



Stick to your aims; the mongrel's hold will slip,  
But only crow bars loose the bulldog's grip;  
Small as he looks the jaw that never yields  
Drags down the bellowing monarch of the fields.  
Don't catch the fidgets, you have found your place  
Just in the focus of a nervous race  
Fretful to change, and rabid to discuss,  
Full of exitements, always in a fuss;—  
Run if you like, but try to keep your breath;  
Work like a man, but don't be worked to death;  
And with new notions,—let me change the rule,—  
Don't strike the iron till its slightly cool.

Dr. Oliver Wendell Holmes.



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# The Influence of Osler on the Practice of Medicine\*

By Joseph H. Pratt, M.D., Boston.

I DEEM it a rare privilege as well as an honor to be asked to talk to you, members of the medical profession of Nova Scotia, on some aspects of the life and work of Sir William Osler. No one could have a more inspiring theme in the field of medical biography. Not only Upper Canada, but the entire Dominion may well claim Osler as the most perfect product of her soil.

Above the fireplace in the library of his Baltimore home and later in Oxford were panelled portraits of three great physicians,—Linacre, Sydenham, and Harvey. The scroll upon them bore the words, *Litterae, Praxis, Scientia*. In each of the three branches of knowledge in which these three men individually excelled he gained distinction.

Linacre was one of a small band of sixteenth century scholars who restored the light and learning of Greece to the profession, and with him the ideals of Plato and of Aristotle lived again. Osler, three centuries later, was also filled with the spirit of Greek learning, and Plato and Aristotle were his masters. Osler was the first physician to be elected president of the British Classical Association, and his address before that body showed his love and his knowledge of the old humanities. Linacre, was one of the founders of the College of Physicians of London, and in his turn Osler was a founder of medical societies,—both the Association of American Physicians and the Association of Physicians of Great Britain and Ireland owe their origin in part to his efforts.

As a practising physician he takes high rank in the list of those counted worthy successors to the great Thomas Sydenham, the Prince of English physicians. Since Richard Bright there has been no British or American physician more distinguished in the practice of medicine and no one who has done more for its advancement than William Osler. He has been compared to Boerhaave as a teacher and clinical investigator. As he was fond of referring to Sydenham as the English Hippocrates, and to Heberden as the English Celsus, we to-day may with equal justice call Osler the English Boerhaave. It is said that Boerhaave at the mention of the name of Sydenham always removed his hat, and Osler by the tone of his voice and by his manner conveyed to students his veneration for Sydenham.

\* Address on Medicine at the Annual Meeting of the Nova Scotia Medical Society, Halifax, July 7th, 1926.

He was not a genius like William Harvey, but his devotion to science and to truth was no less pure. Although he made no great contribution to science he devoted the first fifteen years of his professional career largely to physiology and morbid anatomy and he used throughout his life the method of science at the bed side. Possibly his most important single contribution to medicine was his early study of the blood platelets carried on under Burdon-Sanderson, the distinguished English physiologist. As a young man he sat at the feet of Rudolph Virchow, the greatest medical scientist of his time. Virchow was a commanding influence in his early medical life, and for years his demonstrations in pathology at McGill were modeled after those of this great teacher. In later life Osler paid a tribute to Virchow, the man and the student, in words that might with equal truth be applied to Osler himself. "Surely the contemplation of a life so noble in its aims, so notable in its achievements, so varied in its pursuits, may well fill us with admiration for the man and with pride that he is a member of our profession. The influence of his work has been deep and far reaching, and in one way or another has been felt by each one of us." As above his fireplace were the names of these three great physicians, so his text-book is dedicated to the memory of three men—the Rev. W. A. Johnson, priest of the Parish of Weston, Ontario, James Bovell of the Toronto School of Medicine, and R. Palmer Howard, professor of medicine at McGill. Partly from Johnston and in part from James Bovell he received his early training in natural science. Both taught him by example the importance of making and recording careful observations, and from them he gained proficiency in the use of the microscope. It was Father Johnson, his early teacher at Trinity College School, that aroused in young William Osler a love of the best in literature, and it was Johnson who introduced him to the *Religio Medici* of Sir Thomas Browne which became his life long companion and mentor. A remarkable school master to have been able to instill into the mind of a lad such love of good reading, that the second book he should buy with his own money was "*Religio Medici*," at the time an almost forgotten English classic. The volume, the Fields Osgood edition of 1867, went with Osler's body to his funeral. In those youthful days of close association with Johnson, his habit of quoting passages he loved was doubtless formed. His first paper, entitled "*Christmas and the Microscope*," begins with a quotation. Among private papers found after Sir William Osler's death, was this statement in his own hand writing—"I was always fond of beginning with a quotation \* \* \* and it is amusing to note even at the very start of my ink-pot career, a fondness for tags of quotations, this one from Horace, in those days a familiar friend."

From Palmer Howard, a man to whom the study and teaching of medicine was an absorbing passion, he received his chief instruction as an undergraduate in the practice of medicine. From him he learned to correlate symptoms and physical signs with morbid anatomy. Osler

regarded him as an ideal teacher because a student. From him Osler got his introduction to Laennec, to Graves and to Stokes and became familiar with their works.

The influence of Osler was exerted in many ways on the practice of medicine, but more even by his character and life than by his teaching or writing. When a young man he chose "a path to a clear purposed goal." He had studied a year in preparation for the church when he heeded the inner call to become a physician instead of a priest. This shift in plans meant with him no lowering of ideals, no change in the fixed purpose of his life. Osler doubtless thought and rightly so, that he could be of as much service to humanity or more in the profession he finally chose. He always obeyed the great commandment of Christ to love thy neighbor as thyself. He acted on his belief, "that we are here not to get all we can out of life for ourselves, but to try to make the lives of others happier." In the loving kindness that shown forth in innumerable acts, there was seen humanity at its best,—the divine spirit dwelling in the heart of man. His early teachers, Johnson and Bovell, were good Anglican Catholics. Bovell had more influence on Osler than any other man. Speaking of Bovell, he says, "caught in a storm which shook the scientific world with the publication of the Origin of Species, instead of sailing before the wind, even were it with bare poles, he put about and sought a harbour of refuge in writing a work on Natural Theology." Doubtless perplexity of soul was Osler's lot and portion at this time, and his own spirit's bark may have been driven far from shore, but he always retained those elements in the early religion of his youth which were vital and spiritual.

Unlike most men Osler did not seek personal advancement or personal gain. He had not been engaged in practice a year in Montreal when he devoted all the money he received for taking charge of the smallpox ward of the hospital, \$500.00, for the purchase of a dozen microscopes for his students. He had very little money and no patients and the voice of prudence might well have urged him to put this money by for future emergencies. But those who knew Osler realize that nothing he could have bought for himself, not even books, would have given him the pleasure that this purchase for his students brought him. McGill became by his gift one of the few schools on this continent—possibly the first school, to furnish microscopes for the students own use. A few years later a wealthy patient with a painful malady sought his help. Did the young physician think of the prestige a cure would bring him? No indeed. "To cure him," said Osler, "meant a million for McGill!" Cushing gives the story in his wonderful biography of Osler and it is well worth reading in detail.

Where Osler lived there Unity, Peace and Concord also dwelt. They followed him from Montreal to Philadelphia, to Baltimore, and then to Oxford. In the long period at Johns Hopkins, the influence he exerted extended throughout the profession of the state, as well as the city, and harmony reigned. He would never listen to gossip

and he was not known to speak ill of anyone. There were, of course, men that he did not like, but he did not talk about them and probably did not waste time thinking of their shortcomings. The only time he ever rebuked me was when I attempted to criticise a man with whom he suggested I might do some work. He did it with only a word or two, but it was effective.

He did not feel the pinpricks. Little things are only great to little men. Dr. Osler was too big to notice them. I have seen him subjected to annoyances on several occasions that seemed to me very irritating, but there was no loss of his geniality and imperturbability. As Cushing truly says "he would not have recognized Jealousy had he met her, green eyes and all." In this ability to remain serene amidst the trials of life and to banish disagreeable thoughts from his mind, he was following his philosophy of life, which he summed up in the watch word, equanimity. Combined with this rare classic virtue, there was a charming gaiety to his personality, a Celtic quality, quite foreign to our Anglo-Saxon temperament.

Osler made as accurate observations at the bedside as he had done earlier in his autopsy work and dictated notes in the wards and in his own consulting room while examining private patients. He once told me that he planned to devote fifteen minutes to taking the history of a case. On returning from an outside consultation, he would dictate or write a terse but careful note on the essential features of the case he had just seen.

The secret of his success as a clinician is easily learned. It depended on the master word which if any young fellow learns in his youth, and applies daily to his tasks, will make as he tells us, "the stupid man bright, the bright man brilliant, and the brilliant student steady." The magic word is, of course, work as he divulged in that inspiring address that is or should be familiar to you all. Now, careful observation is work and the writing of records is more work. Few young medical graduates in the early years of practice lack time to make and record careful observations on the cases they see. Osler impressed upon his students the importance of careful note taking if they were to gain real profit by their clinical experience. It is interesting to read the notes Osler made on the cases that formed the basis of his first clinical studies—the initial rashes of smallpox. He was 25 years old at the time and had charge of the smallpox cases at the Montreal General Hospital. This was his first clinical appointment. Here is his first note on the first case of the series in the first paper:

Case 1. D. P. Aet. 14. Admitted November 28th. Vaccinated, one good mark. Re-vaccinated 8 days before admission, three points which had taken, were just passing into the pustular stage. A diffuse erythematous rash of a dark red hue existed over the abdominal region, extending upwards in the lateral thoracic areas, and downwards upon the thighs. Face much suffused, extremities unaffected. On pressing

the finger upon the skin of the abdomen, numerous petechiae were evident, most abundant in the groins, and inner surface of the thighs. Temperature 101. Slight delirium. A papular eruption over face and arms. 29th Erythema has disappeared, leaving the ecchymoses visible as small, dark, punctiform spots, closely set together in the groin and more scattered towards the naval. The largest existed in the lateral thoracic regions above the serrati muscles. A few were noticed on the legs about the inner surface of the tibiae. Course of the disease. Eruption became confluent on the face, discrete on the extremities and trunk. Not more than eight pocks appeared on the sites of the erythema. Instead of proceeding to maturation, the majority of the pustules aborted, and on the 11th day of the disease, desiccation had begun."

These notes bear the mark of unusually careful observation. They with many others furnished the basis of the first paper in English on the initial rashes of smallpox, and a good paper it was. Knowledge of this early, non-specific eruption, enabled him to make a probable diagnosis of small pox before the pocks appeared in some cases, as in that of the young Englishman narrated in Cushing's biography.

A great many of Osler's clinical notes are published in his monographs, and they have doubtless served as models to many aspiring practitioners. The other day an able physician, a native of Nova Scotia and a Master of Arts of Acadia College wrote me as follows:—"I have had much help in studying his histories of patients. His examples teach the student and the practitioner how to make observations and the way to make pen pictures of them. The study of his book on Abdominal Tumors years ago was the greatest incentive to careful observation and history-taking that ever came to me."

Careful observation requires more time for the examination of cases than is allowed in most hospitals particularly in the out-patient department. Osler always arranged his work so that he would not be hurried. When working in the out-patient clinic of the Orthopedic Hospital and Infirmary for Nervous Diseases in Philadelphia, his plan of taking only a few cases, I have been told by one of his associates there, caused much comment. The chiefs of the other services would see 10 or more cases in the two hours or so they spent in the clinic. Osler on the other hand, would select a case and devote usually 30 minutes or an hour to it, then 30 minutes or more to a second case. In the remainder of the two hours he might see one or two more patients, but rarely more than three or four in all. I have heard him say that there was no reason why cases should not be as carefully worked up in a dispensary as in the hospital wards. It was the simple matter of getting enough doctors on the staff to examine the patients properly. In the medical dispensary of the Johns Hopkins Hospital he had a large enough group to do the work leisurely and thoroughly. During the summer, after my first year of clinical study I worked there for a month. On the first day Dr. Frank R. Smith, who under Dr. Osler

was in charge of the department, advised me not to take more than one or two new cases and to record as full and careful notes as I could make. One of the things Osler criticized vigorously was the practice of the routinist to see cases hurriedly and to make snap diagnoses. Leidy tells an incident that illustrates Osler's abhorrence of slovenly methods of diagnosis. One day a brilliant colleague at the University Pennsylvania who was giving a ward talk to students gathered around a patient's bed, saw Osler walking through the ward and hailed him, "Hello, Osler, what is your diagnosis in this case." Osler, stopped and looked seriously at the patient as if in deep thought and then with a twinkle in his eye said, "Ah, Wood, wonderful, wonderful, are the affections of the human frame. Good-bye Wood,"—and he was gone.

Osler's text-book in the past 34 years has had a great influence on improving the practice of medicine through the English speaking world. No other work on internal medicine has had such a large sale. In 1905 the 100,000 copy was printed. The work is now in its tenth edition, and has been translated into French, German, Chinese and Spanish. The text-book immediately supplanted Flint's work which had run through many editions and had been a universal favorite in the United States. Nearly every page of Osler's book reflected the experience and personality of the man who wrote it. The work had an individuality that no other text-book of medicine possessed.

He was regarded a generation ago by some even among the leaders in the profession as a therapeutic nihilist and the only criticism made of his *Practice* was its weakness on treatment. He clearly recognized and frankly stated that for most diseases no curative treatment is available. He disliked useless drugging and he knew that credit given to a remedy often belongs to the healing power of nature. When his old pupil and friend, Darey wrote from the Middle West that a frequent criticism there was the lamentable weakness of the book on treatment, and treatment was what the doctors wanted, he replied—"About my text-book, there is so much treatment abroad in the country that I have to do all I can to lessen it." Time has vindicated him, and the polypharmacy of his critics of those early days is as dead as alchemy. To demonstrate to his students what could be accomplished even in a case of chlorosis by fresh air, rest and good food, he once withheld iron for a time. I remember that to satisfy the desire of the patient to have some medicine he did give her the compound tincture of cardamon, which he told us possessed the three essentials—taste, color, harmlessness. The influence of his text-book in putting therapeutics on a sounder basis has been inestimable. Among the non-medical men it impressed was the Rev. F. T. Gates, the friend and advisor of Mr. John D. Rockefeller to whom he conveyed his startling discovery that a cure is lacking for many of the most serious diseases of mankind. As the direct result of knowledge gained from Osler's text-book, a great institute and a great foundation were established and millions of dollars have been wisely expended on medical research and medical education.



All these benefactions of Mr. Rockefeller resulted from the fact that Osler's book was weak on treatment.

The clinical studies made by Osler were nearly all casuistical. He belonged to the group of great 19th century English clinicians, headed by Bright and Addison, that were chiefly concerned in the structural changes wrought by disease and their clinical manifestations. Osler, was, however, deeply interested in laboratory investigations and in pathological physiology in its relation to the clinic. Before going abroad to study medicine in 1902, I went to Baltimore to confer with him about work in Europe. He agreed with my proposal that it would be a wise plan to work with Krehl a leader among the younger physiological clinicians in Germany who looked upon disease at the bedside chiefly as a disturbance of function.

Osler's clinical interests covered the whole field of internal medicine. He was an acknowledged authority on certain forms of skin disease, especially the erythemas and purpura and his papers added much that was new, and are as valuable to-day as when first written. He studied children's diseases and was possibly the first to suggest a plan for determining the frequency of tuberculosis in children and the best means of its prevention. He was an excellent neurologist and wrote monographs on the cerebral palsies of children and chorea, based on cases he had himself studied. In fact his mastery extended over the whole domain. A list of his special interests would cover a number of specialties. No one had greater knowledge of typhoid fever and malaria. He was a pioneer in the modern study of diseases of the blood and an authority on heart disease, especially aneurism and acute and subacute endocarditis. To workers in tuberculosis he seemed especially interested in that disease, and few gastro-enterologists studied the diagnosis of abdominal tumors and of cancer of the stomach as thoroughly as this master of medicine. He enriched every subject he touched. F. Muller credits him with giving the first definite clinical descriptions of polycythemia vera and ochronosis, but with characteristic modesty Osler never claimed for himself the discovery of these diseases. Polycythemia he called Vaquez's disease and in his text-book does not mention his own important paper on ochronosis, but does refer to Virchow who reported the original case and a study of the pathology of the disease.

He established at Baltimore the first clinic in the world in which were combined the one-man system of German clinics and the English plan of clinical clerks and teaching visits in the wards. A salaried resident staff with appointments extending over a number of years, was another important innovation in Anglo-American medicine that was of Teutonic origin. He was for fifteen years a "full-time" man in medicine and demonstrated its possibility of success long before it was discussed by modern educators.

I was fortunate to be a member of the second class of undergraduates which he taught at Johns Hopkins. He was an ideal teacher

and among his pupils a fellow student. He taught how observations should be made and recorded, and stimulated interest in every topic he discussed. One left his clinic eager to learn more about the disease of which he had just been shown an example. The importance too of studying the literature of medicine, especially the journals and the medical classics, was impressed upon us again and again,—not only must we be familiar with descriptions of diseased conditions written by master hands, but we must know something of the men who had built up the present day knowledge of medicine. One day in the course, after speaking of Blaud's pills, he turned to me and asked, "Who was Blaud?" When I replied that I did not know he told me to look him up and report what I could find at a later exercise. He frequently sent students on similar quests. The students often made a time consuming search of the literature when sent out on these excursions. I remember that my attempt to learn something about Blaud included a visit to Dr. Welch, whose aid was willingly given, and a trip to the Surgeon General's Library at Washington. After this labor we were allowed only five minutes for the presentation of our finding. The Chief was keenly interested when anything new to him was brought to light.

In addition to a weekly amphitheatre clinic and teaching rounds every other day in the wards, he gave the third year class two clinics a week in a class-room adjoining the medical dispensary. These were called observation clinics. In these exercises the master was seen at his best. His method of conducting this clinic marked a distinct advance in medical teaching.

He loved to teach in the wards and to combine instruction with the study of cases that had for him special interest. He did not limit this teaching to his own students or to the academic year. In the summer of 1910 he spent a few days at Scituate, Mass. One hot morning he left the cool seashore and journeyed to Boston. In the middle of the forenoon while making ward rounds with the internes at the Massachusetts General Hospital, I was surprised on looking up from the patient I was examining to see Dr. Osler enter the ward. I had not known he was in this country. Before I had recovered from my astonishment, he had walked across the ward and stood beside us. Instead of the usual formal greeting, his first words were, "What have you here?" He at once assumed charge of the visit and none of the four young men who were privileged to attend Dr. Osler's first and only ward clinic at the Massachusetts General Hospital will ever forget it. They often speak of it to this day. It was as delightful as the clinics he gave at Johns Hopkins or at the Radcliffe Infirmary in Oxford. He spent about an hour and a half on the visit which included a trip to the library to look up the details of a famous case of dynamic dilatation of the aorta that Dr. Hobart A. Hare had published in the Medical Record over 20 years earlier and to consult another article to which he had alluded on the visit. Purpura and its

various manifestations were discussed with a case as a text. One incident of this visit stands out with distinctness, because of an error he discovered in our diagnosis, much to my chagrin. A case was shown as one of pulmonary infarct following an operation for appendicitis. After percussing the lower back on the affected side with the tips of four fingers (immediate percussion) as was his wont, he remarked that there was a good deal of resistance to the percussion stroke. He made no further comment, but when I asked him if he thought there was fluid in the chest, he replied, "I think so." He was right. The pleural cavity was tapped the following morning and about a liter of fluid removed, the existence of which we had not suspected!

Dr. Osler taught the virtue of taciturnity and illustrated its value by an experience of his own. In the early days in Montreal he was once called in consultation by an old physician for whom he had done autopsies. After the examination Osler was asked to speak to the family. This he did detailing at length the symptomatology, diagnosis and prognosis of the case. As they were leaving the house, the old doctor turned to him and said, "Young man, you talk too much. For forty years I have practised medicine with a nod of the head."

It was delightful to listen to his brief talks with patients after he had examined them before the class. Advice was often given in pungent epigrams that must have stuck in the minds of all but the most heedless. To one careless liver indifferent of his fate he said:—"Remember, Dame Nature gives long credit, but she always sends in her bill."

Much has been written of the stimulus he gave his pupils and disciples. To see his boys work after they had graduated, gave him great pleasure. At Hopkins I did not distinguish myself in any way and graduated fourteen or fifteenth in a class of 25. Dr. Osler first showed special interest in me a few years later. This was due I think to his conviction that I had considerable capacity for hard work. The way he had of stimulating a young man just starting in practice can be gathered from a few extracts from his letters to me written at that period of my career. For nearly four years after leaving Hopkins I had worked in pathology at Harvard and at the Boston City Hospital under Councilman and Mallory. Then after studying a semester with Krehl in the Tübingen Clinic, I boldly began practice as a consulting physician in October 1902. I did so in order to be able to continue for a long period, research work in the laboratory while at the same time at the Massachusetts General Hospital I would be gaining clinical knowledge and experience. Although less than twenty-five years ago there were then no salaried positions in clinical medicine in America open to a young graduate, except on the resident staff of the Hopkins Hospital. I would probably not have made the venture if I had not had the support of Dr. Councilman, who then and always was like a father to me. I think Dr. Osler must

have been interested in my move. It was directly in line with the suggestions in his inspiring essay, "Internal Medicine as a Vocation," which he published when I was a medical student. Whether he regarded it as courage or cheek on my part I do not know, but there is no doubt that he gave me every help and encouragement. I never discussed my purpose with him nor did he ever refer to it.

I had been in practice less than three months when he wrote, "Do you not think you could come down this winter and give us a little talk at the Medical Society on something? We should be very glad indeed to have you. Anything in your line of work would do. \* \* \* I am sure the battle will be with you in the end." His thought then turns to books. "I never saw James Jackson's Text Book of a Course of Lectures. I wish if you come across the first edition of the Letters to a Young Physician, you would pick it up for me. Dr. J. J. Putnam, his grandson, is writing his life. His Memoir of James Jackson, Jr., is a capital thing. Have you ever read Friend's History of Phisic?" Two weeks later came a letter that would have cheered the heart of any youngster eager for work. "Would it not be nice to have a sort of symposium on the blood platelets? I could take the historical and some minor clinical aspects, a man working in Howell's laboratory could take the physiological or histological and you could take the pathological. I think it would be most valuable.

"One other point—at a recent meeting of the post-graduate committee of the Faculty, I was commissioned to ask you to give one of the evening lectures to the post-graduates on any subject you see fit. There is one a week given throughout May and June. Sorry we cannot offer a very large honorarium, but there would be a fee of twenty-five dollars, enough to pay your travelling expenses. If you come early in May while I am here, I shall expect you to stop with me. Please send me an answer to this at once. Would it be interesting if you took up some aspects of modern cardiac pathology? You might kill two birds with one stone perhaps if you come down early in May, say the first Monday for the symposium on blood-platelets, you could then give your lecture on Tuesday evening. How would this suit you?"

I gave the lecture that spring, and following Dr. Osler's suggestion selected the Causes of Cardiac Insufficiency as my subject. Probably the \$25.00 for my expenses came from his own pocket, but I never suspected it at the time.

He never forgot his plan of having a symposium on the blood-platelets. Although obstacles developed it was finally held two years later, only a few months, in fact, before his departure for Europe. During the interval he wrote me urging me to continue my work on the platelets. It should be remembered that Osler was one of the first to study these little bodies, and his interest in them never waned. When at this meeting Dr. Kemp, the physiologist, described haemoglobin in platelets in the blood of persons on Pike's Peak, Dr. Osler, in the discussion, said he had watched a good many platelets but "had never seen one blush." This shows how he could make a criticism and at the same time extract its sting.

His generosity knew no limit: He gave away money and books, and even his own unpublished work, as the following incident shows. One of his favorite diseases was purpura. After asking me to write the section on this subject, for his system of medicine, he turned over to me a large fasciculus filled with detailed notes of cases he had seen, an unpublished lecture, and many abstracts and journal clippings. This material had been carefully gathered with the evident purpose of writing a monograph on purpura. Probably my free and full utilization of this material explains why his intent was never carried out.

Thoughts of distant friends were always coming to his mind. One day in Vienna, three years after he had left America, we were strolling along the street and passing by chance a book stall, he stopped and said, "I will pick up something here to send Jacobi." He selected a small pamphlet and at once mailed it. The cost was so small, a mark or two, that anyone could have afforded it. He was always doing little acts of kindness like this, and always thinking of old friends.

He recognized that the medical men in general practice formed the bulwark of the medical profession, and he gave them every encouragement within his power, when they published anything in the way of clinical investigation that seemed valuable to him. So that many a lone pioneer worker, far removed from medical centers, has been encouraged and stimulated by receiving a few lines of approval from this leader of our profession. Soon after he had settled in England he journeyed to Burnley to see that greatest of general practitioners of our generation, Dr. James Mackenzie, and to learn of his work at first hand. Dr. Mackenzie told me that Osler was the first and only English physician of note to visit him there.

It was regarded both a privilege and a duty by Osler to support the medical societies with which he was connected by regular attendance at their meetings. Long trips for this purpose were often made. These were apparently no hardship so keenly interested was he in his medical brethren everywhere. The first time I ever saw him was at a meeting of the journal club of the house staff at the Johns Hopkins Hospital. Dr. Simon Flexner, then resident pathologist, read a report on recent work on the coagulation of the blood and Dr. Osler opened the discussion. Few busy clinicians at that time, I think, would have shown such interest in a topic in physiology so unrelated to clinical medicine. He never lost his early attachment to pathology and in the spring of 1904 when pressure of work must have been heavy he took the time to go to New York and spend an hour or two with the pathologists at their annual meeting. He rarely attempted to hear all of the papers or to attend every session. It was his custom to give a luncheon at the meetings to a few friends and to include one or more of the younger men. At the Vienna Congress of Internal Medicine, which I attended in his company, his guests were

all younger clinicians and each of a different nationality,—German, Dutch, Austrian and American.

Provincialism and Chauvanism he regarded as the demons of ignorance. How often he urged a quinquennial brain-dusting to be taken anywhere except in one's own city and state. He himself, broke down national barriers and recognized the good whenever he saw it, either in men or in their work. He recognized the present leadership of German medicine. There Minerva Medica will have her abode, as he put it, until in some other land her worshippers become more devoted. When England was at war with Germany he was so untouched by the passion of hate that he was able to write his friend, Friedrich Muller of Munich in 1915, that the German wounded that he had personally looked after "are the nicest fellows."

If Osler came to Halifax to live among you here it does not require a prophet's vision to know what he would do. He would bring the same spirit of brotherly love that he carried from Montreal to Philadelphia and which abode with him to the end. He would stimulate research in the clinic and the laboratory. He would teach by example the importance of careful observation at the bedside and the accurate recording on the spot of details observed. He would show by his acts that he was seeking nothing for himself, but everything for you. He would be especially the friend of the young men and of the old. He would visit your medical library the second day he was in town, if not the first, and he would at once begin to enrich it. A book and journal club would be formed among the younger men and meetings regularly held. He would strive in every way to elevate medicine here, and his influence for good would prove a most potent ferment. Jealousies and misunderstandings would disappear like mist before the summer's sun.

There were no two sides to Sir William Osler. He was always sincere, always charitable, always striving to bring happiness to others and inspiring others to devote themselves more whole heartedly to the advancement of the science and the practice of medicine. Many an old pupil feels in regard to him the truth of the verse he quoted when mourning the loss of his old master, Dr. Palmer Howard,—

"Whatever way my days decline,  
I felt and feel, tho' left alone,  
His being working in mine own,  
The footsteps of his life in mine."

# The Canadian Medical Association

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*Dr. T. C. Routley, General Secretary.*

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THE Canadian Medical Association was founded in 1867, dating back to the year of Confederation. The organization signaled an attempt to develop a national esprit de corps among the medical men of the Dominion of Canada.

Since its inception, the Association has failed on two occasions only to hold annual meetings. These meetings have been moved about from East to West and from West to East throughout the past half-century, offering splendid opportunities to the profession in this very large country to become acquainted.

Sixteen years ago, the Association commenced publication of its own Journal. Before this venture had become firmly established, the great war was upon us. Then followed four lean years for the Canadian Medical Association, as the energies, efforts and interests of the profession were centred, naturally, upon the duty of the hour. Following the war and the return to practice of hundreds of our colleagues, the Association attempted to rehabilitate itself. The outlook was not too bright. During the war period, while the revenue was greatly diminished, printing and other costs continued to roll up a deficit. In 1921, we found ourselves at the cross roads, demanding a definite decision. We must either adopt an aggressive forward policy, or disband. At this time, we had a little over one thousand members paying an annual fee of \$5.00. Our deficit was close upon \$18,000. Our assets were practically nil.

At the Halifax meeting of that year, the Council decided that the Association would go forward; and the members present endorsed the sentiments by unanimously agreeing to double the annual fee and to raise, by bond subscription, a sufficient sum of money to liquidate our indebtedness. The year 1921, will be recorded in history, in so far as the Canadian Medical Association is concerned, as the mile stone which marked the road toward a steady upward climb. During past five years, the membership has increased to a little over 3,000. A liability of \$18,000 has been wiped out, leaving us a credit balance approximating \$12,000. Our budget in 1921 did not exceed \$20,000. Our budget in 1926 was just a little under \$85,000.

Year by year, practitioners in increasing numbers are inquiring what the C. M. A. stands for, and are asking what advantages it offers to the man in practice. Probably this can best be answered by outlining some of our activities:—

## 1—THE JOURNAL

The Canadian Medical Association Journal, a monthly publication, is recognized to-day, not only in Canada, but in all of the English speaking world, as one of the finest medical periodicals extant.

The Journal endeavours to publish the best in medical work and thought emanating from the profession in Canada. Furthermore, it attempts to keep the profession in Canada in touch with all medical news of national interest.

The Journal alone is worth \$10.00 per year, which is our annual membership fee. Because this splendid publication exists, the medical profession in Canada occupies in the minds of the medical world a higher position than would otherwise obtain. The Journal is the one great medium which stimulates better medicine in Canada, and, further, keeps the world in touch with what Canadian medicine is accomplishing.

## 2—EDUCATION

Every broad-minded practitioner of medicine realizes the importance of a progressive policy of medical education. The Doctor who allows his mental equipment to stand still, stagnates. Each decade sees so many contributions made to medical learning and achievement that it behooves the man in practice to keep constantly on the alert for new ideas, improved methods and approved helps. Realizing the importance of all these facts, the C. M. A. has endeavoured to assist organized medicine throughout Canada in furthering post-graduate plans. To local medical groups, district meetings and Provincial Associations, from coast to coast, the C. M. A. has sent teachers of medicine. During the past year, the sum of \$30,000 has been expended in this work, thanks to the munificence of one of our great financial institutions, the Sun Life Assurance Company of Canada. During the year, 169 teachers delivered 513 lectures to an aggregate attendance of 17,264.

Just here, it gives us great pleasure to announce that the Sun Life Assurance Company has given us a second \$30,000 to carry on extra-mural work for another year.

Every Provincial Medical Association in Canada has expressed its great appreciation of our post-graduate efforts. Hundreds of practitioners have spoken in praise of this splendid type of service.

The C. M. A. is the only nationally organized Medical Association in the world carrying out such an ambitious and extensive extra-mural post-graduate programme.

## 3—LEGISLATION

By establishing a clearing house of information on Medical Legislation, as it exists not only in the Provinces of Canada, but in other parts of the world, the Canadian Medical Association offers a service



to all of the provinces whenever medical legislation is threatened, or whenever an aggressive policy for improved medical legislation is desired. We have been able to assist more than one Province in its legislative efforts.

#### 4—ORGANIZATION

The central staff of the C. M. A. is available to all of the provinces to assist in the organization of District and Local Medical Societies. This service has been used by several of the Provinces to the advantage, it is believed, of organized medicine, both locally and nationally.

#### 5—MEDICAL SERVICE BUREAU

During the past three years, our Placement Department has been utilized by more than 500 physicians. This service is open to every member of the Association who either desires to sell his practice, secure an assistant or locum tenens, or, on the other hand, to the young practitioner who is seeking a location. The Department is one of great practical value and is being increasingly used from year to year.

#### 6—ECONOMICS

In the field of Economics, the financial side of our professional life, the Association has been very active. Information has been gathered from and returned to the various provinces dealing with such matters as health insurance, lodge and contract practice, charity work, etc., etc., all of which we believe to be of interest and value to the practising physician. The C. M. A. urged the Federal Income Tax authorities to increase the tax-free allowance per dependent child from \$300 to \$500. This amount was finally allowed.

#### 7—GOVERNMENT RECOGNITION

When it was learned that the medical superintendents in certain Government Hospitals were likely to be replaced by lay superintendents, the C. M. A. let its voice be heard at Ottawa. That is a matter of nearly three years ago. These hospitals are still in charge of medical superintendents.

Several years ago, the Federal Government, through its Department of Vocational Training, was subsidizing returned soldiers who were taking courses in chiropraxy. The C. M. A. vigorously protested and the policy was immediately discontinued.

#### 8—INTER-RELATIONS

Through a very active Inter-Relations Committee, there has developed, during the past three years, a very much improved spirit of co-operation, not only between the profession in the various provinces, but in our contact as a profession with the general public of Canada. To such an extent has this developed, that we may say that Canadian Clubs, Service Clubs, Boards of Trade, Chambers of Commerce,

Government Boards, and in fact all other organized branches of Society, to-day recognize the Canadian Medical Association as the spokesman of organized medicine in Canada. This permits not only of real public service, but also provides the medical profession in Canada with a very forceful and virile organization which, obviously, offers advantages.

#### 9—WORKMEN'S COMPENSATION

Many of the provinces in Canada have Workmen's Compensation Legislation which provides compensation for the accidents incident to industry. It has been found necessary to approach these various Boards to bring about a closer co-operation between them, particularly in reference to the overlapping of provincial activities at their boundaries.

#### 10—PHARMACY

The physician naturally hopes and expects that the drugs which he uses in his practice are as pure and as potent as it is possible to make them. Unfortunately, the physician in the great majority of instances, is not in a position to judge whether or not a drug is what it purports to be. Realizing the national importance of this problem, the C. M. A. advised the Federal Department of Health that standardization of drugs, both chemical and physiological, should be a duty of the Government. We are glad to say that the Government frankly admitted the validity of our contentions, and have, for the past two years, been working upon the establishment of a department whose duty it shall be to make sure that all the drugs being utilized in Canada are what they should be. This is real practical service both to the medical profession and the public.

It is further, very interesting to note that, thanks to the representations of the C. M. A., an invitation has been extended to Canada to appoint a representative on the British Committee charged with the responsibility of revising the British Pharmacopoeia.

#### 11—MEDICAL ETHICS

It sometimes happens that a member of the C. M. A. may be accused of unethical conduct. The Association has machinery available to investigate such charges. If the charge is proven, censure is voted. If it is disproved, the physician so charged is honourably vindicated.

Although we enthuse over this Department in the inverse ratio to the amount of work it may have to do, yet, we recognize it as a protection both to our members and to the public.

#### 12—IMPERIAL RELATIONS

The C. M. A. became affiliated with the British Medical Association in 1924. In 1926, we were distinctly honoured in having His Royal

Highness, the Prince of Wales, graciously consent to act as our Honourary Patron.

Members of the C. M. A. receive the B. M. A. Journal at a special rate. Any of our members who go to the British Isles and present credentials from the C. M. A., are most heartily welcomed by the officials of the B. M. A. Those who have taken advantage of letters of introduction, have reported upon their return home, on the great kindness accorded them in England, and the splendid manner in which they were put in touch with the work they desired to see or do.

In further reference to our imperial relations, two Committees, one in Britain and one in Canada, have been working for some time upon a plan which would facilitate the conditions by which Canadians desiring to take advanced British degrees might do so. Both Committees report progress.

In 1930, the British Medical Association will hold its annual meeting in Winnipeg, this being the third time the B. M. A. has met outside of the British Isles, and, on all three occasions, in Canada.

### 13—ANNUAL MEETING

The annual meeting grows in interest from year to year. Not so long ago, the problem seemed to be, "Where shall we meet next year?" Now, the demand for the meeting is so great that the problem of Council is, "Which invitation shall we accept?" Obviously, we cannot hope in any one year, to bring all of our members together, realizing that they cover an area 4,000 miles in diameter. However, in increasing numbers, the distant men are turning up and Canadian physicians are becoming better acquainted, and, year by year, more national in spirit. Further, Council, which represents all Canada, meets for two or three days at every annual meeting, and endeavours in a most deliberative and careful manner to discuss and solve many problems of mutual interest to the profession.

During the week of June 13th, 1927, the 58th annual meeting will be held in Toronto. The Committee in charge commenced weekly meetings early in the autumn of 1926, and plans for a splendid convention are already well under way.

### 14—SUMMARY

Membership in the C. M. A. costs \$10.00 per year. For less than three cents per day, the C. M. A. offers to the practising physician not only the best in medical journalism, but an insurance policy to protect his honour, his place in the community, his professional status, and his national pride in his profession. The C. M. A. is founded upon premises so strong, so worthy, and so helpful that it will go forward ever holding aloft the highest ideals and traditions which the followers of Aesculapius could desire.

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## Fractures

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**I**N last month's issue of the BULLETIN a brief account was given of the Symposium on Fractures at the Congress of the American College of Surgeons. One has been struck while attending surgical conferences the last few years, at the time and attention given to injuries of bones and in fact, to traumatic surgery in general. Is our bone setting faulty? If not, why all the fuss now over fractures? The reason is evident enough. Our profession is being checked up on its work by lay organizations in the shape of Workmen's Compensation Boards and Accident Insurance Companies. These people concern themselves with the end results. They have to follow the patient until he is again to work; and it is often so that only when the broken limb is back to normal, do their business obligations end. Hence they are pretty keen scrutinizers. Every day over the average duration means dollars, and where there is permanent disability, the Company or Board suffers a real financial loss. The doctor, therefore, who sets the fracture and sees the patient through his illness is the source from which all blessings must flow both to the patient and the business interests that underwrite him. And, if instead of "blessings," the flood tide of the doctor's efforts bring a functionally defective leg or arm, the medical attendant will likely find his resources taxed to their utmost to make the worst appear the best. This, too, even if the result be the very best obtainable under the conditions present. In

a word, we are out in the open, and under the glare of keen business organizations when we treat traumatic cases, fractures in particular.

When one considers that over 200,000 fractures occur every year in Canada and the United States, it is easy to see how much our profession is concerned and how the problem touches the industrial life of these countries. The impression one carried away from the symposia in Montreal, in October, was that, on the whole, the treatment of fractures is not satisfactory, and should be improved. Lack of proper appliances, splints, etc. have been found a frequent cause of poor results. Doctors are urged to supply themselves with a number of Thomas splints as an essential Equipment, and that all hospitals receiving traumatic cases should be amply equipped with proper diagnostic and therapeutic facilities. All fractures should be treated in a hospital where this is at all possible.

"In the report submitted this year to the Board of Regents of the American College of Surgeons by Doctor Frederic A. Besley, Chairman of the Committee on Traumatic Surgery, one finds the following: Out of the 2,105 cases investigated, 863 were fractures. The average duration of disability in this group was 206.5 days, and only 62.5% made complete recoveries. It must be borne in mind that a large percentage of these cases represent only fracture sprains, or fractures without deformity, and very minor fractures such as those of fingers or toes. A certain number of them suggest erroneous diagnosis, as is evident by a study of the end results. While realizing that, from a strictly scientific stand point, our data may not be entirely accurate, we believe nevertheless, that the study is significant."

G. H. M.

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### O Trust in the Lord.

The November 1894 issue of the *Maritime Medical News* has the following which may have some psychological value:—"Medical Journals not Appreciated."—The following reply was received to a circular letter soliciting subscriptions to a certain medical journal:—

Your copy of the—journal Fairbault, Minn., come, and the letter to,—askin me to sen' fifty cens and get it fur a year. I don't need no journals. When I git a tuff case I go off inter sum secrit plase and tell the Lord all about it and wate for him to put inter my minde what ter do. That's better'n jurnals and cyclopedes and such. If we had more Lord trustin' docters and less colleges weed fare better. The Lord knows moren all the doctors and if we go to him fur noledge it ill be better'n journal

Fraternally in the Lord,

A CHRISTIAN DOCTOR.

P. S. I've practict medisen mor'n fifty years. Yore can publish this letter if you want ter.—*Northwestern Lancet*.

(CORRESPONDENCE)

## The Tuberculosis Problem

Mr. Editor:

At the present time we are in the midst of an anti-tuberculosis campaign in this province. With the object of this movement I have no fault to find. With the methods that are adopted by professional campaign directors in "putting it over" and endeavouring to make sensationalism sell "the idea of better health," I have absolutely no sympathy. If the money collected for this object reaches the people for whom it is intended, all good and well. Past experience with similar movements leads me to believe that a large proportion of it goes into the pockets of the campaign directors, secretaries and publicity agents, who wring their hands in holy horror and shed crocodile tears over the misfortunes of the poor people in whose interests they are supposedly working, while at the same time it is nothing less than a god-sent blessing to themselves.

In this particular movement we seem to have the usual number of Pickerbaughs with that energy and enthusiasm characteristic of their class going around the country, tearing out their hair, and backing up their injunctions with holy frenzy and bogus statistics. Inspired by the most laudable (?) aspirations they go forth to do battle with the enemy feeling confident that if they can only get enough money they will "Make Nova Scotia Tuberculosis free."

While other voluntary organizations are doing everything in their power to bring to the attention of outsiders the beauties and advantages of Nova Scotia, endeavouring to persuade desirable people to come and settle here and encouraging tourists to visit us, this noble band of uplifters are advertising our fair province to the outside world as a depository for dead men's bones and painting a picture that certainly would not be likely to act as a drawing card for either settlers or tourists.

We are told in an article written by a gentleman connected with this movement and published in the December BULLETIN, that the situation in Nova Scotia is deplorable. The economic loss to this province in the last forty years reaches the handsome little sum of \$360,000,000.00. "In the Dominion of Canada last year there died from tuberculosis approximately 12,000 people; which means that there are 12,000 people alive in Canada to-day who, twelve months from now will be dead and buried in the graves of the Tubercular."

This fact naturally fills our esteemed friend with righteous indignation and he bursts forth in the following: "Oh! the pathos of it, the tragedy of it. Aye! the public crime of it, *with the remedy at our*

hands, just as surely as was the remedy for smallpox, diphtheria and typhoid fever."

If you have tears, prepare to shed them now.

We are informed by this writer that in a ten year period, Canada loses from this disease \$1,080,000,000.00. He then asks—Why should the Provincial and Federal Governments bandy any words over a clear cut duty for immediate action with these well established facts staring them in the face?

My answer to this question is that Provincial and Federal Governments are usually composed of business men, who are not as a rule led astray by fictitious statements such as I am referring to.

In Nova Scotia the publication of Vital Statistics dates back to 1909, a period of only seventeen years. For a number of years after this they were incomplete and consequently untrustworthy. Prior to 1909 they were absolutely useless for any purpose. Even at the present time, they are none too reliable. The Dominion Bureau of Vital Statistics was established in 1918. Quebec is not included in the registration area.

What earthly use, unless for the purpose of hoodwinking the public, is there in talking of deaths that occurred in Canada or Nova Scotia thirty or forty years ago. It is pure guess work and it is questionable if even this mild term can be used, when the investigator has preconceived ideas as to the result he wishes to obtain.

The number of deaths from tuberculosis in Nova Scotia for 1924, as appearing in the last published report of the *Bureau of Vital Statistics*, was not 700 as erroneously stated.

The same report gives the deaths from tuberculosis in the registration area of Canada as 4,650. This does not include Quebec which had approximately 2,600 deaths from Tuberculosis. It will thus be seen that in the last year for which statistics are available, the deaths from all forms of tuberculosis in Canada were about 7,250 and not 12,000 as again erroneously stated. 4,750 deaths from Tuberculosis are not to be considered lightly. It would take some cemetery space to accommodate this lot.

On the other hand this number may seem a very insignificant thing to a man whose mind is geared to think in millions.

The annual economic loss of \$108,000,000.00 will however, be reduced considerably. Magnifying deaths in this fashion is hardly justifiable no matter how worthy the cause. It is just as well to stick to "well established facts" even if one is making a supreme effort to "put the thing over."

I would suggest that this talk of the millions lost to the province through Tuberculosis in the last forty years be dropped.

There were 6,583 deaths in Nova Scotia in 1924 from all causes. How much did this cost the province? Why not try this little problem? After this little sum is worked out, let some one try and estimate how much Nova Scotia has lost from deaths in general in the past forty years.

What would the economic situation be in the world at large if there were no deaths and the birth rate continued as at present?

This method of computing life values by aid of the multiplication table originated with a college professor in the United States, who was more theoretical than practical. He is now devoting his attention to telling his fellow countrymen how many billions they have saved since prohibition came into effect. The figures quoted in the article already referred to, are based on earnings, etc., in the United States and would not be applicable to Nova Scotia even if there were anything in them.

The fallacies in connection with turning human life into dollars and cents have been exposed long ago. This humbug like the intelligence tests has fallen into the discard.

We know that Tuberculosis has been with us since the fifth century for Hippocrates was well acquainted with it.

There has been more work done by investigators in this disease since the time of Hippocrates than has been done on any other disease or any number of diseases combined, and I for one am not prepared to accept the statement in the article referred to that the remedy, either preventive or curative, is yet at hand.

Dr. Haven Emerson of Columbia University says—"One of the factors and positively the principal factor in its eradication would be a standard of living sufficiently high to ensure full nourishment, proper housing and the other elementary necessities of life. Everything that makes for better and more wholesome living makes for a lower tuberculosis death rate."

This was forcibly demonstrated by a comparison between the United States and Germany in the year 1919.

In 1919 the United States at the height of its prosperity had the lowest death rate from Tuberculosis on record.

Germany in the same year was in the depths of financial despair with the highest Tuberculosis death rate in its history.

If Dr. Emerson is right, and the comparison between the United States and Germany in the year 1919 proves anything, it would look as though the Tuberculosis question in this province is more likely to be solved by the adoption of the Duncan report than through the efforts of the Anti-tuberculosis Commission.

The Tuberculosis problem in this province is, no doubt, bad enough. There is no object in making it out worse than it really is. Anything that can be done to better the lot of this unfortunate class strikes a sympathetic note in the community.

Much can be done without advertising Nova Scotia to the outside world as a hot bed for Tuberculosis. Such publicity has a prejudicial effect on the province.

(Signed) W. D. FORREST, M.D.

Halifax, Dec. 23, 1926.



## Branch Medical Societies

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### HALIFAX BRANCH, MEDICAL SOCIETY OF NOVA SCOTIA.

#### The Third Regular Meeting, for the Season 1926-27.

**T**HE Third Regular Meeting for the season 1926-27, of the Halifax Branch, Nova Scotia Medical Society, was held in Room 11, Medical Sciences Building, on Nov. 10th. The President called the meeting to order at 8.30 p. m.

There were 41 members present.

The minutes of the previous meeting were read and adopted.

As there was no new business and no correspondence, the programme was proceeded with, "A Symposium on Arthritis and the Arthropathies."

Dr. Philip McLarren opened the discussion, touching first briefly on the history of arthritis, and then going fully into the known etiology of this old and varied disease. He stressed the point that focal infection is the most constant factor in the etiology, although there are undoubtedly associated factors, among which biochemical changes, endocrine dyscrasia and sympathetic disorder were mentioned. The question of altered blood supply to the joint was given a place of importance.

The diagnosis of focal infection is considered to be the most important point in the treatment of arthritis. The search should include all the routine methods of history and physical examination, but the laboratory should be utilized to the utmost.

Dy Lyons followed Dr. McLarren outlining local treatment to joints in certain common affections.

Traumatic arthritis of the knee and shoulder are due to rupture of the cartilages. Treatment consists of short rest followed by early movement.

Septic infections of knee joints are treated with massage and movements from the onset.

Gonococcal arthritis of the knee is treated with back splint and bandages with early movement.

Dr. Birt congratulated Dr. McLarren and Dr. Lyons and went into the difficulties of obtaining a satisfactory classification. He predicted that the metabolic and chemical side of medicines would make the next big advance towards the solution of the problem. Dr. Birt mentioned one case he had seen with Dr. Birkett in which he had obtained a pure culture of gonococci from the crico-arytenoid joint.

Dr. Johnston mentioned some of the difficulties of early diagnosis of arthritis with the X-Ray.

Dr. MacKenzie discussed the classifications, mentioning possible improvements.

Dr. McLennan spoke in support of the focal infection explanation and reported one case.

Dr. Carney took the stand that possibly we were attributing too much to the factor of focal infection.

The subject was also discussed by Drs. Murphy, Burris, Corston, M. A. B. Smith, and Schwartz.

#### **The Fourth Regular Meeting, for the Season 1926-27.**

The Fourth Regular Meeting, for the season 1926-27, of the Halifax Branch, Nova Scotia Medical Society, was held at the Victoria General Hospital on November 24th, 1926. The President called the meeting to order at 8.35 p. m.

There were thirty-four members, five students, and one guest present.

The minutes of the previous meeting were read and adopted.

The President spoke feelingly of the great loss the profession had sustained in the passing of Dr. V. L. Miller. He was well-beloved and his passing would be felt far and wide. A wreath and card of sympathy were sent to his family.

In the absence of Dr. Hogan, Dr. Alan Curry presented a case with an extensive ulcer of the tongue in a man aged 54, sine history of venereal infection. The ulcer was of a slow progressive character, and twin types.

In discussing the case, Dr. MacDougall thought that the diagnosis lay between Malignancy, Tbc, and Syphilis. Recalling six cases of Tbc of the tongue, he had seen in practice, he felt that this was the least likely. After pointing out certain characteristics of the edges and floor, Dr. MacDougall considered it impossible to make a definite diagnosis but leaned toward the side of syphilis.

Dr. Murphy agreed with the opinions previously expressed and brought out a further interesting point with regard to another case he had had some time before. A man with an ulcer on his leg was admitted to the Victoria General Hospital, a section taken and a Wassermann test performed. The section was examined by a competent pathologist who reported malignancy. The Wassermann was positive. Another section was taken and the case seen by the pathologist. The diagnosis of malignancy was confirmed. Pot. Iodide was administered internally, resulting in a complete cure.

Dr. A. I. Mader commented on Dr. Murphy's remarks and emphasized the interest in these cases where the diagnosis lay between syphilis and cancer. He mentioned a lip case in which he made a diagnosis of syphilis. The lip was cured by the excision of a small cancer in another doctor's office. In the case presented by Dr. Curry, Dr. Mader thought that the ulcer was malignant, but of a basal cell type, offering this as an explanation for lack of metastasis in the neck.

Dr. Curry promised to report at the next meeting the findings of the pathologist.

Dr. MacDougall presented a case in which he had performed a thoracoplasty for pulmonary tuberculosis. In discussing the operation he emphasized the fact that the points of prime importance were:—

1. Patient must have good reaction.
2. The disease must not be active and should be confined to one lung.
3. General condition must be good.

Dr. Johnstone showed the X-Rays of the case.

Dr. Corston asked Dr. MacDougall what would be the effect of the compensatory emphysema on the disease in the other lung.

Dr. A. I. Mader suggested that the operation should be used in cases where the condition is more severe than in the type of case outlined by Dr. MacDougall, stating that although the mortality of the operation would be greater probably more lives would be saved by it.

Dr. Murphy presented a case of Tuberculosis Peritonitis of the adhesive type in a girl who had been greatly benefited by opening the abdomen and the sunlight treatment. He pointed out that this type of case is not of the one usually considered to be helped by operation, but he felt that operation and sunlight in this case brought about improvement that was noteworthy. Dr. Burris discussed the case and mentioned a similar one.

Dr. Mack presented a case of haematuria due to papiloma of the bladder. Several members of the Society pointed out the peculiar low malignancy of carcinoma of the bladder, one case mentioned living ten years after a palliative operation and then dying from some other disease.

After the clinical meeting, supper was partaken of in the dining-room. After supper Mr. Kenny spoke to the meeting pointing out the advances made in the hospital in the last thirty years. Pus was now almost unknown, while thirty years ago it was common. The average stay of a patient in hospital is now about fifteen days, one-half the time of thirty years ago.

On behalf of the Society, Dr. Weatherbe thanked Mr. Kenny for the hospitality extended by the Hospital.

The meeting then adjourned.

(Signed) V. O. MADER,  
*Secretary.*

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### CAPE BRETON MEDICAL SOCIETY.

Annual Fall Clinic, Sydney, N. S. December 2, 1926.

**Morning.** Inspection of Steel Plant and other Industries. Private Consultations.

**Afternoon.** Lunch at City Hospital. Clinic by Dr. J. G. MacDougall, (a) Goitre (b) Emyema.

Clinic by Dr. A. H. Gordon, Montreal, (a) Diagnosis of Sub-Diaphragmatic Abscess, (b) Cerebro Spinal Fever. Talk by Dr. S. L. Walker on membership in the C. M. A.

**Evening 7.30 P. M.** Banquet, with the following Toasts, Dr. D. Archibald, President, being Toastmaster.—The King.

The C. M. A. proposed by Dr. M. T. Sullivan and responded to by Dr. A. H. Gordon.—The M.S. of N. S., proposed by Dr. J. G. MacDougall and replied to by Dr. J. J. Roy.—Public Health proposed by Dr. S. L. Walker and responded to by Dr. J. K. McLeod.—The Press proposed by Dr. A. S. Kendall and replied to by a Press representative. The Menu was very fine, the speeches were good, an exceptionally large number were present and all thoroughly enjoyed this function. A cordial vote of thanks was extended to the three visitors for their presence and contributions to the programme.

#### WESTERN NOVA SCOTIA MEDICAL ASSOCIATION.

The Regular Fall Meeting of the Western Nova Scotia Medical Association took place in the Kiwanis Club building at Yarmouth on Tuesday, Nov. 30th, 1926. The afternoon session commenced at 3 p. m. with Dr. W. C. O'Brien the President, in the chair.

The following Physicians were in attendance:

Dr. A. H. Gordon.	Dr. W. C. Harris.
Dr. J. G. MacDougall.	Dr. C. M. Melanson.
Dr. S. L. Walker.	Dr. J. E. LeBlanc.
Dr. G. W. T. Farish.	Dr. R. L. Blackader.
Dr. F. E. Gullison.	Dr. H. D. Reid.
Dr. A. R. Campbell.	Dr. Sutherland.
Dr. C. A. Webster.	Dr. H. H. Banks.
Dr. A. R. Melanson.	Dr. W. C. Phinney.
Dr. C. K. Fuller.	Dr. S. W. Williamson.
Dr. A. J. Fuller.	Dr. H. M. DeWolfe.
Dr. Z. Hawkins.	Dr. Rice.
Dr. L. M. Morton.	Dr. T. A. Lebbetter.

After the reading of the minutes and their adoption, the Society heard a very interesting paper by Dr. G. W. T. Farish on "The Age of Preventive Medicine." This paper was discussed by Dr. C. A. Webster and Dr. A. J. Fuller.

The second paper was by Dr. A. H. Gordon of Montreal on "Meningitis." Dr. Gordon illustrated, in opening his remarks, the case of a complicated diagnosis of C. S. Meningitis which simulated scarlet fever, influenza and smallpox during the first few days and was not definitely diagnosed until the fifth day of the disease. This case served as the background upon which he clinically differentiated the many acute conditions which simulate C. S. Meningitis. The differ-

ential diagnosis, symptomatology and treatment were clearly discussed. Dr. A. R. Campbell in opening the discussion on this very practical and important paper dwelt upon the differential diagnosis of C. S. Meningitis and the importance of well equipped local laboratories in order that cultures could be examined and fluids sent in, so that these fluids could be examined and cultures prepared for typing, which is certainly unsatisfactory with the laboratory over two hundred miles away. Dr. T. A. Lebetter continuing the discussion dwelt upon the early diagnostic symptoms of meningitis together with the differentiation of meningismus and the importance of early and repeated lumbar punctures being done, both for diagnostic and therapeutic purposes.

The third paper in the afternoon session, was given by Dr. L. M. Morton on "Tubal Infections" (See later edition of BULLETIN for the paper in detail).

"Of the many problems which we continually have to contend with and which stimulate our diagnostic ability to its greatest activity, there are none which provide a greater variety of symptoms and a more complicated differential diagnosis than the problem of infections of the female pelvis" said Dr. Morton in opening. This paper was discussed by Dr. Campbell and Dr. J. E. LeBlanc.

#### EVENING SESSION.

The first paper of the Evening Session was read by Dr. C. A. Webster, Immediate past President of the Society. And was entitled "*Yarmouth Doctors of the 1870s.*" This paper will be published in full in the BULLETIN.

Dr. Webster's paper referred to the life and activities of the group of Medicos who practiced in Yarmouth during the 1870s. In this group were his father and grandfather both of whom enjoyed large practice in Yarmouth during this period. Dr. Webster's paper was of particular interest to the older members of the profession, many of whom knew the physicians mentioned quite intimately. Dr. Farish had an uncle who enjoyed a large practice in Yarmouth during the Seventies. Dr. Perrin was the only medical man mentioned by Dr. Webster who is still alive. In discussing Dr. Webster's reminiscences, Dr. A. J. Fuller recalled several personal incidents in the lives of the men mentioned and congratulated Dr. Webster on his splendid contribution to the Society.

The next paper was by Dr. J. G. MacDougall on "Goitre", Dr. MacDougall gave a clinical classification of Goitre together with the Symptoms and Treatment of the different types. The paper was discussed by Dr. C. K. Fuller who reviewed the Pathology and Symptomatology of Goitre and he was followed by Dr. A. R. Campbell, Dr. Gordon and Dr. Gullison.

Dr. S. L. Walker spoke briefly on the work of the Canadian Medical Association. The following resolution was moved by Dr. C. K. Fuller and seconded by Dr. H. M. DeWolfe and passed unanimously.

"Resolved that the Western Nova Scotia Medical Society place itself on record as being opposed to the dangerous practice of selling Iodized Salt in Nova Scotia which is becoming so prevalent among grocers to-day, and further resolved that copies of this resolution be sent to the Department of Health, Halifax, and to the Nova Scotia Medical Society for their consideration and action."

After a hearty vote of thanks to the Physicians who contributed so splendidly to the success of both Sessions, an adjournment was moved and carried.

(Signed) THOMAS A. LEBBETTER.

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#### LUNENBURG-QUEENS BRANCH.

The fall meeting of the above Society was held at Bridgewater Tuesday afternoon and evening, November 30th, 1926. After routine business was concluded at the first session, able addresses were given by Doctors Gordon and MacDougall. The evening session was held at the Fairview Hotel, when after dinner addresses were again given by the C. M. A. speakers and the claims of the C. M. A. presented by Dr. S. L. Walker. All the addresses were highly appreciated and cordial votes of thanks were extended to the speakers. The next meeting of the Society is due the second Tuesday in January.

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#### PICTOU COUNTY BRANCH.

The Pictou County Medical Society held a very interesting and successful meeting in New Glasgow on December 3rd. The only business was attendance upon the Post-Graduate lectures under the scheme which is being carried on by the Canadian Medical Association. Dr. Clarence Miller, the President, presided at the session during the afternoon and evening. The Society are greatly in debt to the Aberdeen Hospital for providing a most comfortable lecture room in the Nurses home. There was an excellent attendance at both sessions and all were delighted with the lectures.

Dr. J. G. MacDougall gave the first discourse on Goitre, and it was most thorough. The first part went fully into the classification of goitres their chemical and physiological effects and course. The latter part dealt chiefly with the surgical aspects of the subject. Dr. MacDougall showed a complete understanding of the subject and his great practical experience enabled him to speak with authority on the surgery.

After an hour or so on Goitre, the Society had the great pleasure of listening to an excellent lecture from Dr. A. H. Gordon of Montreal, on Sub-Diaphragmatic Abscess. The chief interest in this paper was the masterly handling of the diagnostic side of the subject. Particularly

good was the discussion of the localizing effect on the folds of the peritoneum in relation to the liver. Dr. Gordon has the gift of making his addresses entertaining as well as instructive. His style is reminiscent of Osler than which nothing could be better. He has a humorous touch at times which brightens a technical discourse wonderfully.

In the evening the Society had the pleasure of hearing Dr. Smith Walker on the importance of becoming members of the Canadian Medical Association. It is to be regretted that more of the profession do not belong to that great and useful body. We are apt to complacently accept the benefits derived from the activities of the C. M. A., which the whole profession share, without feeling that we should each contribute something to the fine work of that body, by at least becoming members.

Dr. MacDougall gave another of his painstaking papers on Empyema. This was mostly of surgical interest but of the greatest practical value. He laid especial stress on the dangers of operative interference before fixation of the mediastinum has occurred. An interesting little chapter described the interlobar empyemas.

Dr. Gordon completed the session with a vivid account of a case of cerebro-spinal meningitis around which he wove a complete discussion of that disease. He was particularly good in showing the pitfalls in diagnosis. The case was successively diagnosed as scarlet fever, smallpox, typhoid, tuberculous meningitis and was finally determined by lumbar puncture. The case finally resolved completely, thanks to the serum injections. The Society was thoroughly pleased with the matter and presentation of these lectures, and everyone agreed that the sessions were an unqualified success. The C. M. A. are to be congratulated upon the excellent fare provided.

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"How'd you come to raid that barbershop?" asked the chief of the dry agents.

"Well," replied the dry agent, "It struck me kind of funny that so many men should buy hair restorer from a bald-headed barber."

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Another Scotchman:

Enters dentist's office for extraction of tooth.

"What is this going to cost me?"

"Seven and sixpence."

"That seems a lot of money. Now what would it cost to just loosen it?"

## OBITUARY

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### PROFESSOR CAIRD.

By Dr. John Stewart, Halifax.

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THE news of Professor Caird's death came as a painful surprise and with a sense of personal loss to many of us in this country. Some of us had made his acquaintance, and benefitted by his teaching in the wards of the Royal Infirmary in Edinburgh, and many had happy memories of his visit to Canada in 1905 when he delivered the Address in Surgery at the meeting of the Canadian Medical Association, which took place in that year in Halifax. Striking tributes to his memory have appeared in the medical press, and in the *Edinburgh Scotsman*, and we quote the following from the *London Times*. Professor Caird "was one of the most eminent members of the surgical profession. He was recognized as having supreme skill in all branches of surgery, while his clinical teaching was of surpassing clearness."

Francis Mitchell Caird was born in Edinburgh on August 8th, 1853, and was educated at the Royal High School there. On leaving school he became an assistant to Dr. J. Hutton Balfour, professor of Botany in the University. Having decided to study medicine, he soon came under the spell of Lister, who, in the early seventies of the century, was revolutionizing the science of surgery and perfecting his antiseptic system. Caird gave much time to his duties as a dresser and clinical clerk. He graduated M. B. and C. M. in 1877. During the winter of 1877-78 he was Resident in charge of the Kilburn Dispensary in London, and kept in touch with Lister's work at Kings College Hospital. He had now resolved to devote himself to surgery, and, on returning to Edinburgh, was during the summer of 1878 House Surgeon to Mr. John Chiene, who had been Assistant Surgeon to Lister in the University, and who, when Lister left Edinburgh in 1877, was the only surgeon in the Royal Infirmary who carried out completely the principles and practice of Lister. After this, Caird spent some time in study on the Continent, chiefly in Strassburg, giving special attention to surgical pathology under von Recklinghausen. On his return to Edinburgh he joined Dr.—now Professor Cossar Ewart, and Mr. C. W. Cathcart in demonstrating Anatomy in the Extra-mural School. This occupied him for about three years, during which time he also acted as Mr. Chiene's private assistant. In 1882 when Mr. Chiene succeeded Professor Spence in the chair of systematic Surgery he selected Mr. Caird as his University assistant. In 1886 he was elected an Assistant Surgeon to the Royal Infirmary and began to lecture on his own account in the Extra-mural School. He developed



into a most brilliant and successful teacher and attracted a large class of students. He continued this course of lectures for twenty years.

In 1890 he was appointed a full surgeon on the staff of the Royal Infirmary, and now his outstanding success as a clinical teacher, and his operative skill established his reputation as one of the leading figures in British surgery.

In 1907 the chair of clinical surgery became vacant through the death of the occupant, and there were several eminent surgeons among those who aspired to the position. The selection by the Crown of Mr. Caird as Regius Professor of Clinical Surgery in the chair made famous by Syme, and still more famous by Lister, must have given him a great deal of quiet pleasure: it was an immense satisfaction to his many friends and all old students of Lister in many parts of the world. It is no secret to those who have visited the Edinburgh Royal Infirmary since the time of Lister that his immediate successor in the chair, though a man of charming personality, of great experience, and one of the most brilliant operators of his time, was not exactly an exponent of Lister's principles. But now, to quote the words of Professor Comrie, in the *British Medical Journal*, "Caird became the living transmitter of the Listerian doctrines and practice in Edinburgh."

In 1919, having reached the age limit (65) Professor Caird retired from the chair, in which he was succeeded by Sir Harold J. Stiles, and also from his position as a surgeon to the Infirmary, retaining, however, his connection with that glorious old institution as a Consultant. In 1920 the University conferred on him the honorary degree of L. L. D. The remarkable and well-merited words in which he was introduced for the degree may be quoted:—

"It is with unfeigned regret the Senatus to-day bids an official farewell to so many esteemed colleagues now numbered with the Emeriti, although their unquenchable freshness and vigour still defy the envious years. It is emphatically so with Professor Caird, whose name has so long been a household word for supreme skill in all branches of surgery and for clinical teaching of surpassing clearness and incisiveness. In the true spirit of Science he has domesticated among us many Continental improvements in his art neither offended by their novelty nor prejudiced by their foreign origin. His great accomplishments as a surgeon and his lovable qualities as a man are eminently deserving of the highest honour the University has to offer." Reference is here made to Caird's Continental studies. He was especially attracted by the work of Billroth, Mikulicz and Kocher, and he was a pioneer in gastro-intestinal surgery in Edinburgh. In the extirpation of ileo-colic tumours his results were exceptionally good. "He was also one of the earliest and most successful operators in the domain of excision of the rectum for carcinoma, and published a paper on the subject in 1903; his outstanding position in this department of surgery was recognized by his being invited in 1913 to deliver on it the William Mitchell Banks Memorial lecture at the University of Liverpool."

He had remarkable success also in his excisions of the tongue for cancer. In cases suitable for operation through the mouth, these excisions, generally done under local anaesthesia, the patient sitting up in a chair, were models of deft craftsmanship.

The outstanding characteristics of Caird's work were, accuracy in diagnosis based on his anatomical and pathological knowledge, dexterity and rapidity in operating, and unremitting personal attention to his patient.

His contributions to surgical literature, mostly published in the *Scottish Medical and Surgical Journal* were notable for clearness and brevity, and his own skilful drawings. They have been largely referred to by surgical authorities not only in Britain but in America and on the Continent. They deal largely with diseases of the gastro-intestinal tract. But as early as 1886 he had published a valuable monograph on dislocations and fractures at the shoulder joint. He collaborated with his friend Mr. Cathcart in the *Students Atlas of Bones and Ligaments*, and in the well-known *Surgical Handbook*, which passed through many editions and was the guide and help of generations of House-surgeons. In 1901 he received from the Royal College of Surgeons in Edinburgh the Victoria Liston Jubilee Prize, "for the greatest benefit done to practical surgery by any Fellow or Licentiate of the College during the quadrennial period ending on June 20, 1901." In 1905 he delivered the Address on Surgery at the meeting of the Canadian Medical Association which took place that year in Halifax. During the late War he was one of the Consulting Surgeons in the British Army, being attached to the Third Army.

Caird was a man of amazing energy and tireless capacity for work, but his work was thorough. His friend Dr. Thin writes, "Nothing slipshod, superficial or showy ever passed from his hands and his whole life was a constant earnest search after truth, truth in action, truth in word, truth in life." One of his mottoes was Work, and work hard, for the work's sake. In the last letter the writer had from him he says, "Love and Faith are in Lives." Like all great teachers he inspired his students with something of his own spirit. Only a few weeks ago one of his old students, now holding an important appointment in a Canadian University said, "Every day of my life the thought of Mr. Caird is an inspiration to me."

He was a man of wide interests in literature, music and art. Dr. Thin writing in the *Scotsman* says, "Full though his days were with the duties of teaching and the claims of practice he made time for cultivating other congenial interests. He had a wide knowledge of art ancient and modern, and he had a skill in drawing which he put to good use in his daily work. Immediately after any unusual operation, no matter how busy he was, he took time to make a sketch in colours of what he had found at the operation and what measures he had adopted to put things right."

A good example of his artistic skill were the frescoes with which he had decorated one of his rooms, very spirited drawings beautifully coloured, illustrating ancient Egyptian art.

His happy spirit, his endless stores of anecdote from all sources, his keen sense of humour, and his gift of song will be sadly missed in the social gatherings of the medical profession in Edinburgh.

He had many gifts, perhaps the greatest was his gift of friendship. He gave himself to his friends. He had a great heart.

"And none that knew him need be told,  
A warmer heart death ne'er made cold."

After his retirement from practice he removed from Charlotte Square to a house on Royal Terrace, abutting on the beautiful Calton Hill Park, from which there is a wonderful view of the Forth. Here he devoted much time to his flower garden in which he took great delight. Old friends sent him roots and plants from all parts of the world and he was much interested in his attempts to cultivate some of our Nova Scotia flowers, the Mayflower, Linnea, Mitchella, Coptis, etc.

A few weeks ago he was greatly gratified by an invitation to be present and take a part in the celebration of Lister Day at John Hopkins University, next April, but he did not feel able to undertake the journey. Symptoms of myocardial trouble had been occasionally apparent for some time, but nothing damped his cheery spirit or interfered with his correspondence and his beloved garden. He took great interest in the preparations for the Lister Centenary to be observed in Edinburgh this year in connection with the meeting of the British Medical Association, and it is very fitting that the last work in which he was engaged, was the preparation of an article on Reminiscences of Lister, for the Memorial Volume to be published at the Centenary. The article had been prepared, and part of it, already typed, was lying on his study table on the day of his death. On the afternoon of that day (Nov. 1) he took the rest of the manuscript to his nephew's house, a short distance away, doubtless to have it also typed. He was in his happy, even merry humour. He sat down to have a cup of tea. Then the Call came. "The cup that was at his lips he carefully replaced, his head sank forward, and he passed peacefully to his Maker."

The funeral was on Thursday, Nov. 4. There was a short service at the house conducted by Professor W. P. Paterson, D. D. and a brief committal service, at the grave, in the Dean Cemetery.

Apropos of some of the earlier practitioners in Nova Scotia the *Press* records recently the death of Miss Anne M. Avery, who died at Annapolis Royal at the advanced age of 90 years. When 16 years of age she left London as nurse maid to an army officer on a ship bound to Bermuda. The ship was wrecked and she being one of the survivors, found a home with the Farishes of Yarmouth about

1852, and served in the family of the late Dr. Farish for many years. She subsequently removed to Annapolis with the late Mrs. J. M. Owen, (Miss Isabel Farish) with whom she lived till Mrs. Owen's death last year.

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The death occurred at Weymouth, December 12th, 1926 of Mrs. R. L. Black at the great age of 90 years. She was a lady of fine qualities of heart and mind. She died at the home of her daughter wife of Dr. E. J. Elderkin of Weymouth.

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A bronze tablet has recently been placed in the Dalhousie University Public Health Clinic which bears the following inscription:

THIS TABLET WAS ERECTED BY  
THE BOARD OF GOVERNORS OF DALHOUSIE UNIVERSITY  
TO PERPETUATE THE MEMORY OF  
DONALD ALEXANDER CAMPBELL,  
M.D., C.M., LL.D.

a distinguished and beloved physician, noted for his unremitting devotion to the practice of his profession and for his constant advocacy of high professional standards. He was for many years a valued member of the staff of the Medical School, and crowned a singularly unselfish life by the liberal endowment of a chair of anatomy in memory of his son, D. G. J. Campbell, M.D., C.M., who died at an early age having already given promise of a brilliant career.

1852-1919.

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Mr. James Gale Baillie died at his home in New Glasgow, December 21st, 1926, aged 85 years. Three sons and two daughters survive him. The sons are Doctors Lewis and Will in Pennsylvania and Dr. Cameron Baillie in New York. The three came home for the funeral which was held Christmas afternoon.

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## PERSONALS.

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**D**R. S. N. Miller of Middleton, accompanied by Mrs. Miller left December 16th, for Buffalo, N. Y. to spend Christmas with H. Willis Miller and family. The Doctor will spend some three months in hospitals in Buffalo and New York. Fifty years in practice yet Dr. Miller still wants to keep up-to-date.

In December, Mrs. Rehfuss, wife of Hon. (Dr.) W. N. Rehfuss, Bridgewater, was a patient in the Halifax Infirmary. All will hope she makes a speedy and perfect recovery.

Dr. P. C. Woodworth of Kentville spent the Christmas season in Boston.

That an epidemic of smallpox exists in the vicinity of Peterboro, Ont. is not very creditable to the provincial and local health authorities, nor to the people themselves.

Dr. Charles Spiro, formerly of New Glasgow, has gone from New York to Vienna for further post-graduate work. His address is, c/o American Association of Vienna, 8 Alserstrasse 9.

Dr. F. L. Moore, of Central Economy, has been seriously ill with pneumonia. Doctors Fulton of Truro, Marsters of Bass River and Davies of Londonderry have been in attendance. We trust his convalescence will be rapid and complete.

Dr. J. L. McIsaac, M.P.P., of Antigonish spent a day or two in Halifax Christmas week, then he proceeded to Rochester for special work at the Mayo Clinic. He will be away a month or more.

Dr. Dan McDonald of North Sydney, accompanied by Mrs. McDonald, spent the Christmas holiday with his son Gordon and Mrs. McDonald in Newark, New Jersey.

Dr. S. G. McKenzie, of Westville, has resigned from the Mayoralty of that town after less than a year in office. "I am too busy" was the reason given.

The Glace Bay *Gazette* in November published a little news item as follows:—"Dr. Patton, chairman of the compensation board, and Dr. Morrison are here to-day." Reference was, of course, to Mr. V. J. Paton, a lawyer and not a doctor. He has, as many of the profession know, always taken a very great interest in the physical disabilities of the injured, and perhaps the uninformed might be excused for calling him a doctor instead of a lawyer.

Dr. T. A. Lebbetter of Yarmouth spent a few days early in December at his former home in Sydney.

Dr. J. W. and Mrs. Davis of Berwick in the latter part of November were in Upper Musquodoboit upon the sad mission of attending the interment of the father of Mrs. Davis, who had died in British Columbia.

Dr. W. W. Chipman of Montreal spent a few days in Wolfville and Bridgetown the latter part of November visiting his mother and other relatives. Dr. Chipman received his B. A. degree from Acadia in 1890.

Dr. J. B. Bogart of Brooklyn, New York, who has been spending the past six months at his former home in Karsdale, Annapolis County, has had his health wonderfully restored, and has now returned to his regular specialist's practice.

**Born.**—At New Glasgow, Nov. 23, 1926, to Dr. James A. and Mrs. Milne, a son.

Twenty-five years ago the late Dr. Thomas A. Moore was a general practitioner in Westville removing later to Arizona. His daughter, Miss Kathleen Moore of Boston was married Nov. 18th, in Truro to Mr. Alexander Forrester of that town.

Dr. D. M. Rowlings of Sheet Harbor spent the first week of December in Boston visiting his mother.

Dr. J. A. Amyot of Ottawa, has recently been invested as a Chevalier of the Legion of Honor in recognition of his work during the war.

Dr. A. S. Burns of Kentville on Dec. 6th gave a splendid address before the local Rotary Club on "The Rotary Spirit."

The little daughter of Dr. S. G. McKenzie of Westville recently ill with scarlet fever has made a good recovery.

**Born.**—At 796 Prince St. Truro, Nov. 26th, 1926, to Doctor and Mrs. D. L. McKinnon, a daughter.

**Born.**—At Dawson Memorial Hospital, November 27th, 1926, to Doctor and Mrs. D. A. Campbell of Bridgewater, a son.

Dr. J. G. B. Lynch of Sydney, was the Captain of one of best salesmen teams that have successfully sold stock for a new hotel in Sydney.

Dr. J. S. Burris of Kamloops, B. C. is mentioned in a B. C. paper as making a record trip in darkness, fog and muddy roads, some 300 odd miles to attend a brother practitioner. Dr. Burris was born at Elderbank, Halifax Co., and began the practice of medicine in Upper Stewiacke.

**Born.**—To Dr. and Mrs. D. J. Hartigan, New Waterford, a daughter.

Dr. Carl Eaton, who is engaged in inspecting hospitals under the American College of Surgeons, accompanied by his wife, recently spent a short vacation visiting his former home. He is a son of Dr. F. F. Eaton of Truro.

The December issue of the *C. M. A. Journal* contains several pages of material from Nova Scotia. The very fine report by Dr. G. H. Murphy of the meeting of the American College of Surgeons is the same as printed in the December BULLETIN. The September meeting of the Eastern Counties Branch is reported by Dr. P. S. Cochrane; the October meeting of the Valley Branch is reported by Dr. C. E. A. DeWitt; the opening and second meeting of the Halifax Branch in October is reported by Dr. V. O. Mader.

Dr. C. G. Campbell of West Branch, River John, who is doing post-graduate work at the Royal Victoria Hospital, Montreal, spent the Christmas holiday with his mother, Mrs. D. McD. Campbell, Halifax.

Subscriptions are now being received in Annapolis Royal and vicinity in order to place a suitably inscribed tablet and portrait of the late Dr. Robinson in the Town Hall.

A Halifax evening paper has a reference to Dr. F. B. Royer as the author of an article in the *American Medical Association Journal* speaking of the special training given medical students at Dalhousie in the social side of preventive medicine. This was noted in the BULLETIN. of June 1926.

Already the Inter-State Post-Graduate Clinic Assemblies of North America is beginning its advertisements of the 1927 tour in Europe. The tour extends from May 21st to July 9th, 1927. Among the Canadian names appearing on the list of Committees are:—Dr. W. W. Chipman of Montreal; Dr. C. P. Howard, Montreal; Dr. D. A. L. Graham, Toronto; Dr. J. C. Meakins, Montreal; Dr. C. F. Martin, Montreal; and Drs. Primrose and C. L. Starr of Toronto. The Presidents of the Clinics are Doctors William J. and Charles H. Mayo of Rochester.

The December issue of *The X-Ray* is particularly interesting and contains two articles of medical interest. Dr. H. A. Farris of Saint John writes upon,—“The Importance of the Mental Factor in Disease” and Dr. A. F. Miller,—“Tuberculosis—Methods of Treatment.”

Dr. S. L. and Mrs. Walker have leased their house on Spring Garden Road, Halifax, to Dr. and Mrs. R. E. Mathers until May 1st, 1927. Mrs. Walker is spending the winter in Arizona, the guest of her sister, Mrs. (Dr.) John W. Flinn of Prescott. Dr. Walker is giving all his time to the work of the Medical Society of Nova Scotia, and has an office in the Royal Securities Buildings, 187 Hollis St.

Darcy Sullivan, son of Dr. and Mrs. M. T. Sullivan, Glace Bay, a Medical student of Harvard, spent Christmas and New Years with his parents in Glace Bay.

Dr. R. C. Hawkins of Halifax, had his new Nash Sedan car considerably damaged December 27th, 1926. At the same time he was successful in avoiding a serious injury to a young lady who was crossing the street. Considering the icy condition of the street, both the Doctor and the lady were fortunate, although it was rather expensive for Dr. Hawkins. It only suggests that most accidents should have been named otherwise.

Mr. W. F. Donkin of Amherst, after thirty years as Town Clerk, has taken his superannuation on account of poor health. He and Mrs. Donkin will spend the winter with their son, Doctor C. A. Donkin, in Bridgewater.

Dr. H. G. McLeod Dal. 1922, for some time located in Cleveland, Ohio, and for the past five months at Middleton, N. S., has again returned to the U. S. and is located at Greene, Iowa.

Dr. C. A. Hamilton of Mahone who has been a patient in the Victoria General Hospital for several months has returned to his home.

Dr. J. M. Stewart of Upper Stewiacke, spent Christmas with his mother, Mrs. Julia Stewart of Halifax.

Dr. Charles Homans of Caledonia spent several days in Halifax at Christmas time with his mother who is a patient in the Victoria General Hospital.

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**Some Diagnosis.** One must admit that perhaps the following from the Kentville *Advertiser* may be funny, but is it wise to make sport of a very serious matter?

"Nova Scotia lies under observation in the pathological ward of the National Hospital. Anaesthetic has been administered in the form of the Report of the Royal Commission. She is soon to be stretched on the table for a series of operations at the hands of the National Doctors. It's only her nose that's out of joint the M. D.'s say in Alberta. In Ontario and Quebec they diagnose it nerves, mere psychological auto-intoxication. But there are doctors in plenty to insist on the knife. Certain things presumably, are keeping her underweight, like tonsils, adenoids and appendicitis. These must be ripped from her person and the holes chinked with monkey-glands. Poor Nova Scotia! When all she wants is a change of air!"