

# The Treatment of Certain Hand Lesions

TORR WAGNER HARMER, M.D.\*

Harvard Medical School and Massachusetts General Hospital, Boston, Mass.

I HAVE chosen as my topic, the treatment of certain hand lesions, first because it is a subject which has interested me for over twenty years and second, because of its economic importance. From the days of our medical school training we have had impressed upon us the gravity of lesions of the viscera of the thoracic, abdominal, and pelvic cavities. We may, I believe, profitably pause for a few moments to reflect upon the seriousness of traumatic and inflammatory lesions of the hand. Many individuals who earn their livelihood do so with their hands. The permanent maiming of the hand of an uneducated laborer with a wife and small children may precipitate poverty upon the household with all its attendant suffering and deprivations. In industrial centers where great numbers are exposed to hand trauma and infection, the importance of this subject is readily appreciated. In rural communities, although the incidence of hazard is less, similar lesions may occur. In our own profession needle pricks and other minor wounds may lead to incapacitating results. Some of us have sad memories of confreres taken from us by fulminating infections arising from such trivial accidents incurred in the discharge of their professional duties.

I fully realize in addressing your Society that I am speaking to some who practice surgery exclusively. I ask them to bear with me if my remarks are elemental. I fully realize, too, that some of you practice only occasional minor surgery. I ask you to bear with me if my remarks are too technical.

The first dozen slides illustrated the anatomy of the hand:—the palmar fascia with its digital prolongations, the muscles of the thenar and hypothenar groups and their innervation, the tendons and their sheaths, the arrangement of structures in the wrist and above and beneath the annular ligament, the formation of the superficial and deep palmar arches, the lumbricals and interossei. The classic work of Kanavel on hand infections was then tersely presented. Spread-

\*Presented at the 78th Annual Meeting of the Medical Society of Nova Scotia, July, 1930. (The paper consisted of the showing of over fifty lanternslides of cases personally treated illustrating various phases of the subject).

ing infection from tendon sheaths into mid palmar and thenar spaces, into ulnar and radial bursae, into the wrist, and along the lumbrical spaces was then discussed. Following this anatomical and pathological consideration, slides were shown illustrating Kanavel's incisions and their anatomic rationale was given.

The next group of slides showed cases illustrating the repair of recent injuries to tendons of the fingers, palm, extensors of thumb, and wrist (with and without coincident nerve injury). The reader's method of suture and his principle of immediate active motion originated in 1909 was presented. In cases of repair of severed tendons of the fingers, palm, dorsum, and both aspects of the wrist (without nerve injury), no splinting is used and immediate purposeful active motion of each individual phalanx is instituted in order to prevent anchoring adhesions of the tendons. The suture was advised to withstand immediate active motion. In cases of recent injury to the wrist in which either or both the ulnar and median nerves have been coincidentally severed a posterior aluminum splint to the forearm and hand flexed at the wrist is used. This is provided with buckle straps to forearm and palm. Immediate active exercises of the individual phalanges are instituted. The splint serves merely to prevent extension at the wrist, thus obviating tension on the sutured nerves. In case of repair of the extensor tendons of the thumb, the reader use a small banjo splint provided with rubber bands to insure full extensiois of the two thumb phalanges but not inhibiting immediate active flexion or extension. Such a device has been found especially desirable in restoring complete range of motion in pianists, harpists, violinists and other artists and artisans. Slides illustrating complete functionad restoration in all of these several injuries with and without coincident nerve repair were shown.

Late repair of tendon injuries necessitating tendon grafting was then discussed. In cases of wide defects in a single flexor tendon, a graft from the palmaris longus is used. In such cases immediate active motion is imperative owing to the great tendency to the formation of anchoring adhesions. In the case of wide defects of several flexor tendons fascia lata grafts have been used, but the results have never been so satisfactory as with palmaris tendon grafts. Slides of a case were shown in which all of the tendons of the dorsum of the hand from the knuckles to the wrist had been repaired first by performing a pedicle graft from the abdomen to the hand and a month later by using the plantaris and a long slice of the tendo-achilles. Only a thin layer of fat had been taken with the pedicle graft. This was carefully divided into two layers at the second operation and the tendon grafts laid between the two fat layers. The functional result was nearly perfect as shown by slides made as early as sixteen days after grafting.

Several slides illustrating complete restoration of function of the hand after excision of an extensive tuberculous teno-synovitis of

the flexor tendons of the palm and wrist were then shown and suggestions for effecting these excisions were given.

The treatment of crushes with and without coincident burns of the hand was then discussed. It is the reader's opinion that after a very short immobilization of the hand on a moulded palmar splint, with or without Dakin's treatment as the necessities of the cases demand, the multiple fractures of the phalanges and metacarpals should be disregarded and active motions should be instituted. The restoration of function rather than anatomical alignment of the fractures is the desideratum. Several slides of X-rays and photographs of a printer whose hand was crushed between heated rollers of an embossing machine were shown. Most of the phalanges of the fingers and thumb and four of the metacarpals were fractured and the skin of the dorsum was lost. After ten days of Dakin's treatment on a moulded palmar splint, active motions were started. Although the anatomical alignment of many of the fractures was poor, the man was able to resume his former job at the end of eight months. The reader has yet to see a hand with multiple fractures treated with traction by needles through the terminal phalanges or by other means show a useful functional result. In attempting to secure anatomical reposition, function is lost from stiffness of the joints. In late cases which have not been primarily "over-treated," an organized hematoma at the base of the palm and beneath the annular ligament which involves the tendons and median nerve may be excised with gratifying results.

Compound fractures into the finger joints were briefly considered. One method of dealing with these lesions was illustrated. The patient was a bookkeeper who had crushed his right forefinger in revolving gears. His physician had skillfully cleared up an infection of the crushed proximal joint. After several months the reader resected the joint bevelling the bones and uniting them so as to form a long curved proximal phalanx formed of parts of the original proximal and middle phalanges. At the same time the extensor tendon was repaired to prevent acute angulation of the distal phalanx. Although shortened, the resulting finger is entirely satisfactory for the performance of his former work.

Volkman's contracture is characterized by a flexion of the wrist and fingers. When the patient attempts to extend the wrist, the fingers become more acutely flexed. The synonym, ischaemic paralysis, is a misnomer, for the condition results from a venous stasis of the forearm. Fibrosis of the flexor muscles ensues with resultant shortening and a further fibrosis about the nerves may lead to a coincident paresis. Several operative procedures have been advocated for the correction of this deformity including resection and shortening of the radius and ulna and detachment and more distal placement of the flexor group of muscles. There are pitfalls in both of these methods and neither frees the involved nerves. The reader has found greatest benefit by lengthening all the flexor tendons and freeing the nerves through a

generous longitudinal incision on the wrist and forearm. No splint is used and immediate active motions of the fingers is instituted. A number of cases have been so treated and slides of one case were shown in which complete extension of the fingers was restored together with restoration of the involved median and ulnar nerves. By those accustomed to this type of surgery, such an operation may be completed in an hour.

In the eighteenth century the famous Parisian surgeon, Dupuytren, described an insidious progressive contracture of the fingers, not infrequently bilateral, involving usually the little and ring fingers but occasionally the others, and characterized by cord like thickenings in the palm and proximal phalanges with nodous enlargements. This has since been known as Dupuytren's contracture. It is a fibrous thickening and contracture of the palmar fascia and its digital prolongations. Although suggestive of tendon involvement, the tendons which lie beneath the fascia, are unaffected. The finger joints, however, in neglected cases may undergo a more or less irremedial flexion deformity. Waiting until the involved fingers are so drawn into the palm that the individual's occupation becomes increasingly difficult and finally impossible is not justifiable. Then, owing to irreparable joint damage, only amputation of the involved fingers can be performed. Earlier in the malady excision of the entire palmar fascia will give complete restoration of function. The reader then briefly described Gill's operation and his own modification. This is performed through transverse incisions at the wrist, through the distal palmar crease and through the proximal and middle digital creases. Extension of the fingers and normal concavity and texture of the palm are restored. Slides of photographs taken before, during several stages of the operation, and eight months later were shown.

Large scar tissue contractures of the hand and fingers are treated by thorough excision of the scar followed by pedicle grafts from the upper abdomen. Smaller areas may be treated by thorough excision followed by Wolfe grafts. Contractures of one or two fingers may be treated by thorough excision followed by tunnel graft using the inner aspect of the opposite arm. If a single tendon is contracted coincident tendon lengthening may be performed. Slides illustrating several stages of the correction of an extensive contracture following a mangling accident were shown. A pedicle graft to the ulnar and dorsal aspects of the hand was first performed. Six months later through an incision in the graft the head of the fifth metacarpal was resected to correct a complete dorsal dislocation of the little finger, the stretched flexor tendons were shortened, and the joint capsule restored with fascia lata. Except for slight abduction of the little finger the anatomic and functional result was excellent.

The restoration of hands maimed by old injuries to tendons and nerves on the anterior aspect of the wrist is a major surgical problem. The severed and separated structures will be found matted together

with scar tissue. A few degrees of simultaneous flexion of all fingers may be possible owing to the mass of scar tissue bridging the separated tendon ends but extension is inhibited by scar anchorage. Wasting of the thenar, hypothenar and interossei muscles exists with total loss of all the finer movements of the fingers and thumb. A wide dissection of the base of the palm and wrist with division of the annular ligament is necessary with complete excision of all scar tissues. The bulbous proximal ends and the scar-infiltrated distal ends of the nerves must be resected and nerve suture with the wrist in flexion performed. The tendons must be united with equal tension to ensure regular even flexion of all the fingers and thumb: Several slides made from photographs before, during, and ten months after operation of a complete laceration of the wrist sustained nearly a year previously were shown. An atrocious attempt to repair the damage at the time had incorrectly united some tendon ends, had left others ununited, and had approximated nerve ends to tendon ends. A pitifully maimed hand resulted. Ten months after the reader's operation there was regeneration of both median and ulnar nerves with complete abduction and adduction of the fingers, abduction of the thumb and ability to oppose the thumb to all the fingers. A perfect fist could be made and practically complete extension of the fingers and thumb was possible.

A full hour might have been spent on any of the several phases of the subject here presented. In attempting to cover so wide a field in so short a time my remarks have necessarily been very sketchy. I trust, however, I have offered to you a few suggestions which may be helpful.

---

**Vitamin Advertising and the Mead Johnson Policy.** The present spectacle of vitamin and irradiation advertising running riot in newspapers and magazines and via radio emphasizes the importance of the physician as a controlling agent in the use of vitamin products. Mead Johnson & Company feel that vitamin therapy, like infant feeding, should be in the hands of the medical profession, and consequently refrain from exploiting vitamins to the public.

---

“When it comes to the recognition of communicable diseases in schools, there can be no substitute for the teacher, as neither a doctor nor a nurse can always be present; while the teacher knows, or should know, better than anyone else the normal behavior of her children and can the more readily detect variations from that normal which may indicate the onset of disease.” (What every Teacher should know, Bureau of Education).

# Pyridine-B-Carbonic Acid Diethylamide,

Preferable to Camphor, Caffeine and Strychnine.\*

---

ERNEST A. MEIER, M.D., Basle, Switz.

---

FOR a considerable time camphor in form of 10 to 25% oily solutions was undisputably one of the practitioner's principal therapeutic agents, being the analeptic mostly used. The fact, however, that it is practically insoluble in water, that its absorption is slow, which results in uncertainty as to the proper dosage, that injections are painful and that, when repeated they expose the patient to immediate or belated accidents (abscesses, fat embolism, etc.) or psychomotor excitement, finally that its action is transitory, made it desirable to discover an improved analeptic, which, while therapeutically potent, would be free from the unpleasant after-effects of camphor. Prof. Cushny states that "the value of camphor in heart diseases is still far from being established. Solutions of camphor in oil have been injected subcutaneously in these cases, but they caused pain and swelling at the point of injection and are valueless."

As a consequence in the course of the last few years, pharmacologists have studied a number of organic compounds with a view to discovering a water soluble analeptic which would be free from the drawbacks attached to camphor. These researches led Faust and Uhlmann to the discovery that certain carboxylated pyridine derivatives, amongst which pyridine-b-carbonic acid diethylamide (Coramine) exhibited in man and warm-blooded animals a camphorlike action of a most pronounced degree.

Pyridine-b-carbonic acid diethylamide is a liquid which is miscible in water in every proportion; it is free from unpleasant taste, odourless and distills over at a temperature of 150°C at a pressure of 2 mm Hg. It is quickly absorbed from the stomach as well as after subcutaneous, intramuscular or intravenous injection.

It has been shown that this compound has a wide therapeutic range, i. e. the effective therapeutic dose is far below the toxic dose, and the toxic dose is again far below the lethal dose. Being water soluble, it obviates any danger of fat embolism; it does not render the syringe greasy.

Pyridine-b-carbonic acid diethylamide stimulates both the circulatory and respiratory systems. Respiration becomes easier and

\*Published in the February, 1931 issue of the Nova Scotia Medical Bulletin.

deeper; pulse and blood pressure improve; cyanosis and circulatory stasis diminish. Rosenberg compares its stimulating action on the respiration to that of lobelin, over which it possesses the advantage of being more lasting. The action of the intravenous injection is, so to say, immediate and prolonged. In view of its being practically non toxic pyridine-b-carbonic acid diethylamide is a therapeutic agent specially suitable in pediatrics.

Hirsch used it in doses of from 7 to 30 minims, once or several times a day, in children with impaired circulation, i. e. pneumonia, empyema and atrophy, and observed that a beneficial effect occurred after a few minutes. The acute dyspnoea and polypnoea were soon relieved and a slow and deep respiration set in. The cyanotic colouration of the extremities soon disappeared, the pulse became fuller and stronger and the "pneumonic" facies assumed a healthy red colour.

Prof. Thannhauser and Dr. Fritzel have used pyridine-b-carbonic acid diethylamide subcutaneously and intravenously in cases of collapse, of circulatory failure and severe decompensation, in doses of 15 minims 2 to 3 times a day, orally in doses of 40 to 50 drops.

In cases of collapse, pyridine-b-carbonic acid diethylamide increases the blood pressure, amplifies the respiration and influences the subjective condition of the patient in a remarkable way; in severe myocardial decompensation, pyridine-b-carbonic acid diethylamide was combined with digitalis, which permitted diminishing the dosage of the latter.

Burian (Vienna) has used pyridine-b-carbonic acid diethylamide in case of poisoning by lysol, morphine, illuminating gas, luminal; in cases of pneumonia, affections of the heart and circulation and post-operative heart failure with constant effect on respiration, pulse and blood pressure.

The following are a few unpublished cases in which pyridine-b-carbonic acid diethylamide was used:

\*Dr. R. B. Th. I went out into T. to meet a Norwegian steamer that had wirelessly to have a sick man landed. On examining the man I found he had pneumonia with severe heart failure. The pulse could be detected only as an occasional flicker and he was obviously too ill to attempt to move him onto the tug to bring him ashore. I injected one ampoule of pyridine-b-carbonic acid diethylamide and examined him again in 20 minutes. There was a slight improvement so I injected another ampoule and on examining him again in half-an-hour the pulse was so far improved that I was able to have him transferred to the tug; brought him ashore and took him to hospital where he is still alive and, though in a critical condition, has a chance of recovery. I do not think he would have lived more than an hour if he had not had the pyridine-b-carbonic acid diethylamide.

Dr. D. L. F.: I have been using pyridine-b-carbonic acid diethylamide for the last nine months regularly in my cases of bad

\*The BULLETIN has both names and addresses of Doctors reporting these cases.

pneumonia. As I seldom have fewer than twelve cases at any particular time in my hospital, the trial has been on a considerable number of cases. I feel that pyridine-b-carbonic acid diethylamide is a wonderful cardiac stimulant in pneumonia, particularly from the 7th day onwards. The results have improved since using pyridine-b-carbonic acid diethylamide in the type of case I refer to.

Medical officers attached to the big mines in South Africa have reported that, since the introduction of pyridine-b-carbonic acid diethylamide, the mortality among the natives due to pneumonia has been reduced by 50%. One of them stated that literally hundreds of lives have been saved by pyridine-b-carbonic acid diethylamide. This is a very important thing for the company since there is a shortage of native labour for the mines.

Dr. R. St. D., G. writes: I was informed that a woman had been admitted in a state of collapse as the result of haemorrhage (incomplete abortion). The woman was pulseless. I tried 1/100 digitaline hypodermically, but the result was negligible. I next gave her an intravenous saline ( $\frac{1}{2}$  pint) and also subcutaneously one ( $\frac{1}{2}$  pint). Her temperature was 95°F. and blood pressure 60 mm Hg. I tried  $\frac{1}{2}$  c.c. pituitary extract to see if that would help to raise her blood pressure. She still remained as cold as death and pulseless. Half-an-hour later I tried another  $\frac{1}{2}$  c.c. pituitary extract but about 45 minutes later her temperature was still 95°F. and her B. P. was 80 mm Hg. Now I could not think of any other thing to do when I suddenly recollected a pamphlet at which I had only glanced, but the diagram illustrating the sites stimulated was in my mind's eye. I did not know what pyridine-b-carbonic acid diethylamide was—had never heard of it before, but I thought—"this woman is desperately ill and I must do something desperate." I asked sister if there was any pyridine-b-carbonic acid diethylamide in the Theatre and she said "Yes." I read the instructions on the box—1 to 2 c.c. intravenously, intramuscularly or subcutaneously—and I decided to risk 2 c.c. intravenously. No sooner had I pushed the plunger of the syringe home than the woman's mouth began to quiver, a profuse perspiration broke out on her forehead and her pulse became full and bounding. I took her temperature and B. P. These now were (within 5 minutes) 98.4°F. and 115 mm Hg. You may imagine my surprise and delight!

Apart from its value as an analeptic in internal medicine, surgery and pediatrics, pyridine-b-carbonic acid diethylamide has also proved useful in gynaecology and obstetrics to combat the collapse from post-partum haemorrhages, metrorrhagia, asphyxia and cyanotic conditions of the newborn, etc.

The above mentioned clinical cases confirm the opinion advanced at the time by Prof. Faust in the *Lancet*: "I therefore hold that pyridine-b-carbonic acid diethylamide bids fair to prove a valuable substitute not only for strychnine, but also for camphor and caffeine, inasmuch as its stimulating action is exerted equally and simultaneously on the



central nervous system and on the circulatory and respiratory apparatus. It is also evident that a substance endowed with pharmacological properties, as above described, should prove a valuable "tonic" in the general sense of the world."

Bibliography:

- Burian, Wiener Klin. Woch. No. 39, 1925.  
Faust, The Lancet, June 27, 1925.  
Hirsch, Klinische Woch. No. 19, 1926.  
Rosenberg, Münch. Med. Woch. No. 43, 1925.  
Thannhauser & Fritzel, Schweiz. Med. Woch. No. 10, 1924.  
Uhlmann, Zeitschr. f. d. ges. exp. Medizin, Vol. 43, p. 556, 1924.

---

---

PROVINCIAL MEDICAL BOARD.

The fifty-eighth annual meeting of the Provincial Medical Board was held at Halifax on the 6th of November. The business was largely routine. Reports indicated that twenty-one new names had been added to the Medical Register during the year, while sixteen names had been removed on account of death and forty-two names on account of presumed death. In the last issue of the Medical Register, the names of resident and non-resident registrants were shown in separate sections. Additions to the Medical Students' Register during the year numbered forty-three. Expenditure had exceeded receipts by approximately \$80.00. An unusually large number of foreign physicians had inquired about opportunities for practice in Nova Scotia. None of these had been encouraged to locate in the province. Communications from western provinces indicated that irregulars are not unknown there. Some complaints relative to both regulars and irregulars were considered. Dr. E. Kirk Maclellan was appointed associate examiner in clinical obstetrics. Officers and Committees were elected as follows:

*President:* Dr. J. G. MacDougall.

*Registrar, Secretary-Treasurer:* Dr. W. H. Hattie.

*Auditors:* Doctors E. V. Hogan and J. Rankine.

*Solicitor:* Mr. L. A. Lovett, K.C.

*Executive Committee:* Doctors J. J. Cameron, E. V. Hogan, O. B. Keddy, and F. R. Little.

*Discipline Committee:* Doctors J. Rankine, A. Calder, and B. E. Goodwin.

---

**Vitamin B.** "Waiter, there's a fly in my soup." "Oh, no, sir, you are mistaken. That's one of those new Vitamin Bees that we serve with each and every order."

# Birth Control\*

DR. H. W. SCHWARTZ, Halifax N. S.

I HAVE read with interest the resolution passed by our Executive on the subject of Birth Control, which reads:

*“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.”*

I cannot but feel that the subject did not receive the careful consideration that is its due.

This complex problem on which pivots to so great a degree the welfare of our children, and our children's children, cannot be dismissed with a superficial resolution. I regret there is not a word in it urging all physicians to study from every angle this, one of the greatest and most urgent, questions of modern times.

The first thing to realize is that birth control is not a something with which we are threatened any more than we are threatened with the introduction of electricity, or the motor car. The three are here, and here to stay. They are part of our civilization for good or for ill. This great movement is with us, and we might as well expect people to return to the kerosene lamp, or the ox cart, as to give up the practice of prevention of conception either by active (contraceptive) or by passive (abstinence)—means.

I think we would exhibit foresight if the question of birth control as a division of the Department of the Public Health be thoroughly explored. Could not an enquiry be made as to what is being done in Switzerland, Norway, Sweden, Denmark and Holland? These people were so fortunate as to escape the direct retarding and destructive effects of war and consequently have had more time to devote to constructive social study and experiment.

How is the population regulated in countries whose inhabitants ever live on the verge of starvation? Are the methods adopted better and more moral than the avoidance of conception?

This great thing—this limitation of offspring movement—needs intelligent guidance, not futile condemnation. Whether it is to become a great blessing, or great curse, devolves in a very special way upon our profession.

\*This article was passed to the BULLETIN in December last, perhaps suggested by a review of a recent book on this subject.

War is more and more regarded as crime, disease and length of days are coming more and more under our control, the menace of famine is modified by modern transportation and irrigation, so it would seem that birth control, even in its present and worst form, becomes increasingly important as a last defence against a population which, in all probability, would have outstripped its food supply long, long ago but for these retarding influences. After all is said and done, there are only so many acres of arable land in existence and should each be cultivated to the last blade of grass there is, of dire necessity, a limit to the animal life that can be supported.

Endowed with reason, gifted with the ability to search out knowledge are we not expected to exercise forethought?

Cannot we in Nova Scotia improve on the present disastrous course unguided birth control is taking elsewhere? Can we not mould and shape it to the lasting benefit of our country? Or shall we stand idly by whilst this blind and stumbling thing slowly but none the less surely destroys?

Honest difference of opinion must be respected. There are those who advocate the regulation of population both as to quality and quantity. And those again who feel just as strongly that nature should take its course unmolested. We have, therefore, to decide between the principle of prevention of conception on the one hand or that of abortion and infanticide on the other. Unfortunately there is no middle course so dear to the heart (or the backbone) of,—well of myself for instance. I find the whole matter perplexing and worrisome. However, I cannot but feel that the general principle of encouraging the mentally and physically fit to reproduce and tactfully discouraging and actively aiding the unfit not to reproduce is both wise and moral.

I am certain there is not a physician in this Province who would approve of a mental defective or one suffering from a communicable disease bringing children into the world. Notwithstanding this moral and humane attitude and, I believe, recognized by the resolution in the words "well recognized pathological conditions", our Society has never advocated methods designed to prevent the feeble-minded reproducing, and the giving of birth control information to the diseased. Suppose we make such a humble beginning.

I fully appreciate the ease of theorizing in contrast to the difficulties of practice: the unforeseen that lies between the beautiful text book illustrations and the actual operation. But in view of the opinion of the author of the Book of Job that "man is born unto trouble as the sparks fly upward," surely any effort made towards modifying the tragedy of having been born is justifiable and commendable.

Not from without but from within must a change first take place. Not by legislative violence but by sound reasoning and undeniable demonstration must conviction come. If before becoming incorporated into our every day thinking the idea has to run the gauntlet,—as

have practically all projects devised for the benefit of mankind, then the sooner we begin to study, think and plan the better.

I would suggest a committee be appointed from our Society and a money grant be made for the purchase of books and the securing of information and a serious study be made of the whole matter.

The abolition of war, the conquest of disease, the regulation of population, these three closely allied problems are worthy of the best thought of which any people are capable.

---

---

The *Canadian Public Health Journal* is one of the latest additions to our Exchange list and copies of Volume XXI, 1930 (nearly complete) have been received. In Nova Scotia the field is too small to have separate journals for the physician, surgeon, specialist, the department of health, the hospitals, the tuberculosis and health nursing service, etc. The BULLETIN has made an effort to give all these varied interests some attention in order to emphasise the point that health progress requires the co-operation of all allied agencies, or *agencies that should be allied*. At the same time those engaged in special work must have their special official journal. Indeed, it is quite unlikely that there is in Nova Scotia a single health officer who does not subscribe for some Public Health Journal. In the near future it should be possible to have this journal give prominence to the health problems of special interest to us in Nova Scotia to a greater extent than at present.

But perhaps our chief reason for calling attention to this addition to our exchanges is to quote the very kind letter we received in this connection:—

“Dear Dr. Walker:—

We do appreciate your kindness in arranging for us to receive your BULLETIN in exchange for our Association's Journal. The BULLETIN is most interesting and helpful.

We are mailing copies of 1930 to date to the extent they are available. . . . .

I know just how much effort it takes to prepare a monthly publication, and I can, therefore, appreciate the amount of work which you are giving to the Association in publishing the BULLETIN, because of the careful editorial supervision which it shows.

Yours sincerely,

(Signed) R. D. Defries, M.D.,

Editorial Board.”

Thank you.

---

Has any one noticed that haggard look on Conductor D's face? It is caused by frequent questionings as to why he did not let the lady know when he reached Windsor Junction.

# The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

Published on the 5th of each month and mailed to all physicians and hospitals in Nova Scotia. Advertising forms close on the 20th of the preceding month. All Mss should be in the hands of the Business Editor on or before the 15th of the month. Subscription Price:—\$3.00 per year.

---

Business Editor	- - - -	S. L. WALKER, B.A., M.D.
Editorial Board	- - - -	GEORGE H. MURPHY, M.D.,C.M.
		S. J. MACLENNAN, B.A., M.D.
		H. B. ATLEE, M.D.,C.M.

---

---

VOL. X

FEBRUARY 1931

No. 2

---

---

## The Ministry of Health

---

**N**INETEEN Hundred and Thirty-One has the promise of being a year long to be remembered in Nova Scotia. Impressed, as we are, that Health is a Nation's greatest Asset, now that all matters relating to this chief resource of our province have been handed to the Medical Profession, by the appointment of one of our members to the position of Minister of Health, from this year may start a new era of prosperity for this old Province of ours. Of course, there are many things that may hamper this work and curtail its usefulness, but there are wonderful possibilities.

The future looks bright because there has never been within our recollection a Minister of the Crown who has the confidence and respect of his immediate fellows more generally, or who will receive more assistance unhampered by political bias from his professional associates, than is the case in the appointment of Dr. George H. Murphy of Halifax to this honorable and onerous position.

The use of the word "onerous" is with a purpose, which we desire to comment upon at this time. This is the biggest chance for Nova Scotia that has been hers in our day, nor could it have been possible save in recent years, when Medicine has reached the stage where, if given the opportunity, she can accomplish wonders for the health and happiness of the community.

We speak flippantly of the Public Health and the Public Health Department, without realizing what it includes in a small province such as this. What constitutes the field of operations for this newly consolidated department of Government activity? The Order in Council, appointing Dr. Murphy as Minister, gives him direction of the following services:—

1. All affairs coming under the Public Health Act.
2. All affairs and matters coming under the Vital Statistics Act.

3. The Public Charities, hitherto administered by the Minister of Public Works.
4. The administration of the Nova Scotia Hospital.
5. The administration of the Victoria General Hospital.
6. The administration of the Nova Scotia Sanatorium.
7. All affairs and matters relating to "Local Hospitals."
8. To administer the "Institutions for the Insane Act."
9. All affairs or matters respecting the harmless insane.
10. All matters relating to municipal sanatoriums.
11. The inspection of humane and penal institutions.

A glance over this list will show the broadness of the work, but it also at once suggests that here are many varied interests that are bound to clamor for this and that, especially under a new regime. If the burdens of this Department are to be dealt with in the efficient manner we all expect, there must be the most active co-operation without any of the pulling and hauling that humans are very prone to do. There must be such an assurance of united medical support behind this department that all interested parties will give it fair play.

But even such a statement as above does not begin to outline the work, that has to be organized in this Department, and work for the improvement of Health in this Province, that has to be developed. As an illustration, take the Health Nursing Service of the Province. Let it be understood that progress will never be made in health matters till we recognize it as a personal matter and that in detail the education must enter every home in the country and the strong arm in this must be health nurses.

For a number of years the BULLETIN has been advocating the placing of these varied interests under one head, although at no time have we been favorable to a Ministry of Health in a Province that takes its political beliefs as seriously as do Nova Scotians. What the Medical Society asked for was a Provincial Officer of Health of experience, to be secure in his position, who should not be hampered in his work by the exigencies of elections. Yet the very extent of the Department, when properly consolidated as we had been requesting, made it very necessary that the general administration should be in the hands of the Government, if it was to be at all effective. It has always been a large spending department, but its appropriations were so divided up between various other departments, that few of us realized what a demand had to be made upon the provincial resources to finance a properly organized Department of Health. There was, therefore, no alternative but to establish a Ministry of Health. In all honesty and sincerity we can recall no constructive legislation in recent years in Nova Scotia that promises as much for the health, wealth and prosperity of the people as this centralization of what was formerly in part the responsibility of every Minister of the Crown.

Of one thing the BULLETIN is assured, both from a knowledge of conditions throughout the Province and from assurances received from

many quarters, it is not expected that anything spectacular will happen, for this is a job to approach with care and discretion and to be developed with a sane judgment, bearing in mind always our available resources and the methods best adapted to our local conditions. As we have now accomplished the *co-ordination* of several agencies we need general *co-operation* in making this a truly good thing for Nova Scotia.

S. L. W.

### THE ANNUAL MEMBERSHIP

**S**HORTLY after this issue of the BULLETIN reaches our readers, membership drafts will be made, as far as possible upon all medical men in Nova Scotia eligible for membership in the Society for the year 1931. In doing this the General Secretary is only following the procedure adopted by other similar associations and as instructed by the Society. This method of collecting the annual fee is the best, easiest and most agreeable to the great majority of the members. The Royal Bank of Canada does our collecting because of its large number of branches in Nova Scotia, because it has always carried the accounts of the Society and BECAUSE the Royal *advertises in the BULLETIN*.

Under these circumstances there is no need of writing the Secretary a sarcastic note about his error in thinking you might become a member of the Society; nor any need of pert refusals endorsed as the reason for return; no reason to write, "Do not know what this is for" or "Do not owe the Society anything;" but the meanest endorsement of all is made by the bank, "No Response to Notice." We call this the "meanest" of all, because it ignores the Society entirely, and that is not a gentleman's way of treating your fellow practitioners. Please be fair enough to play the game fairly.

This is not the time to raise some questions as to Provincial and Canadian membership, for example, a composite annual fee of \$15.00 to include membership in both Societies, or that our present registration be changed to an annual fee instead of a lump sum. On these and other questions many medical men have very sound opinions, but Society membership is needed to give them opportunity for expression. Nor can doctors stand alone; for the best interests of the community and our own intellectual and social prestige we need to be united. 1931 promises to be a great year in health matters, let it also be a big year of Society membership.

In some cases \$10.00 is hard to get at the moment, then say if you can pay in part or later on. The Secretary will try to comply with your wishes. Perhaps you would like to get the BULLETIN, in order to keep in touch with medical affairs in this Province, then send in Three Dollars with the draft and due credit will be given. THIS YEAR THE MEMBERSHIP MARK IS SET AT 300. We mean 300 exclusive of our Honorary Members.

## A NEW IMMIGRATION POLICY.

Under this heading *The Evening News* of New Glasgow makes a special plea for native born Canadian babies rather than adult immigrants even from the old country. The birth rate is satisfactory, but too many of them are deported to a land from which there is no return. It is well for Doctors and Health Workers to realize the public attitude towards this human wastage. We quote part of the Editorial mentioned:

"Public health workers tell us that during the year 1928, Canada lost 21,195 infants under one year of age. We can ill afford to lose so many little "immigrants" who pass with flying colors all the tests of potential citizenship—especially since health departments and doctors assure us that half of this great drain of life is caused by ignorance and lack of proper care.

But we also lose 1,200 Canadians a year, through that dread child-slayer, diphtheria. Typhoid takes 1,100. Tuberculosis takes 8,000. Cancer takes almost 8,000. Heart disease takes 11,775.

Now need we "deport" so many of our finest citizens by this grimmest of all routes? Doctors say no. Diphtheria can be prevented, and eventually wiped out, by toxoid. Why isn't it? The answer is lack of leadership. Typhoid didn't kill one Canadian soldier in the Great War, because they were all inoculated against it. Why does it kill Canadian civilians? Are their lives less precious to Canada than were those of her soldiers? Surely the men who laid down their lives to save those same civilians, wouldn't like that to be said!

What is the solution to this problem? It seems to be two-fold. Public education and official action must go hand in hand. Fortunately we have one shining example before us. We have seen smallpox brought by vaccination from its proud place as foremost of all the killers of man, down to its present negligible one as a cause of death. Official action has done that, even more than public education. Official action must attack typhoid and diphtheria.

"But official action is not enough. There must be public education, that mothers may learn to do their part in saving those 21,195 babies that every year die before their first year is passed. Tuberculosis could be cut in half if the public could be taught and urged to protect itself. Cancer could be reduced greatly, if we would learn to fear its beginning, rather than its end, and have it attended to in incipiency, when modern science can now usually cure it.

We see that our doctors have gotten ahead of us. As a nation, we have not yet learned to appreciate their knowledge, and make it our sword and buckler against disease.

We must hurry and catch up with medical science. Every government in Canada, municipal, provincial and federal alike, must concern itself with the grave problem of the conservation of Canadian



health—we must preserve the “immigrants” who have come to our shores, irrespective of the way in which they arrived here. And in the meantime those agencies concerned with the dissemination of health-knowledge and propaganda should redouble their efforts, so that intelligent Canadians may learn how to safeguard their own health, and how to support official action in safeguarding that of those who are less enlightened.”

### CANCER OF THE BREAST.

Any scientific contribution to the literature on Cancer is of great interest to the general practitioner. In the November 1st issue of the A. M. A. Journal there is a paper on the above subject, dealing particularly with the ‘Use of Radium and Roentgen Therapy in Conjunction with the Radical Operation’. The paper, prepared by Doctors Trout and Peterson of Roanoke, Virginia, was presented at the last session of the American Medical Association. They make the following summary of their conclusions:

“From a follow up of our own cases, we find that our results have improved since the employment of postoperative irradiation, but we do not feel that such improvement is entirely due to the irradiation but rather to cancer education. However, we feel that postoperative irradiation is of distinct value and should be employed as a routine. We have seen no ill effects, though we realize that unless a surgeon is careful he may relax in the thoroughness with which he does a radical excision, hoping that such irradiation will perhaps compensate for his dereliction.

“We believe that the placing of tubes of radium under the skin at operation, followed by sufficient and properly directed roentgen treatment, is the best manner of giving postoperative irradiation.

“Not enough time has elapsed to estimate the results of the newer roentgen treatment, but there are many indications that with the methods now in vogue the beneficial results will be more definite.

“It has never been proved that properly given postoperative irradiation is harmful; it is generally believed to be helpful in other parts of the body, and 89 per cent of the surgeons and 91 per cent of the radiologists, who replied to a questionnaire, assume that postoperative irradiation is beneficial as the adjunct to surgical treatment of carcinoma of the breast. Therefore we believe that the patient should be given the benefit of postoperative irradiation as a routine.”

### NEWS vs. ADVERTISING.

A Provincial daily paper, as a matter of local and personal news, has the following:—

“Mr. . . . , who for a period of many months has been quite ill at times, and at no time well, was taken to . . . Hospital, Thursday, immediate operating being

deemed necessary and on Friday morning underwent the operations that should clear up the unsatisfactory condition of these past months. The appendix, imbedded in a mass of adhesions, has been successfully removed and while he is suffering the consequent discomforts, his many friends will be glad to know that the doctors regard his condition as satisfactory."

Upon this we venture to remark.

This is quite evidently inspired information for a news item, coming from a medical or hospital source. It is moreover a proper news item contrasting particularly with similar intentions where a foolish reticence on the part of doctors or others has seriously impaired the news value of the item. Having in mind the minute and scientific bulletins issued over the illness of some person of high degree there is hardly a patient in hospital to-day but has some friends just as much interested in that patient as nations are in the case of Royalty. Yet there is a great reluctance on the part of doctors and hospitals in Nova Scotia in answering the natural inquiries of intimate friends.

Perhaps the trouble is that some doctor or nurse at some time has, in the opinion of a somewhat intangible board of censors, been indiscreet in furnishing this information. As a result a hard and fast rule has been adopted leaving little or no opportunity for the obtaining of what is legitimate news. It is quite possible to carry this form of medical ethics to a foolish extreme. We repeat that the inspired item quoted is a proper and legitimate news item for publication and for the information of a patient's local friends.

In the same newspaper we later found this item which does not call for remarks of a similar nature:—

"The case of J. F. of T. charged with having started a fire for the purpose of clearing land without a permit and contrary to the provisions of the Mines and Forest Act was dealt with before Stipendiary R. H. yesterday, Mr. F. was acquitted, the prosecution failing to establish that he was endeavoring to clear land. Mr. F. was represented in court by Mr. H. who has been singularly fortunate in winning most of the cases he has handled since commencing his legal practice here."

---

The BULLETIN wishes to announce that in the March issue we hope to publish a very comprehensive article on Recent Advances in Endocrinology by Dr. E. Gordon Young, Professor of Biochemistry, Dalhousie University. In view of the claims made in an advertising pharmaceutical magazine (we refer to *Organotherapy*) so largely circulated in Nova Scotia, we have been trying for nearly a year to be in a position to state to the Profession just what confidence they can place in this particular form of advertising that comes to their desks regularly. The BULLETIN is fortunate in being in a position to furnish its readers with this authoritative statement as to the present definite standing of this very appealing form of therapy.

# Department of the Public Health

## PROVINCE OF NOVA SCOTIA

Minister of Health - HON. G. H. MURPHY, M. L. A., Halifax.

### PROVINCIAL HEALTH OFFICER

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

### SPECIAL DEPARTMENTS

Tuberculosis	- - - -	DR. P. S. CAMPBELL	- -	Halifax.
		DR. C. M. BAYNE	- -	Sydney.
Pathologist	- - - -	DR. D. J. MACKENZIE	- -	Halifax.
Psychiatrist	- - - -	DR. ELISA P. BRISON	- -	Halifax.
Supt. Nursing Service	- - - -	MISS M. E. MACKENZIE, R.N.	- -	Halifax.

### MEDICAL HEALTH OFFICERS ASSOCIATION

President	- - - -	DR. W. F. MACKINNON	- -	Antigonish.
1st Vice-Pres.	- - - -	DR. T. R. JOHNSON	- -	Great Village.
2nd Vice-Pres.	- - - -	DR. M. J. WARDROPE	- -	Springhill.

### COUNCIL

DR. A. C. GUTHRO	- - - -	Little Bras d'Or.
DR. A. E. BLACKETT	- - - -	New Glasgow.
DR. F. E. RICE	- - - -	Sandy Cove.

### MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

#### ANNAPOLIS COUNTY

Armstrong, M. E., Bridgetown.  
Braine, L. B. W., Annapolis Royal.  
Kelley, H. E., Middleton (Town and Co.).

O'Neill, F., Louisburg.  
Murray, R. L., North Sydney.

#### COLCHESTER COUNTY

ANTIGONISH COUNTY  
Cameron, J. J., Antigonish (County).  
MacKinnon, W. F., Antigonish.

Dunbar, W. R., Truro.  
Havey, H. B., Stewiacke.  
Johnson, T. R., Great Village (County).

#### CAPE BRETON COUNTY

Tompkins, M. G., Dominion.  
Gouthro, A. C., Little Bras d'Or,  
(C. B. Co.).  
Poirier, G. J., New Waterford.  
MacKeough, W. T., Sydney Mines.  
McLean, J. A., Glace Bay.  
McLeod, J. K., Sydney.

#### CUMBERLAND COUNTY

Bliss, G. C. W., Amherst.  
Drury, D., Maccan (County).  
Gilroy, J. R., Oxford.  
MacKenzie, M. D., Parrsboro.  
Rockwell, W., River Hebert, (M. H. O.  
for Joggins).  
Withrow, R. R., Springhill.

**DIGBY COUNTY**

DuVernet, E., Digby.  
 Rice, F. E., Sandy Cove (County).  
 Belliveau, P. E., Meteghan (Clare Mcpy).

**GUYSBORO COUNTY**

Brean, J. S., Mulgrave.  
 Elliott, H. C. S., Guysboro (County).  
 McGarry, P. A., Canso.  
 Stone, O. R., Sherbrooke (St. Mary's Mcpy.).

**HALIFAX COUNTY**

Almon, W. B., Halifax, N. S.  
 Forrest, W. D., Halifax (County).  
 Payzant, H. A., Dartmouth.

**HANTS COUNTY**

Bissett, E. E., Windsor.  
 MacLellan, R. A., Rawdon Gold Mines,  
 (East Hants Mcpy.).  
 Reid, J. W., Windsor, (West Hants  
 Mcpy.).  
 Shankel, F. R., Windsor, (Hantsport  
 M. H. O.).

**INVERNESS COUNTY**

Chisholm, A. N., Port Hawkesbury.  
 McNeil, A. J., Mabou (County).  
 Ratchford, H. A., Inverness.

**KINGS COUNTY**

MacKinnon, H., Berwick.  
 Bishop, B. S., Kentville.  
 Burns, A. S., Kentville (County).  
 DeWitt, C. E. A., Wolfville.

**LUNENBURG COUNTY**

Davis, F. R., Bridgewater (County).  
 Donkin, C. A., Bridgewater.  
 Morrison, L. N., Mahone Bay.  
 Zinck, R. C., Lunenburg.  
 Zwicker, D. W. N., Chester (Chester  
 Mcpy.).

**PICTOU COUNTY**

Blackett, A. E., New Glasgow.  
 Day, F. B., Thorburn (County).  
 MacKenzie, S. G., Westville.  
 Stramberg, C. W., Trenton.  
 Dunn, G. A., Pictou.  
 Whitman, G. W., Stellarton.

**QUEENS COUNTY**

Ford, T. R., Liverpool (Town and Co.).

**RICHMOND COUNTY**

LeBlanc, B. A., Arichat.

**SHELBURNE COUNTY**

Hatfield, G. M., Clark's Harbor.  
 Churchill, L. P., Shelburne (County).  
 Fuller, L. O., Shelburne.  
 Densmore, J. D., Port Clyde, (Barrington  
 Mcpy.).

**VICTORIA COUNTY**

MacMillan, C. L., Baddeck.

**YARMOUTH COUNTY**

Blackadar, R. L., Port Maitland, (Yar.  
 Co.).  
 Lebbetter, T., Yarmouth (Wedgeport M.  
 H. O. and Town Yarmouth).  
 Siddall, A. M., Pubnico, (Argyle Mcpy).

**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.

## TO THE MEDICAL PROFESSION OF NOVA SCOTIA,

An open Letter from the Minister of Health.

Halifax, N. S.,  
26th January, 1931.

Gentlemen:—

It has been my privilege, as an Editor of the BULLETIN, to have a word with you occasionally on matters which seemed of importance to you and me. I have a very special reason for addressing you at this time.

On no other occasion had I so much cause, for I am assuming the responsibilities of Minister of Health for this Province, and I have a deep conviction that without your earnest and sympathetic support, I must needs fail in my efforts to make this new institution the vital, active agency it should become.

In writing or speaking on this subject in the past I have never been in doubt that the Medical Profession should be the keystone of each and every structure erected for the purpose of promoting and safeguarding the health of our people. I considered it an axiom without which there could be no well sustained success in any effort put forth either by private, municipal or provincial bodies. I find myself with this thought more deeply impressed upon me than ever before, and, therefore, my first duty is to come to you with what frankness and enthusiasm I can command, to ask you to become a real, active, living power in this new Department of Public Health. A very practical development from this thought is your present advisory committee. This committee is your official representative. It has already done very useful work, and it is my hope to keep my Department in close touch with this body, and through it to interpret the best constructive thought of the whole profession. It would be showing very little knowledge of our professional brethren in particular, and of human nature in general, to suggest to you that we should always be unanimous in our views. That is not necessary, and perhaps not even desirable. We want your personal convictions, and from these we shall weave together a practical and effective Public Health Policy. We want common sense moulded into ways and means to help every citizen in our Province to his highest index of defense and his most potent aggression upon the visible and invisible agencies of disease. We are not rich enough for experimenting with fine spun theories. The tax payer of our Province has no money for fads. We have to work with limited means, and therefore every dollar should be wisely spent.

It is the things that are best for Nova Scotia, that you and I are now concerned with. We have the good and the bad of being an old Province. Our age has left us with residues of hereditary diseases, some of which were painfully evident when we came, a few years ago, to investigate the number and condition of the feeble-minded; doubtless, too, a big factor in the incidence of tuberculosis.

These are part of the tragic price Nova Scotia is now paying for the many years flow of its virile manhood and womanhood into the United States and Western Canada. It is not the place here, to elaborate this subject. Such economic conditions, however, enter intimately many phases of our Public Health, and may not be ignored.

It is you, the Medical Practitioners, who are in most intimate touch with the extrinsic and intrinsic causes of disease in our Province. You are close to the Medical Officers of Health, to the governing bodies in the towns and municipalities and to the voluntary organizations which have been putting such splendid effort into Public Health Work. Your voice and your influence reach, in a very special way, every home in the Province. You know where poverty stalks, and where plenty vaunts itself. No body of men can ever know, as you, the things that make for the good or the bad in the health of our various communities. Besides, we are now an organized profession. The Doctor who lives to himself alone, has not grasped the spirit of modern medicine. Organized medicine regards curative practice as but a part of its job. Prevention of disease and active interest in the general sanitary good of the community are as much the function of the practitioner. We cannot get away from this unless we start going backwards. Our Hospitals are organized and are under the standardized inspection of the American College of Surgeons and our own Canadian Medical Association.

It seems most desirable then, that the Department of Health should find some means of tapping the resources of such organizations, so that one unbroken purpose may flow through them all.

The old taunt that the Doctor made his money by treating sick people and he was not interested in preventing disease never had any measure of truth in it. Like him that preaches the Gospel, the Doctor is entitled to live by his profession; but if we are to ward off State Medicine, our profession must develop more and more of that national and patriotic spirit which covers the broader conceptions of our country's welfare.

I have purposely refrained from definite statements of policy and procedure. The new Ministry of Health is made up of many fragments loosened from other Government Departments. My first effort is to weld them together and then spend some time in getting acquainted with the resulting creation, which I hope may be fair to look upon. My object now is clear enough. It is to establish intimacy with you as an organized profession, through your representative committee, and otherwise relying upon your support and good will, I have accepted my present responsibilities. I could hardly have been induced to such a course had I not had many evidences that the Medical Profession had long desired a Health Department, and would give it undivided support.

George H. Murphy, M. D.

*Minister of Health.*

## TOXOID AND TOXIN-ANTITOXIN.

THE results of a study of the immunizing values of Toxoid and Toxin-Antitoxin well justify the choice made by the Director of the Connought Laboratories, Toronto, some years ago, in choosing diphtheria toxoid for protecting Canadian children by active immunization against diphtheria rather than by the use of the toxin-Antitoxin mixture.

Without entering into details of the test, it may be at once stated that the author injected 475 school children in Washington, D. C., with three doses of toxoid, spaced one week apart, and found by applying the Schick test later on that 95 per cent. gave an immune reaction. Another series of 355 children were given doses of toxin-antitoxin mixture, only 64 per cent. were found to be immune by a later Schick test. Thus can be noted the superiority of the method of use of toxin over that of the toxin-antitoxin mixture.

Furthermore, no local or general reactions were noted as occurring in any of the children immunized by the toxoid, whereas in the children receiving the toxin-antitoxin mixture, there were apparent redness and swelling of the local area in which the injection was made. (Abstracts of Current Public Health Literature).

## ANTITOXIC SERUM IN SCARLET FEVER.

The remedial effects of antitoxic serum in Scarlet Fever are:—

(a) Both temperature and pulse-rate mostly fall sharply within one day. In one case treated intravenously a fall of temperature of 5°C. within one or two hours was noticed, suggesting that it might be a sort of protein shock, but in protein shock the pulse-rate does not fall parallel with the temperature, and again the general condition does not usually show a corresponding improvement. The immediate and general improvement following the injection of the serum cannot therefore be ascribed to any other cause than the neutralization of the toxin.

(b) There are wonderful instances in which the rash has rapidly disappeared—in fact no cure has even been known that has caused the rash to disappear all at once as in this case. The effect is all the more rapid when the serum is injected intravenously.

(c) The amount of urine increases rapidly. Nausea and vomiting, diarrhoea, cramps and loss of consciousness in most cases quickly subside.

The following conclusions are drawn:—

(1) The treatment of scarlet fever by means of scarlatinal streptococcus antitoxic serum proved so effective as to reduce the death rate by half.

2. The serum was found to have a particularly remarkable effect on the symptoms which are due to streptococcus toxin, viz. rash, fever, itching, vomiting, convulsions and palpitation of the heart.

3. While the serum seemed to have some effect in reducing the incidence of complications, it did not appear to have any effect on complications which had already developed. (Abst. of Current Health Lit.).

---

### BIRTH CONTROL.

Considerable space in Sir George Newman's Annual Report is devoted to birth control. It is laid down that organized instruction in contraceptive methods is foreign to the purpose of a maternity and child welfare center established by a local authority for nursing and expectant mothers, would militate against the object of its establishment, and might well be alien to its clients. But "in exceptional circumstances, when avoidance of pregnancy seems desirable on medical grounds, the mother attending the center should be referred for advice as to birth restriction to a private practitioner attached to or recommended by the center, or to a suitable hospital or clinic. It is pointed out that birth control is not a novel idea but has existed from the earliest times. The only change is that it has become more conscious, concrete and talked about, and more artificial in method. The change was not necessarily evil nor did it raise new moral issues. It has brought definite relief to a large number of persons from immediate difficulties. However, its indiscriminate advocacy has had many disadvantages. Organized public instruction is liable to become propagandist and pseudo-authoritative and to lead to commercial exploitation. The effects may be not only local and physical but general, organic, psychological and even antisocial. The means may be deleterious in their results and are in any case uncertain in their action. There is no guarantee of value, physical, moral or humane. Birth control cannot be, in any case, a substitute for social amelioration, self-control, restraint or mutual consideration. It is doubtful whether there is sufficient unanimity in the medical profession, or in public opinion, as to contraceptive methods to justify a local authority supporting out of the taxes a center of systematic instruction. (*A. M. A. Journal*, London Letter).

---

### MATERNAL WELFARE.

The Special Committee of the Canadian Medical Association at the last Annual Meeting in Winnipeg submitted a report on Maternal Welfare which should be adopted and practised in every province in this Dominion. As the BULLETIN has had several articles concerned with the Practice of Obstetrics and related subjects, a further publicity of the Recommendations of this Committee are in order:—

(1) Your Committee would urge that members of the medical profession should assist in every possible way the National Council of Women, Women's Institutes and other organizations in their efforts to educate the public in regard to Maternal Welfare.



(2) We recommend that instructions be given to the Post-Graduate Committee to use every effort to have at least one meeting a year in each Provincial and County Society set aside for the consideration of Maternal Welfare.

(3) Your Committee would once more urge on every member of the profession not only the advisability, but also the absolute necessity, of giving every expectant mother adequate pre-natal care.

(4) We recommend that the Hospital Department of the Association be requested to submit a report on the Provincial Inspection of Maternity Homes, Lying-in Homes and Obstetrical Departments of General Hospitals at the next Annual Meeting of Council.

---

**Sanitary Engineering** does much for public health as regards a safe water supply. Not long since water was available for a small city in Florida, but, owing to color, taste, hardness, deposits in services and meters, as well as in bacterial content it was not usable. By aeration, chemical treatment, mechanical agitation for mixing, sedimentation, carbonation, filtration, and chlorination it was made safe for the public use.

Thanks Mr. Engineer.

---

### HEALTH TALKS.

The latest sponsor of Health Talks is the Canadian Social Hygiene Council which is broadcasting, during the season October to March a series of thirty lectures on certain diseases and their prevention, and other topics definitely related to health. The undertaking is a laudable one and will be a distinct contribution to health education in general. Nevertheless we are of the opinion that articles prepared in an office in Montreal, Toronto or Winnipeg would be more effective in Nova Scotia and British Columbia were they edited or relayed by local health authorities and supplemented by similar broadcasts of material appropriate to local conditions.

---

### CANCER.

The *Weekly Bulletin* of the Department of Health for the County of Kings (N. Y.) comments on Hoffman's annual summary of cancer mortality statistics for 1929. It is noted that the cancer death rate in 49 American cities with an aggregate population of 30,000,000 increased from 71.6 per 100,000 in 1906 to 117.8 in 1929. In five cities with over a million of population the rate averaged 109 per

one hundred thousand. The *Bulletin* says:—"Regardless of frequent announcements of alleged cancer cures, no specific cure has been forthcoming, leaving no other conclusion than that for the time being the hope for effective treatment rests chiefly, if not exclusively, upon surgery, radium, x-ray and cautery. But the efficacy of these methods is directly dependent upon the earliest possible diagnosis and qualified treatment of the disease, and the responsibility for this rests primarily upon the general practitioner and the higher intelligence of the general public of adult age."

The Brooklyn Cancer Committee feels certain that progress in combatting the disease rests in the educational, diagnostic and therapeutic work of the individual physician among his clientele.—(*Bulletin* of the Medical Society of the County of Kings).

**Vaccination in Infancy.** This matter has engaged the attention recently of the public health service in the Netherlands as reported by the Regular Correspondent of the A. M. A. Journal. Statistics have shown that, during the first twelve months of life, post-vaccinal encephalitis develops much less frequently. Furthermore, the local accidents of vaccination are much less when vaccination is applied during the first year of life. The periods most favorable to vaccination are May and December. Children who have not fully recovered from an infectious disease, and likewise children who are living in an environment in which infectious diseases have recently occurred, should not be vaccinated as yet. The physicians of the Netherlands are appealed to adopt this method, as it is the only method that will afford protection against an epidemic of smallpox and that will, at the same time, reduce the dangers of encephalitis.

**Cancer.** "The Department of Hospitals announces that the Brooklyn Cancer Institute has modern facilities for the diagnosis of malignant disease and is available for Brooklyn residents who are eligible for this service.

"Radium, deep x-ray therapy and other types of treatment are available. The staff announces its willingness to co-operate with physicians, hospitals and other institutions in the study of selected cases. This service is for those who cannot pay.

"Clinics are held three days a week and a clinical conference once a week to which the medical profession is cordially invited."

One would ask how long before some announcement like this may come from the Cancer Clinic in connection with the Victoria General Hospital or Dalhousie Health Clinic?

**Communicable Diseases Reported by Medical Health Officers.  
December 17th to January 14th, 1931.**

Disease	Dec.	Dec.	Dec.	Jan.	Jan.	Totals
	17	24	31	7	14	
Cerebro-Spinal Meningitis.....	.....	.....	.....	.....	3	3
Chickenpox.....	14	1	28	.....	26	69
Diphtheria.....	7	23	9	5	9	53
Infantile Paralysis.....	.....	.....	.....	.....	.....	.....
Influenza.....	4	.....	.....	3	8	15
Lethargic Encephalitis.....	.....	.....	.....	.....	.....	.....
Measles.....	2	.....	2	.....	2	6
Mumps.....	11	1	4	15	3	34
Paratyphoid.....	.....	.....	.....	.....	.....	.....
Pneumonia.....	.....	3	.....	1	9	13
Scarlet Fever.....	2	4	14	21	20	61
Smallpox.....	.....	.....	.....	.....	.....	.....
Typhoid Fever.....	.....	.....	1	.....	.....	1
Tuberculosis-Pulmonary.....	1	.....	1	.....	.....	2
Tuberculosis—Other Forms.....	.....	.....	.....	.....	.....	.....
V. D. G.....	4	2	8	3	2	19
V. D. S.....	3	.....	2	5	2	12
Whooping Cough.....	4	7	.....	.....	18	29
Totals.....	52	41	69	53	102	317

A young bride walked into a drug store and approached a clerk timidly. "The baby tonic you advertise—" she began—"does it really make babies bigger and stronger?"

"We sell a lot of it," replied the druggist, "and we've never had a complaint."

"Well, I'll take a bottle," said the bride after a moment, and went out.

In five minutes she was back. She got the druggist into a corner and whispered into his ear—

"I forgot to ask about this baby tonic," she said under her breath. "Who takes it—me or my husband."

A sorrowing widow, having a memorial erected in memory of her late husband had the following inscription carved upon it:

"Good-bye Henry, My light has gone out."

Three months later when she remarried, some wag added to the inscription:

"But I have struck another match."

Daughter—"No mother, I won't need any clothes this summer."

Mother—"Ye Gods! I was afraid it would come to this."

## Hospital Service

### NOVA SCOTIA HOSPITALS.

The Hon. John Doull was the chief speaker at the re-opening of the Memorial Hospital at Inverness last November. In the course of his address he made reference to the growth of hospitals in Nova Scotia in the past 30 years and he is thus reported in the newspapers:

"One of the most remarkable things that has occurred within the memory of most of us, is the great development in this Province, as well as in other countries, of hospital accommodation. Thirty-five years ago there was not a hospital in operation in the Province outside of the City of Halifax, and the Victoria General Hospital at that time, was in comparison with the great institution that it is to-day, a very small affair indeed. I think that the town of New Glasgow has the honor of building, equipping and opening the first local hospital. It was opened while Lord Aberdeen was Governor-General of Canada, and took his name.

"Following the example of Pictou County, a hospital was opened in Glace Bay in 1902. To-day we can hardly realize how the large population of the mining industries around Glace Bay were able to get along without hospital accommodation.

"From that time the building of local hospitals has gone on apace, and in the last published Public Accounts of the Province I find that the Province contributed by way of grants to no less than 21 local hospitals, the total payment for this purpose in 1929 being \$72,385. The figures for this year are not available, but the payments will be somewhat greater than in 1929.

"The work of the Province in providing hospital accommodation does not of course stop with its grants to local hospitals. It provides a hospital for the insane, which is now conducted on as high a standard as any institution of this kind in America. The cost of this hospital is in the vicinity of \$250,000 per annum. About \$220,000 of this is paid back to the Government from various sources, principally from municipalities. The Victoria General Hospital is operated entirely as a Government institution and costs in the vicinity of \$300,000, of which sum about \$200,000 is paid back from various sources, including the fees of private persons and payments from municipalities.

The Hospital for tuberculous patients at Kentville costs about \$280,000 per year, and of this the Government receives back less than half. The municipalities have not as yet taken up a great part of the burden of tuberculous patients, and it would be impossible to raise the fees to a degree that would cover the expense.

"As I have said, practically all of this development has occurred within the past 30 years. The maximum of service for that expenditure has not yet been reached. It is probably true that Nova Scotia is to-day pretty well supplied with local hospitals, and it is probably not necessary or desirable that they be greatly increased until the population increases. But the fact that almost every hospital in the Province is operating to capacity, shows that those that have been built fill a very great need.

"It is probable that our next great effort will have to be made in the direction of dealing more adequately with the suppression of Tuberculosis. The institution at Kentville has been a great institution, and is a great institution to-day. It is in charge of a man who, in so far as his knowledge is concerned, stands high among the workers in this particular line throughout the world. But it is quite probable that a central institution of this kind alone will not adequately deal with the problem, and that smaller

institutions in various County centres will be required to take charge of patients who, for various reasons, cannot be admitted to the institution at Kentville. This opens up to us the necessity of the spending of very considerable money which, if it has to be raised at all, will probably be raised by charitable gifts and local assessments."

### A LARGE GRADUATING CLASS.

On November 27, 1930, some 24 young ladies and two young men graduated from the Nurses Training School of the Victoria General Hospital, Halifax. The addresses given by Hon. John Doull and Dr. Walter L. Muir were appropriate, pleasing and practical. The observer from the outside, wholly disinterested as regards members of the class, the teaching staff and the Hospital and its facilities, must always ask some questions in connection with an event of this character. Moreover, this is a good opportunity to do so as we will all agree that the training school for nurses of the Victoria General Hospital is not surpassed in the quality of its work by any training school in Canada.

In the first place one may ask if such a large class is desirable? Where are these to continue their work in order to make a living, for noble as the profession may be, a living is quite essential? What relation does a class of this size bear to the entire nursing staff of the hospital? How will the leaving of all these nurses upon completion of their training, excepting the chosen few, affect the nursing service of the hospital in the immediate future?

Another natural question is as to the training itself. To what extent have other institutions, beside the Victoria General, contributed to the opportunities for training furnished these nurses? Every class of training that a nurse may require can be obtained right here in Halifax, and the Observer would like to know to what extent these opportunities are made available to a graduating class? Three years seems to be a very short time to get even a smattering of physiology, chemistry, anatomy, dietetics, pharmacology, psychology, besides special training in mental cases, in maternity, in tuberculosis, in contagious diseases, diseases of children, to say nothing of operating room training and instruction in public health nursing. Besides this there has been enough actual work done in the wards to warrant a small honorarium with board and lodging for the three years. It must have been a continuous cram from start to finish.

Again one inquires as to how many of these nurses are available for nursing work here in Nova Scotia, or are they to follow the custom of years and go to the United States, where they are not wanted, and save for their exceptional ability, would not be tolerated. There is only one possible field for nurses in Nova Scotia and that is not yet available. We refer, of course, to public health nursing, for which every one of this graduating class might have been fully trained for its routine work. Were any of these so trained?

### HOSPITAL PERSONNEL.

We have heard the remark more than once that a hospital was over-staffed, sometimes having more nurses than patients. This is the familiar text of the chronic faultfinder and army critic, the enormous overhead. It is not often that any philanthropic organization is over-staffed with paid officials, although it is frequently much over-weighted with honorary officers, to the great handicap of the work to be done. But the question may be asked without starting any argument as to how many nurses does a hospital require.

In making an estimate of this nature several points must be kept in mind. Much depends upon the building, an old style building with old equipment, requires more help than modern hospitals. More nurses are required for acute than chronic cases; the amount of scientific research work attempted; the amount of social service undertaken; the proportion between paying and indigent patients and other related conditions. Always every well managed hospital should be a law unto itself, but there are well established averages that should enable each hospital to check up its own personnel and compel it to point out the reasons for variations from that average.

The public should know that there must be an employee in the hospital for every bed. Considering vacant beds there should be nine employees for every ten patients. This includes nurses of course. For our purposes we may divide our Nova Scotia Hospitals into three classes,—those below 50 beds, those between 50 and 150, and those above the latter mark. The public is concerned chiefly with classes 1 and 2. Then it is generally admitted that the smaller the hospital the higher the per cent. of nurses required. The nurses required in the first group would be from 0.80 to 1.00 per patient. In the second group the average would be as low as 0.60 to 0.85 per patient.

It may be well to bear these figures in mind when casually remarking that a hospital is over-staffed. It is said of a hospital in a certain city that the nursing personnel was one nurse to six patients, and that hospital had a post operative death rate of 5.5 per cent; of a similar hospital in the same city with one nurse to every one and one-half patients the post-operative death rate was only 1.8 per cent. After all the saving of life is a very large part of the duties of the modern hospital:—by their fruits we shall know them.

---

**Re-election of Officers.** There is a monotony in reading the reports of hospital annual meetings, especially when it comes to the lists of officers. There appears to be a deadly fear less some one will have his (or her) feelings hurt, if another capable person is named for office or to the board or other appointment. Of course, this ap-

plies to nearly all philanthropic organizations and it makes for efficiency. But are there no drawbacks and could not a wiser plan be adopted?

Granted that it takes a year or two for a President to become fully acquainted with the duties of office would it not be wise to train some one else in the same work, the immediate past President always being on the Executive. Does not the same principle apply also to the Secretary, who is often a very important member of the official staff? Should there not be an understudy here as well?

But it is strange that the office of Treasurer in almost every organization is an appointment for life, and with nothing to do but carry a bank book. It is always an Honorary position, so why not pass it around? These remarks are prompted by a newspaper report of an annual meeting of a Hospital which said,—“The entire slate of officers were re-elected.” How about systematically getting new blood to work?

Aberdeen Hospital, New Glasgow, recently received in cash a bequest from the estate of the late Hugh Murray, of \$7,000. For some time this amount was held by the estate as its interest was payable to a member of the family recently deceased. We trust that bequests to hospitals do not have strings attached to them as has been a practice hitherto.

Mr. L. D. Currie of Glace Bay, President of the Nova Scotia Hospital Association, while on a flying visit to Halifax called at the BULLETIN office to express his appreciation of the Hospital Service Department inaugurated by the BULLETIN and consequently the greater interest being taken by the medical profession in hospital and nursing problems.

The question has been considered at different times as to the status of the dispenser at a local hospital. It was rather strange to learn that the recent qualifying before the N. S. Pharmacal Association of Sister M. Immaculata of St. Martha's Hospital was the first graduate nurse to receive this diploma. This should be the case in all hospitals without other special arrangements for dispensing.

Annual Reports of Hospitals afford the best means of furnishing accurate information as to the work of the particular hospital. If we had a suggestion to make it would be along the line of uniformity as to hospital costs, days, patients, etc., so as to simplify the tabulation of information available for the student of hospital affairs. In the Annual Report of Aberdeen Hospital, New Glasgow, particular attention is drawn to the immediate need of extension to existing facilities. Besides

the erection of a new wing, which appears to be agreed is required, a suggestion is made of equipment being made for an Out-Patient department. In every town, where a hospital is at all conveniently situated, we believe this provision should be made. The time may come when every hospital will require to be a Health Clinic for its particular district, hence any provision for out-patients should also have this in mind.

---

**Tonics and Sedatives**, a department of the Journal of the A. M. A., fully as popular with its readers as the Locals and Personals of the BULLETIN, has a modern version of Dr. Pepy's Diary and that recorded under date of November 15th, might suit medical conditions in Nova Scotia with a little imagination. The Doctor made this entry:—

"This day ye secretaries of ye state societies and ye trustees complete their meetings at which they plan for ye medicos of ye nation and fine to see how ye problem of ye future of medicine giveth them such great concern. Much said of ye necessity of stopping ye attacks on science of ye ignoramuses who oppose experimentation on ye lower animals for ye good of man. Then too one discusseth the best method of making a good medical journal but this meseemeth almost an impossible task to teach, journalism being much like the work of a good clinician much of instinct, common sense, judgment and a sympathy for ye thoughts of ye readers. Reminded therefore of Mark Twain's famous story of ye lost mule. Ye animal was found by ye town idiot. When asked how he came to find the same, he answered: "I thought if I was a mule where would I go, and I went there and there he was."

"In ye great empire city have heard much of ye difficulties of ye profession with ye new schemes for ye practice of medicine and of how ye health commissioner bringeth himself before ye public by shouting ye public must have ye best for ye lowest price—and meseemeth to recollect that leaders from Bryan back to ye demagogues of Greece have sought ye public favor ever with ye same cry while ye economists have wept and ye financiers have torn ye hair."

---

**Would not be imposed on.** Little Jack's mother was trying to improve Jack's morale as he was going into hospital to have his tonsils removed. "I'll be brave and do just what you tell me, Mother," he promised, "but I betcha one thing, they don't palm off no crying baby on me like they did when you were in the hospital."

---

"Rastus I understand that you have become the father of twins?"

"Yassuh, Ah done call the fust one Adagio Allegro, and I'm goin' t' call the second one Encore."

"But why do you call the second one Encore?"

"Well, suh, you see he wasn't on the programme at all."



## Bulletin Library

### ONE OF OUR OBJECTIVES.

THAT our reviews and opinions, expressed in this Department of the BULLETIN, have some point and considerable common sense, must be concluded from the reception given some of the matters, by authorities other than members of the Medical Society of Nova Scotia alone. As a case in point, in the November issue we noted discrepancies and wrong statistics relative to the medical profession in this province, as published in a government blue book from the Department of Labor. In a courteous recognition of the review and the explanation accompanying it, the Chief of the Labor Intelligence Branch writes:—"We note your kind offer to supply the Department with information as to the membership in the profession, and we thank you. You may rest assured that in due course we will be pleased to avail ourselves of your proffered assistance.

Then, when we said in the December issue, that the attention of the Post Office Department should be directed against a certain publication, we are advised that the United States authorities are already carrying out an investigation along the lines suggested, and Canadian action would be taken if found necessary.

Reviews that call for action as above may not have the very great literary and scientific value that a few medical men think is the sole purpose of a medical journal, but results prove it was proper business for the official organ of the Medical Society of Nova Scotia. On many occasions the BULLETIN has taken the newspapers to task for exploiting fraudulent or quack remedies and again we will soon pay our respects to the "Newspaper" that again gives a half page of its *valuable* space to further exploiting the Coffee Cure for Deafness. But we wish here to point out that it is incumbent upon the Medical Society of Nova Scotia to be conversant with what various agencies are attempting to put over on the people in the way of so called advice on the matter of health, or of disease, or of our own special efforts to give intelligent service. This is one reason why we quote so frequently what the laity, by voice or pen, say of the medical profession and their avowed calling. If we do not know what people are thinking how can we intelligently direct their thinking.

In the January BULLETIN we reviewed an article, taken from the *Bulletin* of the New York Academy of Medicine, in which Dr. Watson endeavors to point out how our Obstetric Practice may be improved and in this issue, or a later one, we will point out how an intelligent magazine writer sizes up this problem and the relation of the medical profession to it. Again we repeat, it is necessary to appreciate the public opinion on these problems affecting their welfare before we try to correct or direct the same.

**THE PRACTICAL MEDICINE SERIES. 1930.****The Eye, Ear, Nose and Throat.**

Editors:—Charles P. Small, M.D., Albert H. Andrews, M.D., George Shamaugh, M.D.—The Year Book Publishers, 304 Dearborn St., Chicago, Ill. Price \$2.50.

As the BULLETIN gave a very good review of the 1929 volume of this Annual Publication in our last issue, we will simply acknowledge its receipt and bring it to the attention of our readers. In ordering this and other volumes of this Series the BULLETIN would greatly appreciate a reference to this notice of the book being commented upon in this department of the BULLETIN.

**THE DALHOUSIE REVIEW.**

The BULLETIN has several times called attention to this very excellent Quarterly Magazine. Without question it stands without a peer in Canada and ranks well with similar English publications. The January 1931 issue, being Volume X, No. 4, is up to the usual high standard. Our old friend Dr. Fraser-Harris, who is now devoting his entire time to writing, has another article in this number, entitled, "Rejected Applicants," giving interesting stories of the disappointed hopes of Carlyle, Burns, Francis Jeffrey and Robert Louis Stevenson, in their efforts to obtain positions of renown and emolument. Medical Graduates could well depend upon this Quarterly for their general literary reading, both for pleasure and profit, we all need a fair amount of this class of reading.

**CLINICAL ALLERGY.**

In the March BULLETIN we hope to give a review of this latest book from the press of The MacMillan Company of Canada, *Clinical Allergy, Particularly Asthma and Hay Fever, Mechanism and Treatment*, by Francis M. Rachemann, M.D., Physician to the Massachusetts General Hospital, Instructor in Medicine, Harvard Medical School. The book may be ordered directly from the publishers, St. Martin's House, Toronto, over 600 pages, price \$10.50. The volume is a distinct addition to our BULLETIN Library, which is greatly appreciated.

**PROTOZOAN PARASITISM.**

While of great practical value to physicians in practice in the Southern States and to all interested in tropical medicine, this latest book on the above topic will be of value to the student in zoology, biology, pathology and in the diagnosis and treatment of diseases thus caused. The general title of the book is,—“Protozoan Parasitism of the Alimentary Tract, Pathology, Diagnosis and Treatment.”

The author is Kenneth N. Lynch, M.D., Professor of Pathology, Medical College of the State of South Carolina, Charleston, South Carolina, and is published by the MacMillan Company, price \$3.75, St. Martin's House, Toronto.

Until the work of Professor Allen J. Smith of the University of Pennsylvania, there was but little actual knowledge concerning protozoan in the intestinal tract of man. But it would appear that in the relations existing between man and these lower animals some progress is being made in clearing up the confusion of earlier studies. The literature hitherto published on this general subject has been mostly from the Biologist or the Protozoologist and of little value to practitioners in preventive and curative medicine. This book of Dr. Lynch's has been planned as a monograph for students and practitioners of medicine with the general aim of bringing all parties together who may be regarded as responsible for the diagnosis, prevention and treatment of these diseases in man. The author has opinions of his own derived from an experience of several years' activities "as a sort of a go-between in protozoology and medicine."

The book is very finely printed and well, but sparingly, illustrated. As we have said to those interested it will be a valuable addition to their libraries.

### PREVENCEPTION.

BULLETIN readers will recall our review in the December issue of the BULLETIN of the book with the above title, in which it was intimated that the attention of the Post Office Department should be directed to the matter. The following acknowledgement is a significant coincidence and justifies the attitude assumed in the review.

Post Office Department, Ottawa,  
Dec. 29, 1930.

"S. L. Walker Esq., M.D.,  
General Secretary,  
The Medical Society of Nova Scotia,  
Halifax, N. S.

Dear Sir:—

I am in receipt of your communication of the 20th inst., enclosing a recent number of the Nova Scotia MEDICAL BULLETIN, containing at page 698 a review of a book published by the American Biological Society, Hoboken, N. J., and I may say that at the present time the United States Postal Administration are conducting an investigation regarding the operations of the above mentioned society.

Yours truly,

(Signed) ARTHUR WEBSTER,  
Secretary of the Post Office Department."

Members of the Medical Society of Nova Scotia will confer a favor upon the BULLETIN if they will forward to the General Secretary any advertising literature from this or other similar agencies. One name at least will be struck from their mailing lists, that of the Secretary, hence the desirability of assistance from our readers.

## HEALTH RAYS.

Sheik Ben Gee A'e describes a "Christmas in Bagdad" in the December issue of the Nova Scotia Sanatorium magazine, *Health Rays*. The story features chiefly the dangers and joys of a Buick camel journey beyond Ken-Wo to the Country of the Ana-Baptists to the undoing of two miserable varlets. On this account and in view of the disturbance created in the peaceful land of the Ana-Baptists, Al'Ferid Milr, Shaik paramount of the Sani Dok't'rs and himself a mighty hakim, accompanied by Charl ben Bekwith, with their slaves and the women of the harem, appeared before the mighty Caliph Caseous, who was supported by Grand Vizier, Gran Uloma, to plead for mercy for the guilty caitiffs. The Caliph soon interrupts, knowing from experience the danger of allowing Shaik Al'Ferid to get away with a bit of speech between his teeth, and demands the production of the fiery potion that had wrought the catastrophe, which he permits it to amble past his tonsils tickling his palate. Then, being advised that in the land of the Ana-Baptists this elixir flows in a golden flood, he orders a journey at once to this land. So, "laughing and rollicking at the head of the caravan, pinching the Shaik Al'Ferid Milr and his seneschal Charl ben Bekouith in the soft parts and smacking the women of their harem likewise lustily in the same, the Caliph Caseous journeyed to the encampment of the Ana-Baptists, where amid mighty rejoicings, the caitiffs Con and Tube were released from their duress to the tribe of the Sani Dok't'rs. Selah." All's well that ends well.

## INTERNATIONAL CLINICS.

Volume IV (Fortieth Series) of the International Clinics has been received at the BULLETIN desk. For thirty years the writer has been a steady reader of this publication from the press of the J. B. Lippincott Company. If there is one feature more than another that has been faithfully carried out in this Quarterly publication, it is its observance of the name which is not always a feature of Journals and books *made in the United States*, despite their title. Yet the present number does not line up in this class for the entire volume is the product of United States doctors and teachers save two reports of the last meeting of the B. M. A. at Winnipeg by Doctors Mitchell and McEachren of that city, both charmingly and comprehensively written, one article by Dr. Martin Du Theil of Paris whose concluding sentence is,—“To say all in a single short sentence, no one ought ever to die except of old age,” a paper by another Paris Doctor on Rheumatism of Dental Origin, and the opening paper on Boils and Carbuncles by Professor De Keyser of Paris.

The Fifth Avenue Hospital, New York City has furnished the material for a series of papers and clinical reports of very great interest and value to the general practitioner. The addition in recent years of a section entitled "Medical Questionnaires" makes the Clinics of special

value. Indeed, when all is said and done about annual or quarterly publications for the man in general practice, especially in the towns and rural districts, the International Clinics meets his requirements in a manner hard to improve upon. Again we say that nearly all the sales of the Clinics are made up of repeat orders, which speaks for itself. Order from Montreal. Price \$3.00.

---

### CRIPPLED CHILDREN.

The regular London Letter in the *Journal of the Canadian Medical Association*, December issue, has a passing reference to hospital accommodation for crippled children in England that might have some suggestions for a more systematic work even in this little Province of Nova Scotia. The writer says:—

“Gauvain and Alton are two names which spell hope for the cripple, and the Treolar Cripples' Home has just come of age. It was in 1908 that Sir William Treolar, then Lord Mayor of London, discovered at Alton (not far from Southampton) a group of bungalows which had served as a hospital for wounded men after the South African War. He seized the opportunity to start his Cripples' Home, and during the twenty-one years which have elapsed since it was opened, more than 5,000 children have passed through the Home with a recovery rate of about 90 per cent., and an average stay of about a year.

Devoted at first almost entirely to tuberculous spine, hip and knee cases, the scope of the hospital has been extended to general orthopedic cases and now works in conjunction with a large orthopedic scheme for the country. Gauvain's work on Tuberculosis is known all over the world. Patients are eligible from any part of the British Empire, and post-graduate classes held annually are largely attended. With the coming of age the use of the old timber buildings is curtailed, for a year ago rebuilding of the hospital was begun and the first of the five new blocks is now ready for occupation. Each ward unit contains 60 beds with folding doors on the South, so that each ward can become an open air gallery, and administrative, operating, treatment and other accessory rooms lie to the North.

Treolar's name, coupled with Gauvain's, will always be remembered for their devotion to the crippled child, and Alton, in its new form will continue to attract students of common sense sympathy from all over the world.”

---

Dr. E. E. Bissett, of Windsor, gave the address from the medical staff to the Nurses of Payzant Memorial Hospital at their graduation last October. After noting the development of this service to its present high standard of efficiency he emphasized that it was essentially a life of service. He said:

“A woman may reach a successful life in the business world and command a large salary without possessing any attractive qualities, but a woman who is a nurse is always expected to realize that she is bound up with the fortunes of human lives, through injury and other ailments, rather than with the hope of financial reward. Similarly it is frequently noted, and history records this fact, that men of learning and culture, through service to their fellow men, must be content with smaller rewards than the purveyor of stocks and bonds, so that you young ladies, who are now members of the nursing profession, must always remember that you have chosen in a measure, sacrifice, and that while in active pursuit of your profession never lose sight of this abiding principle.”

## Correspondence

---

S. L. Walker, M.D.,  
 Sec'y. Nova Scotia Medical Society,  
 Halifax.

Dear Sir:—

Please accept and convey to the officers and members of the Nova Scotia Medical Society the grateful appreciation of my brother and myself, for the beautiful floral expression of sympathy in our recent bereavement, sustained by the death of our father, Dr. Robinson Cox.

Yours sincerely,

WILLIAM R. COX.

Upper Stewiacke, N. S.,  
 Jan. 12, 1931.

---

Dear Doctor:—

I beg to acknowledge receipt of your letter which I received some time ago and to say that I appreciate the interest you have taken in letting me know of any vacancy that has occurred at different times.

Regarding the vacancy at, etc.,.....

Again thanking you, I remain,

Yours very truly,

.....

---

It affords us a great deal of pleasure to announce the appointment as Psychiatrist under the Children's Protection Act of Dr. Eliza Brison of Halifax. Dr. Brison has recently been on the staff of the Victoria General Hospital but, ever since her graduation from Dalhousie in 1911, she has been very much interested in the problem of the Mental Defectives, and for a considerable period of time was in charge of a small Home conducted by the I. O. D. E. in Halifax. She also has studied extensively in Institutions in the States. Readers of the BULLETIN will recall when some two years or so ago she had an article in the BULLETIN stressing the need of occupation for a large number of Mental Defectives that are maintained in various county Institutions. We trust that Dr. Brison's health will be such that she will be able to discharge all the duties that might be regarded as coming under the direction of a Provincial Psychiatrist. Certainly her appointment in connection with the defective children is a most excellent one.

## OBITUARY

**ROBINSON COX, M.D., C.M., Dalhousie 1875, Upper Stewiacke.**

**I**N the passing of Dr. Robinson Cox of Upper Stewiacke on January 6th, 1931, the medical profession in Nova Scotia lost one of its best loved and most highly respected members.

Dr. Cox was born in Upper Stewiacke, October 4th, 1841, being thus in his 90th year, his entire life being spent in the place of his birth, of itself an outstanding feature of his long, useful and honorable life. His father was Andrew Cox and his mother Agnes Rutherford, descendants of early settlers in this part of the Province. Even at that time, it was natural that every boy and girl should receive a sound education, for this district was already recognized as providing a startling number of professional men and women, the men becoming ministers and teachers and the women teachers and missionaries. Naturally, the Normal School at Truro was the mecca for the Stewiacke youth and here young Cox continued his studies. He then taught school for several terms. But the opening of the Medical School at Dalhousie called him to the medical profession and he received his M.D., C.M., in 1875. For a number of years he had been the second oldest living graduate of this School, Dr. Finlay MacMillan of Sheet Harbour having graduated three years earlier.

Immediately upon graduation he settled in his home district. Greatly impressed with a profound feeling of obligation to those who trusted their lives to his knowledge and skill, he never took a holiday and never felt at liberty to take Post-Graduate study. He became early conscious, however, that post-graduate work was desirable and he kept always in the closest possible touch with his fellow practitioners, becoming at once a member of the Medical Society of Nova Scotia and was a frequent attendant at its meetings. Then he was one of 19 doctors in Colchester County to assist in organizing a County Society in 1883. Now every member of that group has passed to the Great Beyond. Upon the union of this Society with the medical men of Hants County in 1911, he was elected the first President of the present Colchester-Hants Branch of the Medical Society of Nova Scotia.

In 1925 Dr. Cox was elected to Honorary Membership in the Provincial Society, and his 50th Anniversary of graduation was also marked by a great reception tendered to him by the people of his own community. At this function, Dalhousie University sent him a letter of congratulation in which we find, and quote, these appreciative words:—

"For 50 years he has upheld nobly the best traditions of his profession, and during all those years he has been a consistent exponent of those high ideals of service which the University, above all other things, most desires in its graduates. In the gentleness of his character, the unselfishness of his disposition, the quiet courage and determination with which he has faced and mastered difficulties, and judgment and skill he has shown in his professional way, and the confidence he has inspired in his patients, Dr. Cox has ever been an exemplar of those qualities which are most appropriately combined in the good physician and the Christian gentleman. Dalhousie looks back over his record with affectionate pride, and the Senate would greatly appreciate the indulgence of Dr. Cox's fellow citizens if, on the occasion of their celebration, this tribute to the sterling worth of so well beloved and so greatly esteemed Alumnus could be made public. It is our prayer that Dr. Cox may live long to enjoy the affection and regard of those for whose good he has never spared himself, and to bring further laurels to the Alma Mater of which he is so conspicuously worthy a son."

On this occasion the writer was commissioned by Dr. E. V. Hogan, then President of the Medical Society of Nova Scotia, to convey to Dr. Cox official intimation of his election to Honorary Membership in our Society. At a regular meeting of the Colchester-Hants Medical Society in September, 1925 a banquet was tendered to Dr. Cox and he was presented with a gold-headed cane. Among those present on this occasion, beside members of the Branch Society, were Doctors, Stewart, Moore, Hogan, MacDougall and Walker.

Dr. Cox was married in 1891 to Miss Mary Rutherford, a member of another sterling Stewiacke pioneer family. Three sons grew to young manhood when the first break came in the untimely death of Frederick Cox in 1911 just a few months after he had graduated with honors from the Medical School of Dalhousie. Then it was that the quick, alert step and cheery manner, so characteristic of the Doctor, began to show a little change although his face changed not in the last fifty years. Then another son came home from overseas and for several years waged a winning fight against tuberculosis. But the last blow came in June, 1929 when the one who shared fully with him the esteem of the entire community and had been his chief comfort, passed from a sorrowing family to the reward awaiting those who serve. Then only did he want to retire from his loved work, and wait patiently for his own calling. The word came suddenly, without warning or suffering, and he has passed on.

One could speak of Dr. Cox as a citizen and a pillar in the Presbyterian Church and in the social life of the community, as well as speak of his direct contributions at medical meetings of most interesting case reports. But enough has been said to show those, who specially mourn their personal loss, that the members of the Medical Society of Nova Scotia are sincere in extending them sympathy at this time, as exemplified by the floral wreath sent by the Society. To his sons, Otis and William, this is our tribute to one they loved and we admired.

The funeral took place on the 9th and was very largely attended despite the bad roads. Among those in attendance was Dr. John Stewart of Halifax, a life long friend of the deceased.

S. L. W.



**MELBOURNE EDWARD ARMSTRONG, M.D., University of New York, 1892, Bridgetown, N. S.**

Hardly had the proof of our January issue headed, A Gracious Tribute, gone back to the Imperial Publishing Company, which prints the BULLETIN, when the word came that Dr. M. E. Armstrong, whom the citizens of Bridgetown had so recently honored upon his going to Amherst, had, on New Year's Day at the residence of his son, unexpectedly passed away. In the BULLETIN report of the social event to which we have referred, it was intimated that only a short time previous Dr. Armstrong had been advised of his election to Honorary Membership in the Medical Society of Nova Scotia. These two events meant much to a man who had worked hard and faithfully for forty years, with but little of the financial gains which had been surely earned. It is a satisfaction to the profession that it is not always behind in paying tribute to its worthy members. How much better, to say kind things to our associates while they are with us. It may be roughly expressed but a sentence might be quoted from an old number of the BULLETIN, because of its very great significance,—

"If with pleasure you are viewing any work a man is doing,  
If he earns your praise bestow it; if you like him let him know it.  
Let the words of true encouragement be said.  
Do not wait till life is over, and he's underneath the clover,  
For he cannot read his tombstone when he's dead."

Dr. M. E. Armstrong was born at North Kingston, N. S. and was 64 years of age when the call came. After the common schools and the high school he entered the University of New York and graduated in 1892. His first practice was in Freeport but the past thirty years he spent in Bridgetown. Of the activities of these thirty years the Bridgetown *Monitor* says:—

"Thirty years ago he removed to Bridgetown, where he has been a prominent figure in many departments of town and community life. Outside the regular professional demands which took him to many of the most isolated and least accessible parts of the County, he was for many years County Medical Health Officer and Medical Superintendent of the County Institutions, relinquishing these positions about two years ago. Naturally of a benevolent and sympathetic disposition he rendered treatment gratuitously during a long course of years. The monetary value of these services was large to many needy patients.

As recording steward and in other positions he was a tower of strength to the Methodist Church and afterwards to the United Church, in whose interests he was exceedingly zealous, and an outstanding layman in many important departments of the church's life. As chairman of the school board for around seventeen years and a member of it for a longer period he was an active worker. As a historian and archivist he was well known all over the Maritimes and during the past twenty years or more made some very fine contributions tending to preserve in written form many important facts which might otherwise pass from memory of those now living. He was an active worker in the Liberal party and a good fighter. For about fourteen years he was a director of the Monitor Publishing Company and his contributions on local history were much enjoyed by our readers.

His home was ever a place of hospitality and good fellowship. A genial disposition, a keen sense of humor and a most companionable spirit endeared him to thousands throughout the county to whom his death came in the sense of a personal loss."

Dr. Armstrong is survived by his wife, formerly Miss May Davis of Yarmouth; by one son, Rev. M. W. Armstrong of Amherst; one daughter, Miss Margaret, a recent Mt. Allison graduate, now specializing in Music in Toronto; two brothers, Judge E. H. Armstrong, Ex-Premier of Nova Scotia, and Alfred Armstrong of Cambridge, Mass.; one sister, Mrs. W. C. Hatfield of Parrsboro.

The funeral took place at Bridgetown from the United Church, Jan. 4th, the Masonic Service being conducted at the grave in Riverside Cemetery. The floral tributes were many including a wreath from the Valley Medical Society and one from the Medical Society of Nova Scotia.

To the members of the family the BULLETIN would extend the sincere sympathy of the members of the Medical Society of Nova Scotia.

S. L. W.

**CHARLES MORRIS WEEKS, M.D.,**  
**C. P. & S. Balt., 1891, Northport, Cumb. Co., N. S.**

Suffering from disease which wholly incapacitated him from his professional work for several years and requiring hospital care for the past two years death was a welcome release for Dr. Charles M. Weeks on January 8th, 1931.

Dr. Weeks was born at Newport, Hants Co., 65 years ago. He was a son of the late Dr. Samuel Morris Weeks who practiced in that district for about fifty years in whom the people had unbounded faith, perhaps as fully justified as in the case of anyone we know. In some reminiscences, written by the late Dr. J. B. Black of Windsor and published in the BULLETIN in April, 1924, this tribute is paid to Dr. Weeks' father:—

"Dr. Samuel Morris Weeks of Newport, N. S., was one whose ability and personality would have given him a prominent place in the profession in New York or London. It was always a mystery to me why he spent his life in a country place. He was the embodiment of honor and uprightness and beloved by the whole country side. In the days when Banks were few and far apart farmers brought him their savings for him to keep for them. I had the honour, by request, of writing a short sketch of his life for Dr. Allison's History of Nova Scotia. I regret that I was restricted to only five hundred words. It was a most pleasant privilege to practice with such a man and an honor to be the friend and physician when ill:"

An uncle of Dr. C. M. Weeks was the late Otto S. Weeks, at one time Attorney-General of Nova Scotia, one of Nova Scotia's most brilliant members of the legal profession.

Upon graduating from Baltimore in 1891, Doctor Weeks began practice at Burlington, really a portion of his father's field, but he soon

entered into partnership with his father and practised for some ten or more years at Newport and the people came to him from a large district. He was compelled to seek a smaller field and for many years, till his health failed, he practised in the rural district of North port, Cumberland County, N. S.

Dr. Weeks was twice married. His first wife being Amy V. Sanford, of Burlington, of which union there were two daughters who survive him, Mrs. J. A. Doyle, of Halifax, and Miss Mildred Weeks, who is a Public Health Nurse in Yonkers, N. Y. His second wife was Florence O'Brien, of Newport, who also survives and a son by her, Maurice Manning Weeks, who now resides in New Rochelle.

The funeral of Dr. Weeks was held in the United Church in Newport, conducted by Rev. Mr. Little in the presence of a large number of friends and former patients of the doctor. He was buried in the Newport United Cemetery beside his first wife. Mr. Wingate H. Weeks of Halifax, is a brother of the deceased.

To those who mourn the BULLETIN extends sympathy.

Mr. Harry T. Walker, for the past 20 years the head of the well known firm of A. J. Walker & Son of Truro, died at his home December 29, 1930 after a short illness. He was a hard working business man and a highly respected citizen of this Hub town. The only male member of this former large family, now remaining in Canada, is a brother of the deceased, Dr. S. L. Walker, General Secretary of the Medical Society of Nova Scotia.

Dr. Emdon Fritz of Manchester, N. H. died recently aged 70 years. He was born at Bridgetown and a brother resides at the former home in Clarence. He taught school in Nova Scotia for three years, studied Medicine at Montreal and New York and practised for a number of years at Digby, removing to New Hampshire about 30 years ago.

Many members of the medical profession regretted greatly to learn of the passing on January 10th, 1931, at St. Martha's Hospital of Rev. Sister Mary Joseph, Superior of the hospital. Formerly Miss Janet Chisholm, daughter of Warden R. J. Chisholm, Meadow Green, Antigonish, the late Sister entered the nursing school of St. Joseph's Hospital, Glace Bay in 1915, graduating three years later. After a year's nursing at St. Joseph's she entered the congregation of St. Martha's, becoming a religious in 1921. Soon after she became Matron of Ross Hospital, Sydney, and in 1923 she came to St. Martha's as Superintendent of nurses. She was appointed Superior in 1927. A paragraph from a tribute to her memory in the Antigonish *Casket* tells of an incident that all who had the honor of knowing Sister Mary Joseph would expect:—

"The congregation of St. Martha mourns the departure of one whose sisterly virtues shed added lustre on an already illustrious order; the hospital lost a tactful and efficient superior; the nurses will remember a kindly monitor whose care and solicitude made "Mother Mary Joseph" something more than an adopted name in religion. As they filled the corridor on their knees around the door of the room where she was dying, their tears came unabashed from hearts that had been won and held by a dear personality whom they felt they could not lose."

---

The reports of various Health Officers makes interesting reading, even if some of them makes one believe that the \$100.00 stipend is quite sufficient. This is overcome by others who really make valuable additions to the knowledge of the Councils on health matters. A recent report deals with Undulant Fever in a wise manner then proceeds to tell the Council that the care of the tuberculosis cases is a Provincial and not a Municipal matter. In case it becomes a question of provincial finance, there is the principle of Maritime Rights and the receipts from Government Control which may be invoked to solve the problem. It is almost intimated by inference that this latter activity might also be added to the Department of Health.

---

Those members of the Society who have received letters from the President or the Secretary, may have noted the dates of our next Annual Meeting are not in accord with the constitution. The President announces that the 78th Annual Meeting of the Medical Society of Nova Scotia will be held in Truro, July 7, 8 and 9, 1931, irrespective of what the official stationery used by the Secretary may seem to indicate. The local committee in Truro have already met to make plans. Watch succeeding numbers of the BULLETIN to learn what an important meeting this will be.

---

**Is it worth \$100.00 per year?** This is a copy of a Health Officer's annual report submitted to one Town Council for the year 1930:—  
"Gentlemen:—

I herewith submit to you this annual report concerning the general health and sanitary conditions of this town. There have been no epidemics of any consequence. Some typhoid and para-typhoid, but none real serious. Had one case of infantile paralysis, but, due to the prompt action of the Health Board, we were spared further trouble from that source. A number of odiferous and unsanitary plague places were cleaned up. The fish-meal plant at inception gave forth some very uncomfortable odors, but is now functioning nicely.

Respectfully submitted."



## *Ayerst* ACTIVATED COD LIVER OIL—10D (VIOSTEROL COD LIVER OIL)



This is a Newfoundland Cod Liver Oil of the highest known Vitamin A potency, to which has been added Irradiated Ergosterol to increase the number of rat units of Vitamin D to ten times that of its natural content.

In conditions where it may be desirable to support the specific action of Vitamin D with the anti-infective and growth-promoting properties of Vitamin A, *AYERST*, ACTIVATED COD LIVER OIL—10D (Viosterol Cod Liver Oil) will supply the full requirement.

The high vitamin content is protected from deterioration by a special carbonating process which imparts a surprisingly fine, wholesome flavour and enhances its quality of being easily digested by even young

babies. The usual dose for infants and young children is  $\frac{1}{2}$  teaspoonful two or three times daily; for older children and adults,  $\frac{1}{2}$  to 1 teaspoonful three or four times daily.



In 4 ounce and 16 ounce bottles

A Canadian Product by

### **Ayerst, McKenna & Harrison**

Limited

Pharmaceutical Chemists

MONTREAL - 781 WILLIAM STREET - CANADA

## Locals and Personals

**I**MPORTANT. Will any member of the Medical Society of Nova Scotia who thinks it may be possible for him to attend the 1931 Annual Meeting of the Canadian Medical Association in Vancouver next June, please advise the General Secretary at once. The Society left two vacancies on the Nova Scotia list of Representatives to the Council in the hope of securing one who will be in attendance at said meeting. If you can possibly attend this meeting please advise the General Secretary AT ONCE.

**Also Important.** Will all members of the Medical Society who have not returned the *Medical Questionnaire* to the General Secretary, please do so at once. It makes a lot of unnecessary work when replies from members are not promptly received. The information requested is:—

Place and date of birth.

Parents and nationality (Give particulars).

Education (Preliminary, Medical and Post-Graduate).

Medical Society Membership.

Other Society and Civic activities.

Nature of Practice (General or Special).

Hospital Appointments, etc.

Family Information, (Marriage, when and to whom, sons and daughters).

Date, Name and Address.

Any other information of interest.

Dr. W. M. MacDonald of Westville spent the New Year's holiday at his former home in Sydney Mines with his parents.

Dr. Jack Brown, Dalhousie 1924, of Grand Falls, Newfoundland, spent New Years with his parents in Trenton. He paid a flying visit to Halifax accompanying a patient to the Victoria General Hospital.

Dr. W. N. Rehfuss of Bridgewater, accompanied by his brother, recently visited his mother in Montreal, who is not at present enjoying the best of health.

We note that Dr. Bell and Dr. Robbins, both of New Glasgow, aspire to seats in the Town Council, needless to say they will represent different wards.

**Born**)—At Dawson Memorial Hospital, January 11, 1931, to Doctor and Mrs. D. A. Campbell of Bridgewater, a son.

## ARSENOBENZENES:

# Novarsenobenzol - Billon

*The product with a tradition behind it.*

For the intensive, intravenous treatment of syphilis.

The steadily increasing demand for Novarsenobenzol-Billon emphasizes the unqualified approval of this preparation.

---

# Sulfarsenobenzol - Billon

*A safe and effective product for  
subcutaneous use.*

Will facilitate the arsenical treatment of syphilis in those cases where the intravenous method is objectionable.

---

**Laboratory Poulenc Frères of Canada Limited**

**Canadian Distributors:**

**ROUGIER FRÈRES**

**350 Le Moyne St., Montreal.**

"Seventy-five per cent. of mistakes in diagnosis are due, not to lack of knowledge, but to insufficient examination."—Dr. R. V. B. Shier in the *Bulletin* of the Academy of Medicine, Toronto.

Dr. G. F. White of Bridgetown spent a couple of days in Halifax early in January and like a good member of the Society made a pleasant call on the General Secretary, at least we enjoyed seeing him.

**Does this fit you?** Recently the June, 1930 issue of *L'Avenir Medical* came to the BULLETIN desk. It is a journal of Biology, Surgery, Medicine and the Laboratory and for two reasons it went to the waste basket. In the first place we did not have the 20 francs needed to subscribe, we only have a 5 franc note left from the war and we are holding it as a souvenir. Then besides we cannot read French, plain simple English, as she is spoke, is our limit. Which reminds us we heard a little boy the other day ask,—“Daddy, what did you do in the War?” The reply came from the Ex-Cavalry Tommie, “I was *valet d'chambre* to two mules.”

Dr. Robinson Cox, whose obituary appears in this issue of the BULLETIN, in 1872 taught school in Bridgewater.

We have often mentioned and commented upon the number of doctors that felt the country demanded their services in civic, provincial and federal affairs, but it remains for a New Glasgow writer to explain the need of New Glasgow to elect three members of the profession to their Town Council. He believes the medical needs of New Glasgow are urgent for he says:—

“In the amputation of deficits, the suturing of financial wounds, and the minimum use of the blood of bookkeeping, red ink, the men of medicine might prove as expert in the interests of the public body as they are in the healing and caring for the individual.”

It is intimated that Dr. Eliza Brison, in addition to being the Provincial Psychiatrist, will also be the resident Medical Director at the new Training School at Truro. Just on the face of it this does not appear to be the best course to follow, but we await further information before expressing an opinion.

When you get any advertising literature through the mail, please check up and see if the BULLETIN contains any advertising from the concern sending out the literature; if so, be sure to give it your very best attention. If the advertisement is not there perhaps you would be good enough to write a little note to the distributing house advising that, if they desire your careful consideration of such literature, they should carry an advertisement in the pages of our official Journal—THE BULLETIN.





A.D. 1853 . . . . . N° 365.

### Deodorizing Cod-Liver Oil.

**LETTERS PATENT** to Sir James Murray, Knight, Doctor of Medicine, of Dublin, for the Invention of "IMPROVEMENTS IN DEODORIZING COD LIVER OIL, IN RENDERING IT MORE AGREEABLE AND EASIER TO USE, EITHER BY ITSELF OR MIXED, AND SO AS TO BE CAPABLE OF BEING ADMINISTERED IN LARGER QUANTITIES AND WITH GREATER SUCCESS."

Scaled the 13th April 1853, and dated the 11th February 1853.

**PROVISIONAL SPECIFICATION** left by the said Sir James Murray at the Office of the Commissioners of Patents, with his Petition, on the 11th February 1853.

I, Sir JAMES MURRAY, Knight, Doctor of Medicine, of Dublin, do hereby declare the nature of the said Invention for "IMPROVEMENTS IN DEODORIZING COD LIVER OIL, IN RENDERING IT MORE AGREEABLE AND EASIER TO USE, EITHER BY ITSELF OR MIXED, AND SO AS TO BE CAPABLE OF BEING ADMINISTERED IN LARGER QUANTITIES, AND WITH GREATER SUCCESS," to be as follows:—

10 My Invention consists in treating the oil so as to impregnate it most intimately with carbonic acid gas, by subjecting it to great pressure and agitation and passing streams of this gas through it.

Mead's Standardized Cod Liver Oil needs no carbon dioxid gassing to render it "more agreeable and easier to use" as set forth in this British patent of eighty years ago. Moreover, Mead's Standardized Cod Liver Oil (also Mead's 10D Cod Liver Oil with Viosterol) are so pure, they need no flavoring. (Used for preventing and curing rickets, and for vitamins A and D deficiencies.) Mead Johnson & Co. of Canada, Ltd., Belleville, Ont., advertise these products only to the medical profession and supply no dosage directions to the public.

**ATTENTION.**

**Will the Doctor who received the loan of a copy of Heister's Surgery from the Bulletin Office please return the same lest its ownership becomes in doubt. Please!**

Among a very large number of messages received at Christmas and New Years at the BULLETIN desk we notice a picture post card of the University of Western Ontario Medical School, London, Ontario. Perhaps your attention would not be called to this were it not for the kindly message from Dr. J. W. Crane of the University, who wrote, "Many thanks for your kind reference to our *Alumni Bulletin* in your BULLETIN. I always enjoy reading your publication, just because it is different."

Doctors T. B. and J. C. Acker of Halifax have purchased the home of the late C. C. Blackader, Barrington Street and will convert it into a Medical Arts Building. Primarily it will provide them with excellent facilities for their own Orthopedic work and offices for other medical and dental practitioners. Again the BULLETIN suggests a venture into the larger field of a community medical building. There are twenty medical men in the South and West ends of Halifax that could greatly improve their facilities for practice by co-operating in this manner.

At an examination held at Kentville on the 8th, 9th and 10th of October, 1930, Major J. G. D. Campbell, No. 22 Field Ambulance, C.A.M.C., qualified for promotion to the rank of Lieut.-Colonel. (Militia Orders No. 562, December 10, 1930).

What with Bearcats, Wildcats, Tigers, Wolfverines and other wild animals filling the daily papers it would appear that Hockey is another name for a Menagerie.

Dr. H. A. Grant of Ingonish paid a flying (not aero) visit to Halifax in December. Note his recent case report in this issue of the BULLETIN.

Dr. J. J. Smith and Mrs. Smith, residents for 31 years at Bishops Falls, Newfoundland, have returned to Nova Scotia and will in future reside at Windsor.

**Dollar Day** is observed from time to time in Nova Scotia in some of our towns, but this is a new one on us. "On Dollar Day from 8 a. m. to 9 p. m. Berwyn doctors have promised to officiate at births for \$1. One enterprising undertaker has announced also he will embalm any person dying that day for \$1."

Dr. J. W. Sutherland of Amherst has been gazetted Captain in the C. A. M. C. as from July 18, 1930.

The estate of the late Dr. W. Y. Fullerton of Port Williams is being administered by the Eastern Trust Company, the other executors being his daughter Miss Gwendoline and Mr. J. MacG. Stewart of Halifax.

## Your Boy!

**I**N your boy's future money must play an important part. The possession of it may mean success; the lack of it, failure. Your experience tells you what he cannot know—the value of money saved. You can give him a precious asset—the habit of saving. His first thousand dollars may mean a lifetime of success.

*Open an Account for him to-day.*

---

## The Royal Bank of Canada

3002

# VITA GLASS

TRADE MARK

## BRINGS WHOLE SUNLIGHT INDOORS

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.

---

**PILKINGTON BROTHERS (CANADA) LIMITED**

264 Upper Water St., HALIFAX, N. S.

Dr. F. T. McLeod of New Waterford spent Christmas with his many friends and relatives in Westville. Dr. J. J. and Mrs. Roy of Sydney spent the same holiday with the Doctor's mother in Stellarton.

Dr. Thomas MacDonald of Somerville, Mass., spent the Christmas season with his mother in New Glasgow, greeting many old friends.

Dr. James Proctor of Englewood, N. J. was the guest of honor at a recent banquet of the Bergen County Medical Society. He is well known in his former home in North Sydney and Glace Bay and during the many years of his stay in the United States has made an annual visit to his former home and to the Margaree. Dr. George D. Stewart of New York was also one of the speakers at the banquet.

Dr. J. W. McLean of North Sydney started the New Year by making a good recovery from a few weeks of indisposition which housed him for most of last December. On the other hand Dr. Dunbar of Truro selected January for his operation and stay in the Victoria General Hospital and, as usual, seems quite contented.

The BULLETIN received a large number of the Season's Greeting Cards which were much appreciated. Dr. George H. Thompson, Pittsfield, Mass. adds this,—“Congratulations on the BULLETIN which I enjoy very much and which receives many compliments from the doctors in the hospital who look through it.”

Then Dr. Harvey Agnew of the C. M. A. Department of Hospital Service sends the BULLETIN two cards. Probably in recognition of our starting a small Hospital section in the BULLETIN.

Mr. Scott, Managing Director of The Denver Chemical Mfg. Co., sends a most artistic card which reads as follows:—

“At this happy Season when kind thoughts and good will encircle the earth, when East meets West in an exchange of brotherly love, on behalf of myself and my associates I send you our warmest Greetings, and the hope that you share our faith and enthusiasm for the year 1931 and set for yourselves a goal of high achievement.”

Dr. W. B. Moore, now in Jersey, England, formerly of Kentville, also sends hearty greetings to his former associates.

The Progress-Enterprise recently made reference to a meeting of the Halifax Medical Society, presumably because the names were familiar to the good people of Lunenburg and Queens Counties:—Doctors McDonald (H. K.), C. E. Kinley, Victor Mader, and Frank Mack.

The Common Cold has not yet been fully investigated despite a five-year investigation at Johns Hopkins costing \$195,000 for general research work. It is interesting to note that one of the workers is Doctor James Angus Doull, Professor of Hygiene and Public Health at Western Reserve University (Cleveland); he is a native of New Glasgow and a brother of Hon. John Doull of Halifax.

# The Lord Nelson Hotel Halifax

The favored Hotel of professional men and those interested in our hospitals and colleges.

Two hundred rooms, each with private bath and outside view.

Arriving and departing guests transported by taxi without charge from the station provided they take Yellow Cabs.

---

Readers of the Bulletin of the Medical Society of Nova Scotia and their friends when visiting in Halifax are cordially invited to be guests at the Hotel opened by their Society in 1928.

---



A  
COMPLETE RANGE  
OF  
**Ephedrosst**

(EPHEDRINE "Frosst")

PRODUCTS

- JELLY
- INHALANT
- SOLUTION
- TABLETS
- SYRUP
- CRYSTALS

*"Worthy of Your Specification"*

MADE IN CANADA BY

**Charles E. Frosst & Co.**

MANUFACTURING PHARMACISTS SINCE 1899

MONTREAL

**Born.** At the Coburg Road Infirmary, Halifax, November 15, 1930, to Dr. and Mrs. E. B. Hall of Bridgetown, a son.

**The Sport of Kings.** Dr. D. J. Hartigan of Waterford is back in the trotting game again having recently purchased a Boston horse, Bonnie Cameron, 2.13 $\frac{1}{4}$ . Then over in Newfoundland Dr. R. J. MacDonald replaced Celia Todd, 2.21 $\frac{1}{4}$  with Hal. H. 2.16 $\frac{1}{4}$ . Look out for some Newfoundland ice races on the South Coast.

Medical men from Nova Scotia visiting Ottawa should call on Dr. George M. Geldert, recently elected a Controller of Ottawa at the head of the poll. He was born and brought up in Windsor and began his medical course at Dalhousie, graduating from McGill in 1913. His wife was formerly Miss Pullen of Falmouth. Dr. Geldert specializes in Anaesthetics.

#### NOVA SCOTIA NOTES.

(*C. M. A. Journal*).

A large class of nurses was graduated by the training school of the Halifax Infirmary on the 30th of December. Two members of this class bear the distinction of having captured the two highest places in the recent provincial examinations for registration. Among the speakers at the graduating exercises was Hon. Dr. George H. Murphy.

A number of buildings on Queen Street are now being demolished to make room for the new buildings of the Halifax Infirmary. The contract for the erection of the new institution has been awarded, and it is expected that it will be ready for occupancy early in 1932. A number of novel features are included in the plans, and we are promised a very modern and fully equipped hospital which is designed to accommodate one hundred and fifty patients, and which is to cost about a million dollars.

Dr. Eliza Brison, of Halifax, has been appointed provincial psychiatrist to fill the vacancy created by the resignation of Dr. Clyde Marshall. Dr. Brison's duties, it is stated, will be principally in connection with the Training School (for the feeble-minded) recently established near Truro, where she is to take duty about the first of February. She will, however, also undertake some of the outside work initiated by Dr. Marshall. After graduating at Dalhousie in 1911, Dr. Brison spent several years on the medical staff of an American hospital for the insane, and later assumed charge of the home for feeble-minded children which was maintained at Halifax by the I. O. D. E. for some years subsequent to the disaster of 1917. She has thus had considerable experience at the special work to which she is now returning.

Hon. Dr. George H. Murphy was recently sworn-in as Minister of Public Health for the Province of Nova Scotia. About a year ago Dr. Murphy became a member of the Provincial Government without portfolio, and, at a by-election, was returned to represent the constituency of Halifax by a very large majority. It was expected

*In pneumonia*

## Optochin Base

For the specific treatment of pneumonia give 2 tablets of Optochin Base every 5 hours, day and night for 3 days. Give milk with every dose but no other food or drink.

Start treatment early

**MERCK & CO. Limited**

**Montreal**

412 St. Sulpice St.

Directors and Officers

## The Maritime Life ASSURANCE COMPANY

J. G. MACDOUGALL, M.D., C.M., F.A.C.S., Halifax, N. S., President.	
HON. E. ALBERT REILLY, K.C., M.P.P., Moncton, N. B., Chairman Board of Directors.	
H. R. SILVER, Halifax, N. S., Vice-President and Chairman Executive Committee.	
HON. SEN. JOHN MCLEAN.....	Souris, P. E. I.
HON. SEN. F. B. BLACK.....	Sackville, N. B.
HON. W. A. BLACK, M.P.....	Halifax, N. S.
R. B. COLWELL.....	Halifax, N. S.
G. D. DEBLOIS.....	Charlottetown, P. E. I.
W. H. DENNIS.....	Halifax, N. S.
W. F. FRASER.....	New Glasgow, N. S.
J. D. MCKENNA.....	Saint John, N. B.
W. A. LIVINGSTONE.....	Annapolis, N. S.
W. H. MILLER.....	Campbellton, N. B.
HON. G. H. MURPHY, M.D., C.M., F.A.C.S.....	Halifax, N. S.
DR. J. L. McISAAC, M.L.A.....	Antigonish, N. S.
HON. FRANK STANFIELD, Lieut.-Gov. Nova Scotia.....	Halifax, N. S.
RED HUGH McLEAN.....	Bathurst, N. B.

BERNARD LOCKWOOD, F.F.A., A.I.A., A.A.S.,  
Secretary-Treasurer and Actuary.

### Medical Referees

J. G. MACDOUGALL, M.D., C.M., F.A.C.S.  
HON. G. H. MURPHY, M.D., C.M., F.A.C.S.

Head Office

Page Building, Halifax

at that time that he would eventually take over the portfolio of public health, so the announcement of his appointment does not occasion surprise. Members of the profession have been urging for several years that several activities related to the public health, which have been administered by different departments of government, should be brought together under one official head. It is anticipated that this will now be done, and Dr. Murphy's career in the important position to which he has been called will be followed by the keen and sympathetic interest of his colleagues. Quite irrespective of party affiliations, the new minister enjoys the confidence and esteem of his professional associates. He has achieved notable success as a surgeon and as a teacher of surgery, has been prominent for many years in the councils of our medical organizations, and knows the mind of the profession relative to public health matters. It is confidently believed that his administration will prove to be energetic, progressive and judicious.

The death of Lt.-Colonel McKelvey Bell, which occurred at New York on the sixth of January, recalls the dreary and strenuous days which followed the Halifax disaster of 1917. Colonel Bell had shortly before returned from the front, and was the A. D. M. S. of M. D. 6 at the time of the explosion. He was made chairman of the Medical Relief Committee, and was mainly responsible for the very rapid and efficient way in which emergency hospitals were equipped and organized, and for the manner in which physicians and nurses were mobilized for the vast volume of work which had been created in a single moment. No building in the city escaped serious damage and the hospitals fared as badly as any. Hospital windows were shattered and were hurriedly boarded over to provide protection from weather; operating room equipment was damaged; several doctors and nurses were among the wounded; and for a time no electric current was available. Under such conditions immediate provision had to be made for many thousands of seriously injured persons. Colonel Bell impressed college and other buildings which were at all adaptable for hospital purposes, had the required plumbing and other necessities installed, and within a very few days had the work of medical relief generally very well systematized. Medical units sent from outside the city, including several from the United States, were, as far as practicable, given the opportunity to work as units. In such an unusual emergency, Colonel Bell demonstrated organizing ability which won the admiration of all who co-operated with him and the gratitude of the people of Halifax and surrounding districts. After demobilization, Colonel Bell went to New York, where he resumed medical practice. Before the war he had been engaged in practice at Ottawa.

Dr. James W. Reid, formerly of Newport, has recently returned from a prolonged period of study in London, where he obtained membership in the Royal College of Physicians. It is understood that he will now locate in Halifax.