

The Nova Scotia Medical Bulletin

NOVEMBER 1929



Leading Features This Issue :

MURDOCK CHISHOLM HONORED.

HOSPITAL SERVICES SECTION.

B. M. A. MEETING, WINNIPEG 1930.

LOCALS AND PERSONALS

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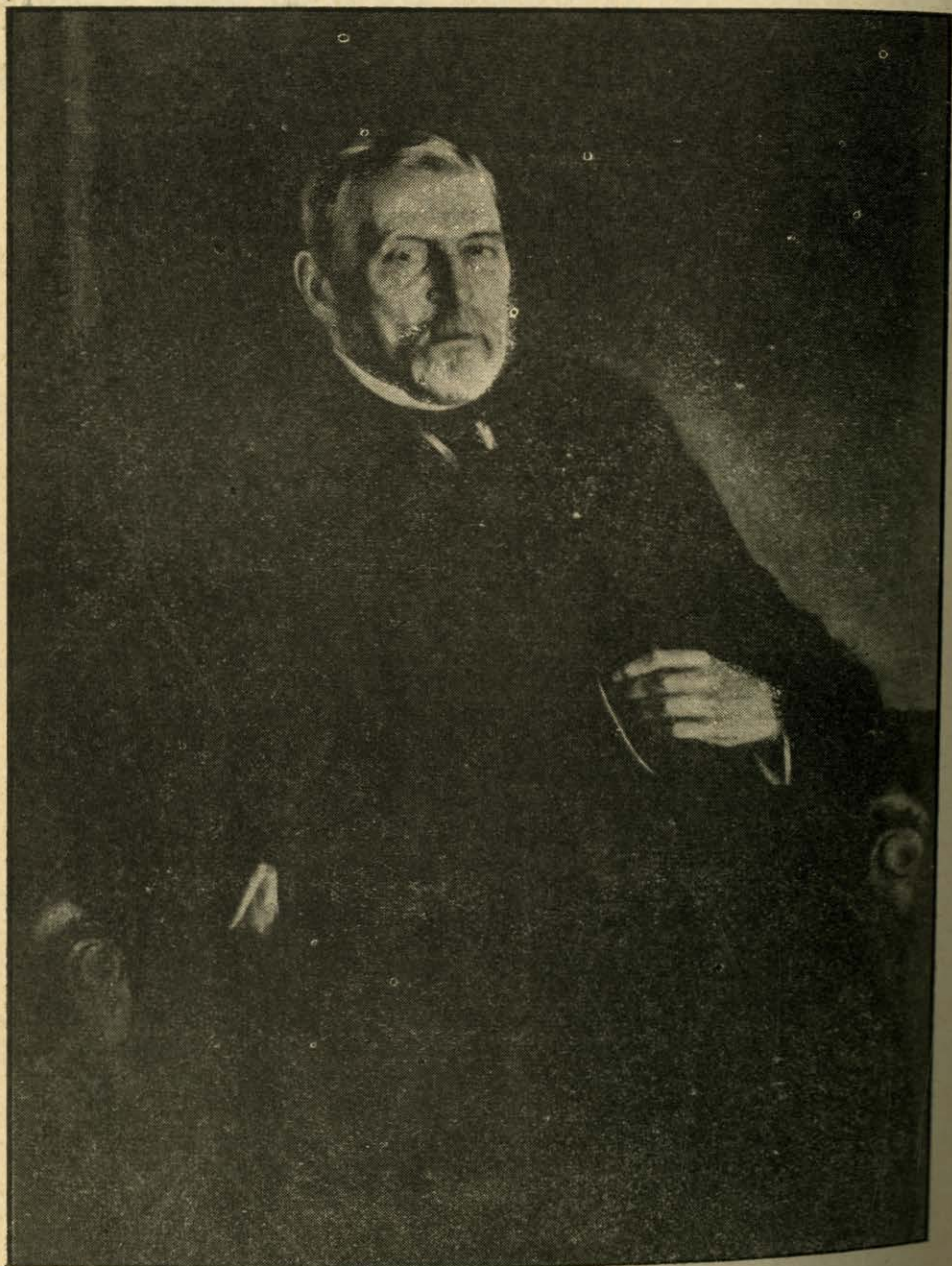
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DR- MURDOCH CHISHOLM.

MURDOCH CHISHOLM,

M.D., C.M., L.R.C.P., LL.D.

His Golden Jubilee, 1879-1929.

Fhad's a Dh' Fhases Flur Air Machair.

Mairidh Cliu A Lighiche Ainmeil

As long as flower on field doth grow.

So lasts our noted Doctor's fame.

TO your left will be found a photo of the very excellent painting of Doctor Murdoch Chisholm that was presented to him at the banquet in his honor given by the Halifax Branch of the Medical Society of Nova Scotia. The painting is a masterpiece. It is the work of Mr. D. John Macgillivray, a son of Mr. D. Macgillivray, President of the Eastern Trust Company, Halifax. This Artist is but 22 years of age and a graduate of the Art School in Halifax, with one year in Toronto and three years with the Art Students' League of New York. Most successfully he has caught the expression and spirit of the Doctor and when the portrait was unveiled, there was long and continued applause. Incidentally it may be mentioned that Mr. Macgillivray has recently completed a portrait painting of Dr. MacMechan for Dalhousie. He is now working on one of Dr. Vroom for King's College. Upon the completion of this latter he is leaving for study in London and European Galleries.

For our account of this function we will draw very largely from the report the following morning in the *Halifax Herald*. The Gaelic couplet printed above was the keynote of the banquet held in the Queen Hotel, October 16th, 1929. At this banquet medical men, representative of not only Nova Scotia, but of the Dominion of Canada, paid eloquent tribute to Dr. Murdoch Chisholm, on the occasion of his fiftieth jubilee. It was an impressive gathering, attended by nearly one hundred medical men, and equally impressive were the addresses which extolled the capabilities of a man who has given fifty years of his life to the service of humanity.

That Dr. Murdoch Chisholm is a noted surgeon, belongs not only to Halifax, nor to Nova Scotia, but to the continent as a whole, was evidenced in the many telegrams of felicitation received on this occasion from as far west as British Columbia, and extending to the most southerly sections of the United States. All parts of his native province, all sections of Canada, and his former pupils, many of whom now famous in the United States, joined in doing homage to the man who has contributed so much to the advancement of medical science and education.

And it was a modest man who received these tributes. "I have not passed this way before," declared Dr. Chisholm, responding to the illuminated address presented by Dr. George H. Murphy, "and I shall not probably pass this way again because with all my smartness, to which reference has been made, I have not yet struck the elixir of life. I do not take the honor to myself—those who have gone before have sown and I am reaping and you have not forgotten the sowers."

As President of the Halifax Branch of the Nova Scotia Medical Society, Dr. J. R. Corston, of Halifax, acted as chairman, and in opening the program, he referred to the fact that the banquet marked the beginning of the 86th year in which the Halifax Branch had been in existence. He expressed his appreciation in being elected to the office of President and briefly reviewed the history of the Society since its establishment in 1844.

Outstanding in the records, he said, had been the name of Almon, Farrell, Campbell and Chisholm—names that had stood for pioneers in matters of public health and in medical education. The records of the Society he said, made inspiring reading, "but tonight we have a record that is much more inspiring."

In eloquent phrases the Chairman paid tribute to the splendid achievements of Dr. Murdoch Chisholm, to the work of the young artist, John Macgillivray, of Halifax, to whose talent was due credit for the beautiful portrait which was to be unveiled and the Sisters of Charity of Mount St. Vincent for their splendid contribution in the preparation of the illuminated address. This address was beautifully inscribed by one of the Sisters of Mount Saint Vincent as their tribute of respect to Doctor Chisholm. This is the address:—

Murdock Chisholm, M. D., C. M., L. R. C. P., LL. D.

Fifty years ago, there graduated from McGill University with the coveted M. D., C. M., a young man who four years before had come up from his father's farm in Cape Breton with mind and soul attuned to the great endeavor of learning the Healing Art. He was now in the full glow of victory. He had passed through years of hard study. But they were great years; for they held rich treasures of knowledge, and the doors were opened and the treasures bountifully given by men who have ennobled even so exalted a calling as Medicine. Among them was Sir William Osler. Doubtless the inspiration of such teachers was not lost on the susceptible Celtic nature of the young Cape Breton student; and, as he left his Alma Mater, the desire to teach as well as practice his newly acquired art had found an abiding place in his thoughts.

As one looks across this wide stretch of time his vision is somewhat taxed; but he can see the young graduate quietly buckling on his armour. He is going to practice Medicine and he is going to do it well. He has no misgivings about the high character of his calling. The Fatherhood of God and the Brotherhood of Man was the teaching and practice in that good old Cape Breton home. It made a fine setting for the practice of Medicine, for it touches at many points the all important matter of service which calls for the individual effort of the doctor in all ways which make for the betterment of his patient. Knowledge and the wisdom that should come with it, were honestly sought both in actual practice and in the great schools of Europe; and so equipped

and inspired by the spirit of his profession he went his way with honor, goodness and skill; and, after a half century of such activity, he sits beside us tonight in the mellow autumn of his days, beloved and honored by the profession and people of this province and by many throughout the whole Dominion.

We are here tonight, Dr Chisholm, to congratulate you on your having completed fifty years of service in the Medical profession. The significance of this period is too great to mould into a short address. It was yours to witness from its inception the glorious renaissance of Surgery and, as the years went by, to lend your brain and hand, both in practice and as a teacher, to make the new Listerian principles a living and permanent word with all who would follow the Healing Art.

There are few problems in the whole range of practice that you have not been called on to solve; for, while the most of your professional life has been devoted to Surgery, your fine knowledge of Internal Medicine and keen discriminating ability in every crisis of practice were eagerly sought by many practitioners who, at the end of their own resources, knew that your kindly aid would be generously given, and that your mantle of professional good will was wide enough to cover any possible shortcoming on their part. You were ever the friend and adviser of the young doctor. Your counsel was always good, because it came from a well stored mind and because it was touched with those fine sentiments of Christian charity which make the whole world akin.

Many of your former pupils are here tonight. Many others are spread here and there across the Continent. Some of us who first learned from you the art of collecting and interpreting surgical data have the white of a goodly number of winters in our hair. All of us have had the opportunity of applying the impartial test of experience to your methods and standards of teaching; and we gather about your chair tonight to tell you how sound they have been, and to thank our former teacher and chief for his devotion to the noble cause of Medical education. He who went about healing both body and spirit was first of all the Great Teacher of mankind; and perhaps no better tribute can we offer than to say you are a true and faithful teacher.

You have ever kept your mind out of the rut of things. Never a faddist; the shifting sands of fanaticism and empiricism, both within and without your profession, drew from you at times a satirical rebuke, which showed how deeply you deprecated superficial thinking in those things which strike far into the freedom and welfare of your fellow man. Like your renowned teacher, Sir William Osler, you taught by example and precept the value of the Medical Society. In a busy life you kept your mind freshened and inspired by contact with others through the societies. And when tired and depressed with the sordid illnesses of the flesh, the happy faculty has been yours of turning to the Book of Books to bathe your weary spirit, while seeking and pondering the eternal verities in the revealed word of God.

May we not say, then, from even so brief a glance, that your life is a theme in which we may read many things for our good. While, in nature, the active work of your profession is drawing to a close we feel sure you are consoled when you look back along the pathway, now well trodden by the labor of half a century; and in the time to come as the shadows thicken in the dusk of the long evening, you may discern with pleasure along your travelled trail those signal torches, lit with Promethian flame, which tell of your efforts to make bright the way of your calling and make straight its path.

We wished to signalize this occasion with some emblem of our love and esteem; and so we have had this portrait painted, and we now take great delight in asking you to accept it. That it may bring a measure of pleasure to yourself and your gracious wife and family is the hearty wish of us all." (At this point the portrait was unveiled by Dr. A. McD. Morton, M. P. P.)

'Tis sweet to fight our battles o'er,
 And crown with honest praise
 The gray old Chief, who strikes no more
 The blow of better days.
 Before the true and trusted sage
 With willing hearts we bend,
 When years have touched with hallowing age
 Our Master, Guide and Friend.

Signed in behalf of the Halifax Branch of the Medical Society of Nova Scotia.

President, J. R. Corston.
 Secretary, N. H. Gosse.

Committee: G. H. Murphy, Chairman
 F. R. Little. A. McD. Morton.
 M. G. Burris. K. A. McKenzie.

It is little wonder that its reading was followed by such hearty applause. Dr. Corston then introduced Dr. J. L. Churchill who presented his tribute as follows:—

The Doctor's Jubilee

Dear Friend! If unto you we honor do,
 And tribute pay, a debt that's long since due,
 It is that you throughout life's lengthened span
 Our own have been but most of all a man
 Of gracious mien and never manner grand;
 So ready oft to proffer helping hand.
 No primrose path was yours of early days;
 The rugged heath not so ordained your ways.
 E'en hielan speech ensnared your childish tongue.
 Ye Gods! Forget that you were ever young.
 The skirl o' the pipes oft inflicted you,
 Enough t' endure without the gaelic too.
 But Fate is never always so unkind
 As to refuse the seeker true to find
 His niche in life whence going forth he may
 Himself advance and conscience strict obey.
 Thus when to acedemic halls you hied,
 And by Hippocrates were firmly tied,
 Your days of service then in truth began,
 Devoted since you've been to fellow man.
 And if rare paths you're oft inclined to choose.
 Affairs of state, polemics or the muse,
 Your celtic lance unsheathed the most does shine
 When tilted towards the modernist divine,
 Serenely sure you've ever viewed life's plan,
 Envisioned clear the destiny of man.
 You've scanned the blue and there in bright array
 Beheld rare forms that shall not pass away,
 And thus your een have seen the perfect day,
 Escaped the thrall of sordid roundelay.
 And now e'en tho the laurel chaplet's won,
 And Justice ever Stern has said well done,
 There's yet to be as thus the poet says,

The best of life when come the later days,
Then meditation's balm will solace you,
As you perforce an honored past review,
'Tis then that those will oft remembered be,
Whose hearts sincere now tribute pay to thee.

Dr. Chisholm in his characteristic manner replied as follows:—

Mr. President, Fellow Practitioners and Guests

There was a certain Parson not far from this city who was very fond of Spts. Am. Arom. which is certainly a very powerful stimulant and very effective, so much so, that one Sunday morning at Service, the Ammonia went to his head. The result was official action, severed ties, and a penance of preaching a farewell sermon from the text, "Ye have not passed this way before."

A very astutely chosen text under the circumstances! It is different to most texts. They are hard to apply to oneself but quite easy to apply to the other fellow. It is not so in my case with this text. I can very truthfully and easily say I have not passed this way before; nor is it at all likely that I shall ever have the joy of doing so again.

This part of the way is easy, pleasant, and honourable. What shall I say of the goodness of heart, the generosity of mind, the magnanimity of Soul which inspired this presentation. Words would fail me did I not think that the revered memory of those who are gone had no small part in focusing this honour upon me. Yes, your goodness of heart is thrice blessed. It blesseth him that gives and him that takes, and the memory of his former associates. So, in their name as well as my own I most sincerely and fervently say Thank you.

This way had a small beginning. I am, as Dr. Murphy said, a child of the Farm, but also of the Mill and the Forest; my father could turn his hand to anything mechanical and so could all of his sons after him. My mother, a Mackenzie, had an extraordinary memory and was fond of singing the sweet songs of her native heather. I have a deep regret in my life that I was too soon cut off from learning those songs by a senseless prohibition of our teachers against speaking Gaelic.

The course of this way was hard, tortuous and rocky before it landed me in the Profession. I taught school in summer and with some assistance I attended college in winter; sometimes teaching two terms to square things up. I am afraid the days of access to the medical profession for the farmer's sons are pretty nearly ended by the increased expense incident to modern ideas. As to whether the new is better than the old, this is not the time nor the place to hazard an opinion, but it will not be out of order to quote:—"No one also having tasted the old will straitway desire the new, for He saith the old is better."

This way also had its illusions and dis-illusions. What a halo shone over the degree of M. D. in my student days. But, once in the profession and launched out in practice, it was not long before I found that the halo of my student days had dimmed. It always and ever eluded me, it became a real will of the wisp, so much so that I often looked back and longed for the carefree ways of my student days. Ah, there is nothing so trying as the responsibility of fighting the Angel of Death—standing on guard with all your college armour between the grim Reaper and your patients.

I stood it for five years and then went to London to taste again the sweetness of student days—in reality to mend my armour and lubricate its joints. Seven months in St. Thomas's Hospital were invaluable, the more so as experience had taught me what I lacked and the opportunities were abundant for plenishing.

Next came the lectureship on Therapeutics in the Halifax Medical College. The study incident to this task was congenial and profitable. We leave college possessed with too few Therapeutic facts, very often also with a lofty disdain of what we cannot explain, especially if it is old. With an old remedy I owe to Dr. Roddick I have cured intractable tubercular ulcers, and I have been curing them ever since. Our forebears in general had little knowledge of the virtues of fresh air and sunlight, but their keen observation led them to denominate some remedies as anti-tubercular. Should we throw these old remedies into the discard because we have discovered the virtues of air and sunlight? Is there not a rational place for both?

Then came my appointment to the V. G. Hospital and to Clinical Lectureships in the Halifax Medical College, and Dalhousie, but with this part of my tortuous and rocky road I will not weary you, and so I will end by thanking you again, not only for myself, but also in memory of that bright galaxy of Doctors who were once my teachers, then my Colleagues, and now my signallers from beyond the veil. For I willingly admit that this tribute of esteem is primarily due to the men who instituted, fought for, and established the prestige of the Halifax Medical College. Perhaps a more enduring tribute to their worth will yet grace the Hallway of the Forest Building.

A very pleasing feature of the function was the reading of a large number of congratulatory telegrams and letters from all parts of the Dominion, including one from the Hon. J. L. Ralston, Minister of National Defence. Some seven branches of the Medical Society of Nova Scotia sent representatives to attend the meeting all of whom extended congratulations. Flowers from the nurses of the Victoria General Hospital and The Infirmary were in evidence.

The Branch representation and speakers were as follows:—
Cape Breton, Dr. J. W. MacLean, North Sydney; Eastern Counties, Dr. P. S. Campbell, Port Hood; Pictou County, Dr. Robbins of New Glasgow and Dr. Sutherland of Pictou; Colchester-Hants, Dr. J. B. Reid of Truro; Cumberland County, Dr. M. J. Wardrope, Springhill;

Valley Medical Society, Dr. J. A. Sponagle; Middleton, Dr. A. B. Campbell, Bear River; Western Nova Scotia Society, Dr. Lebbetter of Yarmouth, Dr. Melanson of Eel Brook. Besides these there were a number of Provincial Medical men present and probably 75 from the Halifax Society. President A. S. McKenzie represented Dalhousie University and Dr. J. R. Goodall of Montreal, represented the Canadian Medical Association. Among other speakers were Mr. W. W. Kenney of the Victoria General Hospital, Dr. Sutherland, of Pictou, and Doctor John Stewart. It is worthy of note that Doctor Stewart and Doctor Chisholm are Life Members of the Canadian Medical Association being the only ones from Nova Scotia.

A lengthy congratulatory message was received from Dr. Irving Cameron of Toronto which we hope to publish in our next issue.

In keeping with all of this was the very handsome souvenir Programme and Menu booklet having on its first page a very striking photo of Doctor Chisholm with the Gaelic quotation heading this article. On its second page was the following Programme:—

THE KING

Remarks by President Halifax Medical Society
DR. J. R. CORSTON.

Reading of Address and Presentation of Portrait
DR. G. H. MURPHY.

Response by DR. MURDOCH CHISHOLM
Reading of Original Poem

DR. J. L. CHURCHILL
Speeches, etc., etc.

Then follows this Menu:—

MENU

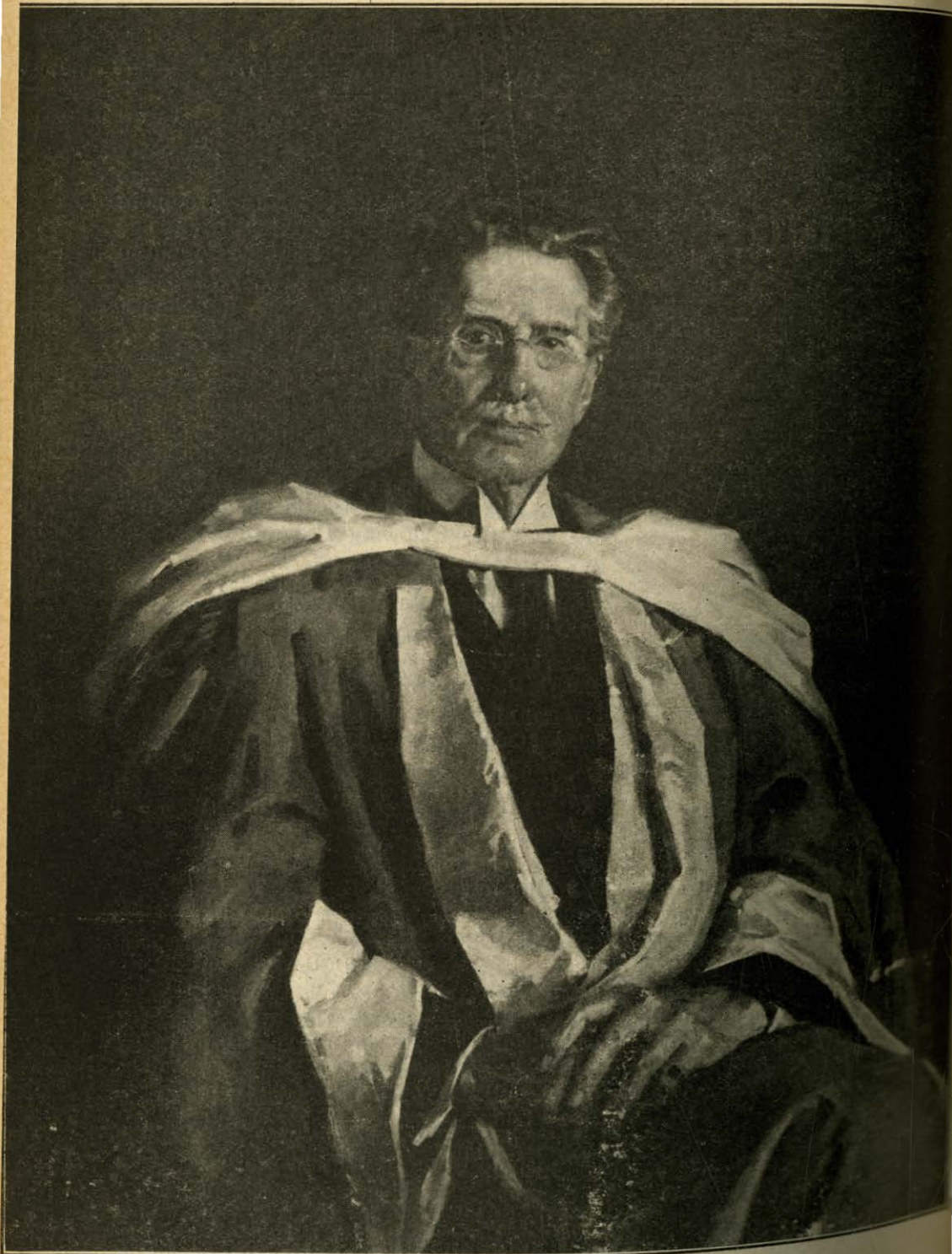
GRAPE FRUIT BENEDICTINE

SALTED ALMONDS	CONSOMME ROYALE	ICED CELERY
POACHED FRESH SALMON	BAKED TOMATO FARCI	CUCUMBER SAUCE
ROAST YOUNG TURKEY	FRANCONIA POTATOES	CRANBERRY SAUCE
	QUEEN SALAD	NEW GARDEN PEAS
ICE CREAM and WAFERS		COFFEE

This most successful function was arranged by the following Committee of the Halifax Branch to whom unstinted praise must be accorded:—

BANQUET COMMITTEE.

DR. G. H. MURPHY	DR. M. G. BURRIS	DR. F. R. LITTLE
DR. A. McD. MORTON	DR. J. R. CORSTON	
DR. N. H. GOSSE		



Sincerely yours,
A. W. Blackader

A Veteran Editor

DR. A. D. BLACKADER, Montreal.

THE BULLETIN of the Medical Society of Nova Scotia is very intimately connected with the Journal of the Canadian Medical Association. That Journal is recorded as having started in 1872, when it was called the Canadian Medical and Surgical Journal, altho in 1888 its name was changed to the *Montreal Medical Journal*; this same year the *Maritime Medical News* was started and continued its publication until absorbed by the Canadian Medical Association Journal in 1911. In other words, the present Canadian Medical Association Journal was formed by the amalgamation in 1911 of the *Montreal Medical Journal* and the *Maritime Medical News*. The medical profession in Nova Scotia is still further interested in the great success the Canadian Journal has achieved because it was at the meeting of that Association in Halifax in 1921 when both the Association and its Journal were financially placed upon their feet. Since that time the success of both has almost been phenominal.

It is furthermore to be noted that with this reviving of the Canadian Journal the Medical Society of Nova Scotia found it necessary to have its own local Medical Society Journal. Thus, in 1922, began the publication of the BULLETIN and now it is recognized as a more or less important Canadian Medical Journal. Its influence, at least, has been recognized for several years past by both the Canadian Medical Association and its official Journal and also there has been for several years a very cordial understanding between the Editorial Boards of these two great family journals.

We have thus fully written because we wish to join with the Journal of the Canadian Medical Association in giving an expression of our most sincere appreciation of the services that Dr. A. D. Blackadar, especially since 1919, has rendered to the medical profession in Canada through his editorship of the Journal. Also we wish to acknowledge his very hearty appreciation of the efforts we have made in Nova Scotia to develop a Journal that would be of much greater value to the individual medical men in this province than even the larger Canadian publication.

Perhaps it was a mistake to cease publishing the *Maritime Medical News*, but that was necessary because medical organization had not reached the stage that it did a few years ago. But Dr. Blackadar appears to have fully grasped the idea that local people must have

their local publications, and, that the Federal publication should be the chief means of giving the publicity to Scientific Medicine. One cannot but conclude that Dr. Blackadar's mind was developing along broad lines, but he has always been very positive about many things but he certainly has taken a broad comprehensive view of all subjects which have had to do with the progress and practice of medicine. The BULLETIN of the Medical Society of Nova Scotia, through its Editorial Board and its General Secretary, and every member of the medical profession in Nova Scotia having the pleasure and honor of knowing Dr. Blackadar personally, gladly welcome this opportunity of conveying to him our best wishes. We wish him to have them before the call comes for him to pass along. We want him to know while he is still with us that he and his services are genuinely appreciated.

The BULLETIN is, however, only doing what is a very great pleasure in publishing a full page picture of Dr. Blackadar, the cut being loaned to us by the Canadian Medical Association Journal. This cut was prepared from an oil painting of the doctor which may be seen on the walls of the University Club of Montreal. All will agree that it is a very striking likeness. May his strength of pen and mind long continue!

The Nova Scotia Medical Bulletin

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VOL. VIII.

NOVEMBER 1929

No. 11

The British Medical Association

THE CANADIAN MEDICAL ASSOCIATION.

Winnipeg, August, 1930.

FOR a very considerable time the Secretary to the Editorial Board of the BULLETIN of the Medical Society debated as to how our Official Journal could best give publicity to the big gathering of medical men in Canada, which marks the third visit of the British Medical Association to this country. It was, of course, very evident that such publicity was most desirable. In the first place we must admit that such medical conventions are both necessary and valuable to the profession primarily and secondarily to the community, else there is no good reason why they should be held.

The BULLETIN has arranged with Dr. Ross Mitchell of the Local Winnipeg Committee to publish a series of short articles which will, we believe, have the effect of increasing interest in this coming meeting among the members of our Society. Doctor Mitchell's recent brief letter appears elsewhere and the contribution mentioned is herewith given. Perhaps we may change the order of the above heading from time to time in order to emphasize the broad significance of this "Gathering of the Clan". Were Nova Scotians not so absurdly modest we might have also incorporated the title of our own provincial

society in this heading because we are partners in this wonderful illustration of medical organization.

We are not very definite, as to date or personnel involved, of the incident reported, that on one occasion a class read a notice on the blackboard that their Professor had been appointed "Physician to the King" whereupon some one added the familiar expression, "God Save the King". But, as Dr. Murdoch Chisholm said several years ago, "God is verra guid", we must feel that he also has some very good assistants. Hence the following short pen picture of one of the Leaders in British Medicine will be greatly appreciated:

LORD DAWSON OF PENN.

"Naturally the meeting of the British Medical Association at Winnipeg in August, 1930 will bring to that city men who are not only known internationally as men of science, but whose names are household words in the old land. Chief among these notable figures is the King's physician, Lord Dawson of Penn, who will be President of the Section of Medicine.

"The son of a prominent architect, Bertrand Dawson was educated at University College and London Hospital, where Sir Frederick Treves was one of his teachers; he received the M. D. degree in 1893, and became Assistant Physician to the London Hospital in 1896, and Physician in 1906. He is also Consulting Physician to King Edward Seventh Sanatorium, and Royal National Hospital for Consumption at Ventnor, member of the Senate of the University of London, and President of the Royal Society of Medicine. The Universities of Pennsylvania, Oxford and Edinburgh have granted him honorary degrees.

"It is, however, as the King's physician, that he is best known. His Majesty's recent and serious illness with so happy a recovery served to focus attention on his medical advisers. At first Physician Extraordinary to King Edward Seventh, and to His present Majesty, he was created Physician-in-ordinary to H. M. the King in 1907, and to the Prince of Wales in 1923. In 1920 he was created 1st Baron of Penn.

"In 1890 he married the youngest daughter of Sir Alfred Yarrow, head of the great Clyde shipbuilding firm. There are three daughters in the family. Lady Dawson has received the Order of the British Empire.

"The list of his medical publications is long and varied. His professional qualifications added to a charming personality make him an outstanding figure in British Medicine."

Correspondence

“Dr. S. L. Walker,
Halifax, N. S.

Dear Doctor Walker:—

Replying to your letter dated Oct. 11th I must thank you very much for the interest you are taking in our community.

I might say that the reason we are without the services of a medical practitioner at this time of the year is that..... who has been our only M. D. is at present very ill at his home and it is very doubtful if he ever does very much more practice. Anyway, even if he does, it will only be Town practice, which is only a small part of the practice here. As I said in my previous letter, the population of..... is about 1000, our nearest M. D. is Dr..... at..... which is 18 miles, next comes..... and....., which is 20 miles, and the other direction is..... which is 30 miles, so you can readily see that there is a very large country for a medical doctor to attend to.

We realize, Doctor, that this is not an easy location for an M. D. especially in the winter, as there is a large amount of driving to be done. Dr..... of..... spent a few winters in this district and he would be able to give you a good idea of this part of the Maritimes.

I would be very glad to answer any question which you may ask and we realize that it is hard to get an M. D. at this time of the year, lest you can readily see the position we are in if we come face to face with some serious epidemic.

Hoping I have answered your questions satisfactorily.

Yours very truly,

For obvious reasons names have been deleted from this letter, but the General Secretary will be glad to furnish all particulars.

“524 Corydon Avenue,
Winnipeg, Oct. 10th, 1929.

Dear Doctor Walker:—

Herewith I beg to enclose a copy of an article on Lord Dawson of Penn. the first of a series on notable names in British Medicine. As President of the Section of Medicine, Lord Dawson will be present at the B. M. A. meeting in Winnipeg in August, 1930. Other articles will touch on Lord Moynihan of Leeds, Sir Humphrey Rollston, and other notable figures as soon as we have positive word of their coming.

This may reach you too late for your October issue. I can only plead that I have been ill nearly two weeks in the Winnipeg General Hospital and got home only this afternoon. I shall see that the other articles are sent to you by the first of each month.

With best wishes, believe me,

Yours sincerely,

(Signed) ROSS MITCHELL."

We are very much pleased to publish the following note received recently by the General Secretary of the Medical Society of Nova Scotia. Apparently Doctors Janes and MacFarlane, appreciated the medical audiences at Sydney and Antigonish. This letter is published in order that these Medical Societies will know that our visitors thoroughly appreciated the local hospitalities extended. Dr. Janes writes as follows:—

"September 28th, 1929.

Dr. S. L. Walker,
Hollis Street,
Halifax, N. S.

Dear Dr. Walker:

MacFarlane and I, *with our wives*,* arrived home yesterday. We had a very pleasant trip across the remainder of Nova Scotia and a pleasant few days in the States. We hope that the men of Nova Scotia as a whole, derived some benefit from our tour and I assure you that we appreciated very much the completeness of the arrangements made for us in Nova Scotia and the many kindnesses extended.

Yours very sincerely,

(Signed) JOHN M. JANES."

*If the next time these Doctors come East they do not take their wives home, but leave them en route, please leave them in Nova Scotia. (The italics being ours.)

To further emphasize this, the BULLETIN has received from Dr. Cameron of Antigonish this further note to him from Dr. Janes:—

"Dear Dr. Cameron:

Dr. MacFarlane and I arrived home in Toronto yesterday. I am writing to express our appreciation of the kindness of the members of the Eastern Counties Medical Association, in Antigonish. MacFarlane and I both enjoyed our time with you and hope that the men derived both pleasure and benefit from our addresses.

Yours very sincerely,

(Signed) J. M. JANES."

When the BULLETIN receives letters like the following it is very convincing proof that our advertisers appreciate our efforts. If it were not for our advertisers we would have no BULLETIN. When you have satisfied advertisers you know you have a good Journal, for they are specialists in their line.

Dr. Millard of Walkerville, Ontario, writes for Parke, Davis & Company, as follows:—

“Dr. S. L. Walker, Gen. Sec’y.,
The Medical Society of Nova Scotia,
Halifax, N. S.

Dear Doctor:

We wish to acknowledge statement for advertising in the Nova Scotia Medical BULLETIN for the quarter ending September 30th, for which we are issuing voucher cheque. We will be glad to have your statement in December as suggested, and will see that remittance is made promptly.

Appreciating past courtesies, we remain,

Very truly yours,
PARKE, DAVIS & Co.,
(Signed) F. A. Millard, M.D.”

THE INTERNATIONAL MEDICAL CLUB OF NEW YORK.

The Secretary of the above Club writes to the BULLETIN as follows:—

“Nova Scotia Medical BULLETIN,
Halifax, Nova Scotia.
Editorial Department.

Gentlemen:—

I have the honor of informing you and, through you, the Canadian medical profession, of the activities of the International Medical Club. Kindly note the enclosed statement about its objects. One of the aims of the International Medical Club which ought to be of interest to physicians expecting to visit the United States is to receive and direct them during their presence in this country. New York City, being the gate to the United States and an important medical center, is visited all year round by numerous physicians coming here to visit Medical institutions or to lecture. The International Medical Club has, on its Board of Directors, official representatives from County, State and National Medical Societies, medical colleges, and departments of hospitals, and is, therefore, ideally placed to extend the proper welcome and aid to the medical men from other countries visiting the United States.

I wish to ask you kindly to insert this data in the news column of the next issue of your journal. For any information regarding the activities of the International Medical Club, members of the medical profession will please address the Chairman of the Liaison Committee, Dr. Fred H. Albee, 30 East 4th Street, New York City.

Respectfully yours,

(Signed) RICHARD KOVACS, Secretary."

The Objects of this Club, which will also be of interest to Canadians who may be visiting abroad whether in the United States, Europe or elsewhere, are:—

"1. The promotion of social and scientific relations between foreign and American graduates residing or practising in the United States of America.

2. The establishment of social and scientific contacts between all recognized foreign language medical societies organized in the United States of America.

3. The promotion of friendly and scientific relations between this Society and other recognized organizations instituted in foreign countries with similar objects.

4. The extension to members of this Society of the privilege of being introduced officially to corresponding medical groups in foreign countries; thus establishing personal contacts with prominent medical men and facilitating the pursuit of their post-graduate studies, medical visits and pleasure trips abroad.

5. The promotion of the objects sought by distinguished foreign medical visitors and also by members of corresponding medical groups established in foreign countries, while they are on this continent; extending to these visitors in a spirit of reciprocity, all the privileges granted by Section 4 to members of this Society during their visits abroad."

BULLETIN readers are invited to correspond with this Secretary, Dr. Richard Kovacs, 223 East 68th Street, New York City, New York.

Post Graduate Course

THE BULLETIN has consistently advocated every agency that enables the practitioner to brush up from time to time. If any doctors in Nova Scotia are not *Up-To-Date* it is their own fault. Just quietly review in your own mind what is available now for the man who desires to keep abreast of the times, apart from definite post graduate courses in foreign countries. Repeatedly we have stated that this is not possible for, shall we say, 75% of our practicing physicians, largely owing to insufficient remuneration for services rendered. Yet annual meetings of National Associations in America are possible for many of our doctors and three or four or five days give a wonderful stimulus to our intellectual faculties and add much to our original and acquired knowledge. Every real doctor is, of course, an extensive reader of current journals and new books, else he should not be permitted to practice his profession.

But in Nova Scotia we are endeavoring through out Provincial Annual meetings and the Meetings of nine Branch Societies to carry this Post Graduate Study to physicians who cannot go far from home. In this we have the practical co-operation of the Canadian Medical Association. Any doctor who fails to obtain the benefits to be derived from these meetings has only himself to blame and he should take up some other way of earning a livelihood.

This note is inspired by the receipt of a circular letter from the "*Fellowship of Medicine and the Post Graduate Medical Association*" of England. While the content of the letter is for those who can arrange for a trip to the Old Country the opportunity to emphasize the need of a *continuing* medical education cannot be neglected. Without further comment we publish this letter in full.

1 Wimpole Street,
London, W. I.

"We should be grateful if you would insert this letter in your Journal for the benefit of medical men and women intending to visit England.

We have heard overseas post-graduates complain that London is so large, and so complicated, that it takes a few weeks to learn the way around; they also say that, unless they come armed with letters of introduction to physicians or surgeons, it is difficult, to obtain the facilities they require. The Fellowship of Medicine was founded to overcome these difficulties, and overseas post-graduates should, as a matter of course, come direct to the Fellowship where, without any charge, they can obtain information, advice and assistance.

We can—and every day do—save time for overseas post-graduates who apply to us either before leaving their own country or on arrival in England.

It is frequently mentioned that foreign post-graduate schools are attracting many of our doctors on account of better organization, and we feel sure that this idea is prevalent owing to lack of advertisement of our own activities—hence we are writing this letter to the Medical Journals in the British Empire. Increased support given to this organization by post-graduates means added facilities for study.

Perhaps the main point to be realized is that in England the Medical Year begins in October, and extends through the Winter and Spring until the end of July, August and September, being the vacation months, opportunities for work are naturally somewhat curtailed, though the Fellowship endeavours to provide facilities for doctors who are only free for study during that time. We would add, however, that for overseas doctors their arrival in England in August or September means that they will have ample time to settle down and become acquainted with London before starting work in earnest.

We have been told that the information chiefly desired by overseas practitioners is the dates of the various examinations for degrees and diplomas, and the dates, duration and opportunities for securing resident positions in London Hospitals, as well as the facilities for Special Courses of instruction. All this information the Fellowship of Medicine is in a position to provide.

As far as the Fellowship itself is concerned, opportunities for clinical work all the year around are provided in the 40 London hospitals with which it is associated, as well as the Special Courses shown overleaf, and also weekly (free) lectures during the Winter months, and weekly (free) clinical demonstrations (except during August and September). In addition, the Fellowship publishes monthly the *Post Graduate Medical Journal* (6/-per annum post free) containing post graduate lectures, clinical demonstrations, reports of cases, and information on the various courses of instruction. Above all, however, the Fellowship endeavours to help in every way possible medical practitioners requiring advice and assistance, by acting as a central bureau of information, and, of course, no charge is made for this service.

All enquiries should be addressed to the Secretary, Fellowship of Medicine, 1, Wimpole Street, London, W. I.

Yours faithfully,

(Signed) H. W. Carson,
Chairman of Executive Committee.

Dalhousie Medical Refresher Course*

August 26th, 1929.

Part I.

Treatment of Pleurisy with Pneumothorax.

I think that Pleurisy, like a pulmonary haemorrhage, should always be considered tuberculosis until proven otherwise.

Our experience, from the study of the histories of patients suffering from pulmonary Tuberculosis, shows that many of them have previously had an attack of dry or wet pleurisy.

With this in view, I have carefully investigated my cases of so-called primary pleurisies with effusion and have found with rare exception, an underlying tuberculosis. The matter of treatment therefore assumes, of necessity, a different aspect. We know that compression of a tubercularous lung is an ideal method of treatment in that it gives better and greater end results. Of course, an effusion in itself compresses.

A small effusion in due course will absorb but it will leave an adhesive pleuritis causing either general adhesions, or bands, or strings.

A large effusion, on the other hand, will seldom be absorbed without one or more tappings. Its weight is an inconvenience, and it causes distress by interference with the heart and circulation.

A case very often, therefore, will present itself with a frank tuberculous lesion involving a lung, which, because of continued clinical activity, or of serious bleeding, demands a therapeutic pneumothorax of that side. We find, however, that such treatment cannot be instituted because of an adhesive pleuritis the result of a previous pleurisy with effusion. You are then faced with the alternative of a thoracoplasty or a phrenectomy.

It is my practice, therefore, to treat all pleurisies with effusion, that are associated with an underlying lesion, by removal of such fluid and replacing it with air. And further than that, if an effusion of any type needs to be removed I always replace it with air. This even includes the ordinary acute empyema which, because of the great distress it may be causing, or of the severe toxæmia it is producing, you are forced to drain. Such a case should not come up for a rib resection, until the mediastinum is so well fixed that it can withstand the sudden changes of pressure and swinging produced by the operation. Cases with very large purulent effusions have ended fatally,

*These are notes upon the Clinic conducted by Dr. T. M. Sieniewicz, received too late for our October issue.

either at time of operation or soon after, because of this swinging of the mediastinum.

Therefore it is proper treatment to remove such an effusion at least once or perhaps twice, and replace it with air before the rib resection is done.

In the case of the effusion with the underlying lung lesion, pneumothorax will no doubt be continued so long as it is deemed necessary in each case.

In my student days, one could not be too careful in the prevention of allowing air to enter the pleural sac during a thoracentesis. To-day the reverse is good practice.

A 20, 50 or a 100 c.c. syringe will answer the purpose very well if a pneumothorax apparatus is not available. And if such a syringe is not available then allow a fair amount of air to be sucked in through your needle. You will always obtain immediate relief, by putting air into the sac, from any symptoms such as tightness, pain, or distress which usually occur during a thoracentesis. And more than that, you are able to proceed with the further removal of fluid.

The two inflamed pleural membranes are now kept apart by a non-irritating substance; there is artificial fixation of the diseased lung; and no doubt a toxic substance is removed.

Instantaneous relief is also obtained in cases of extensive dry pleuritis, by separating the pleura with air.

The following films show cases of the so-called primary pleuritis with effusion which you can see are really secondary to a lung lesion.

Part 2. (a)

I should like to make a brief reference to oleothorax.

In our ward visits with Dr. E. Ward Rist at the Laennec Hospital in Paris, last fall, we were given the opportunity of seeing cases selected for such treatment. The particular group consists of the pneumothorax cases in whom the space is being gradually obliterated by adhesion from the base up. Such a case is one of my own in which a perfect result has been obtained, in that the upper lobe is efficiently compressed by sterile liquid petrolatum. It is now of seven months standing, with practically no absorption of the oil taking place. On the other hand, my second case was presented with a persistent serous effusion which had to be tapped every week for a long time.

Dr. Rist introduces oil to which Gomenol is added (an aromatic oil) in his cases of Tuberculous empyemata, with fair results. It was also our privilege on this same occasion to study a large number of cases in whom artificial pneumothorax treatment is being carried out on both sides. Such cases, as is demonstrated in this film (E. R.), are selected. He never hesitates to give an apparently hopeless case, chronic in type with bilateral disease, the chance of a double pneumothorax.

Part 3.

Protein Hypersensitiveness.

I have been requested to demonstrate the phenomenon of protein hypersensitivity.

Hay Fever, most cases of Bronchial Asthma, urticaria, eczema, some types of vomiting and diarrhoea, epilepsy, some types of headaches and migraine have been found to be due to a single offending protein or a group of proteins. The success of treatment of these cases therefore depends upon the recognition of offending proteins.

The results of investigation in these cases are often most interesting and thrilling. Desensitization will often prove quite successful, as for instance in one case it was carried out first for Hay Fever and then for Horse hair and Dander.

I thought it would be interesting to show you a case of Bronchial Asthma due to the proteins of clam, lobster and oyster. In such a case abstinence from these foods is all that is necessary to prevent asthma. These sea foods were practically an every day ration with him. I also present him, because the reactions obtained to the skin tests about three years ago were the most marked and severe that I have seen. The present reactions are considerably smaller. I may say that my tests at the first sitting are always done in groups, that is each test covers five or six substances.

At the second sitting the individual substances of each of the offending groups are tried out. In this way a very large range of proteins is covered.

Medical Publicity

THIS is a general title for perhaps more than one item in the BULLETIN. Not long ago we heard a paper and discussion on Hospital Publicity where the point was rather well presented that as far as hospital use by the public was concerned no further publicity was needed.

There is, however, a distinct need for Health Publicity and further publicity of work of the medical profession along this line. Is there any good reason why the public should not recognize that the doctors are actually responsible for the progress being made? Can any one explain why this credit is not generally recognized as being truly theirs?

These simple questions are asked because the writer is of the opinion that Medical Publicity has a much wider field than we have been inclined to give it. In recent years the publication of so-called Health Articles has been a prominent feature of every important news-

paper. A properly qualified doctor, or a chiropractor similarly labelled, often has his name at the head of more or less valueless information on this line, but the public has no means of knowing of how little value they are.

In this article we do not wish to raise the question of medical advertising, which is entirely outside our present purpose, altho there are instances where our strict code of Ethics is not quite fair to the public in need of our services. This we have incidentally mentioned in previous issues of the BULLETIN.

In particular we wish to emphasize two points and the first of these must be left for a future article.

1. The Medical Profession, especially we refer to Canada and Nova Scotia, must be the sponsors of the articles in the press that we have termed so-called "Health Articles". Here we have a very large field opened to us and we must meet the obligation.

2. The public should know that the Medical Profession, as at present organized, is taking steps to qualify itself to be, and continue to be, the public instructor in health matters.

We wish then to emphasize that publicity given to medical meetings or to post graduate lecture courses is a most desirable form of medical publicity. Nor do we think this publicity should be confined to our official medical journals, but the press generally should be advised of our organized activities. It is difficult for the average doctor to tell a reporter anything about himself, his work, his literary or scientific productions, or the meetings of his local medical society. Yet, if he is doing anything, the community should know it and, if he is not doing anything, is it fair for him to pose as an up-to-date student and practitioner of Medicine.

The public has a fad now for what they term health knowledge and they have become profoundly mistrustful of the doctor who does not identify himself with the recognized activities of his profession. This is already operating against many doctors financially. It is quite often one hears a layman (or woman) comment adversely upon a local doctor who never attends medical society meetings. It would be much more pleasing to them to know that their family physician was a regular attendant and participant in medical meetings than to know that he was always available at their hurried calls. Nor are these meetings held so frequently as to mean a great loss of time, nor is the doctor always as immediately necessary for the patient's welfare as he may be inclined to think. It is very seldom that actual professional duties need keep any doctor away from a local society meeting. In too many instances, when this excuse is given, there may be fear that another doctor may get a call that *might have been theirs*.

But doctors in Nova Scotia, especially in rural districts, are mighty keen upon getting all the advantages to be gained from Society meetings and they attend very generally, altho we know an improve-

ment could be made. This latter idea is quite relevant to our general title because doctors must participate in these activities in order to give and obtain what we regard as desirable publicity. If we are health leaders then the people should know it, if we are not, let us stop making any pretence. Medical Publicity means, to speak colloquially, 'Put up'; while silence can only mean 'Shut up'; show your goods or go out of business.

S. L. W.

Hospital Notes

Isn't it wonderful? Modern hospitals, even in Nova Scotia, have "special children's wards, with bath, toilet and glass doors through which parents may see their children without touching them—as modern hospital practice is more and more demanding that babies be not handled by visitors." If this does not appeal to the reader let him re-read the newspaper report published in the October BULLETIN regarding St. Rita's Hospital in Sydney. Let medical staffs and hospital boards be ever on the alert in the matter of newspaper publicity, else that heaven given privilege of a mother cuddling her new born infant may be denied her in up-to-date institutions.

Wonderful Glasses. This is said to have occurred in Halifax. The Eye Specialist said,—“Can you read the bottom line?” “No, Suh” came the reply. “Well these glasses will fix you so that you can read it.” “Dat's more than I expected, Boss:—an eddication and a pair of glasses for five dollars. I never learned to read.” This reminds us of a somewhat similar incident that occurred in Truro some years ago. A man of good appearance but a stranger to the doctor had a badly crushed hand and expressed anxiety over the subsequent use of his fingers. When the treatment was completed he inquired if he would be able to play the piano and received an affirmative reply. The patient was most profuse in his thanks for the wonderful result, as he had never taken any instruction in music and until then had been wholly unable to play any musical instrument. Incidentally he left town without paying his bill for either service.

Advised in Advance. A daily paper in a large Town in Nova Scotia comments on the illness of a prominent barrister resident “in a nearby city” and a patient in a city hospital. It then rather naively intimates that three doctors from adjoining “districts *may* be called in on the case.” An item a day or two later intimated that “a Halifax Specialist will arrive to-morrow morning.”

Branch Societies

Minutes of Eighth Annual Meeting Eastern Counties Medical Society Held at St. Martha's Hospital, Antigonish, Tuesday, September 17th, 1929.

The meeting came to order at 2.30 P. M.; the President, Dr. O. R. Stone of Sherbrooke, presiding. Those present were:—Dr. J. A. MacFarlane and Dr. R. N. Janes, Toronto; Dr. M. T. Tompkins, Dominion; Dr. S. L. Walker, Halifax, N. S.; Dr. A. J. Walker, South America; Dr. O. R. Stone, Sherbrooke; Doctors J. J. Cameron, J. L. McIsaac, D. J. McMaster and R. F. McDonald of Antigonish; Dr. M. T. McLeod, Whycocomagh; Dr. J. J. McRitchie, Goldboro; Dr. H. C. S. Elliott, Guysboro; Doctors P. A. McGarry and E. F. Moore of Canso; Dr. J. S. Brean, Mugrave; Dr. P. S. Campbell, Port Hood.

Minutes of the last meeting were read and regularly adopted. Routine business was deferred to the evening session and Dr. J. A. MacFarlane of Toronto was called on to present his paper, "Acute Intestinal Obstruction". Dr. MacFarlane said the mortality of Obstruction is high especially of small bowel obstruction. There are three phases in bowel obstruction. Phase 1. From first symptoms to time of calling the physician. Phase 2. From calling the physician until diagnosis is made. Phase 3. From time of operative treatment to end result. The first phase is of often prolonged except in small intestine obstruction for here the pain is usually severe causing the patient to seek aid earlier. Causes of small bowel obstruction Strangulated Hernia—Fibrous Bands—Intestinal Hernia—new Growths—Gall Stones—Foreign Bodies, etc. There are two varieties of small bowel obstruction,—complete occlusion and twist with gangrene. The first will cause dehydration very quickly, the second toxæmia.

Diagnosis—Character of pain; not like other pain. It is crampy and periodical and will always be referred to the Umbilicus. Distention may not be present. Bowel movement may occur especially with enema. Splashing in the bowel is rather important. Pulse is accelerated; there may not be fever at first. Leucocytosis frequently present. Small bowel obstruction may be mistaken for Enteritis, Pneumonia, Uraemia, Gastric crisis of Fabes, Gall Stone Colic, other obstructions, acute appendicitis, Pancreatitis, Perforations. Vomiting of obstruction is first greenish then yellowish and finally faecal.

Treatment: Give Enema and Morphia only after diagnosis has been made. Fluids freely—saline—since patient suffers from dehydration. Stomach lavage before operation. Ether anaesthesia is preferred.

Following operation enema at end of 12 hours. No laxatives until third day, when paraffin oil is given. Slides were shown demonstrating method of giving fluids and method of Jejunostomy.

Dr. MacFarlane's splendid paper brought forth considerable discussion; the following members taking part: Doctors J. J. Cameron, P. A. McGarry, R. F. McDonald, J. A. Brean, O. R. Stone.

Dr. R. N. Janes of Toronto followed, taking as his subject "Acute Empyema". He said Empyema had origin from without and within; the latter common in civil life.

It frequently followed the Pneumonias, lung abscess and infection below the diaphragm. The organism responsible should be known as it has a bearing on treatment. If from Broncho-Pneumonia a frequent organism is a streptococcus; after Lobar Pneumonia a pneumococcus; after Influenza it may be a staphylococcus; after sub-diaphragmatic abscess a B. Coli.

X-Ray is of value in diagnosis. A thickened Pleura may confuse one.

Treatment: Apart from those caused by lung abscess rupturing through, they are not emergencies. When pus has developed aspirate and repeat in twenty-four hours. There is no definite time limit. Try to wait until Pneumonia has cleared and until pleura has become adherent, then operate. This is easy in the pneumococcus cases; not so in the streptococcus ones. Empyema is often well drained by a suction apparatus. Be sure drainage is good and complete. Chronic Empyema may result from improper treatment of an acute one. Tubes are inserted farther forward than formerly both as a consideration to the comfort of the patient and the probability of a subsequent thorocoplastic operation.

Slides were projected on the screen to show insertion of suction tubes and operative end results in chronic empyema.

This paper, like Doctor MacFarlane's, was well received and favorably commented upon. Discussion by Doctors O. R. Stone, J. S. Brean, J. J. Cameron, H. C. S. Elliot. Next in order was a carefully prepared and well finished paper by Dr. M. G. Tompkins, of Dominion, on "Toxaemias of Pregnancy." He outlined exhaustively the modern conception and treatment of both the ordinary and severe types. Since the paper is to be published in the BULLETIN, by request of this Society, no further comment will be made here.

The Nominating Committee was named by the chair as follows:—

Dr. J. J. McRitchie, Dr. E. F. Moore, Dr. H. C. S. Elliot.

A recess was next declared when the members became the dinner guests of the president at the Royal George Hotel.

Evening Session.

The following communications were read by the Secretary:

A letter from the Honorary President, Dr. G. B. Buckley, regretting his inability to be present and tendering good will to the members.

A telegram from Dr. M. E. McGarry expressing regrets for unavoidable non-attendance and wishing the Society well.

A letter from the General Secretary of the Nova Scotia Medical Society asking for an expression of opinion relative to increased bed accommodation for the tuberculosis.

A letter from the Halifax Medical Society stating that a 50th Anniversary Celebration would be held for Dr. Murdoch Chisholm on October 16th, 1929 and asking the Eastern Counties Branch to send a representative or a congratulatory telegram.

A letter from Dr. M. D. Morrison re contributions to the Osler Memorial Fund.

A letter from Dr. Helen McMurchy, Division of Child Welfare Department, Pensions and National Health—re maternal mortality.

Dr. H. C. S. Elliot of Guysboro was appointed to represent the Eastern Counties Society at the Dr. Murdoch Chisholm Celebration and the Secretary was instructed to send a Congratulatory telegram. The question of increased bed accommodation for the tuberculous brought forth considerable discussion which was participated in by Doctors J. J. Cameron, M. G. Tompkins, S. McLeod, S. L. Walker, O. R. Stone, P. S. Campbell, and resulted in the passing of the following Resolution.

That the Eastern Counties Medical Society favors the erection of a tuberculosis institution for Cape Breton Island; increased bed accommodation at Kentville Sanatorium and the creation of another tuberculosis bed centre for Eastern Nova Scotia preferably in connection with an existing hospital.

With respect of communication re "Osler Memorial Fund" the Secretary was instructed to reply that in the opinion of this Society a man from the Central Committee should be sent out in Nova Scotia to solicit subscriptions from the members. The Nominating Committee reported

Hon.-Presidents.....	Dr. K. E. Buckley.
	Dr. J. J. Cameron.
President.....	Dr. R. F. McDonald.
1st Vice-President.....	Dr. H. C. S. Elliot.
2nd Vice-President.....	Dr. M. G. McLeod.
Secretary-Treasurer.....	Dr. P. S. Campbell.
Executive—	Dr. E. F. Moore, Canso; Dr. R. E. Archibald, Melrose; Dr. H. A. Ratchford, Inverness; Dr. W. F. McKinnon, Antigonish; Dr. J. S. Brean, Mulgrave; Dr. M. E. McGarry, Margaree.

Executive representatives on Nova Scotia Medical Society:—

Dr. O. R. Stone, Sherbrooke; Dr. J. L. McIsaac, Antigonish.

Dr. S. L. Walker, General Secretary of the Nova Scotia Medical Society, gave a very practical talk on the necessity of medical organization. He deplored the lack of agreement in Branch Societies on topics touching the medical profession and suggested a proposition to amalgamate the three Maritime Provinces for medical purposes.

The following resolution was moved by Dr. J. J. Cameron, seconded by Dr. E. F. Moore and passed unanimously:

Whereas present day requirements of medical organization in Canada call for the services for each province or group of provinces of a full time General Secretary; and whereas the Medical Society of Nova Scotia has fully endorsed the appointment of a General Secretary for the three Maritime Provinces.

And whereas no steps have been taken by New Brunswick or Prince Edward Island to accomplish this co-operative action.

And whereas the financial resources of the Medical Society of Nova Scotia are not equal to the engagement of a full time General Secretary needed in order to maintain our present efficiency as a Provincial Branch of the Canadian Medical Association.

Therefore resolved that in the opinion of the Eastern Counties Branch of the Medical Society of Nova Scotia the expenses of providing a full time Field Secretary for Nova Scotia should be borne jointly by the Canadian Medical Association and the Medical Society of Nova Scotia.

Further resolved that the Executive of the Medical Society of Nova Scotia be requested to bring this matter to the attention of the Council of the Canadian Medical Association at the earliest possible date.

Further resolved that this Society endorses the action of the Provincial Society favouring the Co-operation of the three Maritime Provinces as one unit for Canadian Medical organization purposes.

The report of the Treasurer showed a cash balance on hand of \$21.94 after all accounts for the year had been paid.

Dr. J. J. McRitchie of Goldboro, submitted the following case report:

About seven years ago he was called to the bedside of a male fisherman about 35 years of age; in whom he diagnosed a ruptured appendix. Patient was taken to hospital and abdomen drained, about two weeks after operation cough developed followed by copious purulent sputum. Diagnosis of abscess discharging through a bronchus. On the usual treatment cough and expectoration continued for over a year, when the patient was admitted to the Nova Scotia Sanatorium where pneumothorax treatment was instituted with complete recovery. For past four or five years patient has been perfectly well and doing heavy normal work.

Dr. E. F. Moore of Canso gave a paper entitled "Rheumatic Heart in Childhood."

He said in part: The heart may be affected or damaged a week or two after onset of acute Rheumatic Fever. Joint pains may not be marked. Little attention may be paid to child at first on account of indefinite symptoms. Careful examination, however, especially percussion, may reveal an enlarged heart.

Prognosis is favourable from some points of view; even cases that seem hopeless may make a fair recovery. The subject was

especially well handled by Dr. Moore and it was the wish of the meeting that the paper be published in the BULLETIN.

Doctors W. F. McKinnon and R. F. McDonald were called away professionally, consequently were not able to give their papers.

Dr. J. J. Cameron, in his usual happy manner, extended the thanks of the Society to Doctors MacFarlane, Janes, Tompkins and Walker for their addresses also to the members of the organization who contributed to the meeting. To this the visiting men made suitable replies.

Morning Session.

As most of the doctors had to return to their practices, the regular operative clinic was not held. Those who remained, however, spent some time in making "ward rounds" of the hospital.

The Cape Breton Medical Association.

The following is what appeared on the menu cards of the 6th Annual Banquet of the Cape Breton Medical Association at which Doctors MacFarlane, Janes and Walker were guests:

(First Page) SIXTH ANNUAL BANQUET
 CAPE BRETON MEDICAL ASSOCIATION
 to be held in
 ISLE ROYAL HOTEL

"Dust thou art and unto dust thou shalt returneth."

—JOHN K. McLEOD.

MONDAY, SEPTEMBER 16TH.
 Nineteen Hundred and Twenty-nine.
 SYDNEY, N. S.

"A little nonsense now and then is relished by the wisest men."—C. J. Sparrow.
 Two men can admire the same shirt and be friends; but 'tis different when they admire the same skirt.

(Second Page)

MENU.

EVERY

THING

FROM

SOUP

TO

NUTS

TEA

COFFEE

MILK

Too Much Progress.

Book Agent to farmer: "You ought to buy an Encyclopedia now that your boy is going to school."
 Farmer: "Not on your life. Let him walk, the same as I did."

(Final Pages)

Be Careful To-night.

A Scotchman who was not feeling as well as usual called on his family doctor, who looked him over and gave him some pills to be taken at bedtime. A bottle of whiskey was also prescribed for his stomach's sake—a small glass to be taken after each meal.

Four days later Sandy called again on the doctor and said that he was feeling no better.

"Have you taken the medicine exactly as I instructed?" the doctor inquired.

"Well, doctor," said Sandy, "I may be a wee bit ahind wi' the peels, but I'm about sax weeks ahead wi' the whiskey."

TOASTS.

Toast Master.....J. G. B. Lynch, M. D.

THE KING.

THE CANADIAN MEDICAL ASSOCIATION.

Proposed by.....Dr. J. J. Roy.

Responded to.....Dr. J. A. MacFarlane.

OUR GUESTS.

Proposed by.....Dr. G. Tompkins.

Responded to.....Doctors James and Walker.

GENERAL DISCUSSION.

Epidemic of
Typhoid

and

Anterior
Poliomyelitis.

Opened by Dr. J. C. Morrison.

OFFICERS.

President.....J. G. B. Lynch.

Vice-President.....A. K. Roy.

Secretary-Treasurer.....Eric McDonald.

EXECUTIVE.

D. A. McLeod.

F. G. McAskill.

A. W. Miller.

Reserve Stationary Hospital. Military Orders issued September 24th, 1929, have this item:—No. 9 (*Reserve Stationary Hospital*, C. A. M. C. To be Lieut. Colonel, Major S. L. Walker, 1st April, 1928. (A. P. and R. No. 16/1929).

Wedded Bliss—"How's the wife, old chap" chirruped Benedict No. 1. "She's an Angel" ejaculated No. 2. "You're lucky" rejoined the first "mine's still alive."

Hospital Services

A FEATURE of the recent meeting of the Nova Scotia Hospital Association was the round table discussion to which the greater part of one forenoon session was devoted. This was conducted by Sister A. Seton, R. N., Halifax Infirmary; Miss B. Andrews, City Hospital, Sydney; and Dr. G. Harvey Agnew of Toronto. We have no report as to the final answers given to the various questions presented, we therefore, again publish the list of questions and have recorded our own individual answers. It is not at all likely they will agree with those settled at the meeting. Perhaps some one who was present would furnish us with a correct reply to these questions.

1. Should all diagnosis and laboratory findings be recorded on the chart? Yes. Discretion must, however, be used in permitting patients to have access to these charts.
2. How can we provide recreation for the pupil nurse? I don't know.
3. Is self-government for pupils advisable? No. The Superintendent and Head Nurses should be responsible.
4. Should the Superintendent attend board meetings? No, but should always be available for consultation.
5. Should local patronage for supplies be insisted upon? Yes! As far as is possible, economically in the broad sense.
6. Should fire drill be compulsory? Yes.
7. Should there be a provincial inspector of training schools? Yes, associated with the Department of Health.
8. Is a part-time travelling dietitian, serving several hospitals, practical? No.
9. Is the hospital responsible for H. W. B. burns? Yes.
10. What is the procedure to remove from the staff a doctor who is professionally dishonest? Rules and regulations of Hospital Boards should provide for this emergency.
11. Should there be a flat fee for laboratory work? Yes.
12. Is co-operative purchasing advisable, and if so, practicable? Advisable but not practicable.
13. Is it advisable to have a set time for study? Yes!—when consistent with efficient services to the patient.

14. In what order should the operating room hours be allotted? To be a matter of agreement by interested parties.

15. How can we make the hospital more popular with the public? It is not in the interests of the public or the medical and nursing professions to make the hospital more popular than it is at present.

16. How often should the hospital board meet? At least as early every month as the previous month's activities have been recorded, and whenever urgent matters arise.

17. Should private patients pay in advance? No.

18. How can we have more autopsies? Largely a matter of education of the public and the friends of patients by doctors.

EARLY HOSPITALS IN NOVA SCOTIA.

The BULLETIN, in its March, 1927, issue, on page 26, has a very interesting article entitled, "Early Acadian Hospitals", written by Dr. W. H. Hattie, in which is described the very extensive hospital planned for Louisburg, construction of which probably began in 1726, over 200 years ago. It had a career only from its opening to 1758 when it was destroyed at the time of the capture of the town by the English.

Dr. Hattie also notes in this article the founding of another hospital, "St. Jean de Dieu, founded in 1629, or shortly after, at Port Royal (now Annapolis); no longer in existence." In all probability, even if founded in '1629 or shortly after', there was not for many years population sufficient to assure us that it survived many years. There appears to be definite proof that another hospital was required in 1702,—“in 1702. . . . a house for a hospital was constructed, which was under the management of the two surgeons of the garrison. . . . This small hospital, with its eight very poor beds. . . . must have been in existence for about a quarter of a century before the King's hospital was founded at Louisburg.”

In the BULLETIN again for June, 1927, on page 24, we find further reference to the dates given for the establishment of the Montreal General Hospital, the first date mentioned being 1818, when a "house on Craig Street was opened to give food, shelter and medical aid. . . . They went a step further, thanks to the Governor General of that time, and obtained through his assistance some discarded army beds and bedding, with which they established a small hospital of twenty-four beds, the nucleus of the Montreal General Hospital.”

This sketchy review of early hospitals of Nova Scotia (and Montreal), is suggested by the receipt, not long since, from Dr. W. H. Hattie, of the copy of an advertisement appearing in the Acadian

Recorder in September 8th, 1815, relative to a hospital operated, under private medical direction in Halifax, that year. Perhaps Dr. Hattie, or some other student or person familiar with medical history in Halifax, may give us some further particulars.

It is noted that this hospital is to serve primarily the Mariners, but two, at least, of the three surgeons were also in private practice. It was thus a very desirable form of caring for the sick being a co-ordinated institution for the care and treatment of private, service and public patients.

Nova Scotia can well be proud of its hospital history in view of its length of service and its present efficiency. The advertisement appeared in the Acadian Recorder, September 8th, 1815, reading as follows:—

**“Merchant Seamen’s And Provincial Private Hospital, at the
Southern Extremity of Water Street, in Halifax.**

“The Surgeons and proprietors of this Institution inform the public, that from the very liberal patronage afforded it since its commencement they have found it necessary greatly to enlarge and improve the buildings, and that it is now equal to the comfortable accommodation of one hundred patients, separate rooms can be afforded to strangers, Masters of Vessels, etc., and persons from the Country and Town who may find it necessary to become patients; they are also informed that Mr. Hume, late of the Naval Hospital, has a share in that concern by whose additional professional abilities their object will be more fully accomplished.

“It is unnecessary to repeat the advantages Patients may derive from this Hospital, as the encouragement it has received is a sufficient proof of the public opinion; it may, however, be observed that the situation is retired, airy and healthful; the Building is comfortable and well ventilated with a fine prospect; properly qualified nurses and attendants employed, and a diet and regime adapted to the diseases of the patients; and those (whose cases may require it) will now have the advice and assistance of three Medical Men; and from the nature of the Institution at a less rate for Medicine and attendance than could be afforded by an individual in town where every patient is charged separately for attendance. There is attached to the premises, a convenient slip for landing sick and wounded from boats, and sufficient space for convalescents to use exercise in. Application for admission may be made to either of the Surgeons at their House, or at the Hospital.

Samuel Head
William Anderson } Surgeons.
Robert Hume

September 2, 1815.”

The Ogden (Utah) Standard not so long ago published the following, the ‘inefficient’ in italics being the only BULLETIN change made in a recent A. M. A. Journal ‘Tonic and Sedative’ note:—

“The average length of life has been increased by 21 years, as a result of inefficient service in standardized hospitals,” declared W. W. Rawson, superintendent of the Dee hospital, in a vocational talk.

The Game of Golf

NOW that the *playing* season is over and the *talking* season just begun, (if it ever ended from the last winter), it may interest some who do not play *at* the game to read some of the rules of the game, as described by "Horfe" in his authoritative book published in 1838. Few present day golfers were playing at that time, but doubtless traditions exist and have become almost current history with the present generation of Golf addicts.

The Medical Bulletin of St. Michael's Hospital, Toronto, publishes this in its latest issue and editorially refers to "many hard fought" contests on the green and many wordy battles in the staff room.",

"Golf, a celebrated Scotch game, almost peculiar to that country is played with balls and clubs. The club is taper, terminating in the part that strikes the ball, which is faced with horn, and loaded with lead. But of this there are six sorts used by good players, viz. the common club, used when the ball lies on the ground; the scraper, and half-scraper, when in long grass; the spoon, when in a hollow; the heavy iron club, when it lies deep among stones or mud; and the light iron ditto, when on the surface of chingle or sandy ground.

The balls are much smaller than those used at cricket and much harder; they are made of horse leather, and stuffed with feathers in a peculiar manner, and then boiled.

The ground may be circular, triangular, or semi-circular. The number of holes is not limited; that depends always on what the length of the ground will admit. The common distance between one hole and another is about a quarter of a mile, which begins and terminates every game; and he who gets his ball in by the fewest number of strokes is the victor.

Two, four, six, eight, or any number may play together; but what is called the good game never exceeds four; that number being allowed to afford best diversion, and not so liable to confusion as six, eight or twelve might be.

The more rising or uneven the ground is, it requires the greater nicety or skill in the players; on that account the preference is always given to it by proficients.

When playing with the wind, light balls are used; and heavy ones against it.

At the beginning of the game the ball is allowed to be elevated to whatever height the player chooses, for the convenience of striking; but not afterwards.

This is done by means of sand or clay, called a seeing.

The balls which are played off at the beginning of the game cannot be changed until the next hole is won, even if they should happen to burst.

When it happens that ball is lost, that hole is lost to the party. If a ball should be stopped accidentally, the player is allowed his stroke again.

Suppose four are to play the game. A and B against C and D; each party having a ball, they proceed thus:—

A strikes off first, C next; and perhaps does not drive his ball above half the distance. A did, on which account D, his partner, next strikes it, which is called one more, to get it as far as that, of their adversaries, or as much beyond it as possible; if this is done then B strikes A's ball, which is called playing the like, or equal of their opponents. But if C and D, by their ball being in an awkward situation, should be unable by playing once more, to get it as far as A's, they are to play in turn, two, three, or as many more, until that is accomplished, before B strikes his partner's ball; which he calls one to two, or one to three, or as many strokes as they required to get to the same distance as A did by his once playing. The ball is struck alternately, if the parties are equal or nearly so."

Public Health is Better Because of Golf.

For Doctors Roy, Ross, Whitman, Sutherland, McDonald (which one?), Murphy, Patton, Hemmeon, Farish and a few others, the above title of an item in the *A. M. A. Journal* of recent date will be of much comfort, although the item goes on to say:—

"Not that golf is itself a healthful game. Quite the contrary. Golf increases the blood pressure, ruins the disposition, spoils the digestion, induces neurasthenia, hurts the eyes, callouses the hands, ties kinks in the nervous system, debauches the morals, drives men to drugs, drink and homicide; breaks up the family, turns the ductless glands into internal warts, corrodes the pneumogastric nerve, breaks off edges off the vertebrae, induces spinal meningitis and progressive mendacity, starts angina pectoris and breeds wind on the stomach.

But golf keeps the doctors out in the open air, and that gives the people in the hospitals and sickrooms a chance to get well. Public health is better because of golf, generally speaking.

At any golf or country club, any afternoon of any day in the week, you can hear one side of a conversation floating out of a telephone booth—something like this:

"Yes, this is Doctor Grimble. . . Yes, indeed; I'm glad you got in touch with me. . . I would have come by this afternoon, but I was called here on an emergency case, a matter of life and death. . . You say you think the patient is sinking rapidly. . . Give him three of the blue pills from the brown bottle I left, and repeat the dose in twenty minutes; and I'll be there as soon as I possibly can. . ."

"Let me kiss those tears away, sweetheart," he begged tenderly. She fell into his arms and he was very busy for a few moments. But the tears flowed on.

"Will nothing stop them?" he asked breathlessly.

"No," she murmured. "It's hay fever, but go on with the treatment."

The Private Practitioner

PERHAPS readers of the BULLETIN will have expressed some sense of dissatisfaction with the number of articles we have published in the last six or seven years under a general title of "The General Practitioner". There has been a definite purpose in the prominence given to matters concerning these members of our profession.

In the first place, there was a feeling that rural portions of this Province, were likely to suffer from the disappearance of the General Practitioner. The public recognition and the awards, available for the City Physician and the Specialists, have united to allure medical men into Specialties, even too numerous to mention. Further, as yet there is not the sharp ethical line between the Specialist and the General Practitioner, that would naturally tend to complete understanding and co-operation. Even in Nova Scotia we have, we believe, reached the stage where the Surgeon, Internist or other Specialist should look to the private practitioner for all his work. We advocate the idea that there should gradually develop in this province a distinctly consulting section of our profession.

Our second point is, that the patient is beginning to demand greater attention and service from the general practitioner. He recalls that he has been advised since childhood that his family doctor should check up on his physical condition from time to time. He has heard the doctor reprimand patients for not consulting him early enough, and, in the early stages of many disabilities symptoms are not sufficiently pronounced to enable him to decide what specialist he should consult. He therefore has reached the stage when he feels his only capable physical adviser is the general practitioner and, in preference, the family doctor.

The tide flowing towards specialism has not yet ceased and, altho we are truly altruists, will not cease until better recognition, financial and otherwise, is found for both patient and practitioner. Yet it is only wise to be prepared for the inevitable—the next incoming tide is going to boom the General, Family or Private Practitioner. The only question is, are present and prospective practitioners willing to take time by the forelock and incidentally get the credit for inaugurating something that is bound to develop in any case.

This is written for the sole purpose of suggesting to teachers and students that the field of activity for the General Practitioner is really offering something attractive, as well as useful and practical, in the immediate future.

S. L. W.

Viosterol: Irradiated Ergosterol

(An abbreviated abstract from the Journal of the A. M. A. Editorial of August 31st, 1929.)

THE demonstration that many food materials can acquire unique physiologic potencies when the products are subjected to the direct influence of ultraviolet rays or even to concentrated sunlight is a contribution of recent scientific investigation. The effects of the irradiated substances within the body are identical with, or equivalent to, those that have been ascribed to vitamin D, the antirachitic food factor. The latter is known to induce the healing of rickets or to prevent the latter when suitable foods containing vitamin D, such as cod liver oil, are employed in a prophylactic way. Tetany and probably other diseases may be favorably influenced in a comparable manner. As might have been expected, investigators were not slow in searching for the chemical entities that represent the potent principle and its precursor in "unactivated" foods. Success came with unexpected speed, so that more than three years ago ergosterol, a sterol widely present in small amounts in most edible products, was announced as the "provitamin", or substance that acquires antirachitic potency after suitable irradiation. . . .

It was inevitable that a product possessing the remarkable action of irradiated ergosterol and readily obtainable through commercial channels as well as in the laboratories of scientists should attract attention in the fields of therapy and prophylaxis. Almost as a corollary the danger of quackery follows in the wake of important scientific discoveries particularly when, as in the case of irradiated ergosterol, the product possesses enormous potency. The truthful statement that a few milligrams of irradiated ergosterol may exhibit an antirachitic effect equal to that of quarts of cod liver oil presents an item to be conjured with. Many persons hastened to take advantage of the situation presented at a time when the prophylactic use of cod liver oil had become nation-wide in this country. Products of all sorts and varied descriptions capitalizing the new discoveries were prepared for the market, long before the proper fields of usefulness, the limitations, the appropriate dosages and the presumable dangers of irradiated ergosterol had been adequately ascertained.

Many of these promotions have been of a legitimate character and have been sponsored by reputable drug-manufacturers. To avert the almost inevitable confusion and to exercise a wholesome restraint over the exploitation incident to the introduction of the new product into clinical use, the Council on Pharmacy and Chemistry of the American Medical Association has followed its usual custom of adopting a common name, viosterol, for irradiated ergosterol. . . .

The possible fields of usefulness for viosterol in therapy and prophylaxis cannot be said to have been finally determined. In addition to its established uses, Hess and his collaborators believe that viosterol should prove efficacious in osteomalacia. Vigorous efforts are being made to promote the use of the drug in dental caries. Mellanby has given a favorable report from England. However, until further evidence is available, it seems rational to subscribe to Hess's assertion that the main etiologic factor in dental caries is not rickets and therefore caries will not be eradicated by any antirachitic agent, however potent."

Health and Fashions. Recent years has witnessed the great part taken by the ultraviolet components of sunlight in the cure and prevention of disease. All is not quite cleared up as to the extent to which clothes may be regarded as an obstructive interposing medium. As yet we are inclined to expose as much of the skin as fashion and the law will permit. So far the advantage has been with the ladies, as per bare legs and arms, also, "nothing much before and rather less than half of that behind" the lower edge of which only reaches *towards* the knees. On the other hand in the case of man there is an inch or less of neck, two hands and a face only exposed to these beneficent rays.

It is believed, however, that certain fabrics possess the power of greater transmissibility to ultraviolet radiations.

"It would therefore seem that a more intelligent adjustment to styles and choice of fabrics would have considerable influence in alleviating the condition of shortage of ultraviolet rays. Reformation of dress in the interest of better solar irradiation has begun to attract attention. A vogue for "sun suits" for children is being created. The special needs of different localities, notably as they are affected by environmental temperature, call for discriminating recommendations. Dress reform may well proceed, in part at least, on the basis of the physiologic needs of those who wear the clothing."

We note that The Mallinckrodt Chemical Works, Limited, 378 St. Paul Street, West, Montreal, are Canadian Representatives of P. Beiersdorf and Co. A.-G., Hamburg, Manufacturing Chemists. One of their Specialties is Pandigal, a cardio-tonic claimed to give the same results as the fresh infusion of digitalis leaves.

Following the recent tennis tournament between Berwick and Kingston, we expect Dr. Hugh McKinnon to organize a similar tournament at the next meeting of the Medical Society of Nova Scotia at The Pines, Digby, July 1st and 2nd, 1930.

IN PNEUMONIA START TREATMENT EARLY.

In the Optochin Base treatment of pneumonia it is of the utmost importance to begin treatment at the earliest possible moment. Every hour of delay is to the disadvantage of the patient.

The theory upon which the treatment of pneumonia with Optochin Base is founded is as follows:

The Maximum bactericidal power of the remedy must be maintained continuously for a definite period—1 to 3 days—employing the minimum quantity of the remedy necessary for the purpose. It was found in practice that, provided Optochin Base is used, and given in doses of 4 grains every 5 hours, day and night, and further, provided the treatment is begun within 24 hours, or at least not later than the second day after the onset of the disease, the results are all that could be wished. The fever abates rapidly, the course of the disease is shortened and rendered milder, and the patients experience a sensation of euphoria, while the appetite and general condition improve.

The base is used because, being practically insoluble in water, it is but gradually taken up into the blood circulation. With every dose of Optochin Base about 5 ounces of milk are given. The milk prevents the too rapid formation of the more soluble Optochin Hydrochloride by the action of the hydrochloric acid secreted and thus assists in maintaining a more uniform optimum concentration of the remedy in the blood. No other food or drink is given during the 3 days' treatment. (Merck and Co. Ltd.)

MACLEOD, BALCOM, LIMITED DRUGGISTS

34½ MORRIS STREET

103 YOUNG STREET

174 SPRING GARDEN ROAD

139 AGRICOLA STREET

Cor. QUINPOOL RD. and OXFORD STREET

HALIFAX and BEDFORD

Dear Doctor:—

RE SAVAGE HEALTH MOTOR

We have just recently been appointed agents for this appliance. You are familiar with it. The type we have is the latest and we would be pleased to demonstrate to you or your patients.

The retail price is \$130.00 and the cost to you \$105.00.

SQUIBBS drugs, as also those of Burroughs Wellcome, Mercks and Parke Davis & Co. are being used daily in our dispensaries.

Yours very truly,

MacLeod, Balcom, Ltd.

S. R. BALCOM.

Next year the Golf Tournament will be at "The Pines", Digby, but some of you had better play hard from now till then.

ORGANOTHERAPY.

In these days, when there still is a great deal of literature on organotherapy finding its way to our desks from various sources the conclusions of a paper, sponsored by the Gynaecological Department of Johns Hopkins University, and published in the *A. M. A. Journal*, will be of interest. It will be noted that the paper dealt only with the "Present Status of Ovarian Therapy". The summary is as follows: "Great as have been the advances of the past few years in our knowledge of the physiology of reproduction, it cannot be said that they have as yet added very notably to the therapy of conditions dependent on disorders of ovarian function. The newer knowledge, however, offers a clear explanation of the failure of the ovarian therapy of past years, and, for the first time justifies the hope that before long some, at least, of these functional disorders will be amenable to organotherapeutic measures.

The question as to the singleness or duality of the ovarian secretion is still undecided, although, in my judgment, the evidence indicates that the follicle and corpus luteum hormones are not the same, and that both play important parts in the human sex cycle. This factor, even more than that of inadequate dosage, is probably responsible for the unsatisfactory results achieved from the employment of the follicle hormone itself. For this reason, it is more logical to combine with it the use of corpus luteum extract, imitating the sequence believed to occur in the normal sex cycle.

One of the problems still to be solved, in spite of the encouraging results achieved by individual workers, is that of preparing a potent corpus luteum extract. The standards of potency are, of course, very different from those of the follicle hormone, a fact which some workers appear to overlook.

Both from a clinical and laboratory standpoint, the evidence indicates that the oral administration of ovarian corpus luteum and ovarian residue extracts has little or no value in the treatment of such objective disorders as amenorrhea. In the treatment of the characteristic vasomotor symptoms of the menopause, there is much evidence, though necessarily only clinical, that oral therapy is of value.

While the hypodermic administration of the newer extracts is, on the basis of undisputed laboratory investigations, without doubt the method to be preferred, it possesses serious practical disadvantages which will almost certainly limit its applicability very materially. These disadvantages, enumerated in my paper, are enhanced for the present by the comparative scarcity of potent extracts and their rather considerable cost. As the ovarian follicle hormone at least possesses a slight effect when administered orally (not more than one-twentieth the hypodermic effect), it is not impossible that some form of satisfactory oral therapy may yet be developed, either by developing new sources of supply or by increasing the potency of the substance by some artificial means. This would be a contribution of real importance.

OBITUARY

Dr. James W. Ward died recently in New York having lived 102 years. He was at one time physician to the Empress Eugenie of France and a companion of David Livingstone in Africa. He was born in Palestine and came to the United States in 1880 and became a naturalized citizen at the age of 96. He abandoned the practice of medicine for the lecture platform nearly 50 years ago which doubtless contributed greatly to his longevity.

Ethical Practice. In the News Notes from Alberta in the *C. M. A. Journal* for October two incidents are related which will be of interest to very many practitioners in Nova Scotia which we quote:—

“A question of ethical practice was recently raised by a physician practicing in a rural district. He is of the opinion that city consultants and practitioners should treat their country confreres just as they would their fellow practitioners in the city. A country patient should not be accepted for treatment except in urgent cases, unless the physician who has been attending him in the country has been paid and dismissed from the case. This raises what may be considered a new issue, namely; should a patient’s freedom to go from one physician to another be limited to the first physician who attended him, also to what extent should city physicians by such refusals, assist in collecting the accounts of the country physicians?

Another question has been raised by doctors practicing in the country. Should all country calls be answered, regardless of the time the call is put in or the nature of the patient’s illness? Last spring, a physician, practicing in one of the country districts, was called to see a child during the night. The roads were impassable for an automobile and the only livery team available at any time had all that day been driven from place to place and was wholly unfit for further work. The physician after explaining the situation suggested to the farmer who lived twelve miles from the town, that he should come in for him and he would be ready to go when he arrived. The farmer consulted his wife and then replied. “It will be all right to come at eight o’clock in the morning.” The case apparently not being urgent, the physician replied, “I will not go in the morning.”

Local and Personals

The BULLETIN appreciates very much the following notes from Dr. W. H. Hattie, Dean of the Dalhousie Medical College.

THE enrollment of students at the medical school of Dalhousie University is larger this year than for some time. More than a hundred and sixty students have registered, and, while the fourth and fifth years are not as large as in some previous years, other years are filled to capacity. It is reported that a very large number of applications for admission to both the first and the more advanced years were refused. Several applications were received from men who had completed part of the medical course in Canadian and European schools, and there were many requests for admission on records obtained at schools in the United States. All who have been admitted to the first year belong to and have had their pre-medical work in either the Maritime Provinces or Newfoundland.

There have been few changes in the personnel of the Dalhousie medical faculty since last session. Dr. Clyde Holland has gone to the Peter Bent Brigham Hospital to pursue special studies in internal medicine, and in his place Dr. R. A. H. MacKeen has been appointed to give instruction in Bacteriology, etc. Dr. J. R. Corston has retired from the Health Centre staff, and Doctors A. M. Marshall and R. A. H. MacKeen have been appointed to that staff. Dr. John Rankine is giving the course entitled "Introduction to Clinical Medicine," formerly given by the late Dr. McLarren, but given last session by Dr. Corston. Professor Page, recently appointed to the staff of Kings College, is giving the lectures in psychology.

The medical library of Dalhousie now numbers nearly 13,000 volumes. Recent additions of medical books number 238. Seventy-nine journals are being received. It should be known to the profession that the Medical Society of Nova Scotia is actively interested in this library and is represented on the managing committee. Any member of the Society may obtain books on loan by paying carriage expenses. The more important clinical journals published in the English language come regularly to the library, and are available for loan, for limited periods, when they cease to be "current"—i. e., when they are no longer the latest issue.

Mr. Fred C. Jennings, of Saint John, a member of the fourth year class in Medicine, is this year's president of the Students' Council of Dalhousie University.

The Dalhousie Medical Society, composed of students of the Faculty of Medicine, held its first meeting for the session on September thirtieth. Officers were elected as follows: Edward F. Ross, Stellarton, president; T. Leonard Farmer, Kinkora, P. E. I., vice-president; John H. Budd, Halifax, secretary; Robert D. Baird, Chipman, N. B., treasurer. These, with Frank J. Hebb, Halifax, constitute the executive. Plans were made for an interesting series of meetings during the session.

Nova Scotia Notes from Dr. W. H. Hattie to the C. M. A. Journal.

The medical school of Dalhousie University has opened the new session with an enrollment of more than 160 students. This means that classes are filled to capacity, as it is the policy of the university to limit the size of classes so that there will be no crowding during the clinical years. A very large number of applicants for admission to both first and advanced years could not be accepted.

The report on the vital statistics of Canada for the year 1926 shows that ninety-one centenarians died during that year. Of these, sixteen were residents of Nova Scotia. With less than six per cent. of the population of the Dominion, the Blue-nose province contrived to supply nearly eighteen per cent. of the centenarian deaths.

A rumour that Dr. F. R. Little, of Halifax, had been killed in a motor accident, was recently widely circulated and naturally greatly shocked the genial doctor's many friends. Fortunately the doctor was able to produce convincing evidence that the rumour was unfounded, but it is said that several persons who telephoned his house to express sympathy received a second shock when the telephone was answered by his familiar voice, which quite lacked any ghostly quality. His experience was perhaps rather less disturbing than that of Dr. Murdoch Chisholm, who, on the day of the Halifax disaster of 1917, had the peculiar privilege of reading in an evening paper of the universal regret that he should have been among those who lost their lives on that memorable occasion. Perhaps the most amusing feature of Dr. Little's experience was the incredulity of some who seemed unable to fully accept his declaration that he still lived comfortably and happily.

Following the capture of Louisburg by New England forces under Pepperell, in 1745, the French at once set about preparations for the recapture of their lost stronghold. A mighty naval and military force was mustered and placed under the command of the Duke d'Anville. Storm after storm delayed and scattered the fleet, and when d'Anville at last reached the chosen rendezvous, now Halifax

Harbour, his ship had but a solitary consort and he found only one ship awaiting him. Others straggled in from time to time, but the expedition was doomed to misfortune. The commander died of apoplexy, and an infectious disease (some think it was typhus, others that it was smallpox) worked havoc with sailors and soldiers. It is said that fully 2,500 perished and were buried along the shores what is now known as Bedford Basin. On the fourth of September, a commemorative cairn was dedicated to their memory. This was erected by the Nova Scotia branch of the Canadian Historical Sites and Monuments Commission, and dedicated with fitting ceremony. France sent a new war ship to participate in the event, and England and Canada were represented by H. M. S. Despatch and H. M. C. S. Stadacona. The ceremony recalls one of the most melancholy incidents in the early history of Canada, and reminds us of the frequency and fatality of epidemics in those days.

Doctors A. M. Marshall and R. A. H. MacKeen, of Halifax, have been appointed to the staff of the Dalhousie Clinic.

Twelve members of the nursing staff of the St. Martha's Hospital, Antigonish, were awarded diplomas at graduation exercises which were held on the twenty-fourth of September.

The Halifax branch of the Medical Society of Nova Scotia will resume regular meetings on the sixteenth of October. As is the custom of the Society, the season will be inaugurated by a dinner meeting, and at this year's inaugural, fitting celebration is to be made of Dr. Murdoch Chisholm's professional jubilee. A portrait of this much loved physician is being painted for presentation to him on that occasion. The programme which is being arranged for the winter promises to be very interesting, and a highly successful season is anticipated.

Doctors Jaynes and Macfarlane, of Toronto, were recently in Nova Scotia lecturing under the auspices of the Canadian Medical Association. They addressed meetings of the Cape Breton and Eastern Counties branches of the Medical Society of Nova Scotia. In October a team composed of Dr. J. R. Goodall, of Montreal, and Doctors S. R. Johnston and S. L. Walker, of Halifax, are to address branches of the Society at Amherst, New Glasgow, Truro, Bridgewater, Yarmouth and Kentville.

Great interest has been shown in the establishment of a Canadian centre for the primary examination for F. R. C. S., Eng., which was effected by a Committee of the Canadian Medical Association. A very satisfactory number of candidates appeared for the examination which was held at Toronto in August last. If a sufficient number

apply, it may be taken for granted that the examination will be again conducted next summer, probably at Montreal. It is important that the Committee should know how many will wish to take the examination. Everyone who proposes to sit should at once inform the chairman of the Committee, Dr. A. Primrose, 518 Medical Arts Building, Bloor and St. George Streets, Toronto.

Sometimes members of the Provincial Society inquire what is the Canadian Medical Association doing for the profession in Nova Scotia. It is only necessary to read the September Supplement of the Journal to get an idea of the great number of subjects of vital interest to all provincial medical men which the C. M. A. considers.

Dr. H. P. Gouthro of the Department of Immigration, Halifax, with Mrs. Gouthro, was a visitor in September to Sydney for a few days. Mrs. Gouthro remained at her former home for a more extended visit.

Major Nat McDonald of Sydney Mines is now to be addressed as Lieutenant-Colonel and he is mighty proud of the 16th Field Bde. C. A.

Dr. S. H. Keshen of Halifax now has the rank of Captain in the 22nd Field Ambulance as from the (glorious) Twelfth of July.

Mrs. MacKay, wife of Dr. W. A. MacKay of Thorburn returned the last of August from a visit to relatives in Scotland and England.

Dr. George David Stewart of New York spent a quiet few weeks of the early fall at his summer home in Malagash. His handsome and convenient summer cottage is, of course, situated near the old homestead site. He sure does love to come back home.

Dr. G. R. Deveau of Arichat is, we note, making additions and improvements to his fox farm. This should be a profitable side issue specialty.

Dr. John Knox McLeod of Sydney had as a visitor in September and October his brother, Dr. T. C. McLeod of Bay Roberts, Newfoundland

Dr. D. R. Sutherland, Middle Musquodoboit, after a visit to his former field of practice in Tusket, called recently at the office of the BULLETIN. The problem of medical supplies for rural districts was emphasized by the fact that as yet no successor to Dr. Sutherland has located at Tusket. On the same day, as a coincidence, the General

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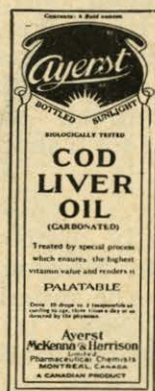
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Note: In cases where patients may be unable to take a pure Cod Liver Oil without discomfort, Ayerst "Calcium A" capsules will be found useful in overcoming the difficulty. Each capsule contains a small quantity of organically combined Calcium and Phosphorus together with the **total vitamin content** of approximately one teaspoonful of Ayerst biologically-tested Cod Liver Oil in the form of a concentrate. These are supplied in packages of 100 capsules each, ready for dispensing.

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Secretary was in receipt of a letter from a merchant in Port Elgin, N. B., inquiring if any doctor were available for location there. It is getting to be a very serious matter to secure medical attendance in many rural communities. The nearby towns to such communities cannot adequately meet the requirements having in mind the financial resources of these sections. Perhaps State Medicine will some day attempt to solve the problem.

Dr. Cecil Kinley of the staff of the Victoria General Hospital was a recent patient in that institution, we are glad to note that his operation was successful in every way. In company with Doctor Hoare of Philadelphia and others he was a recent visitor to his home in Lunenburg.

Dr. Arthur J. Walker, McGill 1924, recently visiting his parents in Halifax, Dr. and Mrs. S. L. Walker, has returned to his duties in the Venezuela Oil Company Hospital in Maracaibo, Venezuela. During his stay he successfully passed the examination of the Canadian Medical Council at Montreal. To Boston and New York he was accompanied by his mother for a short visit to friends and relatives there.

The BULLETIN very greatly appreciates its Exchange List of Nova Scotia Newspapers. The Secretary of the Medical Society of Nova Scotia recalls very well the initial appearance of *The Acadian* published in Wolfville since 1883. It has developed into a very high class provincial weekly journal and the BULLETIN extends congratulations upon its valuable service to its clientele during the past 46 years. It is difficult for a newspaper to be independent in every way, but *The Acadian* has been very fortunate in this respect. The BULLETIN is very dependant upon the newspapers for one or more features of our Journal and we are pleased to have an opportunity to make from time to time suitable recognition.

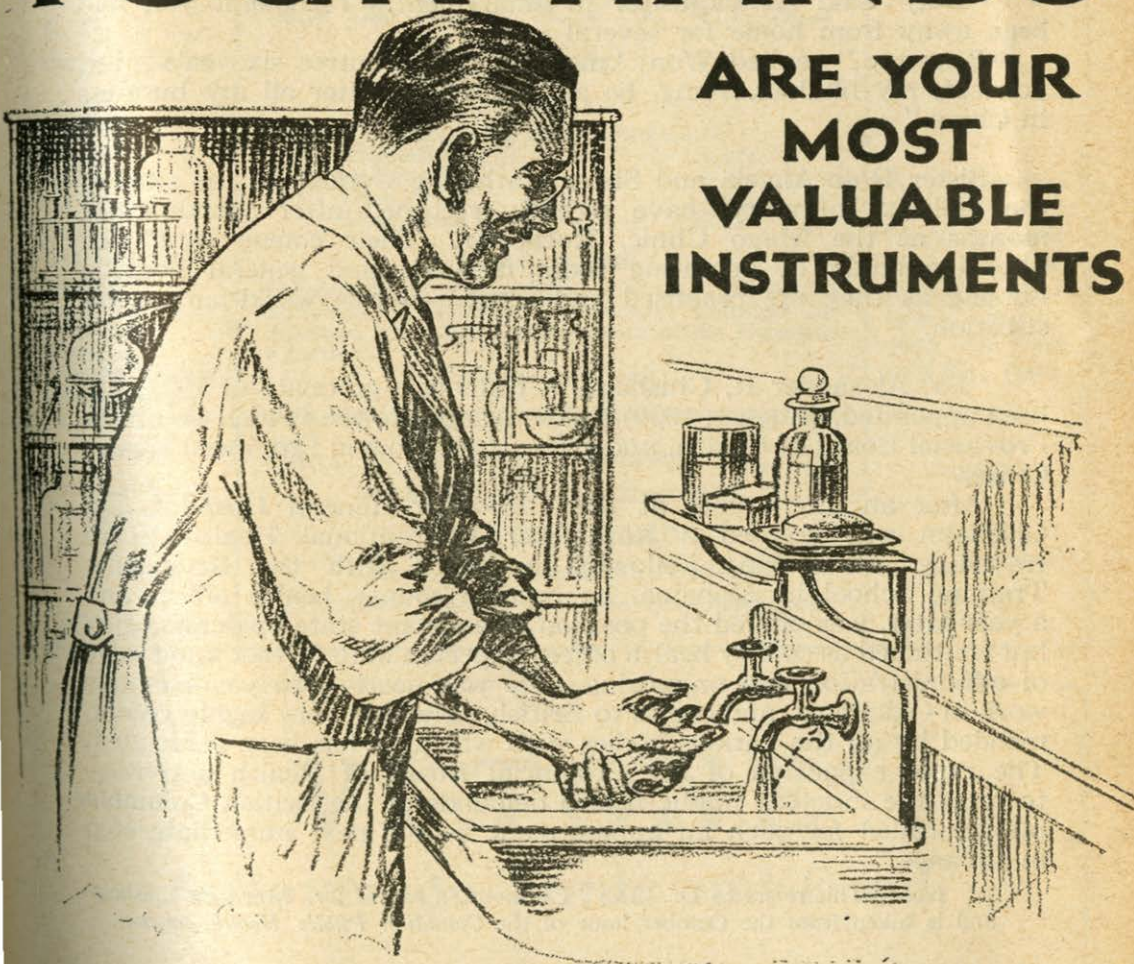
The Social Service Workers have many experiences that cannot be generally told, but as this happened in San Francisco the BULLETIN ventures to publish it. It appears that Won Lung was such a capable salesman that he was sent to America to represent his firm and he located in San Francisco and attended to his business for several years in a very satisfactory manner while his wife remained in China to keep the home fires burning. Then Won Lung went on an extended and mighty celebration which was finally investigated by an elderly member of this very desirable lay organization.

"What makes you so happy, Won?" he was asked.

"Ah, Missa Mulphy," explained Won, "my wife in China, she havee new baby boy!"

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"But," said his inquisitor in amazement, "I thought you had been away from home for several years!"

"Yessum," replied Won; "me here this countree six yea's—but, you see, my bludder, Fung, he all-samee look after all my business in China."

Sister Rose Angela and Sister Katherine Gerard, of the staff of the Halifax Infirmary, have recently returned after spending six months at the Mayo Clinic, Rochester. Their course comprised intensive study of operating room methods and general hospital nursing as they are practised and taught in this world-famous institution.

"Dr. Alexander R. Chisholm, a Dalhousie graduate of 1925, has been appointed, (August, 1929) Epidemiologist to the British Columbia Provincial Board of Health, under Dr. H. E. Young, Provincial Health Officer.

After an intern year at the Vancouver General Hospital, Dr. Chisholm was granted a Rockefeller International Health Board travelling scholarship. Following a period with the Rockefeller Training School in Alabama, he became county health officer and a year later, was offered the position of assistant state epidemiologist, but continued as county health officer to accumulate further knowledge of administration and organizing. He was nearly two years in this work in Oklahoma, and comes to British Columbia very highly recommended by all the various bodies with which he has been associated. The rapid expansion of the Provincial Board of Health activities, to meet the insistent public health demands of the British Columbia public, called for such an appointment as the next immediate step in advance."

Note—This refers to Dr. "Roy" Chisholm, a son of Dr. Murdoch Chisholm and is taken from the October issue of the *Canadian Public Health Journal*.

Dr. J. J. Roy of Sydney is the President of the V. O. N. Committee of that City charged with the duty of raising funds for the Order in Sydney—His official appeal read as follows:—

"This is the only financial appeal the Order makes during the year, the service goes on every day, Summer and Winter. Twelve thousand visits were made last year, two Child Welfare Conferences weekly, follow-up work of the T. B. Clinic. This is a real community service. Help the Committee by subscribing generously."

Water, according to a medical writer, is the only drink of which one never gets tired. This is corroborated by a Scotchman we know of, who has made a life-long practice of putting a drop or two of it in his whiskey.

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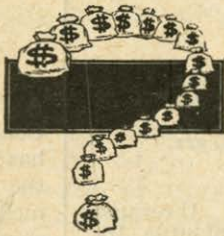
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