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FOR THE CURLERS

Baptiste at the Bonspiel.

De noder day a frien' of mine
He say "Bateese" to me
"W'y don' you go upon de rink
For see Bonspiel?" say he;
"Dere's plenty chair for sit upon,
De place she's nice and warm"
And so at las' I t'ink I go
She can't do me no harm.

Wall, dat is de mos' foolish game
I never yet did see,
For all de men was yell so loud
I t'ink dey go crazee.
Dey have de stone like big spetoon,
An' shove it wit' der han'
But w'y dey get so much excite
I cannot understan'.

De man down at de noder en'
Ees put hees broom down—so,
n' den he yell "Now tak' dat ice—"
Dat's foolish t'ing you know;
He cannot ta' de ice away
She's frozen down so hard,
But still he yell "Yes, tak' her out,
I do not want de gard."

An' see dem feller sweep de broom,
For w'y I cannot tell
Dere is no dirt upon de ice;
An' den some feller yell
"Yes! Hold her up"—say w'at he mean?
Madam's not here at all,
An' mam'selle in de gallerie,
I do not see her fall.

All sort of feller play dat game
Dere's some dat's t'in and long
An' some dat's mabee short an' stout,
An' some dat's pretty strong;
But w'en dey yell de stout man's "wide"
An' man dat's long an' tall
"He's narrow," sure, I do not t'ink
I stan' for dat at all.

I wonder w'at dat name she mean;
Well, "Bon", in French she's "good"
An' "Spiel" is Scotch for beeg talk,
Dat's w'at I understood.
I s'pose she sort of half-breed name—
I spik de way I feel—
I watch dat game for two-t'ree night—
I t'ink she's mostly "spiel".

(From the *Monitor*, Bridgetown).

Chronic Appendicitis*

By George H. Murphy, M.D., C.M.,

Associate Professor of Clinical Surgery, Dalhousie University, Halifax.

WHEN the appendix first broke into the active life of our profession it was as a real criminal. It was caught in the act. Hidden away behind the caecum in the right iliac fossa, in a little puddle of pus, with a gangrenous patch and a perforation in its wall, it was obliged to give up its long retained secret of malevolence and to be branded, it would seem forever, with the burden of proving its innocence or taking the consequences, where abdominal ailments are concerned. Beyond all commentaries and reflections, the discovery of the appendix's part in abdominal inflammations and disasters was a great event in the progress of our profession. For us who have grown up on the most familiar terms with the vagaries and eccentricities of the appendix, it is hard to realize the sense of ecstasy felt by the men who first discovered its dangerous path and fixed to its present guilt a long long history of deaths from what they had been calling "inflammation of the bowels." It is hardly to be wondered that in the exuberance of the time the appendix should be shouldered with faults and failings which, bad as it was, it did not possess. In the social order there are few culprits who have not some good in them; and, in the realm of disease, it is probably correct to say that the habit of mind which constantly places the burden of proof on the appendix has led us betimes to wrong conclusions, and, in recent years, to a new pathological entity, namely, an enormous and futile increase in the number of appendectomies. The faith that would move mountains has no operative license with the appendix, unless it is strongly backed by the good works of careful and well considered diagnoses. Even then there will be error; but it will be error softened and humanized by the limitations of intellect and scientific resource, that exceptional frailty which must not be considered too seriously else all scientific advance would cease and a world of stagnation supervene.

Let it be granted, then, that there is no real question in the minds of our profession to-day regarding acute appendicitis. Once the diagnosis is established there is no debate on treatment. In doubt, the impending disaster demands what is, at worst, the lesser evil, and operation clears the issue and the patient is saved. So that in

*Read at meetings in the Western Provinces, on the Canadian Medical Association Post-Graduate Tour in September, 1929 and now taken from the *C. M. A. Journal* of January 1930.

a paper of this kind one stops to dwell upon the acute type because of its relation to the chronic condition.

What does the acute process do to the appendix? In organs less complex in structure and function, we know that a restoration of the *status quo ante* often results through that beneficent process we call inflammation. I think this satisfactory resolution must be rare in the appendix. I have never seen an appendix in which a history of an acute attack obtained, even when its removal was incidental while operating for some other condition, where pathological change was not either evident to the senses or reported after microscopic section; this, too, in cases where the patient showed no symptoms of trouble. Besides the microscopic pathological process, there comes to him who for many years has been on this intra-visceral job, many shapes and deformities of the appendiceal tube, the results or compromises between the invader and the invaded, so that it seems that no one knows so intimately as the surgeon the pathology of the appendix. He sees it either in the full redness of battle, in victory with its scars and wounds—often a complete cripple; or in abject defeat with pus pouring from its side, a lifeless, stinking thing whose presence menaces the very life of its peritoneal neighbours. In other words, he sees it in action, and in time he comes to know some of its moods and eccentricities.

When one finds a patient with a train of symptoms, vague perhaps, but abdominal in location, when other things may be fairly ruled out, with a history of one or more definite attacks of acute appendicitis, the indications surely are that a chronically damaged appendix is the acting cause, and an operation may be advised, with reasonable confidence that the right and proper course is being pursued. It goes without saying, of course, that the operation should cover thorough examination of the other abdominal organs. Only, therefore, as an end-result does the acute variety enter the purposes of this discussion. And while for all practical purposes the chronically damaged resultant may be classed under our subject, it is not the type which gives us any great trouble in diagnosis.

One realizes the abundance of controversy which has been cast about the subject of chronic appendicitis, and he tries to pick his steps in places of universally recognized security. It is granted that a damaged appendix, by virtue of its structure and function and its elaborate visceral nerve reflexes, may produce a sequence of symptoms often of many years' duration. The acute attacks aside, can this damage be wrought by the process of chronic congestion, or inflammation, as ordinarily observed and interpreted in other organs and tissues? The clinical man has every warrant to answer for himself on practical grounds. Whoever has removed a foreign body from tissues where it was embedded for a considerable time can find ample cause for the fibrosis and contraction in the wall of an appendix which has a concretion plugged into its lumen, and,

maybe, ulceration in its walls. When one is acquainted with the very slight amount of trauma to the peritoneum which will produce a crop of adhesions, he may easily understand what an appendiceal kink, a concretion, a dragging caecum, the extrinsic sources of irritation, such as from the tubes and ovaries, and the like, will do in the formation of the varied hyperplasias one finds in and about the appendix. Some of these formations have familiar names; some give symptoms, some may not, but they all seem to have been mechanically or bacterially irritative in origin, leading up to about the same condition found as the end result of the acute inflammation. How long this irritative process goes on in a given case is a question. When, too, does the patient begin to experience symptoms, if at all?

Again, it is surprising the number and prominence of our brethren who are ready to grant the lymphoid tissue of the tonsil all its inherent and acquired rights to be chronically infected, and deny the same susceptibility to the same tissue in the appendix. No tonsil to-day may reside behind the anterior pillar with any sense of security unless it can prove its innocence by the most searching laboratory tests. Even then, unless its neighbours, the teeth, have, for the time marshalled the powers of the focal investigators, its life becomes as uncertain as the grass of the fields which, in the words of Holy Writ, "is to-day and to-morrow is cast into the fire." Had we the same facility for culturing the lymphoid tissue of the appendix as our scientific brothers of the throat have in the case of the tonsil, it is a reasonable assumption that we should frequently find active organisms, even as in the tonsil, where no clinical evidence of an acute condition ever obtained.

Tissue reaction to an irritant is not essentially one thing in the tonsil and another in some other organ. Why should we not have from chronic bacterial or mechanical irritation in the appendix the same fibrotic changes and degenerations that characterize chronic congestion wherever else it obtains. The familiar changes one finds in tendon sheaths, for instance, or in some of the more exposed bursae, from prolonged irritation, have only to be modified with special regard for the structure of the appendiceal tube, its peritoneal coat, its peculiar mechanics necessitating the power of emptying itself, its essential structural relations as part of the intestinal tract, its nerve connections which create far reaching reflex reactions, in order to enable us to understand how a real pathological basis may be laid down for the group of symptoms coming under the clinical heading of chronic appendicitis.

With these thoughts in one's mind, it is not easy for the average observer to accept the view that all disease change in the chronically affected appendix comes from previous acute attacks, even when the patient is not conscious of ever having one. Zeal in obtaining all the facts in a case history is an important asset, but to fix all our belly-aches, even those running back into early childhood, including the green apple variety, upon the appendix and to call them "acute attacks" is a fairly large order.

A study of a very considerable amount of the literature on the subject of chronic appendicitis confirms what seems to be the experience of most of us, namely, that a damaged appendix, pathologically demonstrated, may not produce a single symptom. The incidental removal of the appendix and the pathologist's report have placed this outside of reasonable question. Consequently, on the evidence of the laboratory alone, there would be consolation, and perhaps justification for him who makes his diagnosis after the operation, were it not for the dismal fact that more than half his patients are not cured, and some of them are made worse.

From a large number of papers and statistical articles loaned me by the American College of Surgeons one would conclude that, of all the cases operated on, apart from those with a definite history of an acute attack, the actual cures would run between 50 and 60 per cent.—and this in well organized clinics, under competent men. What the figures may be in more miscellaneous fields of operative activity can only be conjectured. From 40 to 50 per cent., therefore, either undergo an unnecessary operation, or worse; and for every correct diagnosis we make nearly one wrong one; so that ours is not an enviable tranquility, even were we disposed to be tranquil where error and truth seem to stand on equal footing. With such eccentricities in the pathology of the disease, the real test of our accuracy is clinical. If the patient's symptoms are relieved or cured following an appendectomy, it was a case of chronic appendicitis. If not, then the conclusion is too obvious. All of which brings us fairly into the clinical field, which alone seems to offer some hope for improving our status in this perverse condition. (Here the Author cited a number of illustrative cases, which owing to limited space, the BULLETIN does not quote).

A goodly number of the cases considered under the heading of chronic appendicitis are represented by these types. Case 1 is the kind which has made the appendix the most mistrusted of all organs. It can hardly even assume a virtue when it is capable of setting up such a train of symptoms; and the pathologist, who must shed the light of causation of phenomena before all clinicians, is not too definite on how this may occur. Dr. W. J. Mayo explains it on the basis of pyloric spasm set up reflexly, which in time may lead to an infection of the stomach mucosa and consequent haemorrhages.

Chronic appendicitis is perhaps the rarest cause of gastric haemorrhage, and, therefore, haemorrhage should only be attributed to the appendix when the most exhaustive search has failed to find a lesion elsewhere. In the absence of a demonstrable ulcer in stomach or bowel, with the condition becoming chronic in its nature, and in the presence of symptoms referable to the gastro-intestinal tract, one must, in the presence of such evidence regard the appendix as the probable cause and deal with it as such. The endocrine glands have been called up to help explain such haemorrhages; and, doubtless,

there are many elements entering into their causation, but the results of appendectomy prove clearly that the appendix is the principal offender.

The great majority of cases are in symptoms and pathology after the manner of Case 2. The beaded appendix may produce pain of an intermittent type; and it is in this, too, that the well recognized appendicular colic is prone to occur; tenderness over the caecum at times and its complete absence at others; reflex disturbances, such as slight nausea and distress in the early morning, and at other times, without bearing any constant relation to the taking of food.

Case 3 illustrates, of course, the psychogenic group of symptoms. It is not fair to say these patients are not ill. They are, but they have not appendicitis. Dr. Boas, of Berlin, reminds us that an appendectomy may cure a psychogenic "appendicitis". But it does seem a rather radical method of producing a mental impression. The usual post-operative history is that these patients are better for a short time only. Then the old psychic searchings are out again, and must find some form of expression. The right iliac region is likely to be selected once more, and then someone whispers "adhesions", and the patient settles down to a new psychic regime. McBurney's area has been found, swept and garnished, and there enter in at least seven more troublesome spirits than before, and the second state of the patient is indeed worse than the first. It is but a matter of time when there will be a second operation; and then visions of others, which like the ghosts of Banquo's descendants extend out to the "crack of doom." Who is to say that adhesions are not present and giving trouble? Rare, of course, but this might just be the rare case. It is a difficult problem in which to work out a righteous course, and it is no wonder that even the strongest of our brethren might hesitate to cast the first stone. A rather serious obligation rests upon the man first on the case; for it is at this vantage point that proper diagnosis may set the patient on the right path, and save our profession from a very considerable measure of odium.

If there is a solution of the problem of chronic appendicitis it lies in the field of clinical diagnosis. The appendix is not itself a real organ with a well defined function, and, consequently, evidence pointing to its disease has often to be interpreted and appraised in terms of remote visceral and abdomino-parietal disturbances. I think it will be admitted that the best the x-ray can do is to add some evidence to the case; by itself, it is not conclusive. The history of the case will stand a lot of thought. There is more evidence here than elsewhere. The story is always one of chronic trouble which has been going on for months and perhaps years. The symptoms are persistently related to the gastro-intestinal tract. The patient is never very ill. There is seldom any severe pain, except in the cases where at times appendiceal colic appears. Dyspeptic symptoms are common; also constipation; sometimes slight discomfort after

food, but never definite pain such as may obtain in presence of a peptic ulcer; vomiting is rare, but there may be a slight nausea bearing little or no relation to the taking of food, and frequently felt in the early morning. There is no temperature or pulse disturbance. The patient may have slight pain with some muscle uneasiness to the right of the umbilicus. This may be observed one day and be entirely absent the next, only to reappear on another occasion. Slight tenderness over the typical McBurney point may or may not be present. Much has been claimed for the superficial sensory skin reflexes in this region. I could never get much good from my efforts to elicit them. Their presence, however, would be evidence; their absence hardly so.

When one is face to face with such evidence as this, the possibilities of the appendix must be fairly met. And I think the best mental attitude is to assume other causes and proceed by a process of elimination. The first move is to narrow the scope of investigation to the gastro-intestinal tract. The right kidney and ureter must be considered in their relation to pain and discomfort in the right side; and the tubes and ovaries as well. A thorough examination of the spine, with the patient on his belly, will often detect a tender area either from an osteoarthritis or some other cause, and right-sided pain and tenderness is thus accounted for. If pain is the only symptom present, the condition most likely is not appendicitis. If there is enough disease in the appendix to cause pain, it will do other things as well; and disturbance of the highly responsive and far-flung visceral reflexes is one of them. Therefore, gastric disturbances and right sided discomfort or pain become suggestive at once. The hernial sites should be carefully examined. A very small hernia may escape notice, and, by constant pinching of its sac, may cause pain and visceral disturbances. Dr. Boas facetiously states that he cured some cases of "chronic appendicitis" by applying a truss. It is worth while reminding ourselves, too, of the order of the progression of the pain of appendicitis, namely, in the epigastric region first, and, later, in the right iliac region. The reversal of this order argues strongly against an appendiceal cause.

The pains and aches ordinarily classed under lumbago, neuralgia, and rheumatism, can easily be eliminated with a little care in palpation and attention to the patient's history. Chronic lung disease, with pleural involvement, may simulate in the abdomen chronic appendicitis. Dr. Blesh, of Oklahoma, tells of a case operated on for chronic appendicitis which turned out to be pulmonary tuberculosis. Psycho-genic pains can usually be detected by the multiplicity of their sites and the variety of their types. It should be remembered, however, in this class that the big pain is almost certain to be in or about McBurney's area. In these knowledgable days the cerebral cortex and the right iliac region may be on terms of the closest eccentric intimacy. The clinician has, therefore, much to confound him.

The condition of the whole abdominal musculature must be carefully appraised. Atonic muscles and generally relaxed abdomen, with visceroptosis, may produce a train of symptoms undistinguishable from those of chronic appendicitis. The dragging caecum, full of gas, and the stretching attachments supply all the etiological requirements for a sufficiently typical syndrome. The patient, however, with an abdominal binder, rest, and dietetic treatment escapes a decidedly useless and actually harmful operation.

With all extrinsic sources excluded, and the disease admitted to be one of the gastro-intestinal tract, one proceeds to exclude gastric and duodenal ulcers, and diseases of the gall bladder and colon. A fairly constant relation between the taking of food and the beginning of the pain is suggestive of ulcer, as opposed to chronic appendicitis. The usual methods of searching out possible trouble in the gall bladder, including the Graham test, are employed. The chief value of the x-ray as an agency in the diagnosis of the chronic appendix lies in the evidence it furnishes of the presence or absence of disease in the stomach, duodenum and colon. If these and the other possible sources referred to can be fairly excluded, one is justified in diagnosing chronic appendicitis; all of which takes more time than the method Deaver described, of making a diagnosis with the "descending scalpel." The time spent, however, is in line with the best traditions of medicine. To quote Sir Astley Cooper: "Nothing is known in our profession by guess; and I do not believe that from the first dawn of medical science to the present moment, a single correct idea ever emanated by conjecture; it is right, therefore, that those who are studying our profession should be aware that there is no short road to knowledge; that observations on the diseased living, examination of the dead, and experiments upon living animals, are the only sources of true surgical knowledge; and that inductions from these are the sole bases of legitimate theory."

Some Glass Eye.

News note clipped from a Massachusetts paper.

Edward Tobin of Lake Street is indeed a fortunate man to-day after having had considerable trouble with his eyes which necessitated the removal of one. Mr. Tobin says that he owes his good fortune in having any sight left to the wonderful surgery of Drs. Gunnerson and Coyle of the Eye and Ear Infirmary who made the delicate operation of removing the eye and disconnecting it from the other after it was thought that both eyes were affected, and hope for many days for any sight was almost hopeless. He expects to have a glass eye put in shortly and the doctors say that he will be able to see as well as ever.

Mental Hygiene

Dr. S. H. Prince, Halifax, N. S.*

PART II

TO interpret the significance of this event, to do justice to the individuals and organizations whose generation-long efforts are at last crowned with success, to acclaim the Government of the day, records of whose administration are securely sealed in more than one corner-stone in this fair province, is a task at once as difficult as it is inspiring and proud. I undertake it only as representing at this time a grateful population and a humane people, banded into province-wide organizations for social progress, and especially as representing the Nova Scotia Society for Mental Hygiene to which twenty-one years ago was entrusted the task, now happily completed, of securing a provincial institution for the feeble-minded such as we see beginning here to-day.

We are here to found a kingdom—a kingdom dedicated to eternal childhood, to the men and women—children, who never grow up, who never come of age, the most misunderstood, the most neglected, the most helpless of mankind. And though as small to-day as the neighbouring stream which gives the school its name, this institution will broaden by and by into a wide and beneficent river and Brookside will stand a memorial and testimony to all posterity that a Maritime people whose glory it was to found institutions of higher learning, did not forget to provide as well for their sons and daughters of low degree; like the true mother, the wise state will not fail in the nurture of any of her children, least of all of those which most need her care.

It is, perhaps, of interest to recall at this time the facts that the head of the Wrentham State School of Massachusetts is a Nova Scotian, that of the 350 members of the staff of the Fernald State School, no less than 250 are Nova Scotians, and of the matrons or "Mothers" of the seventeen houses which make up the institution, everyone is a Nova Scotian, so that the significance of this engraven stone, now well and truly laid, seems really to be that what we have already long been doing for others we have at last begun to do for ourselves.

Attention to the feeble-minded, it has been said, constitutes the most important advance in social reform in modern times. Two generations ago there was not a single training school for mental defectives upon this continent. To-day there are more than one hundred and fifty, with an attendance of over 50,000. In addition

*Being extracts from an Address delivered at the Laying of the Corner-Stone of the Nova Scotia Training School at Brookside, Truro, N. S., November 6th, 1929.

there are special classes for the training of mental defectives in public schools in more than one hundred and seventy-five towns and cities. Great advances have been made in the study of mental defect since its inception by Seguin in 1846, but especially rapid has been the progress in diagnosis and treatment since the period of the Great War, and Goddard, Fernald and Tredgold will ever be illustrious names. The subject has engaged the attention of the universities and industries as well as of hygiene associations and state commission. The causes of feeble-mindedness are being subjected to persistent study. The hereditary factors are still elusive but progress is being made in eugenic laboratories. Syphilis is found to be only a minor contributing factor. Birth injury is being increasingly emphasized. Children who would otherwise be normal or of high intelligence suffer irremediable injuries to the brain at childbirth. Another hopeful development of recent years is the discovery of the industrial possibilities of the feeble-minded. The division of labour in modern industry has made it economically possible to employ a personnel of less than normal mentality, and indeed many of the monotonous tasks of the modern factory may be safely and happily assigned to them. The examination of school children, the provision of auxiliary classes, the activities of mental clinics are all of service in placing the mental defective in the social and industrial environment for which he is most equipped. Feeble-mindedness does not therefore of itself preclude a person from becoming a useful member of society. With the advance of psychiatric inspection, and the development of better home, school and institutional control, the majority of the subnormal population will be able to live in a community like average people, and, unless called upon to undergo some crisis or severe strain, may never be recognized as feeble-minded at all. To make possible this happy and successful living philanthropy and modern science are working hand in hand as never before.

Built, then, in the high tide of interest in the problems of the mind, and of progress in this special field, this institution will represent the best that is known in this third decade of the twentieth century. Heir to a rich, though recent past, to have built it earlier would have been to build to less advantage. Instead of the hopelessness of an institution for lifetime care, the present venture is a school for youth-time training, where children, with pronounced mental deviation or anti-social trends, may receive a training more complex, more tedious and more specialized than the common school or home is prepared to give. And it is no forlorn hope, but a proven practice that such children with a term of training, can fit themselves for modest work, gain habits of industry and prudence, and be safe for the community, provided something is done at the same time to make the community safe for them.

And this reminds us of the fact which must never be forgotten, that this undertaking is as much in the interests of society as it is

for the protection and welfare of the unfortunates themselves. If it costs something to have an institution such as this, it costs infinitely more not to have it, for so great are the social dangers of mental defect, so closely interwoven is it with disease, dependency, delinquency and other social ills, that to continue to neglect it in this province is not only an economic error, but it is to reap a crop of thorns and thistles which will be a blight upon the province for all time. It is not a question whether we must pay for feeble-mindedness. We are doing that in dollars and cents and in human wretchedness and misery. It is solely a question whether we will pay blindly or intelligently. Whether we will pay in crimes, in courts, in reformatories, in prisons, in alms houses; or in prevention, in the care and training of feeble-minded children in institutions and schools suited to their needs, in special classes in public schools, and by proper supervision of them in the community....

It is fitting that on this historic occasion reference should be made to those who for over a quarter of a century have sought to bring about this consumation. All honour to those whose undaunted service may fairly be said to be written in these stones. It is time for congratulations—congratulations, not only to the Mental Hygiene Society, but to the Women's Council, the Imperial Order of the Daughters of the Empire, the Catholic Women's League, the Nova Scotia Medical Society, the Social Service Councils as well as the clergy and governing boards of the various churches. All have been partners in the great endeavour. All have been casting their bread upon the waters—and it is returning after many days.

Time will not permit save the barest outline of the movement which has led to this happy issue. Yet we would be ungracious and ungrateful to omit it from the proceedings of this hour. Let it then be recorded that in England, in the United States as elsewhere in Canada, mental hygiene has owed much of its success to the interest and munificence of philanthropic and public minded women; and Nova Scotia has been no exception. Although religious, medical and other bodies had given the matter of mental deficiency early and earnest consideration, it is the Halifax Council of Women to whom belongs the honour of first in an organized way, calling public attention to the appalling conditions related to mental deficiency in the province and in advocating governmental rather than private institutions in coping with the problem. In 1895 under the presidency of Mrs. J. C. Mackintosh the problem became a live one in this new Halifax organization, and later under the presidency of Mrs. Charles Archibald, further local efforts were made by petition to the Government and otherwise—the establishment of the institution at Orillia in 1903 stirring up renewed enthusiasm in the matter. In 1907 under the presidency of Mrs. William Dennis, the Council made an extensive enquiry among the doctors, clergy and others throughout the province with reference to conditions at the time. 1000 questionnaires were

sent out, the expense of printing and mailing being borne by the Provincial Government. The response was one which revealed a most serious situation. 358 cases were reported. 135 feeble-minded women were cited in connection with the problem of illegitimacy alone. The returns were tabulated and printed and placed upon the desks of the members of the Provincial Legislature, which, however, labouring under the current misimpression of the great numbers requiring segregation shelved the proposition as prohibitive.

A special committee of the Women's Council, was however, formed and it has never ceased to function. Under the Presidency of Mrs. H. V. Kent, service to the cause of the feeble-minded takes a foremost place in the Provincial Council, as it does under Mrs. G. M. Campbell in the local council where the work was born.

But if the Women's Council was the body first to take the lead in appealing for reform, it was the Daughters of the Empire, under the regency of Mrs. F. H. Sexton, who took the first courageous step to meet the problem in a definite way when, with the assistance of funds contributed by the I. O. D. E. of British Columbia, sent for the special care of children hurt in the explosion, they opened their cottage in Halifax for the care of feeble-minded girls in 1918. It would be difficult to estimate the immense service which this small institution rendered during its decade of existence especially in focussing public interest upon the pressing nature of the problem. To Mrs. Geoffrey Morrow, present Provincial Regent and a former chairman of the Home, there is in this connection a special tribute due. It was in the I. O. D. E. Home, and in the Home of the Guardian Angel, and in the Monastery of the Good Shepherd that the first attempts were made in Nova Scotia for the training of the feeble-minded.

Meanwhile in 1916 the first special class for dull and retarded children was established by the Halifax Board of School Commissioners at the Acadian School, Halifax with Mrs. Houston as teacher. The Board paid for the training at Vineland of the first four special class teachers and placed in their estimates every year the amount necessary to finance the classes. Much credit is due to Miss S. L. Wilson who agitated the subject through the Board and attended to the details. Thus was instituted an auxiliary movement which had no inconsiderable influence in progress of a practical kind.

Another of the societies which have lent excellent aid and pledged co-operation for this reform has been the Catholic Women's League, which celebrates its tenth anniversary this year. The Medical Society has long been alive to the need of public attention to the matter. As early as 1897 the matter was a topic of discussion, and among its annals are the recommendations of a special committee headed by Dr. W. H. Hattie, advising segregation of the feeble-minded; while churches of all denominations have in Synod, conference and committee as well as by means of delegations to the Province Building, spoken with united voice.

But there is a world of truth in the old words: "Quod omnium nullius interest," what is the concern of all is the duty of none, and at length it came to be felt that there should be brought into existence a society charged with the specific task of securing this reform. It was, the records show, at the instance of the Halifax Women's Council after conference with Dr. Fraser, Dr. Sinclair, and Mr. G. W. T. Irving, and at a public meeting with His Grace, Archbishop McCarthy as Chairman, that the League for the protection of the feeble-minded was born. This Society, later renamed the Nova Scotia Society for Mental Hygiene, was organized ten years before the Canadian National Committee on Mental Hygiene, on June 3rd, 1908. The resolution creating the Society was moved by Sir Frederick Fraser and seconded by Dr. F. V. Woodbury, that "Whereas in the public interest it is necessary and expedient that active measures be taken for the training and care of feeble-minded persons in the province of Nova Scotia. Therefore Resolved that we hereby form ourselves into an Association to be known as the Nova Scotia League for the Protection of the Feeble-minded." It has had associated with its work names prominent in the life of the province and has as its honorary president the Hon. J. C. Tory, the Lieutenant-Governor of the province. Its former Presidents have been Sir Frederick Fraser, Judge Wallace, Dr. F. V. Woodbury and its Secretaries Dr. Woodbury, E. Chesley Allen and Mrs. S. Stead. The late Lieut.-Governor Fraser, Archbishop Worrell, the late Prof. Eben Mackay, the late James Morrow, Mrs. Charles Archibald, the late Dr. A. H. MacKay, Dr. Eliza Ritchie, Herbert Stairs, Miss Annie Stuart and others have given it their support.

"Agitate, educate, organize—these are the deathless watch words of success." True to these watch words the Mental Hygiene Society has been active for more than two decades, gathering facts, holding public meetings, and building up an informed public opinion. The Society has been well advised in its methods for it is only by the slow upbuilding of public interest and the fostering of public sentiment that enduring reforms can be accomplished. In 1925 in response to representations of this Society, the Nova Scotia Government under the leadership of Premier Rhodes, Hon. J. C. Douglas at the time Attorney General, sent the present President of the Society to Toronto to interview officials of the Canadian National Committee on Mental Hygiene with regard to a survey of conditions in the province. In 1926 a Provincial survey was agreed upon to be conducted under the direction of Dr. C. M. Hincks, Medical Director of the National Committee, which body had in 1920 conducted a survey for the Provincial Government more particularly with reference to the care of the insane in the various institutions.

A Royal Commission was appointed consisting of Hon. W. L. Hall, Chairman; Judge E. H. Blois, Secretary; Dr. G. H. Murphy, J. W. MacKay, Miss Mary Baxter and Prof. S. H. Prince, to study the question, to co-operate with the survey staff and to report its

findings. With the report of this Commission, published in 1927, a new era may be said to have dawned. Enabling legislation then began. Under the provisions of Chap V. Acts of 1927, authority was given to establish a training school for the treatment, care and training of the mentally deficient children of Nova Scotia, and the legislation of the session also included the requisite amendments to the Education Act, Poor Relief Act and the Children's Protection Act. In the same year a provincial psychiatrist was appointed in the person of Dr. C. S. Marshall, and he has been closely associated with the plans of the present school as well as with the mental examination of children brought to the Juvenile Court, and the organization of special classes.

And now in the words of Dr. Eliza Brison, whose pioneer work as superintendent of the I. O. D. E. home will always be remembered. "The things that we had hoped for, and worked for and prayed for are now to become a reality." We rejoice to have seen this day, but in our rejoicing we shall pause to think of those whose hearts were in this work, but to whom the vision of the reality was not to be. We recall to-day the names of Sir Frederick Fraser, Dr. Sinclair, Dean Crawford, Mrs. F. H. Sexton, Dr. Eben Mackey, Mrs. A. I. Mader, Rev. George Miller, Judge Hunt, Judge Wallace, Dr. and Mrs. Frank Woodbury, Dr. A. H. MacKay, and Archdeacon Armitage. And to this list we add the name of G. W. T. Irving, who with voice and pen was one of the earliest and most earnest advocates of this great cause.

And now there remains the final duty of this hour—to extol the group of statesmen by whose magnificent action Nova Scotia retains her place of leadership among the provinces of Canada in respect to Social Legislation, and in pioneering a progressive programme for the care and training of the feeble-minded. In governmental action for social welfare to be too far in advance of public opinion is as futile as it is to be too far behind. Political vision lies in the discernment of great public wishes and in timely attention to them. The Government of Nova Scotia has in this instance and at this time exemplified the true principles of modern legislation. Its present programme in Mental Hygiene, entered into with the co-operation of the Municipalities, with the approval and consent of both political parties, and enjoying the commendation of every citizen, is a milestone in the history of state philanthropy and is destined to constitute an inestimable boon to social welfare. Especially should there be recognized on this occasion with sincere appreciation of his public service, the Honourable W. L. Hall, Attorney General of the Province, Chairman of the Royal Commission and Chairman of the Board of Management, and acknowledged sponsor of the legislation which is unexcelled in the Dominion and which finds its culmination here to-day."

Why Graduates Leave Home

Gordon A. Winfield, B.Sc., M.D., C.M., L.M.C.C.

WHILE home recently on a vacation, I was informed that the scarcity of doctors in the country districts of Nova Scotia was becoming serious. Annually more and more men are leaving the province. I have always been interested in this subject, and I believe it is lack of opportunity in Nova Scotia, a necessity rather than a desire, that is causing the exodus.

Certainly after graduation, the young doctor is faced with a big problem. The years at school slip by easily, and require little thought or planning, save for those who must earn their own education. Sooner or later the student finds himself with a degree, and the world before him. Suddenly he is faced with the necessity of making his own decisions. He must answer the question, "After graduation, what?"

Broadly speaking, there are three courses open to him. He may do post-graduate work, he may specialize, or he may go into general practice.

By post-graduate work I mean research. Relatively few men have the time, money or desire to do such work immediately after graduation. This possibility may therefore be easily dismissed. Obviously the field for such work does not lie in Nova Scotia; rather in the big English or American centres.

Further, hospital work is a subject not so easily dismissed. I write now as one who aspires to Surgery. The fortunate medical student in Nova Scotia gains a position on the House Staff of the Victoria General Hospital. It is a year, which in my opinion is invaluable. There are few, if any services to compare with it elsewhere. While the interne may not do much actual surgery, he sees it done, and assists men who are not only willing but anxious to teach him. Their ability cannot be overestimated. Better men are hard to find. The interne receives a thorough grounding in Surgery, pre and post-operative care, diagnosis and operative procedure. It has been suggested to me that after such a year men should be qualified to practice surgery. I use the word "qualified" purposely. That is true. His degree qualifies him to practice any form of medicine or surgery he so desires. But is he competent to do so? I think not. Surgery requires actual experience. I contend that a man who has only seen or assisted at an operation is not qualified to perform that operation himself, in practice. Where, then, must the embryo surgeon turn for his experience? Obviously the answer is "hospital". The next

question is "where?" and the answer tells at once why the recent graduate anxious to do surgery must and does leave Nova Scotia. For there are no hospital facilities of this nature available there.

There are several fields open. Let us first turn to Canada. The ideal place is the teaching hospital. I think it has been amply proven that the open hospital is a failure. This almost limits our Canadian field to Upper Canada, Toronto or Montreal. These services are excellent, probably equal to any American service. But the Bluenose receives keen competition for appointments from McGill, Toronto, Queens and any number of smaller medical schools in Quebec, competition which is often impossible for the Nova Scotian graduate to overcome.

The next most logical place is the United States. Immediately a cry goes up against the departure of Canadian doctors to the American hospitals. But they offer excellent services in such large number that the man can almost pick what he wants. And they are always glad to secure Canadian trained men.

Much may be said of the American hospital. As a rule, three years are necessary for good training. One who has spent three such years in a good hospital becomes a competent surgeon. This fact is ably illustrated by those of our own men who have done so. The interne does all the minor surgery he can handle, mostly accident surgery. Toward the end of his first year he usually does a few of the more simple major operations, appendectomies, herniotomies, etc. He scrubs at all operations on his service, usually as second, sometimes as first assistant. The routine care of the patient, dressings, etc., is his. He then applies for his residency, and here again the demon Competition makes his appearance. But Canadians are well liked, and most men can secure a residency, there are so many openings. His second year is spent doing more advanced work, this time often as first assistant, rarely as second, with a larger number of cases of his own. In his last year he is Resident. The value of this year depends on his Chief. At the end of this year the Resident has done so much under guidance and alone that he is usually amply qualified to practice his art. It is true that many such men remain abroad. Good contacts are formed, fees are larger, and more work is available. There are many attractive positions open to residents yearly.

The third and last course open is that of general practice. I have been informed that men are badly needed in Nova Scotia, that I should stay there. What would be my fate. In the first place, I wish to practice Surgery, and have the time and money to get the necessary training. My contacts here have, I think, given me the opportunity. If I were to go into general practice I would have to give up this idea. "After a year or two of general practice, then specialise" my advisor says. The fact remains that few such men are able to do so. They have acquired obligations not easily dismissed, money becomes a big factor, as does also time. They have

grown two years older, their contacts are lost, and much of the detail they learned is forgotten. In other words they are rusty. So the dream vanishes, put off from year to year, till "next year," which somehow never comes. A good surgeon may have been lost. So the man remains, a general physician. Not that I discount him! Far from it. I think he is by far the noblest type of man in the Profession to-day. But his is a hard road. Recent graduates are handicapped by lack of experience, and often by the very men who cry "shame" to the Canadian in an American hospital, and yet who, though in many cases too old to continue active practice, yet strive to retain their patients, and in many cases succeed so well that the recent graduate must seek new fields or starve.

This is an age of specialization. I would rather do one thing and do it well, than attempt everything. A friend of mine recently gave up a good practice to go abroad and study internal medicine, "Because" he said, "I do not know enough to do general practice."

It is a serious problem, not only for Nova Scotia but for Canada. More and more men annually leave the province for the larger centres, and fewer return. What is the solution? In Nova Scotia we have a hospital equal to any its size anywhere, with a wealth of material. Its intern services are unexcelled in the United States, rarely equalled. But the Residency? There are valuable resident services to be had there, when someone realizes it and takes the necessary steps to provide for them. No ambitious young graduate is content to spend a year doing administrative work. Money does not compensate for lack of experience. Hence the Victoria General Hospital is at present without a resident, a hospital that could easily provide four valuable services, and with such services established it would no longer be necessary to leave Nova Scotia for hospital work. The same may be said for other hospitals throughout the province.

These are personal observations, and worth just that much. The problem does exist, both for the province and the recent graduate. An exile of three years in a foreign country is not always pleasant. No country in the world can compare with our own province. But it appears necessary for those who would specialize, in this age of specialization, to do so. The man may learn by so-called "trial and error" or by qualified teaching. Personally, I prefer the latter way, when dealing with human lives. And perhaps one reason why so many recent graduates leave Nova Scotia may lie in the fact that other men hold similar ideas.

Served Him Right.

There was a man who loved the bees,
He always was their friend;
He used to sit upon their hives,
But they stung him in the end.

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No. 3

The Medical Society of Nova Scotia

PROPOSED PROGRAMME OF THE 77th ANNUAL MEETING.

July 1st, 2nd and 3rd, 1930, at the New Pines Hotel, Digby, N. S.

Tuesday, July 1st, 1930

- 4.00 p. m. Meeting of the Executive.
7.30 p. m. Dinner and continued Meeting of Executive.

Wednesday, July 2nd, 1930

- 9.30 a. m. Registration.
10.00 a. m. Meeting called to Order:
- (a) Minutes to be approved as published.
 - (b) Consent to be asked for the presentation of Report of the Executive to be laid on the table till the afternoon session adoption of 1st clause.
 - (c) Consent to be asked for presenting Treasurer's Report same to be laid on the table.
 - (d) Naming of three members to act with the Auditors as a Finance Committee.
 - (e) Naming of Nominating Committee.
Routine Business as per constitution.

- 11.30 a. m. Address in Surgery and Discussion—Dr. T. W. Harmer, Boston, Professor of Anatomy, Harvard University, Clinical Surgeon Massachusetts General Hospital, "The Surgery of the Wrist."
- 12.30 p. m. Adjournment.
- 2.30 p. m. Routine Business.
- 3.00 p. m. Paper "Cancer of the Rectum."—Dr. R. M. Benvie, Stellarton, N. S.
- 3.30 p. m. "Orthopedic Symposium"—Doctors Acker, Lyons and Murphy of Halifax, N. S.
- 4.15 p. m. Paper—Dr. W. R. Dickie, Barton, N. S. (Title to be announced).
- 4.45 p. m. Adjournment.
Golf.
- 8.00 p. m. Informal Dinner Dance.
Address of Welcome—Mayor of Digby.
Presidential Address—Dr. E. O. Hallett.
Address—Dr. A. T. Bazin, of Montreal, Subject,—
"The Canadian Medical Association."

(At the Dinner and during the evening Mrs. Benvie will delight all with violin selections.)

Thursday, July 2nd, 1930

- 9.30 a. m. Routine Business, Reports of Committees.
- 10.30 a. m. Address in Obstetrics—Dr. J. R. Goodall, Montreal. (Title to be announced.)
- 11.30 a. m. "Report Tuberculosis Commission", Dr. K. A. MacKenzie, Halifax, N. S.
Address—"The Tuberculosis Situation"—Dr. P. S. Campbell, Port Hood, N. S.
- 12.30 p. m. Adjournment.
- 2.30 p. m. Paper, "Malarial Treatment of G. P. I.", Dr. Gerald R. Burns, Halifax, N. S.
- 3.00 p. m. Address—"Hospital Medical Staffs" Dr. G. H. Agnew, Associate Secretary, C. M. A., Toronto.
- 3.45 p. m. Routine and Unfinished Business.
- 8.00 p. m. Meeting of New Executive.

No references are here made to golf and billiard tournaments, swimming contests, motor drives, afternoon teas, etc., etc., but these will be marked features of the meeting.

The British Medical Association

THE CANADIAN MEDICAL ASSOCIATION

Winnipeg Aug. 26-29, 1930

LEADERS IN BRITISH MEDICINE.

Sir St. Clair Thomson.

One of the most noted authorities on diseases of the throat will be President of the Section of Laryngology and Otology at the B. M. A. meeting in Winnipeg, 1930. Sir St. Clair Thomson is a Scotsman by descent though he was born at Londonderry in 1859. He may be truly called an international figure as he holds honours and awards from nearly every European country as well as the United States of America. He was educated at King's College, London, Paris, Vienna, Lousanne (M. D. 1891). He is a Fellow both of the Royal College of Physicians and the Royal College of Surgeons and was knighted in 1912; an Ex-President of the Royal College of Medicine and of the Medical Society. In addition to appointments as Throat Surgeon to numerous hospitals, he is Physician to the Royal Italian Opera. His publications include Diseases of the Nose and Throat, which has gone into three editions; Tuberculosis of the Larynx; Cancer of the Larynx; Atlas of Nasal Anatomy; the Cerebo-Spinal Fluid; Shakespeare and Medicine; a House Surgeon's Memories of Lord Lister; various bacteriological, physiological and clinical papers on the throat and nose; and moreover he is European editor of the *Laryngoscope*. He is a charming after-dinner speaker.

Alexander Murray Stuart MacGregor.

The President of the Section of Preventive Medicine, a subject that is one of increasing importance, is the Medical Offices of Health for Glasgow, Dr. MacGregor. He was educated at Glasgow and Cambridge (D. P. H. 1909) and before assuming his present position he served in several hospitals in Glasgow. He is the author of "Immunity Phenomena in Cerebro-Spinal Meningitis, Serum Treatment of Cerebro-Spinal Meningitis, Studies in Epidemiology of Phthisis and Features of Smallpox Outbreak in Glasgow, 1920." He holds the rank of Brevet-Major R. A. M. C. T.

Dalhousie Medical Students Society

Annual Banquet, Queen Hotel, February 18th, 1930.

AT the Queen Hotel promptly at 8.30 P. M., February 18th, 1930, the President of the above named Society, Mr. Edwin F. Ross, called the members and invited guests to the dining room, which looked particularly inviting. Without any delay the following menu was thoroughly discussed by all present and pronounced excellent. The food and the service was all that could be desired, and both the Society and the Queen Hotel are to be congratulated upon the success of the function.

MENU

	Oyster Cocktail	
Iced Celery		Olives
	Consomme Royale	
Poached Fresh Salmon,		Parsley Sauce
	Asparagus Tips au Beurre	
	Roast Chicken Canadian Dressing	
Garden Peas		Croquette Potatoes
	Lettuce and Tomato Salad	
	Ice Cream and Wafers	
	Coffee	

The President, after the toast *The King*, introduced the proposers and respondents for several set toasts. In his introductory remarks he referred to the increase of kindly feeling evidenced by the teaching and clinical staff, the medical profession generally and the student body. Mr. Ross made a good chairman as he wasted no time in lengthy introductions.

Mr. Robert Ross proposed the toast,—*The School*. He intimated that the medical curriculum was a little shy in courses in Oratory or Public Speaking, but he demonstrated that they were conducive to clear thinking. The Student's Degree simply gave him legal authority to do certain things, all depended on the present and the future. There has been a great growth in Dalhousie in the last ten years both in the dispensing of knowledge and in developing new ideas. In particular this second phase of training has been the result of the work of men like Dr. Fraser Harris, Dr. Babkin, Dr. J. Cameron, Dr. O. S. Gibbs, Prof. Bean and others. But with this progress the medical student's life at Dalhousie is fraught with labor and pain, she has been a hard mother but has never sacrificed any of her standards for popularity. He paid tribute to all the teaching staff, it was a great privilege for a medical student to have associated with such men.

Dr. John Stewart, in responding to this toast, was in a reminiscent mood, going back to the days when the college was located on the site of the present City Hall. Among medical men he recalled were Drs. Jennings and Reid of Halifax; House Surgeons at the City Hospital, Mr. Sutherland of River John and Mr. D. A. Campbell of Truro (at that time); Dr. Robinson Cox of Upper Stewiacke, still living; Prof. Lawson, a wonderful scientist and teacher; Dr. Farrell, than whom Dr. Stewart had never heard a better lecturer in Surgery; Dr. A. W. H. Lindsay, who practically gave his life to the college.

Mr. Frank Hebb proposed the toast to *The Profession*. There was much difficulty in getting a medical education to-day, and, as always, the Profession is under many disabilities. Yet it is pointed out that all down through the ages to the present day the Disciples of Aesculapius, who became leaders in the Profession, were men of good name and high character, well fitted to be what they were, founders of the Profession of to-day.

Dr. S. R. Johnston, in replying, voiced the opinion of many of the guests that this was one of the most pleasing of the functions of the college year. Especially he noted the kindly feeling existing between one and all. To those members of the Society, other than the prospective graduates, he wished they should continue their good work in College and in their Medical Society. To those who expected to graduate he wished 'Good Luck'. One thing, however, they should never forget, that every patient is a human being and must be so considered. When a doctor's visit comforts a patient, or even members of the family, he has done his work well. He mentioned that two Scotchmen were once climbing the Alps when one fell into a crevasse, but was lucky enough to get a holding on a ledge some 12 or 15 feet down. He directed his companion to go to the village and bring back a rope to pull him up. After a time he returned, but without the rope, because he was asked a shilling for the use of the rope. "But," he said to his friend below, "as I could not get the rope, what can I do to comfort ye?"

The toast to *The Ladies* at such a function as this is usually a matter of so-called humor or exaggerated flattery. But on this occasion there was a difference, there was some humor and some sincerity. Mr. John McGowan, in proposing the toast, used the hackneyed words "The Ladies! God Bless Them", adding quietly, "and God Save Them." Dr. Gerald R. Burns replied. Evidently he had been reading for this very toast as he had many quotations as to our high ideals of true womanhood.

The last official toast was to *The Graduating Class*, being a greeting from the fourth to the fifth year and was voiced by D. John Denoon. He had asked all prominent in the college as to what he should say, but it didn't suit him any better than Jack Dempsey suited the French Habitant which story Dr. Denoon told very nicely. So he simply

gave them some good advice which they probably would not appreciate, but he handed them best wishes and congratulations.

Mr. Arthur Murphy, who is a very pleasing speaker, in the course of his response, noted the mental development of the boy from his earliest school days until he completes his seven years' probation, a regular Leah and Rachel period. The keynote of his remarks was Perseverance.

A number of impromptu speakers were called, and when men like Doctor Cameron, Prof. Bean, Dr. Gibbs and Dr. Smith spoke, it was plain to be seen, by the enthusiastic applause, that they all have the respect, admiration and confidence of the entire student body. An interesting trend of thought was given in some speeches to the value of Original Work in a Medical School such as Dalhousie. The Hon. G. H. Murphy spoke briefly to the effect that the backbone to the practice of medicine was its clinical teaching.

Dr. S. L. Walker, General Secretary of the Medical Society of Nova Scotia, very briefly referred to what the recent graduates want to do and what needs to be done, especially in rural communities in Nova Scotia. College work having ended, Post Graduate Work begins and the first step is Medical Society membership, Local, Provincial and Federal.

The midnight hour being passed, "O Canada" and "The King" brought the function to a close for most of us. We have said nothing about the singing, always an integral part of such a gathering. But had it been as good as it should have been, the high water mark for these dinners would surely have set a wonderful record. The **Bulletin** extends its congratulations to the Society and its efficient Committee on the great success of the function.

S. L. W.

If there is one thing more than another the Doctor should do it is to leave his hard earned estate in such a condition that it will be of the best use to his family. In the first place he must look after the business side of his profession. In the second place he should make a simple, definite will. In the third place he should have a reliable investment or Trust Company as one of the Executors. The **BULLETIN** has been telling you for several years that the Nova Scotia Trust Company and the J. C. Mackintosh Company, both of Halifax, can give you this service.

The patient was very nervous.

"Will the anesthetic make me sick?" he asked.

"No," replied the pretty nurse, "I think not."

"How long will it be before I know anything?"

"Aren't you expecting too much of an anesthetic?"

Research Work in Dalhousie

Pharmaceutical House Makes a Grant in Aid of Research Work in Dalhousie Medical College.

Messrs. Parke, Davis and Company have again shown their interest and generosity in our medical school by making to Professor O. S. Gibbs, of the Department of Pharmacology, a gift of \$200.00, for the purpose of filming an experiment showing the use of an apparatus he has recently devised to replace the heart. Some of these experiments were discussed before the Annual Convention in Pictou last summer by Professor Gibbs. A complete description of the apparatus will shortly be published in the *Journal of Pharmacology*.

Dr. Gibbs claims that this apparatus enables a further study to be made into drugs acting on the circulation. At present the methods available are isolated heart preparations. The Starling Heart-Lung experiment; isolated vessels and perfusion of the various parts and organs of the body; also measurements of the peripheral changes of blood flow in the intact animal. The artificial enables a study to be made of the reactions of the circulation uncomplicated by the cardiac factor.

Already advantage has been taken of this apparatus, and certain experiments have been made on the behalf of an American College in San Francisco. More recently Dr. Ross, of the Pharmacology Department of McGill University, visited Halifax in order to add to an analysis that is being made of the action of pituitary in McGill.

While the experiment is not difficult to perform in a suitable laboratory it is not easy to transport the apparatus and give satisfactory demonstrations, although this was successfully accomplished recently in McGill. The idea of filming the operation naturally occurred and this has now been made possible by the generosity of Messrs. Parke, Davis and Company as previously mentioned.

Professor Gibbs has expressed his keen appreciation of their act which we, from a more impersonal standpoint, can thoroughly appreciate since it indicates the interest in our school from outside sources, which it is hoped will continue and ever expand.

At the January meeting of the Nova Scotia Institute of Science, papers were presented by Doctors O. S. Gibbs and E. Gordon Young, of the Dalhousie Faculty of Medicine. Dr. Gibbs reported the results of an investigation into the parts of the body surface affected by paraphenyline diamine—a dye used by furriers and also by persons who are dissatisfied with the colour of their hair. Contact of this substance with the skin of some persons produces oedema of the head and neck but it has been believed that the skin of other parts is not similarly affected. Dr. Gibbs, however, has been able to produce oedema in the

leg of the cat, thus showing that the area subject to this action of the dye is not so restricted as has been supposed. Dr. Young described the investigations he has made for the purpose of determining the best and cheapest method of producing pure alcohol for processes which do not require a highly dehydrated product.

Several important changes have recently been effected in the quarters of the Department of Physiology of Dalhousie University. The room originally intended as a demonstration theatre has been remodelled for use as a research laboratory. This is well equipped with apparatus for gas analysis. Research work is now in progress on the oxygen and sugar consumption of the normal heart. The accommodation for animals has been extended and greater opportunity provided for mammalian experimental work.

A motion picture projector has been added to the equipment of the Dalhousie Medical School, to assist in the demonstration of operative procedures, etc. Films which have thus far been shown have been rented for the purpose, but it is hoped to gradually build up a library of films useful in medical teaching.

"I'm going to lead the simple life next year. No booze, nor cigarettes and no late hours for me."

"And no women, eh?"

"Say, what makes you think a man can't be simple without being foolish?"

The old man's wife had been ill for some time, and he was asked how she was getting on.

"Oh, ma'am," he replied, sorrowfully, "doctor don't give us no hope either way."

The street-car conductor's change was running short. A young mother with her baby in her lap handed him a half-dollar.

Conductor: "Is that the smallest you've got?"

Young Mother: "Well, I've only been married a year!"

"How's your car running?"

"Not so good. I can't keep it throttled down."

"How's your wife?"

"She's about the same."

"Hullo! Bought a saxophone?"

"No; I borrowed it from the man next door."

"But—you can't play it?"

"Neither can he while I've got it."

Reminiscences

SOME two years ago the Secretary of the Medical Society of Nova Scotia made a newspaper clipping from the Richmond County Record referring to some old time political Campaigns in Inverness County. It appealed to him on account of its references to some medical men who were participants in the events described. This clipping was passed to Dr. M. E. McGarry of Margaree Forks for verification and further suggestions. What we have to say here is summarized from both the article mentioned and the reply letter of Dr. McGarry.

The **Bulletin** has been so fully supplied with material for its monthly issues that possible articles have been placed in a basket that now has reached very large proportions, most of them remaining yet to be written. It is evident to all readers of the BULLETIN that the policy of our Journal has been to furnish largely personal and local matters that may be of current interest or of historical value when someone comes to write a *History of Medicine* in Nova Scotia.

Now History is not a mere chronological statement of events, although that seemed to be the idea of many of the writers of the histories we had to read in former days. It should rather be such a record as would portray the living and thinking of the people of the time. Even the great or small wars of the past in their description lose much of their value and interest because so little attention is paid to the personal element.

So in writing our History of Medicine in Nova Scotia, it is not enough to say that Doctor So and So settled in a community at such a date, married, raised a certain family, and died at such a date. Let us see these men as they appeared at the time. Any anecdotes of such men will be valuable from this revised idea of what history should endeavor to accomplish.

The clipping to which we referred had the following heading:

"Old Time Political Campaigns in Inverness Recalled by J. Lambert Payne." The text of the article was as follows:—

"Fraught with infinitely tragic possibilities, was the famous meeting at Port Hood Inverness County, Nova Scotia, in the campaign of 1896. Politics were, and still are taken gravely among the Gaelic speaking and fiery Highlanders of Cape Breton. The meeting was Sir Charles Tupper's: but, as it progressed, Dr. MacLellan, the Liberal candidate, entered the hall and demanded a hearing. Outside of the building MacLennan's supporters, composed of fighting men from Margaree, were gathered. Many of them were not teetotallers, Sir Charles Hibbert Tupper was speaking at the time, and finally, as MacLennan got close to the platform, he shouted: "This meeting is ours, and by God you shall not speak. So call off your dogs of war."

MacLennan, who was being slowly pushed forward by his excited henchmen now filling the aisles, and was literally quaking, saw his chance. "Men of Inverness," he

roared "he calls you dogs!" Sir Charles Hibbert Tupper stood at the top of the steps leading to the platform in a belligerent attitude. He never lacked courage. I have not doubted that if a blow had been struck at that instant the place would have been turned into a shambles; but the elder Tupper intervened, and declared that some arrangement would be made to permit Dr. MacLennan to speak later. What actually happened was that the meeting was then and there taken possession of by the MacLennanites and the Tupperites were forced to retire.

Sir Charles Hibbert Tupper once told me a story which would seem to come in appropriately at this point. The scene was Whycoomagh, among the hotheaded Highlanders of Cape Breton. Sir Charles Hibbert said there was anxiety among the Tories when he arrived, because of threats of trouble from the other side. "We should be all right," said one of his friends, "if we could get Doctor Jim to come." Doctor Jim, a graduate of McGill, was a great fighter, all muscle, and a real giant. He was approached, and consented to come, "I'll bring my gloves," he said, with a smile. Putting on an old suit of clothes, he went to the meeting, sat on the edge of the platform, and in full view of the audience pulled on his buckskin gloves.

Those gloves had a reputation. They stood for hard blows, backed up by courage. There were trouble-makers present; but they were as quiet as lambs. Doctor Jim had his gloves on. I had often heard of bloody fights among the partisans of Cape Breton, and, having seen a good deal of the people in that part of Canada, such stories seemed to libel them; but I could well understand that beneath a placid exterior there lay the fierce passions of a fighting race. I got a glimpse of that fierceness at the Port Hood meeting."

When this clipping was sent to Dr. McGarry for comment he replied in part as follows:—

"I am herewith enclosing the clipping you sent me. I shall try to get a little more information regarding the incidents dealt with therein and possibly at some future date, I may be able to eliminate enough of the fiction to make it fit for BULLETIN use.

I think the 'Dr. Jim' referred to is none other than Dr. Hugh N. McDonald."

Anyone who recalls the almost Herculean appearance of Dr. Hugh N. will be willing to agree with the intimation. However, shortly after this Dr. McGarry got the political bee in his bonnet and he has been too busy to furnish the BULLETIN with his account of the incident which would "eliminate enough of the fiction to make it fit for BULLETIN use." Perhaps we may hear from him later.

Since the preceding was written, Dr. M. E. McGarry writes as follows:—

"Replying to your letter of the 1st instant, I wish to say that I am not very familiar with the particulars of that famous Port Hood political meeting at which Dr. Angus MacLennan, who died about twenty-five years ago, played the 'Hero's part.' Doctor MacLennan was a skilled physician and surgeon who for years served the whole northern part of Inverness County and that section of Victoria known as Middle River. His rugged physique enabled him to overcome the difficulties and the hardships which a country doctor was subjected to in his day of medical practice; while by his courage and skill he undertook and successfully afforded medical and surgical treatment to his clientele which would compare favourably with the modern treatment of to-day. In disposition, he was of a very fiery temperament—easy to provoke to wrath and as quick to forgive. He never held spite or spleen and if on account of an outbreak he

would have an enemy for a short time, he had the faculty of making up for the temporary loss by acquiring a new friendship which more than made up the transition lost. In his political life he displayed the same ardency and courage which marked his professional career. Born of Conservative parents (It was not his fault), he adhered to that political doctrine up to 1896. At one time, he represented Inverness County in the Local House as a Conservative. I think it was in 1896 he ran on the Liberal ticket in the Federal and was elected and again in 1900 and in 1904. In his last election (1904), the Liberals divided and formed what they call the Kicker faction and this element of the party brought out Dr. A. W. Chisholm and thus a three cornered fight, Dr. Mc.L., Dr. Chisholm and the Conservative nominee Dr. Cameron. Dr. McLennan won out over both his opponents. I think he died in the summer of 1905.

Dr. Hugh N. McDonald whom you refer to in your letter is still practising in Whycomagh. He was a noted athlete and I think held the World's championship as a wrestler. Under his rough exterior lurked a kind and sympathetic heart and he served his people well.

If you would write Donald McLennan, Esq., Barrister of Inverness Town re Dr. McLennan's career and also ask Dr. McLeod of Whycomagh to furnish you with some facts concerning Dr. Hugh N. McDonald, you would get a fuller data for your article as both these gentlemen have a more intimate and detailed knowledge of the life history and careers of these subjects than I have."

Perhaps there may still be some interesting incidents in this connection which may be obtained later.

S. L. W.

Medical Men in Politics. In reading the newspaper accounts of the civic elections in Nova Scotia most of them early in February, we were struck with the considerable number of doctors who considered that they were obligated to assume civic duties in their respective communities. It is rather interesting to note how many medical men in this Province are taking upon themselves civic duties either Federal, Provincial, City or Town.

As representatives of the Federal House we have—Dr. J. A. McDonald of St. Peters; Dr. L. W. Johnstone of Sydney Mines.

In the Provincial House we have Dr. J. L. McIsaac of Antigonish; Dr. M. E. McGarry of Margaree Forks; Dr. J. A. Proudfoot of Inverness; Dr. A. McD. Morton of Halifax and the Hon. George H. Murphy of Halifax.

As Mayors of various towns we have—Dr. O. B. Keddy, Windsor; Dr. F. S. Messenger of Middleton; Dr. T. C. Lockwood, of Lockeport; Dr. H. B. Havey of Stewiacke; Dr. F. R. Davies of Bridgewater.

Among the Councillors (City, Town and County) we note Dr. M. R. Young, Pictou; Dr. H. H. Corbin, Halifax; Dr. C. W. Williamson of Yarmouth.

Strange to say there were very few medical men who in connection with these civic agencies, might be described as "also rans."

Our Exchanges

THE BULLETIN of the Medical Society of Nova Scotia has on its list of Exchanges *The Bulletin*, the official organ of the Canadian National Committee for Mental Hygiene, in the November issue of which we find the following references to the establishment near Truro and of the laying of the Corner Stone of a Training School for the mentally deficient of this Province:—

“CORNER STONE IS LAID OF N. S. TRAINING SCHOOL

Marks End of Twenty-one Year Effort of Nova Scotia Society for Mental Hygiene.

At Brookside, near Truro, Nova Scotia, on November 6, the corner stone of the first unit of the Nova Scotia Training School for mentally deficient children was laid. It marked the culmination of twenty-one years' effort on the part of the Nova Scotia Society for Mental Hygiene. Speaking the day before, at the annual meeting of the Society, Dr. S. H. Prince, its President, said: “We are turning a new page in our book of golden days. There is a spell upon us and about us, which is more than the spell of autumn. It is like the night before Christmas. It is like the denouement of a beautiful story. For at last all is in readiness for the silver trowel, when a few hours hence there shall be well and truly laid the corner stone of the new Brookside School, which to bring into being this Society was born.

“The buildings now being erected comprise a modern dormitory with accommodation for fifty children, and a large barn. Hon. W. L. Hall, K. C., Attorney General of Nova Scotia, whose department is charged with the treatment and care of mentally abnormal persons, has announced that a second dormitory will be built as soon as funds are available.”

The January issue of the *Bulletin of the New York Academy of Medicine* came duly to our Editorial Desk. It very largely reports that phase of the Annual Graduate Fortnight of the Academy in October, 1929, considering Functional and Nervous Problems in Medicine and Surgery.

The first lecture is entitled “Neuroses Following Accident” and should be of interest to all surgeons, general practitioners and neurologists. It was delivered by Dr. Foster Kennedy, Professor of Neurology, Cornell University Medical College, and deserves careful reading. One paragraph so reminds us of some experiences with neurotics and malingerers in the War that it is quoted herewith:—

"Shortly after the war a patient, said to be a Central European who had served in the United States Navy, was sent to me at the Neurological Institute from the Marine Hospital, for an opinion. He alleged he could speak no English, that he could understand no English, and that he could not walk, but, in a few words of English, he maintained that his condition had come through war service. He demanded compensation for life on the plea of total disability. My examination failed to show any definite sign of organic disease. However, he certainly could not be made to stand, and he certainly seemed unable to talk English, or any language that I knew. I felt baffled, but most doubtful of his good faith. I therefore asked my house officer to pass into him the longest stomach tube he could find. Then there was poured one-half pint of Scotch whiskey into the end of the tube, the bottle being shrewdly wrapped in a towel so that he did not know what was being given him. In half an hour I returned to find the ward in an uproar and my friend up and about passing hilariously from bed to bed saying in a rich Milesian accent, that "this was absolutely the finest hospital he had ever been in".

I have no recollection of such extravagant use of whiskey being made in the Army, but we did use ration rum for similar purposes.

The second lecture is briefly headed "Sympathetic Ganglionectomy" and outlines the surgical indications for this operation and Trunk Resection in the treatment of diseases resulting from Vasomotor Spasm of peripheral arteries. The material of the article is thus briefly summarized:—

"The factors of vasospasm and impairment of the circulation undoubtedly give rise to or contribute to the production of Raynaud's disease, thrombo-angiitis obliterans, scleroderma, chronic periarticular arthritis, and causalgia, and sympathetic ganglionectomy and trunk resection are justifiable procedures when palliative measures are inadequate. The results depend on the extent of the disease and the degree of vasodilatation accomplished by the operation; the extent of the disease can be determined and the effect of operation can be forecast, preoperatively, by means of careful vascular studies."

The third article is an address by Professor Walter Timme, Senior Attending Neurologist of the Neurologist Institute. Perhaps Dr. D. J. McKenzie or Dr. R. P. Smith would be glad to make a 500 word review of this lecture, the subject being,—"The Endocrines and the Vegetative Nervous System."

The legal opinion of the American Medical Association on the production in court of hospital or private patient charts or records might be of interest when doctors or hospitals are involved in law suits.

Record is also made of the regulations imposed on medical students in the office of Dr. Hosack, of Philadelphia, in 1795. The rules were:

- (1) The hours of attendance to be from 9 a. m. to 9 p. m. excepting the time of meals and attendance upon Lectures or the Hospital.

- (2) No gentleman will leave the city or absent himself from the office to go into the country without previously consulting his instructor excepting during the vacation in the month of August.
- (3) The duties of the office, viz., preparing the medicines prescribed, keeping a Register of the weather, to be done in rotation.
- (4) No conversation to be held upon any other than medical subjects or such as are connected with medicine.
- (5) No Books to be read in the office but such as relate to medicine and its collateral branches.
- (6) No tobacco or spiritous liquors to be made use of in the office."

S. L. W.

Department of Health Versus Tuberculosis Clinics.

From the January *Bulletin* of the Medical Society of the County of Kings (New York State), we quote a letter written by Dr. Wynne, Commissioner of Health for New York City, which appears to advocate the independence of action of the Board of Health and Tuberculosis Clinics. We think the tendency in Nova Scotia is to link these two agencies more closely together. Anyway, this is what he writes:—

"I have repeatedly emphasized my belief that private physicians should take over a large part of the activities now being carried on by the official health agencies, and that it is the duty of the Department of Health to assist physicians in every way to attain this desirable end.

When the tuberculosis clinics were first established by the Department of Health, more than twenty-five years ago, they were required to meet a very definite need, for there were no dispensaries at that time which had any special interest in the large army of the chronic tuberculosus, and the majority of private physicians at that time lacked the training and experience to render adequate service to these unfortunates.

At the present time the situation is vastly different and the time has come to divorce the Department of Health as much as possible from the clinics for the treatment of tuberculosis.

On the other hand private physicians caring for tuberculous patients with limited means often desire to avail themselves of the advice and assistance, especially in diagnosis, of expert consultants, but the expense of such a consultation service often renders it prohibitive. To meet this situation the Department of Health has recently established a special station for Consultation Service in Tuberculosis to which private physicians can send patients as they would to a private specialist. The service, of course, is free, but it is rendered only when patients are referred by their private physician. Patients will not

be treated, but the station will be glad to discuss treatment with the physician and will, on request, assist in securing sanatorium or hospital care, if needed.*

I trust that the practising physicians of Brooklyn will avail themselves of the new service, and recognize in the establishment of this station another evidence of my desire to have the Department of Health assist the private practitioner and not to supplant him.

The new station is located in the Borough office of the Department of Health, Fleet and Willoughby Streets, and it is open Mondays, Wednesdays, and Fridays, from 11 a. m. to 1 p. m.

(Signed) SHIRLEY W. WYNNE, M. D.,
Commissioner of Health."

CO-OPERATION OF PROFESSION.

One of our Exchanges, the University of Toronto *Medical Journal*, in a recent number publishes an article, entitled "Medical Progress in an Economic World". This was in the nature of a communication from the Committee of the A. M. A., on the Cost of Medical Care, being prepared by Dr. Ray Lyman Wilbur, President of Stanford University. As physicians in Nova Scotia are already considering the general subject of State Medicine, one section of this report should be read by all in order that the interest of all in the subject should be maintained. This section was headed as above and follows herewith:

"Above all, our hope is that we can enlist the thinking of the medical profession. Perhaps the results of the studies will be irritating, they may set up some local inflammation at times, but it is better to build up immunity by small doses than to be overwhelmed. As I view it, medicine as a profession has proven itself too valuable for society to allow it to be inadequate and uneven in its service. Public health has taught us that one man's health is everybody's business.

The 140,000 physicians in the United States, together with the nurses, dentists and sanitarians, have more immediately at stake in proper organization than any other portion of the population. There are great inadequacies in the situation at the present time. It has been stated that in this most prosperous period most of the tonsillectomies done in great cities are done without charge to the patient. Some 15 per cent. of the 2,400,000 births each year are not attended by physicians. Uncollectable bills and free work form a very large item in the accounts of the ordinary physician. There have been very large contributions and endowments for medical service, but very few of these take the form of payment for services rendered by physicians. A considerable proportion, too, of the hospitals are not operated for profit. One of the fundamental questions is whether they should be. It is quite clear, too, that the large proportion of our population made up of people of moderate means, who desire to meet all of their obligations, find it difficult, if not impossible, to carry their families through periods of illness. Since our legislative group comes largely from this portion of the population, a sympathetic ear is given to solutions often proposed by those who see only one side of the picture.

*This procedure has been in operation in Nova Scotia for several years.

There is a gradual encroachment in various directions in the field of medical practice which takes the form of group practice, public clinics, pay clinics, organization of hospital and medical services by great corporations, such as the railroads and industries, student health services in the universities, benevolent societies with hospital privileges; and public health is constantly extending its range. There is no common program, no statesmanship, no strategy, simply the field is gradually being occupied with much overlapping and much dissatisfaction."

The Practical Medical Series, another volume devoted to diseases of the Eye, Ear, Nose and Throat, has come to the office of the BULLETIN. This volume is edited by Charles P. Small, M. D., Professor in Ophthalmology, Chicago Polyclinic; Albert H. Andrews, M. D., Professor of Otology, etc., Chicago Polyclinic; George E. Shambaugh, M. D., Professor of Otology, etc., Rush Medical College; with the collaboration of Elmer W. Hagens, M. D., Instructor in Otology, etc., in Rush Medical College.

While the various articles, making up nearly 600 pages, are primarily for the Specialist, they are so written as to be of very considerable interest to the general practitioner who should invariably see these cases in the first instance. This is especially emphasized in the Introduction to the section considering eye disabilities under the heading of "Ophthalmology and the General Practitioner."

There is a very full presentation of clinical cases to illustrate the various articles and each division practically means a text book on its specialty. As we have intimated the book is of great value to the General Practitioner as well as to the Specialist.

The Medical Reporter is the latest publication to be added to our Exchange list. It is the official bulletin of the Medical Society of New Brunswick. We learn that at St. Andrews, at their "Annual Talk Fest", June 23rd, 1930, that Society will celebrate its 50th Anniversary. In this connection Dr. A. S. Kirkland, of Saint John, writes entertainingly as follows:

1880-1930. Then and Now.

"Fifty years ago the doctor had many of the same problems that confront you and me to-day. It seems that it was just as hard to collect a bill then as now, perhaps even more difficult. Just the other day I saw a physician's bill dated in the late eighties, the contra account bearing such items as knitting by the wife of the patient and a sum allowed for clearing a lot of land.

Rapid transportation then involved a shrewd eye in a horse trade, but to-day the trade-in value of last year's flivver is of much moment.

Half a century ago workmen's compensation schedules were unheard of, but the fishing was better and game more plentiful and anybody will admit that such things were compensation enough.

The greater proportion of the dispensing of drugs was done from the doctor's saddle-bags or carriage case or from his office; to-day, a pink paper slip carrying the physician's printed name is quickly inscribed with the mark of the three deuces "222" and the drug clerk does the rest.

Many advances have been made in our professional endeavors but in our moments of relaxation the same pastimes seem to hold our fancy. The modern card index has never displaced our faith in our ability to successfully manipulate the whole or any part of the deck of fifty-two. The old games, cribbage, forty-five's and draw poker are still well thought of even in the face of such opposition as is provided by contract bridge.

The doctor's tall hat, long coat and impressive whisker of yesterday are gone along with the brougham, trotter and coachman; perhaps the apparent dignity of the craft has been lessened thereby, perhaps the elder craftsmen felt the need of the bolster of dignity. The present day disciple of Galen wearing the soft collar, plus fours and a soft hat seems to get by without the hirsute disguise and his services are as much thought of as ever by his paying patients; the knockers, they of the long unpaid accounts, should, and will, appear in the free clinics.

Experience is still the best teacher, but the younger physician to-day is able to make use of the collected experience of others more easily than before because it is available in our increasingly valuable craft journals.

Medical men get together more to-day than ever before and talking shop is our profession's greatest characteristic, which should remind you that the great annual talk fest is to be convened at St. Andrew's next June 23rd, the meeting of the New Brunswick Medical Society."

In the December issue of the *Medical Bulletin* of St. Michael's Hospital, Toronto, are several articles of interest and value.

In the first place the hospital has started a post graduate medical instruction course very much along the lines of the usual Dalhousie Refresher Course. Its initial attempt last fall was very successful. Then Dr. Loudon has an article headed "Cerebro Spinal Syphilis", which we would attempt to abstract, but Dr. G. R. Burns, of Halifax, is preparing a paper on the Malarial Treatment of G. P. I. for our next annual meeting and we do not care to anticipate consideration of the matter.

Dr. A. J. MacKenzie has a comprehensive article entitled, "Cardiac Disease in Middle Life". Dr. Harris McPhedran, who addressed the meeting of the Medical Society of Nova Scotia at Bridgewater some three years ago has an article entitled "Infections of the Nose and Throat, with comments on some of the sequelae in the Lower Respiratory Apparatus". We regret our limited space does not permit us to review these papers for publication in our own BULLETIN.

Correspondence

PICTURES FOR CHILDREN.

“Truro, N. S.,
Jan. 20th, 1930.

Nova Scotia Medical Society,
Dr. S. L. Walker, Secty.

Dear Sir:

The enclosed Resolution, sent from the Halifax Local Council, is self-explanatory, and we bespeak for it the hearty consideration of your Society.

Yours very truly,

(Signed) K. R. FERGUSON,
Cor. Sec. Prov. Committee.

Resolution. In view of the influence exerted by the “Movies” be it resolved: that—

“We suggest that the Provincial Council of Women should ask the Local Councils to enquire into the possibility and advisability of procuring a “Special Children’s Hour” at the Picture Theatres. Where pictures that children will like (such as are recommended at Ottawa by the Child’s Welfare Bureau) can be shown at a reduced price of admission, so as to make it attractive for children: and that a copy of this Resolution be sent to the Presidents of all Local Councils and of Provincial bodies.” P. S. The White List of “Pictures that children will like” is free; sent out by Miss Whitton, Child’s Welfare Bureau, Ottawa.”

The following letter is published chiefly on account of the suggestion regarding night work. There are enough physicians and surgeons on Spring Garden Road and vicinity to successfully operate a Medical Arts Building and the night service might be developed.

Peterborough, Ontario,
Feb. 4th, 1930.

“My dear Doctor Walker:

I received your letter this morning re locations in Nova Scotia, for which kindly accept my thanks.

As you say, I do not think any of the locations would suit me. I have been in practice for over thirty years and have had too much work. This is the reason I am trying to get away from some of it.

I graduated in 1899, and went to Detroit, and had a good practice there, and was Professor of Materia Medica and Therapeutics in the College there; but was forced to give it up owing to the death of my father and serious illness of my mother. I came back to Peterborough and took over my father’s practice, and I have enjoyed a wonderful practice ever since, but I find I cannot stand the night work.

I have made enough to keep me the rest of my life; but could not settle down to a loaf, as I have always been active.

I thought perhaps there might be a good location in Nova Scotia, in one of the cities, and that I would specialize. I have just returned from Detroit, and I think I will go back there.

When in Detroit and also recently in some of the American cities, I found that three or four recent graduates had opened up offices and are confining their work to night work entirely. I am also told that they are making good and are busy all the time. They keep a nurse in the office all night and she takes their calls and sends one of the doctors. One young man who was in my office for some time told me that the three of them together took in nearly \$3,200.00 the first year they were in business. He assures me that they make big money. I mention this fact to you as Halifax or some of the larger places might take it up.

I assure you Doctor that I am obliged to you for your kindness and if I can at any time be of service let me know.

If you see Doctor O'Shaughnessy will you kindly remember me to him.

With kind regards and again thanking you for your letter, believe me,

Sincerely and Fraternaly yours,

(Signed) D. C. KING, M.D."

When the General Secretary of the Medical Society of Nova Scotia, received an invitation from the Manitoba Medical Association to attend a reception, early in February, in honor of Dr. Harvey Smith, President elect of the British Medical Association, he wired regrets and congratulations, whereupon the following letter was duly received from Dr. Smith.

February 12, 1930.

"Dear Doctor Walker:

Your very kind telegram containing greetings to my wife and myself on the occasion of the reception given me by the Winnipeg Medical Society was read amid great enthusiasm.

I am writing to say how much I appreciate your kind thought in sending this wire. The evening was a great success and the turnout of the laity was most gratifying to all of us who have the interests of the forthcoming meeting of the B. M. A. at heart.

We are delighted to hear that you are sending contingents by the carload to us next August. We cannot have too many from the Maritime Provinces.

With all good wishes, I am,

Yours faithfully,

(Signed) W. HARVEY SMITH."

Dear Doctor:

Recognizing the difficulty experienced by the modern physician who attempts to investigate for himself the merits of the innumerable new discoveries of this decade, we have prepared a booklet on "VITA" glass, which we ask you to keep beside you as a reference.

We have replied to the questions which experience has shown us you are most likely to be asked by your patients, and in every case we have quoted authorities who are undoubtedly well known to you.

We particularly draw your attention to the foreword by Professor H. E. Reilley, McGill University, Montreal, and Professor G. R. Anderson, University of Toronto.

We shall be glad to answer any further questions which you care to submit to us, and forward you a copy if by some mischance you have not already received it.

Yours truly,

PILKINGTON BROTHERS (CANADA) LIMITED,
264 Upper Water St., Halifax, N. S.

Hospital Notes

THE Canadian Manufacturers' Association takes note of some hospital problems. A Committee has been appointed to make a study of the methods to be adopted to cope with the losses to hospitals which give emergency treatment to accident victims for which no remuneration is received. It would be desirable to bring this matter up at the next meeting of the Nova Scotia Hospital Association this coming summer in Sydney.

A Nurse Honored: St. John's, Nfld., Jan. 2.—Nurse Dorothy Cherry, the Englishwoman who first gave medical aid to sufferers in the Burin disaster of November 18, when 27 lives were lost, was honored on her return to St. John's, when Lady Middleton, wife of the Governor, presented the heroic nurse with a silver clock on behalf of the Newfoundland Outport Nursing and Industrial Association.

The Local Council of Women for East Pictou at its Annual Meeting, held in New Glasgow, February 6th, 1930, elected as President Mrs. W. H. Robbins, this being her fifth year in this office. Owing to illness last year much of her work fell upon Miss Murray, Vice-President. We refer to the *Evening News* report of this Annual Meeting in the first place because Mrs. Robbins, an estimable and capable welfare worker, is the wife of our fellow practitioner, Dr. W. H. Robbins of New Glasgow.

Then, in reading the report, we gather that for a time a Committee of the Council functioned in place of the V. O. N. temporarily out of business. If this could be done temporarily why not permanently? We are overcrowded with community welfare or service organizations and, in spite of the recent formation of a United Church, we still have even too many church bodies. Can we not in Nova Scotia, where we have blazed so many trails, do something to co-ordinate these many agencies carrying on allied activities?

Then we think attention should be turned to the doctors and their wives who are earnest community welfare workers. Even in this report besides Mrs. Robbins, we note Mrs. John Bell, Dr. McLellan, Dr. A. E. Blackett, Mrs. Stramberg, Mrs. Clarence Miller, and probably others we did not notice. We believe that Pictou County Medical men are as fully identified with the idea of community service as any other similar section in Eastern Canada.

V. O. N. in Kentville. At the Annual Meeting of the Kentville branch of the V. O. N., A. R. Donahoe, D. D. S., was re-elected for a third year as President. On the Executive all the doctors and dentists were named indicating cordial co-operation of these professions. The meeting by Resolution extended thanks to the doctors and dentists for their support. Kentville is fortunate in having a Council that appreciates this health work, but the Order should not be dependent upon civic grants, in case a penurious Council comes into being.

This raises the question if these efforts for community welfare should not be wholly financed, as far as salary and expenses are concerned, by the community as a whole, the amount being assessed yearly. There will still be plenty for the local Society to do in directing and co-ordinating the work and giving the necessary assistance and comforts in needy cases.

The V. O. Nurse in Kentville had a very busy year,—2,171 visits, nursing and educational, is a great record. It is pleasing to note that the Schools are also visited and baby clinics held. Thus it is the Order is endeavoring to do public health nursing in addition to bedside nursing. This again raises another question as regards this form of public health nursing,—What relation should it bear to the Department of the Public Health? There must be some recognition of this matter, if only for statistical purposes.

With this splendid work going on in Kentville and a similar work in Wolfville, how about other more rural districts and the North and South Mountains?

One of the most notable signs that in philanthropic work in connection with hospitals in Nova Scotia denominational lines are not recognized is evidenced by the Catholic Women's League in North Sydney in co-operating with the Hamilton Memorial Hospital of that town in the furnishing and equipment of the new laboratory for that institution. This was decided at a recent meeting of the League in North Sydney. We trust they will receive full support of all their members as well as of the Town's people generally.

Women's Auxiliaries. There are Ladies' Aid Societies which are connected with almost every church, fraternal Order, or Community Welfare Societies. We make some note on this subject because they are of such great assistance to nearly all the hospitals throughout this and other provinces.

While we may question the desirability of women voting, our present day activities, especially along Community Welfare lines, would be much more ineffective if we had not the support of various Women's organizations. Then, when we consider our present hospital service in Nova Scotia, from the Administration, Financial and Wel-

fare point of view, we must admit these organizations are both desirable and useful.

Now we do not feel disposed to develop this idea further than to say we think that every hospital in Nova Scotia should have a "Women's Auxiliary", whether that hospital be private, public, or the usual hybrid mixture. There is ample opportunity for service in the case of any hospital, by no means excluding specifically Government institutions. This comment was inspired by reading a report of the organization of such an Auxiliary to the Westwood General Hospital in Wolfville, to assist in the equipment and maintenance of the new hospital now in course of construction in Wolfville. The writer has been rather outspoken as regards the increase of small hospitals but if the committees conclude they must have them we firmly believe these Auxiliaries have a definite work to do.

The Wolfville *Acadian* editorially tells its readers what is expected of such an organization as follows:—

"As our name implies, our work is to promote the interests of the Westwood General Hospital in any way which we can. Our first object is to purchase and make up the linen and have it ready when the hospital opens in May. It is quite a task, but the ladies of the auxiliary are very enthusiastic and we know that when our new hospital opens there will be plenty of sheets, pillow slips, towels, etc., on the shelves of the linen closet. This will mean money and work.

In order that all may have a share in this work and still not be constantly bothered by frequent appeals, the executive has decided to form an auxiliary league and ask the citizens of Wolfville to become members at the small fee of ten cents per month. If we can get 1,000 men, women and children of Wolfville paying 10 cents per month we can easily see by means of a little mental arithmetic that the auxiliary would not need to worry over their funds.

Because we have all put our shoulders to the wheel, the hospital building is rapidly rising, but we realize that our task will not be finished when the building is completed and equipped. It will take the constant, willing and hearty co-operation of all to carry on the work. Through the auxiliary the women of Wolfville are planning to do their share.

Except for an annual hospital tag day in February, the league plan is the only appeal for funds which the auxiliary is planning to make this year to the citizens of Wolfville and we are hoping that it will be such a success that we can adopt that method yearly. We thank you in advance for the hearty response which we know will come when each is asked for their bit."

The Kentville Hospital Association has finally made its decision regarding location of their proposed new hospital. It will be located on the site of the old exhibition building on ground donated by Mr. George E. Calkin, of Kentville. There is one very great advantage in this location, namely, its close proximity to the Nova Scotia Sanatorium with its expert X-Ray facilities. It is expected to erect a hospital with "25 bed capacity at a cost of construction and equipment of \$75,000."

On the Commission of the Soldiers' Memorial Hospital, Middleton, we note Dr. F. S. Messenger, Middleton, Dr. L. R. Morse, of Lawrentown, and another doctor to be named to represent Bridgetown, have been named. The superintendent of the Hospital is Miss Muriel Johnson. We are glad to note the strong medical representation on the Commission.

Westwood General Hospital held its annual meeting in January of this year, Dr. Lalia B. Chase, of Wolfville, the Secretary-Treasurer, submitted the report of eight months' activity. It will be remembered that on May 31st, 1929, this hospital was taken over by the community from Dr. C. E. A. deWitt, who had conducted it for a number of years as a private institution. The statistical records for this period show the hospital has been running very closely to full capacity, total hospital days being 1,799, for the eight months.

The Reserve Ladies' Auxiliary of the Glace Bay Gazette General Hospital held its annual meeting in January last and all the officers were re-elected.

The Cape Breton Hospital, entirely for the care and treatment of mental cases, had 219 patients in 1929, according to the report submitted by Mr. M. A. Day, Superintendent to the Municipal Council at its January 1930 session. The report of the late Dr. John McDonald, who has been the attending physician for some three years past, was received and a suitable resolution adopted which appears elsewhere.

The Municipal Council of Kings County is up against it in the matter of Council grants to local hospitals. The new Westwood Hospital at Wolfville and the Memorial Hospital each applied for a Municipal grant of \$500.00. The Council voted \$500.00 divided equally between the two institutions. When Kentville next year applies for its grant for their further proposed hospital is this grant still to stand at \$500.00 to be divided by three instead of two? An alternative suggestion would be to have all bills owing the hospital passed to the Municipal Council for collection. Failing legal collection let the Council pay these bills. It is thought this would result in better collections.

In January Miss Evelyn Fader, R. N., who had been specializing a patient at the Victoria General Hospital upon returning to her home in Lunenburg, was laid up some weeks with an attack of Pleurisy. She has since made a good recovery.

Miss Fenton, Superintendent of Nurses at the Dalhousie Public Health Centre, has left on a Rockefeller Foundation tour of some two months. She will visit Canadian and American cities, attending Health Clinics in these large centres. During her absence Miss Slattery, a native of Cape Breton and a graduate of the Royal Victoria Hospital, will act as Superintendent.

Miss Hersey, Superintendent of Nurses in the Royal Victoria Hospital, Montreal, recently returned from a four months' visit to England and Scotland. Miss Hersey was the organizing head of the International Congress of Nurses held last summer in Montreal. During her recent visit to England she had a memorable audience with Queen Mary.

Miss Annie Foster, Superintendent of the King's Memoria Hospital, spent several weeks early this year visiting in Boston.

Extension to the Sanatorium. In view of the somewhat extended waiting list of persons desiring admission to the Sanatorium at Kentville, chiefly during the fall and winter months, it is welcome news that an Infirmary of 100 beds will be erected in the immediate future.

The *Kentville Advertiser* comments on this addition as follows:

"An increase in the waiting list of Infirmary patients has apparently become a thing of the past. With the one hundred additional beds at Kentville, together with the proposed Sanatorium in Cape Breton, the Province will be fairly well equipped for treating bed patients. The *Advertiser* desires to congratulate the government upon its decision, even though somewhat belated and especially Mr. Caldwell, M. L. A., for the perseverance with which he has fought for the new building.

In passing, we must express the hope that there has been some error in the newspaper report, emanating from Halifax, quoting the estimated cost of this building. 'A hundred room fireproof Infirmary at an estimated cost of \$100,000', is the report. At the *Advertiser* office we are printers and not builders, but it does not take a builder to know that \$100,000 will not come anywhere near building such a structure and it is very doubtful if double the amount will suffice.

We hope and believe that the new Infirmary will be modern and adequate in every way. There are too many "shacks" on the Sanatorium grounds now—temporary equipment built by the Federal Government for post-war purposes. This will be the first big building scheme undertaken by the Provincial Government in connection with Sanatorium work. Let us hope that it will be carried out in such a way as will reflect credit upon the government and upon the Province."

The recent dismissal of two graduate nurses and seven probationers on the grounds of Economy raises one or two interesting questions. Are our small hospitals over-staffed as far as nurses are concerned? It is stated by the press that when these dismissals were made from Highland View Hospital, Amherst, there were 22 Nurses and probationers to look after only 23 patients.

Then further, does it pay to have probationers in small hospitals, or even in larger ones? Perhaps some one will express an opinion!

St. Martha's Hospital, Antigonish, recently had five graduate Nurses who successfully passed the requirements of the Provincial Nurses' Association and are now Registered Nurses.

Miss Janet Campbell, the very efficient West Hants County Health Nurse, had a well deserved vacation in New Brunswick in January. In spite of all the progress we are making in health matters the Municipal Council in West Hants declined to continue support to the very excellent clinic that Miss Campbell has conducted for several years.

Hospital Notes in March C. M. A. Journal.

It is expected that work on the new building for the Halifax Infirmary, and also on the nurses' residence building of the Halifax Children's Hospital, will be commenced in the near future. The plans for the Infirmary provide for the accommodation of about a hundred private patients.

Reports on last year's activities of the Victorian Order of Nurses indicate substantial progress in every centre where this excellent Order is established. As years go by the Victorian Order nurse becomes more and more firmly entrenched in the favour of both the profession and the public, and the service she renders is being more and more appreciated.

The annual report of the Harbour View Hospital, Sydney Mines, is one of the best issued since the hospital was opened, twenty-two years ago. There were 336 patients admitted to the medical wards and 343 to the surgical wards. Hospital days numbered 11,376; surgical operations, 343; radiographs, 324. Some notable improvements were made to the building, and final payment was made on an adjoining lot of land which has been acquired in order to allow of future extension. The financial statement, showing a substantial balance on the right side of the ledger, is the most satisfactory that has been submitted for a number of years.

Mr. A. J. MacKay has been appointed resident superintendent of the Nova Scotia Training School for the Feeble-minded, now under construction near Truro. Both Mr. Mackay and his wife are graduates of the training school of the McLean Hospital, Waverley, Mass., and they were for several years in charge of the Cape Breton County asylum for the insane, where both showed much executive ability. For a few years past Mr. Mackay has been associated with the Children's Aid Society, of Sydney, and the Child Welfare Division of the Department of the Attorney-General of Nova Scotia. He has thus had a varied experience which should be of much value to him in his new position. The medical and educational work of the institutional will be under the direction of Dr. Clyde Marshall, Provincial Psychiatrist.

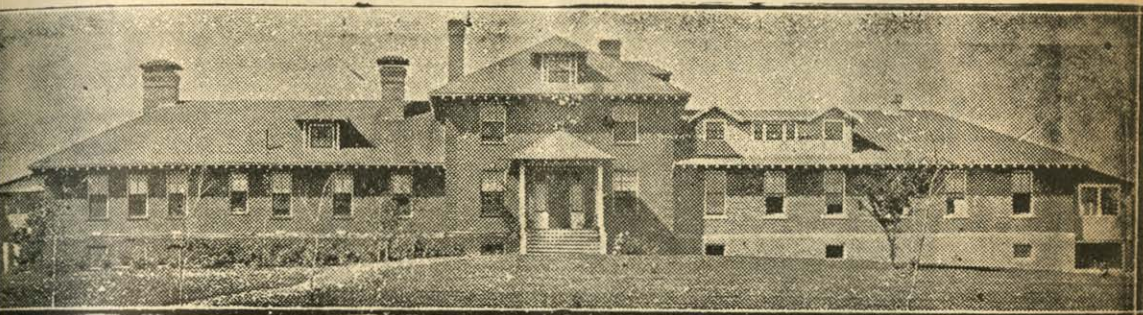
At a recent meeting of the Aberdeen Hospital Auxiliary of Westville there was arranged a "chow and pickle shower for the Nurses of Aberdeen Hospital". We have heard of an egg shower by an unappreciative audience, but chow and pickles for Nurses is a new one. But as an offset we also note that a play was presented under the auspices of the same auxiliary the proceeds for the same hospital, perhaps to clean the uniforms of the nurses.

Among the 78 graduates of the Massachusetts General Hospital Training School in February, 1930, were three young ladies from Sydney, Misses Wenona Abbott, Jessie Fox and Elizabeth Brown. It is some distinction to graduate from a Hospital Training School which has already awarded 1,997 diplomas. The training has always been of the highest character.

The most indefatigable chairman of the Hospital Board, Mr. Otis Wack, presented a full report of the accomplishment they were celebrating. He made one rather startling statement, as reported in the press. "When an outstanding indebtedness of \$2,000 is paid, Windsor will have to its credit a 50-bed hospital at a total value of \$75,000." If this word value means cost, it is a wonderful achievement. The average cost per bed is usually over \$2,000.

Following the enthusiastic reception of this report, Hon. E. N. Rhodes was asked to announce the opening. He remarked that the new building was a further proof that as the people increase in wealth they increase in philanthropy. He then declared the new wing officially opened and trusted it might have many years of useful service.

After some informal congratulatory remarks guests and visitors were entertained at tea in the Nurses' Home. It is pleasant to note that the good work of Miss Martin, the Superintendent, was not overlooked.



PAYZANT MEMORIAL HOSPITAL.

Signalizes its Coming-of-Age By Opening A New Wing.

Some 21 years ago, through provision in the will of the late C. B. Payzant and the strenuous efforts of the late Dr. J. B. Black and Mrs. Wiggins, the first unit of the Payzant Memorial Hospital was started and has been in full operation ever since. For 20 years Mrs. Rufus Curry has been the efficient President of the Ladies' Auxiliary, which has assisted the Hospital so fully in its financing.

The first Unit only provided 13 beds, but the new wing brings the number of beds to 50 and the hospital may apply for classification as standardized. Dr. O. B. Keddy, Mayor of Windsor, presided at the opening February 19th, 1930. He mentioned that letters had been received from a number unable to be present including Hon. G. S. Harrington, J. A. Walker, W. H. Chase, Geo. E. Graham, Dr. S. L. Walker and others.

OBITUARY

IN MEMORIAM ON THE DEATH OF DR. M. T. SULLIVAN.

AT a special meeting of St. Joseph's Hospital Board held February 1st, 1929, the following resolution was unanimously passed:

Whereas, since the last annual meeting of St. Joseph's Board it has pleased Almighty God in His infinite wisdom to call from our midst Michael Thomas Sullivan, M.D., F.A.C.S., the greatly esteemed Dean of the Medical Staff of our institution.

And whereas, the Board deeply regret and mourn the loss of one who has been loyally indentified and associated with the Hospital both as a citizen and as one of its Medical Staff from the day of its first opening to the day of his death, and one who devoted the full force of his high standing in his profession to its welfare and success.

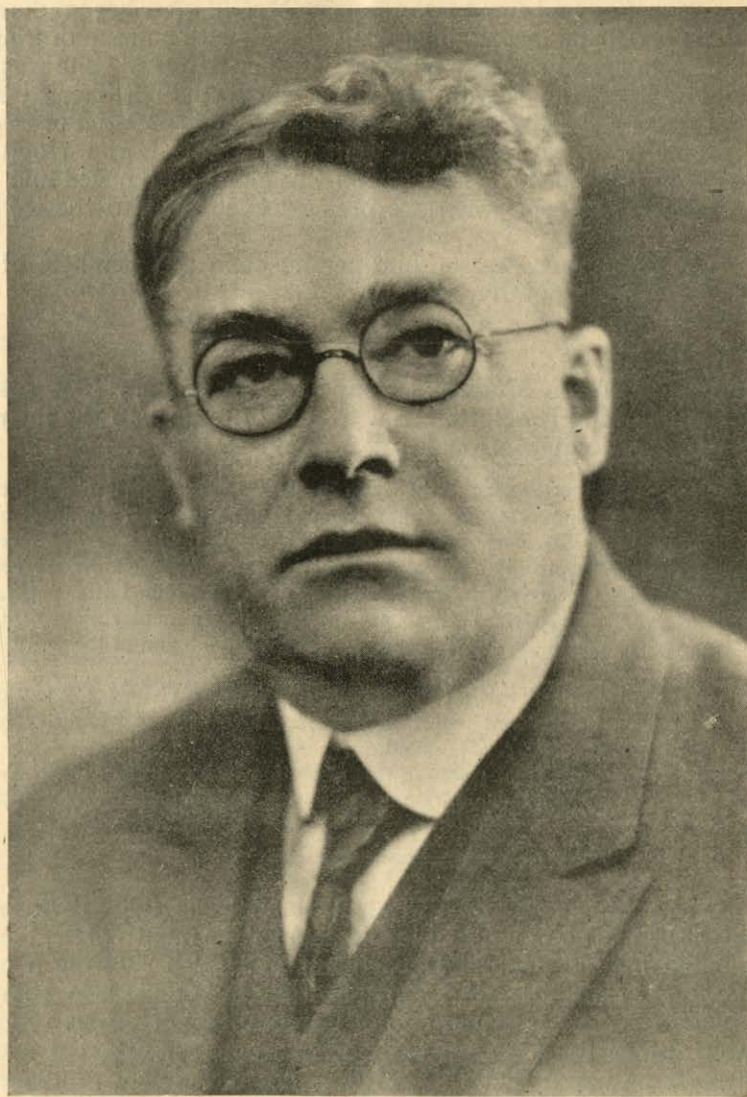
Be it, therefore, resolved, that the Board, in the name of the entire management and clientele extend to Dr. Sullivan's bereaved family our deepest and heartfelt sympathy and to his memory we pay a last tribute to his inestimable worth as a member of the Medical Staff, his active and constant support and his many personal sacrifices on behalf of St. Joseph's Hospital.

Be it further resolved, that this resolution be incorporated in the minutes of this meeting and a copy presented to the bereaved family of our late lamented dear friend and benefactor. May his soul through the mercy of God, rest in peace.

Last year it was our sad duty to record the passing of Dr. Andrew Love of New Glasgow. We note now the death of his brother, Mr. Robert Love of Fairview, Halifax County on February 4th, 1930 aged 75 years. The family came formerly from Linacy Glen, Pictou County.

The death occurred recently in Cambridge, Kings County, N. S., of Mrs. S. W. Webster, having passed away during sleep in the early hours of January 5th, 1930. She leaves to mourn an aged husband and several step children, one of whom is Mrs. Killam, wife of Dr. H. E. Killam, Kinsman's Corner.

We regret to learn that in a coasting accident at Lawrencetown, January 17th, 1930, Isabel Pearson, the 17 year old daughter of Dr. Stella Messenger-Pearson was almost instantly killed. Miss Pearson



DR. M. T. SULLIVAN.

was a girl of unusual ability and attainments. She had decided to follow in her mother's footsteps and to make the career of medicine her life work. She had spent two terms at McGill after her graduation from High School and last summer went abroad with a group of friends. She planned to spend the winter home with her parents. She was the only child and her tragic death has almost prostrated both her parents.

That night a coasting party was organized and some ten or twelve young people from Lawrencetown went out to Port Lorne Mountain road to enjoy the sport. Miss Pearson was alone on the sled and was making her first descent when she plunged head on into the ice and snow.

■ To Dr. Messenger-Pearson and her husband the members of the profession extend sympathy.

The Cape Breton Municipal Council at its January 1930 session passed the following Resolution as a tribute of respect to the memory of the late Dr. John McDonald of Sydney:—

“Resolved: That this meeting of the Cape Breton County Council duly assembled in annual session here express its profound regret at the death of Dr. John McDonald, Cape Breton Hospital Physician, who has departed this life since our last meeting;

“Unswerving fidelity to his ideals and instinctive love of his fellowmen were the ruling qualities of his character. In his associations he never strained after popularity, but always enjoyed it, unsought in abundant measure, in community movements, he never looked for the positions of prominence, but was always found in the positions of service;

“Further Resolved, that this meeting of the Cape Breton County Council go on record as expressing its sincerest regret at the irreparable loss the Municipality has sustained in the passing of Dr. McDonald;

“Still further resolved, that copies of this resolution be forwarded to the bereaved family and relatives of the late Dr. McDonald, also that it be entered on the minutes of our meeting.”

A Clean Sheet—Prince Edward Island leads the Provinces of Canada in the matter of Notifiable Diseases for the month of September as tabulated by the Federal Department of Health showing a clean sheet for the 12 listed diseases. Nova Scotia is in second place reporting 13 cases of Enteric Fever and one of Cerebral Spinal Fever. British Columbia stands third with a total of 25 from four different causes.

It must be noted that this list does not include such diseases as Scarlet Fever, Tuberculosis, Diphtheria, etc., concerning itself solely with what may be regarded as the major quarantinable diseases of which record is kept by the League of Nations.

Local and Personals

WE note that that Miss K. Hebb, daughter of Dr. A. M. Hebb of Dartmouth was a recent patient in the Victoria General Hospital for operation. We are glad to know she made a good recovery.

On February 1st, 1930 a quiet wedding took place at St. Michael's Church, Sutton Lane, Chiswick, of Mr. E. R. Barker, D.S.C., to Mrs. Dorothy Grant, widow of the late Dr. Gerald W. Grant of Halifax.

The February storms in the early part of the month were particularly severe in Cape Breton. In Glace Bay an ambulance taking a patient to hospital upset and the patient had to be carried. Another patient was upset in the snow twice, such accidents might be serious.

Dr. and Mrs. G. F. Dewar of Charlottetown spent a few days recently in Halifax on their way to Bermuda, getting away from several weeks of this cold winter weather. The Doctor is the Secretary of the P. E. I. Medical Society.

Dr. W. H. Hattie, Dean of Dalhousie Medical College, accompanied by Mrs. Hattie, left February 14th, 1930, for Citronelle, Alabama, to spend the rest of the winter. As last winter his address will be "The Citronelle Hotel". He will not have any of the zero weather we have been experiencing recently and we trust he will return in May greatly improved in health.

In one of our newspapers we noticed that Dr. R. H. Sutherland of Pictou was recently elected Vice-President of the West Pictou Rod and Gun Club. Then on the next page is an item in the news that wildcats are plentiful in that vicinity. With wildcats also quite numerous in Kentville and Bearcats in Truro, between the three places the genial "Bob" should have a big season ahead of him.

Dr. V. F. Connors who has been practising in New Brunswick for several years, but previously was located at Great Village and Hantsport, has returned to Nova Scotia and located at Noel, a district left without medical service owing to the recent death of Dr. M. A. O'Brien.

Ernest-Clark. The wedding took place at Tatamagouche on December 31st, 1929, of Rev. G. A. Ernest, Rector at Hubbards, to Miss Ann Middleton Clark, youngest daughter of the late Dr. James Clark and Mrs. Clark of Tatamagouche. Her only attendant was Master James Clark McLarren, the young son of the late Dr. Philip McLarren and Mrs. McLarren of Halifax.

On February 12th, 1930, the Ladies of the Board of Management of the Old Ladies' Home, Halifax, paid their tribute of respect to Miss Elizabeth Stewart, a sister of Dr. John Stewart for service rendered for 18 years as Secretary of the Board. She was presented with a beautiful leather hand bag. The function took place at the home of Mrs. (Dr) M. A. Macaulay and the rooms of their new home on Coburg Road were overflowing with flowers for the occasion.

Early in February Dr. L. B. Braine of Annapolis Royal barely escaped in an accident that might have been fatal. Coming down one of the steepest hills on the north mountain, he encountered a veritable sheet of glass. The car got out of control and commenced to slip, dashing down the mountain. It was only by the exercise of the greatest skill that the doctor was able to avert disaster. At a turn in the road he managed to get the car into the ditch. He himself was uninjured and the car escaped with remarkably little damage and was able to make its way to Annapolis under its own power.

Dr. W. McK. McLeod of Sydney, after being President of the Cape Breton Island Territorial Division of the Navy League of Canada for the past four years, retired at the recent annual meeting of that body and was named, with Mayor McConnell an Honorary President.

Miss Marion Chase of Port Williams spent several weeks in December and January visiting her sisters—Dr. Lillian Chase in Regina and Dr. Margaret Chase-Collins in Syracuse, N. Y. Shortly after returning home Dr. Chase-Collins was called home on account of the serious illness of their mother.

Dr. Hazel Thompson (D.D.S) formerly of Halifax and a graduate of Dalhousie whose marriage to Dr. E. Brinton Hall of Bridgetown was duly noted in the BULLETIN, had her first reception on February 6th, 1930. A number of her relatives and friends in Halifax were present at the event.

Hotel arrivals from points in Cape Breton, as noted by the newspapers the latter part of January, included Doctors Tompkins, Bates, Morrison, Egan, and probably others whose names we did not notice. None of them noticed the BULLETIN or the Medical Society, hence the briefness of this personal.

Dr. Douglas Reid, Dalhousie 1924, for several years in practice at Pubnico, and recently attached to the Immigration Department at Saint John spent a few days with his parents the latter part of January. Early in February, accompanied by Mrs. Reid, he sailed for England to take up an extended post-graduate course.

A wedding of very considerable interest took place in Bridgetown January 14th, 1930 at St. James' Church when Miss Dorothy Margaret, eldest daughter of Dr. George F. White of Bridgetown, was married to Capt. F. F. Byng-Hall, late British Resident of Northern Nigeria.

Dr. J. M. Stewart of Upper Stewiacke was about to leave to spend Christmas with his mother and other members of the family in Halifax when he found that his friends had left in his office a beautiful and comfortable chair and foot rest. (It sounds like a barber's chair) Then after he returned from his short holiday, he was presented with a suitable professional bag. Of course he will still continue to carry the old one. Dr. Stewart has his work cut out for him in this district, because of his name and relationship to Dr. John Stewart of Halifax and as the successor of the much loved and respected Dr. Robinson Cox. This tribute of appreciation by the people of the Stewiacke Valley shows he has their confidence and esteem.

Dr. and Mrs. B. H. Calkin of Stellarton left the last of January for an extended trip to New Zealand via Vancouver. They will be away from home some three months and will doubtless have a very pleasant vacation.

At the regular annual observance of Burns' Night in Stellarton, Dr. R. M. Benvie gave the principal address to the delight of a large audience. Mrs. Benvie had much to do with the very excellent musical programme presented.

Well that was not very nice for "Bob" Sutherland of the Pictou Curling Club to beat Dr. McKinnon of Antigonish by a 18 to 9 score on the afternoon of February 5th. But he received his just punishment when in the evening of the same day A. J. Chisholm skipping a New Glasgow rink defeated him, 13 to 9.

We regret to learn that the wives of two doctors in Bridgetown had rather serious falls the latter part of January. Mrs. G. F. White slipped on the ice and in falling broke her right wrist and Mrs. M. E. Armstrong received a very severe shaking up. We trust they have both made a good recovery.

Dr. Allister Calder of Glace Bay recently conducted a First Aid Class at Caledonia. Upon completion of the course he was presented by the class with an address and handsome field glasses as an expression of appreciation.

Doctor, my husband won't stop talking in his sleep. What shall I do to cure him of it?"

"Try letting him speak in the day time."

The wedding is announced to take place shortly of Dr. H. R. Corbett of the Nova Scotia Sanatorium, Kentville, and Miss Veronica Chisholm, R.N. a daughter of Mr. and Mrs. Wm. Chisholm of Glace Bay.

Skip McKenna of Antigonish, with Dr. W. H. McKinnon as his mate, made recently a "seven end." This happens about as often as the "Hole-in-One." We hope the eighth stone did not "go through" of its own strength. We note however by the Casket he is also credited with an 8 End having O. S. Cameron, D. D. S., as his mate. This is very unusual to say the least.

Dr. Thomas MacDonald of Somerville, Mass., formerly of New Glasgow, spent the early part of February in his old home town, on account of the severe illness of his mother, Mrs. J. K. MacDonald. We are glad to note Mrs. MacDonald has greatly improved in health.

Mr. Hugh McPhee for the past 10 or 11 years associated with the Pensions Department of the D. S. C. R., in Halifax has been transferred to Ottawa as Chief Clerk of the Pensions Review Department. Many doctors in Nova Scotia will recognize that he well deserved this promotion.

Doctor W. W. Patton of Port Morien and Dr. L. W. Johnstone of Sydney Mines were the chief speakers at a recent meeting of Royal Oak Lodge of the Masonic Order at Sydney Mines.

In a Junior Curling game in Halifax each Halifax rink had a medical representation, viz:—Doctors Murdock, Muir and Sieniewicz, while North Sydney had but one, Dr. A. K. Roy. Yet, at that, the score was only 48 to 33 in favor of the over loaded Halifax rinks.

Dr. C. J. Sparrow, Reserve, had an exciting few minutes recently when his horse frightened by a tram car undertook to take the sleigh with the doctor in it through the too narrow alley way between two houses. No serious damage was done.

Born. To Dr. Ralph and Mrs. Carter of Waltham Abbey, England, on February 9th, 1930, a son. Dr. Carter is a native of Truro N. S.

The White Point Beach Company Limited is going ahead with the construction of a tourist or summer hotel. The Unit is to consist of a main hotel fifty cabins, a golf course, tennis courts, aquatic plant, etc. On the Board of Director we note Dr. J. G. MacDougall of Halifax, Dr. I. M. Lovitt of Yarmouth and Dr. J. W. Smith of Liverpool. The site of the hotel is a few miles from Liverpool.

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Each containing:—

Iron (as ferrous carbonate) - - - - 0.2 Gm. (3 grains)
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A small amount of laxative is incorporated to overcome the constipating tendency of the iron.

Further information on request.

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An active extract of prime liver, concentrated by Collip's modification of Cohn's method, for use in the treatment of Pernicious Anaemia.

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Each capsule containing the equivalent of 10 Gms. of fresh liver.

In boxes of 200 capsules.

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Screw-cap glass vials, each containing the equivalent of approximately one-half pound of fresh liver.

In boxes of 10 vials.

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Again we regret to learn of the illness of Dr. Eva Mader of Halifax. She was admitted as a patient to the Infectious Disease Hospital, Toronto, early in February, suffering from Diphtheria. She has had a little more than her share of illness since assuming her present work in Toronto University.

Dr. O. S. Gibbs, Professor of Pharmacology in Dalhousie University gave his illustrated lecture on "Control of the Body" before the Young Men's Club, Sydney on February 14th. We learn that Dr. Gibbs will leave Dalhousie at the end of the present term.

Dr. D. J. MacGillivray, Portland, Conn., a former resident of Antigonish, has been commissioned a Major in the U. S. Medical Corps. He is now Senior Medical Officer of the 169th U. S. Infantry. Dr. MacGillivray was a Lieutenant in the 193rd Battalion, Nova Scotia Highlanders and saw active service with the R. C. R.'s. He was wounded at Arras in 1918.

Lt. Colonel N. McDonald of Sydney Mines was elected to the Executive of the Canadian Artillery Association at its recent meeting in Toronto in February. This is, of course, we all know our Doctor Nat. McDonald who prefers the Artillery to any other service in the army. He deserves and will receive still further recognition in this branch of Military Service.

Nova Scotia Notes in March C. M. A. Journal.

Dr. John G. MacDougall left recently for a trip to the West Indies, where he plans to spend the remainder of the winter season. He was accompanied by Mrs. MacDougall.

Supplementing our reference elsewhere to Doctors engaged in civic affairs, we notice, at a recent meeting of one of the two chief political parties, held in Glace Bay, February 18th, 1930, a number of doctors were much interested. The following are mentioned in the list of officers:—First Vice-President—Dr. D. J. Hartigan, Waterford, N. S.; Second Vice-President—Dr. M. G. Tompkins, Dominion; Secretary—Dr. Wilfrid Poirier, Waterford; Executive Committee—Doctors D. McNeil and B. C. Archibald of Glace Bay, N. S., Dr. C. J. Morrison of Waterford.

Why stop at these!

Sandy MacTavish got married. He went to Niagara Falls on his honeymoon. While strolling around the Falls he met a friend. After congratulating Sandy, the friend asked, "And where is the little bride? Back at the hotel?"

"Oh, no," replied Sandy, "I left her back in Philadelphia. She's seen the Falls."

Very Much on the Map

"Mead's Viosterol or Mead's Acterol—all the same to me—but you have shown by your very commendable action that you are working for the best interests of the A.M.A."

Mead's Viosterol in Oil, 100 D Originally Acterol

"Your unselfish attitude in deferring to the Council's wishes in the matter of nomenclature cannot fail to redound to your best interest."

"Your move in changing the name was wise and you can count on my hearty cooperation."

"Regardless of name, I'm for your product."

"We're for Mead's stronger than ever."

"I stopped using Acterol because of the name but now I'll specify Mead's."



"Your pioneer work on activated ergosterol commands the respect and support of the American medical profession."

SPECIFY MEAD'S
VIOSTEROL IN OIL 100 D
American Pioneer Standardized
Activated Ergosterol
ORIGINALLY ACTEROL

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Mead's Viosterol is supplied in 5-cc. and 50-cc. bottles with standardized dropper. Patients appreciate the economy of the large size. Only Mead's Viosterol in Oil, 100 D, originally called Acterol, enjoys such a long laboratory and clinical background—dating back to 1927. It is important to specify Mead's in order to obtain the American pioneer activated ergosterol. New booklet on request. Mead Johnson & Co. of Canada, Ltd., Belleville, Ont.

Dr. H. A. Chisholm of Halifax, formerly of the Provincial Department of the Public Health, is now connected with the Federal Department of Labor and engaged in collecting data in connection with cost of sickness in Canada.

Dr. T. I. Byrne has been appointed Provincial Health Officer in succession to Dr. George A. MacIntosh, who has resumed his duties as medical superintendent of the Victoria General Hospital, Halifax.

One of the features of the recent by-election campaign in Halifax County was the support promised by both sides in forwarding social legislation. Old age pensions, mothers' allowances, and a minimum wage for women are seemingly measures which lie close to the hearts of leaders of both political parties. Some members of our profession expressed uneasiness lest state medicine should be suggested at a time when such unusual unanimity in respect of social measures prevailed. So far, however, there has been no evidence of a desire for very radical control of medical practice in this part of the Dominion.

Hon. Dr. George H. Murphy was elected to represent the County of Halifax in the Nova Scotia House of Assembly, on the 21st of January, by a majority of more than 5,000. This is said to be the largest majority ever received by a candidate for either the provincial or federal parliament in this constituency. Dr. Murphy is a minister without portfolio in the provincial government.

Dr. John R. Fraser of Montreal has been appointed "chairman of the department of Gynaecology of McGill University." It is stated this was unanimously recommended by a joint committee of the Montreal General and Royal Victoria Hospitals held February 17th, 1930. This is from an A. P. despatch in the newspapers. We presume this means he has been made full professor in Obstetrics and Gynaecology at McGill.

Mrs. McLeod, wife of Dr. John Knox McLeod of Sydney is visiting for several weeks with her son, Ross McLeod, in New York.

A Warning for Radiologists. The A. M. A., under a special heading "Tonics and Sedatives" publishes the following from the *Daily News* of Los Angeles:—"Lost Health is the oasis of a suit for \$150,000 filed by Miss Irma Schubert, former actress, against Dr. Joseph Muir, *radio* specialist, in New York. Miss Schubert claims he left a *radio* tube in her throat after operation."

Limit Fixed. Lady wishes position as housekeeper for widower; no objection to having one child.

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Perhaps Dr. R. P. Smith or Dr. O. S. Gibbs would desire to comment on this church notice that recently appeared in a Nashville, Tennessee, newspaper:—

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Large Chorus Choir, Led by LeRoy St. John

A Logical Explanation.

Dear Editor: In the November 16 issue of *The Journal* you have a copy from the "Blackman" of Jamaica which tells of a girl giving birth to five lizards. Nobody seems satisfied with the etiology in this case. Such cases are quite common in Nevada and after a good deal of study we have found the "lounge lizard" to be the causative agent.—*A. M. A. Journal.*

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