, writes in such an appreciative manner, replying to a letter of sympathy sent her on the decease of her father, the late Dr. E. N. Payzant, we take the liberty of publishing it:—

“Dear Doctor Walker:

I wish to thank you, and through you, The Medical Society of Nova Scotia, for your very kind letter of sympathy recently received, on the death of my dear father, the late Dr. E. N. Payzant.

Although for many years out of active practice my father retained a clear memory, and was always deeply interested in all matters connected with his profession, and especially in the operations of The Medical Society of Nova Scotia, and similar organizations, and was greatly pleased when made an Honorary Member of The Medical Society of Nova Scotia.

His passing at so great an age, was no doubt to him a happy release, but, as always in such cases sadness remained with those who loved him and are left behind.

Again thanking you and the Society for your kind expression of sympathy,

I remain,

Yours very sincerely,”

Mrs. Elizabeth Cowperthwaite, of Sydney, writes the following appreciative letter, replying to a letter of sympathy sent her on the decease of her husband, the late Dr. Wm. Cowperwaite, which we take the liberty of publishing:—

“Dear Doctor Walker:

Will you please convey to the officers and members of the Medical Society of Nova Scotia, my grateful appreciation and sincere thanks for the kindness shown to me in my sorrow for my beloved husband.

Very sincerely yours,

(Signed) Elizabeth Cowperthwaite

There appears in the February C. M. A. Journal, an Editorial obituary notice of the late John I. Hunter, whose tragic death occurred in London on December 10th, 1924. He was a brilliant professor of Anatomy at the University of Sydney, Australia, and accomplished before he was twenty-seven years of age, an amazing amount of original investigation. He was well known in Canada, the United States and in England, where he was honored as freely as in Australia. Graduating in 1920 in four years he accomplished what many have failed to do in a lifetime.

At the advanced age of 95 years Mrs. Isabella Cameron died at her home, Glen Road, Antigonish County, February 13th, 1925. She was a daughter of the late John Cameron of River John, Pictou County, and is survived by one daughter, Mrs. Wm. McNeil, Egerton, Pictou County, and two sons, Dr. J. Cameron of Seattle, and Dr. J. J. Cameron of Antigonish. Amongst her descendents are reckoned 22 grand children, and 12 great-grandchildren. Dr. O. J. Cameron of Antigonish is a grandson.

An English Press despatch from London, February 22nd, reads:—
"Sir Thomas Clifford Allbutt, one of Great Britain's famous physicians died to-day.

Sir Thomas Allbutt in addition to being famous as a physician, was noted as a physicist. He was the inventor of the short clinical thermometer."

The death occurred recently of Dr. Donald Campbell of Butte, Montana. The Associated Press refers to him as "The eminent Butte Surgeon." He was born and brought up in Marble Mountain, Inverness County, Cape Breton, and he had a brother who is now a physician and banker in Vader, Washington, U. S. A. Surely there is another Island than Prince Edward where the men all make good.

The death occurred recently of Mrs. Fraser, Mother of Mrs. (Dr.) M. R. Young of Pictou, N. S.

An Afflicted Family.

Brother Bill has ptosis,
Jim, pediculosis,
Kate—no diagnosis.
Pete has bromidrosis,
Also halitosis,
To offend our noses.
Maw has Christian Science,
And with that appliance,
Hurls Pete her defiance.
Dad has got paresis,
Joe has enuresis,
Me?—I wrote this thesis!

—F. L. Rose

PERSONALS

Dr. S. N. Miller of Middleton, and Mrs. Miller, are spending a very pleasant winter at St. Petersburg, Florida.

Dr. A. E. Blackett of New Glasgow, recently addressed the Rotary Club of that town, his subject being "Medical Science."

Mrs. (Dr.) J. Heartz Bell, South St., Halifax, had as a recent visitor, her sister, Mrs. Williamson, wife of Dr. S. W. Williamson, Yarmouth.

Dr. Percy C. Woodworth of Kentville, returned home the latter part of February after a two months' visit to various points in the United States.

In several localities we note that schools were closed on account of the epidemic of Influenza. Did anyone see where churches or the movies had been closed for this reason?

Dr. J. S. Brean of Mulgrave, following a Gastro-Enterostomy at St. Marthas' Hospital, Antigonish, made a good recovery and is now enjoying a satisfactory convalescence.

Dr. Reginald S. MacLatchy, Dal. '24, a son of Mr. R. L. McLatchy of the Customs Department, Halifax, having completed his post graduate work at the University of London, has been commissioned to the Royal Air Force and been sent to Palestine.

Dr. A. R. Melanson of Eel Brook, M. P. P. for Yarmouth, was quite ill at the Yarmouth Clinic Infirmary just prior to the opening of the Provincial Assembly. He was however, early in his place in the House and is sedulously discharging his legislative duties.

Dr. T. A. Lebbetter of Yarmouth, accompanied Mrs. Lebbetter and children to Boston, the latter part of February. Mrs. Lebbetter and the children will spend the next two or three months in Florida to avoid the winds and chills of Nova Scotia during March and April.

The forwarding of a donation by Miss Florence Fraser of Ottawa, to a church in New Glasgow, calls to mind that her father was Dr. Fraser, Downie, who has been dead over thirty years, but is still kindly remembered by many of the older people in Pictou County. He was a scholar of the school of the Dr. McClure type both in ability and character.

Dr. R. H. Carter who has just completed his post-graduate at the London Hospital Medical College, spent a short time with his parents in Truro this month before proceeding to Mexico, where he has a medical appointment with a large industrial concern. Dr. Carter was a Lieutenant in the Royal Flying Corps in France.

Dr. J. F. MacAulay of Sydney is for a short time doing staff work at the Nova Scotia Sanatorium. Reference has already been made in the Bulletin to his son Malcolm who is a patient in the institution. During several weeks of Dr. Miller's enforced absence from the Sanatorium, Dr. P. S. Campbell, of the Provincial Health Department, was attached to the regular staff of the institution.

Dr. A. F. Miller, Superintendent of the Nova Scotia Sanatorium, was somewhat under the weather during the month of January and early in February he entered the Victoria General Hospital, Halifax, for examination and treatment. An operation found necessary was performed February 15th, and all will be pleased to know that he has since been making a satisfactory convalescence.

Dr. G. A. Barss of Rose Bay, Lunenburg County, accompanied by Mrs. Barss, sailed from Halifax, March 2nd, by the S. S. "Carmania" for Liverpool. The doctor will spend at least three months in post-graduate work. Before leaving he completed his membership in the Canadian Medical Association, in order to be in a position to accept advantages arising from our affiliation with the British Medical Association. While Dr. Barss is away Dr. F. H. Wheeler of Montreal will be his locum tenens.

Dr. John Cameron recently addressed the Haliburton Club on the Monuments of Ancient Egypt. The press report states:—

"Dr. Cameron made the characters of that ancient time live once more before his hearers and aided by his beautifully clear illustrations, he revealed the marvellous wealth and beautiful artistry of that ancient civilization. It made those present realize that this progressive Twentieth Century which "turns out things by the gross," and values speed more than stability has much to learn from the patient labour of love which resulted in the treasures which late excavations have revealed to us.

The lecturer gave special attention to the recent discoveries of the tomb of Tut-ankhamen. This was of great interest in view of the fact that Howard Carter, has recently made arrangements to continue his researches at the tomb."

A recent Masonic Bridge and Dance in Annapolis is of interest to the profession in that it witnessed a presentation to the local Lodge, which is thus noticed in the Annapolis Spectator of February 19th, 1925:—

"During the evening an interesting presentation was made by Dr. Augustus Robinson, who gave to the Lodge an oak cabinet containing a lambskin apron, with hand-painted Masonic emblems which had originally belonged to George Ryerson, formerly of Brooklyn, N. Y., born Dec. 22nd, 1742, died Sept. 22nd, 1842. The widow of his grandson, George Ryerson, presented the apron forty-five years ago. Daniel Owen, K. C., made the opening speech for the occasion, and Mrs. Edwin Gates, the town's oldest inhabitant, and a direct descendant of George Ryerson, unveiled the cabinet. Dr. Robinson requested that the apron be worn at the yearly installation ceremonies, and was thanked by the Worshipful Master, Dr. Lawrence R. Braine."

Write Your Own Caption.

Nebraska State Journal

Two No Equal Silk Garments lost by saleslady, with Mabel inside. Please return to 442 Nat'l Bank of Commerce. Reward.

Some Men are Considerate.

"I have not left packing in the bladder for more than two years."
—Article in *J. A. M. A.*

Drug Clerk:—"What kind of a toothbrush do you want?"

Coloured Customer:—"Well, boss, I think you had better gib me a big one—you all knows dat der am twelve chillun in my family."

"What is that stuff you are going to give my husband?" asked the agitated wife.

"An anaesthetic," replied the doctor, "after he has taken it he won't know anything."

"Then don't give it to him," she said, "He doesn't need it."

A doctor, who on one occasion was giving an informal talk on physiology declared that it had lately been found that the human body contains sulphur.

"Oh, indeed," exclaimed a young lady listener, "then how much sulphur is there in a girl's body?"

"Well," said the doctor, smiling, "the amount varies."

"And is that," asked the girl, "why some of us make so much better matches than others?"

THE CANADIAN MEDICAL ASSOCIATION

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MEDICAL SOCIETY OF NOVA SCOTIA

DIRECTORY AFFILIATED BRANCHES

LUNENBURG-QUEENS

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Vice-President.....	Dr. F. T. McLeod, Riverport.
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Executive

The above Officers with:

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 Annual Meeting is held on the second Tuesday in June of each year, and other Meetings on the second Tuesday of August and January, the time and place of the two latter Meetings to be decided by the Executive.

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MEDICAL SOCIETY OF NOVA SCOTIA

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Executive

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Dr. V. L. Miller,	Dr. A. R. Cunningham,	Dr. J. L. Churchill.

PROGRAMME FOR 1924-1925

- Mar. 11—Discussion on "Blood Chemistry."
 Dr. V. N. MacKay.
 Dr. K. A. MacKenzie, "Diabetes."
 Dr. J. L. Churchill, "Kidneys."
- Mar. 25—"A Quarter of a Century of Practice Among the Mining Population
 of Cape Breton."
 Dr. M. T. Sullivan, New Aberdeen, N. S.
- April 8 Children's Hospital.
 Clinical Evening.
- April 22 Annual Meeting.

Members are urged to take advantage of the opportunity to discuss the various papers. The time allotted to speakers as follows: Symposia—First Speaker, 15 minutes. Discussion—Each Speaker, 5 minutes, others 10 minutes.

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