

We number many Medical Practitioners within the Province among our best friends and clients and particularly wish them our heartiest

### *Season's Greetings*

We are cognizant of the fact that medical men are engrossed in their profession and in the thoughtful study of their patients' welfare. To them particularly we recommend that they affiliate themselves with a sound financial institution, with whose officers they may consult freely about investments and all financial matters.

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## *Merry Christmas, Doctor!*

We extend to our many clients in the Medical profession, our hearty greetings and best wishes for the Xmas Holiday season

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## King Christmas and Master New Year

S. WEIR MITCHELL, M.D.

King Christmas sat in his house of ice,  
And looked across the snow;  
"Hallo, my little man," he cried,  
"Now, whither dost thou go?"

"I go, my Lord, along the way  
That all my kith have gone;  
Where thou, my Lord, shalt follow me  
Before another dawn."

"Right gaily," cried the Christmas King,  
"Who ride to-night with thee?"  
"The days of grief, the days of joy,  
Are they who ride with me."

"God keep thee, merry little man;  
Go whisper them that mourn  
How surely comes again the day  
When Christ the Lord was born.

"And be not sad, my little man,  
But when thou, too, art old,  
And o'er the wintry wastes you come,  
A weary man and cold,

"Right cheerily, I pray thee, then,  
To keep this gracious tryst,  
And leave thy weary burden here  
Where cares grow light, with Christ.

"Now, bid thy gallant company  
Ride onward without fear,  
For I, the King of Christmas,  
Have blessed the glad New Year."

# Communicable Diseases

## \*The Importance of Early Reporting Communicable Diseases

Dr. J. Knox McLeod, Sydney, N. S.

**A** WELL-known public health authority has given the following definition of public health; "Public health practice is the organized effort of society to eliminate disease, elevate the standard of health and well-being and increase the span of life. Its scope of activity deals not only with the causes and conditions of disease, but with the causes and conditions of health as well."

Whatever the definition may be, public health is perhaps the most important branch of medicine, as it deals with life in all its phases from its very beginning (even before) until life is ended. It deals with communities, as well as, individuals.

For some years we have had a very mild type of communicable diseases, especially of Scarlatina with low mortality. There can be no doubt that many cases of this type were not reported and consequently not quarantined. The same applies to measles and whooping cough. It may come as a surprise to many that measles with its complications has a much higher mortality rate than, either diphtheria or Scarlatina. A recent United States report, places the mortality rate as follows:—

|                 |      |
|-----------------|------|
| Diphtheria..... | 8.9  |
| Scarlatina..... | 4.2  |
| Measles.....    | 14.2 |

A mild type of any disease may suddenly assume an extremely virulent and deadly form and if by reporting, followed by a short quarantine, disease can be prevented and lives of children saved, it surely becomes the duty of everyone to take such precautions to protect the health and save the lives of these innocent children.

If communicable disease is to be properly controlled, a report to the health officer must be made immediately on the diagnosis of each case. Greater success can be obtained, if even before a diagnosis is made every suspicious case is reported immediately, isolated, kept under observation until a definite diagnosis is made. It is a well

\*Read at the Annual Meeting of the Medical Health Officers' Association, Annual Meeting, Digby, July 1st, 1930.

recognized principle that infection is to be found generally in the individual, who is isolated and not so much in the surroundings. If the individual is isolated thoroughly and the usual precautions taken to prevent the spread of infection, no other cases in all probability will occur in that household. Of course, to make assurance doubly sure, preventive measures by means of sera and vaccines will add to the safety of the household.

If treatment of communicable disease is to be by serum, as in diphtheria, then the recognized practice is to inject the serum, as soon as possible in order to get the best results. Such early injection means the difference, between life and death in some cases and the difference between a short and lengthy illness. Of course, to get the most satisfactory results, there must be co-ordination and co-operation, between the M. H. O. and the medical profession. If, however, the physician persistently continues in refusing to report these cases, the M. H. O. should have no hesitation in prosecuting him to the limit. It is nothing short of criminal to expose poor little innocent children and the public generally to infection which might prove fatal, simply that a medical practitioner may make himself persona grata with the family that should be quarantined.

Modified quarantine as now practiced is not exacting and should be welcomed by every good citizen, who values the lives of his own and neighbors' children. It is little less than criminal to permit children, known to have infectious disease to come in contact with well children. The fact that some one failed in this regard, should not be taken as a reason for evading one's plain duty and it is not too much to ask citizens, as well as medical men, to co-operate with the health department in removing, as far as that is possible, infectious disease from our midst.

It is then suggested:—

- 1st. Every suspicious case of communicable disease be at once isolated from the rest of the family by the family physician, until a definite diagnosis is made.
- 2nd. That immediately a diagnosis is made, the case be reported, the house quarantined and the usual steps taken to confine the disease and prevent its spread.
- 3rd. In order that the Provincial Health Department may have full and correct knowledge of communicable disease in the province, the weekly report asked for should be forwarded promptly.
- 4th. That all school children, as well as all those of pre-school age should be inoculated with toxoid.

## The Alleged Importation of Syphilis by the Crew of Columbus' Ship, in 1493, and the Historical Facts \*

Especially through the brilliant *plaidoyer* of Ivan Bloch, (1901), the error about the transportation of lues from Central America to the Old World, which periodically in the past has found believers, has now again attained almost general acceptance. It is time that it should be again interred, and this time in Spain. A "new" epidemiologic doctrine, for which this theory seems to build such a welcome historical confirmation, has again given it the upper hand, namely, the doctrine of the initial frightfulness of the outbreak of a new disease in an infected virgin territory. In support of this, the alleged terrible initial syphilis epidemic at the end of the Fifteenth Century throughout the entire Old World offered a wonderful paradigm. Under conscientious scrutiny, however this whole epidemic vanishes like fog before the sun. Lues was found everywhere, because people had begun to look for it and learned how to recognize it. It was already ubiquitous at that time, only up to then it had not been possible to distinguish it from other human plagues. But that will lead us too far afield. Let us look closer at the alleged importation:

On March 4, 1493, Columbus had dropped the anchor of one of his ships in Lisbon on the Tago. On March 9th he had audience there with the king of Portugal, and left on March 13th, finally to land with his one ship on March 15th at Palos. On the same day the other ship also arrived at Palos that had been driven toward the north of Spain. Columbus went next to Seville and was ordered from there to Barcelona, where he arrived in the middle of April with some "Indians".

On his journey he had touched at some Bahama Islands, Cuba and Haita. There, then, according to the American fiction, would be found the original home of European syphilis. He at any rate had not become a syphilitic. It is not known how matters stood with the condition of health of his little ships' crews. He himself writes at the end of November, 1492, from Cuba, that no one of his people was sick. The recently rediscovered logbook of Columbus' first voyage will, perhaps, contain interesting details on this point. At any rate, no news has reached us of any acute horrible initial epidemic of lues in Spain in the year 1493-1494. We do have, however, very differently sounding, trustworthy accounts.

\*This is a paper by Karl Sudkof, Professor of the History of Medicine in the Medical History Institute, University of Leipzig, Germany, read before the College of Surgeons, Philadelphia, Oct. 41, 1929 and published in its yearly Transactions. This volume is gladly welcomed to the BULLETIN library.—S. L. W.

The physician, Hieronymus Munzer (died, 1508, working in Nurmberg since 1478) left Feldkirch in the summer of 1494, as the plague raged upward from the South and his entire rich clientele deserted the town. He made a great scientific journey through the south of France, and its neighboring districts by way of Lyons, Avignon, Arles, Montpellier, Narbonne, Perpignan, and arrived at the borders of Aragon on September 19th, by way of Gavona. He reached Barcelona on September 21st, where he stayed until September 26th. Then, by way of Montserrat, Tortosa and Villareal, he betook himself to Valencia, where he remained from October 4th, then to Grenada. Here he stayed from October 22nd to October 27th, and then traveled by way of Malaga to Seville (seven days' rest), and continued to Lisbon, where he arrived November 26, 1494. After six days' sojourn, he turned north and visited Coimbra and San Jago da Compostela, and then turned to the interior of Spain, to Benavente and Zamora. On January 2, 1495, he passed through Toledo, and finally to Madrid, where he rested from January 17th to January 25th. Through Guadalajara his way passed through Zaragoza, on the Ebro, where he made his last long stay in Spain. Then he travelled to France, where he visited Toulouse, Orleans and Paris. He passed through the Netherlands, Bruges, Malines, etc. and directed himself to Worms, where he arrived on April 9th, and finally at Nurmberg on April 15, 1495.

Thus Munzer, from September, 1494, to February, 1495, had so thoroughly studied the interior of Spain with a medical eye that it would have been impossible for any noteworthy initial epidemic of syphilis to have escaped him. Especially is this so, as he had described all the epidemiologic relations that contained any medical interest most conscientiously in his penetrating letters of travel, written in diary forms, which are now contained in the Munich Cod. Lat. 43i.

He found southwestern Europe practically free from epidemics almost everywhere, except that he noted in Montpellier that in the previous month of the year a plague had raged and spread to Tortosa. The entire remainder of Aragon and Audalusia, Portugal and Navarre he found practically free from plague. I would not dream of deducing therefrom that there was no syphilis in Spain at that time. Absolutely no! But, on the other hand, there is no indication of a striking initial epidemic in Spain in this year of the alleged introduction of the spirochete by Columbus, at least according to the records of the physician Munzer, who made it an important reconnoitering journey through Spain at this critical time. Could Munzer have got the silly idea that the doughty Spanish physicians, who one hundred and fifty years earlier had observed and written about the Black Death, had overlooked this initial syphilis epidemic of 1493 to 1495?

We, fortunately, have, from a contemporary Spanish source, still another piece of information which confirms the results of Munzer's travel letters in a most complete manner.

A Sicilian from Messina, Nicolo Scillacio by name, had brought his medical studies in Pavia to a conclusion in 1494, with the acquisition of the doctorate, and in the spring of 1495, made a students' journey to Spain, going by ship to Barcelona. The young physician made the personal acquaintance of lues in that harbor and was informed by the Catalanian physicians of the nature of this disease and its arrival there, which had been hitherto unknown to him. Neither had he heard it spoken of in medical circles in Pavia. He writes, on June 18, 1495, a letter to a Pavian colleague, which he followed in March, 1496, with other observations. The knowledge which his Spanish colleague had imparted to him, fortified by his own experience (the first professional medical letter on syphilis!) already contains a noteworthy collection of important facts. Scillacio has learned that the disease especially attacks adults, women as well as men, that it is transmitted by contact, takes its origin in the genitalia and from there is spread to the whole body after an initial fever and general symptoms, among others a pustulous exanthem of the skin. The duration of the disease generally does not exceed a year. The Barcelona physicians, thus, could look back on an experience of several years with a disease that had come to them from France. Scillacio entitled his letter "De morbo qui nuper a Gallia defluxit in alias nationes," and on the title of the collected works he adds the word "new". "De novo morbo qui nuper a Gallia defluxit." And syphilis was something new, at any rate for the Spanish ports; a new disease picture and a new experience.

Charles VIII's army—that was to spread the infection—contained soldiers from all lands and surely Spaniards among them. In every town they found complacent women. And the way in which war spreads and intensifies sexual diseases has become only too familiar to us since the last terrible catastrophe of the World War. Also, in the siege of Naples (1494-1495), which really was no siege at all, sexual diseases in both armies and civil personnel constituted a daily experience. In witness whereof we have the letters to Venice from Sanuto, which this sailor of wide experience sent home every two or three days. In these there was no word through all the weeks and months of anything extraordinary, which he certainly would willingly have described. In his case, as in any contemporary source in which confidence can be placed, I have come to the same conclusion, namely, that there is no trace at all of the alleged terrible initial epidemic in Italy in the years 1495 to 1496. In the light of the existing evidence, I have already been forced, in 1912, to consider such stories as fairy tales.

And now for the final statement of the propagation of lues during the return of the army of Charles VIII through Switzerland, Germany, etc. In July, 1495, he made his return march through Tuscany and lay with all his troops until October 10, 1495, before Novara, which was completely surrounded. During October the city surrendered,

the defenders being allowed free departure, and thereafter began the dispersal of the army down to its almost entirely French nucleus. But while Charles still remained in Italy, the great ones of the Empire had already busied themselves at Worms with the question as to whether the scourge of syphilis was due to the blasphemy of the people. Thus on the Rhine they already had full knowledge of the bosen Blattern, the malum francicum, the Gallic disease. Thus, long before the syphilis-bearing soldiers from Naples had returned to Germany, the people in western Germany had known for months, if not longer, of this severe disease. A plague called by the people "boisen Blattern," which God had sent as a punishment, was announced in the Reichstag on August 8, 1495, and in the fall of 1495 was spread abroad through the entire empire by heralds by beat and drum.

And here I must close this address with the statement that the American origin of syphilis no longer constitutes a really serious historical problem.

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Tenders for the new Infirmary proposed for the Nova Scotia Sanatorium were far beyond either the needs or resources of the Province. They were:—Rhodes, Curry Ltd., \$370,000; Brookfield Construction, \$350,000; D. K. MacAulay, \$350,273; M. A. Condon & Son, \$388,000; Redden Bros., \$395,859; McDonald Construction Co., \$402,000; Gates Contracting Co., \$581,700. To these figures add the cost of equipment etc., *estimated* at \$130,000 and you easily reach the impossible figures of *Half a Million*.

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**Suggestions for recent brides.** The young doctor came in very tired but affectionately asked, "Has my darling been lonely?" "Oh, no, I've found something to do with my time. I've organized a class, a lot of women are members and we're teaching each other to cook." "What do you do with the things you cook?" asked the doctor. "We send them to the neighbors." "Dear little woman," he returned, kissing her, "Always thinking of your husband's practice."

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First Doctor:—I'm the happiest man alive, I've got the finest wife in this country.

Second Doctor:—Yes, that does make a man happy, having his wife in the country.

## Humane Institutions

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UNDER this title we have hitherto been accustomed to think of our hospitals, jails and poor houses, and their inspection has been the duty of the Department of Health. This was done formerly by selected medical men once or twice a year and special trips as necessary. One recalls the service of this nature rendered by Dr. A. P. Reid, Dr. G. L. Sinclair and Dr. A. C. Page and some of their reports were marvellous word paintings of conditions that were a disgrace to the province. Within 20 years a great change has occurred and we believe our institutions for the sick, the insane, the defectives, the delinquents and the paupers are of as high a standard as those in any other country.

This improvement is not due to a more methodical inspection of these institutions alone, but to an appreciation by the people that human beings must have humane treatment no matter what their disability may be, mental, moral, physical or economic. But with an improvement in these institutions and their administration, we must keep in mind two things,—(1) the population of these institutions, or their inmates if you will, is steadily increasing at a greater rate than our general population. (2) Neither these institutions nor their management is perfect, or as good as it ought to be. Our belief in their efficiency is, therefore, largely a mental phantasy, as we see them so much better than they were.

It might be noted in passing, that there is a close connection between these two points, in that advances in efficiency of administration will, in time, lessen the number who make up this part of our population. Until we have reached this stage we may know we have work still ahead of us in regard to this phase of public welfare.

We might gather a lesson from Ontario. The Premier Province, we sometimes think, tries to make everybody bow down to their greater wisdom and wiser practice in any and every matter of business or welfare. In particular, Toronto has always seemed to fairly exude philanthropy and modern up-to-date welfare methods. Yet a recent Royal Commission presented a report on these institutions in that premier province and it was not "any milk-and-water report of a colorless character. Its findings are of a very definite kind and its recommendations most far reaching." As this incident carries a very definite warning to us not to be satisfied with our own state, let us quote from *Saturday Night* as to some of the findings of this Commission.

"In substantially all phases of what may be compendiously spoken of as 'welfare work,' the Commission finds that there is imperative need for radical change. It asserts that many of the hospitals and corrective institutions of the province are over-crowded, and that

there is great call for additional construction or extensions and also, generally, for better equipment for utility and occupation.

"The jails are roundly condemned, in good, set terms, as 'inferior in nearly every sense of the word', the forty-seven institutions of the kind in the province being stigmatised as 'places which are as likely to promote offences as to prevent them.' Little classification, it is asserted, exists among the prisoners. Little work or occupation is provided in the day time for most of them, and they are shut in at dark for twelve hours or more without lights. The food is poor. The jailers are underpaid, the large jails are under-staffed, while the small jails sometimes have more staff than prisoners. Conditions of this kind certainly points to 'something rotten in the state of Denmark'. Whether the Government does or does not adopt the solution tentatively put forward by the Commission, to the effect that the Government might take over the jail responsibility, abolish all the present jails and substitute half a dozen under government management, charging to each municipality the cost of prisoners coming from that municipality, it is obvious that the evils indicated by the Commission will have to be remedied without delay. To most citizens the disclosures will appear in the light of a very unwelcome shock.

"As regards the hospitals of the province, it is pointed out that these are mainly kept up by private or paying patients. That, of course, is a well known fact and it is one which goes far to impair the potential benefit of the hospitals,—there are 113 general hospitals, 12 Red Cross outpost hospitals, 6 hospitals for incurables and 70 private hospitals in the province altogether,—and the Commission makes some very wise recommendations designed to bring the whole hospital system of the province into a more just and proper perspective. It recommends that hospitals be asked to furnish four types of hospital accommodation the first type for non-paying patients and the other three types graduated, as it were, according to the ability of the patient to pay. At present patients who are willing to make a contribution, but cannot afford to pay the full charges of private or semi-private treatment, are largely debarred from the benefits of these establishments."

Now in all sincerity we do not think that Nova Scotia is in need of a Commission to point out advances that are over due in our humane institutions. We venture to state that the Attorney General did not need the report of the Commission on the care of the mentally defective, as he was fully prepared for action as soon as the report was submitted. It is probable that Commission was appointed to educate the public to accept what the medical profession and welfare workers had advocated for years. It is intimated that each Government department concerned with matters of this nature could very well elaborate the immediate needs in these several divisions of public welfare, and, with only a little additional clerical help, could then initiate its own improvements.

But we have intimated that Nova Scotia may not be fully set on the straight road to success in these particulars. Sign posts, alarm bells and stop signals everywhere all point to the one road, and that is named—Prevention. So in crime, poverty, ignorance, general physical and mental defectiveness, Prevention is better than Cure. Indeed *Prevention is Cure*. And we do not need a Royal Commission to tell us how to go about it.

Why Not Step Out and Advance?

ESSELL.

Halifax, November, 1930.

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In 1855 there graduated from Bellevue Hospital Medical College a young man from Mill Village, Queens County, having previously had two terms at Harvard, a member of a well-known family, in the person of Joshua Newton Mack, now rounding out his 87th year in his quiet home on Ogilvie Street, Halifax. Perhaps very few of the medical profession in Nova Scotia will recall Dr. Mack for he was always quiet and retiring in manner and by no means a "mixer", as the manner of some is.

When he retired from practice in 1918, he actually retired to his home and his garden. The simple life agrees with him for, saving a little deafness and poor vision, he appears wonderfully well and active. Better known to the profession to-day is Dr. Frank Mack of Halifax, a typical son of this quiet, unassuming father. Our list of octogenarians is fairly large and we do well to think of them and speak of them often, sincerely trusting that these latter days may be pleasant and contented.

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We understand that now ultra-violet rays are employed for the toasting process in cigarette tobacco. Should McLeod & Balcom learn this, we may expect they will feature a special brand very rich in Vitamin D, especially adapted for infants and children to prevent rickets.

## Allergic Diseases

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**D**OUBTLESS the above title conveys a very definite idea to all practicing physicians, although some of us might find some difficulty in giving a definition that would be fully satisfactory to the intelligent lay mind. In a recent issue of the *Bulletin* of the Academy of Medicine, Toronto, there appears a short synopsis of a paper read before the Academy by Dr. H. K. Detweiler, as one of a series of post-graduate lectures. He refers, in the first place, to the meaning of the word "allergy" and, in the second place, to certain manifestations in two diseases, Asthma and Hay Fever. We gratefully acknowledge the source of this article and publish it herewith:—

"Allergy is a word used to designate altered reactions of tissues of the body to stimuli which ordinarily in the body do not cause any unusual response. There are a number of types of allergy with some of which we are all quite familiar. An example of allergy is the hypersensitiveness which is induced by injecting a guinea pig with egg albumin. After several days the allergic state is reached and if a second injection of the same protein is made a very characteristic response is produced. This phenomenon is familiar to you all under the name of anaphylaxis. Such anaphylaxis, of course, is artificially produced. There are many cases of an analogous condition in the human being with the difference that it appears to be spontaneously acquired or to be present at first. This is well illustrated in the type of infant who exhibits signs of distress such as urticaria or asthma on being given cow's milk or eggs for the first time. Another familiar example is that of the individual who develops an attack of asthma upon driving behind a horse. An entirely different kind of allergy is that which is commonly called drug idiosyncrasy, and still another type is the tuberculin positive individual who by previous infection with tubercle bacilli now shows an altered reaction of the skin to the infection of a small amount of tuberculin. The phenomenon of serum sickness following the therapeutic injection of antitoxin is another example of allergy. This paper is intended to deal mainly with those forms of allergy which result in the clinical manifestations which we know as hay fever and asthma.

The simplest and most clear-cut form of this type of hypersensitiveness is encountered in hay fever. There is no longer any legitimate doubt as to the rôle that this hypersensitiveness to pollens plays in the production of the symptoms of this disease, for now it has not only been demonstrated that certain pollens when they touch the abraded skin, the conjunctivæ or the mucous membranes of the throat of the susceptible individual cause sneezing, lacrymation and suffusion of

the eyes and nose, constituting a perfect reproduction of the clinical picture of hay fever, but it has further shown conclusively that the subcutaneous injection of any area of the body of minute amounts of the extracts of these pollens will cause exactly the same picture. Moreover, this result as well as the skin reaction mentioned above may be obtained at any time of the year regardless of the season in which the patient ordinarily experiences the symptoms.

In the east the commonest form of hay fever occurs in the autumn and is caused most often, as is well known, by ragweed. Since ragweed does not grow in England and on the continent, this form of the disease is unknown there, and ragweed sufferers from here are free when abroad during the ragweed season. The summer hay fever sufferers are sensitive particularly to the grasses such as timothy, red top, June grass. The time of occurrence is late May, June and July. Occasionally one encounters a patient whose symptoms begin in April when the trees and shrubs are in bloom. Quite frequently an individual is found whose symptoms persist throughout all three seasons. It cannot be emphasized too strongly that there is no practicable as well as reliable method of accurate etiological diagnosis of these cases known apart from the cutaneous reactions mentioned above. That such accurate diagnosis is necessary for successful treatment has been amply shown in active clinical practice. Fortunately these cutaneous tests are rapidly taking their proper place among the procedures which originally were regarded purely in the realm of laboratory investigation, but which now are regularly employed and performed by clinicians. The treatment of hay fever consists in raising the tolerance of these patients to the protein of such pollens by a series of inoculations beginning well in advance of the season in which they experience their symptoms. I personally prefer to begin nearly three months in advance of the season complained of. In choosing an extract for such treatment it is important to avoid the ordinary shot gun mixtures and include only the pollens which have been proved to react in the case under treatment and which correspond to the season during which symptoms are complained of.

Asthma may be classified as follows:—(1) Protein asthma. (2) Bronchitic asthma. (3) Cardiac asthma. A little less than half of all the cases of asthma fall under the heading of protein asthma. These may be further divided into seasonal and perennial cases of asthma. The seasonal cases are mainly due to pollens as is the case of hay fever, while the perennial types are due to foods, animals or the protein of bacteria and other miscellaneous substances such as house dust, orris root, etc.

Following is a brief description of the technique of performing skin tests. A sufficient number of small abrasions are made upon the ventral surface of the forearm to accommodate the various proteins to be used. The scratches may be made with a sharp scalpel and they should be about one inch apart, one-eighth of an inch long, and need

not be deep enough to draw blood. A drop of N/15 NAOH is placed on each abrasion and a minute amount of the protein powder rubbed into it. The first scratch nearest the bend of the elbow is left for the purpose of control. One-half hour should elapse before the test is complete and the protein is removed.

In the average case of true protein asthma, it will be noticed within a few minutes that the red areola is appearing about one or more of the abrasions to which offending proteins have been applied. In the centre of this areola about the scratch a wheal will be observed which gradually increases in size until its maximum is reached within thirty minutes.

The routine series of proteins for cutaneous testing should include the following representatives: Pollens, June grass, red top, timothy, orchard grass, ragweed, goldenrod, daisy; miscellaneous substances; orris root, house dust, animal emanations; horse dander, cat hair, cattle hair, dog hair, sheep wool, rabbit hair, chicken, goose and duck feathers; foods; cereals; wheat, oats, corn, rice and rye; meats; beef; pork, lamb and chicken; fish; salmon, mackerel, lake trout and whitefish; vegetables; potato, cabbage, spinach, cauliflower, onions, turnips, parsnips, lettuce and celery; fruits; orange, tomato, apple, peach, prune, pineapple and strawberry; miscellaneous foods; milk and eggs.

**Treatment.** Attacks of asthma can only be prevented with certainty when the cause can be discovered and removed. In the case of protein asthma this can often be accomplished. Where avoidance of the protein is impossible, desensitization by inoculation with graduated doses of the protein solution after the manner of hay fever treatment may be successful. Patients may sometimes be desensitized to food proteins by beginning with minute amounts of the offending protein given by the mouth in quantities too small to cause a reaction. This amount is gradually increased until the patient is able to take a reasonable amount without untoward effects. This may take a long time to accomplish."

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**Empty Space.** Modern Science has proven there is no such space but that which is wrongly so called has wonderful and mysterious properties. Following this idea Sir Oliver Lodge remarks: "If ever we find, as I think we are beginning to find, that life and mind need not be associated with matter, but can inhabit empty space, then life will not be subject to the troubles of material organism and existence will be perpetual." The wise men of science to-day are unlike the wise crackers who know everything; they believe we are only on the borderland of knowledge. If matter is never lost why should life be lost? Perhaps science will sometime verify the religious belief of Life Eternal.

## The Heart in Middle Life

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**D**R. David Reisman of Philadelphia, in the course of a lecture before the New York Academy of Medicine, called attention to the increase in death from heart diseases as compared with tuberculosis. In 1909 the tuberculosis death rate in Philadelphia was 187.3 per 100,000 of population. In 1919 this rate was 142.7; while in 1929 the rate was 69.34. On the other hand, the death rate from heart disease was 128 per 100,000 of population; 167.8 in 1909; 190.4 in 1919; and 211.14 in 1929. In this connection attention is directed to the age groups of heart disease mortality, from 40 to 60 years, just when people should begin to reap the fruits of a life of work and settle down to a well-earned leisure.

Causes he assigns for this record may be briefly stated. 1. Due to syphilis. 2. Chronic Focal Infection. 3. Infectious diseases both in childhood and later. 4. Hyperiesia, e. g. overeating. 5. Tobacco when used in excess; alcohol is less important. 6. Habits of life.

As this 6th cause seems applicable to so many cases we quote:—  
“But more important than any of the causes named are the general mode and habits of life. Overweening ambition with all it implies in striving and neglect of self is an outstanding factor in the history of an ever increasing number. In our own profession the ambition may reveal itself only as an excessive devotion to duty or it may be combined with a desire to provide well for the family. In any event it leads to irregularity of meals, to inadequate sleep; not rarely to a passionate affection for My Lady Nicotine.”

Lest we be charged with wholesale pilfering of articles from our Exchanges, we will only quote further the lecturer's concluding remarks trusting they will be appreciated by some of our own profession.

**Exercise.** When should the patient resume exercise and what exercise should he take? Many of the middle-aged adults who make up the largest proportion of cases in which we see the early signs of cardiac failure are more or less given to golf. I believe many overdo this sport—(?) the call of which for them seems almost irresistible.

Only after the patient has been tested out by having him walk on the level and he is found not to have an undue acceleration of the pulse, undue fatigue, or breathlessness may he be allowed to play a little golf and then only on an easy course and not to exceed a few holes. An editorial writer in the *A. M. A. Journal* quotes Kaprovich who points out how much energy an individual expends in walking at the rate of four miles an hour over a conventional level course of 6,000 yards:—as much as he would in lifting himself five times to the

height of the highest skyscraper in New York. At the speed of two miles an hour he would expend as much energy as would serve to lift him a little over four times the height of the same building and since the golf courses are located on hilly grounds the output of the energy to cover the necessary playing distance is greatly increased. To all of this the work involved in practice and actual shots and in searching for the ball must be added. The writer quaintly adds, "And when it comes to searching for lost balls is all the difference."

"One word more—the middle-life patient with early myocardial disease who has an intelligent doctor and co-operates with him, has an excellent chance of dying an old man."

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**To Golf or Not to Golf?** A recent writer on Golf goes so far as to say that David was a rotten player of the game, but our only biblical references to the game are found in the Acts of the Apostles, where it states that "Ananias and Sapphira each had a good brassy lie and lay dead." Again in Revelations we find among those refused admission to Paradise "whosoever loveth and maketh a lie."

If these may be regarded as pointing out some moral results of the game how about its value physically. Apparently there are two chief classes of golfers, those who apparently lose their tempers, or at least suddenly find them and let them loose, and those who restrain themselves, control their temper and language, keeping silent. Of the first class the man who rants and tears, who snarls and swears and fouls the summer airs, cerebral congestion and apoplexy are his and he is laid away in the silent tomb. Equally sad is the fate of the other, the mental strain to which he subjects himself is greater than humans can stand and he becomes an inmate of the nearest hospital for the insane.

One may well ask what can be in this game, we should say Sport, that makes otherwise sensible persons devote so much time and energy at such terrible risks? Truly their condition is hopeless, as "it does no more good to advise a confirmed golf player to stop playing than it does to advise a confirmed drunkard to stop drinking."

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Attention is drawn to the statement made by the regular London Correspondent of the *A. M. A. Journal*, that the present sickness insurance and panel system of medical treatment promotes wholesale malingering. This is to be born in mind when we attempt to work out this problem in Canada.

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Men may be able to read their wives like a *book*, perhaps, but to shut them like a book is a different matter.

# The Nova Scotia Medical Bulletin

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VOL. IX

DECEMBER 1930

No. 12

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## Christmas 1930

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THE publisher insists that no Journal is complete without an Editorial, and the December and January issue must mention Christmas and New Years, respectively or collectively. When we look at two baskets on our table—one labelled “material for articles” and the other “for next BULLETIN”—there is a desire to make the Editorials liken to our prayers,—few and short.

Despite our inclinations and our protestations we inevitably imbibe some of the universal spirit of the Christmas Season and become subtly imbued with the spirit of kindness and good-will. It appears the last holiday of the year is at hand, and we wish to make the most of it, also have every one else make the best of it, and we want to help. The BULLETIN is very human and thus participates in this inoculation of good-will. The BULLETIN is happy itself over its record for the year 1930, as it has accomplished more than ever before. It has reached a content of 72 pages of readable material, not too heavy, not too frothy, but stimulating and palatable. What more is needed?

So, in all sincerity, the BULLETIN of the Medical Society of Nova Scotia extends to all its readers and its entire clientele, the message of peace and good-will; the season is one for merriment, let us unite in making it so for ourselves and others. To the members of the Medical Society who, some 300 strong, have made the BULLETIN *necessary* your Journal wishes you A Merry Christmas. To the Advertisers, whose use of our pages has made the BULLETIN *possible*, most cordially is this greeting yours also. We know you better now than ever before, you belong to us, most of you have been with us since advertising first appeared on our pages and you always stay with us. We have enjoyed passing your messages to our clientele of readers and gladly say to you,—“Merry Christmas.”

But the BULLETIN has been trying to make new friends during this year, among those engaged in Hospital Work in particular. We wish

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this phase of our activities could be more fully developed, for at present it does little more than remind the medical profession that it does not stand alone in its service to the public. To these co-operating agencies in the care of the sick, the prevention of disease and the promotion of health,—our Hospitals, Nurses and philanthropic agencies,—we also wish the same,—“Merry Christmas.”

In all our merriment at this festive season let it be the spontaneous expression of the kindness of the spirit within that shall culminate in the Happiness of the New Year.

S. L. W.

*(To be continued in the January Issue).*

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### Believe It or Not.

The Public is more ignorant about medicine than any other science. (C. H. Mayo).

Is there any use of making it possible for a man to live to be 90 if his brain dies at the age of 70? . . . Until we teach them and educate them how to live so that their brains will continue to function for the years added to the bodies' life, there is little use in increasing the life's span. (C. H. Mayo).

**Practical Education.** From \$7,000 to \$10,000 is necessary to enter the practice of medicine. From the first day the student enters medical college he should come in contact with clinical medicine. Perhaps the time will come when our undergraduate medical schools will turn out only general practitioners, who will not be taught the minutiae of the theories and methods they will not use when they are in practice, but will be trained to observe the results of skilled examinations by others, especially those using laboratory methods, and to correlate them. (W. J. Mayo).

**Movie Pictures** of operations have been lauded as a means of instruction. But, the cinematograph is a dangerous method, if it is offered in place of the more laborious method, where the learner comes into direct contact with the patient. For the post-graduate teaching, it may prove useful. (Prof. G. G. Turner).

**Electro-Surgery**, the use of the cauterizing knife is as far ahead of scalpel surgery as “the modern electric tram is ahead of the lumbering horse car.” It permits elegant excision of cancer ramifications and delicate areas of the brain. It may permit operations of the spinal cord. (Howard Kelly). But it is pointed out that coagulation caused by the cautery is more likely to scatter malignant growths than to retard or destroy them. (Kanavel).

**Cancer Eradication** requires, in the first instance, five or six great research institutions, each costing at least \$10,000,000, established at strategic points throughout the U. S. (James Ewing).

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## Notes and Comments

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**W**ITH reference to the use of Cupron capsules in the treatment of secondary anaemia, Messrs. Ayerst, McKenna and Harrison write the BULLETIN thus:—

“As you are of course aware, the use of minute amounts of copper given with comparatively large doses of iron in the treatment of secondary anaemia, is receiving a great deal of attention in medical circles at the present time. Our cupron capsules were prepared in accordance with the views of the best medical opinion along this line. At the recent Winnipeg Convention we were told of numerous instances where cupron capsules has produced striking results in cases which had previously failed to respond to the usual forms of iron treatment.

“Extensive hospital observations are being carried on with cupron capsules in one of the largest Canadian institutions, and we understand that a clinical report will be published shortly. We feel assured that this little reading matter will be of interest to your readers and will direct their attention to our advertising of this preparation in current issues of your very readable journal.”

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**The Cost of Medical Care.** A recent editorial in the *A. M. A. Journal* says that this problem is just about as cloudy and befogged now as five years ago when the A. M. A. Association undertook to solve the problem by the appointment of a Special Committee. There is a tendency on the part of medical men, not only in Nova Scotia but in general, to leave these questions severely alone. This is something that should be discussed by the profession as much as by the economists of the public welfare. As a side light on the question, the Editor of the *Ladies' Home Journal* does not think State Medicine is the solution. He says:—

“Much of the high cost of medical care is not due to the doctors, the system of treatment, excessive fees in nursing, hospitalization or medical work. It is due to our own improper demands, to our expensive and usually ineffective attempts at self-medication.”

Is there any reason why some medical men in Nova Scotia should not study the local situation, and perhaps, become a pioneer and win the Nobel Prize, by formulating its solution for this province?

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**Anniversaries.** November 6th, 1930 marked the Fiftieth Anniversary of the discovery of the parasites of malarial fever by Alphonse Laveran, while an army surgeon in Algiers. Not long afterwards Sir Ronald Ross, then of the Indian Medical Service, proved that the malaria parasite is dependent on certain species of mosquitoes for its

transmission from man to man. Now the whole subject of malaria has become so fully clarified that the control of the scourge is a matter for organization and administration alone. This anniversary coincides with the 300th anniversary of the earliest application of cinchona bark to the therapeutic management of the disease.

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The modern Dr. Pepys travelling to Chicago to the recent meeting of the American College of Surgeons met with an automobile accident and Mistress Pepys sustained a fracture or two, but in time began to get around with the aid of a cane. Upon which Dr. Pepys writes:—"But betwixt ye falling down and ye getting up is a great deal of rubbing and bandages and doctors and braces and exercise and liver and iron and more liver and green vegetables and yet again liver, till one crieth out, 'Oh, Lord, de-liver me'."

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The manager of a local theatre recently had a new sound equipment installed and had the auditorium treated for acoustics.

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As illustrative of the credulity of people and at the same time their innate kindness of heart, a newspaper reports that a wealthy lady, Mrs. Grace I. Connors, widow of Wm. T. Connors, Sr., Buffalo, N. Y., newspaper publisher, financial and political leader, has offered to turn her million dollar Long Island home into one of the most complete cancer research institutes in the world. The offer has been made to Doctors Coffee and Humber of San Francisco and funds will also be available to endow the institute and its work. As a matter of fact, there has been no evidence as yet that these two doctors have made any advance in our knowledge of cancer. Indeed, the consensus of medical opinion would favor a verdict even stronger than "not proven." Ill-advised philanthropy is a danger to be guarded against.

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Mead's Viosterol in Oil is now designated 250D because in deference to Dr. Henry Steenbock—and in the interest of uniform nomenclature—this product is now assayed by his method. Before October 1, 1930, this same product was assayed by the McCollum-Shipley method and was designated 100D.

Mead's Viosterol in Oil, 250D (Steenbock method)—in normal dosage—is clinically demonstrated to be potent enough to prevent and cure rickets in almost every case. Like other specifics for other disease, larger dosage may be required for extreme cases. It is safe to say—based upon extensive clinical research by authoritative investigators (reprints on request)—that when used in the indicated

dosage, Mead's Viosterol in Oil, 250D is a specific in almost all cases of human rickets, regardless of degree and duration, as demonstrated serologically, roentgenologically and clinically.

The change in Mead's Product is in designation only—not in actual potency. Mead's Viosterol in Oil, 250D—in proper dosage—continues to prevent and cure rickets.

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#### De Senectute.

"The garnered wisdom of a life well lived develops in the minds of old people a philosophy that should be the envy of those who still are struggling in the vortex of world activities, competing in the mad race for wealth, fighting for eminence in public affairs, striving after social distinction, and the other evanescent glories of the world. Old people do not care anything about these things. They have seen wealth vanish in a day; they have seen the public turn and rend its favorites of yesterday; and they know that the top of the social ladder is a position of the greatest peril.

"If youth would listen to old age, benefit by its advice and experience, and pursue a more rational method of living, there would be more vigorous centenarians than there are to-day, and no doctor or other authority, no matter how eminent, would dare hint that they are only in the way. Long and longer live the old folk!"—(*Toronto Globe*).

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The Nobel Prize this year has been awarded Dr. Karl Landsteiner, Bacteriologist and Pathologist, a member of the Rockefeller Institute for Medical Research, in New York. The announcement was recently made by the Stockholm Faculty of Medicine.

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The BULLETIN supposes that the recent resolution *re Sanitaria* adopted by the Cape Breton Medical Society means that that Branch is in favor of institutions elsewhere than in Kentville in the plan for increased bed accommodation. If 75 beds were provided for Cape Breton in one institution and another in the form of additions to existing hospitals, say three hospitals, this would suffice for the Island. Then add to two or three hospitals, say Truro, New Glasgow and Antigonish, another 75 beds, the required number would almost be in sight.

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In spite of hard times, the socialists are crying for a five-hour day and a five-day week and some big business leaders agree and add regular vacations for the mass of workers both summer and winter. What a howl would go up from these people if doctors would attempt these hours and play golf three days each week instead of one and a half.

# Department of the Public Health

## PROVINCE OF NOVA SCOTIA

### PROVINCIAL HEALTH OFFICER

DR. T. IVES BYRNE - - - - - Halifax.

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|                       |           | DR. C. M. BAYNE             | - - - - - | Sydney.  |
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| Psychiatrist          | - - - - - | DR. CLYDE MARSHALL          | - - - - - | Halifax. |
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 H. O. and Town Yarmouth).  
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**INFORMATION**

The Provincial Public Health Laboratory provides free diagnostic services for the entire Province. It is, however, to be regretted that misunderstanding exists among physicians as to the scope of this work. Roughly speaking, free examinations are made of blood, cerebrospinal fluid, cultures, smears for gonococci, sputum, urine, faeces, pleural fluids, pus, water, milk, brain tissues for rabies, as well as throat, ear and prostatic swabs. Physicians desiring this service should address their communications to, Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax.

Physicians desiring serums and vaccines should address their communications to the Provincial Health Officer, Halifax, N. S.

## The Control of Scarlet Fever

Dr. A. E. Blackett, M.H.O., New Glasgow.\*

SCARLET fever has been present in New Glasgow as in other parts of Nova Scotia for the past two years despite the usual isolation and quarantine to prevent its spread. This persistence has been due mainly to the fact that most of the cases have been very mild. The mildness has resulted in many cases being overlooked or at least not reported and this in turn has contributed to the further spread of the disease. Unfortunately, all the cases have not been of the mild type and we have seen some very severe infections, in fact at least three deaths have been due directly to scarlet fever.

The Oxford Medicine states that "*Scarlet fever may be so mild as to cause no indisposition.*" We have found children in the schools with definite desquamation of the hands and feet where there was a history of only one day's slight illness two or three weeks before, no doctor being called. In other cases one child would have a slight attack of "tonsilitis" and a few days later another child in the family would develop definite scarlet fever. I know of two cases personally where scarlet fever was suspected in throat infections and a rash carefully watched for in vain, but the subsequent desquamation marked them as scarlet fever. *Diagnosis itself is therefore a matter of great difficulty in many cases.*

Since last November, the New Glasgow Board of Health has made determined efforts to check the spread of scarlet fever, and it is of our experiences in making these efforts that I am going to speak to-day.

The first question was whether or not to close the schools. We did not close them for two reasons. First, because we felt we could discover more early cases and generally exercise more oversight over the children if they were where we could see them every day, than if they were scattered by the closing of the schools. Second, because we felt it would be inconsistent to close the schools and not close the theatres and Sunday schools, and this rather extreme measure did not seem indicated at the moment.

For purposes of inspection we employed a number of trained nurses who under the direction of our regular school nurse, saw every school child every day and sent home every suspect. These suspects were required to bring a medical certificate before being readmitted to school. The nurses also followed up the absentees from school by visits to their homes. This inspection did some good in keeping the schools clear

\*Presented at the Annual Meeting of the Medical Health Officers' Association at Digby, July 1st, 1930.

and rather to our surprise met with general public approval, but it did not stop the fever and after several weeks trial we discontinued it.

An emergency hospital was opened and operated for several months. This was considered necessary to ensure proper isolation and to relieve households of quarantine where such a measure was frequently a hardship or even impossible.

Finally, we instituted preventive treatment by means of scarlet fever TOXIN. This toxin was practically an unknown quantity to us before this present epidemic, but we have come to regard it as our most effective weapon in controlling the disease.

Toxin is used in two ways, first in the "Dick" test, where a definite amount (1/10 cc.) is injected INTO the skin to determine whether the individual is susceptible to scarlet fever or not, and second by the subcutaneous injection of five graduated doses at weekly intervals, to produce an immunity which lasts for two years or more.

These two measures constitute a certain, safe and simple means of controlling scarlet fever by preventing it, and because of their importance I will go into their use in detail.

Toxin for use in the Dick test is supplied in ampoules containing sufficient for about ten tests, and each ampoule is accompanied by detailed instructions for its use. The important points about the test are—that only boiled water be used to clean the syringe prior to its use, as alcohol inactivates the toxin and destroys the value of the test; that a syringe of the tuberculin type be used which is graduated in 1/100cc; that exactly 1/10 cc. be injected and that this amount be injected into the skin and not under the skin. If a white wheal or blister is produced by the injection it is properly done, but if this white blister is not produced the injection has been made too deep and should be repeated. The injection is practically painless, produces no after effects and can be done on small children without trouble. The usual site selected for the test is the anterior surface of the fore arm.

Between eighteen and twenty-four hours after the injection it is examined. If an area of redness is present around the site of injection, *even of the faintest pink*, which is one centimetre or more in diameter, the test is positive. If the area of redness is absent or less than the centimetre in diameter the test is negative. It is important to read the test by a strong light as it is easy to miss a faint reaction in a poor light. Where a strong reaction is present there is sometimes a red area as large as a fifty cent piece.

Persons having a positive reaction are given five doses of toxin at weekly intervals. This toxin is supplied in packages of five vials of graduated strength, each vial containing sufficient for six persons. Following the injection of this toxin, a local reaction occurs at the site of injection. Usually no general symptoms occur but sometimes there is a febrile reaction for twenty-four hours and in the rare case a rash similar to scarlet fever appears next day, only to last a day. This is important as if you are not familiar with it you may mistake it for

genuine scarlet fever. I had one case that developed a rash with every injection, but there was very little reaction otherwise. The reactions usually diminish with the later doses. Where a strong reaction occurs with the first dose the following doses can be divided. In very young children and in infants, half doses are given throughout.

One week after the last dose of toxin a second Dick test is done to see if immunization has been secured. On rare occasions a positive reaction is still present and if so, two or three further doses of toxin of No. 5 strength are given which bring about a negative Dick test.

This sounds like a very tedious process, but it is not so in practice. By doing a number of tests at the same time, only one preparation is necessary and the same can be done with the weekly doses of toxin.

Regarding the reliability of the test, we have had no case where a person showing a negative Dick test has developed scarlet fever, whether the negative reaction was a natural one or produced by the injection of toxin.

The greatest problem in the use of toxin is of course, the attitude of the general public. Just as there are those who object to vaccination for smallpox, so we find those who object to their children being given toxin. This objection is partly due to their confusing toxin with *antitoxin* which is given in treatment and to produce a temporary immunity. The urticarial reactions that frequently occur after the use of antitoxin have been well press agented, and many people fear that the same thing is to be expected with the use of toxin. Other objections are in the main due to ignorance of the subject or to the "anti-vaccination complex" which you occasionally meet with.

The unfortunate result is that this attitude of the parents so often results in the more or less permanent injury to the child by the complications of scarlet fever which may occur even in the mildest cases.

As our present health act gives us no power to compel parents to protect their children against disease, and conversely gives parents the right to expose their children to the dangers of disease, we have to rely on the slower and more tedious method of educating the rather apathetic public to the necessity of giving their children the necessary protection. To some extent this is already being done. Many of the newspapers carry health articles sponsored by medical authorities and occasionally one hears talks of a similar nature on the radio.

In our case, we concentrated on our local press and the schools. Our papers gave us splendid support and we were able to have some hundreds of children and a large number of adults tested and the susceptible ones protected by toxin. In the schools we sent out "consent cards" to be signed by the parents and then tested all the consenting ones at the same time. The parents were notified of the result of the test and in the case of a positive reaction, toxin was recommended. Where consent was withheld, the reasons given for so doing were interesting. One parent refused to have his boy given the Dick test because the boy was ruptured. Evidently this parent's idea of

the test was erroneous. Another said "I am opposed to tests of any kind." We also received some anonymous letters stating that the whole thing was a money making scheme of the doctors.

I feel that we have accomplished much good as there are now several hundred persons that have been tested and the susceptible ones protected by toxin. At the same time there are hundreds of others who have not been protected and considering the insidious way in which the disease spreads, as well as the widespread distribution of it, I can see no reason why we can expect to be rid of it for some time to come. If it were possible to immunize completely our school population we would create such a natural barrier that the disease would probably die out, for the greater number of our cases have been among children of school age.

In doing the tests it was interesting to note that a fair number of adults who never had the disease, gave a positive reaction, also that about forty per cent. of the children gave a negative reaction.

In our infectious hospital we had an excellent opportunity to compare the cases that received the treatment antitoxin with those that did not. The majority of the cases were given the antitoxin but a number for several reasons were not. In general we noticed the following effects of giving antitoxin:—

1. The temperature fell to normal much quicker than without it, usually by the second day. The initial drop is often spectacular.
2. Sore throat was also relieved in the same time.
3. Desquamation was either absent or very slight. When present, it was confined to the fingers and toes.
4. That the beneficial effects of the serum were most marked when it was given early. When not given early the effect might be slight or lacking. This is shown by one of the charts I have with me.

We had no cases of true anaphylaxis or severe shock following the use of serum. We made a practice however, of testing the patient for hyper susceptibility to horse serum by giving 1 cc., waiting half an hour, then if no severe local reaction occurred, the remaining 14 cc were given.

In nearly every case however, an urticaris of variable severity developed about the eighth day and lasted for about two days. This urticaria varied from a slight eruption around the site of injection to a generalized eruption over the body. The attendant itching was somewhat relieved by adrenalin and bathing with a solution of bicarbonate of soda. In only a few cases was the distress caused by the itching marked, and then only for one day or two days at most. In this connection our head nurse made the observation that the patients of fair complexion seemed to have a greater reaction than those of dark complexion. We checked the charts of over seventy-five cases and found that there did seem to be grounds for such a statement

though there were several exceptions with both the light and dark complexions.

I have almost ceased to use the prophylactic dose of antitoxin. This, because of the short period of immunity it confers and because of the danger of sensitizing the patient to horse serum should a larger dose become necessary later. In place of the prophylactic serum it seems more rational to do the Dick test on all contacts and give the susceptible ones toxin. If the contact is in the incubation stage already, the prophylactic dose will not prevent the disease and if he is not, the toxin will give him a worth while immunity.

To sum up—scarlet fever is now as preventable as smallpox. Where a scarlet fever epidemic exists or threatens, toxin constitutes our strongest weapon for its control by prevention. It is particularly applicable to an epidemic such as we have in Nova Scotia at present on account of the many mild cases, some of which are almost certain to be overlooked. The method I have outlined is endorsed by our Dominion Dept. of Health and is routine with the New York City Board of Health.

Regarding antitoxin I consider it almost as valuable in scarlet fever as diphtheria antitoxin is in diphtheria. If it is given by the method described, those patients who are hyper-susceptible to horse serum can be recognized and severe reactions avoided. (The paper was illustrated by a number of Charts).

**Communicable Diseases Reported by Medical Health Officers.**

| Disease                        | Oct.<br>22 | Oct.<br>29 | Nov.<br>5 | Nov.<br>12 | Nov.<br>19 | Totals |
|--------------------------------|------------|------------|-----------|------------|------------|--------|
| Cerebro-Spinal Meningitis..... | .....      | .....      | .....     | .....      | 2          | 2      |
| Chickenpox.....                | 3          | 3          | .....     | .....      | 5          | 11     |
| Diphtheria.....                | 8          | 6          | 10        | 13         | 13         | 50     |
| Infantile Paralysis.....       | 2          | .....      | 2         | 1          | 1          | 6      |
| Influenza.....                 | 1          | .....      | 10        | .....      | 8          | 19     |
| Lethargic Encephalitis.....    | .....      | .....      | .....     | .....      | .....      | .....  |
| Measles.....                   | .....      | 1          | 12        | .....      | 1          | 14     |
| Mumps.....                     | 1          | 10         | 1         | .....      | .....      | 12     |
| Paratyphoid.....               | .....      | .....      | .....     | .....      | 1          | 1      |
| Pneumonia.....                 | .....      | .....      | .....     | .....      | 1          | 1      |
| Scarlet Fever.....             | 36         | 12         | 26        | 29         | 21         | 124    |
| Smallpox.....                  | .....      | 1          | .....     | .....      | .....      | 1      |
| Typhoid Fever.....             | .....      | 1          | .....     | .....      | 5          | 6      |
| Tuberculosis-Pulmonary.....    | .....      | .....      | 1         | 1          | 1          | 3      |
| Tuberculosis—Other Forms.....  | .....      | .....      | .....     | .....      | .....      | .....  |
| V. D. G.....                   | 4          | 1          | 2         | 2          | .....      | 9      |
| V. D. S.....                   | 3          | 6          | 1         | 3          | .....      | 13     |
| Whooping Cough.....            | .....      | .....      | 3         | 8          | 10         | 21     |
| Totals.....                    | 58         | 41         | 68        | 57         | 69         | 293    |

Halifax, N. S., November 19th, 1930.

## Hospital Service

### Doctors and Hospital Conventions.

**E**VERY Province in the Dominion has at least one Hospital Association in active working order, holding at least annual conventions. Already these held in Nova Scotia have received much attention in the public press. This means that the public is interested in these conventions and appreciate the good they may accomplish. But the absence of doctors at these Conventions has been remarked upon by the public, that has failed to note the generally accepted idea, that doctors should not be too actively identified with the management of local hospitals. As a matter of fact, this is not a wise policy, for all other organizations are very glad to secure the administrative services of doctors whenever available. The chief excuse for not taking part in hospital management is to avoid criticism of selfishness behind advice offered, a catering to human frailty.

We believe more doctors should attend these meetings and in support of our claim we quote Dr. Harvey Agnew of Toronto. In the September issue of the *C. M. A. Journal* he writes an article answering the question,—“Should More Doctors Attend Hospital Conventions?” There would be no need of republishing this in the *Bulletin* were it not that some 250 of our readers are not fortunate enough to have easy access to the official Journal of the *Canadian Medical Association*. Dr. Agnew's article is as follows:

#### SHOULD MORE DOCTORS ATTEND HOSPITAL CONVENTIONS?

The practice of medicine down through history has been a constantly shifting stage, a field in which our interests have been ever changing, broadening, and readjusting themselves with almost kaleidoscopic activity. As the progress of scientific development has advanced, the field of medical interest, of obligatory medical interest, has accordingly broadened. And of the many allied activities which now demand the attention of the physician, none are so worthy of his thought, none have so deeply placed him under obligation as has the hospital.

Time once was when the doctor knew not the benefits of hospital facilities, when, with methods crude and lacking help, he worked as best he could. But to-day, especially for the surgeon, the obstetrician and the paediatrician, the co-operation of a well-directed, well-equipped hospital has revolutionized medical practice, has permitted surgery absolutely impossible on the kitchen table, has removed the nightmare from the practice of obstetrics, has made possible the proper study of diabetic or nephritic patients, and has been instrumental in the saving of countless thousands of lives. It is quite true that the hospital could not carry on without the aid of the doctor, but it is almost equally correct to say that modern efficient medical practice would be impossible without the hospital.

One hears many criticisms of this profession of ours which we love and respect so highly, some unmerited and ridiculous, others warranted and salutary, but one which is frequently heard by those whose work brings them intimately into contact with hospital boards and directors is that all too frequently the interest of many medical

men in their hospital does not extend beyond their own personal interests or those of their patients. With this statement is frequently coupled the comment that we, as medical men, are so keenly interested in the scientific side and, with that in mind, are so urgent in our requests for the most modern and elaborate equipment that we lose sight of the need for economy, of the necessity to balance the hospital maintenance budget.

Undoubtedly we all, boards of trustees and medical staffs, could profit by a wider realization of the many varied problems of hospital work, and one of the occasions upon which this "get-together" is possible is the annual convention of the provincial hospital association. The hospitals in most of our provinces are banded together in very active associations and the programs at their annual conventions are most interesting and highly educational. It is a matter of regret that in many of the provinces the attendance of medical men, other than medical directors, is altogether too low. There are, of course, extenuating circumstances. One cannot go to all conventions; parts of the program may not be of vital concern to the doctors; one may not know many delegates before going, etc., but the fact remains that problems are discussed there which are of real concern to the doctor, which he only can answer, and in the discussion of which his opinion would be of inestimable benefit to the others present.

Many questions come up at hospital conventions concerning the rights and privileges of doctors, especially in the smaller hospitals, and all too often they are "settled" without a medical man *in active practice* being present to present or defend the medical viewpoint. Recently, from the records in the library of our Department of Hospital Service, a few questions were selected which have come up in the round-table discussions at some of our hospital conventions; these round-table Conferences are now a leading feature of the programs at these meetings. A few of the questions recently raised are as follows:—Should the operating room supervisor act as first assistant to surgeons? Should the doctor be permitted to charge for services to private cases in public wards? What is to be done when staff members openly resent reorganization efforts of trustees? How can we remove undesirable doctors from the staff? Has the operating room supervisor the right to refuse permission for a clean non-urgent laparotomy immediately following a septic case? How extensive surgery should be permitted in small hospitals? Should nurses take verbal orders from doctors? What should be done when doctors do not come at the appointed hour for operations? Should pupil nurses select their own physician? To whom do X-ray films belong? Has another doctor the right to see these films?

These are but a few of the many questions discussed and answered at these conventions, and it is obvious that more medical men should be present to help mould hospital policy. The possibilities for service and the very reputations of both doctor and hospital depend upon the closest mutual co-operation. The sooner the physician or surgeon takes a little time off to study the general problems of his "workshop," the more efficient and co-ordinated will our health work become.

G. H. AGNEW.

### Group Nursing.

(The following is taken from the *New York Medical Week*, official organ of the Medical Society of the County of New York).

"Experience has not belied the promise held out by part-time and group nursing at the outset of experimentation with them on a large scale. In the institutions where they have been tried out, these methods have helped appreciably to lessen the costs of nursing attendance to the individual without depriving him of the benefits of private nursing care.

"Important as skillful nursing is under the usual system of a nurse to a patient, its cost in prolonged illnesses constitutes an excessive burden to the average middle class family. Certainly the nurse is worthy of her hire. The wage she receives is in nowise disproportionate to the service she renders, the time spent in preparing herself for it and the irregular nature of her work. The problem is to bring what she has to offer within the means of the middle class public without an economic sacrifice on her part.

"The methods which are being tried out with such success are based on the fact that most illnesses do not require a nurse in attendance at all times. There are conditions, like pneumonia, which demand all of the energies of the bedside attendant at all times. Most illnesses do not. The logical solution, in the latter instances, has proved to be practicable one as well. In the hospital, cases are grouped and one nurse placed in charge of two or three. If the patient is at home, part-time service is adopted, according to the requirements of both. Both methods have proven eminently workable.

"There is always a large number of people who desire individual nursing, even for minor ills, and are able to pay for it. They are not concerned in experimentation of this kind. On the other hand, it is to the vast majority of the public that nurses must look chiefly for employment, and this economic sector is often unable to bear the costs of personal bedside attendance.

"Any movement which will make private nursing available to them is of the utmost importance to all concerned with healing. The physician is aided in his task, the patient is obviously benefited, both personally and financially, and the nurse profits by more frequent work and better pay."

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### The Hospital and the State.

(This is an abstract of an address delivered by D. C. Sinclair, K.C., New Glasgow, at the Seventh Annual Conference of the Catholic Hospital Association held at Sydney, June 12-13, 1930, as published in the *Antigonish Casket*).

"Those of us who have anything to do with the management of hospitals are realizing more and more the need of expansion in all our institutions.

As the days go by the calls on the hospital will increase because modern medical and surgical treatment demand hospital accommodation in order to enable the physician to practice the healing art; also because preventive medicine, with its early, exact and thorough diagnosis of physical disorders is becoming more prevalent; and lastly because hospitals are becoming more popular with people. They have, through the excellent services which they have rendered, removed the ancient prejudice against themselves.

Not only is there need for expansion in our buildings, but there is need for expansion in our equipment. In recent years the strides in medical science are astounding, and we do not for a moment think that the end has been reached. At different medical centres throughout the world men are devoting their lives to the untiring search for the causes of, and the remedies for all the diseases to which flesh is heir, and their labors have by no means been in vain.

Each discovery gives relief to suffering humanity, but it requires intricate apparatus, rare metals and expensive drugs and serums to enable the practitioner to carry on his noble work of healing. Building costs are high. Medical and surgical supplies and equipment are costly, so the hospitals of the country are faced with, and will continue to be faced with, heavy financial burdens. How is this problem to be faced, for faced

it must be? The hospitals in the future must give the best service available, just as they have in the past.

There are only three sources of income:

- (a) An increase in the charges made to patients in order to make the hospitals self-sustaining.
- (b) Subscriptions, donations, and bequests from the charitably minded public.
- (c) Increased municipal or state aid.

One feels that there will be general agreement to the proposition that the object of hospitals should be to keep their rates as low as possible. The cost of sickness is an immense drain on the resources of the ordinary individual. Not only is there a large outgo during illness, but there is no income.

It is scarcely necessary to mention to a body of women who are devoting their lives to the glory of God and the care of the sick, the importance not only to the hospitals, but to the individual, of generous charitable gifts for the alleviation of suffering, and no effort should be spared in attempting to augment hospital revenues from this source. But I venture to say that even with increased rates, and the possible maximum of funds from the charitably inclined, that the need of the hospitals will not be met.

Has the municipality, or the state, responsibility in reference to financial assistance to hospitals? The state admits it by grants, at least in this province, on a per patient per diem basis, and most municipalities assist by grants.

What would be the position of the municipality or the state if the hospital decided to close its doors? The municipality would certainly have to make some provision for the care of the sick, and the state would inevitably be called upon to assist, and in that case there would be practically no revenues from charitable sources. The state pays large sums of money to bring immigrants into this country. The best subject that Canada can have is the boy or girl who first saw the light of day in a Canadian home or hospital. A sick Canadian is not an efficient Canadian. The state needs man power. She should protect her own man power.

All taxation is unfair, but the different legislative bodies have struggled to make taxation as equitable as possible. Can there be any fairer method of distributing the financial burden than by having the municipality and the state aid, to a very large extent, the hospitals which are operated as public charities in this country?

The municipality and the state would have to operate such institutions, if none existed. By aiding existing hospitals they escape, to a very large extent, the cost of management and have the advantage of charitable gifts. We all have to be born, and we are told that we cannot escape death or taxes.

An increasing number of our citizens are going to be born, and will die, in hospitals. Why should they not be taxed to support hospitals?

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On October 30th some eight nurses received their diplomas from the Training School of the Nova Scotia Hospital. Hon. John Doull, Provincial Secretary presided at the function in the absence of the Premier. The usual address from a member of the medical fraternity was delivered by Dr. A. McD. Morton of Halifax, who gave an interesting review of the history of this hospital. The Mayors of Halifax and Dartmouth took part in the speaking programme and all participated in the dance which followed. The graduates were:—Miss Mae Boutilier, Lower Sackville; Miss Katherine Grant, Granville Ferry; Mrs. Annie Redden, New Ross; Miss Marie Chisholm, Pictou; John

D. Boyce, Halifax; J. W. Landry, Pictou; Elmer MacDonald and Clyde Manuel of Dartmouth. The Wolfe medal for highest standing during the three year's course was won by Miss Boutillier; highest standing in Practical Nursing Miss Katherine Grant; Medical Nursing, John Boyce; Surgical Nursing, Elmer MacDonald.

Nearly all the hospitals in Nova Scotia are beautiful in situation, which is a very wise move. The next important matter of this character is the immediate outlook, the grounds around the building. This year has seen a number of hospitals make very great improvements in these local surroundings. We have mentioned the planning for the grounds of the Berwick Hospital, and now we note that St. Martha's at Antigonish has spent the entire summer in creating new drives, terraces, flower beds, etc. If properly maintained, these grounds will be a show place in Antigonish.

**Hospital Finances.** Should any hospital board become discouraged over the finances of the hospital, it would do them good to read the report of the New Aberdeen General Hospital. In part, this report is thus described by the *Glace Bay Gazette* reporter. He says:—

"The financial statement for the year was read and made excellent reading. The balance from the year's operating fund was well over \$3,000, and the report of the sinking fund showed that the hospital was completely cleared of debt, with a nice balance to the good. The sinking fund indebtedness estimated to be cleared in ten years was thus wiped out in six years. The hospital, while being one of the youngest institutions in the Maritimes, is probably the only one clear of debt."

We wonder if some such scheme, as is employed in a hospital for the miners, could not be worked out for the province at large, with the result of placing the burden of maintenance where it belongs.

"Hospital Bazaar a complete success", is what the *Register* says of the one held in aid of King's Memorial Hospital the last three days of October, with a final wind-up of festivities on Saturday night, November first. No matter what our theories may be as to how hospitals should be maintained, it goes without saying that the success of the undertaking of a bazaar on a large community scale, means greater interest by the local people in the hospital that could not otherwise be secured. It is a good attitude to acquire so that people are bound to talk about *Our Hospital*.

### Armistice Dinner.

The Overseas Nurses' Club held their annual meeting and dinner at the Nova Scotian Hotel, Tuesday evening November 11, 1930, with Mrs. (Dr.) E. V. Hogan presiding. Matron Doyle, as Mrs. Hogan was known in the army, at this time completed her year of service as President of the Club. In her pleasing address she referred with grace and kindly sentiment to the enforced absence through illness of one of the honored members of the Club and the nursing profession, Matron Pope, at present a patient in the Halifax Infirmary. The members were delighted to have Nursing Sister MacLatchy, who has recently been ill, again with them.

Officers were elected as follows:—

President—Miss Sadie Archard, Superintendent of Nurses, Pavillion V. G. H.

Vice-Pres.—Mrs. H. V. McLeod.

Recording Secretary—Miss Louise Macdonald, Station Hospital.

Corresponding Secretary—Miss Mary Dempsey, Public Health Centre.

Treasurer—Miss Lillian Fitzgerald, Camp Hill Hospital.

Additional members of the Executive are Matron McIsaac, Miss Margaret Macdonald and Miss Lillian Thomas of Camp Hill Hospital. A letter was received from Matron-in-chief Macdonald expressing regret in being unable to be present. The dinner and meeting was most pleasant and successful. It is also a pleasure to endorse what a reporter says of these nurses:—"The nurses of Nova Scotia contributed a proud and glowing page to the epic of the Great War. It will be recalled that one of the most splendid, if most sorrowful, incidents in the war was that Nursing Sisters Rena MacLean and Pearl Fraser played a part meeting death when the Hospital Ship, Llandoverly Castle, full of broken and helpless men, was sunk by a German submarine, one of the grossest outrages of the whole dreadful struggle."

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A Yankee talking to a Jew was boasting of his ancestor as having been at the signing of the "Declaration of Independence". That's nothing, replied the Jew, "mine was at the signing of the Ten Commandments." (Contributed).

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We learn from the *Bulletin* of the Vancouver Medical Association that the Report of the Health Insurance Commission of British Columbia will shortly be presented and will, undoubtedly, present a measure of Health Insurance to be adopted by that Province.

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## Bulletin Library

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### PRACTICAL PREVENCEPTION—A BOOK REVIEW

This is the Title Page of a book under review:—

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#### Practical Prevenception or The Technique of Birth Control.

Giving the Latest Methods of Prevention of Conception, Discussing their effect, Favorable or Unfavorable, on the Sex Act; Their Indications and Contra-indications, Pointing out the Reasons for Failures and How to Avoid Them.

#### FOR THE MEDICAL PROFESSION ONLY

By

William J. Robinson, Ph.G., M.D.

Pioneer of the Modern Birth Control Movement in America. Editor of *The Critic and Guide*. Author of "Birth Control or the Limitation of Offspring by Prevenception"—"The Treatment of Sexual Impotence and other Sexual Disorders in Men and Women"—"Woman: Her Sex and Love Life"—"Sex Knowledge for Men and Boys"—"Married Life and Happiness"—"The Menopause—Woman's Critical Age"—"America's Sex, Marriage and Divorce Problems," etc., etc.—Fellow of the American Medical Association and of the New York Academy of Medicine, Member of the American Association for the Advancement of Science, etc. Member International Committee of the World League for Sexual Reform.

THE AMERICAN BIOLOGICAL SOCIETY,  
HOBOKEN, N. J.

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In order that there be no mistake, this title page is presented, as nearly *fac simile* as possible, in order that our readers will clearly understand the aims of the book as claimed by its author. It was copyrighted by the American Biological Society in 1929, the first printing being in December of that year, the second in April, 1930 and the third in August, 1930. In writing this review we wish it distinctly understood that our recorded impressions are as free as is humanly possible of any bias that might be charged to our scientific training, social conventions or religious teachings. Further, as the literature of this and some kindred publications have been distributed to the medical profession in Nova Scotia, and as the subject has been officially commended to the Society by letter to the President of the Society, it will be in order to repeat the Resolution adopted by the Executive of the Medical Society at its last regular meeting. This was:—"Resolved—That the teaching and practice of birth control is not in the

interests of the community, either physically, mentally or morally and should only be considered by practitioners of medicine in Nova Scotia in the presence of well recognized pathological conditions". It is indeed a matter of regret that this book was not available for review in time for the Executive meeting at which this resolution was passed, so that it might have been couched in terms broader and stronger.

The outstanding feature about the book is the specific announcement that it is written, "For the Medical Profession Only." We would then expect to be treated with the respect that a teacher would show to a student body, or a post-graduate lecturer to a body of general practitioners. It comes, therefore, as a distinct shock to find this erudite author has discovered such a large number of physicians, hitherto regarded as reputable, who are ignorant of what has been common knowledge to him "during the past third of a century." Many of these physicians, chiefly "from the West and the South and from small urban and rural communities," are described as "knowing nothing or practically nothing" of this subject, yet they are "unscrupulous opponents of birth control." Then how the dear public despise this ignorant and unscrupulous body of professional men, as "there is nothing that makes the laity more contemptuous of and bitter against the medical profession than just the refusal to give preconceptive advice when it is vitally needed, particularly so because they are convinced that this refusal is not due to ignorance but to selfish unwillingness". Then he further states,—“There are physicians (almost invariably Catholics) who refuse to sterilize a woman even when she has undergone several . . . Ceserian Sections. In our opinion such refusal is sheer obscurantist brutality.” In other cases,—“only a brutish medieval mind will refuse preconceptive information to such mothers.” In another instance he refers to “some old foggy doctors opposed to birth control.” If this book is written for the profession only, the author is ignorant of the first principles of politeness or courtesy to his audience and such rawness does not appeal to the medical men in Nova Scotia nor, do we think, even to “those from the South and West.”

But the author is an authority on economics and advises us that the reason for the declining birth rate in many countries is due to his thirty-three years of pioneer work. “The reliability of the modern preconceptives can best be seen from a study of the birth rate in various civilized countries. The tremendous fall in birth rate in all countries in which preconceptive is used is so clear and unmistakable that only one mentally blind is unable to see it and to acknowledge the true cause of it.”

In a book addressed to the “medical profession only,” we naturally look for those chapters devoted to the pathological conditions where even ignorant physicians should have this vital knowledge. A chapter of nearly *eleven* pages is devoted to this phase of the matter which is thus introduced:—“This volume, *intended for the medical profession and sold by subscription only*, is not likely to fall into the hands of

people who do not "believe" in birth control. Such people belong in the kindergarten class and, if they are not convinced of the righteousness, morality, vital importance of birth control for the individual family and the race, they should go and read such books as our *Birth Control or the Limitation of Offspring by Prevention and Small or Large Families*. There they will find all the arguments in favor of birth control and all the objections against it answered. This volume assumes that the reader is in favor of preventive knowledge, and the author therefore considers any repetitions of the pro-arguments superfluous. But a brief recapitulation of the conditions which render preventive methods not only permissible but imperative will not be out of place." This immensely important field is then disposed of in ten short pages, which any fourth year medical student could write in better form, else he would never get a degree from Dalhousie.

So it is that in 230 words he disposes of "Heart Diseases," a general term for the few conditions where his teaching might be useful, and in 54 words he deals with similar "Kidney Diseases." If the book were written for physicians, here, if any where, one would expect to find some information expressed in language employed by professional men. A careful perusal of the book leads us to conclude that the author has no definite scientific knowledge and could not write a book of any value to a body of men such as the medical profession, even if preventive methods do *not form a part of the curricula of our present day medical colleges*.

Now the conclusion is quite plain that this book is not scientific and is not written for the medical profession. It is a bold attempt to tell the laity, men and women, how they can avoid pregnancy without any curtailment of sex enjoyment. The book is therefore fraudulently advertised to the medical profession, and it would appear quite proper, that both the book and its advertising should be barred from entry into Canada. This review will be brought to the attention of the proper federal authorities in due time.

For this action on the part of the BULLETIN there is a very good precedent obtained from the advertising literature which is enclosed with each volume of the book under consideration when sent to its purchasers. We learn from this that a book entitled "Married Love," written by a Doctor, Marie C. Stopes and published in England, has been ruled by a New York court as "obscene." Strange to say this book carries an "Introduction" by the author we have been dealing with, Dr. Wm. J. Robinson. It is published likewise by the "Pioneer Press", also a product, with Dr. Robinson, of Hoboken, New Jersey.

In this stand the reviewer has taken, he expects to receive the cordial endorsement of the medical profession in Nova Scotia.

S. L. W.

## THE INTERNATIONAL CLINICS

AFTER the Reviewer had written his impressions of the book on Preconception, Volume III of Lippincott's very valuable *International Clinics* came to this attention. Whether or no it would have made any difference in the review is immaterial, but this volume has several articles that makes the writer almost wish he had spoken in even stronger language. In particular we refer to two articles, one by Dr. Howard A. Kelly of Baltimore and the other by John M. Cooper, Ph.D., of Washington, D. C. Dr. Kelly writes on The Biblical Side of Contraception, while Prof. Cooper deals with The Ethics of Contraception. The short article by Dr. Kelly will be of interest to all members of the medical profession and will appear in this or the next issue of the BULLETIN.

This Volume of the *Clinics* is of special interest to the surgeon, the internist and the pediatrician. Its first division includes cases making up a Symposium from the Fifth Avenue Hospital of New York City. The next is a series of cases presented at Medical Staff Conferences at the University of California Medical School. This is followed by a section devoted to Diagnosis and Treatment, one article of which should be read by every general practitioner,—a Symposium on Epilepsy. Dehydration seems to meet with the fullest endorsement, especially in cases of children. Another interesting article in this division is a report of a Forty-Five Years' Personal Experience with Headache. Its perusal gives an idea of the change of view as to causation every few years, and yet the question is not answered.

The section on Pediatrics is made up of Contributions from the Heckscher Institute for Child Health of New York City. We have already referred to the section on Medical Ethics. The Volume concludes with "Some Personal Reminiscences of Sir William Osler, Bart., of Canada, of the United States of America, Great Britain and of the World," by Henry W. Cattell, M.D., the Editor of *The Clinics*. We do not recall having read the concluding incident that he relates. Here is the report in a medical journal of an after-dinner speech delivered by Dr. Osler:—

"It may not be known that part of the reason I love my fellow practitioners in the country, rather more than my fellow practitioners in town, is that I narrowly escaped being a country doctor. I was brought up in the office of a country doctor and he has often told me that the saddest hours of his life were those he spent while I was his office student. I never did appreciate drugs, and didn't even understand the importance of keeping each one in its proper place, but generally managed to put the morphia bottle where the quinine ought to be, so that my preceptor had difficulty in the dark to find them, and on one occasion he nearly poisoned his best patient. What determined me that I was not capable of being a country doctor is this: A week after my graduation my preceptor was compelled to leave home for a while, and I was called one dark night way back in the country to attend a primipara. My, I had a sad time, an awfully sad time; but, oh, the woman had a worse time. It gives me a cold shudder still to think that before that woman was delivered I had nearly all the practitioners in the neighborhood

summoned. I determined, Sir, that I would never, under any circumstances, wait so long for assistance in a case I didn't know anything about, and I can sympathize with the country doctor when placed in similar circumstances."

The *International Clinics* is published by the J. B. Lippincott Company and may be ordered from the firm at their Montreal Office, price \$3.00. Please mention this Journal when writing.

S. L. W.

### The Biblical Side of Contraception.

By Howard A. Kelly, M.D., Baltimore.

I speak as a Christian guided by the precepts and ideals of the Bible as well as by the light of a quickened conscience. I oppose contraception for the following reasons:

The relation between husband and wife is sacred as an expression of the oneness of the married state and the highest expression of affection.

Meddling with the relation, violating the natural law, is impure and degrading to both men and women, and therefore immoral.

Meddlesome attempts to regulate conception are especially degrading to the wife who is treated as a prostitute, a mere vessel of convenience for her husband, as in the vast Moslem world and in China and India.

The control of the birth rate, if right and desirable for health reasons, is attainable by continence which contravenes no law and is at times commendable.

A rightly ordered married life frequently calls for protracted periods of continence, establishing the principle.

Official sanction of contraception stamps the sex relation as an imperative necessity and enthrones lust in the life, justifying the degraded moral conditions in seaports, the abuse of captured women in war time by soldiers, and sanctioning the conduct of naval officers who might seek a wanton in every port, thus adding to the wholesale degradation of womanhood and consequently of our whole race.

God punished Onan with death for a violation of the natural relationship as well as in refusing his duty as an Israelite to his deceased brother; the act was a sin punished by death.

Such regulatory contraceptive teachings are but futile attempts to remedy a profound social evil, namely, the distressful condition of many of the poor and their insufficient wage, while tending to relieve the employer of his duty to concern himself in the welfare and remedial care of his employees.

The tacit sanctioning of the indifference of employees to their obligations by attempts to aid (sic) their poor employees by contraceptive methods limiting families results in the breaking down of fundamental social moral standards.

The poor who are supposed to profit most by the advice given are the very ones who will give it the least heed. The rich and the hedonists, however, will all grasp their opportunity and consider the recommendations as a sanction for the violation of the law of purity, without which a nation exists but in name.

The true remedy lies in the propagation of a genuine Christian faith among all classes; no regulatory or "be practical" plan to overcome social maladjustments has ever succeeded when God was left out.

The attendant evils which proponents seek to minimize, far outweigh the problematical estimated advantages, for the result assuredly will be a great increase in sex promiscuity, even to the encouragement of such intimacies among our boys and girls of school, high school, and college age. The open discussion of these matters already has had a notable effect in these channels.

The spreading of such an evil as contraception also surely will entail an enormous increase of syphilis and gonorrhoea with the attendant national deterioration. (*International Clinics*, Vol. III, September, 1930, Page 243).

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### REVISION OF MEDICAL COSTS

**A**LL careful observers of medical progress are convinced that its economical phases are already presenting new problems. That leading newspapers are giving prominence to this certain development indicates it should be recognized and carefully considered by the medical profession. A Nova Scotia daily paper presents the following, appearing in the Chicago *Daily News* under the heading noted above:—

"Medical Societies in various parts of the country are taking up in earnest the problem of the high cost of illness. For example, at a lively meeting the other day, the Medical Society of New York County discussed the matter pertinently from several points of view. Every speaker urged modernization of the economics of medicine.

The present system of treatment, hospitalization and nursing, one eminent physician asserted at the meeting, was unfair to all concerned. A complete reorganization was inevitable, he said, and the medical profession should direct it in co-operation with other social groups. The cost of illness to the general public and especially to the men and women of moderate means in his opinion would have to be considerably reduced.

The trend in medicine is exemplified by the action of two New York hospitals in building new wings for the special use of patients of moderate means. Endowments and contributions are being solicited for the partial support of that branch of hospital service.

A national committee of physicians, sociologists, and economists is studying the problem of medical and hospital costs, and in time will propose remedial measures. Meanwhile, as the New York Medical Society suggests, individual physicians and organized medical groups should prepare, through study and discussion, to play worthy parts in the coming readjustments of the business and administrative sides of the science of medicine."

**Medical Journal, University of Western Ontario.**

The latest addition to the BULLETIN Library or our Exchange list is Volume I, Number I, of a sixty-paged Medical Journal to be the Official Journal of the University of Western Ontario, London, Ontario. It is quite evident that time had been taken by the forelock in this case, for this issue has on its face nothing to indicate that it has not made an appearance before, save its own statement. That a University should have its journal goes without more than the saying, but among these, one that has only its Departments of Arts, Medicine and Public Health, must find such a journal the most effective way to bring its work to the public attention.

Some Universities with Schools of Law, Medicine, Arts, Theology (often of several varieties), Dentistry, Pharmacy, Science, etc., etc., appear to appeal to the younger generation as cosmopolitan in effect and purpose. The appeal of Western would appear to be to the hearts and minds of its student body, to ensure service for the men and women of the portion of the country constituting its immediate field. Service to the people would be its aim, a training for practical living.

However, the attention given to Medicine, Public Health, the Science of Nursing, Physical Education make it especially appropriate that its official journal should be a Medical Journal.

Most sincerely we welcome this Journal to our office editorial desk and wish it many years of valuable service. S. L. W.

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**CANCER**

**54 ARTICLES BY WORLD LEADERS**

**CONTRIBUTORS**

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MONTREAL

## Branch Societies

### CUMBERLAND COUNTY SOCIETY

**T**HE Cumberland County Medical Society held its annual meeting at Highland View Hospital, Amherst, on Monday, October 20th, 1930. The following members of the Society were present:—Doctors MacQueen, Mackintosh, Sutherland, Robertson, Goodwin and Purdy of Amherst; Hill of Parrsboro; Drury of Maccan and Simpson of Springhill; Calkin and Gass of Sackville, MacNutt of Port Elgin and Barnhill of Bayfield, with the three visiting physicians,—Doctors R. St. J. Macdonald and Seng of Montreal and Murray of Tatamagouche, the President of the Medical Society of Nova Scotia. The attendance was thus excellent and the meeting very much enjoyed.

Both an afternoon and evening session were held supplemented by a "Get together" session at the Terrace Hotel when the visiting doctors, the speakers and out-of-town men were guests of the medical fraternity of Amherst. The lectures were highly instructive and the subjects considered were as noted in the October BULLETIN. The very practical review of our present knowledge of the prevention of several communicable diseases was timely and illuminating as was the lecture on renal infections and haematuria. Doctor Murray's presentation of the continued need by the general practitioner particularly in country districts of post-graduate medical education was an endorsement of the C. M. A. Post-Graduate Lecture Course which was fully endorsed by every member present.

Some regret was expressed that the General Secretary of the Provincial Society was not present, it being intimated that he should attend at least one meeting of each Branch Society during the year.

Officers for the coming year were elected as follows:—

President . . . . . Dr. A. H. L. Simpson, Springhill.  
 Vice-President . . . . . Dr. F. L. Hill, Parrsboro.  
 Secretary-Treasurer . . . . . Dr. W. T. Purdy, Amherst.

Representatives to the Executive of the Medical Society of Nova Scotia, Dr. M. J. Wardrope, Springhill and Dr. A. E. MacIntosh, Amherst.

### THE VALLEY MEDICAL SOCIETY

#### Semi-Annual Meeting, Wolfville, N. S.

The Semi-Annual meeting of the Valley Medical Society met in the Administration Bldg., Acadia University, on Tuesday, Oct. 28, 1930 at 3 P. M. with Dr. Sponagle in the chair, the minutes of the last meeting were read and approved.

Several communications were read by the secretary, including two telegrams one from Dr. Walker, Halifax and the other from Dr. White,

Bridgetown, sending regrets at not being able to be present and wishing the meeting every success.

Dr. McKinnon of Berwick proposed the name of Dr. Carl H. Smith of Berwick for membership in the Valley Medical Society, this was moved, seconded and carried. The President then called on Dr. Atlee of Halifax, to open the Programme, his subject being, "Puerperal Infections and their treatment". He discussed in a clear and practical way, cases of Septicaemia, and Sappremia, and described the signs, symptoms and treatment of Pelvic Cellulitis, Pelvic Peritonitis, Thrombo-Phlebitis, etc. He took up the treatment with and indications for Anti-Streptococcus serum and blood transfusions. Dr. Atlee illustrated his lecture with lantern slides, after which a very splendid discussion followed.

The next paper was delivered by Dr. M. I. Seng of the Royal Victoria Hospital, Montreal, on "Renal Infections". Dr. Seng spoke specially of infection by Cocci, B. Coli, and Tuberculosis, he said the Tbc Bacilli might lodge anywhere in the kidney. He discussed Perinephritic abscess and the differential diagnosis in regard to the important diseased conditions met with in the kidney and surrounding structures, such as Pyelitis, etc.

In reference to pyelitis of Pregnancy, the treatment here was good common sense, put the patient in bed, flat position, lots of heat, flush the kidneys, lots of water, and the speaker emphasized especially the use of the hot rectal irrigations. In discussing Renal Tuberculosis, this, the speaker said was never primary, diagnosis made by examination of the Urine, not always easy to find the bacillus, but if you persist will find it.

Dr. Seng illustrated his very highly instructive and practical address, by showing some interesting lantern slides. A good discussion followed.

The third and last paper of the afternoon was presented by Dr. R. St. J. MacDonald of Montreal on "Recent advances in Preventive Medicine."

Dr. MacDonald took up in detail Diphtheria immunization, and discussed fully the most recent work done in regard to Scarlet Fever, Measles, Smallpox, Anterior Poliomyelitis, and Undulant fever. In regard to the last mentioned this was transmitted by raw cows milk, and that in some districts many cows were affected. He urged the pasteurization of milk, especially for children under two years. In regard to the subject of active immunization against tuberculosis, the prophylactic value had not been definitely proven. As the hour had reached 6.30 P. M., the session adjourned to meet in the evening.

The Banquet was held at Evangeline Inn, about thirty members being present, Mayor Balcom of Wolfville was a guest, and in a very pleasing address welcomed the visiting physicians to our town and also mentioned the fact that the University authorities were only too glad to give the use of any class rooms for our meetings. Mayor Keddy

of Windsor also spoke briefly and thanked the Valley Medical Society for inviting the medical men of Windsor to our meeting.

The evening session was called to order by the President at 8 P. M. The first address was given by Dr. R. St. J. MacDonald, on the "County Health Clinic," the speaker explained in a very forceful manner, the work that was being done throughout Canada, and yet how far behind some of the Provinces were in failing to grapple with this important advance in regard to establishing county health units. Both of Dr. MacDonald's papers were thrown open for discussion, and a great many vital questions were asked and answered in connection with contagious diseases, as well as the county health unit.

The second paper of the evening was by Dr. Seng, on Significance of blood in the Urine. The speaker discussed Stone in the Kidney, ureter and bladder, also foreign bodies in the bladder, tumors of the kidney, and tuberculosis of kidney. In statistics that had been taken along these lines, they had found that tuberculosis, stone and tumors formed 70% of the causes of blood in the Urine. Dr. Seng stressed the danger of using glass catheters, and told of cases where they had broken off and the difficulty of removal.

The last speaker of the evening was Dr. Atlee, his subject being the handling of a difficult case of labor. This was listened to with great interest, and both Dr. Seng's and Dr. Atlee's subjects brought forth a full discussion, this concluded another very successful meeting of the Valley Medical Society, and the fact that the evening session was as large as the afternoon, and that nearly every member remained until the meeting adjourned at 10.45 P. M., showed the keen interest displayed by all present. The attendance was thirty-five, including four visiting doctors from Windsor, and eight graduate nurses from our own town and one from Berwick.

C. E. A. DEWITT, M.D.,  
Secty,  
Valley Medical Society.

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#### LUNENBURG-QUEENS BRANCH

There was a regularly called meeting of the Lunenburg-Queens Branch of the Medical Society of Nova Scotia held in the Council Chamber of the Town Hall on Friday afternoon, October 24th. 1930. The following members were present:—Doctors Cochran, Campbell, Creighton, Morrison, Davis, Cameron, Zinck, Hewitt, Barss, Rehfuss, Smith (F. P.), Smith (J. W.), Donkin and visitors, Doctors Macdonald, Seng, Burns and Walker. This Society has 22 members and thirteen of them were present at this meeting which was a very good attendance.

On motion, it was agreed to devote the time of the entire meeting to the papers and addresses of the visitors, their meeting here being one of a number held in the Province under the auspices of the Canadian Medical Association Post-Graduate Lecture Course.

Dr. R. St. J. MacDonald, Professor of Hygiene and Public Health of McGill University, took as his subject,—“Recent Advances in Preventive Medicine.” Communicable is a better term to use than contagious or infectious, being more scientific and applicable to all diseases usually considered in any public health discussion. In all these diseases the great principle of study is that of immunity, along this line most research work is proceeding at the present time.

*The Common Cold* is the cause of 45 per cent. of absenteeism in modern industry. The germ or germs are still unknown and various vaccines are used, about 50 per cent. being of value for immunity purposes.

*Diphtheria.* It is clearly the duty of physicians to advise the immunization of all children, especially those between 6 months and 6 years of age. Three doses three weeks apart will secure immunity in 95 per cent. of children exposed. This is an opening for the physician to treat children of the pre-school age, otherwise they may come to the School Doctor or the Health Officer.

*Scarlet Fever.* Here we are not so positive as to the value of our present methods of immunization, but it is acknowledged that nurses and all attendants should all be immunized.

*Tuberculosis.* Attention is still directed to efforts towards immunization especially those employed by Calmette. The physician should insist that pasteurization is our chief agency in combatting gland and bone tuberculosis. Not even certified milk is regarded as sufficiently safe.

*Small Pox.* It is quite apparent that laxity has entered into the enforcement of the vaccination regulations. In view of the development of certain nervous complications it has been decided in England not to vaccinate when Poliomyelitis or other nervous affections are present. Vaccinations should be early made, from the 2nd to the 6th month, there should be very little scratching and no dressings should be used. The Conscientious Objector clause in the Regulations should be rescinded and vaccine should be properly kept.

*Infantile Paralysis* is spread by direct contact or transmission by ingestion. A serum for treatment is now available that can be kept for a space of three years. A very excellent report on the transmission of the disease has been issued by the Health Department of Manitoba. The after care, massage, etc. is very important.

*Measles* should be regarded as a serious disease. A passive immunity for 5 to 8 weeks can be secured for children who are unwell, but most dependence is placed upon adult serum for immunity.

*Whooping Cough.* Active immunity may be obtained by serums giving three injections.

*Undulant Fever* is now a major problem. It is stated that 30% of all cows in some countries are infected. The reason that the disease does not appear in children is thought to be that under puberty they are not susceptible. The disease is frequently found in workers with

animals and their carcasses. The first step is to pasteurize all milk or at least it should be boiled. Boiled milk loses none of its virtues in the boiling. Workmen should wear rubber gloves working about cows, goats, etc. Every effort should be made to eradicate the disease in cows.

*Rabies.* The general practitioner should at once treat the bite with fuming nitric acid, this to be followed later by protection doses of serum against tetanus.

*Preventive Pediatrics.* Here is now a large opening for the pediatrician, 50% of the work being to give advice to mothers. The people are beginning to ask that their children be kept well.

An interesting discussion followed Dr. Macdonald's address, several of the doctors having recently seen cases of Poliomyelitis.

Dr. Gerald R. Burns of the staff of the Victoria General Hospital, presented a paper on "Heart Conditions that may Simulate the Acute Abdomen." As this paper will be published in full in the BULLETIN an abstract will not be given in this report.

Dr. I. M. Seng of the Royal Victoria Hospital, Montreal, gave the third paper of the session, his subject being, "Renal Infections." He outlined the pathology of the kidney, pointing out the routes of infection, all being blood borne. He dealt with peri-nephritic abscess, acute pyelo-nephritis and tuberculosis, their symptomatology and treatment. Dr. Seng lauded the real old fashioned Linseed Meal Poultrice to the delight of some of the older men present. His lecture was illustrated by lantern slides and was much appreciated. It is hoped this, too, will be available for careful reading by the profession by its publication in the BULLETIN.

The President extended the thanks of the members to the visiting doctors for their valuable contributions to the members present. The visiting doctors were entertained at dinner by Dr. Reh fuss and left Bridgewater for Yarmouth by the Saturday morning train.

C. A. D.

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#### CAPE BRETON COUNTY SOCIETY

The opening meeting of the Cape Breton Society for the 1930 to 1931 season was held Thursday evening, October 23rd, 1930 at the Isle Royal Hotel. The meeting began with a banquet and was presided over by the President, Dr. A. K. Roy of North Sydney, the chief visitors being Dr. W. G. Morgan, President of the American Medical Association; Professor R. St. J. Macdonald of McGill University and Dr. I. M. Seng of the staff of the Royal Victoria Hospital, Montreal. The Toast list was short but brought forth good speeches. After the King, Dr. Tompkins proposed The Canadian Medical Association to which Professor Macdonald responded. Dr. Seng then proposed The American Medical Association to which Dr. Morgan responded.

It was a great pleasure to have Dr. Morgan at the meeting. For 26 years he has been a regular visitor and now he is building a summer home in Ingonish. He said:—"I know of no spot on earth that equals the Bras d'Or Lakes and North Victoria County for scenic beauty." When speaking after the address of Dr. Macdonald, Dr. Morgan emphasized the absence of disease in places where pasteurized milk only is sold. He mentioned the report of the Toronto General Hospital that among all patients treated for gland and bone tuberculosis, none were from the City of Toronto. All milk sold in Toronto is pasteurized, these patients all come from surrounding districts where no such regulation exists.

Dr. Macdonald dealt with "Recent Advances in Preventive Medicine," taking up each communicable disease, pointing out present methods of control and prevention. The tendency is very strong towards immunization as the best agent to prevent these diseases, it should be compulsory in Diphtheria, advisable for all nurses and attendants in Scarlet Fever and of about one-half efficiency in prevention of the Common Cold.

It was further pointed out that the family physician should be most largely interested in this means of prevention as the pre-school age is best for this immunization. Indeed, there is a great future and 50 per cent. of his work will be giving advice to mothers. The family physician may soon be paid to keep the family well. The ensuing discussion brought out the idea that the public are behind the demand for prevention and medical men must concur.

Dr. Seng addressed the meeting on the subject of "Renal Infections." Very briefly, but clearly, he reviewed the pathology of diseases of the kidney, pointing out the routes of infection and the natural formation of perinephritic abscess. He dealt with the symptomatology and treatment of abscess, pyelitis (colon bacillus infection) and renal tuberculosis, always secondary. His address was illustrated by lantern slides. The discussion of both papers was shared by Doctors Lynch, McLeod (J. K.), Johnstone, Roy and others.

A Resolution re Tuberculosis was moved by Dr. J. K. McLeod and seconded by Dr. J. J. Roy was passed unanimously to the following effect:—That the Cape Breton Medical Society Branch of the Medical Society of Nova Scotia goes on record as being of the opinion that the establishment of Sanitaria in other parts of the province for the treatment of tuberculosis would be more effective in preventing and controlling this disease. Over thirty members were in attendance.

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## WANTED.

The people of Georgetown and vicinity, P. E. I., desire the services of a Doctor. This is a good location, the field is now vacant. For full particulars apply to Dr. John MacIntosh, 30 Coburg Road, Halifax, Nova Scotia.

S. L. WALKER.

## Correspondence

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### Kind Appreciation.

44 Victoria Street, Toronto,  
November 6, 1930.

Dear Doctor:—

We have always enjoyed doing business with the physicians of Nova Scotia. We have enjoyed it even more, of late years, because of the splendid co-operation we have received from the Nova Scotia Medical Bulletin and its capable business editor, Dr. S. L. Walker. That you may enjoy a Merry, Merry Christmas, and that the Good Year 1-9-3-1 may prove to be most prosperous for all of you, is the sincere wish of the entire staff of The Medical Audit Association.

Cordially yours,

(Signed) C. W. BUCHANAN,  
Manager.

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S. L. Walker, Esq., M.D.,  
183 Hollis Street,  
Halifax, N. S.

Dear Doctor:—

We have to acknowledge receipt of your letter of recent date and wish to thank you for bringing to our attention the opportunity to extend to the Doctors of Nova Scotia our New Year Greetings.

Unfortunately the time is too short to take advantage of your kind offer for the December issue, but we are most pleased to take an additional half-page space in the January issue.

The plate for this advertisement will be forwarded to you within a few days.

Appreciating your interest and co-operation, we remain,

Very truly yours,

MERCK & CO., LIMITED.

412 St. Sulpice Street,  
November 18th, 1930.

Dr. S. L. Walker, Business Editor,  
The Nova Scotia Medical Bulletin.

Dear Dr. Walker:—

As an acknowledgement of the co-operation afforded in connection with our advertising in the Nova Scotia Medical Bulletin, may we state that we are deeply grateful for the same.

We consider the Bulletin as one of the important Society publications of the Dominion, carrying as it does such interesting and worthwhile material. It, no doubt is much esteemed by its readers. We have watched its continued progress and are glad to have had our advertising appear in it.

Will you please convey to your Society our thanks for the many courtesies which have been extended and assure them that they are appreciated.

With all good wishes for the coming holiday season and the New Year, we remain,

Sincerely yours,

PARKE, DAVIS & Co.

Per F. A. Millard, M.D.

## FERRO-CATALYTIC

FOR THE TREATMENT OF IDIOPATHIC LOW COLOUR INDEX  
ANAEMIA

Gratifying Reports continue to be received from Canadian physicians anent the satisfactory results from the administration of Ferro-Catalytic, originated in the Frosst laboratories, for the treatment of low colour index anaemia. These reports further confirm the careful clinical work which had previously indicated the value of this preparation in those cases of anaemia which did not respond to the ordinary accepted methods of treatment.

The results of preliminary experimental work with our capsules containing iron and copper, carried out by a member of the staff of the Montreal General Hospital form the subject of a report in the Canadian Medical Association Journal, Vol. XXII, No. 2, February 1930, from which the following paragraph is quoted:

"Cases of this disease of long duration were treated with a combination of iron and copper in capsules given by mouth. Prompt improvement followed in all cases, with restoration of the blood to about its normal level."

For use in cases where administration by capsules is unsatisfactory (as with children) Syrup Ferro-Catalytic is at the physician's service.

### FERRO-CATALYTIC

S. E. C. No. 82 "Frosst"

|   |                             |          |
|---|-----------------------------|----------|
| R | *Blaud .....                | = 30 gr. |
|   | Copper (as Carbonate) ..... | 1/48 gr. |
|   | Phenolphthalein .....       | 1/12 gr. |

\*Approximately three grains of iron in the Ferrous state.

Dose:—One capsule three times daily after meals.

Boxes of fifty capsules.

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MONTREAL

### SYRUP FERRO-CATALYTIC

No. 36 "Frosst"

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|---|-----------------------------|----------|
| R | Iron Glycerophosphate ..... | 14 gr.   |
|   | Copper (as Sulphate) .....  | 1/48 gr. |
|   | Syrup q. s. ad .....        | 2 dr.    |

Dose:—Infants and children— $\frac{1}{2}$  to 1 teaspoonful, three times daily.

Adults:—2 teaspoonfuls three times daily.

In common with iron preparations in general, syrup Ferro-Catalytic tends to cause constipation. It is suggested that a suitable laxative, such as fluid extract cascara or phenolphthalein in small doses be given to offset these effects.

## OBITUARY

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ROBERT GORDON MACLELLAN, M.D., C.M., Dalhousie 1909,  
Lunenburg, N. S.

THE death occurred at the Victoria General Hospital November 9th, 1930 of Dr. R. G. MacLellan of Lunenburg after a comparatively short illness. It was apparent to his medical confreres for a number of years that he was not well and this was particularly noticeable since the death of his former partner, Dr. A. E. G. Forbes, on July 3rd, 1927.

Dr. MacLellan was born in Pictou 48 years ago. He was a son of the late Dr. R. G. MacLellan, a former Principal of Pictou Academy. His preliminary education was secured at Pictou Academy and Dalhousie University, graduating in Medicine in 1909. He is remembered at Dalhousie as an effective football player, tall and rangey as compared with his cousin and classmate Dr. E. Kirk MacLellan quick though stocky. Immediately upon graduation he entered into partnership with the late Dr. Forbes who had been in practice a few years. Dr. MacLellan was the internist of the firm and for many years they had a very large practice and their work was excellent. For the last two years, Dr. MacLellan was in partnership with Dr. H. A. Creighton, a Dalhousie graduate of 1924.

Ever since graduation, Dr. MacLellan identified himself with the Lunenburg-Queens Medical Society and with the Medical Society of Nova Scotia, always taking part in the discussion of papers or cases presented, and keeping up his membership also in the Canadian Medical Association. He was a valued citizen of the town in which he lived, of a kind and sympathetic nature and constant in all activities for the betterment of the community. He was a friend of the youth and much interested in local sporting matters.

Dr. MacLellan is survived by his wife, who was Miss Hazel Primrose of Pictou and a son, Robert G. MacLellan. His remains were taken to Pictou where interment took place on Tuesday, November 11, 1930. To those who mourn his passing the BULLETIN and the members of the Medical Society of Nova Scotia extend sincere sympathy.

TO  
The Medical Profession  
of Canada

The Best of Good Wishes  
for

*A Merry Christmas*  
and

*A Happy and Prosperous*  
*New Year*



DECEMBER 1930



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## Locals and Personals

### C. M. A. NOVA SCOTIA NOTES

**D**R. E. Gordon Young, Professor of Biochemistry at Dalhousie University, has been elected president of the Nova Scotian Institute of Science.

The Payzant Memorial Hospital, Windsor, recently completed its twenty-fifth year of activity, and graduated its first class from its training school for nurses.

At the annual meeting of the Provincial Medical Board of Nova Scotia, held at Halifax on the 6th of November, Doctors J. G. MacDougall and W. H. Hattie were re-elected President and Registrar, respectively.

Several of the branches of the Medical Society of Nova Scotia have profited recently by lectures arranged by the Committee on extra-mural post-graduate teaching of the Canadian Medical Association. The personnel of teams included Drs. R. St. J. MacDonald, R. E. Powell and M. Seng, of Montreal and Drs. H. B. Atlee and G. R. Burns of Halifax. Dr. D. Murray, president of the Medical Society of Nova Scotia, accompanied the teams to some centres and spoke on the importance of medical organization.

It is reported that the tenders received for the construction of the proposed new infirmary building of the Nova Scotia Sanatorium are all so greatly in excess of the estimated cost of the building, that considerable revision of the plans will be made and new tenders asked for.

At a largely attended meeting held at Halifax on the sixteenth of October, when representatives, including a number of physicians from all sections of the province were present, it was decided to form a Nova Scotia Society for Crippled Children. Mr. J. C. Gass, of Halifax, was elected president of the new organization. Mr. Edgar F. Allen, of Elyria, Ohio, widely famed for his interest in crippled children, affectionately called "Daddy" Allen, was in attendance and gave the new society his blessing.

The Halifax branch of the Medical Society of Nova Scotia opened the session of 1930-31 by a dinner meeting at the Lord Nelson Hotel on the evening of October 15th. The president, Dr. W. L. Muir, delivered his presidential address, in which he reviewed most interestingly the history of anaesthesia from the time of Adam's deep sleep. He referred to the first use of chloroform in Nova Scotia in March, 1848, when J. D. B. Fraser, a chemist of Pictou, administered chloroform of his own making to his wife in her confinement. Very shortly afterwards chloroform made by Mr. Fraser was used in Halifax in amputation cases under Dr. Wm. J. Almon, who became a member of the Senate of Canada at the time of confederation. Dr. Muir's address abounded in anecdote and appropriate quotations from literary men.

# HY<sup>R</sup>TEX

## A Health Fabric Developed by Paediatricians

**HYTEX**—Hygienic Textile—is the result of a series of experiments in the Research Laboratory, Department of Paediatrics, University of Toronto, and Hospital for Sick Children, to discover the ideal fabric for children's underwear, and diapers.

In producing HYTEX it is our aim to combine the heat retention qualities of wool with the absorbent qualities of cotton. The outside layer of HYTEX is pure Botany wool; the inner is finely combed, decorticated cotton. The result is a fabric which prevents the escape of natural body heat and eliminates wool itch and wool rash. The special decorticated cotton instantly absorbs body

moisture... body clamminess is eliminated. Owing to the special structure of HYTEX knitting, this fabric provides healthful ventilation—it will not shrink.

We invite your further suggestions and comment and, to that end, would be pleased to send you informative literature and free sample garment. Please write us.

### Hytex Diaper Fabric

... of combed decorticated  
Kai, is soft, non-irritant, absorbs  
three times its weight in water and  
its knitted construction does not  
restrict the natural movements of  
the infant's body but conforms to  
them. It washes more easily and  
wears longer than a woven fabric  
without its efficiency being de-creas-  
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WOOLLEN UNDERWEAR COMPANY, LIMITED

72 CRAWFORD STREET

TORONTO

A clinical meeting of the Halifax Branch of the Medical Society of Nova Scotia was held at the Victoria General Hospital on the 29th of October. The session was devoted to the presentation and discussion of surgical cases. Dr. H. K. MacDonald dealt with surgery in the diabetic. Dr. W. Alan Curry showed a case in which the patient had been intensely jaundiced owing to blocking of the common duct by a stone, in which it was necessary to restore coagulation time to normal before he operated. Dr. Frank Mack discussed intravenous pyelography, demonstrating films of cases in which he had used uro-selectan. Dr. N. H. Gosse presented a case of biliary colic in which there had been reason to diagnose malignancy. At operation he had found advanced malignancy of the gall bladder with extension into the liver. Dr. C. E. Kinley demonstrated a case of haemophilia. Profuse bleeding had followed extraction of a tooth, which could not be controlled by haemostatics. Repeated transfusions gave a satisfactory result. A brother of the man had died from loss of blood. Dr. Victor Mader reported a case of cancer of the hepatic flexure with a diverticulum of the duodenum. Films in this case were shown by Dr. Johnston, who explained their utility in determining malignancy and demonstrating the diverticulum.

Dr. M. Jacobson of Dartmouth, whose return to Halifax has been noted elsewhere, has opened an office at 303 Brunswick Street, Halifax.

Dr. Jemima MacKenzie, Dalhousie 1904, a medical missionary in India, has recently been visiting in Nova Scotia, being on an extended furlough. Contrary to what should be these furloughs are seldom much of a vacation and Dr. MacKenzie has been especially busy addressing meetings in the interests of the United Church

Dr. F. T. McLeod of New Waterford spent several days the latter part of October in visiting friends and relatives at his former home in New Glasgow.

Two numbers of the Dental Profession resident in Halifax, have been charged with the honor and duty of directing the affairs of the Canadian Dental Association for 1931. Dr. A. W. Faulkner, President and Dr. J. Stanley Bagnall, re-elected Secretary-Treasurer.

Mrs. Bell, wife of Dr. John Bell of New Glasgow, spent considerable time in Halifax during October and November discharging her duties as a member of the Board on Mothers' Allowances.

Following close upon his election as a Fellow of the American College of Surgeons, Dr. F. R. Davis was recently unanimously elected to direct the destinies of the Liberal Association of Lunenburg County as its President for the coming year.

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 ACCEPTED, COUNCIL ON PHARMACY AND CHEMISTRY, A.M.A.
 

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OCTOBER 1st, 1930**

Mead's Viosterol in Oil is now designated 250 D because, in accordance with the provisions of the Wisconsin Alumni Research Foundation, we are now assaying the product by the Steenbock method. Before October 1, 1930, this same product was assayed by the McCollum-Shipley method and was designated 100 D. This was done in the belief that this method gave results comparable with that prescribed by the Wisconsin Alumni Research Foundation for its licensees. It was discovered, however, that when assayed by this method the potency of the product was virtually 250 D in comparison with products standardized by the Steenbock method.

Mead's Viosterol in Oil, 250 D (Steenbock method)—in normal dosage—is clinically demonstrated to be potent enough to prevent and cure rickets in almost every case. Like other specifics for other diseases, larger dosage may be required for extreme cases. It is safe to say—based upon extensive clinical research by authoritative investigators (reprints on request)—that when used in the indicated dosage, Mead's Viosterol in Oil, 250 D is a specific in almost all cases of human rickets, regardless of degree and duration, as demonstrated serologically, roentgenologically and clinically.

The change in Mead's Product is in designation only—not in actual potency. Mead's Viosterol in Oil, 250 D—in proper dosage—continues to prevent and cure rickets.

**MEAD JOHNSON & CO.**  
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—Pioneers in Vitamin Research—

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**PREVENTS AND CURES RICKETS**

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Dr. G. R. Forbes of Kentville received considerable prominence not long since in connection with a shooting affray in the Town of Kentville. After being called "a young and inexperienced coroner" by a Halifax Daily, it must have been a satisfaction to have a Grand Jury, advised by learned Counsel and charged by a learned Judge, approve of his finding. The charge of being a young man is unfair, but we remember hearing an old doctor at one time speak of a recent graduate starting practice in the older doctor's field as well educated "but a young man." Perhaps we use the word sometimes in a disparaging manner which recoils upon the speaker.

A brilliant social affair at the Lord Nelson Hotel was the Annual Dance of the Dalhousie University Medical Society. The very charming and gracious hostesses for the occasion were Mrs. K. A. McKenzie, Mrs. J. G. McDougall, Mrs. H. K. McDonald and Mrs. E. K. Maclellan. Over three hundred were present and the Joe Mills orchestra gave an excellent programme of dance music. The Committee for the event, Messrs. Budd, Ross, Fraser and McKenzie, were heartily congratulated upon the success of their efforts.

The Dental Profession may claim much credit in the matter of Anaesthesia. The Editor, who has been putting off a much needed dental treatment for some months, is delighted to learn that the dentists of Sydney, Glace Bay, Sydney Mines and Mulgrave have had recently demonstrated before them modern methods of local anaesthesia by which it is "possible to have all dental work done absolutely without the slightest pain." If this is verified by our coming experience, our dentist will be truly our friend for life.

The wedding took place in October in Bethel, Conn. of Miss Virginia MacLean, daughter of Mrs. Blanche MacLean of Wolfville to Mr. A. A. McLeod of New York City, formerly for many years Y. M. C. A. Secretary at North Sydney. The bride will be remembered as the daughter of the late Dr. M. T. MacLean of North Sydney.

**Ratchford-Mahoney.** At St. Mary's Church, Westville, on October 29th, 1930, Dr. H. A. Ratchford of Inverness was married to Miss Mary Mahoney, R.N. The groom is a son of Mr. and Mrs. J. W. Ratchford of Sydney, a graduate of the Medical School of Dalhousie in 1925. The bride is a graduate of the Nurses Training School of St. Martha's Hospital and has been on the nursing staff of St. Mary's Hospital, Inverness since its opening about five years ago. Since graduation, Dr. Ratchford has been surgeon to this hospital. The honeymoon trip included New York and other cities. Congratulations.

Dr. F. E. Walsh of Springhill has been gazetted, Lieutenant, C.A.M.C., 1st Bn. Cumberland Highlanders.

# The Lord Nelson Hotel

HALIFAX, N. S.



## To the Members of The Medical Society of Nova Scotia and their Friends

God Rest You, Merry Gentlemen, some part of this Christmas Day, 1930, in the Hotel You Opened in October 1928. Everything that suggests the Bounteous and Merry Christmas of Old England will be in Evidence, —Yule-log, Ivy, Holly, Christmas Trees, Songs, Carols and a real

### ...❧ Christmas Dinner ❧...

Every form of Entertainment the Modern Hotel can furnish,—Decorations, Favors, Music and Dancing will fill the Fleeting Hours of a Day you will long Remember.

Wherever you spend this Christmas Day, in your own Home, or at Home at the Lord Nelson, the Company wishes you

A MERRY CHRISTMAS and  
A HAPPY NEW YEAR



### THE CHRISTMAS DINNER

"Lo, now has come the joyful'st feast,  
Let every man be jolly.  
Each room with yoiie leaves is drest,  
And every post with holly;  
Now all our neighbours' chimneys smoke,  
And Christmas blocks are burning;  
Their ovens they with baked meats choke,  
And all their spits are turning.  
Without the door let Sorrow lie,  
And if for cold it hap to die,  
We'll bury't in a Christmas pye."

Some time ago the writer made inquiries as to whether the hospitals in Cape Breton could not secure the services of an expert Pathologist for the group of hospitals in Sydney and the Mining Districts. It appears that the requirements for hospital standardization make such an appointment imperative, and several of the hospitals in this district are investigating to see if such an appointment can not be made. This is certainly a step in the right direction, as expert services can only be secured by the employment of a full time Pathologist. There is no good reason why five or six hospitals should not combine for this purpose.

One may be a little deaf and hardly get a story quite straight, but that is no excuse for passing it along much worse than received.

Dr. J. W. Reid, Jr., Dalhousie 1926, who practised some three years at Brooklyn, Hants Co., has been spending the last year in England. He has obtained his M.R.C.S. and will probably locate in his home town of Windsor.

Mrs. Chisholm, widow of the late Dr. Murdoch Chisholm, of Halifax, went to Kentville the last of October to reside for the winter with her daughter, Mrs. Clifford L. Baker of that town.

Dr. C. B. Trites of Bridgewater took a short vacation in the latter part of October to his former home in New Brunswick.

Dr. S. Marcus of New Germany, accompanied by Mrs. Marcus, is spending a few weeks in New York taking some selected post-graduate classes. During his absence, Dr. Gerald Douglas is looking after his practice.

Speaking of vacations, we learn that Dr. Urquhart, medical officer at Aklavik, the most northerly post on the Mackenzie River, spent his vacation in October in Edmonton. Formerly it took more days to make the trip than the vacation lasted. This year the trip out was made by plane in 14 hours as compared with 33 days formerly.

The little granddaughter of Doctor A. E. Doull of Halifax and Dr. J. W. McKay of New Glasgow, accompanied by her mother, made a recent visit to the latter grandparent, probably her first visit there.

**Chisholm-Himmelman.** Billy Boston in the *New Glasgow Evening News* has the following:—"Dr. H. D. Chisholm and Miss Adeline Himmelman, registered nurse, have the best wishes of friends around these parts for many years of happiness and prosperity. They were recently married in Ottawa, by a former New Glasgow minister, Rev. Robert Johnson. Miss Himmelman did post-graduate hospital work in Boston last winter. We understand they will make their home at Springville, N. S." Congratulations.

# Dalhousie University

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HALIFAX, N. S.

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## MEDICAL SCHOOL

Attention is called to the fact that the number of students who can be admitted to the School each year is limited. A selection of the thirty-five most eligible candidates from the standpoints of academic and moral and manly qualities will be made from those applying for admission on or before July 1st, 1931, to the first year for the session 1931-32.

### Faculty of Arts and Science

Undergraduate courses in Arts, Science, Commerce, Music, Pharmacy, Fisheries, Engineering, Household Science and Education.

Graduate courses leading to the degrees of Master of Arts and Master of Science.

Faculty of Law (established 1883).

Faculty of Medicine (established 1868).

Faculty of Dentistry (established 1908).

Each of these Faculties requires a preliminary course of two years in the Faculty of Arts and Science.

## RESIDENCES

**Shirreff Hall**, the women's residence, accommodates all out-of-town students.

**University Hall**, the men's residence for first year students, will be ready for re-opening for the session 1931-32.

For information and calendar apply to the Registrar.

Among the senior skips in the Sydney Curling Club we notice Dr. J. J. Roy, a canny clever player, while Doctors Ross and McLeod (D. A.) occupy similar posts among the juniors. But where is Dr. J. G. B.? For a time the BULLETIN will let up on golf and feature this other roarin game.

The Canadian Federation of the Blind at a recent annual session held at Hamilton adopted a resolution in favor of pensions from the Federal Government for blind persons in Canada. Perhaps many of the blind have as good a claim to pensions as the aged, the widows, etc., but we had better call a halt on pensions and doles and encourage thrift and saving in some systematic manner.

#### Followed Directions.

Perhaps this may interest former Cape Breton physicians now resident in Halifax. We take it from the *Glace Bay Gazette*.

"An old Cape Breton lady who had been attending a specialist in Halifax, caused some well known train hands the experience of being the goats for the amusement of passengers recently. The old lady who was a little deaf and very innocent got on the train at Halifax and her first request of the conductor was to be sure to notify her when the train reached Windsor Junction. The conductor, a gruff but kindly man assured her he wouldn't forget. She was still doubtful and as the baggage man and all hands passed her, including the newsboy, she made the same request and exacted the same promise from each, viz., to be sure and notify her when the train reached Windsor Junction. All went well until the train reached Windsor Junction where an extra number of passengers and a great amount of baggage kept all hands busy and the old lady was forgotten. The train pulled out, when one of the train hands asked the conductor if he had put the old lady off.

"Oh, the devil, no," and he jumped to the signal cord and brought the train to a halt, and then signalled the engineer to back into the station. He then went back to the old lady and with all the deference he could assume he said: "Your station, ma'am; Windsor Junction."

"Oh, thank you so much," said the old lady and began hunting in her satchel.

"You must hurry, ma'am, if you want to get off, the train is late now."

"Oh, I don't get off here, I go on to New Waterford, but the specialist in Halifax told me to take a pill when the train reached Windsor Junction."

The old lady swallowed her pill and settled back comfortably in her seat. The conductor has never been the same man since.

**Born.** At the Presbyterian Hospital, New York, November 9th, 1930, to Dr. and Mrs. M. H. Dawson, a son.

Friends of Dr. F. L. Moore, now resident in Bloomville, Tennessee, will be glad to learn he is enjoying good health and is in charge of the health work in a considerable district. His mother, Mrs. G. B. Moore of Economy, recently visited her son in his new home.

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It is generally agreed that the stimulative power of sunlight during the summer months is responsible for the comparative immunity of the general population to epidemic ailments during the early part of winter. After a "bad" summer the incidence of infectious disease rises sooner and maintains a high level until the Spring.

This in itself is a clear indication of the need for more sunlight in the lives of the people as a whole, but while the majority live and work behind ordinary glass windows which do not admit the essential ultra-violet rays, there can be little hope of any great improvement in the standard of public health.

Write for authoritative data and the story of VITA Glass.

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# The Medical Society of Nova Scotia

## DIRECTORY 1930-1931.

Annual Meeting, 78th Session, Truro, N. S., July 2-3-4, 1931.

|                      |  |
|----------------------|--|
| President.....       | Dr. Dan Murray, Tatamagouche.                          |
| Vice-Presidents..... | Dr. W. R. Dunbar, Truro.<br>Dr. Dan McNeil, Glace Bay. |
| Secretary.....       | Dr. S. L. Walker, Halifax.                             |
| Treasurer.....       | Dr. J. G. D. Campbell, Halifax.                        |

### MEMBERS OF THE EXECUTIVE

**Doctors.** Cunningham, Glenister, Acker (T.B.), Granville and Mader (V.O.) of Halifax; Doctors Benvie, Stellarton and Sutherland (R.H.) of Pictou; Doctors Stone, Sherbrooke and McIsaac, Antigonish; Doctors Campbell (D. A.) Bridgewater and Creighton, Lunenburg; Doctors Shenkel, Windsor and McCurdy, Truro; Doctors Hall, Bridgetown and Kelley, Middleton; Doctors Wardrope, Springhill, Munro, Amherst; Doctors Morrison, New Waterford, McDonald, North Sydney, McRae (W), Sydney; Doctors Webster and Gullison, Yarmouth.

### COMMITTEES

**Arrangements.** President, Secretary and resident Branch members  
**Cogswell Library.** Doctors Corston, Stewart, Gosse, McKenzie (D. J.) and Campbell (J. G. D.).  
**Public Health.** Doctors Byrne, Blackader, McLeod (J. K.), Reh fuss, Kent, McKinnon (W. F.).  
**Health Publicity.** Doctors Walker, Benvie, Byrne, Gosse, Johnston, (S. R.), McKenzie, (D. J.), Hattie.  
**Editorial Board C. M. A.** Dr. Hattie and Secretaries of Branch Societies.  
**Workmen's Compensation Board.** Doctors Corston, Acker (T. B.) and Burris.  
**Council of C. M. A.** The President and Secretary, Ex-officio, Doctors Tompkins, McLellan (E. K.), McKenzie (K. A.) and  
**Narcotic Drugs Committee.** Dr. L. W. Johnstone, to name his own Committee.  
**Legislative Committee.** Doctors Hattie and McDougall. This Committee is also to represent this Society in the C. M. A. in a like capacity.  
**Tuberculosis Commission.** The President and Dr. K. A. McKenzie.  
**Advisory to Tuberculosis Commission.** Morton (A. McD.), Burris and DeWitt.  
**Historical Medicine.** Doctors Hattie, Walker, Morrison, Murphy, McGarry, Kendall and McGregor.  
**Provincial Medical Board.** Drs McDougall, Hogan, Roy, Benvie, Gilroy and Fuller.  
**Advisory of Public Health.** Doctors Farish, Roy, Burns (A. S.), Little, McKenzie (K. A.), McDonald (H. K.)— Burns (G. R.), McKinnon, (W. F.).  
**Solicitor.** Mr. J. McG. Stewart, Halifax.  
**Representative to V. O. N.** Dr. C. S. Morton, Halifax.

### BRANCH SOCIETY DIRECTORY

**Cape Breton Medical Society.** Reorganization—June, 1907.  
**President**—Dr. A. K. Roy, North Sydney.  
**Vice-Presidents**—Dr. Dan McNeil, Glace Bay.  
**Secretary-Treasurer**—Dr. Eric Macdonald, Reserve.  
**Local Executive**—Doctors, E. Johnstone, Sydney Mines; M. G. Tompkins, Dominion; Dr. D. W. Archibald, Sydney Mines.  
**Provincial Executive**—Doctors C. J. Morrison, Waterford; D. Macdonald, North Sydney; W. McRae, Sydney.

### Colchester-Hants Medical Society.

**Founded**—May 21st, 1907.  
**President**—Dr. F. D. Charman, Truro.  
**Vice Presidents**—Dr. R. A. MacLellan, Rawdon; Dr. F. R. Shankel, Windsor.  
**Secretary-Treasurer**—Dr. H. V. Kent, Truro.  
**Local Executive**—Dr. D. A. Fulton, T. R. Johnson, G. K. Smith.  
**Provincial Executive**—Dr. F. R. Shankel and Dr. D. S. McCurdy.  
**Regular Meetings**—May, September, December and February.  
**Annual Meeting**—3rd Thursday in May 1931, Windsor, N. S.

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**Cumberland County Medical Society.**

President—Dr. A. H. Simpson, Springhill.  
 Vice-President—Dr. F. L. Hill, Parrsboro.  
 Secretary-Treasurer—Dr. W. T. Purdy, Amherst.  
 Provincial Executive—Dr. Wardrope, Springhill and J. A. Munro, Amherst.  
 Annual Meeting—June, 1931.

**Eastern Counties Medical Society.**

Area Comprised—Inverness, Richmond, Antigonish and Guysboro Counties.  
 Organized—Nov. 16th, 1922.  
 Hon. Presidents—Doctors G. E. Buckley, Guysboro; J. J. Cameron, Antigonish.  
 President—Dr. R. F. McDonald, Antigonish.  
 Vice-Presidents—Dr. H. C. S. Elliott, Guysboro; Dr. M. T. McLeod, Whycomagh.  
 Secretary-Treasurer—Dr. P. S. Campbell, Port Hood.  
 Local Executive—Doctors E. F. Moore, Canso; Z. E. Archibald, Melrose; H. A. Ratchford, Inverness; W. F. McKinnon, Antigonish; J. S. Breaun, Mulgrave.  
 M. E. McGarry, Margaree.  
 Provincial Executive—Doctors Stone, Sherbrooke; McIsaac, Antigonish.

**Halifax Medical Society.**

Organized—1844.  
 President—Dr. W. L. Muir, Halifax.  
 Vice-President—Dr. F. G. Mack, Halifax.  
 Secretary-Treasurer—Dr. N. H. Gosse, Halifax.  
 Provincial Executive—Doctors Cunningham, Granville, Glenister, Acker (T. B.) and Mader (V. O.).

**Lunenburg-Queens Medical Society.**

Organized—Sept. 2, 1867 as "Lunenburg Medical Association".  
 Reorganized—August 7th, 1902 as "Lunenburg-Queens Medical Society."  
 President—Dr. W. N. Cochran, Mahone Bay, N. S.  
 Vice-President—Dr. C. B. Cameron, Petite Riviere, N. S.  
 Secretary-Treasurer—Dr. C. A. Donkin, Bridgewater.  
 Local Executive—Dr. W. N. Cochran, Mahone Bay; Dr. C. B. Cameron, Petite Riviere; Dr. C. A. Donkin, Bridgewater; D. R. Sutherland, Chester; S. P. Young, New Germany.  
 Provincial Executive—Dr. Campbell, Bridgewater; Dr. Creighton, Lunenburg.

**Pictou County Medical Society.**

Date of Founding—1864.  
 President—Dr. Geo. A. Dunn, Pictou.  
 Vice-President—Dr. R. M. Benvie, Stellarton.  
 Secretary-Treasurer—Dr. John Bell, New Glasgow.  
 Provincial Executive—Dr. R. M. Benvie, and Dr. R. H. Sutherland, Pictou.  
 Annual Meeting—Pictou in June.

**Valley Medical Society.**

Area Comprised—Kings, Annapolis and Digby Counties.  
 Date of Founding—Kings County Medical Society, 1867; Annapolis-Kings Medical Society, 1907; Valley Medical Society, (Kings, Annapolis and Digby Counties) 1910.  
 President—Dr. J. A. Sponagle, Middleton.  
 Vice-Presidents—Dr. G. F. White, Bridgetown; Dr. R. O. Bethune, Berwick; Dr. W. R. Dickie, Digby.  
 Secretary-Treasurer—Dr. C. E. A. DeWitt, Wolfville; (since 1923).  
 Provincial Executive—Dr. Hall, Bridgetown; Dr. Kelley, Middleton.

**Western Nova Scotia Medical Association.**

Area Comprised—Yarmouth, Shelburne, Digby Counties.  
 Date of Founding—Nov. 3rd, 1925.  
 President—Dr. S. W. Williamson, Yarmouth.  
 Vice-Presidents—Doctors H. H. Banks, Shelburne Co.; Dr. R. L. Blackadar, Port Maitland, (Yarmouth Co.); Dr. F. E. Rice, Digby Co.  
 Secretary-Treasurer—Dr. T. A. Lebbetter, Yarmouth.  
 Local Executive—Above named Officers.

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Bulletin Index—1930

VOLUME IX

For convenience this index is made up under several heads according to the several departments the Bulletin has, more or less successfully, developed during the year. We trust this arrangement will be acceptable to those members who are keeping their volumes.

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