

Joseph Lister

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Lord Joseph Lister

April 5th, 1827 to February 10th, 1912.

THE above dates mark the life of a man whom all students of the History of Medicine will ever delight to honor. We believe it will be many years before the April issues of medical journals will fail to make some reference to the life and work of the greatest human benefactor the world has ever known,—Joseph Lister.

Probably in Nova Scotia our interest has been maintained in the great work he accomplished because of the steady and sincere admiration for the man and his work by one of his house surgeons and his friend, our own greatly admired and beloved, Dr. John Stewart of Halifax. Nor is this interest confined to the medical profession and their official journals. Only a few weeks ago a Halifax daily paper, in a department contributed from time to time by a clergyman who writes over the *nom de plume* of *The Bellman*, referred to reports now appearing in English papers of the meeting of the British Medical Association last summer in Winnipeg, when Lord Moynihan delivered the Third Listerian Oration. *The Bellman* reminds us that the *British Weekly* referred to this address as deserving "to live among the classics of medical literature." The BULLETIN would assure *The Bellman* that his frequent kindly references to the medical profession and their work, at home or abroad, are noted and greatly appreciated.

As our readers will recall, Dr. John Stewart of Halifax was the Chairman of this meeting of the British Association in Winnipeg. In introducing Lord Moynihan he referred to a similar meeting held in Edinburgh, in 1927, when four addresses were delivered, when the chairman, the late Earl of Balfour, also gave a brilliant and memorable review of the life and work of Lister. Three of the speakers were the late Professor Tuffier of Paris, Sir W. W. Cheyne and Dr. Harvey Cushing. Then Dr. Stewart said,—“Then there was me. How and why? . . . I cannot describe the sense of anxious misery which weighed me down as the minutes passed and I felt my turn was coming. The vast audience seemed to grow bigger and bigger every moment; it seemed as if the whole population of the United Kingdom was crowding in to do homage to Lister, my dear master and friend, and who was I to speak of him at such a time in such company and to such an audience? I knew there were friends there in front of me who wished me well, and, though I was not aware of it, there was at least one in the glorified cloud of witnesses behind me who perhaps divined the sense of utter incapacity which possessed me, and who also wished me well. The time came. I saw eyes looking at me. I rose. Then

I felt a firm hand on my shoulder and a quiet clear voice said: 'Good Luck.' I turned and faced the cheery smile of Sir Berkeley Moynihan; and with his accolade on my shoulder I carried on and said my piece". Then Dr. Stewart introduced "your third Listerian Orator, a man of clear, alert mind, kind, warm heart, strong, steady, skilful hand, a great surgeon from a land of great surgeons, from a city of famous surgeons, the President of the Royal College of Surgeons, the Right Honourable Lord Moynihan of Leeds".

The BULLETIN wishes the space were available to give the oration Lord Moynihan delivered as it was reported in the C. M. A. Journal, some have read it and remember some of it; it were well, however, to tell the story over again to refresh the memory of this inspiring tribute to a life of service. Space permits but a few references.

With a word picture of the surgical world as it was when Lister began to teach, preach and practice there comes a new picture which proclaims him the Great Benefactor. "Lister's work has therefore many implications. He perfected the ancient methods of surgery; he created opportunities for the performance of new operations, so complex, so intimate, so miraculous, as to be beyond the scope of the most adventurous imaginations of fifty years ago. He made safe the way for the explorer in animal experimentation, and made it possible for us to correlate, to annotate, the complex aberrant physiology of man by inquiry into the normal physiology, or the physiology in which purposeful changes had been invoked in animals. Strongholds of disease, hitherto impregnable, surrendered to his irresistible advance. Measures of desperation gave place to methods of deliberation; anxious and perilous experiment to confident experience. He offered to the physician an elucidation of many diseases the etiology of which had hitherto been inexplicable. No man has ever labored so earnestly, and none more profitably, in the service of humanity. The imaginative energy inherent in his labor is imperishable. Our surgical work to-day is the creation of his mind, for as St. Clair Thomson has aptly quoted:

"Most can raise the flowers now
For all have got the seed."

Then in the second place Lord Moynihan speaks of Lister,—the Quaker. While Lister was born into the aristocracy of science he received more from his father than the pecuniary means that enabled him to study and experiment without thought for his daily bread, that handicap that only the great geniuses ever overcome. "It was not only material advantage which came from his father. Over and above all these, infinitely greater than them all, there came to him as a parental legacy certain ideals of conduct and of thought—ideals which are an authentic part of, and dominate, a household bred in that stern Quaker faith which holds relentlessly to what it believes to be right, and which regards the slightest perversion of truth in

thought, word or act as heinous and deadly sin. The Quaker is called upon to follow his "light", a radiance from the central light of the spiritual universe, which Edward Burroughs called the "Light of Christ in the conscience" . . .

This reverence for truth, this unquestioning acceptance of it wherever found, which Lister learnt in the home atmosphere, grew with his growth, and strengthened with his strength. He could neither use nor tolerate empty or ornate phrases. It was not so much error as sin to be slovenly in pursuit of truth; truth must always be sought earnestly, without passion, without prejudice; no pains must be spared to make a statement 'trustworthy'. In his home he learnt to value and adopt another ideal—unselfish service of his fellowmen. As we trace Lister's footsteps to his glorious goal, we are at first perhaps inclined to dwell upon material things—his natural gifts, his training, his opportunities, his genius as experimenter; only later do we see that the key to his success lies in knowledge of his ideals—ideals brought to medicine from a most austere English home, in which rare gifts were dedicated to study of nature and to service for others."

The third section of Lord Moynihan's Oration discusses Lister,—The Surgeon. This, of course, occupies the main body of his tribute, at the same time it is the part most familiar to all members of the profession. To develop his ideals in the study, practice and teaching of surgery, Lister went to Edinburgh when 27 years of age, then to Glasgow and not till 1876 did he return to his home and his City of Hope. From then, till his retirement from practice in 1892, his life was full and strenuous and not too fully appreciated. In the next year with the passing of Lady Lister the light of his life faded and he only stayed the remaining years of his life. All of this is fully portrayed in the oration from which we have already quoted freely.

The aim of this article to portray the man we know as Joseph Lister would not be complete if we did not give the tribute Lord Moynihan paid in the fourth division of his Oration, Lister—The Man.

"Lister conferred gifts of inestimable value on mankind; all medical men, without exception, acknowledge their indebtedness to him. The prevailing opinion is that Lister was able to do what he did because of his supreme intellectual gifts. You will not accuse me of underestimating those gifts; I have tried to place them in a truer light than before. What is, nevertheless, so often overlooked is his possession of those qualities to which I have now been calling your attention; his great heart, his matchless humanity, his unquenchable faith, his flawless intellectual integrity in pursuit of knowledge. Without his moral sublimity, without the 'soul-making', as Keats called it, Lister could never have changed the face of surgery. His idealism, his enthusiasm, his ardour, his earnestness, and his courage were as essential as his experimental genius. Lister himself recognized this. When receiving the Copley Medal of the Royal Society in 1902, he said he had often thought if he did deserve credit, 'it was at the time when, perfectly convinced of the truth of the principle on which he acted,

and persuaded alone of the enormous importance to mankind of being able to carry out that principle in practice, he worked for years with exceedingly little encouragement from his professional brethren'. That inward light, the 'light of Christ in the conscience', which shone so steadily in Lister is a beacon which will continue to shine on through the ages, giving heart to great men who battle with prejudice, that emotional reaction of ignorance to truth, which is the real obstacle to every advance. Of Lister, above all men, it may be sung:

"When the ear heard him, then it blessed him; and when the eye saw him, it gave witness to him. He delivered the suffering that cried; the dying that had none to help them; kindness, meekness and comfort were in his tongue. If there was any virtue, and if there was any praise, he thought on these things. He is buried in peace, but his name liveth evermore."

THE ROARIN' GAME

"Curling—Why and How it is Played" is the sub-title of an article recently published in the provincial press. It is worth reading by all curlers. As the BULLETIN is ostensibly a medical journal, we can only furnish space for a short reference to the subject. As the game requires correct vision and careful judgment most members of our profession, after a short probation as leads and second stones, become mates and skips, we will quote for their benefit only the section of the article telling about the skip and the part he is expected to play in the game. In omitting the reference to the mate it is because "he is the brains of the rink and should be a skip." In giving space to this subject we have in mind members of the profession from Sydney to Yarmouth, for the "curling" doctor is as ubiquitous as the "golfing" one, there is the difference in season only. The only other difference is that the curler plays and talks all winter while the golfer plays all summer and fall and talks all the year. But this is for the present medical skips and for those who think they should be skips.

"The Skip—is the goat. He is the gentleman sportsman who neglects his business and sacrifices his valuable time because three others wish the benefit of his skill and experience. He doesn't sweep—that is for lesser lights. He holds the broom—and his temper—while his subordinates miss. He must be experienced and exercise good judgment in making decisions—nor must he blush or appear embarrassed when he hears other members of his rink discussing his failures and shortcomings with unfeeling spectators. He must not pick the right shot—this would forestall the experts behind the glass. Rocks that he can only see by whiskers, he must knock out. He must draw to the button, be the port but inches wide or none at all. He must be able to play dynamite or runner weight with one rock, and draw with the next. He must be able to take out four rocks when but three are there, and lay on the button. If he wins—it's his packed rink. If he loses—he's a tramp. Should he accidentally pilot his rink to a prize in the 'spiel—he won't have a friend in the world. Pity the poor skip!"

Health Teaching in Normal Colleges

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

THE present is a most opportune time to consider some of those subjects vitally connected with the world wide campaign for the prevention of disease and the improvement of health, and to which too many members of the medical profession are still inclined to give little attention. Neither this neglect, nor the frequent carping comment made upon public health work is creditable to a profession so proud of its high ideals of service to mankind. The Public Health is demanding more from every physician, be he surgeon, internist or specialist, than ever before, and a better knowledge of the situation and an intelligent support is the order of the day.

Nor is it necessary in this article to comment upon the close relationship between education and health or the co-operation that should exist between the Department of Education and the Department of Health. We have been almost forced to adopt the principle of the medical inspection of schools, altho with the exception of the cities and some towns, we have very badly fallen down on the job. Whether we will ever be able to carry our pre-school health work to the stage, that will leave only the detection of communicable diseases as the work of school inspection, we must yet for some time develop this phase of health work to a much greater extent than ever before.

Perhaps in some ways we are better prepared for this than many of our readers and the public are aware. The work cannot be carried out without the intelligent co-operation of the teacher with the school nurse and the health officer. This cannot develop if the teacher has no knowledge of the nature of the work. How is this to be obtained? In four Provinces of the Dominion an effort is already being made by having the proper training given in the normal schools of the province. We believe Saskatchewan was first in this endeavor closely followed by Nova Scotia on her own initiative. Now Alberta and British Columbia have introduced this training in their normal schools.

In some States in the Republic to the South of us this plan has been in operation for several years, most efficiently in those States where private philanthropy has united with federal and state agencies to finance the operations. The procedure adopted in Virginia may be outlined:

Chapter 327, Acts of Assembly, 1920, known as the West law, provides that "After the first day of September, 1920, all pupils in all the public elementary and high schools of the State shall receive

as part of the educational program such examinations, health instruction and physical training as shall be prescribed by the State Board of Education and approved by the State Department of Health.

"In order that the teachers of the Commonwealth shall be prepared for health examination and physical education of school children, every normal school of the State is hereby required to give a course, to be approved by the Superintendent of Public Instruction and the State Health Commissioner, in health examinations and physical education, including preventive medicine, physical inspection, health instruction and physical training, upon which course every person graduating from a normal school must have passed a satisfactory examination, and every normal school certificate shall, therefore, indicate as a prerequisite a knowledge of preventive medicine, physical inspection, health instruction and physical training."

The health instruction called for by this legislation is secured by establishing in all institutions giving teacher-training a special course including the necessary instruction and practice. It might be stated, in order to avoid any doubt or hasty criticism, that *inspection does not mean physical examination*. We can thus do without the picayune faultfinding of former days about usurping the functions of the doctor.

In passing it might be remarked that two reasons were chiefly responsible for the establishment of such a service in connection with the Provincial Normal College at Truro. (1) The teachers throughout the Province did not appreciate work of the School Health Nurse and were not qualified to be intelligent assistants. (2) There was an evident need for the services of such a nurse for personal work among the pupil teachers themselves. To further elucidate this subject we are glad to publish, in this or a later issue of the BULLETIN, an outline of this work as carried on at Truro, prepared by the member of the College staff who has this work in hand, Miss Hilda MacDonald, R. N.

In some ways Ontario is not the Premier Province of the Dominion, a state of things that Dr. J. T. Phair, M.B., D.P.H., is trying to remedy in this particular. An article by him in the Canadian Public Health Journal on this subject is, therefore, pertinent to this discussion. He demands, in the first place, an acceptance of the following points:

1. All school teachers have a well defined interest in the health of their pupils.
2. Health teaching should be a part of the school programme.
3. The teacher should assume the major responsibility for such teaching.

How can the teacher be prepared for these responsibilities? Her own lack of a healthy background makes the problem still harder to solve and the limitation of time makes it difficult to combine with the other teaching instruction and training. Dr. Phair says:

"Is it possible, in view of the present limitation of time, etc., to add to the theoretical knowledge of the teacher and at the same time

impress her with the importance of the subject in terms of actual health practice?" He is doubtful. Again he says:

"Child health, as applied to the school age group, is more or less arbitrarily divided into four major activities, *viz.* the control of communicable disease; the detection and correction of physical defects; the supervision of school hygiene; the dissemination of useful health information. . . . It is not possible to initiate or maintain any satisfactory control of contagious disease in rural districts without definitely including in such plan the public and secondary school teacher. . . . From 25 to 65 per cent of all children are handicapped upon entering school by one or more physical defects. In order that the teacher may intelligently treat these children pedagogically, it is essential that she know something of their shortcomings, and the possible effect of these on their school progress. This background of knowledge must likewise be gained prior to her actual entry into the field of teaching. . . . That the teacher, in many cases, is not sufficiently well versed in a knowledge of school hygiene, is fairly well shown by the apparant lack of interest in the undesirable conditions that are permitted to exist. Her teacher-training, her daily contact with the pupil, the opportunities for correlating hygiene with English, history, science, etc., and the respect that her position in the class entails, are all influential factors in placing this responsibility."

Then how can these responsibilities be best met? "The establishment in the teacher-training school of a well-rounded out system of school health service, modified to meet the conditions existent, has been found to be the best method of stimulating the pupil teacher to take a larger measure of actual interest in the question of personal health. . . . The essentials to satisfactory health-teaching in normal-training schools are, then, a well arranged school health service, the personnel of which has been carefully chosen, a knowledge of the fundamentals of school hygiene; communicable disease and its prevention; the presence and importance of physical defects among children, and the necessity for applicable health instruction leading towards the establishment of desirable health practices."

Dr. Phair then shows how this is being done in Nova Scotia, Alberta and Saskatchewan by outlining the subjects making up the course. After quoting Sir George Newman,—“The mere increase of knowledge and particularly the knowledge of preventive medicine or the ways and means of personal hygiene and well-being, can do nothing of itself to prevent disease and safe-guard health, unless it is understood, accepted and practised,”—Dr. Phair concludes:

“While we may resent the placing of this responsibility upon the already over-burdened teacher, the fact remains that the school is the only agency existing at the moment which is able to influence the adoption of desirable health practices. If the health of the next generation is to be materially better than that of our own, it depends largely on whether or not the teachers in the primary and secondary schools become enthusiastic exponents of good health.”

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Our Annual Meeting

THE 78th Annual Meeting of the Medical Society of Nova Scotia will be held at Truro, N. S., on Wednesday and Thursday, July 8th and 9th, 1931. The Annual Meeting of the Health Officers' Association will be held at the same place on Tuesday, July 7th.

It is ten years since the meeting was held in Truro when the latest reorganization of the Society took place. It will be quite in order to take stock now and see what has been accomplished in that period of time. Possibly some reference to this may appear in the programme, which is now in course of preparation. Frequent conferences of the Truro doctors, the President, Dr. Dan Murray, and the General Secretary have been held and some announcements can now be made. The following is a tentative Programme, open to suggestions, changes, additions, etc.:

PROGRAMME.

78th Annual Meeting of the Medical Society of Nova Scotia.

Truro, N. S., July 7th, 8th and 9th, 1931.

TUESDAY, JULY 7, 1931.

- 10.30 a. m. Business Meeting of the Medical Health Officers' Association.
- 2.30 p. m. Business Meeting M. H. O's.
- 4.00 p. m. Meeting of Executive, Medical Society of Nova Scotia.
- 6.30 p. m. Dinner, Members of the Executive.
- 7.30 p. m. Continued meeting of Executive.
- 8.00 p. m. Public Health Meeting. The President of the M. H. O. Association presiding. Addresses by the Minister of Health and others. The meetings of the M. H. O. Association will be held in the Assembly Hall of the Colchester Academy, Prince Street, as will the usual meetings of the Medical Society. The meetings of the Executive will be held in the private dining room of the Scotia Hotel.

WEDNESDAY, JULY 8, 1931.

- 10.00 a. m. Opening Meeting of the Medical Society, Routine Business.
Report of Executive, Adoption of Programme.
- 11.00 a. m. Address in Medicine. Dr. L. M. Murray, Toronto.
Discussion.
- 12.00 noon. Paper.
- 12.30 p. m. Announcements and Adjournment.
- 2.30 p. m. Routine Business.
- 3.30 p. m. Adjournment to Golf Course.
- 8.00 p. m. Banquet Members and their friends.
Orchestra; Presidential Address; Address Dr. George D. Stewart
of New York; Address Dr. T. C. Routley of Toronto. Chairman,
the Vice-President of the Society.
This Banquet will be held at the Scotia Hotel.

THURSDAY, JULY 9, 1931.

- 10.00 a. m. Routine Business.
- 11.00 a. m. Address in Surgery, Dr. George D. Stewart of New York.
- 12.00 noon. Paper.
- 12.30 p. m. Announcements and Adjournment.
- 2.30 p. m. Routine Business.
- 3.00 p. m. Case Report, Caesarean Section, Dr. D. McNeil, Glace Bay.
- 3.30 p. m. Paper and Discussion.
- 4.00 p. m. Paper and Discussion.
- 4.30 p. m. Unfinished Business.
- 5.30 p. m. Adjournment Sine Die.
- 8.00 p. m. Meeting of New Executive.

INFORMATION.

Accommodation. Two hotels, the Scotia and the Stanley, will house all the visitors.

It will be necessary for every member attending to make application to Dr. F. D. Charman of Truro for reservations, advising time of arrival by train or auto, number in party and accommodation required. Also advise Dr. Charman how many will attend the Banquet on Wednesday night to which ladies will be welcomed. The rates at the Scotia will be from \$4.00 to \$5.00 per day; at the Stanley from \$3.50 to \$5.00 per day.

Entertainment. Besides the Golf Tournament the local doctors are arranging some special courtesies for visitors. Besides golf there will be tennis, a dance, motor drives and the Wednesday evening banquet. A special feature will be a visit to the recently completed Training School upon invitation of the Superintendent. At this function Dr. Eliza Bryson, Provincial Psychiatrist, will address the visitors on the general work and objects of the institution. Dr. Whittier of the Maritime Home for Girls will entertain any members who will visit that institution. Motoring parties will be arranged as may appear desirable to many interesting points in or near Truro.

Golf Tournament. The local Committee has secured the Golf Course and Club House for those attending this annual meeting for all day Wednesday, July 8th. The Master of Ceremonies for this event will be, naturally, the *only* Dr. R. H.

Sutherland, but on this occasion he will be aided and abetted by Dr. G. W. T. Farish who heads a competing delegation from Yarmouth, looking for scalps, preferably from Halifax and Sydney. A very substantial credit account has been opened at Birks Ltd. in Halifax, the funds being furnished by firms advertising in the BULLETIN, and suitable prizes have been selected of which more particulars will be furnished later. Watch for more particulars in the next BULLETIN.

S. L. WALKER,
Secretary.

DOCTORS IN RURAL DISTRICTS.

“**WHERE Doctors are Scarce**” is the heading of a press clipping recently reprinted in *The Morning Chronicle* of Halifax. It, in turn, was copied from the *Saint John Telegraph-Journal*. We quote it for the purpose of again trying to convince the medical profession in Nova Scotia that this question of medical attendance in rural sections of our own Province is in urgent need of consideration. This clipping says:

“A despatch from Augusta, Maine, says there is a serious shortage of doctors in the rural sections of Maine. A similar complaint has been made concerning some rural sections of New Brunswick. There is a tendency on the part of young physicians, who desire to advance in their profession, to locate in the more thickly settled localities. In the wide spaces of the Prairie Provinces there is also complaint that medical attendance is hard to get. Indeed everywhere the tendency is for the physicians to seek the larger fields. As a result a problem has been created which is being discussed not only by the people but by medical associations. It is recognized that medical aid should be within reach of the dwellers in remote districts as well as in the cities and towns.”

Now the BULLETIN for eight or nine years has been endeavoring to assist medical men and communities in securing adequate medical attention, but the result has been only to emphasize the fact that it is almost impossible to obtain doctors for rural districts. There are many factors operating to produce this condition as well as making the solution of the problem more difficult. Some of them may bear mentioning.

The great drawback to a young man settling in a country district is the danger and probability that he will never be able to get away from it. No matter how great his ability and his ambition, for reasons obvious to every member of the profession, he cannot get away for post graduate work, which is essential before moving to a larger and more profitable field. Many men get so imbued with the idea that the community needs them all the time, that, even if funds were available, they cannot leave these people alone. Any person conversant with the members of the medical profession in Nova Scotia for the last thirty years knows of talented doctors you were buried for many years in a country district, and it was a dog's life at the best.

Now some of these country practitioners were much to blame for being tied there for life. Most of them did not feel kindly towards the new young doctor who ventured to enter into competition with them for popular favor and an incidental livelihood. Few of these young brave spirits ever were able to stand the strain of the older man's aloofness. Of course, it was a short sighted policy on the part of the older man, but perhaps the present policy of the younger men is also short sighted. We have come to the conclusion that very few doctors have an over supply of sane prophetic vision when it comes to laying out their course of action in their early medical career. We are not sure that looking ahead is at all characteristic of doctors at the present time at any age. There is entirely too much keeping the nose to the grindstone, too much consideration of self and too little recognition of the great problems that modern science and methods of living have raised that should be solved by the profession. It is hard to lift up the eyes and see the great present day vista of glorious opportunity.

The high cost of living enters into the field first from the standpoint of the young doctor. Few parents can afford to send their sons to medical schools these days and most doctors finance on futurities. The old way, 40 years ago, of locating in a place and waiting one or two years for enough work (that could be collected) to make a living is impossible to-day in view of the load of debt each assumed when the Medical Council granted him a license to practice. In the absence of a local doctor it costs too much for the ordinary family in the country to send for the doctor, so they go without his services or he goes without his pay.

Transportation facilities bring the doctor much nearer to the patient than was possible 30 years ago, but at the same time the doctor "at the Cross Roads", as described by the late Dr. F. E. Gullison of Yarmouth in the BULLETIN shortly before his death, sees his patients motor miles away to consult the city or large town doctor, and only call him in emergencies and when the roads are bad.

But in the scattered rural districts there are neither patients or money enough to give the doctor a living. Yet these people live, marry, have families and die without medical attention, not even a health nurse to call on them with advice or to give them a course in health education.

What is the answer?

ANNUAL HEALTH REPORTS.

THE BULLETIN is in the anomalous position of being an official organ of a body that has arranged no definite ways and means of telling its managing editor what the journal shall say or do. At the present time it is a very independent journal paying for at least 10 out of 12 issues each year. In other words the Medical Society is

not responsible for more than one-sixth the cost of the BULLETIN. This gives the journal an independence that very few similar journals enjoy, and, we believe, is a good thing for that which we call—"freedom of speech".

So, altho we have an official Section of Health, sponsored by the Department of Health of the Province, the BULLETIN has been free to make its own comments on health matters, including health officers. Thus it is we feel free to call attention to the annual reports that health officers have been recently submitting to their respective city, town, or municipal Councils. No matter what we think of the salary that goes with this office, it is the duty of the Doctor, accepting the position, to perform all the duties appertaining to the position according to our present day knowledge of preventive medicine, or else decline the position.

Now we are inclined to undervalue annual reports because they are such a monotonous thing to prepare, because they portray your own activities and are generally minimized by those who knew they should have had the job, but chiefly because they are generally received, adopted and fyled away, never to be thought of again. Yet, we say, this is no excuse for any medical health officer in Nova Scotia failing to give his employers information as to what was done, and what should be done, to better the health of the community.

The reports, as we have perused them in a number of instances, and the BULLETIN has referred to them more than once, fall into certain classes, somewhat as follows:

1. There are some reports that barely comply with the law requiring that such reports be submitted. They say nothing, for there is nothing to say as nothing has been done but to cash the annual cheque for \$100.00.

2. Some reports have a form of covering the matters relating to health, speaking of a few cases of contagious diseases, mild epidemics very few deaths, a very creditable year owing to these things and the hearty co-operation of various local boards of health. Just a lot of words.

3. Some reports appear to consider the matter of community health seriously, attempt to picture the real conditions, and then urge the Council to enact regulations that will prevent disease and promote health. Too often this report is quite critical of the acts of some persons with whom the author of the report is evidently not in agreement, politically or otherwise. This is a good report as a means of making a Council realize the importance of the job of the health officer, but it seldom gets anywhere, because there is always something in it that makes someone sore.

4. Then there are some reports that very plainly point out to Councils what might be done to better conditions, how so much illness is unnecessary, that epidemics need not spread, and that communities should bear their share of the financial burden that modern methods of prevention have shown to be effective.

Now this year we have read several reports that we have no hesitation in placing under heads (1) and (2), and our only comment is that the usual honorarium of \$100.00 very considerably overpaid these officials for their services. We have also read reports that might be roughly placed under class (3) or (4) and, while the last is the only report that will bear good fruit, both show an earnest effort to furnish the Councils with sound advice on health matters. Health officers should realize better than any other medical men how hard it is to convince the average layman that freedom from disease is possible, that it is good business to secure it, and that the responsibility rests upon the Council, the municipality, the district and the individual taxpayer. This is a burden that can never be assumed by any other authority, altho it should be assisted and directed by a central health authority.

It is right and proper that the Department of Health should be the source of inspiration for the local health officer, but it is his bounden duty to endeavor to mould public opinion in his district to support well recognized health procedures. The day has gone by when a Health officer has to cut an individual swath of education; the day has come when co-operative effort may accomplish the things the pioneers could only see by the eye of faith, and that needed also a little imagination.

We do not believe we have mentioned anything of a controversial character, nor have we over-stepped the bounds of an intelligent and observant medical journal; to say less would make us recreant to our duty to the profession and the community.

Dalhousie University.

Many medical graduates of Dalhousie, scattered throughout the Dominion, have sat at the feet of Dr. Archibald MacMechan who has occupied the chair of English at Dalhousie for more than forty years. All such will join in the regret so generally felt that Dr. MacMechan is to retire from teaching at the end of the present session. No one could be associated with an institution for so long a time without becoming a part of it, and Dr. MacMechan has become a very real part of Dalhousie. Highly gifted as a lecturer and writer, he is especially gifted as a teacher and even more gifted as a captor of the hearts of students. The present session has brought much perturbation to Dalhousie. At its commencement, the University was called upon to mourn the death of Dr. Howard Murray, who had served many years as professor of classics and was greatly revered by all his associates. Later came the announcement, to which reference was made in a previous issue of the Journal, that President Mackenzie is soon to retire. And now it is learned that Dr. MacMechan is also to relinquish the teaching to which he has so conspicuously and so acceptably devoted himself. All who know him will wish him all possible enjoyment of a long life, which cannot be else than filled with much useful activity.

Notes and Comments

HEALTH INSURANCE.

THAT the matter of health insurance is of great interest to the general practitioner is evidenced by a recent meeting of the Toronto Academy of Medicine. The meeting was held in a special hall as the ordinary accommodation of the Academy lecture room was insufficient. Dr. Gordon Bates of Toronto gave a general introduction to the subject. Then "The Attitude of the Manufacturer" was presented by Mr. H. W. Macdonnell, the Secretary of the Industrial Relations Committee of the Canadian Manufacturers' Association. "The Attitude of Labor" was presented by Mr. James Simpson, Vice-President of the Dominion Trades and Labor Council; while Dr. Harris McPhedran spoke on "The Attitude of the Profession." No medical man can afford longer to deny that some form of state medicine will be in evidence in the very near future. It is foolish, therefore, to refuse to consider the matter at every opportunity. Why not be prepared for the inevitable and perhaps avoid some of its hardships as experienced by doctors elsewhere.

BIRTH CONTROL CONTROVERSY.

Perhaps it may not be amiss to state the attitude taken by the BULLETIN on the subject of Birth Control. Most of our readers appear to believe the BULLETIN is officially opposed to the principle of birth control. There has never been anything in the BULLETIN against the desire, which has been evidenced through all time, to limit offspring. Indeed much that was taken as in opposition was an objection to the recent campaign for the publicity of contraceptive means and methods, with particular reference to a book wrongly advertised as "For Physicians Only". Some form of birth control may be necessary, and, as physicians, we are in duty bound to give the subject consideration. But the **Bulletin** has taken the stand against the publicity of methods to be used as found in literature which has been freely circulated to the profession. But the height of absurdity is being reached when bills are introduced into the U. S. Senate, "to make such information and devices available only to doctors."

"**The Slump in Illness**" is the title of a short editorial note in a recent issue of the *Berwick Register*. It says:

"English doctors are reported to be experiencing hard times on account of a 'slump in illness.' While there has no doubt been a general improvement in health by reason of better hygiene and dietetic education, one English paper suggests that the people

whose illness is largely imaginary cannot indulge the luxury of a doctor in hard times; that in hard times people eat and drink less and are therefore healthier; and that people take better care of themselves when business is poor, having a greater fear of the results of illness.

"It is perhaps little wonder that in hard times people hesitate about running up a doctor's bill unnecessarily, unless it be someone who does not intend to pay the medical man for his services."

This is really what we have generally found to be the rule in the course of a general practice, but this last winter seems to be an exception, for, without doubt, doctors generally in Nova Scotia have been very busy for the last few months. The hard times may be demonstrated when they begin to look for the income from this strenuous winter's work.

In some future issues of the BULLETIN there will appear some interesting notes of a medical student taken nearly 60 years ago. These have been handed to the BULLETIN by Mr. W. R. Cox of Upper Stewiacke, son of the late Dr. Robinson Cox. Also we have mss. copies of papers read by Dr. Cox at Society Meetings before some of us were born. We feel sure our members will greatly appreciate this new feature of the BULLETIN. Have you noticed that the BULLETIN has greatly extended the field of its reading matter during the past year? We trust when abler minds take over its direction its usefulness will greatly increase.

ALTRUISM.

When the Secretary of the Medical Society of Nova Scotia endeavored to broadcast the idea that medical organization was bound to succeed because it was founded upon a spirit of altruism he was but developing the same idea that was in the minds of those who were engaged in the task of placing the Canadian Medical Association upon its present career of service to the medical profession and people of this Dominion. With many of us the idea was accepted because it was the accepted course for most medical men, altho, perhaps, they never realized it. Now when we are looking some form of state medicine in the face it may be well for the public to realize a little of the sacrifice that medical practitioners have made, and are still making, in order that the poor and ungrateful, as well as the rich and honest, may have all the benefits that modern medicine is able to give today. Statistics may be made to prove most anything as may also the bible, in both cases it is largely a matter of interpretation. But when it comes to estimating the amount of actual service the medical profession renders without any financial recognition the figures are rather staggering.

"Investigations show that the medical men in the United States give away a sum of \$365,000,000 annually, by donating their services

to people who cannot or do not pay. On this basis of reckoning the medical fraternity in Canada must be giving away annually some \$30,000,000. Their critics have no such record of philanthropy to show."

Is it any wonder there are so many doctors that are barely making a living? Also, if there are portions of this province where medical service is not available, would it be unjust discrimination if the state supplemented the local source of revenue? Altruism, or the theory that inculcates benevolence to others in subordination to self-interest, surely does not deny the doctor the right to a livelihood.

SINUSITIS.

If other measures have failed to bring relief in obstinate sinusitis try Antiphlogistine. Every physician knows that success in the overcoming of this affection depends on free drainage and ventilation.

Antiphlogistine has hyperaemic, osmotic and relaxant powers; its application over the affected regions (1) relieves the pain; (2) dissipates the congestion and (3) establishes drainage. Pressure, due to accumulated exudates is relieved and toxic influence upon nerve terminals, due to the presence of pus and other products of inflammation is ended.

Physicians are invited to write to the Denver Chemical Mfg. Co., 163 Varick Street, New York, for samples and literature.

The March issue of *The Bulletin of the Medical Society of the County of Kings* (Brooklyn, N. Y.) comments on the very great attention given by medical associations to economic questions relating to medical practice. Presidential addresses before the Societies of New York, Queens and Kings Counties have been directed to the general, the personal and the public interests of the physician. The *Bulletin* says:

"The whole of the profession is seething with the difficulties of making a living and giving adequate, efficient medical care to all the people. Abroad, in England in particular, and in the other mother countries, the same condition exists." This agreement of purpose between different county societies is further commented upon thus:

"It may be that this general state of harmony has been responsible for the county societies getting together, or it may have been a happy coincidence. We are inclined to believe that the conferences between the five County Society Presidents and the Health Department during the past seven years have been a factor of importance. At any rate we have a liaison body—a committee that meets monthly and discusses city-wide problems affecting the entire profession—a committee composed of five County Society Presidents and one other representative from each county."

The striking similarity between what has just been described and what we have here in Nova Scotia should be enough to set us thinking as to the best means of getting concerted action in the larger field of preventive medicine, especially as we now have all the machinery required. It may be noted that the conferences mentioned and the topics discussed have been of interest to the profession and to the public at large and no attempt has been made to keep the topics or their discussion under a lid of suppression.

THE SOYA BEAN.

*MISS CORNELIA SUTHERLAND, R. N.

From all over North America come questions about this little legume plant, its cultural development, its cultivation and its uses. It was grown in Egypt in 3,000 B. C. and in China its origin is shrouded in misty, prehistoric records. Through the years of ancient, custom-crowded civilization of the yellow man, he has found a hundred uses for the Soya Bean as food for himself and his animals. Throughout this period he has utilized the proteins and oils crowded in the little bean, that grows three in a pod, for his chief food.

It is only in recent years that the Canadian and American farmers have grown the Soya Bean on a large scale. There is said to be a variety of Soya Beans for every soil and climate. Seed experts have spent much time in research work on Soya Beans, in finding these various adaptations from the thousands of varieties available. As with other legume plants, inoculation of the seed or soil has been most valuable.

Soya Beans, unlike other foods or grain, are complete in themselves. They contain a well-balanced Protein, Carbohydrate, Fat Ash, Moisture and Fibre content. We also believe the Soya Bean contains both water and fat soluble Vitamins—Fat Soluble Vitamins A and D and Water Soluble Vitamin B which are of utmost importance in growth, energy and prevention of eczema, rickets, etc.

Lecithin is found in the Soya Bean, the quantity being greater than in any other plant. It is used in order to increase the nutritive value of various foodstuffs and in the preparation of food for the treatment of nervous diseases. According to Dr. Jean Freud, in the *Presse Medicale* No. 6, January 19, 1927: "The Lecithin of the Soya Bean is identical with that existing in egg yolk."

It is important to lay stress upon the fact that the ripe Soya Bean contains less than 1% starch. Another important fact is that it contains diastase in considerable quantity and that the specific uralytic ferment content should be noted as an important factor in physiological chemistry. The Ash of Soya Beans differs widely from that of other legumes as it is very rich in soluble phosphates and potassium.

*Miss Sutherland, R.N., represents the Vi-Tone Company of Hamilton, Ontario, very successfully in the Maritime Provinces and Newfoundland.

In regard to protein, a report made by Osborne and Mendel in the American Journal of Biol. Chemistry states that during the war investigation of the Soya Bean pointed out for the first time the unique qualities of the Soya Bean proteins. They are "Good" proteins from a biochemical standpoint. In their experiments they observed that the Soya Bean proteins reacted like animal proteins and could actually replace them. Being free from Nucleoproteins they did not lead to the forming of Uric Acid and in consequence did not encourage gout.

Soya Beans have been prepared in many forms. The Chinese serve them in seventy-five known dishes. They have been recognized as a base for marvellous milk and cheese. The oil is refined and served as Margarine or used in cooking. A large percentage of our sauces contain Soya Beans. The Beans have been roasted and salted to take the place of nuts, spiced and candy coated as a confection and minced and served with chicken or fish.

The Soya Bean oil has a remarkable field. It has been extracted in Europe for many years and in the last few years in Canada and the United States. Hundreds of thousands of gallons of Soya Bean oil have been used in paint, varnish, soap and in the manufacture of buttons and waterproof wearing apparel.

Soya Beans are also used in animal feeding. The best results are obtained when the oil is first extracted and the meal, or meal cake, is then used.

In pig feeding, whole Soya Beans, when fed to pigs, must be used in small quantities with corn or other grain; otherwise the pig assimilates the oil and it makes a soft grade of pork, the lard being very soft and undesirable for commercial use. When the cake from which the oil has already been extracted is fed, a good quality of pork is produced.

In cattle feeding, this condition does not exist, but dairy cattle give a larger quantity of milk. The feeding of Soya Bean hay is preferable.

In poultry feeding, Soya Bean meal can be used satisfactorily to take the place of meat, scrap or other animal protein material fed to increase egg production.

Soya Beans have proven a valuable asset in fattening lambs as a very desirable finish is then obtained.

In fox raising, a diet to which soya Beans have been added is very favourable. Again the protein as well as the oil and high vitamin content is valuable in making beautiful silky coats.

It may be of interest to Canadians to know that Soya Beans are grown here as far north as Saskatoon and as far east as the Ottawa Valley and in larger quantities in the western peninsula of Ontario.

We receive the valuable food in different forms—Soya Bean flour, Soya Bean milk used by biscuit manufacturers and a health beverage called Vi-Tone, which needs no introduction to our Canadian Hospitals.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

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PROVINCIAL HEALTH OFFICER

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	DR. C. M. BAYNE - -	Sydney.
Pathologist - - - -	DR. D. J. MACKENZIE - -	Halifax.
Psychiatrist - - - -	DR. ELISA P. BRISON - -	Halifax.
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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.

MATERNAL WELFARE.

THE matter of Maternal Welfare has been carefully considered by the Canadian Medical Association and all Provincial Associations have been requested to bring the subject to the attention of their members on all suitable occasions. The Chairman of this Committee of the C. M. A. submits the following report or review of Council consideration of the subject and the same is published for the information of the members of the Medical Society of Nova Scotia.

"In the first report of the Committee, presented at the Annual Meeting in 1929, attention was drawn to the fact that many of the Mothers who died had received no pre-natal care and that a large number of the deaths were reported as due to Toxaemias of pregnancy and Puerperal Infection—causes which are largely preventable.

"The Committee drew attention to the necessity for the education of the public and reported with satisfaction the efforts made by the Committee of the National Council of Women in Canada. Their work had undoubtedly awakened interest and has directed the public attention to the necessity of lowering maternal mortality but like all other educational propoganda it will have to be carried on for a considerable period of time. It must have the whole-hearted co-operation of the doctor.

"Another suggestion made by the Committee was that in each Provincial, District and County Medical Society, at least one meeting each year be set aside for the consideration of Preventive Obstetrics. A letter of enquire was addressed to the Secretary of each of these Societies as to the above, but the response was unsatisfactory in that out of 90 letters sent, only 28 replies were received, and of these 28 only 4 societies had arranged meetings for the consideration of Maternal Welfare during the year.

"Your Committee have endeavoured to ascertain the total amount spent in each Province and in certain large centers of population for Public Health and for Maternal Welfare respectively. Thirty-one letters were sent out and 21 replies were received, but it has not been possible in any case to ascertain any seperate expenditure for Maternal Welfare. Evidently, no public funds are being set aside in any Province from which a reply has been received, for special application to Maternal Welfare.

Your Committee forwarded a letter of enquiry to 112 hospitals to ascertain how far pre-natal care is carried out in these hospitals.

43 replies were received.

4 hospitals have pre-natal clinics.

39 hospitals have no pre-natal clinics.

It is evident that adequate pre-natal care is only beginning, but the Committee note that in some cases the reply from the hospital official stated that pre-natal work is done by physicians in their own offices.

Your Committee has made enquiries as to the numbers of hours devoted to the teaching of Obstetrics and the number of Maternity cases that the students are required to attend during their course. It has been learned that an effort is being made in the different teaching centers to increase the number of teaching hours and to give the student greater clinical facilities in this subject.

Recommendation.

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

(b) 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.

(c) 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.

(d) 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.

Addenda.

In the study of this subject a great deal of valuable information has been collected. This material has been placed in the hands of the C. M. A. and is available for any member who may desire special information. It includes the following data:—

1. Federal and Provincial expenditures on Public Health.
2. Details in regard to the activities of the National Council of Women.

3. Detailed information on the organization and conduct of pre-natal clinics in Canada.
4. Standardization of Obstetrical Departments of General Hospitals.
5. Statistics on Maternal Mortality in this and other countries from 1921 to 1928.
6. Recent researches in Obstetrical field.
7. Standards of puerperal morbidity.
8. The obstetrical work of the Victorian Order of Nurses.
9. Medical and Nursing service in various parts of Canada—adequate and inadequate.
10. Excerpts of reports on Maternal Mortality and Maternal Morbidity in different cities throughout the world.
11. The most recent research work in connection with Puerperal sepsis.
12. A resume of reports on rural maternity care, trained obstetric nurses, visiting housekeepers and home help.

All of which is respectfully submitted.

(Signed) W. B. HENDRY,
Chairman."

Tuberculosis and the M. H. O. It is very satisfactory to note that a number of Medical Health Officers have taken occasion in their annual reports to their respective Councils to call attention to the desirability of providing proper care for those suffering from this disease who are unable to obtain the same owing to insufficient financial resources. These cases are often open cases and home conditions are such that they are a very real source of danger to other members of the family. Again it is often all that the wage earner can do to provide a home, food and clothing for his family, being wholly unable to provide anything like sanatorium care. Also, if the case is that of the wage earner himself, he can make no progress towards recovery, even in a sanatorium or hospital, if he fears his family is in want. In all these instances the logical course is for the municipality to become responsible for the early care, which should be in a suitable institution. This may not be of long duration as voluntary assistance may enable much of the treatment to be taken at home if under proper care and supervision. The financial burden, so greatly feared by all municipalities, need not be as great if community effort, as well as taxes, is directed towards the required assistance. This work cannot be accomplished alone by institutional care, our experts all know this, there must be local co-operation with provincial health agencies in a universal home health nursing service. This reference is prompted by the reading of the report of Dr. MacLellan recently submitted to the Municipality of East Hants. Every home in Hants County should receive a copy of that report.

Communicable Diseases Reported by Medical Health Officers.
February 25th to March 18th, 1931.

Disease	Feb. 25	Mar. 4	Mar. 11	Mar. 18	Total
Cerebro-Spinal Meningitis.....	.....	.....	.....	1	1
Chickenpox.....	3	5	1	1	10
Diphtheria.....	1	10	12	6	29
Infantile Paralysis.....	1	.....	.....	.....	1
Influenza.....	53	74	26	22	175
Lethargic Encephalitis.....	.....	.....	.....	.....	.....
Measles.....	12	.....	.....	.....	12
Mumps.....	2	2	.....	.....	4
Paratyphoid.....	.....	.....	.....	.....	.....
Pneumonia.....	1	2	1	.....	4
Scarlet Fever.....	6	13	7	7	33
Smallpox.....	.....	.....	.....	.....	.....
Typhoid Fever.....	.....	.....	.....	.....	.....
Tuberculosis-Pulmonary.....	1	.....	.....	.....	1
Tuberculosis—Other Forms.....	1	1
V. D. G.....	2	1	1	4
V. D. S.....	3	1	4
Whooping Cough.....	2	2	4
Totals.....	84	110	51	38	283

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Hospital Service

HOSPITAL PHARMACISTS.

IT is satisfactory to note that hospital pharmacists now have a legal status in Nova Scotia. Hospital dispensing has been a question of considerable interest in all our hospitals and the recent legislation will require to be observed on a different basis than hitherto in many of them. The chief sections of the Nova Scotia Pharmacy Act which have been amended to give effect to this service in our hospitals are as follows:—

11. There shall be three classes of examinations held by virtue of this Act; (a) For registration as certified clerks to pharmaceutical chemists; (b) For registration as pharmaceutical chemists; (c) For registration as hospital pharmacists.

13. (Sub-section 3). Every candidate who desires to be examined for registration as a hospital pharmacist shall produce to the council satisfactory evidence that he has passed all other prescribed examinations or has been exempted therefrom. He shall before his examination pay to the registrar the fees provided for under the by-laws or regulations of the Society.

14. (Sub-section 1a). Every person who passed the examinations for registration as a hospital pharmacist and complies with the regulations of the council shall, on payment to the Registrar of such fee not exceeding ten dollars as the council determines, within six months of the time of passing such examinations, be entitled to receive a diploma as a hospital pharmacist under the seal of the Society.

18. (Sub-section 1). No person except a pharmaceutical chemist or a certified clerk in his employ and under his supervision shall be authorized to sell the poisons, drugs or medicines included in the schedules of this chapter. (2) No person except a pharmaceutical chemist or a certified clerk in his employ and under his supervision, or a hospital pharmacist, shall be authorized to compound or dispense drugs for medicinal purposes.

We would venture to call attention to this last quoted section to ask if this will prevent a hospital pharmacist from dispensing and collecting pay for prescriptions that may be written in connection with a public clinic that may be held in the hospital, as for instance, the usual health clinics arranged by the health nursing service of the Department of Public Health? This is a proper question for the most feasible way of conducting these clinics will be to use the local hospitals as the recognized health centre for its own community. This is part of the plan by which every hospital will virtually conduct an Out-door department. Let us not be afraid to anticipate progress in health work.

Increased Hospital Grants.

The Editor, by which we mean for all purposes, the General Secretary of the Medical Society, in this department of the BULLETIN has, on more than one occasion, advocated some better standardization of our provincial hospitals before tinkering with present arrangements. In recent months a very subtle campaign has been carried on, by the Hospital Association apparently to obtain additional per diem per day government grants. The BULLETIN has also expressed the opinion that we have more hospitals than we need and that the whole question of their maintenance should be a matter of immediate concern. It is quite likely true that these grants need adjustment, but let us begin at the bottom and construct a hospitalization system best suited for the needs of Nova Scotia and place the financial burden where it equitably belongs.

On March 18th a delegation, representative of nearly all the hospitals in the province, met the Premier and presented their claims as follows:—

1. Increased grants with a maximum of fifty cents per patient day unconditionally, and a minimum of thirty cents for every hospital day; instead of thirty cents for the first 5,000 patients and twenty cents every day thereafter, as now applied under the Local Hospitals Act.

2. Information concerning hospital legislation dealing with annexes to local hospitals for tubercular patients in Eastern Nova Scotia.

3. Amendments to the local hospitals Act to relieve hospital boards of the onerous duty of collecting debts from indigent patients throughout municipalities. Handling of these patients sometimes affected the municipal grant, upon which the government is conditional. It is desired to amend the Act so that the government grant may be secured whether or not the municipal grant is accepted.

4. Amendments to the Public Utilities Act to enable hospitals to make special arrangements for supplies of electricity to hospitals.

Mr. L. D. Currie of Glace Bay presented these claims and was supported by Messrs. Sinclair, Baker and Rev. Father MacDonald.

Now the BULLETIN has only the account of this meeting as published by a Halifax paper the next morning, but from it we gather that the claim recently made of the great aid the hospitals were to the work of the Department of Health did not figure largely in the mind of the Premier. These present requests could not be entertained upon the same basis as the Public Health service. "These institutions were local, after all, and the government was not consulted in regard to their establishment. There were communities where there was over hospitalization, where it was a toss up as to which institution a man would go."

Now this may be sufficient reason for this further statement—

"During the five years the hospitals had come under his department of Public Works, he had wrestled with the problems they were now worrying over and had decided against allowing these institutions becoming too great a charge upon the government."

If we may be permitted to express an opinion, irrespective of whether it be in good form, we think the first logical move for the Hospital Association to have made would have been to have brought this matter to the official attention of the Department of Public Health and the medical profession. There are too many organizations in Nova Scotia engaged in splendid welfare work that are too self-centered to recognize the great extent of the field requiring to be cared for or to see the need of co-operation with other agencies just as necessary as their own. We have always assumed an attitude of splendid isolation in more than one line of human activity, but our resources are so limited that we can only reach a fair degree of success with all possible combination of effort. Just at present the large question before the people of Nova Scotia is the development of a fully co-ordinated Department of the Public Health which cannot be done in a day. At the present time we do not see what other reception this delegation could have received. Possibly some of its members were disappointed, but that was inevitable as the launching of the movement was premature in view of larger related questions.

Any interpretation of this editorial note as being unfriendly to the Hospital Association, is negated by everything that has ever appeared in the BULLETIN; but our text now, as always, is co-ordination of all agencies concerned with community welfare, the most important immediate question being those concerned with Health Welfare.

S. L. W.

Aberdeen Hospital, New Glasgow, has made final arrangements for an extension of twenty-five beds and the contracts are for the work to be done this year. The elimination of the infectious disease beds has made this bed increase possible. It is noted that the superintendency of the hospital is to be divided, Miss Marion Boa of Montreal being the nursing or medical superintendent, while Miss Nina Grant, now superintendent, will become business manager in charge of the accounting, correspondence, records and purchases. It has to be a much smaller hospital than the New Glasgow one in which this division of responsibility is not desirable.

The Public Health Nurse in Tuberculosis.

Dr. R. E. Wodehouse, Executive Secretary of the Canadian Tuberculosis Association, Ottawa, in a recent issue of the *Canadian Public Health Journal* thus enumerates the results to be obtained by home visiting of the public health nurse:—

1. That the homes will be better maintained.
2. That proper agencies will be brought in touch with the home to try and right all social welfare problems and thus assure moral and financial stability including the ability to provide proper food, clothing, rest and housing.
3. That debilitating conditions will be detected and remedied.
4. That complete medical examination will be made if suspicions warrant it.
5. That cases of tuberculosis will be treated in sanatoria if possible.
6. That all members in known infected homes will be examined medically every six months as contacts.
7. That every preventive practice will be instituted in the home and sufficiently frequent visits will be made to ensure their continuance.
8. That all hospital, clinic, school and nursing services will be co-operative with an efficiently organized and maintained exchange of helpful information and records.
9. That home visiting nursing services will be established for all of our population.
10. That social welfare provisions and municipal assistance in the cost of the sanatorium care of patients will be readily available without delay in all the areas where home visiting nurses are established.

Miss Ruth McKenzie, R.N., is the Dietitian at Aberdeen Hospital, New Glasgow. She is a daughter of Dr. and Mrs. D. M. McKenzie of Parrsboro.

Training for Public Health Nursing.

Because of one idea which, in this quotation from a paper in the *Public Health Journal* from the pen of Miss Smellie, Superintendent of the V. O. N. for Canada, appears in *italics*, the following paragraph of the paper is repeated here. We believe these nurses should get the local atmosphere into their systems first, then take their University training.

"Too much, undoubtedly, is being expected of the university public health nursing departments. There has been a feeling abroad that every nurse leaving the university should be an expert in each and every type of public health work, and capable of being a leader in whatever community she is placed. This idea needs to be exploded. There are many who will make most efficient staff nurses but who will never be leaders. It would take more than an academic year to make them that. Notwithstanding the fact that the nurse taking special training may have graduated five or ten years ago (or even quite recently in some schools), she has not usually had the benefit of much instruction along the lines of development of the past ten or twelve years in the field of preventive medicine and her knowledge, in this respect of obstetrics, paediatrics, and communicable disease, from the nursing viewpoint leaves something to be desired. Her previous experience has been in relation to curative work entirely, and her idea of service is chiefly that she should render it all rather than that she should

endeavour to stimulate response from the individual and his family. Organizations have expected from the universities the finished product—whether in child welfare, school, or visiting nursing—whereas the nurse taking up public health work has had first of all to go through a period of conversion and to adjust her viewpoint before she can begin to absorb instruction. Her personal qualifications for the work she is undertaking have not been given much consideration previously, and she may be a misfit before she ever enters the university. Whereas she is expected to be an authority in each special type of public health nursing, all she has been able to gain in the few months is an insight into the possibilities of each, and *before she can do effective work she really needs to have a period of practical experience under supervision with the agency with which she means to work. This has not been sufficiently recognized.* A nurse has immediately been launched, sent to a district where she must work alone or to an isolated rural field beyond reach of supervision, and where she is compelled to use her own initiative with little or no preparation for the problems she has to face. It is most unfair to the isolated nurse or to one working alone, not to provide nursing supervision both to encourage her and to strengthen her work. *Medical direction alone is scarcely adequate.*"

Municipal Hospitals.

There is a definite trend in health matters towards the State taking a more active part in providing the public with medical, nursing and hospital care. The BULLETIN has published many items and articles on State Medicine, but has said nothing much regarding the status of our hospitals under such a plan. We have, however, been quite positive upon the matter of payment for hospital care being primarily a matter for the community served by the hospital to arrange. If we are over-hospitalized, and this has been intimated by more than one conversant with conditions in Nova Scotia, it may be wise to give this matter some consideration just at this time.

In the Province of Saskatchewan a very general system of state-aided medical practice has been inaugurated. This involves doctors, nurses and hospitals. For the information of those interested what the Deputy Minister of Health for that province has to say regarding hospitals, will be desirable to know, because some changes must be made even in Nova Scotia. In a recent issue of the Canadian *Public Health Journal*, Dr. Middleton has this to say regarding what he calls "Union Hospitals":—

"There are sixty government aided hospitals in Saskatchewan, twenty of which are 'union hospitals'. Many of the municipality hospital schemes have taken advantage of existing legislation permitting them to tax themselves to pay for the hospital treatment for their ratepayers. That is the hospital fees are paid through taxation, in a

manner very similar to that in which a school is supported. There are many different arrangements made with such union hospital boards. In some cases the whole hospital fee is paid by the municipality; in others the patient pays a very nominal charge, possibly one dollar per day and the taxation takes care of the balance of the cost. In some, the number of days treatment for each ratepayer during the year is limited. In others only the hospital fees for maternity cases are paid by the municipality.

"In all cases where the union hospitals are established, even though free hospitalization is not provided, all deficits are made up by the co-operating municipalities, so that these hospitals are always in a good financial position and their support is no longer haphazard, and dependent as formerly on bazaar drives, fees from entertainments, etc.

"In one union hospital at Rosetown where treatment through taxation is adopted, the following arrangements are made: Two municipalities pay the hospital fees of all resident ratepayers, their dependents, hired help, and school teachers, if resident for thirty days; two others pay the same, only that school teachers are omitted; one municipality not in the union hospital scheme also pays for the hospital treatment of its resident ratepayers and another not in the scheme pays \$2.00 per day towards the hospital expense of its ratepayers. One village pays for twelve days hospital treatment in any one year.

"The organizing of union hospitals has in many cases been the means of retaining a medical service in a district where otherwise none would be available.

"To all government aided hospitals a government grant of fifty cents per patient is paid and to the sanatoria a grant of \$1.00 per patient per day is paid."

The BULLETIN proposes to further consider matters of this kind in succeeding issues. In the meantime, we honestly believe that hospital executives should consider the future development of hospitals along this expected line before making increased per day per capita grants a definite policy of the provincial Hospital Association.

Local news notes in a daily newspaper in Nova Scotia read thus:—"Hospital Notes.—The following were admitted to hospital for medical treatment during the past week: (five names and addresses). "The following patients underwent an operation in . . . hospital during the past week: (four names and addresses)". Both items named the immediate relatives of most of the patients. Now this wasn't news, but it occupied 3½ inches of space for which the local correspondent gets credit. The information came from the hospital directly, with or without official consent. In this particular instance if the item were really news, there would have been three or four inches more giving the list of admissions and operations in another hospital in the

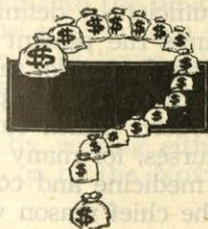
same community. Of course, in dull times even correspondents have to almost make news for they must fill their allotted space. But this sort of thing has much the appearance of competitive hospital publicity which is quite unnecessary and also undesirable. Hon. John Doull says we are over hospitalized in Nova Scotia, and we have more than one instance of it in Nova Scotia. We hear much about increased per diem grants from the Provincial Government for hospitals, how about a little economy in building and equipping unnecessary hospitals? Are there hospitals in Nova Scotia that are actually competing with each other for popular support in securing patients? Now this question is asked, not to start controversy, but to set us thinking. If people on the outside form conclusions the people on the inside should begin to take notice, any smoke is very suggestive of fire.

PRACTICE AVAILABLE.

A Doctor who has been successfully located in a large country practice for nine years owing to impaired health is compelled to locate elsewhere, or may be compelled to retire. There is thus an opening which will pay from the start. No competition. Write to the General Secretary for particulars as to location.

DR. S. L. WALKER,
Secretary of the Medical Society of Nova Scotia,
Halifax, N. S.

DR. COLLECTEM



If you need more ready money, Doctor—send us a list of your past-due accounts. We'll collect them for you on a straight commission basis. And we will send you a cheque for your share, Each Tuesday!

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Harvey Clare, M. D.
Medical Superintendent

Bulletin Library

THE WAR ON TUBERCULOSIS.

THE War on Tuberculosis was originally given to and printed by the Federal Government of Canada (Department of Soldiers' Civil Re-establishment) for its war veterans. It was later printed by the Provincial Health Department of Nova Scotia in 1921, and again in 1924. We have been assured by physicians, nurses and patients that it has been genuinely helpful in a practical way, which was our hope and intention. The ninth thousand having been exhausted, we have been asked for a new edition; and, for this fourth printing, we have thoroughly revised it and brought it up to date. We desire that its usefulness may widen and increase."

These opening phrases of the *Foreword* in this little book from the pen of the authors, Dr. A. F. Miller, of the Nova Scotia Sanatorium and Miss Jane W. Mortimer, formerly of the Sanatorium staff, give the history of this publication, as to its origin, aims and success. That 9,000 copies have been distributed is proof that it fully answers the purpose for which it was brought into being.

As far as the medical profession is concerned, the book is not to be regarded in any sense as a medical treatise, yet it appeals so directly to many who will consult the family doctor, that its general scope and purpose should be recognized by every doctor in Nova Scotia. The faithful following of the principles so clearly set forth in this little volume will be of such aid to the patient, that the family physician will rejoice in the good results of its educational value. In this connection we cannot refrain from again emphasizing the need of doctors knowing what their patients are learning about the means of promoting health. Physicians' directions are, too often, not sufficiently definite and detailed. There are a thousand and one things the patient desires to know which are so much ABC to the doctor that he cannot take time to talk about them. What the patient requires is the simplest of detail. This is one of the reasons why a modern health campaign cannot be carried on without trained health nurses, for many doctors do not bridge the distance between scientific medicine and commonplace, intelligible home instruction. This is the chief reason why we say that this little book should be on the desk of every general practitioner in Nova Scotia. Until the doctor acquires the art of giving advice that the lay mind requires and the social situation also makes necessary, he is not so effective as he might be in educating the public in the prevention or care of disease, especially of tuberculosis. There are still many men graduated from medical colleges who think and talk almost entirely the *science* of their profession, while it is every day conditions the patient is "up against". This is one reason, therefore,

why every doctor should use this book as an aid in his method of instructing his patients and *their friends*. An old doctor living in Colchester County used to advise young doctors that it was as necessary to treat the members and friends of the family as the patient. This is a primary truth. As we have intimated, few doctors are able and willing to take on this general educational work, so that to-day, we are compelled to pass nearly all of this responsibility over to properly trained nurses.

Another important point is this: As it is difficult for two people to give instructions to other people in exactly the same way, it would be well for the nurses doing tuberculosis nursing, either bedside or educational, to use this book as their general guide, as Provincial Health Department nurses are already doing, so that the patients will not detect any variation in the advice given. Patients will only be too glad to read and study this volume, and it will be just as well for both the doctor and nurse to be very familiar with its content and its specific instructions, so that there will be a full accord of opinion and advice. We must remember that the patient has loads of time to spend picking up little discrepancies in minor matters which are bound to occur, and in his mind they are apt to be considered as showing real differences of opinion, thus shaking his faith in the advice and in the advisers. For the instruction of the patient and friends this book is exceedingly valuable and its good points should be familiar to both doctors and nurses as well as patients.

The new edition, besides many minor changes, has valuable additions,—reference to childhood tuberculosis, to the handling and use of milk, to surgical aids in treatment of tuberculosis, etc. One thing which makes this book "different" and appealing to the patient, is that it is written always from the patients' viewpoint, and yet with scientifically correct information. It is a readable, cheerful little book, in addition to its store of practical, homely detail. Its little excursions into the philosophy of living tend to strengthen the moral backbone and broaden the outlook—one of the compensations for a long period of "cure-taking".

The paper, printing and cuts are excellent. It is to be sold, in the near future, at cost price. In the meantime, a copy of the book may be had by writing either to the Provincial Department of Health, Halifax, or to the Nova Scotia Sanatorium, Kentville.

S. L. W.

Trauma, Disease, Compensation.

This is the title of a book published by The Macmillan Company of Canada, St. Martin's House, Toronto, from whom it may be ordered, the price being \$6.50. As the title indicates, the book was written with a view of covering the field of injuries and diseases that may come under the survey of the Workmen's Compensation Board. There is a very

broad basis for guidance of those concerned with the injuries and diseases which may fall in this class, nearly all Acts in civilized countries being the same in spirit. This is emphasized in this volume by frequent references to cases upon which judicial opinions have been secured in all countries. As the author, Dr. A. J. Fraser of Winnipeg, for 14 years chief Medical Officer of the Manitoba Workmen's Compensation Board, says in his preface—"During the past fifteen or twenty years the principle of the workmen's compensation has become an accepted fact in practically all industrial communities. This principle has taken concrete form in legislative enactment insuring to workmen injured by accident arising out of and in the course of employment, the payment by the employer of a substantial proportion of the wages earned, during the period of incapacity, besides medical aid, funeral benefits and allowances to widows and dependants."

The casualties occurring in the industrial world are greater than those of war, but these are cared for by the rank and file of the general practitioners and are not specially trained pensions or consulting medical and surgical officers. It is therefore very essential that the man in general practice should be assisted in every possible way to understand what the whole business means to employer, employee, the community and the medical profession. Very often a doctor feels like telling a Board a few things about their particular business. To do this successfully he must acquaint himself with the particular phases of this Specialty. It is natural for a claimant for compensation to charge all of a present disability to something associated with his employment and the physician needs to be particularly observant to definitely trace the connection, at the same time keeping in mind his diversified responsibility.

Perhaps the most common difficulty the doctor in Nova Scotia meets is to appreciate the relation of the degree of disablement to the compensation awarded. This is also the great problem that is always presented to those medical men daily concerned with pension awards. There should be a better understanding between the Board Medical Officers and the attending physicians. If one could offer any criticism of this book it would be to express regret that the last chapter in the book, "The Rating of Permanent Disability" had not been greatly extended, discussing more fully the ratio between cause and effect, as we have intimated. At the same time this would have detracted from the scientific value of the book from the medical and surgical point of view.

As an attempt to present the concensus of opinion, regarding the influence of trauma in giving rise to subsequent conditions of disease, we feel the book should be in the library of every doctor who has anything to do with Compensation Board work. It will doubtless surprise every general practitioner the frequency with which trauma may be related to subsequent disease as is outlined in this book. The reader may thus be enabled to give material assistance to his patient in this particular.

Like all books from this Publishing House the Volume is of fine quality in binding and printing. It is authoritative as the author in all cases appeals to recognized leaders in surgery and medicine. After reading this review, write to Toronto for further information.

S. L. W.

Medical Education.

The February issue of the *Medical Journal*, and Undergraduate Publication of the University of Toronto, has an editorial on the medical machine which finally grinds out a license to practice medicine to the one who attended so many lectures and put in so many periods in the laboratory. The article says:—

“It is surprising that, at graduation, even a few students are free from mental apnea: all through the course the so-called Fundamental Sciences are presented with very little demonstration of the fundamentals; all through the course the time is covered completely with little, if any, recreation; all through the course they must attend *so many* lectures and ‘put in’ *so many* laboratory periods, though they learn little and that little may be forgotten as they face fresh subjects the following years; all through the course they become more and more the academic machine, taking their lectures word for word, copying their laboratory results from previously copied results, and preparing for the almighty examinations by extensive synopses.

“Claude Bernard once said of a University that it had fulfilled its duty when it had stimulated its students with a thirst for knowledge. Association with a large number of our graduates will reveal the stark failure of our courses. What modern student reads French for the pleasure of its literature? What classics student steepes himself in Homer? What medical student reads but for his examinations—and license? They toil but they thirst not.”

The very fact that we recognize that handicaps of this nature exist, means that effort will always be made to give a practical outlook in every line of study. We feel that the small college is least affected in the manner described.

The Bulletin of the Vancouver Medical Association is always welcomed to our BULLETIN Library. From the March number we get a suggestion we pass on to the Halifax Medical Society. We have noticed that the reports of clinical meetings of the Vancouver Society have been very complete. A meeting held in December at one of the hospitals is thus reported with this explanatory note:—“Owing to the courtesy of the authorities of Shaughnessy Military Hospital we are able to publish the following full report of the cases presented at the meeting of the Clinical Section held at Shaughnessy on December 16”.

These Case Reports are often of greater value than set papers that are presented at general meetings. The latter are nearly always available for publication in the Society’s official journal, but not even

the present versatile Secretary of the Halifax Society can record in his minutes all the salient features of the cases presented. Would it not be possible for the members of the staff presenting cases to have the full presentment put in writing or typing for the information of the Society through the medium of the BULLETIN. In this instance even the questions and answers in the discussion are printed in full.

This same issue of the Bulletin contains a very full summary of an address by the Hon. Chief Justice Morrison on "Certain Contacts of Medicine and the Law", parts of which we would like to present in a future number of our own BULLETIN as many of our readers will remember the Judge as a student and as admitted to the Bar in Halifax.

The Indispensable Uses of Narcotics.

The March 14th, 1931 issue of the *Journal of the American Medical Association* has the first of a series of articles to be published in the *Journal* under the general above heading, to be subsequently published in book form. Dr. Morris Fishbein, Editor of the American Association contributes only the Introduction, intimating the reasons for this series of articles for the medical profession. Although the percentage of drug addicts who trace their habit to the prescribing of drugs by physicians for illness is very much smaller than is supposed, it is, nevertheless, desirable that this risk be minimized as far as possible.

This series of articles is under the auspices of a Committee of the National Research Council, the United States Public Health Service and the American Medical Association. "The problem of narcotic addiction merits the attention of physicians for many reasons. . . . Physicians may, by exercising more thought in practicing, do much to avoid censure in relation to narcotic addiction. They may substitute, whenever possible, non-habit-forming drugs in place of morphine or other opium alkaloids. When narcotics are indispensable, however, as shown in this series of articles, no more should be administered than is necessary to achieve the desired end. Patients requiring daily administration should be seen often by the doctor and the amount of drugs ordered or supplied should not exceed that required by the patient until seen again. Independence of administration on the part of nurses should be strictly limited to prescription and any change in treatment should be in writing.

The patient should never be informed of the nature of the drug used, nor of the dose of the drug administered. The patient should never be permitted to administer the drug hypodermically to himself. Use of the drug should be discontinued immediately when no longer required, and if craving has resulted, close supervision and appropriate treatment should be maintained until the patient has been rendered independent of the drug."

Hitherto the Medical Society of Nova Scotia has adopted an attitude of *laissez-faire* until things come to a head, so to speak, but

perhaps it is wiser to always anticipate that which is bound to happen some time. In the meantime, we have appointed yearly a Narcotic Drugs Committee, but never expected a report and wouldn't bother about it if received. Perhaps some members will be interested enough in the matter, however, to read and study these articles and make some contribution to the Society at its annual meeting. The BULLETIN, at least, brings it to your attention.

Publications Received.

The March issue of the *Canadian Red Cross Junior* gives a short biography of the late Clemens Von Pirquet of Vienna who met a tragic death, February 28th, 1929 at the early age of 55 years. He began his professional career in 1900, was professor of paediatrics in Johns Hopkins University; returning to Europe in 1910 he began a wonderful work for children along nutritional lines chiefly. Of him the Secretariat of the League of Red Cross Societies says:—

"Whoever has seen the Vienna Children's Clinic, with its light airy rooms, its gay friezes on the walls; whoever has seen Professor Von Pirquet himself on the roof-garden while his children danced, played and sang, will know what mankind has lost in him."

As a voluntary philanthropic agency in health education the Junior Red Cross occupies an unique position. Health Education is such a vital part of the whole system of Education that most of it has been taken over by the official school or health bodies. Yet the very fact that the need is personal and the course must be individually followed, also makes it necessary that individual voluntary effort have a part in the programme. All official health bodies recognize the important part that such organizations can take in the health campaign. "Junior Red Cross is completely dependent on the good-will of the teachers and school authorities for its very existence, and therefore the Red Cross has had to make various adjustments in its methods of administration. In fact the Junior Red Cross has two parents, the Red Cross and the School System, and it sometimes requires somewhat delicate handling to produce harmony between the two. The rapid development of Junior Red Cross is proof that the harmony exists."

The *Medical Journal of the University of Western Ontario* in its third number presents a large table of contents the papers mostly being contributed by well known practicing or teaching members of the profession. Dr. Margaret Strang of Ayr, Ont. writes charmingly and all too briefly on "The Elder Scribes of Medicine," a plea to read the old books. Of these "Elder Scribes" she says:—

"They stalk in the gloom among the bookstacks,
Shadowy figures long gone.

Wrestlers were they with death in other ages,
Dead; but their words live on.

"Brooding here among the books of their making,
Watching a new world unfold;
Proud that they had so much to give us,
Who later were shaped to their mold."

Canadian Medical Directory. The thirteenth edition of this very valuable publication has been received at the BULLETIN office. Its contents may be learned from noting what is published regarding Nova Scotia. First there is given in full The Medical Act as amended up to 1927; The Provincial Medical Board: Department of Public Health and Medical Health Officers: The Medical Society of Nova Scotia and Branch Society Directories: Hospitals, Homes, etc. (41): Provincial and Government Institutions (6): Directory of the Nova Scotia Dental Association, Provincial Dental Board, and of the Nova Scotia Pharmaceutical Society.

The next division is the full Directory of Dalhousie University as regards the Colleges of Medicine and Dentistry with an historical ketch which should be brought up to date before the next volume is issued. In a publication of this character we are glad to see that great prominence is given to a statement of the wonderful clinical resources available to Dalhousie students with an ease not equalled by any institution of our acquaintance.

The Directory proper then gives a list by localities of Physicians, Druggists and Dentists of the Province. That the list of physicians is neither complete or up-to-date is only because it is a list impossible to keep correctly. This is a feat that neither the Registrar of the Provincial Medical Board or the Secretary of the Medical Society of Nova Scotia has ever been able to accomplish. There are, however, fewer errors in the present 1930 edition than any previous volume we have ever received. From our point of view this is the best medical directory that we have received.

There is hardly a physician but wants at some time to know about his confreres practicing elsewhere in Canada. Here in Nova Scotia we have some members of our families going to every province in the Dominion, a personal letter from your family doctor to a doctor in their new home is very often a wise procedure. The Directories are published by the Canadian National Publishing Co., 1425 St. Elizabeth Street, Montreal. The paper cover edition sells at \$7.00 and the cloth bound for \$10.00. Order direct and mention the BULLETIN.

The New York Academy of Medicine. Sometime ago the BULLETIN received a publication issued by this Academy on the "Opportunities for Post-graduate Medical Study Offered in Hospitals of New York City with Transportation Guide". The enormous amount of clinical material in New York City should make it the most popular

city for Post-graduate work in America and the Academy is doing a great work in collecting and publishing information as to how much of this is available for medical men. If you want any information on this subject, a letter to the Academy at Fifth Avenue and One Hundred and Third Street, New York City, will receive ready and satisfactory attention. This BULLETIN says so.

The Journal of Organotherapy. Most of our readers doubtless received this trade journal about the same time the BULLETIN came to hand. It was rather a strange coincidence that the leading article in our BULLETIN should have been that by Professor Young on "Recent Advances in Endocrinology", in which he plainly states how much credence can be given to the claims made in this journal. Read this article by Professor Young again and then check up with what is claimed by Organotherapy in its March-April issue. "The Doctor's Page", in this issue, has a biography of Lord Lister, that covers fully the incidents of his life and publishes a photo from a very excellent cut. But read what Dr. Young says of this publication.

The American College of Surgeons. The Seventeenth Year Book of the College was received some weeks ago by the BULLETIN and was not mentioned in this department by our reviewer. While the volume is essentially for members of the College, there are a number of addresses of great appealing interest to all practitioners. Some of these we hope some time to mention more specifically. The great bulk of the volume, in all nearly 1,000 pages, is given to the geographical and alphabetical List of Fellows. Occasionally it does us good to make or take pledges, like New Year resolutions; also we need to be reminded of these pledges from time to time, lest the sense of their importance escapes us. We do not believe it is any breach of etiquette or ethics to give publicity to the Fellowship Pledge of the American College of Surgeons:—

"Recognizing that the American College of Surgeons seeks to develop, exemplify, and enforce the highest traditions of our calling, I hereby pledge myself, as a condition of Fellowship in the College, to live in strict accordance with all its principles, declarations, and regulations. . . In particular I pledge myself to pursue the practice of surgery with thorough self-restraint and to place the welfare of my patients above all else; to advance constantly in knowledge by the study of surgical literature, the instruction of eminent teachers, interchange of opinion among associates, and attendance on the important societies and clinics; to regard scrupulously the interests of my professional brothers and seek their counsel when in doubt of my own judgment; to render willing help to my colleagues and to give freely of my services to the needy. . . Moreover, I pledge myself, so far as I am able, to avoid the sins of selfishness; to shun unwarranted publicity, dishonest money-seeking, and commercialism as disgraceful to our profession; to refuse utterly all money trades with consultants, practitioners or others;

to teach the patient his financial duty to the physician and to expect the practitioner to obtain his compensation directly from the patient; to make my fees commensurate with the service rendered and with the patient's rights; and to avoid discrediting my associates by taking unwarranted compensation. Finally, I pledge myself to cooperate in advancing and extending, by every lawful means within my power, the influence of the American College of Surgeons."

The Canadian Medical Association Journal. Attention is called to the March issue to emphasize again what we said in our own March issue as to the great value of this *Journal* to all members of the profession. There is a much greater variety in the matter presented. Besides the usual contributions from Dr. Hattie we note Dr. R. A. H. Mackeen, Halifax, reports a case of *Bacillus Pyocyaneus* in the Blood Stream in a Case of Agranulocytic Angina; Prof. E. Gordon Young has a special article on Nutritional Requirements of Canadian College Students. The C. M. A. Journal should always be read carefully and its contents indexed for the use of each doctor, there is too much in it for mere casual reading.

JOINT EXPENDITURES

Scarlet Fever was epidemic in New Glasgow in 1930, but the local Health Officer, Dr. A. E. Blackett, with the approval of the Department of Health for Nova Scotia, directed a very successful campaign and speedily brought it under control. The cost of the epidemic became a charge against the Municipality and is apportioned to the several towns and county districts according to the usual rule regarding "joint expenditures." Now Pictou and other towns are objecting to this addition to their financial obligations, claiming they received no benefit from the expenditure which was made in New Glasgow. At this they may be all wrong, for, unchecked, they may have shared much more in the epidemic by its spread to their own towns. But, right or wrong as they may be, the lesson is obvious, that it is time to cut out all permissive legislation in matters of this kind. This is something the BULLETIN has stood for on many occasions, the prevention or handling of an epidemic should be a matter for the Health Department, through its provincial, county and town representatives, the legislation being compulsory and the financial obligation definitely stated. The most thankless job in Nova Scotia is to be a town or county health officer if you ever have anything to do. Then, to make it still more absurd, if you do not have anything to do you have no business being a health officer. *This ought not so to be.*

Correspondence

Endorses the Golf Tournament.

Montreal, Feb. 25, 1931.

Mr. E. M. MacLeod,
Messrs. MacLeod, Balcom & Co.,
34½ Morris St., Halifax.

Dear Mr. MacLeod:—

Enclosed please find copy of letter received from the Medical Society of Nova Scotia.

Undoubtedly you know Dr. S. L. Walker, General Secretary of this Society, and I would suggest that you go in and see him and refer to a letter from the Mallinckrodt Chemical Works Ltd. and state the matter was placed in your hands. Give him \$10.00 and charge it on your expense account.

You might tell him that you are at the present time representing our interests in Nova Scotia.

Yours very truly,

Managing Director.

No wonder the Golf Tournament is going to be a success when the BULLETIN advertisers approve of it so cordially.

Among others this comes from Merck & Co.

Montreal, 412 St. Sulpice St.,
March 4th, 1931.

S. L. Walker, M.D.,
Gen. Sec. Med. Society of N. S.,
Halifax, N. S.

Dear Doctor:—

Replying to your letter of recent date we are pleased to contribute toward the cup to be competed for at the next annual meeting of the Medical Society of Nova Scotia, at Truro in July, 1931.

Enclosed please find our cheque made in your favor.

Very truly yours,

Merck & Co., Limited,

A. V. BROWN,

Medicinal Specialties Department.

More About Golf.

It may not be quite fair to quote only a few of the letters received relative to the golf tournament at Truro this summer, but the Secretary has so often been accused of seeing through very optimistic spectacles that these are printed in sheer self defence.

Montreal, Feb. 24, 1931.

Dear Dr. Walker:—

In reply to yours of Feb. 21st, we will be very glad to contribute to the cup fund and might say that if your objective is not reached through contributions from our fellow advertisers, we will increase our subscription in order to help along the good work.

We wish you every success and have no doubt that the ancient and honorable game will be covered with fresh glory as a result of these competitions.

Sincerely yours,

Ayerst, McKenna & Harrison Limited.

It is an awful temptation to present more of them, because we never received such general approbation since we began this secretarial Medical Society work.

This Speaks for Itself.

New York, Feb. 26, 1931.

Dr. S. L. Walker, M.D.,

Secretary Medical Society of Nova Scotia,

Halifax, N. S.

Dear Doctor:—

We are enclosing our cheque for \$10.00 as a contribution to a fund to purchase a cup for the physicians' golf tournament at the annual meeting of the Society.

If you have the opportunity we will thank you to express to the members of the Society our appreciation for this opportunity to take part in the activities of their organization. With kindest regards, we are,

Yours very truly,

The Denver Chemical Mfg. Company.

Branch Societies

The Halifax Medical Society.

November 12th, 1930.

THIS regular meeting of the Society was held at the Nova Scotia Hospital with the President in the chair, over thirty members being present. After some considerable discussion on a matter of ethics the scientific programme was presented.

Dr. Lawlor presented a paper on the care of the insane, covering the field both at home and abroad. He referred to the modern method of care adopted at the N. S. Hospital in 1894, and mentioned the excellent work carried on by the late Dr. Sinclair and Dr. W. H. Hattie in this institution. He presented two cases:—one recent admission, Katonic type of D. P., the other a G. P. I. case treated by Malarial method and doing very well. Dr. Hoppgood presented three cases of M. D. I. and read a paper on Puerperal Insanity. In the discussion Dr. Hattie did not agree with the tendency to include certain allied conditions under the general heading of Manic Depressive Insanity.

Dr. Stevens gave a resume of the work done in the dental department since it was opened which has amply demonstrated its value. Regret was expressed that Dr. A. R. Morton of the Hospital staff was, owing to illness, unable to take part in the programme. The members were pleased to accept the invitation of the Hospital and enjoyed the meeting, as also the oyster stew provided before adjourning.

November 26, 1930.

Meeting held at the Dalhousie Health Centre, the President in the chair and 31 members present. Dr. Young, Professor of Bio-chemistry at Dalhousie, presented a paper entitled "Recent Advances in the Bio-chemistry and Pharmacology of the Internal Secretions." He dealt with the subject first historically and then from the point of view of the chemist.

Dr. Dreyer, Professor of Pharmacology presented a series of lantern slides showing the various phenomena resulting from the exhibition of the various glandular products in experimental animals. The official minutes of this meeting conclude thus:—"A pleasant feature of the later minutes of the meeting was a friendly wordy battle between Pharmacologist and Bio-chemist. Some very telling thrusts were made by both. The latter, however, was tossing his rapier around in such fashion as to encounter the Physiologist, which brought Prof. Cruikshank into the melee. Dr. Muir extended the thanks of the Society to the two speakers for having given us a very profitable and entertaining evening."

December 10th, 1930.

This meeting was held at Grace Maternity Hospital, 28 members of the Society and eight students were present. The following, upon recommendation of the Executive were duly elected to membership:—Doctors J. W. MacIntosh, C. E. Drysdale, R. F. Ross, J. R. MacLean, (Col.) R. M. Gorrslin and M. Jacobson.

Dr. Maclellan addressed the meeting on the subject of stricter aseptic precautions in conducting obstetrical cases with special reference to the matter of the use of masks. He stressed the necessity for the universal observance of this on the ground that a very high percentage of doctors and nurses harbor Haemolytic Streptococcus in their noses and throats, and that the severe puerperal infections are due to organisms of this type.

Dr. P. A. MacDonald presented a series of case reports. (1) A normal delivery but the mother died in two weeks of tubercular meningitis. (2) Sudden death in a moderate toxemic case in which an induction was being done, without there having been any hemorrhage, convulsions, or any symptom to indicate its cause and with no evidence of distress. (3) Perfectly normal delivery, soon seized with severe epigastrium pain which morphia did not relieve; soon became pale, then extreme air hunger and fell back dead about three hours after delivery. Suggested diagnosis, Coronary Sinus Thrombosis.

Dr. Colwell reported a case of puerperal sepsis in which anti-streptococcic serum was given and in which a week later a serum rash appeared which subsided in 2-3 days. A week later there was an elevation of temperature and pain in the legs which subsided in two days. A week later a rash, like serum rash, and temperature and soreness in feet and legs. Now three months after confinement still has soreness in feet.

January 14, 1931.

Meeting at the Dalhousie Health Centre the President in the chair with 34 members present. Captain A. A. James was duly elected to membership. The guest speaker of the evening was Dr. Alister Calder of Glace Bay, who spoke on "Some Problems of a Subscription Practice." The system admitted of abuses as permitting subscribers to call a doctor under all conditions,—night or day—for matters trivial or great. The great amount of work resulted in some getting less care than their cases required, yet he showed that a great deal of surgery had been done, including a large number of Caesarean Sections. He emphasized the need in the Colliery districts of a pathologist and radiologist service jointly for their several hospitals. A number of doctors with colliery experience took part in the discussion. The President extended to Dr. Calder the cordial thanks of the meeting.

Dr. M. A. B. Smith then read a report of a paper read at Guy's Hospital by Dr. Hurst in reply, apparently, to one previously presented by Lord Moynihan. The address was one calculated, apparently,

to answer the very magnificent address given by Lord Moynihan and showed that, in spite of Lord Moynihan's statements as to the position of Surgery, he foresaw that in 50 years it would be relegated to its position of several hundred years ago. The points scored against surgery lost nothing at the hands of the reader, who seemed to have found some of the statements particularly unctuous.

A short witty speech was made by Dr. Hogan and a motion to adjourn closed the meeting.

(To be continued)

DALHOUSIE MEDICAL SOCIETY

Student's Medical Society Hold Annual Banquet.

For Medical Students to hold an Annual Banquet is not as easy a matter as one may think. Please recall the times you served on such a Committee, perhaps many years ago, and you will feel like congratulating every Committee assigned to this duty. But after all they are always successful for as soon as the tables are surrounded and the cocktail, whether fruit or oyster, is served, all stiffness disappears and there is sure to be a good time in the old town to-night. While milling back and forth in the lobby of the Halifax Hotel before the banquet on the evening of February 16, 1931, even the grey haired Editor of the BULLETIN was faulted for things he was supposed to have written, but before the banquet was over he was presented with a poetical effusion which appears in this issue of the BULLETIN.

While there was an entire absence of Dalhousie colors and no special decorations for the occasion, the newly decorated dining room of the Halifax Hotel made a pleasing appearance to all who had the privilege of being invited to attend this annual function. Then, when you took up the souvenir program and menu card, you were pleased with its neat simplicity and settled back in your seat, saying, "this was going to be a pleasant function"—and it was. This is what the card said:—

Toasts.

THE KING

THE MEDICAL PROFESSION

Proposed by MR. FRANK HEBB,

Response by HON. G. H. MURPHY, M.D.

DALHOUSIE MEDICAL SCHOOL

Proposed by MR. JOHN M. MCGOWAN,

Response by DR. H. B. ATLEE.

TO THE GRADUATES

Proposed by DR. S. R. JOHNSTON,

Response by MR. JOHN W. DENOON.

ADDRESS

DR. R. M. BENVIE, Stellarton.

Soloist: MR. ERIC FOUND.

GOD SAVE THE KING

Menu.

OYSTER COCKTAIL
SALTED ALMONDS CONSOMME ROYALE OLIVES
FRIED SOLE TARTAR SAUCE
ROAST CHICKEN BREAD SAUCE
GARDEN PEAS WAX BEANS CROQUETTE POTATOES
ENGLISH PLUM PUDDING HARD SAUCE
ICE CREAM DEMI TASSE

The oratory of the evening was started by Mr. Frank Hebb who proposed the Toast to the Profession. This he did briefly but his words bespoke modesty and sincerity. Perhaps this gave a key-note to the Banquet, for there seemed to be an earnestness of purpose behind even the jokes and stories of all the speakers. Naturally Dr. G. H. Murphy, Associate Professor of Surgery and now Minister of Health for Nova Scotia responded to this toast and spoke seriously of the relation of the profession to practice of medicine as it is to-day and will be to-morrow. It was not the time to recall the history of medicine, nor to rejoice in the services that many notable doctors may have rendered to humanity in by-gone days, but it was wise to note that the study of medicine took one into the philosophy of living more than any other profession. In the evolution of both the profession and its practice we must think in other terms than the curative alone. Indeed the demand of the people is such that the medical profession is up against the alternative of leading in the development of our greatest national resource, health for man, woman and child, or being led by those not specially trained in health science. We must lead our legislative bodies, else they may do what we will not like, for go ahead they will, for the people demand it. The medical profession must form the background of the picture of the future but must not be in the background. A good preparation for this obligation of leading for the recent graduate is active participation in Medical Society activities for which a careful write up of cases is very essential. Ensure your standing with your fellows and you and they will lead.

Mr. Jack MacGowan proposed the toast to Dalhousie Medical College and, in doing so, paid his tribute of respect to all members of the Faculty. Its personnel had always been, and is, such that it is pleasant to remember in life the traditions of Dalhousie and find therein an inspiration for one's life work. The applause which greeted Professor Atlee when he rose to reply was most typically enthusiastic, as was that also tendered to Dr. Johnston and Dr. Smith, quite in the usual medical student style. Dr. Atlee mentioned some of the things the College needed to make its training fully in accord with the requirements of the day. He mentioned that there was still evidence of an obsession that the science of medicine was curative rather than preventive. Perhaps the chief use of science teaching might be to develop some scientific method by which all the ground of a medical education might be covered practically and the method be characteristic of

subsequent practice. He deplored an apparent Inferiority Complex and an inclination to look to see what they are doing elsewhere. We are able to stand upon our own feet, why not stand?

As was to be expected Dr. S. R. Johnston gave some good advice to the graduating class when he proposed that toast. He emphasized the advice given to young practitioners many years ago by the late Dr. Cunningham that they should make every patient satisfied. This advice was illustrated by the incident of the young doctor looking over a practice that was offered for sale, observing how the older doctor dealt with his various patients. Every graduate must be assured that the staff of Dalhousie and all older practitioners wish them well, one and all, and expect to watch their future with pride.

In responding to this toast Mr. John Denoon, after giving the colored preacher's definition of *status quo*, noted some of the advantages of careful history taking even in the case of Scotchmen with broken legs. He was most emphatic in giving expression to the appreciation of the high standard of teaching at Dalhousie, as evidenced by the 100 per cent. successes of Dalhousie students before the Dominion Council. Every student realized it meant something to his advantage to be a graduate of Dalhousie.

A new feature of the function this year was the presence of a Doctor from outside the City of Halifax and not connected with the College. Dr. R. M. Benvie of Stellarton took advantage of this opportunity of congratulating Dr. Murphy upon his recent appointment in that it gave him liberty and scope to accomplish much for the good of this province. One gathered the impression that the only present drawback was that the new Minister did not have the same political faith as the speaker. Dr. Benvie's advice to the graduating class was to make time to take post-graduate work. It is very easy to think one cannot get away from his practice, or his patients, or that he cannot afford it. All these reasons are mistakes. It means also more than a brushing up of one's knowledge of medicine and surgery, there is the broadened outlook on life in general that regards the traveller. The trip can always be made if you will to do it. He then quite fully told of his own recent trip to the Old Country and what London has to offer the medical visitor. Dr. Benvie has also the faculty of describing some minutiae of operations that make them appear very simple. The President of the Society extended Dr. Benvie sincere thanks for his address.

The concluding speeches by Dr. S. L. Walker and Dr. R. P. Smith were most enthusiastically received, chiefly on account of their brevity.

We are still very much dissatisfied with the chorus singing at functions of this sort in Halifax on the whole and, if a cheer leader is needed at a foot-ball game, a chorus leader should coach the students and take charge of this part of the programme in future. That there is plenty of talent was shown by the very excellent solo by Mr. Eric Found and the piano leadership of Mr. Budd. The BULLETIN reporter

was delighted to be present at this annual function of the graduating class of 1931.

Those responsible for the banquet and other officers are as follows:—

President.....	Mr. Leonard Farmer.
Vice-President.....	Mr. E. F. Ross.
Secretary.....	Mr. Harry Hebb.
Treasurer.....	Mr. R. D. Baird.
Banquet Committee.....	Mr. C. G. McKinnon. Mr. Robert D. Baird.
Piano Accompanists.....	Mr. John A. Budd. Mr. Harry D. Hebb.
Chairman.....	The President.

A LITTLE LEARNING.

A young woman Physician in the medical department of an insurance company told this to A. B. C.

"A chiropractor had been attending my aunt, so out of curiosity I asked her what he was doing for her. She told me that he was doing a lot of fingering up around her neck, as he said her fallopian tubes were misplaced and unless he got them back in place she would have a shock."

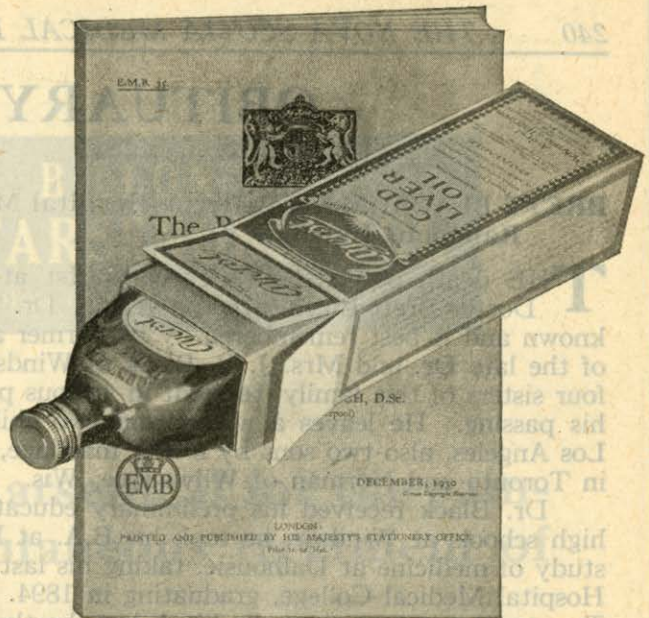
R-I-S-K !

TO-DAY, the lure of easy profits induces many to run the risk of financial disaster—to-morrow, the vision of wealth may be rudely shattered.

What will the future hold for you?
—a comfortable balance in the Bank
or vain regrets for hasty action.

You will like banking at the Royal

The Royal Bank of Canada



EMPIRE MARKETING BOARD REPORT JUSTIFIES METHOD OF MARKETING *Ayerst* COD LIVER OIL

★ This report just published (December, 1930) records an extensive investigation by J. C. Drummond (London) and T. P. Hilditch (Liverpool) of "The Relative Values of Cod Liver Oil from Various Sources." It affirms,

- 1 That Newfoundland Cod Liver Oil possesses the highest vitamin potency. (Ayerst Cod Liver Oil has always been obtained from Newfoundland sources exclusively).
- 2 That biologic and colorimetric tests are necessary in selecting oils for vitamin value. (Ayerst Cod Liver Oil has always been standardized by these methods).
- 3 That all Cod Liver Oil loses vitamin potency when exposed to the action of light. (Ayerst Cod Liver Oil has always been supplied in packages, specially designed to protect it from such deterioration).

Since 1924, when attention in this country was first directed to the remarkable variations in Vitamin A potency of Cod Liver Oil by J. Deas under the direction of Prof. V. E. Henderson, Department of Pharmacology, University of Toronto (C.M.A.J. October, 1924) and now verified by the Drummond-Hilditch report, the outstanding superiority of Newfoundland oil has been established. Ayerst, McKenna & Harrison, Limited, have selected their product, biologically, from Newfoundland sources alone and have consistently refrained from blending it with lower priced Cod Liver Oils from other sources.

Ayerst Cod Liver Oil is a Canadian product of distinctively good quality and merits specification by Canadian physicians.

It is also available as Activated Cod Liver Oil-10 D where higher dosages of Vitamin D are required

Ayerst, McKenna & Harrison
Limited

Pharmaceutical Chemists

MONTREAL

CANADA

OBITUARY

**BRETT BLACK, M.D., Bellevue Hospital Medical College, 1894,
Rangoon, Burma.**

THE death occurred on February 21st at Rangoon, Burma, of Doctor Brett Black, aged 58 years. Dr. "Bret", as he was best known and is best remembered by his former associates, was the son of the late Dr. and Mrs. J. B. Black of Windsor, three brothers and four sisters of this family, resident in various parts of Canada, mourn his passing. He leaves a widow and two children, now resident in Los Angeles, also two sons by a first marriage, Hugh Black, engineer in Toronto and Norman of Wilwaukee, Wis.

Dr. Black received his preliminary education at the public and high schools at Windsor, he took his B.A. at Mt. Allison, began the study of medicine at Dalhousie, taking his last two years at Bellevue Hospital Medical College, graduating in 1894. He began practice in Truro and was very generally liked, but shortly went back to Windsor and practiced with his father for several years. Then to the surprise of all he suddenly went to Burma and located in Rangoon where he had a large practice for over twenty years. Not only was he prominent in his profession but he was prominent in the social and civic affairs of his adopted domicile. On several occasions travellers in India from Canada met Dr. Black and received courtesies from him when in Rangoon.

The news of his passing from heart disease came as a distinct shock to those who recall his breezy manner and charming personality.

We regret to learn that Dr. C. B. Trites of Bridgewater was recently called to Petitcodiac, N. B. owing to the death of his sister.

In the passing on February 7th, 1931 of Mr. S. A. Thompson at his home in Halifax, beside his wife there survive three sons and six daughters, one of the daughters being Mrs. Hall, wife of Dr. E. B. Hall of Bridgetown, N. S.

At Lyons Brook, Pictou Co., on March 9th, 1931, within a few days of her eighty-fifth birthday, Mrs. MacDonald, widow of the late James Robert MacDonald, quietly passed from this to the life beyond. "Kind of heart, gentle of nature, full of old-fashioned lovely wisdom, old age was in her the crown of days." To Dr. H. K. MacDonald of Halifax, the medical profession would extend sincere sympathy in the passing of this loving gentle mother to whom he was so greatly attached. Mrs. Tanner, wife of Hon. C. E. Tanner, Senator, is a daughter of the deceased.

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Locals and Personals

POSTING. C. A. M. C. Gen. List—Major O. G. Donovan, V. D., to No. 6 Casualty Clearing Station, from Medical Officer, The Halifax Rifles, with effect from the 9th of September, 1930.

“A Song Writer of Unusual Talent” is how *The Passing Show* Magazine describes Miss Rene Kennedy of Montreal, a daughter of the late Dr. Evan Kennedy of New Glasgow. She has just published a new Canadian Hymn, while considerable publicity has been given to a poem entitled “Dawn at Lake Louise.”

In anticipation of the Golf Tournament in Truro, Dr. W. F. McKinnon of Antigonish has been elected President of the Antigonish Golf and Country Club for the current year.

The officers and men of the 36th Field Battery, Sydney Mines, held their annual smoker in their armouries in March last. The opening address was given by their popular Officer Commanding, Dr. Nat. MacDonald of Sydney Mines.

In the presence of Marshal Foch a Yankee took exception to French politeness, saying, “There’s nothing in it but wind.” The gallant Marshal retorted, “Neither is there anything but wind in a pneumatic tire, yet it eases the jolts along life’s highway wonderfully.”

Dr. L. W. Johnstone of Sydney Mines made several trips to Ottawa during the fall and winter. On the last occasion he was accompanied by his daughter, Miss Ethel, who, after a short visit in Montreal, joined him in Ottawa for the session.

Glance Bay physicians report the delivery of a mother by Cesarean section of a full term infant, the mother being but twelve years of age. We think the case should be reported to the Medical Society.

Among the physicians reported as quite seriously ill in recent weeks were Doctor Parker of Stellarton and McKeough of Sydney Mines. The latter was a patient in Harbor View Hospital and operated on for Appendicitis. Dr. Parker was invalided for several weeks.

At a meeting of the Queens County Historical Society in January a paper was presented which had been written by the late Dr. Farish, father of our G. W. T. Farish of Yarmouth. The paper consisted largely of reminiscences of Liverpool for the greater part of the nineteenth century.

Medical Visitors to New York

THE NEW YORK ACADEMY OF MEDICINE desires to extend a welcome to all members of the medical profession who may visit New York. It offers its facilities in the hope that they may be helpful in making the visitor's stay both pleasant and profitable.

BUREAU OF CLINICAL INFORMATION. The Committee on Medical Education maintains at the Academy a *Bureau of Clinical Information* where detailed information is available regarding opportunities for post-graduate medical study in Greater New York, and also in other cities of the United States, Canada and Europe. The Executive Secretary in charge of the Bureau is prepared to answer inquiries concerning special internships or residencies, post-graduate courses in medical schools and teaching hospitals, and opportunities to observe clinical practice in the teaching hospitals of the City. Information in regard to post-graduate medical work in England and on the Continent is being added to and kept up to date by publications and reports received from abroad through European correspondents, international agencies, fellowships and societies, and from interviews with American medical men who have recently returned from a period of foreign study.

The Committee has published a *Synopsis of Approved Opportunities Offered in New York City for Post-graduate Medical Study in the Clinical Specialties*. Copies of the synopsis may be obtained on application to the Bureau.

The operations to be performed each day in the clinics of fifty-eight hospitals are published in a *Daily Surgical Bulletin* issued the previous evening. A *Monthly Bulletin of Non-Operative Clinics and Conferences* held in forty hospitals also is published. Copies of these bulletins may be obtained at the Bureau, and will be mailed to visiting doctors on request.

Physicians are invited to make the Bureau their headquarters while in the city.

A booklet, describing opportunities for post-graduate medical study in hospitals of Greater New York, has been prepared particularly for the use of visitors whose stay in the city is limited.

The New York Academy of Medicine

2 East 103 Street

NEW YORK CITY

Doctors F. T. McLeod and A. W. Miller were two members of a delegation recently before the Provincial Government with reference to the proposed closing of No. 14 mine at New Waterford.

Dr. M. A. Curry on the occasion of his recent visit to his former home in Halifax paid a call recently on the General Secretary of the Medical Society of Nova Scotia. With Mrs. Curry he spent several weeks at the Lord Nelson Hotel which they found to be a great social centre and where they met many old friends. Until next September they will reside in Saint John and then go to Bournemouth, England for an extended visit with a daughter living there. He was interested to know that golf was to be one of the features of the July meeting of the Society in Truro. When we add *Bowling on the Green* he promises to be in attendance. He is looking exceedingly well and is no older than when he retired from practice a number of years ago.

Dr. T. H. Smith of North Sydney was quite ill for a time in February, but made a good recovery.

Fifty-five years a member of the Sons of Temperance, 46 years a Mason and 40 years an Odd Fellow is the long distance fraternal record of Dr. J. W. McLean of North Sydney. He was recently presented with the 40 year Veteran Jewel by the local I. O. O. F. Lodge.

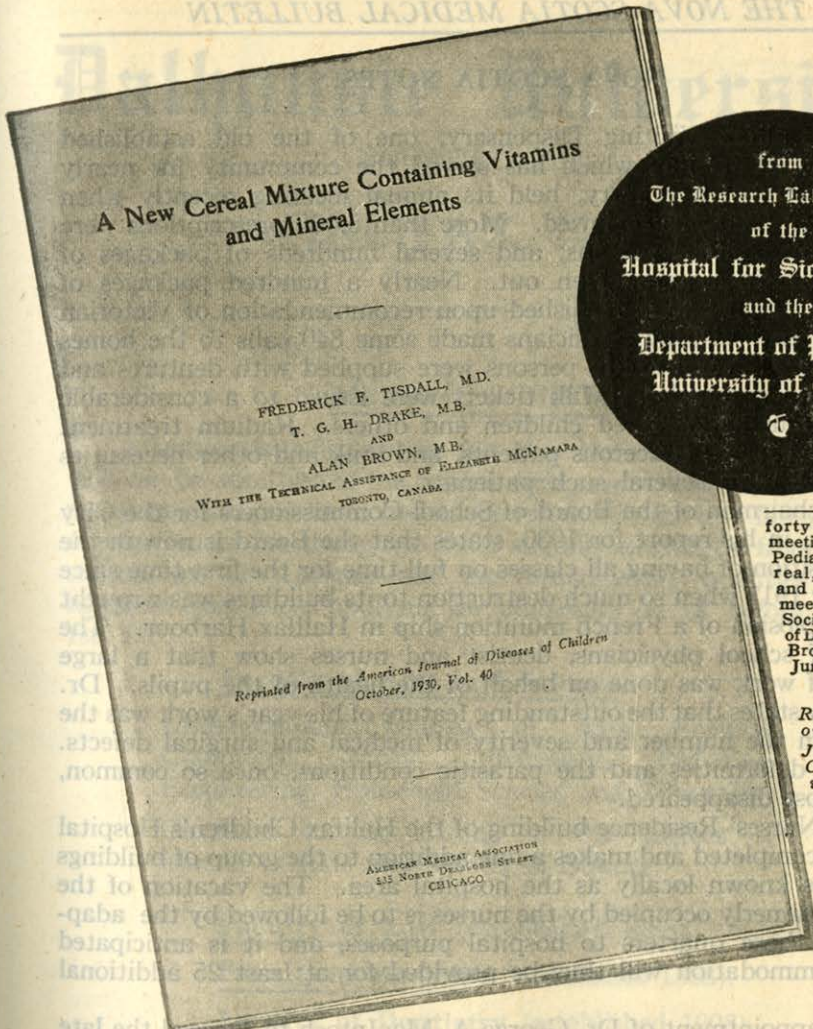
Dr. H. A. Fraser, a graduate in Arts at Dalhousie in 1925 and in Medicine in 1929, is now Chief Resident Intern in Surgery in the Charity Hospital, Cleveland, Ohio. He is a son of Rev. A. L. Fraser, now of Bathurst, N. B., but for a number of years a pastor of St. John's Church, Windsor St., Halifax. Rev. Mr. Fraser is recognized as an outstanding Canadian poet.

The fine residence of the late Dr. Thomas Flinn of Halifax, at the corner of Queen and Morris Streets has been secured by the Sisters of Charity of the Halifax Infirmary for a nurses home in connection with the new hospital now in course of construction nearby. The property has been thus disposed of in accordance with the will of the late Dr. Flinn.

The lowest infant mortality death rate in the world in 1929 is that of New Zealand, 34 deaths per 1,000 live births, beating their own previous highest record.

Dr. . . . going out to Onslow Mountain last fall found the last drop of oil had leaked from his car and he went to a nearby house and inquired for oil. "Any kind will do," he said, "castor oil if you have it." "I ain't got any castor oil, Mister," said the old lady regretfully, "But I can mix you up a dose of salts."

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TORONTO, CANADA

Reprinted from the American Journal of Diseases of Children
October, 1930, Vol. 40

AMERICAN MEDICAL ASSOCIATION
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CHICAGO

from
The Research Laboratories
of the
Hospital for Sick Children
and the
Department of Pediatrics
University of Toronto

Read before the
forty-second annual
meeting of the American
Pediatric Society, Mont-
real, June 18th, 1930,
and the eighth annual
meeting of the Canadian
Society for the Study
of Diseases of Children,
Brockville, Ontario,
June 20th, 1930.

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NOVA SCOTIA NOTES.*

The Halifax Visiting Dispensary, one of the old established institutions of Halifax which has served the community for nearly three-quarters of a century, held its annual meeting recently when its work for 1930 was reviewed. More than 5,000 prescriptions were filled for necessitous persons, and several hundreds of packages of surgical dressings were given out. Nearly a hundred packages of maternity supplies were furnished upon recommendation of Victorian Order nurses. Visiting physicians made some 840 calls to the homes of patients. Several needy persons were supplied with dentures and several with spectacles. Milk tickets were issued to a considerable number of undernourished children and others. Radium treatment was secured for 20 cancerous patients, and milk and other necessities were supplied to several such patients.

The chairman of the Board of School Commissioners for the City of Halifax, in his report for 1930, states that the Board is now in the happy position of having all classes on full time for the first time since December 1917 when so much destruction to its buildings was wrought by the explosion of a French munition ship in Halifax Harbour. The reports of school physicians, dentist and nurses show that a large amount of work was done on behalf of the health of the pupils. Dr. Woodbury states that the outstanding feature of his year's work was the decrease in the number and severity of medical and surgical defects. Crippling deformities and the parasitic conditions, once so common, have almost disappeared.

The Nurses' Residence building of the Halifax Children's Hospital has been completed and makes a fine addition to the group of buildings in what is known locally as the hospital area. The vacation of the quarters formerly occupied by the nurses is to be followed by the adaptation of those quarters to hospital purposes, and it is anticipated that accommodation will thus be provided for at least 25 additional beds.

The appointment of Dr. George A. MacIntosh to succeed the late Mr. W. W. Kenney as Superintendent of the Victoria General Hospital has met with universal commendation. Several years ago Dr. MacIntosh fell victim to a vicious infection which necessitated high amputation of his right arm. He was in consequence obliged to relinquish a very large practice, and accepted a position as medical officer of the hospital. He is thus already familiar with the affairs of the institution, has had much administrative experience, and has proved to be a courteous, painstaking and capable official. In assuming larger responsibilities he has the confidence and good wishes of a host of warm friends.

It is expected that an effort will be made during the present session of the provincial legislature to secure amendment of existing legislation in order that the government may be empowered to increase

*W. H. Hattie in C. M. A. Journal.

Dalhousie University

FOUNDED 1818.

HALIFAX, N. S.

MEDICAL SCHOOL

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

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

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

Faculty of Law (established 1883).

Faculty of Medicine (established 1868).

Faculty of Dentistry (established 1908).

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

RESIDENCES

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

For information and calendar apply to the Registrar.

the per diem grant now available to local hospitals. Articles have appeared in newspapers published in various parts of the province in which reasons are set forth for greater governmental consideration of local hospitals. For approximately half a century the provincial government has assumed responsibility for financing and managing the Victoria General Hospital, and during that time has added greatly to its capacity, equipment and general well being. The only aid given to local hospitals from the provincial treasury has been a small per diem allowance for each patient treated. Increasing costs in hospital maintenance make it increasingly difficult for local hospitals to carry on. As the number of local hospitals has increased, the proportion of non-Halifax residents admitted to the Victoria General Hospital has decreased, and it is urged that the present arrangement is discriminatory against other cities and towns in favour of Halifax. What is now the Victoria General Hospital was formerly the City and Provincial Hospital, maintained jointly by the city and province. When the province assumed full responsibility, the city ceded its interest in building and grounds to the province—with an understanding relative to maintenance costs of patients chargeable to the city. So there are complexities in the problem which may make it somewhat difficult of solution.

W. H. H.

Dr. N. B. Dreyer, of the Dalhousie Medical Staff and Mrs. Dreyer are now in residence at Bedford in Mr. A. R. Cobb's cottage.

Dr. G. B. Kennedy of Seabright was called to Halifax in February owing to the illness of his daughter who has been teaching school in Musquodoboit Harbor and was admitted to the Victoria General Hospital for operation for appendicitis.

The BULLETIN is in receipt of a paper from Dr. G. A. Winfield of the Cleveland Clinic, which we hope to publish in our next issue if possible. That recent graduates should write up their cases and prepare papers on them was the advice tendered by one of the speakers at the Banquet of the Dalhousie Medical Society recently. Dr. Winfield tells us that this was the advice his class received from Dr. Carney. The Doctor says—"Please keep my name on your mailing list. I enjoy the BULLETIN very much, as it is about the only way I have of keeping in touch with medical affairs in the Province I hope to return to before very long."

Here lieth the body of Martha Dias,
Always noisy, not very pious,
Who lived to the age of three score and ten,
And gave to worms what she refused to men.

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CANADA

Original Physician's Package and Literature on Request

Presumably many physicians ordered some preparations from the E. B. Shuttleworth Chemical Company by the Business Reply Card route while treating their cases of Influenza this winter. Did any one think to tell them that you read their advertisement in the BULLETIN each month? This would be a kindly act of benefit to all concerned.

Heard in Truro, March 11, 1931:—Tom said, when told that the average woman's clothing weighed only eight ounces, it was a shame they had to wear such heavy shoes, it's time we had a new shoe store in this town.

Dr. A. R. Cunningham of Halifax, tired of the winter weather about the last of February and took a month's trip to Bermuda and other West Indies points. It is a good thing to stop and rest or take a change; doctors need these changes oftener than any other professional men. Bon voyage.

Mr. W. R. Cox, son of the late Dr. Robinson Cox of Upper Stewiacke, recently called at the BULLETIN office and left with us the manuscript of many papers presented by his father before medical society meetings as far back as 30 odd years. We are advised that his medical library, with many books of the late Dr. Fred Cox, and instruments will be available for purchase in the very near future. The present graduating class of Dalhousie will have the first look over the collection.

The BULLETIN regrets to learn that Dr. J. A. Munro of Amherst, who has been seriously ill for some time, is still unable to continue his active professional duties and may not attempt to resume them in the near future. We hope he will continue to enjoy reading the BULLETIN, although temporarily free of the work and worry of active practice.

Dr. W. R. Dunbar of Truro after a rather extended and busy stay in the Victoria General Hospital for a number of weeks is now, we are pleased to learn, getting back to good health and is resuming his professional duties.

Dr. A. C. Fales, formerly of Middleton, now residing in Wolfville and wholly retired from medical practice, still retains his interest in everything relating to the game and fish resources of this province. He took a prominent part in the recent meeting of the Nova Scotia Fish and Game Association held at Wolfville.

Dr. D. A. McLeod of Sydney was a visitor in February at the N. S. Sanatorium, where, we regret to learn, his sister, Miss Annie McLeod, is still a patient.

To the Medical Profession in Nova Scotia

Now is the time young men about to graduate from their medical college or who are about completing their Hospital Internship are looking about for places to locate. We know of several places where doctors are wanted and we will be glad to assist you in locating.

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