

THE WORK OF A LIFETIME

Have you Safeguarded it?

Have you provided enough protection to secure it for your family after your own administration has ceased?

Prudent men of all times have left behind them carefully drawn Wills. The need for such protection was never greater than it is to-day.

It is your duty to your family to have your Will drawn and drawn correctly. A slip in phrasing or punctuation may change the whole meaning of a clause in your Will.

Do not have a homemade Will—it may prove fatal to your family.

Our officials are experienced in matters of this kind and will be pleased to discuss your Will with you and have it drawn by a solicitor.

The Nova Scotia Trust Company

EXECUTOR

TRUSTEE

GUARDIAN

162 Hollis Street

Halifax, N. S.

MOIRS LIMITED

6 ½ p. c.

First Mortgage Sinking Fund Bonds.

Dated Jan. 1, 1926

Maturing Jan. 1, 1946

These Bonds are part of an additional issue of \$350,000.00, made by Moirs Ltd. to provide a portion of the cost (amounting to approximately \$550,000) of the recent addition to the plant in the city of Halifax.

Assets: Combined, fixed and net assets equivalent to \$2400 for each \$1,000 first mortgage bond outstanding, including this issue.

Earnings: For the year ended December 31, 1926, equivalent to 2.96 times the annual interest requirement of first mortgage bonds including this issue.

We recommend the purchase of this Security.

PRICE: 103 p. c. and interest to
YIELD over 6 1-4 p. c.

J. C. Mackintosh & Co., Ltd.

Investment Securities

Established 1878

-

171-173 Hollis St., Halifax

The Country Doctor

SOMEWHAT belatedly, perhaps, the country doctor is beginning to receive his meed of praise in poem, story and now in moving pictures. A film* just made available pictures the vicissitudes of a New England physician of an earlier day. It reveals his charity, his self-sacrifice, his broad-mindedness and his leadership. It pictures the love of the community for the man who devotes himself to its problems. It serves to reproduce in motion classics of art that have brought vividly before the onlooker the service of the physician.

The plot of the story is simple. A self-sacrificing country physician in rural New England has as his greatest ambition a position as chief of the staff in a hospital to be built through the philanthropy of one of the residents of the village. In promoting a love affair between the son of the philanthropist and the daughter of a poor resident, the physician incurs the illwill of the donor and is surprised by the announcement that the latter has selected another physician to head the hospital.

Not content with disappointing the old doctor in this ambition, the philanthropist persecutes him by taking away most of his practice. The old doctor is compelled to plan to leave the community. As he is about to go news is brought that the son of the philanthropist has been injured, while high up in the mountains, by the falling of a tree. A terrific New England snowstorm prevents easy access and the young physician funks the drive. The old doctor harnesses his horses to the sleigh and drives five miles up the mountain to perform an emergency operation in a woodshed by the light of the burning cabin from which he rescued the boy. The typical happy ending reveals the old doctor as head of the hospital and responding to new calls.

How obviously is typical movie melodrama reproducing incidents not common even in the life of the pioneer, but which, nevertheless have occurred occasionally. Probably no movie scenario could adequately depict the services of the old time country doctor. This one brings to the screen at least some indication of the manner in which he labored unceasingly, for little pay and under great hardships, to alleviate human suffering. (Hygiea, Oct. 1927).

* (This picture has already been registered as available for showing in Nova Scotia at the Provincial Censor's office.)

Nephritis

The Care of Nephritic Patients in Private Practice.*

Harvey Agnew, M.B. (Tor.), Toronto.

THIS is a subject which is of vital interest to everyone doing general practice. Nephritis is a fascinating subject, but the multitudinous classifications and fanciful theories have so bewildered us as students that we are very prone to think of nephritis in terms of albuminuria and milk diets.

In this discussion I shall refer to certain theories only insofar as they help us to understand the reasons for the therapy suggested. Of the many theories propounded to explain the action of the kidney the Cushny-Ludwig or the filtration-absorption theory is the most acceptable. That is, the glomerulus filters into the tubule a dilute solution of the urine containing all the soluble constituents of the blood, except albumin, in the same concentration as they are in the blood. In the tubule, some water, the sugar and other useful ingredients are re-absorbed by a selective process, thus raising the concentration of the urine.

An interesting suggestion, widely held on the continent, is that acute nephritis may be primarily a disease of the entire capillary system, if you will, a diffuse capillaritis. This is not exactly new, having been suggested by Virchow and later by Volhard, but it lacked satisfactory corroboration until the last few years. The invention of the capillaro-microscope enabled observers to observe during life the capillaries lying in the skin and to note a peculiar uneven constriction of them giving the appearance of beading in the early stages of acute nephritis. This may be seen in the eye. Then during the war two Austrian soldiers were killed while leaving the trenches on sick leave. Both men on post mortem were found to be in the earliest stages of acute nephritis—at an early stage seldom if ever observed before—and their glomerular capillaries had the same uneven constriction, especially of the afferent portion. These observations of early acute nephritis were of tremendous scientific value for this explains many of the phenomena observed.

The constriction of the afferent vessel to the glomerulus causes an anemia which results in a suppression of the urine—an *oliguria*. Nature then compensates for this by raising the *blood pressure*. The capillary oedema resulting injures the walls and allows the *albumin*

* Address given at New Glasgow, Middleton, Bridgewater and Yarmouth during a Canadian Medical Association Post graduate Tour in May and June, 1927.

to leak through. *Water and salt* are retained giving *general oedema and blood* appears in the urine.

I mention this phenomenon in detail for it has considerable bearing on our *treatment of acute nephritis*. In the first place, from the prophylactic viewpoint, one can do a great deal to ward off nephritis in cases of exposure to cold by a thorough dilatation of the cutaneous vessels by means of hot blankets, massage, hot drinks, etc. The non-vital cutaneous capillaries may stay constricted for some time without damage but one wishes to dilate the more delicate renal capillaries as soon as possible. In the second place, *do not try to lower the blood pressure*. This is a very common error. A high B. P. is a lifesaver, as I have just shown you. One should endeavour to keep it up and *digitalis* is of considerable value in achieving this result. Fifteen minims of the tincture three times a day is usually sufficient.

As for *dietetic measures*, starvation for a short period is the ideal treatment. In private practice, without strict obedience or discipline, this cannot be absolute and we must compromise, but in the German army, where the patients had to obey orders, acute nephritis was aborted in 80% of the cases within three days! The general rule to follow is to give a diet high in carbohydrates and fats and low in protein—thus saving the kidney. Salt should not be allowed and water in moderation only. If one forces water, there is danger of increasing the oedema and too strict withdrawal may precipitate uremia. With moderate oedema, 1000 cc. may be given; with greater oedema, 800 cc., 500 cc., or less, is sufficient. The withholding of the salt allays the thirst.

The diet should be not greater than 1800 to 2000 calories. Milk is allowed but should not be the only food administered for one would have to give too much liquid to get the caloric requirement. I find that such foods as jellies, honey, corn syrup, marmalade, biscuits, rolls, butter, cream, rice and tapioca are well borne. These foods do not irritate the kidneys and give calories without a high fluid intake. Vegetables (except beans and peas) and fresh fruits may be given later. As the symptoms subside, protein in the form of eggs, cream cheese, fish and later, boiled meats, may be added. Lemonade sweetened with glucose is much appreciated.

Hot packs are of doubtful value. The amount of nitrogenous elimination by the skin is negligible when compared to the water loss. Therefore if there is a nitrogenous retention, one is more likely to concentrate than dilute the toxic substances in the blood. Packs are only of value if there is a waterlogging of the tissues without nitrogenous retention, or in nitrogenous cases if the pack immediately results in a great outpouring of urine, due to a reflex dilation of the renal capillaries.

Of greater value in getting rid of the toxins is the practice of *venesection*. A good flow of a pint or thereabouts in a plethoric individual may be of great help in warding off uremia. One should not take off too much, because nephritis tends to produce anemia anyway and

we do not want to lower the blood pressure. Do not bleed unless the toxemia is urgent.

For the *oliguria* or the *anuria*, one may get results with hot applications to the kidney region, cupping over the kidneys has helped in many cases and diathermy has been used. Inasmuch as glucose is one of our best diuretics, an intravenous injection of several hundred cc. of 10% glucose has saved many lives. This should be freshly prepared to avoid a reaction.

Drugs are not very effectual in the early stages of acute nephritis. However among the diuretic drugs, the xanthins seem to be most effective. Diuretin (theobromin sodium salicylate) may be given in doses of 5 to 15 grains, repeated at three hour intervals for a few doses; caffein or caffein sodium benzoate in doses of 2 to 5 grains may be used; theocin (or theophyllin) is powerful but may be somewhat irritating. Novasurol, now so popular as a diuretic, should never be used in acute nephritis, as it is a mercurial preparation. Salyrgan is also a mercurial.

If the *oliguria* threatens the life of the patient, one's mind turns to decapsulation of the kidneys. While this is a severe measure and does not always succeed, it is well worth trying in grave cases. In this connection I recall a man that I saw a year ago in one of the Continental clinics. He had had first one kidney decapsulated and then the other in successive attacks of *anuria*. At the time I was there, he had come in with the third acute suppression of urine. This time there would be no kidney to decapsulate. In a very experimental frame of mind (a common attitude with our German speaking colleagues) they cut down on a kidney. The surgeon was delighted to find that a brand new non-adhesive capsule had regenerated over the entire kidney. He removed this again and the patient recovered.

Sedatives may be necessary, especially if uremia is threatening. Chloral hydrate 8 to 20 grains, well diluted, is best. Morphine is valuable. Catharsis is advisable and such salines as magnesium sulphate or seidlitz powders are best.

For the uremic convulsions, chloroform and morphine are indicated and the venesection already mentioned. One should not forget the value of a lumbar puncture. This may stop the convulsions immediately and should always be done in grave convulsive cases.

Chronic Nephritis.

So much for acute nephritis. Let us consider the chronic forms. After an acute attack albumin may persist for months. Has this patient got an active nephritis yet, or a chronic nephritis? What does the albumin signify? In every case of nephritis we are dealing with glomerulo-tubular units that must exhibit one of three states: *a*. Normal. *b*. degenerated and *c*. destroyed.

Obviously, the normal units are not excreting the albumin; nor are the destroyed units which, in the more chronic forms, are represented

by mere areas of fibrous or hyaline tissue. It is therefore really the degenerated or the diseased units which determine the albuminuria. Suppose we have 90% of our glomerulo-tubular units normal, 5% degenerated and 5% destroyed.

Normal	Degenerated	Destroyed
90%	5%	5%
90%	0%	10%

The infection may be quite cleared up, yet the 5% degenerated tubules will give us a good deal of albumin. This kidney would also function quite normally, for 60% of the total kidney tissue must be destroyed before even the blood urea begins to rise. Suppose the 5% degenerated units finally succumb and join the 5% destroyed ones. Albumin disappears, the functions are normal, the patient is cured (!) And yet is this patient one bit better than when he had albumin? The conclusion is that we must be very careful lest we attach too much importance to persistent albuminuria without other signs of kidney damage. A nephritis does not become chronic until so much damage has been done that permanent impairment of function must ensue. Therefore a nephritis may become chronic in ten days or remain acute after ten months. We must not hastily condemn a man because he shows a little albumin or some casts.

You and I have probably shared alike the utter confusion resulting from so many conflicting classifications of chronic nephritis. Every writer feels it his bounden duty to add his needless nomenclature to the huge pile. But for everyday practical use I do not think we can equal MacLean's simple division of chronic nephritis into two groups—the *hydraemic* and the *azotaemic*. You have all seen these cases. On the one hand, we have the pale, puffy, waterlogged individual, with a scanty urine full of albumin, casts and a fairly high S.G. Such patients have a normal blood pressure, a normal blood N. P. N. or urea, but a high blood chloride. In other words we are dealing with a water-salt retention only—a hydraemia. Nitrogenous excretion is good.

On the other hand, we have a patient who has little or no oedema. He has headaches and visual disturbances. His urine is free, there may be nycturia, the S.G. is lower, casts are variable and albumin is scanty or absent. His urine may be passed as normal. His blood pressure is raised and his blood N.P.N. and urea are raised. In other words we have a nitrogenous retention—an azotaemia. This type is prone to uremia. His two-hours test, his water test (1500 cc.) and possibly even his concentration test may be affected.

Treatment of Chronic Nephritis.

I give you this classification rather than more elaborate ones because it simplifies our treatment. Some cases combine both features, but usually one predominates. Obviously if our patient is *hydraemic*,

the essential point in the treatment is to limit water intake and chlorides. As a rule the removal of free salt in cooking and on the table is sufficient. If the patient can excrete nitrogen well, why deprive him of meat? It will keep up his nourishment and combat his anemia. A straight milk diet soon becomes obnoxious and may be actually harmful. To keep from starving him we would have to give him far more liquid than his kidneys could excrete. Small doses of thyroid extract seem to be very helpful in controlling the oedema and the albuminuria.

The corollary to this is found when we consider the nitrogen-retention, or the *azotaemia*, type. He excretes salt well. Why eliminate it from his diet, as so many of us do? Let him drink water. It will help to eliminate more toxin. Of course, here we must reduce protein to a minimum. In chronic cases extending over several years, we cannot completely eliminate protein, as one might do for a few days in acute nephritis. Therefore we limit the protein to the purin-free or purin-low group—milk, eggs, vegetables, cereals, and later, cheese, fish and chicken. Purins are high in liver, sweetbreads, gravy, meatsoups and proprietary meat extracts, beans and peas. When meat is given it should be boiled. Limit the protein to 1 gm. per kilo or one quarter ounce per pound. It is well to avoid spices, peppers, radishes, asparagus and alcohol. Here one can make up the diet with such fats as cream and butter and the various carbohydrate foods, cornstarch, rice, tapioca, jelly, cereals, vegetables. There is no difference, from the viewpoint of renal elimination, between light and dark meats. Alcohol should be used only when cardiac failure is present or as a food if the patient is vomiting or is threatened with uremia. It is better to underfeed rather than to overfeed these patients.

The severe headache may be controlled with 5 to 7 grains of chloral hydrate combined with 10 to 15 grains of sodium bromide, repeated every 3 or 4 hours. Luminal may be used. Warm baths are very helpful. Foci of infection should be carefully eliminated. A periodic sojourn in bed is very helpful in restoring the balance in the body metabolism. If heart failure occurs, as it often does in the azotaemic group, put the patient to bed, give digitalis and reduce the diet, especially the liquid intake. Watch the diastolic blood pressure.

Finally, one might add that we should not overtreat these chronic hypertensive patients. If the case is well compensated, leave well enough alone. After all, the condition is incurable and our object is really to prolong life for awhile and to render that prolongation as pleasant as possible. Why uproot old habits and customs too vigorously? What is gained by insisting on a routine that really amounts to privation?

“Just Diarrhoea and Vomiting”

COMPARABLE to the adult's, the gastrointestinal tract of the infant is relatively long, and the amount of food ingested and assimilated by it enormous. So it is, if one pauses to think, not astonishing that these organs of complicated functions, only recently acquired, not yet stabilized, and frequently overworked, not only by the great amount of food taken by the baby, but often also because the food is not suitable, should on the slightest depression or the slightest aberration from the normal of the general metabolism, apart from any actual disease of the gastrointestinal tract, become easily and quickly upset. This is, in fact, what does happen, and the overwrought bowel expresses itself by visible diarrhoea and vomiting.

Hence we must realize that the symptomatology of most of the diseases of infants, especially of the infections, includes what has been aptly called “that monotonous diarrhoea and vomiting” or more simply, D. and V. And, because these symptoms bulk large on one's visual horizon, they tend to cause, unless the examiner has much experience and mental restraint, too much attention to be focussed on the gastrointestinal tract, and the baby is unnecessarily dosed with physic and almost starved to death.

Be it then remembered that by far the greatest number of diarrhoeal cases are due, not to gastrointestinal conditions, but to infections outside of the bowels, that is as it is now expressed to parenteral conditions. Of course there are a few cases of primary intestinal intoxications, and a few cases usually of mild symptoms, due to improper or unsuitable diets, these latter being quickly amenable to treatment. And we should further remember that apart from typhoid and a few rare cases, usually in older children, of ulcerative colitis, there is no such thing, practically speaking, as bowel infection, or infections diarrhoea, in countries where true dysentery is not prevalent. In other words diarrhoea and vomiting, especially if severe, are generally due to infections outside of the bowels, if mild to dietetic errors or to mild infections, and almost certainly is this the case if there is a high fever that does not promptly respond to 24 to 36 hours water diet.

Summer diarrhoea, acute gastroenteritis, enteritis, etc. are terms that should not be longer used, as they are erroneous and serve only to direct the attention falsely to the gastrointestinal tract, where the primary cause seldom exists. You will find these terms are much less frequently mentioned in the newer text-books on Paediatrics and because of them in the past many weary investigators, bacterio-

logically have scraped and combed innumerable bowels in unsuccessful search for a specific organism. The parental cause can almost always be determined, by a careful clinical examination of the baby, aided at times by the therapeutic test of a water diet.

The infection, of course may be anywheres, the commonest sites are, the nasopharynx, tonsils, the middle ear, pelves of the kidneys, and the lungs. But as our little patient cannot talk, there is need of a complete physical examination of the patient, a procedure not always done, even in part, when the complaint is that the baby has diarrhoea and vomiting. A meaningless label of summer diarrhoea if the weather is warm or of indigestion if the weather is cold, is hastily and casually fastened to him, and the diet is meddled with in all directions, often in a most bizarre and haphazard manner, and the calomel or the castor oil exhibited most generously, and what resistance the baby has is weakened proportionally, when all the time there is an ear craving to be lanced or a pyelitis hankering for alkalies.

M. C.

Be Kind One to Another. Little acts of kindly thoughtfulness bring their own reward even in the doing of them, but there is a distinct pleasure in knowing that these little things are appreciated. The Medical Society at its last meeting instructed the General Secretary to convey the Society's greetings to Dr. George E. Buckley of Guysboro, who shortly before had sustained a fracture of the hip, and here is his reply:—

GUYSBOROUGH, N. S.
October 10, 1927.

Dr. S. L. Walker,
Secretary Medical Society of Nova Scotia,

"DEAR DR. WALKER:

I was much pleased to receive your letter of July 16th, and to know that I was so kindly remembered by the Medical Society of Nova Scotia. I wish to express my thanks to you personally, and, through you, to the Society. I was in the hospital in Antigonish when your letter came, and regret that this reply has been delayed so long.

I am improving slowly,—sit up one or two hours each day, and can walk across the room on crutches.

Again thanking you, and with very kindest regards, I am,

Yours sincerely,

(Signed) G. E. BUCKLEY.

Dr. Buckley's many friends will be glad to learn he is making progress on the road to recovery.

Correction. In our notes of the Dinner in honor of Dr. John Stewart we were in error in stating that Dr. Tobin was present. He had signified his intention of being present and his name appeared in the newspaper list. At the last moment he was not physically able to attend. He, too, has served his day and generation well.

Health Education

Notes upon the Attitude of the Physician towards Health Faddists.

By M. R. Elliott, M.D., Wolfville.

DURING the past decade a great interest in health matters has been manifested by the general public. This has found expression in the columns of the daily papers, in columns and special articles in hundreds of periodicals, in manuscripts and books of all kinds. The character of this material is and always will be a matter of interest and concern to the medical profession. Just as the minds of men are actuated by a variety of motives so we find reflected in this field a wide range of viewpoint and content—some good, some bad, some indifferent.

A recent writer tells us that the education of the masses is the only way of remedying the evils of irregularity and cultism; but he also adds that with all the great improvements and expenditure in education, there is now as much or more irregular practice as in the past.

Oliver Wendell Holmes has said that, "so long as the body is affected through the mind no audacious device, even of the most manifestly dishonest character, can fail of producing occasional good to those who yield it an implicit or even partial faith."

The question arises, why trouble about these fads and cults; will they not, after flourishing perhaps as the green bay-tree, pass into oblivion? Did not the attitude of the Nova Scotia Medical Society in officially ignoring the presence of the chiropractors in our midst contribute to their down-fall! Is not opposition a form of advertisement and may not the motives of those in opposition be misunderstood? In reply can we not say, that where there is propaganda for a system or condition which is fundamentally opposed to the established truth, that an attitude of *laissez faire* on the part of those who practice these truths is mistaken and wrong. We of the profession then must help the public not only in the function of discrimination, but in active support of the principles which we believe to be true. There must be positive leadership. The intelligent laity will follow, but the way must be blazed carefully and thereafter the thorofare must be lighted by the achievements of the past. Even then there will be difficulties. It is never wise to take for granted that any particular point has been finally reached. For instance take such a simple matter as the benefits

of vaccination. Every physician meets the sophisticated individual armed with the time-worn arguments of the anti-vaccinationist, as well as the ignorant, who consider that the rulings of the Council of Public Instruction are only further evidence of governmental misrule. However, it is often the ordinary citizen who has to be reminded that the only safety against smallpox lies in a vaccinated population.

Again, we have felt that so much had been written of the advances in bacteriology through the work of Koch, Pasteur, Lister and others, that no one would question or evade the application of this knowledge. Yet, daily, we have placed before us, through the columns of some of our most widely circulated papers, the views of a man who implying in his statements the possession of qualifications and experience which he lacks, yet dares to confront the scientific world with theories worthy of the Pre-Harvian days, and who practically repudiates the discoveries of the past half-century. Tuberculosis, he tells us, has as one of its causes a "tight diaphragm." The tubercle bacillus is not mentioned even by inference. How can we consistently carry on a publicity campaign against the ravages of this germ-borne disease when the public is being assured elsewhere that the error is dietetic.

How can we help our patients who may fall prey to cancer if they are told by the same individual that epithelioma of the lip will yield to two or three weeks of fasting on orange juice! How can we assist our appendicitis cases to an early diagnosis and treatment, if they are told that hundreds of cases of appendicitis have had this fasting treatment and all recovered!

In the periodical field the outstanding accumulation of peculiar and unestablished notions continues in the magazine *Physical Culture*. Its pages have always condemned the use of anti-toxin in diphtheria, have fought scientific experimentation on animals, have opposed all sera and vaccines, have proposed exercise and starvation for the treatment of almost everything that might afflict the human system.

We pass by the ethics of the publication of such material to raise the question as to why the public should be influenced by, if not actually accepting these statements. Has the profession failed? Probably one answer lies in the fact that the profession lays the stress upon diagnosis while the lay public are naturally interested only in prognosis and treatment. So that it is not surprising that the sick are attracted to the irregular practitioners who proclaim their successes in treatment. However, as practicing physicians we are very much interested in the reaction of the people with whom we work to our methods of solving their problems. We endeavor to see the patient's viewpoint. Present and future wellbeing alike mean much to the man who goes in and out among the families who call him for advice and guidance. Among the older generation of practitioners the paternal element spread itself over village and countryside. Does a new generation of the people want the same relationship or does it wish to be free to follow after strange gods if it so chooses! Does it seek the

semblance of a better condition, free from the traditions of established medicine, and obtained by the perusal of a sensationally worded health column and the more or less rigid following of a set of general rules prescribed from a very general description of symptoms! In the olden days it was "an apple a day, keeps the doctor away," now, if the Nova Scotia fruit growers had the ear of the "Dr." previously mentioned as thoroughly as do the citrus growers of California, it would certainly augur well for the Annapolis Valley.

There is a positive side to our discussion however. Many of our medical and literary leaders are attempting the solution of the problem of health education along very definite lines. Perhaps the outstanding publication which attempts to correctly interpret the facts of medical science for popular use is "Hygeia," the organ of the American Medical Association. An inspection of its November number shows how well it is succeeding in its mission of placing information in the right way before the public. I have thought that it might be possible for our own Canadian Medical Association to endorse this medium or another with a like purpose. The bulletins published by such agencies as the Metropolitan Life Insurance Co. are admirable in their clear statements. Our best magazines have developed a health service which has been productive of great good. The publications of the governmental Health Boards and Departments are yearly improving in the high quality of their educative work.

Then perhaps one of the greatest of factors in our health program is the work done in our public schools. Not so much from the pages of the health readers as in the faithful insistence of the teachers that each pupil should be forming good health habits. Where precept meets example the true beginnings are made. Certainly our Normal Schools have a great responsibility in training teachers who will sustain the standards which are maintained by such organizations as the Junior Red Cross.

Last of all, there is the army of doctors and nurses who day by day carry on their work of help and enlightenment to men and women everywhere.

Witless:—A judge who possessed a pretty wit, aired it on the bench to the pronounced edification of those assembled.

And another judge who was partial to music, stood up in the Court one day and feelingly rendered Handel's immortal production, "Oh Ruddier than a Cherry";—

And suitable persons proceeded to lead him away.

Wedlock:—A wise king gave his son to wife a woman carved out of marble.

And by dint of keeping also in his house a parrot, a ring-tailed lemur, a hyena, a kitten and a few scorpions, the prince managed to pass for a man who was ordinarily spoused.

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

Confined to, and Covering every Practising Physician in Nova Scotia. Published on the 5th of each month. Advertising Forms close on the 20th. of the preceding month. Subscription Price:—\$3.00 per year.

EDITORIAL BOARD.

Editor-in-Chief - - - GEORGE H. MURPHY, M. D., C. M.
Associate Editors - - - S. J. MACLENNAN, B. A., M. D.
H. B. ATLEE, M. D., C. M.
A. BIRT, M. D.
Secretary to Editorial Board - SMITH L. WALKER, B. A., M. D.

VOL. VI.

DECEMBER 1927

No. 12

Go Down Death

NOT so long ago a woman came to me with a fairly large abdominal swelling and symptoms of intestinal obstruction who told the following interesting story. She had been ailing for some time when, about a year ago, a lady from Cumberland County called on her and told her of the marvellous healing powers of a treatment in which she was interested and which went by the necromantic name of Viavi. So persuasive was the lady from Cumberland County, such a picture of restored vim, vigor and vitality did she predict, that my patient was constrained to try a course of this wonderful treatment. Nor did she boggle over the fee for the course, which was \$175.00, cash down. In due course she was presented with two sets of capsules, one to shove up the rectum, the other up the vagina. She shoved them faithfully and according to directions, but as time passed the miraculous predictions of the lady from Cumberland County were not fulfilled, and she proceeded steadily to march towards the grave. She finally consulted a doctor, who recognized easily the abdominal swelling and sent her to me.

At operation she was found to have cancerous cysts of both ovaries and a quite inoperable cancer of the rectum. The only thing that could be done was removal of the ovarian growths, which fortunately were not adherent, and a colostomy to relieve her intestinal symptoms. It was after this operation that she told me about the lady from Cumberland County, and showed me some samples of the life-giving treatment,

which she happened to have with her. This treatment, as I have said, consisted of two sets of capsules. They were the ordinary gelatin capsules familiar to everyone, and although the rectal set was larger than the vaginal both contained the same material, a greasy greenish stuff which smelled strongly of cocoa butter. She allowed me to take the samples with me which I showed to the Professor of Pharmacology at the University. He told me that they consisted of hydrastis and cocoa butter, and kindly lent me a copy of *Nostrums and Quackery*, a volume gotten out by the Journal of the American Medical Association, in which the history of Viavi was quite fully described.

Viavi, according to this interesting book, was discovered and placed before the public by two brothers of San Francisco, who have made so much money out of it that in addition to owning very largely in real estate of that city they have been honored by being made, one a director of the Y. M. C. A., and the other a member of the board of governors of Leland Stanford University. Their scheme of "selling" the idea has certain original features, in that they work through partially trained agents, rather than through the press. These agents, after digesting their literature, go out soliciting among the sick and ailing, spreading the gospel of Viavi, and talking in the semi-scientific jargon of the Viavi publications, and they charge fees so high that these in themselves impress the unfortunate sufferer. Here are one or two interesting culls from the Viavi contributions to medical science:

1. "The Viavi system of treatment has rendered the curette unnecessary."
2. "Leucorrhoea in time entirely destroys the chief function of the vagina. Its walls become loose and flabby. Thus sexual commerce becomes unsatisfactory and incomplete."
3. "The remarkable effectiveness of the Viavi system . . . places in the power of healthy wives to limit the number of their offspring for proper reasons, and women who are not fit for maternity to avoid it by natural means."
4. "If the disease is in the form of tumors of the womb, she will be advised. . . unless she adopts the Viavi treatment, to submit to operation in which her abdomen will be cut open in the middle line and the symmetry of her figure destroyed. . . The Viavi system of treatment renders all these measures wholly unnecessary."
5. "Tumors of all kinds in all parts of the body have been successfully treated by the Viavi method."
6. "We recall particularly the case of a man suffering with wasting of the testicles who secured perfect recovery from Viavi cerate applied to the scrotum."
7. "A distinctive feature of the Viavi treatment is the permanency of the cure."

Doubtless the lady from Cumberland County quoted extensively from this literature in persuading my patient to undergo treatment. She certainly got much more money for her therapeusis than I was able to get for my operation. But my reason for bringing this matter into this prominence is not so much to make invidious comparisons as to bring before the profession the fact that here in Nova Scotia such a person is duping the unfortunate sufferers in our midst. My own case is a very glaring one—a woman with cancer being treated with a quack remedy until she was hopelessly inoperable. One feels very strongly that the profession should take stringent action against the lady from Cumberland County and any other agents in our midst of the two renowned gentlemen from San Francisco.

H. B. A.

“More Hospitals Needed” was the heading of a paragraph in the October 21st Notes of the Department of the Public Health. Upon reading, it appears that more hospital beds are required for cases of tuberculosis who are anxious to enter hospital. We have in Nova Scotia fully as many hospitals as we can be assured will give a modern service. Indeed any further increase of hospitals hardly seem justifiable. An increase of beds for cases of tuberculosis is entirely a different matter. Here we are told we have more beds for ambulant cases than have ever been used, hence the present demand is for infirmary beds. These must be for certain selected cases.—(1) Far advanced cases removed from undesirable home conditions for nursing or prevention of infection. (2) Early but active cases requiring long periods of rest and careful supervision. (3) Doubtful cases admitted for examination, observation and diagnosis. In all seriousness the question is raised as to the desirability of constructing additions to existing general hospitals to accommodate these classes of cases. From the first class we are going to have a high death rate which will not be pleasant to the hospitals or the public. From the two other classes we will have those patients that require everything in the way of service that medical science can offer. For this we have been taught that properly equipped sanatoria with expert medical and nursing care, is necessary. We have yet to learn or read of some authoritative statement which will definitely settle this mighty important phase of our fight against tuberculosis.

S. L. W.

Post Graduate Study

Canadian Medical Association Lecture Tour, September 19th to 30th.

SHOULD the recent tour of the Canadian Medical Association Lecturers have been the last of this particular form of medical educational activity it would be a matter of very great regret by the great majority of our profession in Nova Scotia. At first these meetings were looked upon as a novelty and, as they did not cost us anything but a little time to attend, we should take all the good things the "Greeks bearing gifts" should bring us. This somewhat critical attitude has long since disappeared when the broad beneficent features of the plan became apparent and those attending experienced the inspiration derived from a consideration of our many problems by recognized leaders of the profession in Canada.

Nor has this enterprise been used to exploit any school, sect, locality or individual. Indeed the C. M. A., and that means largely the General Secretary, has shown much wisdom in the selection of speakers, as well as in arranging other particulars of the various trips. Presumably the Secretaries of the Provincial Associations have all co-operated with the General Secretary as fully as has the Secretary of the Nova Scotia Society. During the past year it has been a very great pleasure to arrange for these meetings, as every Branch Society in the Province has been most anxious to have the meetings and willing to fall in with a programme that took in the whole province. Time was when every Society felt that it should be individually consulted when anything out of the routine was suggested. Now, if the C. M. A. or the M. S. of N. S. proposes certain matters, every Branch endeavors to co-operate in making the proposal a success.

This, then, was the spirit, or the *esprit de corps*, with which the last tour of the speakers was arranged, and it made the work very pleasant for the writer. Every Society in the Province made splendid arrangements for the local meetings, and appeared to vie with each other in their effort to make the visitors feel that they were welcome.

The opening meeting was with the Cumberland County Branch and when Dr. H. B. Cushing, Professor of Paediatrics in McGill, Dr. L. H. McKim, Demonstrator in Surgery in McGill and Dr. S. L. Walker, Secretary of the Medical Society of Nova Scotia, met in Amherst, on the evening of Sept. 18th, they were instructed to attend a Game Banquet at the Terrace Hotel at which they were the guests of local medical men. From the talk around the table the game must have all fallen from the guns of sporting medicos. On Monday, the

19th the party motored to Springhill where the lectures were presented in the comfortable rooms of the Cottage Hospital. To the regret of all the Superintendent, the Rev. J. C. Wilson was unavoidably absent, but the material wants of the gathering were bountifully supplied before the visitors left to catch the train at Springhill Junction. Dr. Cushing dealt with the serum preventive measures in diphtheria and scarlet fever, while Dr. McKim presented original ideas in the treatment of infections of the hand. These addresses were illustrated by lantern slides, many of them being new and original.

Matters relating to the next annual, anniversary meeting were considered and the opinion was expressed that, even with the C. M. A. meeting being held at Charlottetown in 1928 it would be unwise for the Nova Scotia Society to drop its scientific programme to any large extent. Dr. W. T. Purdy, the local Secretary was nominated to the Membership Committee of the Provincial Society. This local branch claims 98% of its possible membership, but has much opportunity to increase its provincial membership and a greater need for C. M. A. growth. The Provincial Secretary was invited to attend the next meeting of the Society when more time would be available to consider matters in which the profession has special interest. By vote the thanks of the meeting was extended to the Hospital staff for courtesies extended, to Doctors Cushing and McKim for their interesting and profitable lectures, and a vote of appreciation for the splendid advantages offered the profession in the C. M. A. post graduate lecture course.

On Tuesday afternoon and evening Doctors Cushing and McKim addressed the Pictou County Branch. Dr. McKim gave both his lectures, while Dr. Cushing spoke on Scarlet Fever and Rheumatism in Children. The Secretary, Dr. John Bell, reported this to be the best attended meeting that has been held with this Branch since the Course started. Some of those present suggested that one of the sessions might be devoted to ward or diagnostic clinics and the other to lectures. This would also be easier on the visitors as well as the audience and would cover a greater variety of subjects. The visitors were motored over the town and vicinity on Tuesday. On Wednesday Dr. Clarence Miller motored them to Antigonish. The sessions at Antigonish were most satisfactory, being largely attended by an enthusiastic group of doctors from all over this large district. A full account appeared in the November BULLETIN.

Taking the train at 1 A. M., at 7.30 A. M. Doctors Cushing and McKim were taken in hand by the doctors in Sydney and were kept busy during the morning and afternoon. Although tired on arrival in Halifax Friday morning, when they addressed the Halifax Branch that evening, the large audience present were delighted with the material and the presentment of their lectures.

On Saturday afternoon these two speakers went to Wolfville to spend Sunday. They were shown over the splendid plant of Acadia University and were taken for motor rides to many points of interest.

They appreciated very much the courtesies of Doctors Elliott, Eagar, DeWitt and Hemmeon and Miss Hemmeon, which with the motor trip to Annapolis, prepared them for three more very strenuous days.

At the meetings held at Annapolis Royal, Yarmouth and Bridgewater the Secretary of the Provincial Society was also in attendance. These meetings were all afternoon and evening sessions with the usual dinner. The attendance was particularly good and the course was fully approved by all the Branches.

The last meeting of the series was held at Truro by the Colchester-Hants Branch on September 30th, Doctors Cushing and McKim leaving the next day for Montreal. They spoke often of the efforts made to give them a pleasant time, of Dr. Sutherland driving them to Yarmouth and Dr. Rehffuss motoring them to Halifax from Bridgewater, as expressed in Dr. Cushing's note in the November BULLETIN.

It would be quite unfair to ourselves and our visitors if we did not extend to them all possible courtesies, as gatherings of this special character call for the introduction of a large personal element that each may get the viewpoint of the other. Moreover these outlying provinces are largely dependent upon the Council of the C. M. A. to obtain these speakers and their continuance depends largely upon the reports submitted, and the speakers prepare their own reports. It is obvious that they will speak favorably of that which recalls pleasant memories. The social side of medical gatherings must never be skimmed.

The Executive of the Medical Society of Nova Scotia is glad to announce to the profession that, as the Sun Life has made a further grant of \$30,000, these lectures will be continued through 1928, or at least till September 30th.

In this connection several points may be mentioned which call for consideration.

A full tour of the province, meeting nine Branches with two sessions in nearly all of them, besides clinics, consultations and banquets, is entirely too strenuous for all concerned. The recent tour kept the two Montreal speakers away from their work and their homes exactly two weeks, which is a sacrifice of time that the honorarium does not justify. The first conclusion is that all Branches cannot be visited in one tour.

Winter meetings cannot be profitably be held with seven, at least, out of the nine Branches, owing to difficulties of transportation. This would not apply to the Halifax Branch, and the Cape Breton Branch has always held a fine series of meetings during the winter season. It might be desirable to arrange meetings for these two Branches some time during the winter. Then from late in May to the last of September, and for Nova Scotia it would surely be possible to have the time extended into October as this is a splendid month for travelling, the remaining seven Branches could arrange meetings.

The Annual Meeting comes the first week in July following the C. M. A. Meeting in Charlottetown the middle of June. Possibly a

good itinerary might be arranged for the Valley, Western Nova Scotia and the Lunenburg-Queens Branches for the latter part of May or early in June, providing for the other Branches between August and October. Two days might then be assigned to each meeting and very desirable clinical lectures could be given. There is no doubt but that all meeting places have good hospitals and clinical material could be easily secured. The additional time would enable the Branches and members to arrange easily those social and other courtesies that are so valuable.

While the Executive has instructed the President and Secretary to arrange these meetings, they are of such importance that suggestions from individuals or branches would be of great value and gladly received. It is commonly said that Nova Scotia is the best organized of all the Provincial Medical Associations. There is now an opportunity to demonstrate such efficiency.

S. L. WALKER,
Secretary.

The Hielan'man's Prayer.

A Nova Scotian touring in Quebec and Ontario came across a postcard containing the familiar prayer of the Hielan'man, which, it was noted, reminded the tourist of North Sydney, other Cape Breton industrial centres and of the few who meet together on the first Tuesday of the month in the Town of Yarmouth. Why the latter, we wonder? But here is the prayer:—

OH Lord—Lord o' the glens an' the bens, an' the hills, an' the stills an' the gills, an' the hauf-mutchkins—hear oor prayers. Pless a' the pig Floras an' the wee Floras, an' the pig Archies an' the wee Archies, an' the Ronals, an' Tonals, an' Tugals, an' the rest of us moreover. Pless a' oor wee coos an' wee soos, an' oor prave polismans specially, an' sen't them plessins too. An' Lord, don't forget to sen' us some whusky, an' after that some more whusky; an' sen us hills o' joy, an' mountains o' love, an' rivers o' prose, an' oceans o' whusky more specially. An' Lord, pless a' oor ponnie pagpipes, an' oor ponnie pagpipers too moreover; an' sen' them' win Lord, gales o' win' to fill their pipes an' soont them in Thy praises. Lord pless oor pig coos an' oor wee coos, an' oor pig soos an' oor wee soos, an' oor polismans pertik'ler. Mak' them prave, Lord an' always ready wi' their patons to knock tamination oot o' the Lowlanters.

An' ton't forget, pless us a' to-day, an' to-morrow, an' the mornin' pefore, an' Lord, do not forget the whusky, an the glory be Thine for evermore.

Amens

A lot of people got this kind of credit and then proceeded to make good:—

Phyllis—I'll give Reginald credit for getting me a nice engagement ring.

Dora—I understand that's what the jeweler did too.

Branch Societies

HALIFAX COUNTY BRANCH.

THE opening meeting and dinner of the 1927-1928 season of the Halifax Branch of the Medical Society of Nova Scotia was held at Ashburn, Wednesday Evening, October 12th., 1927. The guests of the evening were Dr. Murdoch Chisholm, Mr. W. W. Kenny and Dr. D. W. Hoare of Philadelphia. A splendid attendance rewarded the Dinner Committee for their effort, there being forty-six members present.

Following the dinner the meeting was called to order, the Minutes of the last regular meeting were read and approved. The Minutes of a special meeting were on motion adopted as read. At this time Dr. Murphy delivered his Presidential Address "Along The Trail". It was a brilliant one delivered in splendid form. On its conclusion Dr. Murphy was warmly applauded.

The following were called upon and spoke briefly:—Dr. M. Chisholm, Mr. W. W. Kenny, Dr. M. A. B. Smith and Dr. A. I. Mader. A motion was passed to the effect that the address be published in the Editorial columns of the BULLETIN.

On motion the meeting adjourned.

The second regular meeting of the Halifax Branch was held at the Victoria General Hospital, Wednesday, October 26th. Dr. Murphy presided and called the meeting to order at 8.30 P. M. The Minutes of the preceding meeting were on motion adopted as read.

A motion was passed that a letter of condolence be sent to the relatives of the late Dr. Edward Farrell.

Dr. R. R. Smith of Dalhousie, and his Assistant, Dr. Jamieson, were introduced to the meeting. Thirty-six members were present and participated in a very instructive and interesting clinical evening. Dr. W. A. Curry showed a case of a Compound Comminuted Supra-Condylar Fracture of the Femur in a young man, treated by a Thomas hip splint and Buck's extension. Plates were used to illustrate a splendid result.

A series of three cases were reported by Dr. Curry, one of which was presented, in which there were the same symptoms. Patients aged 5, 7 and 12 years, admitted with very high temperatures, manifesting clinically acute appendicitis. Pneumonia was absent in all three. Operation revealed gangrenous appendices and localized peritonitis. Death resulted within thirty-six hours after operation in

the first two cases, preceded by delirium and increase of temperature (107° in one case). The third case, a boy aged 12, recovered and is now in fairly good condition. Blood culture was sterile. History previous to admission was scant but it was the opinion that in these cases there was a pre-existing septicaemia.

Two cases of Tuberculosis of the hip joint showed illustrated marked deformity and ankylosis.

Professor Smith demonstrated by means of post mortem specimens brain tumors from two cases occurring recently at the Victoria General Hospital. In one case there was an absence of very marked symptoms, (Optic Neuritis) one week before death. The tumor here was a glio-sarcoma involving the right frontal pole of the Corpus Callosum and, to some extent, the left frontal pole. In the other case the patient, female aged 24, presented all the well-known symptoms relative to brain tumor. Prof. Smith demonstrated one tumor involving part of the right motor area and another, larger one, involving the medulla and exerting pressure on the cerebellum.

Dr. Atlee presented a case of a woman aged 50, suffering from an inoperable vaginal growth. Fifteen months ago when first seen by Dr. Atlee, Radium was inserted with freedom from symptoms until the present time. General health of the patient good. Dr. Atlee also showed some post mortem specimens of carcinoma of the cervix. An interesting discussion of the cases ensued.

Following adjournment the members were the guests of the Superintendent, Mr. W. W. Kenny, at a splendid oyster supper. A vote of thanks was tendered Mr. Kenny who replied fittingly.

The third regular meeting of the Branch was held at the Nova Scotia Hospital, Dartmouth, Wednesday evening, November 9th. Twenty members braved the elements and attended this splendid meeting. The President called the meeting to order at 8.45 P. M. Following the reading of the Minutes, which were adopted, the scientific programme was proceeded with.

Doctors Hopgood and Morton presented the cases which were highly interesting. Discussion of several cases was instructive and many questions were asked by the members regarding treatment and prognosis. Meeting adjourned at 10.30 P. M.

Doctor Lawlor was host, to those fortunate enough to be present, at a delicious oyster supper at the conclusion of which he was tendered a vote of thanks. In replying Dr. Lawlor made a plea for closer cooperation by the medical men and expressed the desire that they should visit the Institution more often.

(Signed) CLEMENT MACLEOD,
Secretary.

C. M. A. MEMBERSHIP.

UNDER the date of May 6th, 1927, Dr. J. S. Wright, 528 Tegler Block, Edmonton, Alta., wrote Dr. T. C. Routley, General Secretary of the Canadian Medical Association as follows:—

"My dear Doctor:—I am sorry that I will be unable to attend the June meeting in Toronto, but would like to see a full discussion regarding further medical organization and have thought out an outlined scheme with this in view, which might be whipped into an operable plan, if discussed seriously by the Committee on inter-provincial relations. My plan in outline is as follows:

That each province combine the offices of Registrar and Field Secretary into one, the Registrar to carry on the business of the College of P. & S. as at present and that he be also the Secretary of the Provincial Associations, whose duty it would be to visit the members of the profession in the province, learn of their problems and get the viewpoint of individuals, submitting an annual report to the executive of the Associations and, through them, to the annual meeting of the College. The Executive of the Provincial Association would have representatives from the Council as well as those elected at the annual meeting of the Association. The Registrar-Secretaries of the Provincial bodies to act in an advisory capacity to the General Secretary of the C. M. A., and to be known as the C. M. A., Secretarial Advisory Committee, with the General Secretary as permanent Chairman.

That each province have its medical Act so amended that a compulsory annual fee of, say \$20. I do not believe it would exceed \$20.00, sufficient to carry on the business of the Provincial and Canadian Associations, and to establish a protective fund to defend the members of the profession against unjust claims for malpractice or damages.

That each province appoint a Legislative Committee with the Registrar-Secretary as an ex-officio member. That the duty of the Registrar-Secretary would be to watch legislation during the sitting of the Provincial Houses and to report from time to time to the Legislative Committee any legislation or proposed legislation that was up or pending.

That a similar Committee be appointed by the C. M. A., for Dominion Legislation.

I am aware that such Committees already exist, but my idea is to co-ordinate their activities and by so doing it would add greatly to their effectiveness.

I am writing along similar lines to Dr. McEachern, and, if my plan is worthy of any consideration, I hope it may be discussed at the meeting of the Committee on inter-provincial relations.

Please let me have your opinion and suggestion on the scheme.

Respectfully yours,

(Signed) J. S. WRIGHT."

This letter was passed by the General Secretary under date of June 30th, to the Secretary of the Medical Society of Nova Scotia and came before the Executive at Sydney July 6th. As no opportunity offered to study the proposition it was duly referred to the new Executive which met October 6th. Again, as no one was prepared to discuss the subject intelligently, it was referred to the next annual meeting with the understanding that in the meantime publicity be given through the medium of the BULLETIN. It was hoped this would give opportunity for the developing of an intelligent interest in and a sensible disposal of the matter in July 1928. Whether or not this object is

obtained depends upon what action those holding opinions pro and con take, will they take the time necessary to pass their opinions to the rest of the profession?

It is not desirable in considering this subject to dismiss it with a careless wave of the hand and a reference to "Bees in Western Bonnets". One does not need to go West to find those who believe that, even in the Maritime Provinces, we might have some modifications in Examinations, Registration and Society Membership, which would tend equally towards efficiency and simplicity. Nor is there any reason why we should adopt the attitude of "judicious inactivity" towards this or any other small matters upon which we are asked to express our opinion. Let us debate the question on its merits and then, having perhaps established a principle, we can consider local conditions. Perhaps as a profession we come under the same class as our people generally in the Maritime Provinces, namely to an extent isolated or standing with a chip on the shoulder and, perhaps, not talking so much about our share in Federal activities as to what we should get out of the federation. Our Rights may not be just the same as our responsibilities.

There are members of the Provincial Medical Board, the medical staff of Dalhousie College, present and past members of legislative, inter-provincial, educational and other committees, who should all have sufficient experience to form opinions on the subject matter presented herewith. Surely it is not asking too much to have in the BULLETIN a discussion of value; too often we leave a subject *in statu quo* with futile resolutions.

Perhaps members of the Executive will be the first to try their own prescription.

Respectfully submitted,

(Signed) S. L. WALKER,
Secretary.

Doctor Wanted.—The Boston Correspondent of the *New Glasgow Evening News*, writing over the name "Billy Boston," mentions an opening for a young doctor in Maine. He says:—

This appeared in the *News* September 14th, and it is safe to say, the so-called opening is still there.

"Some ambitious young medical graduate looking for a place to begin his career will find a regular practice and a steady income at Searsmount, Maine, that is about 10 miles from Belfast. A doctor who will live there the year round is needed and a bonus of \$600.00 a year will be voted by the town to any satisfactory physician who will agree to make Searsmount his home."

A Three-Quarter Century Club

By Dr. A. C. Jost, Halifax, N. S.

IN at least one of the States of the Union is an organization of the above name. Those eligible for membership are the individuals who have attained the age of seventy-five years. This is five more than what almost from time immemorial has been considered the allotted span of human life.

The organization has annual meetings at which is displayed much enthusiasm, as the members gather to greet those of their numbers who have come unscathed through the dangers of a passing year, and to welcome new additions to their membership. It has been given to each of them to pass for a measurable distance beyond that milestone which the average of human beings fail to pass. Therefore, congratulations are, we surmise, the order of the day, and an enthusiasm tempered by wisdom and mellowed by that saner and sager view of life, which alone experience in living gives. It is much more valuable for the addition.

"We learn to live," says Montaigne, "when our lives are well nigh spent". Possibly the Club members have this writer, who has been described as the wisest of all Frenchmen, as their patron in the spirit. If not, he can surely be commended to them, since truly there are many of his observations and deductions which they would appreciate to the full, but none, perhaps, more than the one just quoted.

Unfortunately, it was not given to Montaigne himself to be eligible for membership in such a club, had one then existed, since the sands of his life had run out before he had attained the age of sixty years. Disease, resulting from the hardship and exposure of years spent in camp and leaguer and travel, or from accidents and injuries from which he or few of his class or associates failed to escape, served to cut short his life at an age by us considered not much beyond the expectancy of life at birth of any individual now living. Montaigne, perhaps, is an example of the aphorism that after all length of life is not the only criterion by which the effect of an individual's living is to be judged, since it holds a place quite subordinate, when considered in relation to the impression he makes on the lives and fortunes and habits of thinking of those with whom his lot is cast.

But for all that, length of life is a gift not lightly to be regarded. Undoubtedly Montaigne was right when he made the observation that many do not learn to live till there are left to them few opportunities of putting the results of their learning into practice. But at the age which each member of a "Three Quarter of a Century Club" has

reached, all ought long ago to have learned that lesson. These can look back from their vantage points upon the crudities and inconsistencies and useless worries of life, and it is given to them dispassionately to weigh and measure and correctly to estimate the value of the experiences they have undergone.

Younger individuals, individuals immersed in what appears to them to be an all important round of momentous activities, might be so rash and ill-advised as to drop a careless comment, to the effect that long before the attainment of the age to which these had attained, a kindly Providence should have arranged a dignified, or at least an unobtrusive exit. Such an expression is attributed very falsely to Osler, the great physician, but no one more than he would resent such a construction being placed upon his utterances. And we can feel very sure indeed that he would be a extremely thoughtless individual who would intimate to any member of the Club that its members were lagging superfluous on the stage, or were nearing or had reached the time when their presence was adding little or nothing to our profit or pleasure or enjoyment.

With very little effort of the imagination we can picture to ourselves the members. There are hard-headed business executives, as active and aggressive as ever, apparently, but who have learned wisdom as their temples whitened. There are jolly and rubicund 'foxy grandpas,' merry, alert, kindly and shrewd, with a zest for life and its frivolities, little diminished. There are matronly and dignified grand-dames, placid and kind and wise, whose lives are a blessing to all with whom they come into contact. There are dainty, delicate, fragile ladies, over whose lives the years have spread a halo of peace, which irradiates and benefits all who are brought within its influence. We all know these types. We know the place they occupy in our respect and love. Perish the thought that we do anything which may make them think that we do not cherish their presence with us beyond the power of words to express. They fill a large place in our daily lives. The very thought that they might leave us chills our blood. They being gone, what is left will indeed seem drear.

According to the latest Dominion Census, there were no less than 15,000 persons in this Province who were eligible for membership in such an organization. A number of references have been made in the Health Talks to the unusual character of the population of this Province, evidenced especially in the extremely high percentages of persons we have in the older age groups. One person out of 35 in our Province is of the age of 75 or over. Only in one Province is the percentage higher, the one referred to being another of the Eastern Provinces, which, like Nova Scotia, has been unable to resist the emigration urge of its people. There are, relatively to population, twice as many persons aged 75 in Nova Scotia as are to be found in Quebec, and from four to six times as many with us as are to be found in the Western Provinces.

In respect of age groups still higher, the place which the Province occupies is still more noteworthy. We have one person over the age of 100 in each fourteen thousand of our population, whereas in some of the Western Provinces one centenarian is to be found only in each eighty or ninety thousand. Even had we kept within our borders all those who in the last half century or more have moved elsewhere, we would still lead all the Canadian Provinces in this respect.

And this fact is evidence which is very little disputable that the conditions under which we live are equalled in their inherent healthfulness by those of few countries of which we know.

(A Radio Health Talk).

Required.

Doctor Dan of North Sydney succoured a couple of wounded sports (?) after a motor accident.

He carried them a kilo or two in his own chariot, (of the same make and pedigree as theirs), and he bound up their wounds, pouring in the while mercurochrome and some sage advice regarding the dangers of mixing the chemicals, viz., ethyl alcohol and ethyl petrol.

Having apologised for their lack of funds to requite the kindly surgeon withal, they proffered their plenteous promises, together with fictitious names and places of abode.

They then made their maudlin adieus, and passed into the night; whereupon the genial surgeon closed and clapsed his office door.

The injured sports thereupon removed the hub-caps from his car and appropriated the same to their own use,—but they left him the balance of his chariot. He might need it for other such calls during the night.

W. J. E.

Our mailing list is again changed and the BULLETIN for Dr. F. J. McLeod of Maitland now goes to Inverness where Dr. McLeod has now been attached to the Memorial Hospital of that town which now promises to have a bright, industrial future.

Dr. F. H. Alexander, for a year or two in Truro, has returned to the western part of the Province, opening an office in Yarmouth

How about the so-called Unruly Member.—“Mrs. M. D. Nidiffer had a turbulent bone removed from her nose at Dr. Bott’s office and is doing nicely.”

With Our Advertisers

ONE function of the BULLETIN is to present to the members of the profession in Nova Scotia, information regarding those who supply the needs of hospitals, patients, doctors, laboratory technicians, etc., etc. Can our readers extend our usefulness by securing advertisements from others who have been supplying their personal needs in the past? Our rates are as follows:—

	1 Month	3 Months	6 Months	12 Months
One Page - - - - -	\$15.00	\$14.00	\$13.00	\$12.00
One-Half Page - - - - -	8.00	7.50	7.00	6.50
One-Quarter Page - - - - -	4.50	4.00	3.75	3.50

The rates are per issue. The Secretary will send rate cards and contract forms to any probable advertisers you may suggest and credit you with the commission. The BULLETIN is yours, can you do something to extend its usefulness?

As the BULLETIN expects to feature its advertising in 1928 to a larger extent than hitherto we would suggest that our Advertisers bear in mind the special clientele which we represent,—the doctors and hospitals of Nova Scotia. It would be good business to address them specifically and directly. Give them that especial line along which you believe you can be of best service to them.

The Bloodless Phlebotomist, British Empire Number, is a pamphlet of very special interest. Whether or not you use Antiphlogistine you should be conversant with the new mechanical device to enable you gauge the extent of the auto driver's jag in case of accident. Nor would it hurt your soul to read over and ponder Samuel Johnson's Prayer. The leech that "hangs on forever" will be featured in our January number.

The Homewood Sanitarium, whose advertisement appears regularly in the BULLETIN, is ideally situated in Guelph, Ontario. This city has the reputation of being one of the healthiest in Canada and is convenient of access from Montreal. At the present time it is the best available institution for neuropsychiatric patients from the Maritime Provinces.

We welcome to our advertising the International Clinics from the J. B. Lippincott Publishing Company. The largest section of the Secretary's library is made up of the four annual volumes of this most serviceable publication extending over many years. Mr. James Wilson, the Canadian Manager, writes that he will have a full exhibit of Lippincott publications at the C. M. A. Meeting in Charlottetown in June, 1928. In his letter he enclosed the alleged joke of the boy in the Scottish school answering the query of the Prince of Wales as to "where is Scotland," by saying, "On the top of England." In Nova

Scotia that is no joke, it's a fact, for the Scotch here are top hole in everything.

Lister Bros., Inc. write the BULLETIN as follows:—

“Gentlemen:

The very latest product of our manufacture is Lister's Porridge Powder, a starch-free, sugar-free and practically foodless powder, from which the patient can easily make a most acceptable substitute for oatmeal, etc., and is really very palatable.

Medical men and patients who have tasted it are enthusiastic in their praises. We believe you will be rendering a service to the physician and his diabetic patients if you will give reader space to Lister's Porridge Powder.”

Having read this and the advertisement if you have any doubts or criticisms to offer this is your magazine and it does not cost you \$15,00 per page to express your opinion.

This could not have happened if Ray had been driving an Essex Coach.—“Ray Overhulse, proprietor of the Weippe and Pierce drug stores, was brought to the Orofino hospital Friday for first aid by Dr. Hopkins. He carries no bumper and was run into by a Ford, with a broken shoulder blade, a sprain of the right hand and general contusions as the result. He returned home the same day.”

Rougiere Freres, Montreal, are Canadian agents for many of the products of French laboratories. We must never forget the great debt that Science, particularly in Medicine and Biology, owes to the imaginative but practical mind of the French Laboratory Savant.

Careful attention should be paid to the advertisement in this number as to protective insurance by Thompson, Adams & Company of Halifax. We expect the special artist that prepares their striking window illustrations will be engaged to adapt them to the pages of the BULLETIN. They catch the eye and appeal to the reason of all interested. Notice particularly hospital, nurses and technicians' protection. These troubles are ever with us.

The Wingate Chemical Company will be glad to send any physicians samples of Felamine, an effective chologogue and biliary antiseptic. It is prepared in the Sandoz Chemical Works, Basle, Switzerland.

Now a word about Investment Companies. But just wait till you begin to hear from your January Accounts.

Advertising is, “The education of the public as to who you are, where you are and what you have to offer in the way of skill, talent or commodity.

“The only man who should not advertise is the man who has nothing to offer the world in the way of commodity or service.”

(Hubbard)

Registered Nurses of Nova Scotia 1927*

A.

Adby, Mildred	132 Armstrong Avenue, Toronto.
Allan, Ann D.	City of Sydney Hosp., Sydney, N. S.
Allbou, Mary A.	Springhill, N. S.
Anderson, Dorothy M.	Colchester Co. Hosp., Truro, N. S.
Anderson, Gertrude I.	Yarmouth, N. S.
Anna Dolores, Sister	Hamilton Memorial Hosp., North Sydney, N. S.
Anna Seton, Sister	Halifax Infirmary Annex, Halifax, N. S.
Andrews, I. Beatrice	City of Sydney Hosp., Sydney, N. S.
Archard, Sarah A.	Victoria General Hosp., Halifax, N. S.
Armstrong, Laura B.	Middlesex Hosp., 28 Crescent St., Middletown, Conn.
Arthur, Mary	401 Clermont Ave., Brooklyn, N. Y.
Atwater, Viola B.	307 Barrington St., Halifax, N. S.
Azar, Mrs. Marion Forbes	161 George St., Sydney, N. S.

B.

Baldwin, Margaret A.	Sydney Mines, N. S.
Bamford, Annie L.	Blissfield, N. B.
Barker, Mrs. B. B.	Highland View Hosp., Amherst, N. S.
Barnaby, Agnes Gertrude	24 South St., Halifax, N. S.
Barrington, Sibella	Red Cross Society, Saint John, N. B.
Bartol, Edith W.	Oxford Ave., Sydney Mines, N. S.
Barton, Dorothy M.	Saskatoon Sanatorium, Fort Qu'Appelle, Sask.
Bates, Mary	General Hosp., New Waterford, N. S.
Betz, Josephine S.	Highland View Hosp., Amherst, N. S.
Billman, Alice	Armdale, Halifax, N. S.
Black, Amy I.	Amherst, N. S.
Blackford, Helen M.	Tiverton, Digby Co., N. S.
Brennan, B. Anna	52 Pine St., Dartmouth, N. S.
Brennan, Bergina C.	98 Prince St., Saint John, N. B.
Brideau, Alvina B.	117 Lawrence St., Halifax, N. S.
Brightman, Lois M.	Upper Burlington, Hants Co., N. S.
Brown, Annie Bertha	Dartmouth, N. S.
Brown, Catherine Lamb	Parrsboro, N. S.
Browne, Elizabeth O. R.	12 Summit St., Dartmouth, N. S.
Buchanan, Margaret	North Sydney, N. S.
Burroughs, Mary A.	Caledonia Mines, Lake Road, N. S.
Butler, Olia J.	Nova Scotia Hosp., Dartmouth, N. S.

C.

Cameron, Anna J.	344 Gottingen St., Halifax, N. S.
Cameron, Helen Rebecca	
Cameron, Josephine C.	Westminster Apartments, Halifax, N. S.
Cameron, Mabel C.	Cochrane, Ont.
Campbell, Annie	Gaylord Farm, Sanatorium, Wallingford, Conn.
Campbell, Catherine M.	General Hosp., Digby, N. S.
Campbell, Elizabeth Anne	2199 Cadillac Ave., Detroit, Mich.
Campbell, Elizabeth Mary	Harbor View Hosp., Sydney Mines, N. S.
Campbell, Ida M.	52 South Washington Ave., Columbus, Ohio.
Campbell, Janet Gordon	32 Alexander St., Sydney, N. S.
Campbell, Mary Florence	344 Gottingen St., Halifax, N. S.
Caldwell, Enid R.	New England Hosp., Dimock St., Roxbury, Mass.
Canning, Laurie E.	34 Young St., Truro, N. S.
Canty, Doris A.	4 Mott St., Dartmouth, N. S.
Carmel, Sister Marie	Hamilton Memorial Hosp., North Sydney, N. S.
Carson, Agnes D.	Children's Hospital, Halifax, N. S.
Carter, Maud L.	344 Gottingen St., Halifax, N. S.
Catherine Gerard, Sister	Hamilton Memorial Hosp., North Sydney, N. S.
Cavanagh, Meredith Irene	Truro, N. S.
Charman, Frances M.	Colchester Co. Hosp., Truro, N. S.
Chisholm, Anna C.	St. Andrews, Antigonish Co., N. S.
Chisholm, Ethel MacK.	Moose River, Pictou Co., N. S.

Chisholm, Katherine M.	Port Hood, N. S.
Chisholm, Mrs. Margaret L.	1050 $\frac{1}{2}$ Mercer St., Windsor, Ont.
Chisholm, Rachel A.	St. Martha's Hosp., Antigonish, N. S.
Chrysostom, Sister Mary	Ross Memorial Hosp., Sydney, N. S.
Clements, Lydia F.	Yarmouth, N. S.
Cliff, Florence M.	344 Gottingen St., Halifax, N. S.
Cochran, Alta B.	Scotch Village, Hants Co., N. S.
Colwell, Nellie I.	31 South Park St., Halifax, N. S.
Conn, Hattie E.	River Philip Centre, Cumberland Co., N. S.
Connell, Monica	340 Mountain St., Montreal, P. Q.
Conrad, Alice L.	40 Church St., Halifax, N. S.
Cook, Gertrude P.	87 Vernon St., Halifax, N. S.
Cooke, Rachel E.	Bass River, N. S.
Coon, Martha Emma	101 Edgehill Road, East Milton, Mass., U. S. A.
Corbin, Elizabeth B.	Michigan State Sanatorium, Howell, Mich.
Corning, Bernice L.	Nassau Hosp., Mineola, N. Y., U. S. A.
Cox, Agnes	169 Whitney Ave., Sydney, N. S.
Crosby, Gertrude J.	Dalhousie Health Clinic, Halifax, N. S.
Currie, Alice M.	Vancouver General Hosp., Vancouver, B. C.
Currie, Margaret A.	St. Mary's Hosp., Inverness, N. S.
Currie, Susan	Pictou Landing, N. S.
Currie, Teresa E.	King Edward St., Glace Bay, N. S.

D.

Daniel, Sister Mary	Ross Memorial Hosp., Sydney, N. S.
Dauphinee, Vera J.	Hackett's Cove, Halifax Co., N. S.
Davison, Anna M.	Bass River, N. S.
Dawson, Martha H.	Springhill, N. S.
Decoffe, Grace M.	Afton, Antigonish Co., N. S.
Dempsy, Mary C.	624 Robie St., Halifax, N. S.
DeMone, Mary E.	Lunenburg, N. S.
Desmond, Berthold	Granton, N. S.
DeVan, Mrs. Alice Brady	678 Robie St., Halifax, N. S.
DeVenne, Winnifred A.	23 Russell St., Amherst, N. S.
Dick, Margaret MacF.	New Aberdeen, N. S.
Dickson, Emma Isabel	Aberdeen Hosp., New Glasgow, N. S.
Dobson, Myrtle W.	Westmount, Sydney, N. S.
Dolorosa, Sister Mary	St. Martha's Hosp., Antigonish, N. S.
Dorey, Edith E.	1754 East 65th St., Cleveland, Ohio, U. S. A.
Douglas, Mrs. Brenda J.	Nova Scotia Hosp., Dartmouth, N. S.
Downey, Mary Agnes	Colchester Co. Hosp., Truro, N. S.
Drew, Margaret C.	27 Tobin St., Halifax, N. S.
Dubbin, Mabel L.	101 James St., Sydney, N. S.
Dunlap, Laura A.	c/o R. A. Dunlap, Moser-Ryder Block, Edmonton, Alberta.

E.

Eisan, Una B.	12 Stonington St., North Andover, Mass., U. S. A.
Elizabeth Seton, Sister	3393, 106th St., Edmonton, Alberta.
Elliot, Ethel	Aberdeen Hosp., Alberta.
Evans, Rena Mertie	26 Edward St., Halifax, N. S.

F.

Fenton, A. Edith	Dalhousie Health Clinic, Halifax, N. S.
Ferguson, Elizabeth M.	403 Townsend St., Sydney, N. S.
Ferrand, Ella A.	38 Paradise Road, Northampton, Mass., U. S. A.
Field, Mary E.	92 Green St., Brockton, Mass., U. S. A.
Fife, Lillian J.	417 Charlotte St., Sydney, N. S.
Fillmore, Mabel Lillian	Sackville, N. B.
Fleming, Claudia M.	Nova Scotia Hosp., Dartmouth, N. S.
Flemming, Minnie L.	Cottage Hosp., Nantucket, Mass., U. S. A.
Forbrigger, Gladys I.	Thrall Hosp., Middletown, N. Y., U. S. A.
Finnamore, Gladys I.	Marysville, N. B.
Foster, Annie W.	Kingston, N. S.
Foster, Helen M.	22 Church St., Halifax, N. S.
Fougere, Lavin J.	Nova Scotia Hosp., Dartmouth, N. S.
Francis Joseph, Sister	Mt. St. Vincent, Rockingham, N. S.

Francis, Evelyn A.	Sydney Mines, N. S.
Francis, Olivia J.	Hantsport, N. S.
Fraser, Annie Margaret	Sunny Brae, Pictou Co., N. S.
Fraser, Florence A.	Dalhousie Health Clinic, Halifax, N. S.
Fraser, L. Flora	325 South St., Halifax, N. S.
Fraser, Margaret E.	MacLennan's Mountain, N. S.
Fraser, Mary Catherine	Mulgrave, N. S.
Fraser, Mary Meikle	Nova Scotia Sanatorium, Kentville, N. S.

G.

Geldert, Mrs. Laura E.	244 Jubilee Road, Halifax, N. S.
Georgina, Sister Mary	St. Mary's Home, Sydney, N. S.
Gill, Elizabeth A.	141 Walnut St., Halifax, N. S.
Gillis, Agnes	494 Esplanade, Sydney, N. S.
Gillis, Mary Anna C.	Pictou, N. S.
Gooley, Katherine Lena	Emergency Hosp., D. I. & S. Co., Sydney, N. S.
Gordon, Clara C.	4535 Kervin Ave., Detroit, Mich., U. S. A.
Gouthro, Frances I.	Little Bras d'Or Bridge, N. S.
Grady, Stella M.	6 Wentworth St., Dartmouth, N. S.
Graham, Catherine M.	17 North St., Halifax, N. S.
Graham, Mrs. Frances Sheridan	51 Coburg Road, Halifax, N. S.
Grant, Anna Marjorie	Antigonish, N. S.
Grant, Marion A.	307 Barrington St., Halifax, N. S.
Grant, Nina	Aberdeen Hosp., New Glasgow, N. S.
Graves, Laura M.	94 Vernon St., Halifax, N. S.
Gray, Marguerite O.	New Glasgow, N. S.
Grayley, Laura D.	Lockeport, N. S.
Gunn, Mrs. Hazel Kirk	East River St. Mary's, Pictou Co., N. S.

H.

Hall, Elizabeth A.	Woman's Hosp., 141 West 109th St., New York.
Hall, Lenta Grace	344 Gottingen St., Halifax, N. S.
Hanrahan, Kathleen	St. Mary's St., Antigonish, N. S.
Harding, Grace M.	Yarmouth, N. S.
Hare, Ethel F.	New York, U. S. A.
Harlow, Cora Maud	Caledonia, N. S.
Harris, Ethel E.	198 Pilgrim Road, Boston, Mass., U. S. A.
Harrison, Eunice K.	27 Tobin St., Halifax, N. S.
Hart, Lillian M. D.	Sackville, N. B.
Harry, Mary	Highland Ave., Wolfville, N. S.
Harvey, Kathleen B.	Grand Pre, N. S.
Harvey, Mary	George's River, N. S.
Hayden, Mary J.	51½ LeMarchant St., Halifax, N. S.
Healy, Marie A.	8 Lorne Terrace, Halifax, N. S.
Henderson, Jessie M.	Copper Lake, N. S.
Hendsbee, Jennie A.	84 Queen St., Halifax, N. S.
Herbert, Edith K.	344 Gottingen St., Halifax, N. S.
Hill, Mary C.	Hamilton Memorial Hosp., North Sydney, N. S.
Hills, Ethel A.	Portage la Prairie, Manitoba.
Himelman, Mrs. Annie Gleaves	25 King St., Dartmouth, N. S.
Himmelman, Adeline	6 Summer St., Halifax, N. S.
Himmelman, Freda M.	Victoria General Hosp., Halifax, N. S.
Hivey, Helen E.	Berwick, N. S.
Hoare, Laura Odessa	Truro, N. S.
Holden, Amy S.	22 Fenwick St., Halifax, N. S.
Holmes, Florence J.	Windmill Road, Dartmouth, N. S.
Hublely, Jane M.	41 Windsor St., Halifax, N. S.
Hublely, Laura M.	Military Hosp., Halifax, N. S.
Huggard, Mrs. Kathryn G.	Norton, King's Co., N. B.
Hunter, Nettie M.	Leamington, Cumberland Co., N. S.
Hart, Ruth V.	122 Spring Garden Road, Halifax, N. S.

I.

Illsley, Clarice Emma	Berwick, N. S.
Innis, Arabella S.	Victoria General Hosp., Halifax, N. S.
Irenaeus, Sister Mary	Hamilton Memorial Hosp., North Sydney, N. S.

J.

Joseph, Sister Mary	St. Martha's Hosp., Antigonish, N. S.
Johnson, Margaret A.	Fairview Hosp., Great Barrington, Mass., U. S. A.
Johnston, Olive M.	91 Russel St. Extension, Halifax, N. S.

K.

Keating, Roy Victor	Arthur St., North Woodside, Halifax Co., N. S.
Keatinge, Mary A. R.	"Ashcote," Guelph, Ontario.
Keddy, Ada M.	59 Duncan St., Halifax, N. S.
Kemp, Ruby G.	New Rochelle Hosp., New Rochelle, N. Y.
Kennedy, Bessie B.	New Glasgow, N. S.
Kennedy, Kathryn M.	248 Robie St., Halifax, N. S.
Kennedy, Mary	Purl Brook, Antigonish Co., N. S.
Kennedy, Vera Jane	Scotsburn, Pictou Co., N. S.
Kerr, Carolyn K.	Middleton, N. S.
Kerr, Flora	Louisburg, N. S.
Keyes, Stella F.	Victoria General Hospital, Halifax, N. S.
King, Rose Lillian	River Philip, Cumberland Co., N. S.
Kinnie, Laura B.	Nova Scotia Sanatorium, Kentville, N. S.
Kinsman, Marjorie E.	Berwick, N. S.
Knox, Alva G.	101 So. Park St., Halifax, N. S.
Kuhn, Jane A.	Victoria General Hospital, Halifax, N. S.

L.

Lavers, Lily Oressa	Amherst, N. S.
LeBlanc, Eva May	Pictou, N. S.
Leslie, Arthur Wilbert	Nova Scotia Hosp., Dartmouth, N. S.
Letteney, Mary Mack	Digby, N. S.
Lewis, Violet M.	Colchester County Hosp., Truro, N. S.
Liggett, Flora C.	25 Glenmount Park Road, Toronto, Ontario.
Lisson, Teresa E.	Mound Park Hosp., St. Petersburg, Florida.
Lockhart, Greta M.	Elizabeth General Hosp., Elizabeth, N. J., U. S. A.
Logan, Mrs. Marguerite Lee	314 Creighton St. Extension, Halifax, N. S.
Lyons, Mary E.	Tuberculosis Hosp., Halifax, N. S.

Mac.

MacArthur, Gladys M.	351 West Young St., Halifax, N. S.
Macauley, Mrs. Alice Hunt	940 Mill St., Salem, Oregon, U. S. A.
McCarthy, Mary Charlotte	244 East 15th St., New York, U. S. A.
McClare, Dorothy C.	Payzant Memorial Hosp., Windsor, N. S.
MacDaniel, Mary R.	23 Lawrence St., Halifax, N. S.
MacDonald, Agnes Jennie	New Waterford Hosp., New Waterford, N. S.
MacDonald, Agnes May	54 Rupert St., Amherst, N. S. (Deceased)
MacDonald, Annie May	27 Church St., Halifax, N. S.
MacDonald, Catherine Tullock	Brook Village, N. S.
MacDonald, Harriet Helena	28 Lorway Ave., Sydney, N. S.
MacDonald, Hilda Havergal	Normal School, Truro, N. S.
MacDonald, Isabel Maxwell, Mrs.	Summerside, Prince Edward Island.
MacDonald, Janet Madeline	Nova Scotia Hosp., Dartmouth, N. S.
MacDonald, Katherine Louise	City of Sydney Hosp., Sydney, N. S.
MacDonald, Louise Agnes	Military Hosp., Halifax, N. S.
MacDonald, Margaret	Westminster Apartments, Halifax, N. S.
MacDonald, Margaret Ann	Dougals St., Glace Bay, N. S.
MacDonald, Mary Catherine	Ottawa Brook, Victoria Co., N. S.
MacDonald, Maude Belle	Goldboro, Guysborough Co., N. S.
MacDonald, Moya	Elmwood Hotel, Halifax, N. S.
MacDonald, Nellie Victoria Clifton	Truro, N. S.
MacDonald, Olive May	Maple Grove, Hants Co., N. S. (Deceased)
Macdonald, Phoebe	Three Mile Plains, N. S.
MacDonald, Reeta Elise	Hopewell, N. S.
MacDonald, Sadie	Gabarous Lake, C. B.
MacDonald, Sara Marjorie	Monastery, Antigonish Co., N. S.
MacDonald, Mrs. S. Marjorie Elms	P. O. Box 288, Westboro, Mass., U. S. A.
MacDougall, Catherine A.	Stellarton, N. S.
McEachern, Elizabeth	Ross Memorial Hosp., Sydney, N. S.
McEachern, Mary Anne	222 Highland Ave., Somerville, Mass., U. S. A.

- MacFarlane, Elizabeth Eleanor 48 Campbell St., Sydney, N. S.
 MacGlashen, Verda Clarence St., Amherst, N. S.
 MacInnes, Edna Violet 83½ Jubilee Road, Halifax, N. S.
 MacInnis, Florence L. Nova Scotia Sanatorium, Kentville, N. S.
 MacInnis, Sarah Ann Stellarton, N. S.
 MacInnis, Lauchlin K. c/o Miss Grace Blagdon, Weymouth, N. S.
 MacIntosh, Mrs. Jessie Simpson Ap't 6, E. 531 West 124th St., New York, U. S. A.
 McIntyre, Mrs. Adele Francis Glace Bay, N. S.
 MacIsaac, Sarah Catherine Camp Hill Hosp., Halifax, N. S.
 McKay, Mrs. Christine Ferguson Thorburn, N. S.
 MacKay, Georgina M. Baddeck, N. S.
 MacKay, Harriet H. 72 Edward St., Halifax, N. S.
 MacKeen, Stella Agnes Emergency Hosp., D. I. & S. Co., Sydney, N. S.
 MacKenzie, Amy Louise General Hosp., Glace Bay, N. S.
 MacKenzie, Helen Gertrude 51½ LeMarchant St., Halifax, N. S.
 MacKenzie, Margaret Elizabeth 315 Barrington St., Halifax, N. S.
 McKiggan, Mrs. Belle King Dominion No. 6, Glace Bay, N. S.
 MacKillop, Daisy M. Coxheath, C. B.
 MacKinnon, Euphemia Harbor Hosp., 23rd & Cropsy Avenues, Brooklyn,
 N. Y., U. S. A.
 MacKinnon, Florence Loretta 222 Highland Ave., Somerville, Mass., U. S. A.
 MacKinnon, Florence Mary City of Sydney Hosp., Sydney, N. S.
 MacKinnon, Isabel 15 Union St., Sydney, N. S.
 MacKinnon, Katherine Margaret City of Sydney Hosp., Sydney, N. S.
 MacKinnon, Margaret May General Hosp., New Waterford, N. S.
 MacLachy, Katherine O. Military Hosp., Halifax, N. S.
 MacLauchlan, Gladys Irene Great Village, N. S.
 McLaughlin, Beatrice St.C. Children's Hosp., Halifax, N. S.
 MacLaughlin, Gwendoline A. Green Point Hosp., Brooklyn, N. Y., U. S. A.
 MacLean, Catherine Ellen Elmsdale, N. S.
 MacLean, Harriet Mae Truro, N. S.
 MacLean, Jean Stewart General Hosp., Glace Bay, N. S.
 MacLean, Josephine York St., Glace Bay, N. S.
 MacLean, Lillian Jean Colchester County Hosp., Truro, N. S.
 MacLean, Mrs. Olive Robson 225 Esplanade, Sydney, N. S.
 McLellan, Frances Jean Falmouth, N. S.
 MacLean, Pearl Katherine Lakedale, Guysborough Co., N. S.
 MacLennan, Rebecca Elizabeth 114 Park St., Sydney, N. S.
 MacLeod, Juliet Christine Cleveland, C. B.
 MacLeod, Mary Margaret Harbor View Hosp., Sydney Mines, N. S.
 McMann, Annie Isabel 19 Conway Street, Roslindale, Mass., U. S. A.
 MacMillan, Anna Margaret 176 Palisade Ave., Jersey City, N. J., U. S. A.
 MacMillan, Letitia May 344 Gottingen St., Halifax, N. S.
 McMullan, Hilda Evelyn Port Hawkesbury, N. S.
 MacNeil, Kathryn May Westville, N. S.
 MacNeil, Elizabeth Gertrude New Aberdeen, N. S.
 MacNeil, Isabel Egerton, Pictou Co., N. S.
 MacNeil, Mary Christene 48 York St., Sydney, N. S.
 MacNeil, Sicily Isabel 74 Coburg Road, Halifax, N. S.
 MacNaughton, Mrs. Lida Duff Pleasant St., Dartmouth, N. S.
 MacPhail, Nellie Beatrice 66 Wentworth St., Dartmouth, N. S.
 MacPhee, Mary Catherine 417 Charlotte St., Sydney, N. S.
 MacPherson, Marjorie Catherine Blackett St., Glace Bay, N. S.
 MacRae, Barbara Anne General Hosp., Glace Bay, N. S.
 MacRitchie, Anna P. 126 Falmouth St., Sydney, N. S.
 MacWatt, Esther MacD. Bedford, N. S.

M.

- Mahoney, Margaret Josephine 95 Vernon St., Halifax, N. S.
 Mahoney, Mary Josephine St. Mary's Hospital, Inverness, N. S.
 Maloney, Kathleen Mary Contagious Hosp., Haverhill, Mass., U. S. A.
 Margeson, Helen E. 4 Wadsworth St., Allston, Mass., U. S. A.
 Martina, Sister Maria Halifax Infirmary, N. S.
 Martell, Blanche M. Nova Scotia Sanatorium, Kentville, N. S.
 Martin, Margaret M. Payzant Memorial Hosp., Windsor, N. S.

- Sister Mary Halifax Infirmiry, N. S.
 Sister Mary of Mercy St. Martha's Hosp., Antigonish, N. S.
 Matheson, Dollie Flora 224 Argyle St., Sydney, N. S.
 Melvin, Frances C. Old Ladies' Home, Gottingen St., Halifax, N. S.
 Merlin, Florence M. General Hosp., New Waterford, N. S.
 Merritt, Anna May Sydney Mines, N. S.
 Merritt, Helen Josephine Mt. Dora, Lake Co., Florida, U. S. A.
 Moore, Nettie Yarmouth Hospital, Yarmouth, N. S.
 Morash, Eliza L. Woodlawn, Dartmouth, N. S.
 Morrison, Isabel C. 101 Whitney Ave., Sydney, N. S.
 Morrison, Mona B. Cottage Hosp., Nantucket, Mass., U. S. A.
 Morrison, Myrtilia G. Londonderry, N. S.
 Morton, Alberta I. Deep Brook, N. S.
 Mosher, Gertrude A. Canso, N. S.
 Mullins, M. Frances A. 16 Tower Road, Halifax, N. S.
 Munro, Jean MacElvie New Glasgow, N. S.
 Munroe, Maud Lillian Reserve Mines, N. S.
 Murphy, Mrs. Adriana Layton Hilden, N. S.
 Murphy, Elizabeth Clotilda Ogden, Guysborough Co., N. S.
 Murrnt, Ella M. Brooks Hosp., Corey Hill, Brookline, Mass.,
 Murray, Hazel L. 93 South Bentick St., Sydney, N. S.
 Murray, Mabel Freeman Yarmouth, N. S.
 Marion Francis, Sister 3393, 106th St., Edmonton, Alberta.
 N.
 Nicolson, Catherine L. Dominion, C. B., N. S.
 Nicholson, Margaret E. All Saints Hosp., Springhill, N. S.
 Nicholson, Sylvia V. Centreville, North Sydney, N. S.
 O.
 Otto, Clara K. Tarrytown Hosp., Tarrytown, N. Y., U. S. A.
 P.
 Page, Laura Evelyn Truro, N. S.
 Palmer, Estella F. King's County Memorial Hosp., Berwick, N. S.
 Patterson, Emma C. Tatamagouche, N. S.
 Patterson, Mary D. Amherst, N. S.
 Pauletta, Sister Mary Halifax Infirmiry, Halifax, N. S.
 Pemberton, Evaline M. King's Daughters' Hosp., Staunton, Virginia.
 Perpetual Help, Sister Marie Ross Memorial Hosp., Sydney, N. S.
 Perry, Mary Frances Yarmouth Hosp., Yarmouth, N. S.
 Peters, John Blair 431 East 26th St., New York City, U. S. A.
 Philip Neri, Sister Mary St. Martha's Hosp., Antigonish, N. S.
 Piercey, Annie Olive 26 Westmount St., Halifax, N. S.
 Pitman, Anna C. H. Arcadia, Yarmouth Co., N. S.
 Pitman, Mary H. J. Arcadia, Yarmouth Co., N. S.
 Proudfoot, Annie C. 203 Queen St., Truro, N. S.
 Pugsley, Blanche Highland View Hosp., Amherst, N. S.
 Purcell, Agnes G. 41 West St., Halifax, N. S.
 Purdy, Mary E. MacL. Yarmouth Hosp., Yarmouth, N. S.
 Pushie, Mrs. Edna May Silliker New Glasgow, N. S.
 R.
 Rankine, Henrietta A. 39 George St., Sydney, N. S.
 Ratchford, Philomena M. 211 Hendrie St., Detroit, Mich., U. S. A.
 Read, Winifred 396 Tower Road, Halifax, N. S.
 Redmond, Irene Margaret Newcombe's Corner, Halifax Co., N. S.
 Regan, Mabel Rose Port Williams, N. S.
 Reinhardt, Jessie Florence East LaHave, N. S.
 Rice, Frances A. 11 Spring Garden Road, Halifax, N. S.
 Rita, Sister Mary St. Joseph's Hosp., Glace Bay, N. S.
 Robertson, Mary Elizabeth Harbor View Hosp., Sydney Mines, N. S.
 Ross, Eunice 316 So. Pine St., Detroit, Mich, U. S. A.
 Ryan, Mrs. Caroline Martha Hopkins All Saint's Hosp., Springhill, N. S.
 Ryan, Violet A. Nova Scotia Sanatorium, Kentville, N. S.
 Sacred Heart, Sister Mary St. Mary's Hosp., Halifax, N. S.
 Salterio, Adora Agnes 5 Kent St., Halifax, N. S.

Schnare, Violet M.	Middlesex Hosp., New Brunswick, N. J., U. S. A.
Schurman, Ethel Clare	River Philip, N. S.
Scott, Lola May	32 South St., Halifax, N. S.
Shaw, Myrtle Davison	Windsor Forks, N. S.
Shaw, Sophie Huntington	Windsor Forks, N. S.
Shortt, Kathleen P.	247 $\frac{1}{2}$ Robie St., Halifax, N. S.
Simpson, Mrs. Ella MacInnes	Kipling, Saskatchewan.
Simpson, Ino Emma	Nova Scotia Sanatorium, Kentville, N. S.
Sinclair, Elizabeth E.	36 Rogers Ave., Lynn, Mass., U. S. A.
Smeltzer, Marion Gertrude	Mahone Bay, N. S.
Smith, Amy Grace	Springhill, N. S.
Smith, Edward Vinton	Nova Scotia Hosp., Dartmouth, N. S.
Smith, Eleanor	Joggins, Cumberland Co., N. S.
Smith, Mrs. Helen Crook	P. O. Box 151, Yarmouth, N. S.
Smith, Ruth B.	163 Young Ave., Halifax, N. S.
Snow, Elmina L.	105 Queensberry St., Boston, Mass., U. S. A.
Spaes, Mayme D.	103 Inglis St., Halifax, N. S.
Spencer, Elsie Grace	Victoria General Hosp., Halifax, N. S.
Spencer, Lyda Alice	General Hosp., Glace Bay, N. S.
Spicer, Mrs. Irene Thompson	Canning, N. S.
Stowe, Alice Georgina	New Glasgow, N. S.
Strum, Gladys E.	Victoria General Hosp., Halifax, N. S.
Strum, Laura J.	Suncook Mills, Suncook, New Hampshire, U. S. A.

T.

Talbot, Susan Elsie	Pictou, N. S.
Taylor, Margaret L.	103 Victoria Road, Halifax, N. S.
Tout, Dora O.	83 Lincoln Place, Liberty, N. Y., U. S. A.
Townsend, Helen F.	Aberdeen Hosp., New Glasgow, N. S.
Townsend, Phoebe E.	Chester Hosp., 10 Chester St., Cambridge, Mass.
Trefry, Marjorie E.	Dalhousie Health Clinic, Halifax, N. S.
Trueman, Sophia May	Highland View Hosp., Amherst, N. S.
Turner, Beatrice Blanche	Water St., Glace Bay, N. S.
Turner, Effie Margaret	Water St., Glace Bay, N. S.
Turner, Lydia	Glace Bay, N. S.
Turner, Nellie Ford	Sackville, N. B.
Trivett, Jean Dorothy	71 Coburg Road, Halifax, N. S.

U.

Urquhart, Lottie	30 Fort St., Montreal, P. Q.
------------------	------------------------------

V.

Vaughan, Emma Gertrude	North Sydney, N. S.
Vaughan, Martha Elizabeth	North Sydney, N. S.

W.

Waddleton, Mary E.	163 Coburg Road, Halifax, N. S.
Walters, Emma Jane	Westville, N. S.
Walker, Mildred M.	Women's Free Hosp., 80 Glen Road, Brookline, Mass., U. S. A.
Warren, Lillian M.	Nova Scotia Sanatorium, Kentville, N. S.
Watkins, Jane F.	63 Henry St., Halifax, N. S.
Watson, Lillian B.	Homeopathic Hosp., Central & Munn Ave., East Orange, N. J., U. S. A.
Watson, Mary A. S.	Yarmouth Hosp., Yarmouth, N. S.
Way, Sarah Gladys	195 Windsor St., Halifax, N. S.
West, Flora B.	344 Gottingen St., Halifax, N. S.
White, Eva Marion	9 Spring Garden Road, Halifax, N. S.
White, Helena Fairbrother	General Hosp., Digby, N. S.
White, Ida Mary	Green Point Hosp., Brooklyn, N. Y., U. S. A.
White, Teresa Elizabeth	41 Spring Garden Road, Halifax, N. S.
White, Veronica	Campbellton, N. B.
Withrow, Florence Louise	Elmsdale, N. S.
Woodbury, Jessie M.	Inverness Memorial Hosp., Inverness, N. S.

Y.

Yetman, Elsie Irma	North Sydney, N. S.
--------------------	---------------------

Z.

Zwicker, Louise Emma	Nova Scotia Hosp., Dartmouth, N. S.
----------------------	-------------------------------------

MEDICAL SOCIETY OF NOVA SCOTIA

ANNUAL MEETING (ANNIVERSARY) JULY 5, 6, 7, 1928.
ANNAPOLIS ROYAL, N. S.

OFFICERS FOR 1927-1928.

President	Dr. L. R. Morse, Lawrencetown, N. S.
1st Vice-President	Dr. R. H. Sutherland, Pictou, N. S.
2nd Vice-President	Dr. H. K. McDonald, Halifax.
Secretary	Dr. S. L. Walker, Halifax.
Treasurer	Dr. J. G. D. Campbell, Halifax, N. S.

EXECUTIVE.

The above officers and the following from affiliated Branches.

Cape Breton Branch.	Valley Medical Society Branch.
Dr. D. R. McRae, Sydney Mines.	Dr. R. O. Bethune, Berwick.
Dr. J. K. McLeod, Sydney.	Dr. A. B. Campbell, Bear River.
Dr. M. T. Sullivan, Glace Bay.	Dr. L. B. Braine, Annapolis Royal.
Cumberland County Branch.	Pictou County Branch.
Dr. J. A. Munro, Amherst.	Dr. S. G. McKenzie, Westville.
Dr. M. J. Wardrope, Springhill.	Dr. G. A. Dunn, Pictou.
Halifax Branch.	Eastern Counties Branch.
Dr. G. H. Murphy.	Dr. J. L. McIsaac, Antigonish.
Dr. A. E. Doull.	Colchester-Hants Branch.
Dr. P. Weatherbe.	Dr. H. B. Havey, Stewiacke.
Dr. S. R. Johnston.	Dr. E. E. Bissett, Windsor.
Dr. H. A. Payzant, Dartmouth.	Western Nova Scotia Branch.
Lunenburg-Queens Branch.	Dr. C. K. Fuller, Yarmouth.
Dr. W. N. Reh fuss, Bridgewater.	Dr. C. A. Webster, Yarmouth.
Dr. W. N. Cochran, Mahone.	

STANDING COMMITTEES.

Arrangements.

To be appointed by the President.

Cogswell Library Committee.	Public Health Committee.
Dr. Nicholls, Halifax.	Dr. A. C. Jost, Halifax.
Dr. Corston, Halifax.	Dr. R. L. Blackadar, Port Maitland.
Dr. Stewart, Halifax.	Dr. J. K. McLeod, Sydney.
Dr. Weatherbe, Halifax.	Dr. W. N. Reh fuss, Bridgewater.
Dr. C. S. Morton, Halifax.	Dr. E. D. McLean, Truro.
Editorial Board of C. M. A. Journal.	
Dr. W. H. Hattie, Halifax.	Dr. M. T. Sullivan, Glace Bay.
Dr. G. H. Murphy, Halifax.	Dr. J. J. Roy, Sydney.
Dr. J. G. McDougall, Halifax.	Dr. T. A. Lebbetter, Yarmouth.
Workmen's Compensation Board.	Cancer Committee.
Dr. G. H. Murphy, Halifax.	Dr. John Stewart, Halifax.
Dr. M. G. Burris, Dartmouth.	Dr. E. V. Hogan, Halifax.
Dr. J. R. Corston, Halifax.	Dr. D. J. McKenzie, Halifax.
Council to Canadian Medical Association.	
Dr. L. R. Morse } (Ex-Officio).	Dr. E. V. Hogan, Halifax.
Dr. S. L. Walker. }	Dr. O. B. Keddy, Windsor.
Dr. Ross Millar, Amherst.	Dr. J. S. Brea n, Mulgrave.
Dr. W. H. Cochran, Mahone.	

Narcotic Drugs— (Including Pharmacy).

Dr. E. E. Bissett, Windsor, to name his own Committee.

Ayerst

CAPSULES No. 280

“CALCIUM A”**TONIC NUTRIENT NERVINE**

The therapeutic value of these capsules is now well established in cases where increased calcium and phosphorus assimilation is desired.

They are widely prescribed with marked benefit during pregnancy and lactation and in many cases of neurosis and loss of weight.

Each small capsule contains 275 Vitamin A units with a potent antirachitic content, provisionally known as Vitamin D. This approximates the vitamin potency of one and one-half teaspoonful of cod liver oil of the U. S. P. biological standard. Associated with this is 0.07 Gm. of available calcium and phosphorous salts.

The usual dose is one or two capsules three times daily before meals as directed. Children as young as five or six years of age can take these readily.

Supplied in dispensing boxes of 100 capsules.

A CANADIAN PRODUCT BY

Ayerst, McKenna & Harrison
Limited

Pharmaceutical Chemists

MONTREAL

CANADA

By permission of the Journal of the American Medical Association and with the approval of the author, a copy of Macomber's paper on the "Effect of a Diet Low in Calcium on Fertility, Pregnancy and Lactation in the Rat" will be forwarded to any Canadian physician on request.

Locals and Personals

DR. H. A. Creighton, Dalhousie 1924, of Halifax, after an extended period of post graduate work in Europe, has returned to Nova Scotia and located at Elmsdale.

Dr. James R. Robertson, McGill 1926, of Halifax, having recently completed an internship at Sloane Maternity Hospital, New York, has returned to Nova Scotia and opened an office in Amherst.

Dr. J. W. Davis, wife and baby, formerly of Berwick, is now located in the City of Hazard, Kentucky. He is in charge of Health work in that district following a special course of training taken at Mineaolo, Miss.

Dr. H. L. Roberts, a graduate of Tufts College Medical School, 1920, who has been practising in Digby for the past seven years, is returning to his home in the United States. Although duly registered in Nova Scotia he never obtained Canadian citizenship papers.

Dr. I. R. Sutherland, Dalhousie 1925, who has been in practice in Annapolis for the past two years, has arranged to remove to Digby, taking the place recently occupied by Dr. Roberts. It is understood that such representations have been made by the citizens of Annapolis, regretting the proposed removal of Dr. and Mrs. Sutherland, that the transfer may not be made effective. There would appear to be a good opening for at least two physicians in the Annapolis-Digby district at the present time.

Dr. Charles Beckwith, McGill 1927, now an interne at the Royal Victoria Hospital, spent a short vacation in November with his parents W. H. H. Beckwith, D.D.S. and Mrs. Beckwith, at their home in Halifax.

The Boston Correspondent of the *New Glasgow Evening News* in his regular weekly letter recently reports the following:—

Doctor. "What you need, my dear young lady, is a little sun and air."

Patient. "Why, doctor, how dare you! Why I'm not even married."

Dr. A. S. Burns of Kentville has been appointed County Health Officer in place of Dr. Davis resigned.

Every Physician and Surgeon

particularly those who do not belong to some Association which protects against trumped-up and malicious claims, which are on the increase,

Should Have A Professional Liability --- Insurance Policy

No Protective Association gives the Protection given by our Liability Insurance Policies under which the Company undertakes to—

1. Investigate every claim.
2. Defend at no cost to assured.
3. Take over the Legal liability of the assured.
4. Pay up to \$15,000.00.
5. Cover QUALIFIED ASSISTANTS at half premium and NURSES at one quarter premium if included.

The Premium is only \$15.00 per annum

May we call and discuss this with you?

Thompson, Adams & Co., Ltd.

166 HOLLIS STREET, .∴ HALIFAX, N. S.

Dr. E. I. Glenister of Dartmouth early in November met with an accident on the St. Margaret's Bay road when his Buick coupe left the road and turned completely over. The Doctor fortunately escaped injury.

Dr. A. B. Campbell of Bear River has been recently called to visit his mother in Inverness who has been in poor health for several months.

Mrs. Barrs, wife of Dr. G. A. Barrs of Rose Bay, was a patient in the Victoria General Hospital in September and October. She has been making a satisfactory convalescence in her home during the past month.

Dr. Florence Murray, Dalhousie 1919, has been almost continuously addressing audiences in Nova Scotia for the last two months, on the work of the medical missionary. From her own hospital experience in Korea she has had fine material for the kind of missionary talk that appeals to us as most practical.

During part of October and November Dr. Duncan Murray of Pictou was a patient in Camp Hill Hospital, Dr. G. A. Dunn is Acting Health Officer in his stead and is engaged in a small Typhoid epidemic.

A successful business man in Nova Scotia some fifty odd years ago in his later life became an evangelistic preacher of the loud voice and weeping eyes and nose variety. Jock, the local half-wit, when asked how he liked these loud flowing sermons, said only, "Empty vessels make the most sound." Fergus Byrne says a man might be bald because the good Lord agreed with the successful farmer that "an empty barn isn't worth shingling."

Dr. J. G. B. Lynch of Sydney was a visitor to Boston the latter part of October.

So he married her. A young lady in New Waterford, after becoming engaged to a Scotchman, took on so much weight that he wanted to call off the wedding. He asked for the return of the ring, but, on account of her increased size, she could not get it off.

Dr. R. H. McLeod of Middle Musquodoboit, after spending a convalescing vacation at his former home in Pictou County and with his brother, Dr. Frank McLeod, New Waterford, has made a good recovery from his recent illness and resumed his practice.

Dr. William Rockwell of River Hebert spent several weeks in October visiting in Boston and vicinity.

McLeod, Balcom, Limited

RETAIL DRUGGISTS

"A Store Near You"

The Prescription Season is Here

Ensure getting what you prescribe by directing your prescriptions to our stores. Our drug supplies turn over quickly thus giving you fresh stock. "Novarsan," formerly "Neosol," the 914 preparation already in solution for intravenous injection is stocked (weekly) by us.

in Diabetic Diet



for STARCH FREE FOODS

Listers prepared casein Dietetic Flour is strictly free from starch, selfrising and easily made into a variety of attractive and palatable foods. Recipes are furnished in each carton.

Large Carton Listers Flour (enough for 30 bakings) **\$4.85** Small Carton Listers Flour (enough for 15 bakings) **\$2.75**

May be purchased from your local druggist or direct from
LISTERS Limited Huntingdon, Quebec CANADA

YOU GET ALL THE NEW THINGS AS THEY COME OUT

IN THE

INTERNATIONAL CLINICS

FOUR VOLS. TO THE YEAR: Vol. I Mar., Vol. II June, Vol. III Sept., Vol. IV Dec.

300 pages in each volume—illustrated. The cream of practical medicine. Each volume indexed. Fourth volume has general index, invaluable for future reference. Serves as post-graduate course. Cheapest in medical literature—\$3.00 a volume. Practical articles, short and crisp, are in large number.

Since 1890 the Leader

TRIAL ORDER

J. B. LIPPINCOTT COMPANY

P. O. Box 1443 - MONTREAL

CUMULATIVE INDEX

Contains definitions of new words

Dear Sirs,

Please send me International Clinics for the year, commencing with the Vol. I (March 1928) for which I agree to pay three dollars on receipt of each volume.

Name M. D.

Street Address.....

Town and Prov.....

Driving into New Glasgow recently from the Blue Mountain late one afternoon Big Geordie Mc.—called to consult a local doctor whose office is in his house and who has a very fine radio. At the moment of Big Geordie's entrance the doctor was "listening in" to a fine orchestra. Geordie inquiries what he is doing when the doctor places the ear phones over Geordie's head. "My God," he exclaimed, making a dash for the door, "there's a band playin' and nobody's mindin' the horse."

Dr. Marion Irving, Dalhousie 1927, is this year house doctor at Sheriff Hall, Dalhousie University. She is also an assistant in the Pathological Laboratory.

Mrs. McKenzie, wife of Dr. K. A. McKenzie of Halifax, has been visiting for several weeks in Boston and other New England cities.

Overheard at a very busy office of an Eye Specialist.—"Can you read that?" "No" said the man. Coming closer, "Can you read it now?" "No I can't" was the reply. The doctor came within 20 feet, then 10 feet with "No" for the answer to his query. Finally he stuck the card under the man's nose and said "Can you read it now?" "No," said the man, "I never learned to read."