

The Nova Scotia Medical Bulletin

APRIL 1928



Leading Features This Issue:

PRESIDENTIAL ADDRESS "ON THE TRAIL"

C. M. A. ANNUAL MEETING
CHARLOTTETOWN, P. E. I.,
June 18th to 23rd, 1928

EDITORIAL

OBITUARYS

PERSONALS

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LISTER'S ANNIVERSARY


1827-1928

APRIL 5TH

"THE CHIEF."

His brow spreads large and placid, and his eye
Is deep and bright, with steady looks that still.
Soft lines of tranquil thought his face fulfill—
His face at once benign and proud and shy.
If envy scout, if ignorance deny,
His faultless patience, his unyielding will,
Beautiful gentleness, and splendid skill,
Innumerable gratitudes reply.
His wise rare smile is sweet with certainties,
And seems in all his patients to compel
Such love and faith as failure cannot quell.
We hold him for another Herakles,
Battling with custom, prejudice, disease,
As once the son of Zeus with Death and Hell.

WILLIAM ERNEST HENLEY.



Fifty-Ninth Annual Meeting of the Canadian Medical Association

CHARLOTTETOWN, JUNE 18, 19, 20, 21, 22, 1928.

PRELIMINARY PROGRAMME.

Monday, June 18th.

10.30 a. m.—MEETING OF COUNCIL; Prince of Wales College.

12.30 p. m.—LUNCHEON; Members of Council guests of the President-Elect, Dr. S. R. Jenkins.

INSTALLATION OF THE PRESIDENT.

2.30 p. m.—MEETING OF COUNCIL.

7.00 p. m.—DINNER; Members of Council guests of the Charlottetown Medical Association.

Tuesday, June 19th.

10.00 a. m.—MEETING OF COUNCIL; Prince of Wales College.

12.30 p. m.—LUNCHEON.

2.30 p. m.—MEETING OF COUNCIL.

7.00 p. m.—DINNER; Members of Council guests of the Prince Edward Island Medical Association.

Wednesday, June 20th.

Place of Meeting: Prince of Wales College.

9.00 a. m.—"Coarctation of the aorta with obliteration of the descending arch diagnosed during life in a boy of 14; impending rupture of the aorta; cerebral death; with a statistical study of the causes of death in 200 cases with autopsy in the literature." (Lantern). DR. MAUDE ABBOTT, Montreal; DR. W. H. HAMILTON, Montreal.

"The Treatment of Pernicious Anaemia." DR. DUNCAN GRAHAM Toronto.

"The Post-operative Accident." DR. G. H. MURPHY, Halifax.

"Heart Disease and Pregnancy." DR. W. B. HENDRY, Toronto.

"Types of Encephalitis Lethargica in New Brunswick." DR. A. F. VANWART, Fredericton.

"Carcinoma and Ulcer of the Stomach, with Demonstration of Wax Models." DR. E. M. EBERTS, Montreal.

"Pathological Changes in the Breast, and Their Clinical Signs." SIR LENTHAL CHEATLE, London, Eng.

LUNCHEON

Afternoon—Garden Party at the residence of His Honour the Lieutenant-Governor of the Province of Prince Edward Island.

7.30 p. m.—Annual Dinner Dance.

Thursday, June 21st.

9.00 a. m.—"The Wasted Hand." DR. L. J. AUSTIN, Kingston.

"Asthma." DR. DANIEL NICHOLSON, Winnipeg.

"Primary Ulcerative Colitis." DR. P. H. T. THORLAKSON, Winnipeg.

"The Treatment of Chorea." DR. HAIG SIMS, Montreal.

"Focal Infection as Encountered in Common Disabilities." DR. W. L. ROBINSON, Toronto.

"Benign Papilloma of the Bladder." DR. R. E. POWELL, Montreal.

"Maternal Mortality." DR. HELEN MACMURCHY, Ottawa; DR. W. B. HENDRY, Toronto.

LUNCHEON

Afternoon—Tea at Dalvay, the summer residence of the Bishop of Charlottetown.
8.00 p. m.—Public Meeting, Prince of Wales College, at which the following addresses will be given:

"SUNLIGHT—its effect on growth and resistance of the child." DR. ALAN BROWN, Toronto.

"The value of periodic health examinations." DR. A. GRANT FLEMING, Montreal.

"Immigration." THE HONOURABLE J. H. KING, M.D., Minister of Health for Canada.

Friday, June 22nd.

9.00 a. m.—“The Use of Sulpho-cyanate of Soda in High Blood Pressure.” DR. R. D. RUDOLF, Toronto.

“Cancer of the Cervix Uteri; the value of hysterectomy versus radiation in early cancer of the cervix.” DR. JOHN FRASER, Montreal.

“Cancer of the Stomach.” DR. F. N. G. STARR, Toronto.

“Some Clinical Aspects of Hypothyroidism.” DR. A. H. GORDON, Montreal.

“Consideration and Treatment of Chronic Purulent Otitis Media.” DR. GEO. TOBEY, Boston.

“Responsibilities and Opportunities of the General Practitioner in Preventive Medicine.” DR. A. GRANT FLEMING, Montreal.

“Some Common Mistakes in Diagnosis and Therapy in Diseases of Children.” DR. ALAN BROWN, Toronto

LUNCHEON

Afternoon—Garden Party at the home of Doctor and Mrs. S. R. Jenkins, Charlottetown.

7.00 p. m.—Alumni Dinners and Class Reunions

NOTES REGARDING THE MEETING.

HEADQUARTERS: The Prince of Wales College, in which will be housed the scientific sessions, registration, and scientific and commercial exhibits.

REGISTRATION: The registration office will be found in the Exhibit Hall, Prince of Wales College. As admission to scientific sessions and entertainments will be by convention badge only, members are advised that they must register, as must, also, the members of their party.

PROGRAMME: It will be noted that there are to be no Sectional Meetings. All papers will be presented in General Sessions. The Programme Committee announces that the programme will start on time each morning, and will continue until completed before adjournment is made for luncheon. The afternoons are thus left free for entertainment.

THE ANNUAL DINNER DANCE: The Annual Dinner Dance will be held on Wednesday night at Beach Grove Inn.

ALUMNI DINNERS: Friday evening, June 22nd, has been left open for Alumni Dinners and Class Reunions. The Local Committee will gladly co-operate with all groups desiring private accommodation, but, in order to do so, must know the number of dinners to be held. Officers of the various Alumni Associations are advised to communicate with the Local Committee well in advance of the date of the meeting.

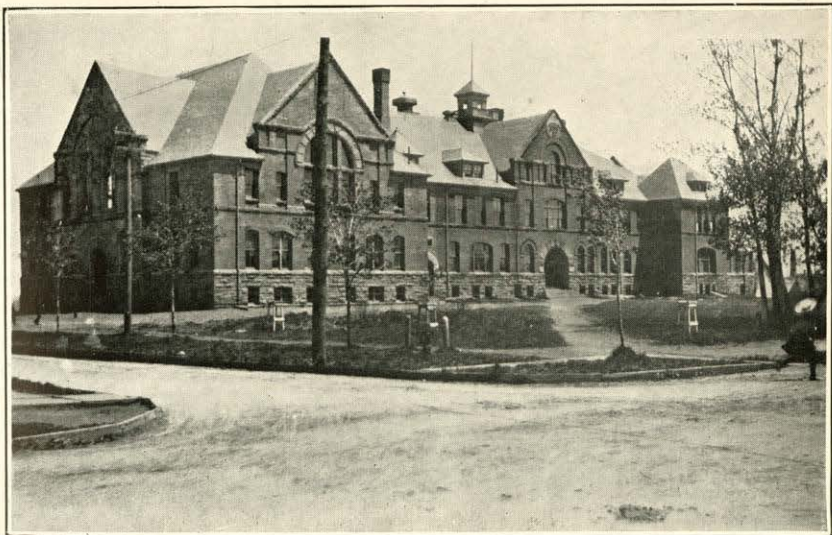
ENTERTAINMENT: The attention of members and their friends is called to the afternoon entertainment which is being provided. Believing that the social side of the meeting is quite as important as the scientific, the Local Committee has introduced an innovation this year in leaving the afternoons free for pleasure. A real good time is in store for all who desire to avail themselves of the hospitality which is offered.

GOLF: The second annual golf tournament of the Association will be held on Tuesday, June 19th, handicap rules to govern. The first prize is the beautiful Ontario Cup donated by the Ontario Medical Association to the Canadian Medical Association. All Golfers are urged to take part. Full particulars may be obtained from Dr. W. Tidmarsh, Charlottetown, P. E. I.

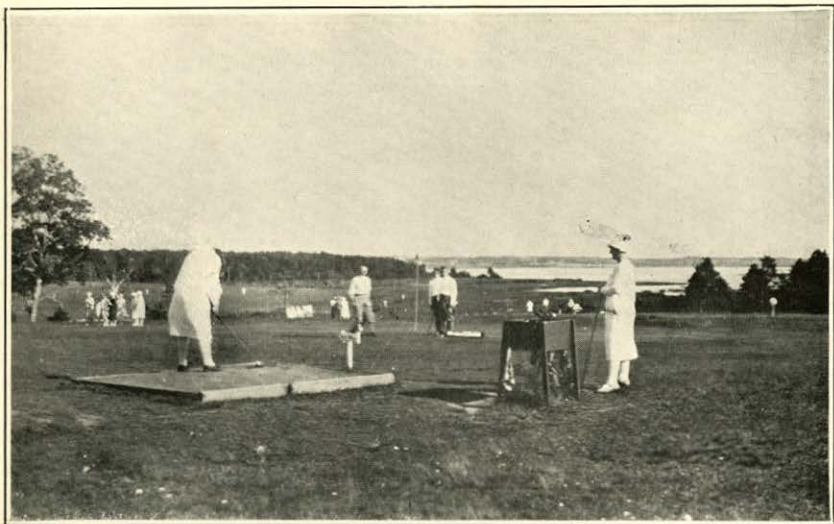
ACCOMMODATION: The Local Committee is bending every effort to secure adequate hotel accommodation for everyone who attends. You will greatly assist the Committee in their work, and, at the same time, assure yourself of desirable accommodation, if you make tentative reservations by writing Dr. G. F. Dewar, Box 155, Charlottetown, P. E. I., Secretary of the Housing Committee, at the earliest convenient date. All reservations made up to and including June 9th, will be acknowledged early in the week of June 11th, so that, upon arrival in Charlottetown, you may proceed directly to the place reserved for you.



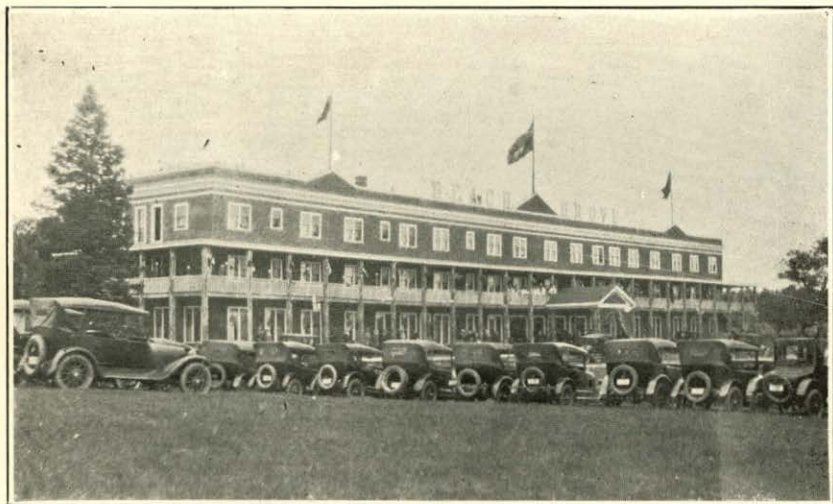
SOLDIER'S MONUMENT
Queens Square, Charlottetown, Looking along Great George St.



PRINCE OF WALES COLLEGE, CHARLOTTETOWN
Where the Canadian Medical Association Meetings will be Held in June Next.



CHARLOTTETOWN
Golf Links Overlooking East River.



BEECH GROVE INN
Charlottetown's Modern Summer Hotel which will be available for
C. M. A. Guests in June.

The Fifty-Ninth Annual Meeting of the Canadian Medical Association

Charlottetown, P. E. I., June 18-23, 1928,

His Worship Isa J. Yeo, M.D., C.M., who has been elected Mayor of Charlottetown is well deserving of the honor conferred upon him. For ten years, he was one of the most progressive Councillors being closely associated with all the civic reforms during his terms of office—Mayor Yeo is Secretary of the general Committee for the C. M. A. meeting, and his work is being done in a thorough and business-like way. C. M. A. visitors to Prince Edward Island in June next will be welcomed by a fellow practitioner, Dr. I. J. Yeo, Mayor of Charlottetown.

Chairman of General Committee

Dr. W. J. P. McMillan, Charlottetown.

Secretary of General Committee

Dr. I. J. Yeo, Charlottetown.

GENERAL COMMITTEE

Dr. McMillan.	Dr. Dewar.
Dr. Jenkins.	Dr. J. A. McPhee.
Dr. R. D. McLauchlan.	Dr. Yeo.
Dr. J. R. Nugent, Saint John.	Dr. H. D. Johnson.
Dr. S. L. Walker, Halifax.	Dr. G. A. B. Addy, Saint John.
	Dr. G. H. Murphy, Halifax.

COMMITTEE ON PROGRAMME

Dr. Dewar, Dr. H. D. Johnson. Dr. McPhee.

COMMITTEE ON EXHIBITS

Dr. Houston, Dr. Smith, Dr. R. Murchison, E. A. Foster.

COMMITTEE ON ENTERTAINMENT

Dr. Tidmarsh (Chairman),
Dr. McGuigan, Dr. Tanton, Dr. Goodwill, Dr. Simpson, Dr. McKenzie.

LADIES' COMMITTEE

Mrs. S. R. Jenkins and Wives of the Doctors.

TRANSPORTATION COMMITTEE

Dr. J. S. Jenkins, Dr. McKenzie, Dr. Smith.

FINANCE COMMITTEE

Dr. H. D. Johnson, Dr. J. F. McNeill, Dr. Yeo.

REGISTRATION COMMITTEE

Dr. Seaman, Dr. Ledwell, Dr. Sinclair.

HOTELS AND HOUSING COMMITTEE

Dr. J. S. Jenkins (Chairman)
Dr. Archibald, Dr. Dewar, Dr. J. C. McDonald, Dr. W. J. P. McMillan.

PUBLICITY COMMITTEE

Dr. McGuigan, Dr. McKenzie, Dr. Dewar.

On The Trail

Presidential Address Delivered at the Opening Meeting of the
Halifax Branch of the Medical Society of Nova Scotia,
at Ashburn, Oct. 12, 1927, by Dr. George
H. Murphy.

THE ploughman, reaching the end of his furrow, instinctively looks back to note the evenness of the sod and its continuous alignment with them already ploughed. It is so of all callings. And it enters deeply into the spiritual life of every individual. We cannot help looking back; and of the better deeds of the past we try to construct a Jacob's ladder, that we may go higher and higher into those clearer realms of thought and gather, from our elevation, that sustaining and guiding sense to weave those thoughts into proportionate action for the betterment of them we serve.

These considerations were suggested by two circumstances: First, that I was expected to give a presidential address and, second, that its delivery would correspond with the completion of twenty-five years of practice. It seemed a time, therefore, for reflection; almost for emotion. A quarter of a century is a long period in the active life of an individual. The coincidence would not be ignored; and so, when I faced squarely a subject matter for my address, I found myself looking back upon the trail I had travelled; and it occurred to me that with your indulgence, I would run, in my mind's eye, over this highly interesting course, making such observations and comments as may seem appropriate for an occasion of this kind.

Hospitals.

In our own province the graduate of 1902 had few choices if he sought to attach himself to a hospital. There were the Victoria General, the Halifax Infirmary and the Aberdeen hospital at New Glasgow. There was no hospital in Cape Breton, unless one called a few beds, make-shift of the Dominion Steel Co., at Sydney, a hospital. Consequently, the opportunities for advancement along surgical lines, particularly, were few. St. Joseph's Hospital at Glace Bay opened its doors later on in 1902 and its almost immediate recognition and success started something going in the province. What was done at Glace Bay and New Glasgow could be done elsewhere. The idea of having properly equipped Houses of Healing at strategic points was gaining adherents. The natural desire of relatives and friends of

patients to keep them near home, without prejudicing their interests, found scope and energy in the prospect of providing local hospitals. Doctors, seeing in the hospital scheme not only the welfare of their patients but the facilities for doing better and more scientific work, naturally threw their whole influence on the side of the hospital. The result of it all has been the most striking concrete evidence we have of the ever increasing interest on the part of the public in the better care and treatment of the ill and the injured.

Another potent agency was the educational propaganda carried on by the Public Health Departments.

Hospitals are not dividend propositions. Their support, directly or indirectly, bears heavily upon the public, and when one looks over this province today and finds every county either the sole owner, or a partner, of a local hospital, it is easy to see how public opinion has advanced in the last twenty-five years. When I started practice, the average patient looked with suspicion on hospital treatment. The old idea that Hope lingered warily outside its portals and could not be coaxed in, had still considerable influence. This spectre had come down from an unhappy past when hospital treatment was often a resort, only in desperate cases, and then a last one; and perhaps, indeed, the old horrors of pre-antiseptic and pre-anaesthetic days were still lurking in the subconscious minds of the people.

This had to be met, and it was met by the only argument which evokes real conviction, namely, the observation and experience of the person most concerned; in this case, the patient. Doubts and suspicions soon yielded to the influence of the modern hospital. Every patient became a missionary among his friends and even in the remotest country places people began to learn that the business of getting well was much more likely to be facilitated in environment where men and women and all modern agencies of healing were devoted and focused to that end.

Hospitals and the Medical Profession.

How has the multiplication of hospitals in our province reacted on the practice of Medicine and Surgery? In general we can say that the methods of diagnosis and treatment have been much improved. No observer of the period under review can be in doubt about this. A familiar remark today, and it often contains a tone of regret, is the passing of the old type of family physician. That his numbers are decreasing markedly is beyond doubt; but much of what he stood for, we would be wise as a profession to cling to tenaciously, and weave it well into the web of what we now believe to be more scientific and correct methods of dealing with disease. The old family physician was essentially an individualist. He knew the normalities and eccentricities of the families among whom his lot was cast; and while his efforts were not always reducible to the standards of the Schools, he often succeeded in doing the best thing for his patient. The humanitarian

element loomed large in all his work. An old lady, the other day, with eyes and countenance full of grateful remembrance, told me how the late Dr. Fixott, of Arichat, had saved her life many years ago when she was afflicted with a very severe acute malady. "We lived in the country and he came and never left for three whole days and nights," she said, "and all the sleep he got during that time were snatches, lying on the floor in his clothes."

Twenty-five years ago the expediency for such self-sacrificing zeal in medical practice was real enough. Isolated cases may still call for the doctor to play the role of physician and nurse, but the instances are getting rarer and ere long will cease altogether. It is now the exception; formerly, the rule. And the reason of this marked advance is first of all, the coming, in ever increasing numbers, of the trained nurse. Outside Halifax and a few of the larger towns it was not so easy to procure trained nursing a quarter of a century back. But the hospitals began multiplying, and with them the training school and with both the education of the public regarding the importance of skilled nursing. In city and town practice, particularly, there is no need to-day, of the physician sitting out through the weary vigils of the night watching his patient with that devoted solicitude depicted on his countenance in the famous painting so familiar to us all, *The Doctor*. The nurse can do it just as well, and besides, it is her job, and the weary physician is rendering the patient better service by obtaining the sleep that "knits up the ravelled sleeve of care" and leaves his brain in a vigorous state to meet the problems of his morning visit.

Thus the hospitals, by increasing the numbers and ubiquity of the nurse, are taking a big part in relieving the practitioner of some of the load, and by correlating and systematizing the efforts of them both, are rendering the public a service not easily estimated. They have placed in the hands of the practitioner the best available facilities for diagnosis and treatment, and have aroused and stimulated his ambition to develop ever his powers of observation and judgment, and acquire that familiarity with the craft of surgery and medicine which hospital practice is singularly fitted to bestow.

Far be it from my thoughts to belittle the surgical heroism of the doctor who, with few of the resources of the modern operating room, attacks successfully an acute intestinal obstruction in some country cottage, on a kitchen table with perhaps no better light than a smoky kerosene lamp to help guide the accuracy of his manipulations. Success under such conditions is the contribution surgery passes on to those rare and renowned deeds often enshrined in the history of greatness and illustrative of human resource winning out over all the handicaps of time and chance and adversity. Without irreverence, too, might one say in the words of a late lamented member of this society that "God indeed is good".

The man that meets a surgical emergency such as outlined is the one most likely to develop proficiency in the Art of Surgery when

given the proper environment. And the hospitals have supplied the agency.

Surgery

Perhaps now, while we are on the elevation our hospital development has raised us to, we might look over the slopes of the years and try to determine just where we stand to-day in regard to that great department of our profession ordinarily called *Surgery*. I shall first deal with that part of the subject about which geographical lines may be drawn.

When I graduated in 1902, major surgery, if we except the emergencies that could not await the delay of transportation, nor the arrival of consultants, was done either in Halifax or, at least, by Halifax surgeons. The Victoria General Hospital then, in reality, drew from all over the province. There were a few men quietly and steadfastly meeting and solving operative problems and thereby acquiring skill in the surgical art and ready for rapid development when public opinion, which they aided much in moulding, brought the happy boon of the hospital. Some of these men are among the leading surgeons in our province to day; some have passed on. Their names will rise in the minds of most of you here tonight, and I shall allow myself the luxury only of one personal reference, because he is no longer in our ranks and because the formative years of my own professional life were spent close to his most active years and work; and I may say, too, under the inspiration of one of the finest naturally gifted surgical minds our old province has produced. This man was the late Dr. R. A. H. McKeen. The god of Surgery dealt kindly with McKeen and gave him the gift. He became a skilful operator; but better than that, his surgical judgment, his enthusiasm and strong personality made a profound impression, not only upon the younger men, but upon the whole profession and the people in the eastern part of Nova Scotia.

With deference to others of his time in that part of the province, I think it is correct to say that to McKeen's work and teaching, surgery owes most. He remained throughout the general practitioner, surgery being but a part of the work his tireless energy sought to cover. His skill, perhaps as a result of his multitudinous duties, appeared most in his rugged good sense in dealing with problems as he met them, face to face on the operating table, rather than in the finer art of diagnostic reasoning.

There may be fallacies in measuring surgical advance by the enormous increase in the number of surgical operations performed. Of this something may be said later. But there must be a reasonable proportion between them. And the whole subject discloses some very interesting facts. There are probably more operations performed in certain of the smaller hospitals in the province to-day than were done in the Victoria General twenty-five years ago. And at that time,

outside of New Glasgow, practically all the general surgery of the province found its way here. There are more operations at the Victoria General, now drawing as it does from a comparatively restricted area, than there were at the beginning of the period under review. In some communities, I knew years ago, an operation such as an amputation or a laporatomy was so rare a phenomenon that it remained the talk of the neighborhood for a very considerable time. The High Priest of the function, as Sir Berkeley Moynihan has styled the surgeon, was regarded with as much wonder as his prototype of a more mystical age ever evoked when he expounded the tenets of the law and the prophets. But the mystic glamour is gone, to a degree at least, and the lore of surgical procedures in the abdomen is as familiar to the average public to-day as measles, whooping cough, teething and worms were in our school days. It is no uncommon occurrence for a patient to enter a doctor's office in these knowledgeable times and tell him that she has appendicitis, or gall stones or some other very well defined ailment, with about the same unconcern as years ago she might call for something "to break up" a cold in the head. The gall bladder is getting to be almost as well known as the appendix, particularly since its removal became the vogue. A bit old fashioned is the draining of the gall bladder, and the surgeon is frequently instructed by the patient and the family that they would prefer to have it taken out.

Knowledge has come to the public of many things that formerly were regarded as too technical and involved for their ken; but Wisdom still trails along thoughtfully and slowly, and a very considerable distance in the rear. Judgment must still lie with the members of our Art, and while familiarity may serve a good purpose in lessening the traditionary fear of operations, it must never be allowed to breed contempt or indifference for the efforts of a profoundly learned calling that, with all its failings, must continue the best agency civilization has yet produced for combatting the evil of Disease.

It is proper to say, therefore, that the last twenty-five years have brought a most striking increase in surgical methods of treating disease. It is markedly true in our own province. To seek out all the causes would mean a paper in itself. Beyond every doubt there are more surgical cases than there used to be. This does not necessarily mean an actual increase in surgical diseases, although even this is probably so; but better diagnosis and the increasing confidence of the people in surgery have brought to the man with the scalpel scores of cases, that would never see an operating table before the beginning of what one may describe as the surgical cycle. This is particularly true of the large mass of chronic cases that run through the whole field of general and special surgery. In one's efforts, too, to account for the multiplying of surgical methods, some consideration is claimed for the objection that the whole business has been overdone and that we are in the midst of a virtual deluge of surgical operations. A man must have his nerve with him to discuss this phase of the matter.

There is no doubt that increasing years and experience bear an inverse ratio to the number of operations one finds necessary to perform. Perhaps our teaching has been somewhat to blame. Too many have gone forth from our medical schools with the idea that surgery means operations, when, as a matter of fact, the operation forms but a part, and perhaps not even the most important part. The summum bonum of surgical treatment is not always the operating table. Correct diagnosis and the judgment which can appraise at their proper value the elements entering into the case as an operative risk will often save the patient from a fruitless and perhaps fatal operation.

For a staid old profession like medicine it is remarkable with what unconscious recklessness it may carry to unlicensed limits the practice to some new found principle. To change Shakespeare's wording a bit—"how oft the sight of means to do good deeds makes ill deeds done." McDowell had no sooner performed the first ovariectomy than the eyes of surgery were focused upon the ovary. Pathological faults were attributed to this organ which fuller experience has long since abandoned. Double ovariectomies became a common operation, and went on until men woke up and beheld the dismal spectacle of a small army of unsexed neurasthenics; and then the word went forth to save the ovary. An internal secretion was inferred with a profound metabolic significance and the carnival of ovariectomies ceased forthwith. The dictum to-day, in the words of Dr. Sampson Hadley is "to save the ovary or some portion of it if possible and if not, to do an ovarian graft." The *reductio ad absurdum* comes in surgery as in other departments of thought and action and leaves us with a clearer vision and a firmer stand, but leaves us, too, perhaps to wonder whether the price paid could not have been reduced by treading more carefully and more conservatively in the wake of a new truth.

Whether surgery had been overdone, or not, in this province remains a good deal of a guessing contest. Doubtless the ambition to cut his way to efficiency and renown must be strong in the young doctor who has the best of modern operating facilities at hand. The comparative safety of opening the abdomen makes this short cut method of diagnosis a temptation to which even well intentioned men may succumb. Whoever would cast the first stone should make quite sure that he himself had no such faults; and with such safeguards, there should be no cause for even the youngest surgeon to duck his head.

Standardization, team work, staff meetings are developments of the years we are considering. The hospital surgeon or physician lived to himself alone. Consultations in the public service were few. If an attending man were getting bad results that was his affair. The staff was not a real entity in itself, but a collection of individuals who, in many cases, did not consider it a part of their duty to hold any respect or thought for the work of a confrere. One man might go his own way and abuse, to his heart's content, whatever the other

fellow might do. Such utter lack of co-operation was not always present, but the conditions favoring it were there and kept the stage set for the entrance of the villain of the piece. Where there are well organized staffs and staff meetings to-day, no such occasions for discord arise, because each man's difficulties and failures are explained in open meeting and, without prejudice or irritating criticism, such discussion is offered as may be helpful when a similar problem arises. Standardization, staff meetings, etc. have emphasized the necessity of team work, for they put in definite form what most of us suspected long ago, that it is not humanly possible for one man to cover every problem a single patient may present. One must work out evidence in a certain department, and another in another and the correlation and interpretation of the evidence offered is often the function of a full bench of workers. The physician or surgeon who would live to himself alone to day is not taking cognizance of the developments of recent years.

To an extent in line with this is the vogue of the medical society. Twenty-five years ago we had, of course, our medical societies; but their organization was rather a loose affair compared to that of the present time. In our own province the thorough organization of our profession was an important event. Building on the old organization, the work started at the Antigonish meeting in 1919 and has been going on ever since. No province is better organized to day than Nova Scotia. The Branch Societies came with the new scheme and are doing their work well. The Medical Societies, from the C. M. A. down, have put much effort into the project of bringing the best clinics to the door of the practitioner. Dalhousie has done her share in this work by its Refresher Course, and in other ways, to help the Medical Branch Societies in their educational efforts. So that one may justly reckon these things among our advances.

Miscellaneous Considerations.

I have a very distinct recollection of the first sealed tube of catgut which found its way into the Victoria General. It was brought by a visiting surgeon and exhibited and used at an operation. The impression left on the student's mind was that this indeed was an absurd elaboration of technique, which thought was enhanced at a lecture in the afternoon, given by a senior surgeon of the hospital, who declared such a thing was just another piece of "Yankee nonsense." And for some time after this the practice continued of the old nurse, Henry, without even a gown, sleeves rolled up and fingers not too clean, handing out the strands of catgut from a solution in a basin, threading the needles and in general doing what he could, in his blissful unconsciousness, to delay the advent of the aseptic regime. Rubber gloves had the same reception on their first appearance, but like the catgut, they won their way after a while. The same surgeon averred that he could sterilize his hands just as well as the faddists could their rubber

gloves. Besides, they destroyed the sense of touch and there was no good in them. He lived to change his mind; for a new truth stops but long enough in its march to convince the skeptic, or being stubbornly antagonistic, to thrust him aside. The necessity of choosing one or the other usually drives the laggard into keeping step.

Focal infection was heard little of twenty-five years ago. Now it holds the field and much of the efforts of medicine is to locate the spot or pathological factory supposed to be poisoning the system and giving rise to a great multitude of symptoms of many types and of very many diversities. Then, one could have lumbago, neuritis, pains in the joints, bones and muscles and the term rheumatism was spread out to cover most of his ailments. The teeth were moderately safe unless aching and the tonsil that could cosily hide behind the anterior pillar was in less danger of being molested than the tombs of the Pharos. No tonsil, to day, has any certainty of security. Focal infection has found in it the most suitable ground for mischief, and big or small, it must go unless it can prove an alibi by the most searching laboratory tests. The reversion of a well-known principle of British jurisprudence makes the tonsil guilty until it can prove its innocence. The result has been enormous activity in tonsil surgery; and it will be one of the most interesting observations of the future to note how completely this treatment will eradicate the ills and disabilities which wrong conditions of the tonsils and teeth are alleged to produce.

Statistics should soon be fairly definite and convincing. Excision of the whole or part of the colon, as practised and taught by Sir Arbuthnot Lane, and based largely on the doctrine of toxic absorption from this organ, is done little if at all to day. The magnitude and danger of the operation kept it out of the domain of practical surgery, even were we disposed to believe the principle upon which it rested.

The graduate of 1902 came out when the X-ray was only a promising infant. Doting relatives and godparents were picturing its future in vivid colors, which in the light of to day, can scarcely be called an exaggeration. It is unnecessary to dwell upon the place it has taken, in twenty-five years, in the work of our profession. It is hard to see how we could get on without it. Its discovery, therefore, in 1895 must be ranked as one of the great signal stations along our line of march. To peer through the opaque depths of the bodily tissues and see disease in action was the early dream of the X-ray, and a fair part of the dream has come true. Its greatest use, as it seems to one who practised 12 years without it and 13 years with it, lies in its value in diagnosis. In fractures it is supreme. In urology scarcely less important; and in gastro-intestinal surgery, its biggest and most enterprising field, it frequently furnishes evidence of a very special type, and its vogue with the public is all to the good, supporting and strengthening its faltering faith in abdominal diagnosis.

Urology, while perhaps the oldest of all the specialties, found its real stride in recent years. An exploratory on the kidney is a rare

sight to-day. It was common enough when I was an undergraduate. The cystoscope, ureter catheterization and pyelograms have revolutionized this branch of surgery. Progress in no other department has been so definite and convincing.

A long paper might be written of the changes in the teaching of internal medicine. Those of us who can recall anything from our undergraduate days of the teaching of heart disease will find little application for his knowledge in a clinic on the heart to-day. Sir James McKenzie's great work on the heart has profoundly modified many of the tenets of belief in heart pathology.

The significance of internal secretions has grown in the last twenty-five years and biological chemistry is beginning to open up possibilities which almost make one dizzy with expectations. Perhaps one of the greatest thoughts the discovery of insulin has evoked is that it may lead to even greater things.

The Medical College.

It is hard for a Dalhousie Medical graduate to keep his enthusiasm within bounds when he contemplates the kindly way the quarter century has dealt with his Alma Mater. 'Tis true that during the years that the Medical School was housed in the rickety old wooden building on College St. the foundations for the beautiful structures, which have since supplanted it, were being well and truly laid. Not in stone and mortar at that time but in sacrifice and labor and devotion of a small band of Halifax practitioners who, with many discouragements and much personal loss, kept to their self-imposed task of doing something real for medical education in these provinces. As it has always been with the sincere and worthy pioneer, they builded better than they knew. And so it came to pass when Wealth began to look across the expanse of this continent to find places where honest effort in behalf of medical education was most outstanding, it soon discovered our school. What has happened since is familiar history. Our Medical College has been able of late to buy new clothes and many equipments and embellishments which it needed very badly, and can now go into the best society of its kind without being disturbed by the presence of an inferiority complex.

It was never essentially inferior, but it could not go on and keep up with the ever enlarging scope of medical education as it was. Its superstructure to-day represents the fine work of philanthropy and zeal in behalf of better training for the new doctor, but its foundations were laid deep by the labor of the men who founded and carried on for years the old Halifax Medical College. And at this point permit me a sense of prophetic vision. The scene is the Public Health Clinic or the Medical Science Building. I see, in the not too distant future, an assemblage of medical men and university officials; some in academic costume, some otherwise, and all eager and expectant, and conscious of a great occasion. And then, with becoming ceremony, the veil

is drawn aside and there stands disclosed a beautiful tablet, fittingly inscribed, to the memory of those men who in other days dreamed of a great deed for medical education and had the courage and perseverance to make their dreams come true.

In conclusion: In these necessarily brief and rapid ramblings among the years comprising the last quarter of a century one may see many evidences that our profession has been steadily on the march. But a glance here and there is all that may be claimed for this address; but if even in this superficial way we can find cause for building high our future hopes, it would seem well worth while on occasions to take swallow flights back over the ground we have travelled. The pathway of the Past leads into the Future and in normal times there is a steady upward grade. Every addition to our scientific progress has helped to make easier the ascent and grander and nobler the prospect of the view. Like in Addison's *Bridge of Life*, however, some must constantly drop from the line of eager marchers, for Time is as rigid in its toll on human effort as it is in its special "glory to unmask falsehood and bring truth to light." And so it comes that ever as we go on and the shadows are lengthening and the sunset approaching, the watchword of Medicine is *Onward Still*. And while one may never have reached the full proportions of his ideal, he has the satisfaction of looking back along a pathway, well trodden by the weight of work and years, and in the gathering dusk may he not still discern those signal tapers, lighted with Promethean flame, which tell the story of his efforts to make bright the way of his calling and make straight its path.

Hyperemia as a Therapeutic Agent. The importance of hyperemia, both active and passive, has long been recognized in therapeutics and various are the methods that have been employed in order to realize it in a more or less efficient manner. The surgeon August Bier, in his important work, "Hyperemia as a Therapeutic Agent" (1903), maintains that localized hyperemia of the surface induces hyperemia of the depth even down to the bone; that this hyperemia is not detrimental but distinctly remedial. Blood brings to the part materials for repair, which are obviously needed in greater quantities by diseased than by normal tissues; and it brings antibacterial forces to bear on the focus of infection.

Applied hot and thick over and beyond the affected area Antiphlogistine has, by virtue of its thermogenetic properties, distinctly analgesic, bactericidal, absorptive, solvent and nutritional effects with a stimulation of phagocytosis. The hyperemia produced by this plastic, anodyne dressing is moderate and continuous and is provoked by the powerful hygroscopic properties and by the moist heat it generates and maintains. That the Antiphlogistine treatment of inflammatory and congestive conditions is remedial through the induction of active hyperemia is now a matter beyond question or doubt.

The Maritime Medical News

PART IV.

Volume 13, 1901.

NO apology is offered for the continuation of these articles. Originally the writer felt that perhaps his chief duty had been accomplished, when he made a general review of incidents up to and including 1900. Upon receipt, however, of certain communications and representations, the editor-in-chief issued instructions to the effect that the writer should continue the articles, bringing them up to the period of the absorption of the *Maritime Medical News* into the Canadian Medical Association Journal. While he knew that some of the older members of the profession would enjoy the articles, not for their intrinsic value, but for their suggestions and reminiscences, the writer was pleased to also receive commendation and, therefore, inspiration, from representatives of a younger generation.

The *Maritime Medical News* started out in January 1901, without a representative on the editorial board from Prince Edward Island, owing to the death shortly before of Dr. Macleod of Charlottetown. In the course of a few months his place was taken by Dr. R. MacNeil and, with this exception, no change was made in the board for several years.

Perhaps no feature of this review of the official publication of the profession is more appealing to students of History than the obituaries appearing from time to time. The January, 1901, number refers particularly to the passing of two members of notable standing in the profession in the Maritime Provinces.

Dr. James Macleod of Charlottetown, died December 22nd, 1900. The *News* obituary of his death says:—

“It is with deep regret that we chronicle the death of our esteemed friend and associate editor, Dr. James Macleod, who died at his home in Charlottetown, P. E. I., on Saturday evening the 22nd of December, 1900, about 7.30 p. m. About eight months previous to his death he was attacked by a serious ailment from which his friends hoped he would recover, but, as time advanced, he kept gradually getting worse and finally passed quietly and peacefully away. Dr. Macleod was born in Uigg on the 13th of June 1845, was educated in the Uigg school and at the Normal school and Prince of Wales College, receiving his medical education at McGill, graduating at that institution in 1873. In the spring of that year he became associated in the practice

of his profession with Mr. John T. Jenkins, M.R.C.S., Eng., of Charlottetown. Shortly afterwards he removed to Summerside and entered into partnership with the late Dr. Robert MacKelvie, where he remained two years. Returning to Charlottetown he again became associated with Mr. Jenkins, but later on opened an office on his own account.

"Dr. Macleod was President of the Medical Council of Prince Edward Island from 1890 to 1899, and a member of the Council up to the time of his death. He was President of the Maritime Medical Association in 1893 when it met in Charlottetown, and delivered a most excellent address. He was associate editor of the *Maritime Medical News* and his articles were always a welcome contribution to our pages. He was a man of more than ordinary ability, clear sighted, keen, of courteous and pleasant manners, of extensive knowledge, good intellectual power, slow and deliberate of speech, and he was possessed of other qualities which enabled him to win and hold the friendship of those whose friendship he valued. His death will be lamented by all who knew him. He was a supporter of all honest measures to advance the interests of Charlottetown and his native province. He was equally forcible in denouncing all dishonest practices and shams. He was a skillful surgeon, whose council and advice were constantly sought, and he was greatly esteemed by his professional brethren. His funeral was one of the largest ever witnessed in Charlottetown. Being a prominent member of the masonic fraternity, he was buried with masonic honors, and all classes, including the medical profession as mourners, turned out en masse to pay their last tribute of respect and esteem to the memory of a valued and dearly beloved friend, a faithful companion and a staunch defender of professional rights and honour.

"The air was full of farewells—and
Mourning for the dead."

The *News* obituary of Dr. Edward Farrell is as follows:—

"After a brave fight for several weeks against a complication of maladies, the progress of which was watched with the keenness of a personal interest by nearly every citizen of Halifax, Dr. Edward Farrell entered into his rest in the early morning of the first day of the new century. It is doubtful if the loss of any other Haligonian could have aroused so general and such sincere regret as was manifested from every quarter of the city, and by all sorts and conditions of men, when the sad news of his death was made known. Dr. Farrell's large practice, his interest in public affairs, and his genial kindly manner, had made for him a circle of friends much larger than it is the fortune of most men to possess, and he was known to almost everyone in the city. And so it was that the inevitable subject of conversation between friends on New Year's Day, after the preliminary New Year's greeting, was the loss sustained in our late confrere's death.

"Born in 1842, he received his literary education in St. Mary's College, and, after a medical course in the College of Physicians and Surgeons of New York, he graduated from that institution with honors in 1864. After graduation, he served as house surgeon first, in Bellevue Hospital and later in the Charity Hospital, New York, and then he began the practice of his profession in Halifax, where he quickly established a reputation as a surgeon of more than ordinary ability. He associated himself actively with everything pertaining to the medical life of the city, and was one of the most earnest and devoted of those who fathered and fostered the Halifax Medical College. At the time of his death he was President and Professor of Surgery of this College, and also Dean of the Faculty of Medicine of Dalhousie University. He was Surgeon to the Victoria General Hospital, a member of the Provincial Medical Board of Nova Scotia, and had, at one time or another, been President of the Nova Scotia Branch of the British Medical Association, of the Medical Society of Nova Scotia, and of the Maritime Medical Association. He was a vice-president of the Section in Surgery at the Montreal Meeting of the British Medical Association in 1897. Some years ago he was commissioned by the Government of Nova Scotia to attend the International Congress of Hygiene, meeting in London, England, and in the summer of 1899, he attended the International Congress on Tuberculosis, at Berlin, as the delegate of the Dominion Government. His excellent report to the government upon this last mission received very wide circulation, and was commented upon by the *News* at the time of its publication. The last act of Dr. Farrell, before he was compelled to take his bed, was to go to Ellershouse Hills to inspect a site which had been suggested as one suitable for the proposed Provincial Sanatorium for Consumptives.

"Dr. Farrell was a consistent and honoured member of the Roman Catholic Church, and at his funeral service in St. Mary's Cathedral, low Mass was said by one of his personal friends, His Grace Archbishop O'Brien. The funeral was a large one, men from every walk of life attending to pay a last tribute of respect to one who had been universally loved. As was fitting, the medical profession of the city were present almost to a man, and several physicians from outside the city also walked in the cortege. The floral tributes were very numerous and very handsome.

"Dr. Farrell leaves a widow, four sons and four daughters to mourn their heavy loss. The eldest son, Edward, (who by the way, is the sixth Dr. Edward Farrell of his family), is practicing medicine in Halifax; the second son, Louis, also a physician, is just about entering the Royal Army Medical Corps; and the third son is a Lieutenant in the Royal Canadian Infantry. The fourth son has not yet completed his college course. Of the daughters, the eldest, Mary, is the wife of Captain Brush of the Liverpool Regiment; the other three are at home."

The obituary of Dr. Edward, the son mentioned, appeared in THE BULLETIN of November, 1927.

As might have been expected the demise of Queen Victoria in January, 1901 was fully noted describing in some detail, in the February number, the aphasia and paresis featuring her last few weeks of life.

In the February issue there appears a communication, entitled "The Goat Lymph Cure," being a sort of lampoon on what now appears to have been, at least, an *out and out fad*, to speak conservatively. It is signed "Laughing Bill Russeller" and evidently is hitting at something in the United States, as subsequent communications attributed the wonderful rejuvenating results to the use of a lymph prepared from Rocky Mountain Goats, Chicago and New York being the chief distributing centres. It appears, however, that local Institutes were organized in Nova Scotia, which did not secure the approbation of the entire profession, altho reputable physicians were associated with its publicity, as is noted by further communications later appearing in the *News*. This is probably what gave rise to the story recently published in the BULLETIN re use of Lymph or gland serum.—"A lady wheeling a baby down the street is accosted by a surprised friend who inquires as to the identity of the infant. The lady replies he's no infant—that's my husband, who went too far with the gland (*goat*) treatment."

In the same issue we learn that the Hon. Doctor Parker, although he "enjoyed good health and has lost none of his vigorous interest in professional and public matters," voluntarily retired from the Legislative Council. Recently all the *retirements* we have heard of have been of a compulsory nature, from the hands of Father Time, or other Paternal (disciplinary) agency.

In those days we learn that reporters of medical meetings had to be very careful with their notes of the discussion of cases. The Stormy Petrel took exception to the reporting of a surgical fracture case and contributed a full report from the hospital records, including gangrene and amputation. The reason was.—"The patient was assigned to me. . .but on learning what had been done for him in my absence I decided to leave the further treatment of the case with the operator so that he might get full credit for his work." But the bright light of the incident is a letter in the April issue from the late Dr. W. Huntley Macdonald, then in Antigonish, in which he accepts the clinical report of the S. P. as commendatory of the "really fine work by Dr. . . ., in his attempt to save his patient's leg," adding, "He had hard luck but his procedure was up to date, a fact very gratifying to the average practitioner in the province, for it fosters his confidence in our provincial hospital." Then he adds!—"I am glad also to see the cordial relation that exists between the members of the surgical staff, for differences unfortunately often occur and tend to professional jealousies and other kindred evils. It is pleasant indeed to find the senior surgeon,—for so I take it the S. P. is, calling attention to the good work done by his junior in office. This should ever be so, yet so often not seen. "How pleasant a thing it is for brethren to dwell together in unity!"

In view of the present activities in the Maritime Provinces looking for the control of Tuberculosis it would be of interest to note something that the *News* records of similar medical activities at this early period. Commissions were, even then, the approved way of obtaining responsible opinions for Government guidance. Doctors D. A. Campbell, C. Dickie Murray, John Stewart, and Geo. L. Sinclair, signed a majority report, while Dr. A. P. Reid, as might be expected, gave a minority report on one or two points, which, as also might have been expected, subsequent developments proved to be well taken. Besides, Doctors MacDonald of Antigonish and J. W. McKay of New Glasgow recommended a site in the Annapolis Valley. It is to be remarked that the only exceptions taken to the report by Doctors Reid, MacDonald and McKay were fully justified as events developed as regards location and administration. There may be a tendency to-day, in view of the need of additional beds, to accept Question No. 5 and its answer as applicable at the present time. We quote,—“Question No. 5.—In what way could the purely medical treatment of the patients be best carried out?”

“Answer.—By having not more than two visiting medical men, who should pay a certain number of regular visits every week, and additional visits when summoned by telephone or message.”

One might not be amiss in pointing out that this procedure failed. We have a right to question if it will be more likely to succeed to-day!

One of the most readable editorials published in the *News* up to this time appears in April 1901. It is entitled “Public Charities” and is inspired by a perusal of the usual Annual Reports of Humane Institutions issued by the Government for presentation to the House of Assembly. This Editorial features three things in particular. In the first place it gives a most kindly, but truthfully characteristic, comment of Dr. Hattie’s report of the Nova Scotia Hospital. In the second place it completely exonerates the medical profession of Nova Scotia for any share in, or responsibility for, “the dry rot of selfishness and parsimony that has eaten into the heart of the people”. Then it refers, so truly, to the ability and character of Dr. Sinclair and to a condition in the care of mental cases, not yet remedied in this Province, that it should be fully quoted for our appreciation and information.

“Dr. Hattie’s report of the Hospital for the Insane is like many of its predecessors, tinged with melancholy; ‘that ignoble melancholy which springs from a sense of pecuniary embarrassment.’ But Dr. Hattie’s is a ‘noble melancholy’, his heart aches at the sad condition of the poor blighted souls about him, and with the thought that in some cases, for a certainty, the hopes and chances of cure are being lost, for the want of a few dollars. More room, more scope for segregation and classification, more means of employing the time cheerfully and healthily, those are denied because, we suppose, the estimates must be kept down. Insanity is in some respects the saddest affliction of our race, but the sad fate of those who fall victims to this form of

disease seems to be regarded with callous indifference. The treatment costs too much money; the taxpayer averts his eyes and passes by on the other side.

"It is the cursed 'love of gold'. This is the one particular to which we referred at the commencement of this article. And the extent to which this dry rot of selfishness and parsimony has eaten into the heart of the people is even more strikingly seen in the indictment which Dr. Sinclair brings against the management of some of our poor houses and county asylums.

"These lines are written in a medical journal and for the perusal of medical men, and we know that it would be hypocrisy for us to pose as defaulters in this matter and to class ourselves with the mercenary crew who practically regard poverty as a crime, and grudge comfort and even cleanliness to the poor and helpless. We know, that if we do sometimes growl about it, we do more for the poor than all the rest of the community together. We know how by day and by night, in summer and in winter, from Yarmouth to Sydney, we give in gratuitous services to the poor an amount which if reckoned by the lowest tariff fees in the country, would make the total annual taxation of many of our neighbors a shabby trifle. And we face the bill year after year, with no hope of reward from municipal authorities, or any other powers of this present world. But let us not be too hard on the municipal councillor. He is in his place to do the bidding of his constituents and that bidding is to save money.

"Dr. Sinclair's reports are always admirable. His position as Inspector of Humane and Public Institutions is beset with many difficulties, and he meets these with exceptional tact and sagacity. When he has to suggest improvements he does so in a practical way and with a full knowledge of his subject; where he has to criticise, he does so with courtesy and a certain natural *bonhomie*, which must disarm resentment; where he condemns, his condemnation is stern and unmistakable, and when he praises he does so with a generosity which must warm the hearts of those who have striven for improvement.

"Dr. Sinclair is a relentless enemy of the old, shiftless, miserly method of conducting poor houses, and some of his reports must have been bitter medicine for certain municipal authorities. And yet, as we have good reason to know, he is a popular as well as an efficient Inspector. And the bitter tonic is having its effect, a healthier current of sentiment is circulating in the community, the tone of the poor-farm is rising, and we have hope of some warmth and colour yet suffusing the dull gray life of the pauper.

"And it is high time such a beneficent change should take place. The treatment of the poor is still, in too many places, a burning disgrace to the country. Men, women and children, old and young, healthy and diseased, the decent poor who have seen better days, and the lazy, dirty, incorrigible, jail-bird, the melancholic, the simpering idiot and irresponsible epileptic are herded together in tumble-down,

leaky old houses, and sleep in ill-ventilated, over-crowded, and vermin infested rooms. In one of these houses the death-rate was thirty per cent!

"To one of Dr. Sinclair's recommendations we would draw special attention, as we believe its adoption would be fraught with very great advantage to all concerned and especially to the insane poor. It is that a "woman trained in the care specially needed by the insane", should be added to the staff of each county asylum. Thoroughly competent nurses are now trained at Mount Hope, and one of the pleasantest pages of the Report on Public Charities tells of the improvement in the Annapolis County Asylum at Bridgetown, resulting from the management of a well trained and competent woman.

"Yes! there is some pleasant reading as well as depressing. The picture drawn for us has its shadows too truly, dark spots where miserliness and uncharitableness lurk. But it has its high lights also and its far-off bright horizon. The preaching of the Golden Rule is rousing even the municipal conscience. Kindlier airs and a warmer sunshine are breaking through the wintry sky of the poor."

What chance has the Golden Rule in the municipal councils even to-day?

At its regular meeting in February the Medical Society of the County of Kings (N. Y.) elected some 44 new members with 84 new proposals now awaiting consideration. This is rather a formidable list, no matter what the circumstances, but the incident is mentioned on account of the predominance of what we would call foreign names, eighty out of the eighty-four bearing names like,—Ain, Antell, Ariola, Aronson, Behrman, Benvenuto, Callandriello, Carabba, etc.

The Dalhousie Medical Society held its annual banquet at the Queen Hotel, Halifax, February 22nd with about 200 in attendance. The speakers were Doctors McKenzie, Carreron, Ycung, Atlee, Smith and Babkin. Dr. Babkin is about leaving for special research work for several months at McGill.

Murphy: "Did ye hear that poor Tim Casey's dead?"

O'Flaherty: "Ye don't say so?"

Murphy: "Yes, an' 'e's left all 'e 'ad to the Derry poorhouse."

O'Flaherty: "Ow much did he lave?"

Murphy: "A wife an' ten children."

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APRIL 1928

No. 4

Medical Society Membership

THE records reveal the fact that there are still many registered physicians in the province who have not accepted membership in either District, Provincial or Canadian Medical Societies. This, in my opinion, is an injustice to themselves as well as to the profession as a whole.

Our medical societies have for their object the advancement of medical science and practice, the prevention of disease with vigorous support to all health officers, the maintenance of a high scientific and social status among its members, the protection of the public and the profession against those unqualified to treat the sick or the injured, the co-operation of its members in the protection of their rights, the preparation of a scale of fees and in fact the dealing with all matters for the good and welfare of its members. The different Society meetings are the source of inspiration and knowledge for all those who attend them. The subjects dealt with at these meetings are by outstanding men in the profession, men of experience who are capable of presenting their matter in a comprehensive and practical manner.

These meetings also afford an opportunity to renew old friendships and associations. Here the medical student of a few years ago may meet his professor and his class mates. There is a social atmosphere surrounding these meetings which is worth while, and which has the effect of obliterating from our minds the obligations of our professional drudgery, and we return home "gladder and wiser men". But apart from all this, there is still a greater reason why we should accept membership. It is a reason which our conception of duty should

suggest; for if these societies have for their object all matters which pertain to the good and welfare of the medical profession, then, in truth should every practising physician in the province deem it his happy privilege and his pleasant duty to contribute his sympathy and support.

A society which stands for the good and welfare of any class, be they laymen or professional, is deserving of the full and undivided support of the class whose interests are thereby served.

M. E. Mc.G.

Physical Culture Rottenness. The Journal of the American Medical Association publishes the following, which we print for the sole purpose of asking the profession to give such magazines their entire disapproval. Such publications are full of fads and quackery, and are unsound from the scientific and moral standpoint.

The Romance of Medicine.

Case report from Mr. Macfadden's Physical Culture for August.

But to return to the subject of "barren women", it's all bunk. What most of them need is a change of husbands. I'm a graduate nurse, have had years of experience, maintained a hospital of my own, have had the confidence of dozens of women, and I know what I'm talking about. It made me furious to have Dr. Ransom lay all the blame on the women when she knows as well as I do that it is not true.

I had a very dear friend, a woman of forty, who had been married twenty years and had spent a fortune and had consulted dozens of physicians in her efforts to have a child. I sent her to my family physician, a fine specimen of manhood about forty-eight years of age, and she told him her story. He gave her a thorough examination, found her in perfect physical condition, and decided that the lack of children in that family was due entirely to the husband's inability to become a father.

The doctor suggested a remedy, and my friend confided in me. She was shocked at the thought of being untrue to her husband, but she wanted a baby so badly and the doctor—well, her desire for motherhood was so overwhelming that she could not resist. So it happened.

Ten months later she became the mother of a beautiful baby boy, and I don't know who was the happiest, the husband or the doctor. Both have passed on, and it doesn't make any difference. My friend and her tall, handsome son often come to visit me. They are intensely devoted to each other, and who shall say that this woman committed a sin?

Not me. I believe she was strictly within her rights. Let us cut out the "barren woman" stuff and discuss barren men for a change. Then perhaps we'll find out why so many women are childless.

Mrs. F. A. B.

Los Angeles, Calif.

Address to Dr. John Stewart

(In the February Bulletin Editorial Reference was made of a presentation to Dr. Stewart by the Registered Nurses' Association. It was accompanied by the following address.)

Dr. John Stewart, C. B. E., M. B. C. M. (Edin.), F. R. C. S. (Edin.) L. L. D. (Edin. and Dalhousie).

Dear Dr. Stewart:

The Halifax Local Branch of the Registered Nurses' Association, felt they could not allow such an important milestone in your life as the Fiftieth Anniversary of your entry into Medicine, to be passed over unnoticed by them.

It was the unanimous wish of the Association that our sincere interest and gratification in this happy event might be expressed in some practical and tangible form that would exemplify the ideals of him whom we sought to honor. It was therefore decided that a Cot in the Children's Hospital should be endowed for one year in your honor, and as you have ever put into practice the Divine injunction that "It is more blessed to give than to receive" we felt this would please you more than any personal gift.

All that was said to you, and of you, dear Dr. Stewart, at the formal celebration of this important event, was echoed and re-echoed in the hearts of our members. In asking you to accept this small tribute of our admiration for your many noble qualities of head and heart, we but honor ourselves. And we pray that you may be spared many more years to be what you are to-day—an incentive to, and an example of, all that is Highest and Best.

Correspondence

Fifty-Three Years a Graduate.

(The General Secretary has received the following letter from Dr. W. McK. McLeod of Sydney. The personal element in it is something that the BULLETIN has stood for every since it was first published. We feel sure that the writer will not accuse us of a breach of confidence in presenting it to our readers. We would suggest, however, before throwing off mortal coils, that Dr. McLeod place the Profession of Nova Scotia in his debt, by contributing to the BULLETIN an Article on the founding of the Medical Society of Cape Breton in the days, when Dr. Kendall was still the "wee toddler.")

794 George Street, Sydney, N. S.,
March 15th, 1928.

DR. S. L. WALKER,
Halifax, N. S.

My Dear Dr. Walker:—

Many thanks for your kind letter of the 6th to which I should have replied sooner.

On March 6th the fifty-third anniversary of my graduation at old "Bellevue" occurred, and during the elapsed time since then, I have had a varied and busy experience. In those years the practice of medicine has undergone many changes. For some six years gone I have ceased to be a "Practising Physician," and you will easily understand how one loses connection under such circumstances.

I was a founder (with former medical contemporaries) of the "Cape Breton Medical Society" and remember that Old Doctor McKen came from Baddeck—most of the way on snow-shoes—to be present. But these old days have passed, and with them also, practically all the old doctors. Even my friend Kendall was then but a "wee Toddler."

I do not think at this date I shall renew activity—rather shall I continue to enjoy the joys and pleasures of such a contented retirement as healthy body and a satisfied mind may bring to me. Sweet old "Bion" of Smyrna, in one of his very ancient Idyllia says—

"But since, of life, we have but one small share,
A pittance scant, which daily toils impair,
Why should we waste it in pursuit of care?
Why do we labor to augment our store
The more we gain, still covetting the more?
Alas! Alas! We quite forget that man
Is a mere mortal and life a span."

Theocritus commends Bion's views, but neither of them knew of immortality.

Mrs. McLeod joins me in cordial wishes, and I am yours very truly,

(Signed) WM. MCKENZIE McLEOD.

To The Medical Graduates of Dalhousie.

Dear Doctor:

The current year, 1928, has great interest for the medical men in the Maritime Provinces. In the first place the reel has clicked off another notch since your Alma Mater punished you or honored itself in passing you a diploma. The Medical College in Halifax has now been doing this for 60 years. Quite a few have now over fifty years to review, it's a long time—to look ahead. But the mere passing of 1928 is only another gone beyond recall.

For the Maritime Provinces 1928 will witness medical gatherings of special interest. The Canadian Medical Association meets in Charlottetown, June 18, 1923. This is the first time in our history that the meeting has been held in the Island. This is significant because it shows the P. E. I. men appreciate the value of the meeting and desire to play their part in its responsibilities. This feeling is more evident to-day than ever before, hence the meeting will be attended by a much larger number of Maritime men than any previous meeting. Should the cities of Halifax, Saint John, Sydney and Moncton send their full quota the attendance will be 100% greater.

At the C. M. A. meeting the graduates of McGill have always arranged a McGill function and, whenever possible, Varsity has done the same. They both propose repeating this custom at Charlottetown. The question is,—Will the larger number of graduates of our local College in attendance at the meeting, sit and twiddle our thumbs while other bodies are singing the songs of their old college? We believe it is safe to assume that *we will not*. Let us make the start now.

Then the following week sees the meeting of the Newfoundland Medical Association at St. John's. Several speakers from the C. M. A. meeting will attend, being escorted there by a Newfoundland delegation. A special party leaves Halifax for St. John's on Tuesday June 26th, among whom will be a number of medical members of Rotary, who will attend special meetings of both organizations. There is thus available for the medical men of the Maritimes and their families a splendid and profitable 15 to 16 days' vacation in the beautiful leafy month of June. Don't you think your wife is entitled to the trip?

Then early in October comes the biggest and best of all,—The 75th Anniversary Meeting of the Medical Society of Nova Scotia, the Annual Refresher Course of Dalhousie Medical College and the Golden Jubilee of Our Medical School. It will be an epoch marking Medical Week for Halifax and the bodies named. Strong Committees have the matter in hand and details are being worked upon already.

As my work concerns the Medical Society of Nova Scotia why am I writing to you in this manner? I believe it is high time the Graduates of our Medical College should stand up and acknowledge

their Alma Mater. Whether or no the College made a good job with you is not the question, the material it had to work upon mattered greatly. But for sixty years many men, and mighty good men too, contributed of their knowledge, time and energy to turn out good Disciples of the Healing Art. Let us make some acknowledgement of their services, even at this late date, they have received little hitherto, by giving prominence, as do the graduates of other schools, to the College that did the best it could with the material offered, on the occasion of an annual meeting. Let there be a Dalhousie Night at Charlottetown as an opener for the big one in Halifax in the Autumn.

So far I have received little intimation of a desire on the part of Dalhousians to make this a feature of the Island meeting. I am therefore addressing you through our official BULLETIN and will be glad to hear from as many as possible.

Yours very truly,

S. L. WALKER,

General Secretary.

183 Hollis Street, Halifax.

A Letter from Glasgow University.

(Some months ago Dr. J. P. McGrath, of Kentville wrote from Glasgow asking to have the BULLETIN sent to him while he was in attendance at this University. The Secretary advised him he could have it under condition of writing a letter for publication in its pages. He wrote the letter but insisted that it was not for publication, however, there is so much of interest in it that we venture to disregard his instructions. The letter was written the latter part of January of this year).

"Dear DOCTOR WALKER:

Your post card message has constantly haunted me and I have been delaying writing for several reasons.

In the first place I am a —very poor writer. Then I have been anchored here in one spot, in one City, in one University and in the Eye, Ear and Throat Department of that University. I do not feel, therefore, that I am in the best position to write intelligently about "conditions on this side of the water." Then should I relate my experiences and give expression to my opinions they would not be of the broad, general nature that are necessary to impart positive information to others. In the final analysis when it comes to men I cannot speak too highly of Professor Syme and his assistants. They are wonderful men and wonderful teachers. In the matter of hospital services and nursing, it appears to me that our own Canadian hospitals do not suffer greatly in comparison.

Of course the hospital services here being free, there is a large amount of material available which accounts to some extent for the high class knowledge and technique of the Surgeons. At the Western Infirmary there is a waiting list of 1500 and the same at the Royal.

The number of patients, both out and in, handled per week amounts up in the thousands. The Eye hospital which is a small unit by itself handles 1500 cases per week.

Of course, lots of people do not know that Glasgow University is older and larger than Edinburgh. There are enrolled this year 5000 students. My period of study here expires shortly when I go to Edinburgh, then London and Vienna, for the further period of my stay.

The students here recently put on a "Charities Day" which appears to me might well be adopted in Halifax in connection with the Community Chest Fund, the Children's Hospital and other philanthropic Institutions and organizations. Attired in all manner of costumes, the students take possession of the City. There is a procession with decorated floats and many and varied stunts are pulled off. Last year was the appearance from The Clyde of a Transatlantic Lady Swimmer. This year Big "Bull" Thompson, of Chicago fame, arrived on a cattle-boat for the purpose of freeing Scotland from the English. He put kilts on Bobby Burns statue as well as divers other stunts. There is also a special comic magazine published and sold for the occasion. Also the famous doll Ada Penny (add-a-penny). Last year they collected \$75,000 in one day of which there were 7 tons of pennies. The whole thing goes over bigger every year and has reached such proportions that the city and leading business houses assist and co-operate in every way. Those who are busy and do not want to be constantly held up buy an Immunity Badge for a guinea. I saw Harry Brittain recently in Edinburgh and frequently spend a week-end with Bill Phinney. As you see this is a personal letter simply to square myself with you.

With best regards,

Yours truly,

(Signed) J. P. McGRATH.

16]Arlington St.,
Glasgow, Scotland.

From Bournemouth, England.

(At the 1927 meeting of the Medical Society of Nova Scotia in Sydney, Dr. W. B. Moore of Kentville, for nearly fifty years identified with the affairs of the Society, among others, was elected to Honorary Membership. The Secretary finally located this former Nova Scotia Practitioner on a Honeymoon trip in Europe, and the following letter is the immediate reply. While it is very personal, perhaps on that account it will appeal the more to all who know Doctor Moore. In any case we will hear from him again, either at Charlottetown in June, or in Halifax in October at the Anniversary of both the Medical Society and Dalhousie Medical College.

"Dear DOCTOR WALKER:

In making this my headquarters and travelling around the country from time to time, mail directed here often has quite a journey before

reaching me, but rarely goes astray. Let me thank you for the very kind letter with its personal expressions of good fellowship, and good wishes, and the news of the very high honour conferred upon me by the Nova Scotia Medical Society in electing me to Honorary Membership. Beyond the fact that it was a kindly personal and fraternal act on the part of those whom I had known for years, and showed their continued remembrance and friendship, I consider it a very high honour in a professional sense, because a larger experience and observation, as time goes on, have led to the belief that in average quality of its membership, if not in quantity, our own little Nova Scotia Medical Society will compare very favourably with similar representative professional organizations wherever you may find them. In fact I have come to what I think a judicial conclusion in the belief that little Nova Scotia, with all its drawbacks, possesses a remarkable excellence of quality and efficiency in its members of the medical profession, its central and district hospitals, its Provincial Sanatorium, its Public Health services, its University and Hospital staffs and nursing profession. Of course we cannot compete with certain special lines of development in research departments, etc., of great universities in the larger world centres with immense financial resources, but the more I travel the more I am amazed at what our own little province has accomplished, and, I am further of the opinion, that the people of the Province have much to be thankful for in the high average quality of those upon whom they must depend for the prevention, cure, or relief of the many ills to which the flesh is heir.

I am glad that you are still occupying the position in which you have been able to do much valuable work for both profession and people, and for which I think you are especially fitted.

Kindly remember me to all of my old friends you may happen to meet. Again thanking you for your kind letter and generous wishes.

Sincerely yours,

(Signed) W. B. MOORE.

Dr. W. B. Moore,
Meyrick Mansion,
Private Residential Hotel,
Bournemouth, England.

Oliver Wendell Holmes:—To the Doctor our attention turns at once to the Harvard Medical Professor and the noted Author, but the Lawyer thinks to-day of Mr. Justice Holmes, the Nestor of the American Judiciary. He has passed his 87th milestone and still discharges his full duties as Associate Justice of the Supreme Court of the United States. He is a distinguished son of a distinguished sire of whom the lawyers and doctors of this continent may well be proud.

Branch Societies

Halifax County Branch.

THIS branch met at the Dalhousie Health Centre on Jan. 18th with a good attendance of members and in addition Supt. Kenny and a group of nurses from V. G. Hospital, as guests.

Two communications from Victorian Order of Nurses were read and disposed of. The first was a cordial invitation to the members of the Society to be present at their annual meeting. The second was a request to the Society to appoint a Committee with which the executive of the V. O. N. might confer on matters of policy. Motion to effect it being duly passed, a Committee comprising Drs. C. S. Morton, Corston and Little was named from the Chair.

Dr. Ross Millar of Amherst was then introduced and gave a very interesting address on "Japanese Hospitals," though he enlarged somewhat on this to include Honolulu and Burma which were visited on his trip to Japan. It was a splendid talk; free from the usual statistics, which kept up the enjoyment and interest of his hearers throughout the evening. Some of the interesting points discussed were German influence on Japanese Medicine; the Military-like discipline in Hospital Services; Sanitation, which in most of the private hospitals was very primitive; absence of central heating in many of the hospitals, and the rigid training of the Undergraduate.

On the question of the ability of their men, he rated their surgeons very highly.

He stated that Japan was overpopulated, and that very soon they will be forced to find an outlet for their surplus population, and that he would not be surprised to find Canada their refuge before many years.

A vote of thanks was most heartily concurred in and was extended to Dr. Millar by the President.

February 1st, 1928.

At this meeting arrangements were effected whereby this branch would sponsor a dinner, to be given on the occasion of the visit to this City of Drs. Woodhouse and Elliott of the Can. Tuberculosis Association, under the direction of Drs. Hayes and Chisholm of the Nova Scotia Tuberculosis Commission.

The scientific section of this meeting included a paper by Dr. Birt on "The Early Diagnosis of Certain Nervous Diseases" selecting Tabes, Disseminated Sclerosis and Encephalitis Lethargica. The

speaker manifested a profound knowledge of his subject, treating of these diseases in all their phases.

The value of a complete physical examination was stressed in all cases, in order to avoid unnecessary operations, and the overlooking of certain nervous diseases and their sequelae.

The paper evoked some valuable discussion, and Dr. Birt was warmly applauded for his scholarly treatise.

February 15th, 1928. Dalhousie Clinic.

At this meeting the scientific contribution was made by Dr. A. R. Cunningham. The subject: "Common Aural Diseases." Dr. Cunningham dealt with Eczema, Wax in the Ear, External Otitis, Exostosis, Deafness and Mastoiditis, chiefly as to Diagnosis and treatment. The various tuning fork tests were explained with their application in certain aural diseases.

This was followed by a very interesting discussion and the tendering of the hearty thanks of the meeting to Dr. Cunningham.

February 29th, 1928.

This meeting, held at the Dalhousie Health Centre, heard a paper by Dr. S. R. Johnston on "The Causation and Diagnosis of Obscure Gastric Haemorrhage."

This paper was based on Dr. Johnston's own observations and investigation of some 6000 gastro-intestinal examinations from which he had selected a series of 300 which exhibited Gastric Haemorrhage as a symptom after such conditions as Oesophageal Varices, Cancer, Ulcer and Cirrhosis of the Liver had been ruled out.

That "Infectious Gastritis" was the cause of these haemorrhages was the conclusion to be drawn from Dr. Johnston's work. This is in support of the work of Rosenow and Rehfuss, and Dr. Johnston claimed that Infectious Gastritis is caused by a diseased focus elsewhere.

Lantern slides assisted in making this paper one of the best given before this Society, and Dr. Johnston was warmly congratulated for his excellent piece of research.

N. H. G.

The Country Correspondents for city or town daily or weekly papers have a hard time to get *locals* enough to satisfy the paper or the readers. It does not seem necessary, however, for them to embarrass the local practitioner by an item like the following:—"Dr. A. B. C. is kept busy these times. The Doctor's cheerful smile is much appreciated in the sick room." Yet this is an actual item recently printed in a weekly town paper in one of the Maritime Provinces.

Clinical Tours

EVER since Tourist Parties became the vogue, there has been developing a movement to make these of value from the educational standpoint, as well as entertaining. Attention soon became directed to annual and other special gatherings of a distinctly scientific character, with the avowed purpose of directing travel, to and fro, by certain desirable routes. For several years now this sort of publicity has been taking on a decidedly stronger scientific appeal and tours are now arranged for the express purpose of attending a series of such gatherings. We have seen Ministerial tours, quite naturally the first almost to profit by this educational travelling. Then the Teachers have their tours, mostly at their own expense. Then the Manufacturers, the Farmers, the Press and many other bodies utilize these tours, very many of them being largely financed by interested parties, governments, steamship companies and others.

In recent years the medical profession has adopted this means of combining good scientific work with the pleasing occupation of travelling. A number of medical men in the Maritime Provinces have taken advantage of these tours, to South America, the Mediterranean, England, Europe and even to Canada, Japan or around the world. A couple of years ago one of our members gave very interesting addresses on what he saw and heard on a trip to the West Indies and South America. The College of Physicians and Surgeons has been very active in arranging such tours, not the least beneficial of which has been the Clinics held at suitable centres.

The American College of Physicians recently concluded its Twelfth Annual Clinical Session at New Orleans, and this was followed by a Post-Clinical Session Cruise to Cuba, Panama, Spanish Honduras and many Caribbean points of interest for the Members of the College and their families. It was no new thing then which was sponsored by Sir Henry Gray in arranging a trip for Canadian practitioners to England and Europe in 1927. Doubtless many more will this year enjoy a similar experience.

There can be no question about the desirability of organizing such tours. That they are of permanent professional value and provide great pleasure to the visitors are equally unquestionable facts. They are bound to be also of international value in virtue of the reciprocal good feeling they engender.

Sir Henry Gray writes:—

“As a result of the experience of last summer’s tour, we find that parties of not more than 30 professional men with their wives or older

children are easily looked after. Thirty doctors visiting any large hospital need not interfere with the routine of that hospital. To see operations, to participate in ward rounds and discussion of cases, to have an opportunity of seeing the general arrangement of the hospital and to hear short addresses by prominent workers, are what the great bulk of professional visitors desire, and this plan we have determined upon as being most satisfactory in avoiding crowded conditions, so that all of our members may secure the utmost possible benefit from their tour."

The proposed 1928 tours will start from Montreal May 12th, June 9th, July 14th and August 4th. The day previous to departure will be spent in Montreal in visiting hospitals, the holding of clinics, and a dinner and reception at the Windsor Hotel the evening before sailing. These tours may end in Montreal just 30 days later than the starting date. For efficiency in clinical work each party will be divided into two separate groups with itineraries of equal attractiveness. The one group will cover Liverpool, Manchester, Birmingham, Newcastle-on-Tyne and London. The other group will cover Liverpool, Leeds, Sheffield, Cardiff, Bristol and London. In London both groups will unite, as unlimited clinical facilities are here available.

Undoubtedly some of those who would take a tour of this nature could not refrain from taking the opportunity to visit the Continent; hence various side trips are provided for. The first is for Paris for 4 to 5 days, then returning by way of New York. The New York trip would be made on the Homeric, the Majestic or the Olympic. Another trip takes in Germany, Holland and Belgium, returning either by New York or Montreal. Then, if desired, one can spend a week in Switzerland and two weeks in Italy.

Many points of interest will be visited.

Leeds and Sir Berkeley Moynihan.

Sir Berkeley Moynihan, Baronet, K.C.M.G., C.B., is probably the greatest abdominal surgeon in the world. He is President of the Royal College of Surgeons of England. He is not only one of the most brilliant speakers but a genius in elucidation and demonstration. His gracious spirit, fine character, profound scholarship, his gift of oratory, and his marvelous skill combine to make a life long impression on all favored in meeting him. In his operations on the stomach, intestines and gall bladder, he has revealed a class of scientific work which stands as the latest work of the surgery of to-day. The Leeds Medical College, in connection with the Royal Infirmary, is celebrated for a Faculty made up of the most progressive and scientific men who, to their credit, it may be said, are dominated and inspired by the exceptional personality of Sir Berkeley Moynihan.

Birmingham. Queens Hospital and Children's Hospital for lectures and Clinics. An all day motor trip to Stratford-on-Avon.

London. The Medical Society of London Welcome. Lectures, Clinics, Demonstrations, etc., at St. Bartholomew's Hospital, Middlesex, Cancer Hospital, West London, Museum of Royal College of Surgeons, Infants' Hospital, London Temperance Hospital and others. The Reception at the West London Hospital includes a very large list of lectures and demonstrations. The London Temperance Hospital program features gastric operations, lectures and museum specimens.

In all medical centers visited in this tour, facilities are provided further for those who are interested in special lines of medicine, surgery and therapeutics, the study of hospital methods and arrangements, the work of nurses and other lines, and upon consultation with Sir Henry Gray information will be given to those interested.

How To Travel and the Cost.

As three of the sailings from Montreal will be by the new S. S. Laurentic of the White Star Line mention must be made of the travelling accommodation provided. Third Class Tourist is exclusively reserved for tourists both ways across the Atlantic. It is a method of travel inaugurated in 1924 and is universally used by teachers, students, college professors, doctors, lawyers, musicians, business men,—the great bulk of all who take in European travel.

The term "Third Class" is often misunderstood. It still carries a certain suggestion of "steerage". As a matter of fact, it has nothing in common with third class of twenty years ago. Perhaps greater strides of improvement have been made in third class than in any other section of ocean accommodation; and this is particularly the case on the new "Laurentic."

The Cabins are spotlessly clean, with an abundance of snowy linen. They are arranged for two, four and six persons. The Dining Saloon would be a credit to many hotels. The Lounge is far superior to the living rooms of many homes.

There is a Smoking Room, too, large and comfortable; and a General Room for social activities. The deck space allotted in the forward part of the ship is ample for exercise, both tramping and playing games.

The net cost of the thirty day trip is \$410.00 covering all the expense of travel and hotels from Montreal until you return to Montreal. This does not include cost of passports, tips on Atlantic Steamers, personal expenses as laundry, wines, etc., insurance on baggage, unforeseen expenses due to unavoidable delays or accidents, and transportation from your home to Montreal and return. The Germany-Belgium trip will cost an additional \$100.00, the Paris trip \$65.00 with return to New York; Switzerland one week \$100.00; Italy, two weeks, \$155.00, also with return via New York.

It is pointed out that *nurses* and *hospital officials* are always found taking these tours and special arrangements will be made to make the trip of practical value to them.

What does the BULLETIN receive for this publicity? Very confidently we hope to receive three descriptive articles for future publication. One will describe the trip giving the impressions a Maritime Surgeon received. Another will describe the trip from the medical viewpoint. The third may not be from a doctor, but from one of the party who will report on what we may term the social side of the trip. As regards this third article it will be rigidly censored so as to avoid any domestic disturbances.

As the General Secretary is neither a tourist agent nor an expert in steamship tours all further information on the subject may be obtained by writing to:—

THE WHITE STAR LINE

MESSRS. A. G. JONES & Co.,

ST. PAUL BUILDING, HALIFAX, N. S.

These agents will gladly answer all correspondence and give full particulars—that is their business.

Our advice is to relax a little and live longer.

S. L. WALKER.

The Operation was Successful although the patient died. Too often this happens to the distress of all concerned. There does not appear to be any good reason why unnecessary publicity should be given to some of these incidents. One paper says:—"The lad has been ill for two years; on Mach 4th he was given a blood transfusion and an operation performed on Tuesday, a rib having to be removed to get at the source of the trouble, an abscess above the liver against the diaphragm. Prior to the operation all doctors gave him up, excepting the Director of the Surgical Department. With the never ending hope of the great surgeon he said, 'He is very low, but I cannot give him up, he is too bright a boy to let him go.' " This article is headed in heavy black caps,—*"A Miracle in Surgery Saves Life of Youth."* In the same type a week later is the heading *"Dies in Hospital."*

The two articles make plain that the information was authentic in both cases but wrong conclusions were drawn for which, however, no surgeon is to blame. The wish was father to the thought in this case. Had the same publicity been given to a case in one of our local hospitals, it would be hard to excuse both hospital surgeons and nurses from being party to it. Moreover, it is not a square deal to so quote a surgeon as above; if he made the remarks they were in confidence and should not have been broadcasted.

The Tuberculosis Commission

The Educational Programme approved by the Medical Members and Advisors of the Commission.

Resolved: That in accordance with the recommendations of the special committee of Medical members of the Commission, as per Minutes of their meetings on February 24th-28th, and March 12th, and resolutions of amendments thereto, the following shall constitute the programme of the Commission until further amended.

PROGRAMME.

I. FUNDS.

A minimum of \$15,000, including proceeds of Seal Sales, will be raised for the work of the Commission for the ensuing year.

II. ASSISTANCE TO THE INDIGENT TUBERCULOUS.

Aid to indigent tuberculosis cases throughout the province shall be continued, and the further assistance of the town, and municipalities shall be solicited.

III. EDUCATION.

Carry out the following Educational Programme:

1. Preparation of literature:

Dr. Miller, Supt. of the Nova Scotia Sanatorium, and the Commissioner, Dr. Hayes, to prepare, select and edit educational literature, in conjunction with the Department of Public Health and the Nova Scotia Medical Society.

2. Distribution of literature:

- (a) All the country newspapers throughout the province, some 60 in all, should be supplied, at least once a fortnight, with articles on tuberculosis, its cause, nature, propagation, early detection, prevention, cure, "home sanatorium treatment," home sanitation, ventilation, character and advantages of moving air in sleeping rooms, the anatomy and biology of the housefly with its means of distributing filth and disease, precautions against the fly nuisance and disposal of refuse and garbage and body excretions, the spitting menace, care in coughing and sneezing, human and animal disease carriers, dangers of domestic pets, Bovine Tuberculosis, etc., etc.

- (b) Prepare similar articles for the week end editions of all the daily papers in the province.
 - (c) Prepare or secure special literature, and solicit the co-operation of the Department of Education for its distribution in the public schools about once every three months.
 - (d) Preparation and distribution of suitable circulars, placards, posters and booklets, in public places.
3. Instructional lectures, moving pictures, and lantern slides:
- (a) The preparation of Nova Scotia Moving Picture films and lantern slides, depicting the various phases of tuberculosis control, Home Treatment, and instructional health films.
 - (b) Carry this work into all the towns and more remote villages and settlements, in the province, in co-operation with the clinical service of the Public Health Department.
 - (c) Endeavor to secure, primarily for the Commission, then for each of the Clinical Divisions of the Province, a motor car with dynamo attachment to carry out this work, which may also be used, when desired, for portable X-Ray work in the country where there is no electric power.
4. Auxiliary services:
- (a) Enlist the co-operation of the Clergymen of all denominations throughout the province to the extent of a Health Sunday at least once a year, preferably at the beginning of the Seal Sale campaign in the fall—say in September or October. With this in view, to send each one personal letters and special literature as a basis of health sermons.
 - (b) Enlist the co-operation of the Medical profession, through the Nova Scotia Medical Society, in our tuberculosis control campaign generally, and the supplying of special speakers for health meetings or Church services and addresses in Sunday Schools, Y. M. C. A., or other Sunday gatherings on the "Health Sunday," and other opportune occasions. Also solicit the co-operation of the Branch Societies and ask them to go on record as being behind the campaign for tuberculosis control.
 - (c) Respectfully solicit the Nova Scotia Medical Society to endorse the specified aims of the Department of Public Health and the Nova Scotia Tuberculosis Commission, in its present and proposed intensive campaign and solicit the same endorsement from the Branch Societies.
The proposed special resolutions to be prepared by the representatives of the Nova Scotia Medical Society on the Commission. These resolutions, when endorsed, to be published.

5. Have tuberculosis exhibits at the various county Exhibitions as far as possible, and particularly have good exhibit at the annual Provincial Exhibition, Halifax, in conjunction with the Public Health Department and local agencies.
6. Co-operate with Dr. Miller to get established a short Clinical course on tuberculosis at the N. S. Sanatorium once a year, as already endorsed by the Executive Committee.
7. Endeavor to have a speaker for 10 or 15 minutes on tuberculosis control at the Annual Meetings of the different labor and other societies and orders throughout the province.
8. Form local organizations and co-operate with already existing organizations throughout the province.
9. Any adaptation or adjustment of this work between the Commission and the Public Health Department to be attended to by the Commissioner in co-operation with the Chairman or Vice-Chairman of the Commission.

IV. INCREASED BED ACCOMMODATION.

Continued co-operation with the Public Health Department in endeavors to secure more tuberculosis bed accommodation, putting forth special efforts during the present year to establish tuberculosis hospital accommodation in Sydney, Pictou, Cumberland and Yarmouth, and keeping under consideration Lunenburg and Glace Bay,

V. SUMMER CAMPS AND PREVENTORIA.

Encourage and support, as far as possible, the establishment of Summer Camps over the province and permanent Preventoria, for the care of child contacts, undernourished and underdeveloped children.

VI. CHILDRENS' TUBERCULOSIS HOSPITAL.

Foster the development of a Tuberculosis Hospital or ward for children.

VII. AFFILIATIONS.

Tuberculosis organizations to be appointed in all the towns and villages of the province, as far as possible, or Tuberculosis Committees from one of the outstanding local organizations willing to co-operate with the Commission in its work of tuberculosis control.

Such organizations to administer local funds and assist in the annual Seal Sale or other drive for funds.

Further resolved, that copies of this programme be given, for approval and co-operation in its execution, to the Provincial Department of Health, The Nova Scotia Medical Society and affiliated branches, the Halifax County Anti-Tuberculosis League and the Cape Breton Tuberculosis Commission, and also that it be offered to the press of the province for publication.

OBITUARY

DR. MALCOLM E. MACKAY, McGill 1911, Edmonton, Alberta.

THE death occurred at the Royal Alexandra Hospital, Edmonton, of Doctor Malcolm E. MacKay aged 50 years. The cause of death was septicaemia. The late Dr. MacKay was born in Whycocomagh, Nova Scotia, but removed many years ago with his parents to Paynton, Saskatchewan. He graduated from McGill in 1911 and took post graduate work in Edinburgh and Glasgow. Immediately he came to the front as a surgeon of ability and has practiced in Edmonton for a number of years. He has one brother a physician in Edmonton and his son is a medical student in the University of Alberta. Of his surviving family but one married sister resides near the former home in Cape Breton.

The death occurred on February 8th, 1928, at her home in Clarence, Nova Scotia, of Mrs. Elizabeth Fritz at the advanced age of 93 years. Of three sons surviving two are members of the medical profession—Dr. Emdon Fritz of Manchester, N. H., and Dr. J. R. Fritz of Providence, R. I.

Dr. A. J. Gammon, formerly of North Sydney, died at his home in Kansas City recently aged 60 years. While still in his teens he went to New York and for a time studied with the Christian Brothers. He practised medicine continuously in the country and city of his adoption. Among others he survived by two brothers John and Pius, still resident in North Sydney.

The active Pall Bearers at the funeral of the late Dr. James Warburton of Charlottetown were Doctors Johnson, MacMillan, S. R. Jenkins, Dewar, Houston and Yeo. The funeral service was from St. Paul's Church, the Firemen, Police, the Mayor and Council and other city officials taking a prominent part in the entire proceedings. The BULLETIN received an extended obituary from the Secretary of the Island Medical Association after our newspaper account was in type, which we much regret.

Dr. James Bearisto, died recently in Winnipeg aged 82 years. About three years ago he suffered a stroke of paralysis since which he was wholly invalided. He practised first in Prince Edward Island at Alberton and a number of his relatives reside in the Island, especially in Malpeque. He practised also for a number of years in Lakeville,

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Carleton Co., N. B. His first wife was Miss Nellie Wiggins of Alberton; his second wife being Miss Belle Nugent of Saint John. Upon his retirement from active practice a number of years ago he removed to Winnipeg. His remains were brought to Lakeville, N. B., where interment was made. He was a successful practitioner and was highly esteemed by all who knew him.

Among the hundreds in attendance at the obsequies of the late Honorable MacCallum C. Grant were many physicians, joining with the people from all ranks in life, to pay homage to one loved by all. While, as Lieutenant-Governor of Nova Scotia, Government House was ever open to prominent visitors, the Medical Society of Nova Scotia will ever be indebted to him and Mrs. Grant for their unbounded hospitality to medical visitors in the city. But following a busy career in business and commerce his strenuous years at Government house exacted their inevitable toll and he did not long survive to enjoy the rest and quiet he had so dearly earned. While he always smiled and passed the cheery word or witty quirk, yet the terrible sadness and distress of the war gave him constant suffering. Then the death of a son in the war and later of another, Dr. Gerald Grant, as noted in the June 1927 BULLETIN, made the burden more than the body could stand.

To Mrs. Grant the doctors of Nova Scotia will extend their sincerest sympathy.

The death occurred at Bella-Bella B. C., on February 22nd, of Dr. John Spencer, for forty years a medical missionary among the Indians of British Columbia. He is survived by his widow, formerly Miss Hart, of Sackville. Many friends in New Brunswick greatly regretted to learn of his unexpected passing.

Among the many adventurous young men from Eastern Canada who headed West when the country beyond the Great Lakes was still largely an unknown land, was James W. Armstrong. Born in Nova Scotia in 1860, he attended public school in Annapolis, The Pictou Academy and Acadia University. After teaching school he went to Manitoba nearly forty years ago. He soon began the study of medicine and practised in Gladstone, Manitoba, for a number of years. He was elected to the Legislature in 1907 and sat continuously until 1922. The *Winnipeg Tribune* says:—

“Dr. Armstrong was the type of man who inspired confidence and respect among both political friends and opponents. He was modest and unpretentious. He held strong convictions, and always gave the impression when speaking that he had studied his case thoroughly. A Nova Scotian by birth, Dr. Armstrong's name may be fittingly added to the long list of those Lower Provinces men who have so notably contributed to the building up of the West.”

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Locals and Personals

DR. H. K. McDonald of Halifax returned late in February from a short stay in Montreal, his daughter Kathleen at school in Montreal returning with him for a short holiday at her home.

In December Dr. W. H. Hattie gave his first Radio Talk, his topic being "Sunlight and Health." It appeared as a leading article in the December number of the *Canadian Public Health Journal*. It was abstracted by the Publicity Committee of the Medical Society of Nova Scotia and published, as one of a series of articles entitled "Health Advice," under the auspices of the Society in the provincial weekly newspapers.

"No, No, Nanette" was a recent comedy success in New Glasgow, largely due to the histrionic ability of Dr. V. H. T. Parker, of Stellarton, a "born comedian" according to the *Evening News*.

Dr. R. D. Roach of Dochester spent a week recently at his former home in Tatamagouche.

Dr. Clyde S. Marshall of Halifax, Provincial Psychiatrist, has been addressing a number of meetings over Nova Scotia in the general interests of the mental defectives.

Dr. G. C. VanWart of Fredericton recently addressed the local Rotary Club upon the Requirements for Becoming a Regular Medical Practitioner in New Brunswick. In spite of this perhaps some people probably in Fredericton will take a chance on their lives with an Irregular and *pay him for the chance*.

Dr. J. V. Anglin, Fairville, Saint John, gave a splendid patriotic address on International Goodwill on February 21st, 1928, to the Rotary Club of Halifax. During his few hours in the city he met a number of local physicians and a number of people interested in the care of mental cases.

Dr. Annie E. Anderson-Dickson, (Mrs. Hugh Dickson) of Truro, a Dalhousie graduate of 1920, attended a recent meeting of the Nova Scotia Tuberculosis Commission of which she is a member, representing the Women's Institutes.

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Dr. D. A. McAulay of Baddeck in February went to New York for special post graduate work.

Mrs. H. P. Gouthro, of Halifax, wife of Dr. Gouthro of the Federal Immigration Department, now in Europe, is visiting for a time with her father, Mr. Joseph L. McPherson of North Sydney.

We have read a number of post mortems in the papers recently signed by lately defeated candidates in Municipal elections. If any medical men were defeated in these elections they have not made public any post mortem diagnosis.

Dr. A. M. Wilson of Barrington, Dalhousie 1925, is keeping his eye in with the Barrington Rifle Club winning a cup recently.,

Dr. John Bell of New Glasgow at the present writing receives the title of *Honorable*. Congratulations.

Dr. Conrad Fitzgerald of St. Jacques spent several days in February in St. John's, Newfoundland, as medical witness in a murder trial.

Dr. C. C. Alexander, of St. George, N. B., was on the sick list in February, but has made a good recovery.

God Save the King some wag wrote under a notice on a College Bulletin Board that Professor A. had been appointed Physician to the King. His inspiration probably came from the twelfth verse of the sixteenth chapter of 2nd Chronicles, where it states:—

“And Asa in the thirty-ninth year of his reign was diseased in his feet, until his disease was exceeding great; yet in his disease he sought not the Lord, but turned to the physician—and Asa slept with his fathers.”

Rev. (Dr) Strachan, speaking recently at the Halifax Rotary Club about some peculiarities of Scotchmen from Aberdeen, reminded us of the following:—

“A Scotchman was discovered wandering around Detroit with a pair of rumpled trousers over his arm. “Can I help you in any way?” asked a kindly citizen.

“Man,” replied the Scot, who was evidently a newcomer, “I’m looking for the Detroit Free Press.”

Dr. Eva Mader, of the staff of the Nova Scotia Sanatorium spent a recent week end in Halifax. It may be pleasant for Dr. Mader to know that the Bulletin has seen letters from patients who very much appreciate her friendly interest in their welfare.

Dr. A. F. Miller of the Sanatorium has been frequently of late in attendance at meetings of the Nova Scotia Tuberculosis Commission held in Halifax.

Dr. W. E. Gray of St. Stephen spent a short holiday in Montreal the latter part of February.

Dr. Charles MacMillan, special Tuberculosis examiner for the New Brunswick Department of Health, attended the meeting of the Maritime Tuberculosis Education Committee recently held in Halifax. Dr. MacMillan was accompanied by his wife, formerly Miss Jessie Campbell, daughter of Mr. and Mrs. R. D. Campbell, Gottingen St. Dr. MacMillan graduated from Dalhousie in 1924. Mrs. MacMillan will be remembered as a very efficient reporter for Halifax daily papers. They are now residing in Fredericton.

Dr. C. A. S. MacQueen is on another holiday trip. This time he and Mayor Biden of Amherst are spending a few weeks in Bermuda.

Dr. W. P. MacMillan of Charlottetown was the chief speaker at the Banquet of the Local Rotary Club, Ladies' Night, February 20th.

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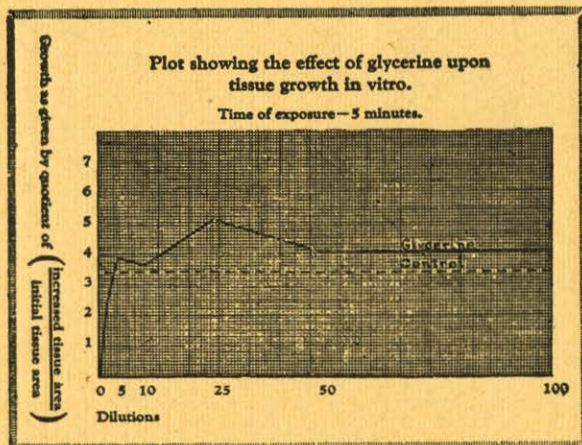
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