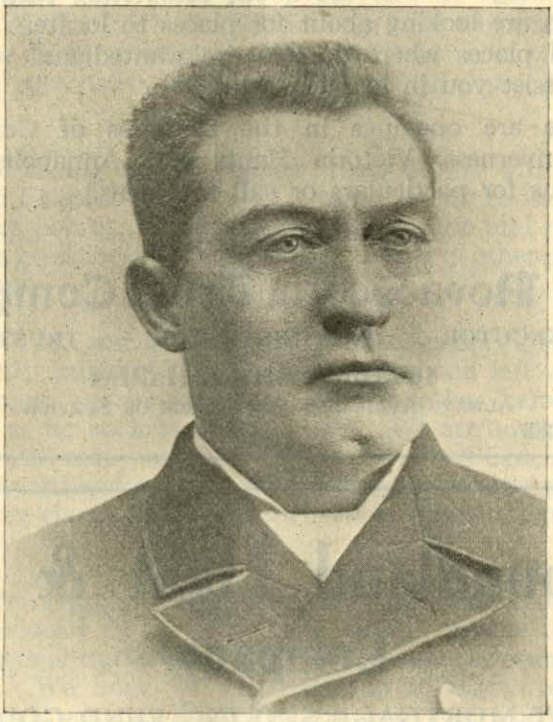

DR. A. M. PERRIN, Yarmouth, N. S.
Died April 1, 1931, aged 82 years.
(From a photo taken in middle life.)

Myasthenia Gravis

With two case reports.

G. A. WINFIELD, M. D., Cleveland.

MYASTHENIA Gravis has been defined as "a chronic disease appearing after puberty and characterised by a variable paralysis, usually symetrical, of the voluntary muscles; increased by exercise and disappearing shortly after rest. The muscles most commonly affected are the external ocular muscles, those muscles innervated by the bulb, and the cervical muscles. There may succeed later a permanent paralysis associated with some degree of atrophy."

Historical.

The disease was first described by Wilkes in 1877, and again by Erb in 1878, who described three cases in which the chief symptom was ptosis, and paresis of the muscles of mastication. Following this no observations of note are found in the literature until 1887, when Oppenheim published a report of a case in which he emphasized the absence of muscular atrophy. In 1891 Goldflam found that the muscular disturbances were due to actual fatigue in the muscles, and not to paralysis. In 1884 Jolly pointed out the liability of all voluntary muscle to fatigue and described the so-called "myasthenic reaction" which bears his name. Other investigators were Campbell and Bramwell, Weigert and Buzzard, who published a monograph on the subject in 1905, and Markeloff, who, in 1912 noted that fatigue might also be found in smooth muscle, heart, sensory nerves and sense organs.

Etiology.

The disease is rare. No cause has as yet been found for it. It usually occurs between the ages of 20 and 50, but cases have been reported as early as two and a half (Goldflam) and as late as 69 (Keschner and Strauss). It is not familial or hereditary, and occurs in females more often than males. Acute infectious diseases are said to be an exciting cause, as are also intestinal disturbances, chills and prolonged fatigue, but there is no evidence to show that these are direct causal factors. Pregnancy often influences the disease favorably, but termination and lactation are often associated with exacerbations. It is usually worse at the menses.

Symptoms.

The disease is characterised by an incapacity of the voluntary motor system for sustained effort. The onset is usually insidious, but may be acute. It commonly follows some infection. Aching in the back, chest and limbs may occur at the onset. It begins with a sensation of general weakness. In the majority of cases this begins in the ocular muscles, and ptosis is usually the first symptom. The process then extends to the muscles of speech, chewing, swallowing, and finally to the accessory muscles of respiration, the trunk, arms and legs.

In speaking, the voice, at first clear, becomes hoarse and gradually diminishes to complete aphonia. If asked to repeat a passage the patient will start out normally, then speech becomes slower and slower, finally ceasing, and the patient is unable to speak without rest.

Weakness of the muscles of chewing and swallowing make eating a difficult matter, and the patient often complains that he is too tired to finish his meal. In the later stages fluids may be regurgitated through the nose, due to weakness of the palate and phrayngeal muscles. Death from choking is not uncommon.

Dyspnoea is another distressing symptom, and usually occurs in paroxysms, coming on at first after exertion or excitement, and in the later stages spontaneously. This is the most common cause of death.

Involvement of the muscles of the neck cause the head to fall forward, so that the patient may support it in his hands. In other cases the head is held flexed backward to overcome the ptosis and obtain a wider field of vison.

The muscles of the trunk and limbs become later involved. The patient first notes that he cannot walk upstairs, sit up unaided, and may even fall in getting out of bed.

The cardinal symptom is the myasthenia. It is a peculiar tiring of the muscles on exertion, with a rapid recovery after rest. Thus the patient may feel well in the morning after a night's rest, only to tire quickly on rising. The muscles not only tire, but become weaker, this weakness persisting after rest. In some of our cases the patient was unable to rise up in bed unaided. They became fatigued easily on talking, but recovered rapidly after rest.

Physical Findings.

Physical examination is, as a rule, normal. A few cases show some degree of muscular atrophy, usually those of long standing. This may well be an atrophy of disuse. The reflexes are not much affected. Tendon reflexes are generally normal but may be diminished. The superfical reflexes are unaffected.

Sensory changes are not present sufficiently often to justify their being included in the symptomatology, though occasionally there are slight areas of numbness and tingling. Jolly's reaction, viz. the

tiring of the muscle after Faradic stimulation, but not after Galvanism, is present in most cases but is not pathognomonic.

The laboratory findings are essentially normal. A few cases have been reported in which there were large amounts of lactic acid in the urine and blood.

Pathology.

Definite and characteristic lesions have not been found. The central nervous system is normal, the cells showing those changes found in fatigue. In muscle there may be slight degenerative changes, the sarcolemma and nucleii may be proliferated and the fibres show hyaline and granular degeneration.

The only constant lesion, found in the muscles, is the appearance of "lymphorrhages" first described by Sossedorf, who considered them evidence of inflammatory or degenerative processes in the muscle, and later named by Buzzard. These are small foci of mononuclear cells, found in clumps scattered throughout the muscle, between healthy fibres, and usually close to a capillary vessel. They have also been found at autopsy in the liver, pancreas, kidneys, myocardium and in the glands of internal secretion. These have never been reported in any other disease except one case of amyotrophic lateral sclerosis (Buzzard).

Some form of thymic involvement is found in 50% of cases, either tumour (Bell) or simply hypertrophy with or without degenerative changes. The symptoms suggest the presence of some metabolic poison.

Diagnosis.

The diagnosis does not present any difficulty in a typical case. It may be made on the following points:

1. The early appearance of weakness, usually in the eye muscles and those of swallowing.
2. The absence of muscular atrophy.
3. General weakness on exertion followed by quick recovery on rest.
4. The myasthenic reaction of Jolly.
5. The presence of lymphorrhages in the muscles on biopsy.

The condition must be differentiated from neurasthenia, hysteria, polyneuritis, bulbar paralysis, the muscular atrophies and dystrophies, brain tumours, and syphilis.

Prognosis.

The prognisis is extremely grave. Complete recovery, though not impossible, is very rare. The disease early in its course is characterised by marked remissions, during which the patient may be entirely well. These may last weeks, months or even years. Exacerbations may occur at any time, from exertion, excitement, or spontaneously, and are often fatal. Death most commonly occurs from respiratory failure or choking.

Treatment.

Absolute rest, mental and physical, is the first essential. The patient should be at rest in bed in a well ventilated room. Feeding may present a problem, and depends on the stage of the disease. The patient should be made to eat slowly with frequent rest periods. Fliud diet, spoon feeding, or even rectal feedings may be necessary in the more advanced cases. All forms of exercise, even straining at stool, massage, etc., are contraindicated. Narcotics are dangerous.

Drugs are disappointing. Tonics are used, and in spite of the apparent contradiction, case after case is reported as having improved on strychnine. Carbohydrates, calcium, and various glandular extracts have been tried without much success. Recently a case was reported as being markedly improved on small doses of ephedrine (J. A. M. A. Apr. 1930). We have used this drug in one case with considerable success, though it is too soon to draw definite conclusions. This, together with the recent work of Koehler of Chicago on the adrenals seems to point to these glands as being concerned in the etiology of the disease. A substance is now being prepared from the adrenal cortex by Koehler and others, which may prove of value in the treatment of this disease.

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CASE REPORTS.

Case 1.

Mrs. F. (234250) Age 29, Sept., 1930.

Complaints. Loss of control of throat. General weakness.

Four years ago the patient had a severe fever, diagnosed as flu, which laid her up about a month. Recovery was uneventful and the patient remained well until the onset of the present illness.

This began about a year and a half ago. While driving in a car the patient noted that after laughing her upper lip remained elevated. This persisted for some time, associated with some numbness of the lip. Speech next became affected, the patient tiring easily on talking. She could speak 10-20 words clearly and then became tired and unable to speak further. Her tongue felt thick and larger than normal. Gradually the condition spread to the throat and the patient had great difficulty in swallowing food. She states that her face was drawn down and to the right. She became so that she could not chew or swallow food.

During the past summer she improved and was almost entirely well. Then she had a relapse and for the past two weeks has been much worse. She is worse during her menses, when having a cold, or while excited.

Physical examination reveals a well nourished well developed woman, who is unable to speak clearly, supporting her lower jaw with her hand to aid her. There is some dribbling of saliva from the mouth. She is unable to swallow. The lower jaw is dropped and there is marked weakness of the facial muscles. There is a bilateral ptosis. The chest, abdomen, heart and ginito-urinary system are normal. Neurological examinations show a bilateral lid lag, with weakness in the arms and legs. There is no muscular atrophy. The reflexes are normal. Blood counts and chemistry normal. Blood Wassermann and Kahn negative. Spinal puncture shows the fluid pressure to be normal and examination of the fluid is normal.

After a night's rest in bed the patient was much improved, and this improvement continued during her stay in hospital. She was easily fatigued on exertion.

Case 2. Mrs. John K. (235138) Age 33, Jan., 1931.

The patient dates her complaint back five years, following a cold, which confined her to bed for a month, but which was not severe. Following this she noted a gradual weakness beginning in the face, and accompanied by a pins and needles sensation. This gradually spread over the whole body until at the present time she is barely able to walk. She has difficulty in keeping her eyes open, tires easily on writing, and on eating food. She has had some transient diplopia. She has no pain, has a good appetite and sleeps well. The weakness has been progressive. The patient feels better in the mornings.

Physical examination reveals a well nourished woman with a rather sleepy appearance, who speaks very slowly and presents the appearance of extreme fatigue. There is a marked bilateral lid lag. The patient is unable to sit up on the table without assistance. There is no demonstrable atrophy of the muscles. General physical examination is essentially normal. Neurological examination is also negative save for some involvement of the third nerve. Blood Wass. and Kahn negative. Glucose tolerance test normal. B. M. R. plus 7.

This patient was put on ephedrine, grs 3¼ t. i. d. and showed definite improvement. She remained in hospital about a week, and was discharged, to continue at absolute rest, and to continue the ephedrine. She was seen about ten days later and was still improving, though the ephedrine had caused some palpitation, which frightened her.

There are records in the files of four other cases, one a male age 22, who has been in bed from the time of the diagnosis two years ago. He has been on strychnine, and is now able to be up part of the day. Another is a male age 57 who died after an illness of four years, during which time he had frequent remissions; one girl age 18 of whom there is no further record, and a male age 70 who had his complaint 13 years prior to admission, and who is still alive and able to be about to a limited extent.

On Apothecaries, Including Louis Hebert*

DR. W. H. HATTIE, Halifax.

ON the second of August last, at Annapolis Royal, a tablet in memory of Canada's first apothecary—Louis Hebert—was unveiled in the presence of a large representation of the Canadian Pharmaceutical Association. The tablet was erected by the Nova Scotia Pharmaceutical Society, while the ceremony was preliminary to the annual meeting of the national association which was later held at Halifax. This is not the first Canadian memorial to Hebert in Canada, but it is the first to be erected at the scene of his earliest activities on what is now Canadian soil. Inasmuch as Hebert, in common with other apothecaries of his time, engaged in the practice of medicine, the ceremony of August second has interested many physicians and has suggested a short article on apothecaries in general with some particular reference to the first of the craft to be identified with Canada.

While some writers attribute the development of the art of pharmacy to the Arabians, it cannot be doubted that the preparation and compounding of drugs may be traced back to a very remote period. Certainly the Egyptians possessed at least a crude skill in this respect. It is not known when the earliest attempts were made to relieve the physicians of the duty of gathering and preparing such things as were believed to have medicinal value. About the time of Hippocrates there were merchants who kept drugs for sale, while persons of lower social rank gathered roots and herbs. Some physicians, Galen included, were so doubtful of the genuineness of the wares of these gentry that they depended only on what they collected themselves. Many of those who were engaged in the drug business were ill-reputed, and were suspected of being ready to indulge in any doubtful enterprise for which they might be retained. Such distrust of drug vendors persisted for long, although in the days of the Byzantine Empire a class of men arose who had the confidence of the physicians, and who devoted themselves to preparing their prescriptions.

Seemingly the introduction of what might really be called pharmacies is to be credited to the Arabians, and it is said that the first public pharmacy was erected at Bagdad in the eighth century. Some state control was now instituted, and definite advance was made in pharmaceutical science.

The ordinance of Frederick II, promulgated in 1224, which set down the conditions under which medicine might be practised in the Sicilies, contained a section dealing with apothecaries and prescribed

*Also published in C. M. A. Journal, January, 1931.

conditions under which they must carry on their work. In France, at least as early as the thirteenth century there was seemingly some provision relative to the education of apothecaries, and they subscribed, on oath, "to honour, esteem, and serve, not only the doctors of medicine who instructed them in the knowledge of the prescriptions of pharmacy, but also the teachers and master-apothecaries." At that time, the French apothecaries were under the oversight of the physicians, but were allowed to treat illnesses, and in the same century they were formed into a guild, the masters of which later became entitled to wear long black gowns with wide sleeves and velvet facings. About the middle of the fourteenth century the Paris faculty made representation that the apothecaries were going too far—*inter alia*, "that these people alter remedies against all reason and all the rules of art, and supply and administer very strong purgatives, and badly acting clysters, concerning the use of which they are not sufficiently informed." Similar complaints in other countries indicate that friction was already developing, and that the apothecaries were looking forward to emancipation not only from the grocers, with whom they were originally associated, but also from the physicians. Ordinances were promulgated in various countries which aimed at their control, but these had effect only upon the better type of apothecaries who were seemingly in the minority. By the time that Hebert appears on the scene there was much bitterness, and the apothecaries generally were regarded with disfavour by physicians and laymen alike, although there were doubtless among them many men of fine character who would naturally wish for a better understanding with the physicians and a more desirable relationship to them.

Perhaps the wish of the apothecaries to better their position was justified on grounds other than natural and reasonable ambition. It would appear that the physicians did not always treat them considerately and really forced the more spirited of them into rebellion. We can follow the situation in England more readily than in other countries, and it may be worth while to devote some attention to what is recorded of it in the mother country.

William Bulleyn, a relative of Anne Boleyn (made famous by Henry VIII), was a physician of note—one of the most sagacious and interesting of his time. He died in 1576, so we can attribute to an earlier date his famous rules, twenty-one in number, of which we quote only:

THE APOTICARYE

1. Must fyrst serve God, forsee the end, be clenly, pity the poor.
2. Must not be suborned for money to hurt mankynde.
13. That he neither buy nor sel rotten drugges.
15. That he put not in quid pro quo without advysement.
17. That he meddle only in his own vocation.
19. That he do remember his office is only to be ye physician's cooke.
20. That he use true measure and waight.

Whatever his intent may have been, it is not likely that the apothecaries would take kindly to all that Bulleyn stipulated. Nor

can we suppose that they were greatly mollified by such usage as was accorded them by Winston (1575-1655), lecturer in anatomy at Cresham College, who was applauded by Hamey for treating his apothecary as a master might a slave. Winston knew apothecaries, Jeaffreson tells us, "in the day of their humility—before prosperity had encouraged them to compete with their professional superiors." Now, however, the day of their humility was about to pass, and it was not to be for long that men could write as Chaucer had done of his "Doctour":

> "Ful redy hadde he hise apothecaries
> To sende him drogges and his letuaries,
> For ech of hem made oother for to wynne."

Step by step the apothecaries made progress towards a better status, and every step was contested by the physicians. Many in their ranks were of lowly birth, many were poorly educated, not a few were grossly dishonest, some were immoral—all of which could perhaps also be said of some of their medical contemporaries. They were further handicapped by unpopularity with the laity, for all apothecaries were suspected of making inordinate charges for their wares and drug-lovers are at one with their fellows generally in their objection to high prices. Colour was given to the suspicion by abounding evidences of apothecarial prosperity, which contrasted with the relative impecuniosity of the greater number of physicians. So for a time the doctors had at least the satisfaction of being in the greater popular favour, and while they envied the apothecaries their riches, they endeavoured to be philosophical. Presently, however, they were forced to realize that those who had been their adjutants were becoming their competitors. The apothecaries were prescribing and later they were diagnosing, and later making other inroads upon the physicians' domain. This, as we have seen, was not in England alone, but was rather general in European countries. In Germany, insult was added to injury when the elaborate shop fronts of apothecaries came to be adorned with stone figures of the great physicians of the past.

Naturally there was resentment, and doubtless this was whetted by jealousy, and the behaviour of the physicians was not that which might be expected to prevent a breach from forming and widening. In spite of opposition the apothecaries continued to gain ground. Presently they had the satisfaction of securing legal recognition. In 1606 James I "willed, ordained, and granted that all and singular the Freemen of the Mystery of Grocers and Apothecaries of the City of London....should and might be....one body corporate politique, in deed, fact, and name, by the name of Warden and Commonalty of the Mystery of Grocers of the City of London." Eleven years afterwards, on the recommendation of Mayerne and Henry Atkins, physicians to King James, the apothecaries were dissociated from the grocers, and were separately founded as the Company of Apothe-

caries, but under certain control by the College of Physicians. It was not long before the apothecaries became restive under this control, and, as they prospered, they became resistent. The more daring ventured to prescribe without previous consultation with a physician and to otherwise encroach upon the physician's preserve. Such independence could not be brooked by the "senior arm," and bickering quickly developed into open quarrel. The physicians were not united; the more affluent, as a rule, stood firm against such an invasion of professional rights while those who needed fees courted the apothecaries who would consult with them. The quarrel became more and more bitter, and in time both sides issued circulars and pamphlets, some of which were highly discreditable.

The "Dispensarian Campaign" was not, as might be suspected from the name, a religious movement; it was a part of an unseemly squabble between the physicians and the apothecaries which brought no honour to either party. The laity took sides, and, in the hope of gaining favour with the public, it was decided at a meeting of the College of Physicians (1687) that "all members of the College, whether Fellows, Candidates, or Licentiates, should give their advice gratis to all their sick neighbouring poor, when desired, within the city of London, or seven miles round." But the sick neighbouring poor could not afford to have their prescriptions filled by the apothecaries. The physicians declared that the prices demanded were extortionate. The apothecaries countered with a proposal to supply medicines at rates pronounced reasonable by a committee of the physicians. The physicians seemingly did not consider such an arrangement satisfactory, and a committee of the College suggested that "the College should furnish the medicine of the poor, and perfect alone that charity which the apothecaries refused to concur in." It is not clear that the apothecaries were really in the wrong, but the version of the College is that "after divers methods ineffectually tried, and much time wasted in endeavouring to bring the apothecaries to terms of reason in relation to the poor, an instrument was subscribed by divers charitably disposed members of the College, now in number about fifty, wherein they obliged themselves to pay ten pounds apiece towards the preparing and delivering medicines at their intrinsic value." Thus there came to be established (1696) the first dispensary in the College of Physicians, Warwick Lane, where the poor were supplied with medicines at the actual cost price. And thus originated a system which has ever since caused anxiety to many members of the profession.

Of course, the apothecaries were furious, and did all that was possible to cast doubt upon the altruism that had been assumed by the College. Moreover, many members of the College were unfavourable to the plan, and the profession was divided into two camps, the dispensarians and the anti-dispensarians. The apothecaries held together and agreed to recommend no patients to dispensarians for consultation, and the anti-dispensarians refused to consult with the

dispensarians. There was a vast amount of recrimination. Scribblers on either side poured out inuendo, abuse and even scurrulism. Those who were gifted at rhyme made full use of that gift. Conspicuous for decency in this avalanche of writing, although it heaps ridicule on the apothecaries and anti-dispensarians, is Garth's poem, "The Dispensary." Garth may almost be considered one of the remarkable group of literary physicians of the seventeenth and eighteenth centuries, a group which included Akenside, Goldsmith, Crabbe, Walcot and Blackmore, and he was consistently a dispensarian. His poem was the most meritorious of the many writings—books, pamphlets, broad-sheets—that were circulated in this undignified campaign. Such titles as "Physick lies a-bleeding: The Apothecary turned Doctor" and "The Dispensarians are the Patriots of Britain" give an idea of the bitterness that existed. Arbuthnot, in his "Essay on an Apothecary," thought it a pity that, in order to prevent the country from being overrun with apothecaries, it was not permissible to anatomize them for the improvement of natural knowledge. The apothecaries returned Rolands for Olivers, and were equally as vigorous in their satire and abuse as were the physicians.

In the end the advantage was with the apothecaries. Their right to prescribe was contested by the College, taken to the courts, and finally (1703) to the House of Lords—where the decision was in their favour. The College still claimed the right to inspect the wares of the apothecaries and to seize such as were adjudged unfit to be dispensed. Arbuthnot, with two associates, seized some wares of a Mr. Goodwin, in 1727, whereupon Goodwin brought legal action and recovered substantial damages. This, seemingly, decided the physicians against further interference. The tumult and the shouting died, and within a comparatively few years there were apothecaries who did no dispensing but carried on a general medical practice, free from either fear or favour.

It was, then, to such a body that Louis Hebert belonged, and at a time when apothecaries generally were regarded with little favour. Hebert's father had carried on the business of an apothecary in Paris, and the business had passed on from father to son. From what we can learn of the character of Louis Hebert we may surmise that the conditions under which this business had to be conducted were not to his liking, and may have been a factor in determining his migration to Canada. Port Royal had been settled in 1605, and in the following year he accompanied Poutrincourt on his return to the ltttle colony after a short visit to France. With him came the surgeon apothecary, Daniel Hay, commonly regarded as the first to engage in medical practice in Canada—although the writer has contended that a medical man of some sort was attached to Demonts' party which spent the winter of 1604-5 at St. Croix. In so small a colony of hardy adventurers Hebert could not have expected to make a fortune out of his profession even if he had had no competition. If our record of his medical work at Port Royal is complete, it would not appear that

it kept him excessively busy. When Pontgrave's son shot his own hand in the excitement of a surprise attack by Indians, Hebert dressed the wound. Five years later he attended the Sagamo Membertou in his last illness. No other cases are reported. Between times he had spent about three years in France—quite long enough to permit careful deliberation over professional prospects at Port Royal before he decided to return there. From this we may assume that he had other enthusiams than for the business of apothecary. L'Escarbot says of him: "Our apothecary, Master Louis Hebert, a man who, besides his experience in his art, taketh great delight in the tilling of the ground." At Port Royal he was known as the herb gatherer, and his zeal for gardening so infected others that he is known as Canada's first agriculturist. That he was a man of parts and refinement is indicated by his admission to the famous Ordre de Bon Temps and his intimacy with Poutrincourt, Champlain, L'Escarbot, and the other choice spirits of the colony, by the influence he wielded, and by the confidence shown in him; he was once entrusted with the responsibility of administering the affairs of the colony. All of this justifies the belief that he belonged to the better class of the apothecaries, but that he was more concerned with other interests.

In 1613 Port Royal was taken by the English, and Hebert went back to France and resumed business as an apothecary. Four years later Champlain persuaded him, with his family, to accompany him to Quebec, where he spent the remainder of his life. There he devoted himself to agriculture and other community interests, in recognition of which he was styled the Patriarch of New France. Dionne states that he was "granted the fief of the Sault au Matelol and the fief Lepinay." After nearly ten years of service to the community he sustained injuries in a fall which resulted fatally early in 1627.

After his death his widow and children continued to cultivate his garden, and we read that in the stressful winter preceding the capitulation to Kirke, the garden was ransacked of every root and seed that could afford nourishment. On surrendering to Kirke, Champlain asked the English Commander to protect, among other things, "the houses of the widow of Louis Hebert, and of her son-in-law Guillaume Couillard." Kirke went farther and invited Madame Hebert and her family to remain at Quebec and enjoy the fruits of their industry under British allegiance. The invitation was accepted, but within a few years Quebec was restored to France and the Heberts again came under French sovereignty.

In 1710 the English took Port Royal for the sixth time and renamed it Annapolis Royal. At this historic place, the scene of twenty-six military encounters of greater or lesser moment, a tablet to Hebert's memory has now been placed—by Bluenose members of the craft to which he belonged, at a ceremony attended by members of the craft from all parts of Canada. The fittingness of this arrangement compensates to some extent for the tardiness of the recognition of the merits of so worthy a pioneer.

Honor to Whom Honor is Due

THE BULLETIN from time to time has expressed the opinion that it would be better to speak kindly of those giving good service to the community, in their own special sphere of activity, while they are still with us, for they "cannot read their tombstones when they're dead." To speak well of the living is good medicine for both the speaker and his subject. The man who cultivates this habit puts self behind him, is freed from jealousy and narrow-mindedness, and experiences the soul glow that comes from giving rather than receiving. There is the recipient who is also blessed by the spoken recognition. He feels better and, if he is a real man, he doesn't get any swelling of the head as a result. On the other hand he almost invariably gets renewed inspiration for still further and better service. It is a difficult matter to feel content, when the time comes to cease work and enter into rest, without any external evidence that what you were attempting to do had actually borne fruit. There is the inner consciousness of honest effort that should bring content, but as old age comes apace and the lights become dim, it is gratifying to see the beacon light set up in honor of a life's work.

The BULLETIN has, furthermore from time to time, published the tributes that have been paid to the living as well as to those who have passed to their reward. From our records of by-gone days we have also noted the tributes that our predecessors paid to those who strove mightily and worthily in the burden and heat of earlier days. The expression of their appreciation should remind us that horoes and honest workers are not all of an age that is gone, but are with us to-day. Perchance its relation may be an inspiration to someone to-day to so order his life as to qualify for a similar tribute from his confreres.

This is introductory to publishing something that was said in 1902, by a member of the profession who very recently passed away, 29 years later, of one of the most active members the Medical Society of Nova Scotia ever had. In going over some Mss. of the late Dr. Robinson Cox the writer came across an Address to the Colchester Medical Society delivered May 20th, 1902. Perusal of the pages of this Mss. gave rise to the thought so briefly and inadequately expressed above. Perhaps its perusal may have a similar effect upon some reader of these pages. Dr. Cox was speaking of the late Dr. W. S. Muir of Truro, father of Dr. W. L. Muir of Halifax. He said:

"Before presenting my prepared paper I feel, and I presume you will expect, that I should make some reference to a matter which is doubtless uppermost in all our minds as we meet to-day in the Annual Session of our Society; viz., the much lamented death of our ex-President, Dr. W. S. Muir, the loss of whose genial presence is so plainly felt by all; one to whom this Society is more deeply indebted for its

existence and prosperity in the past than to any man living to-day. As we meet to-day our circumstances remind us of a family reunion which takes place under the shadow of some great bereavement, and as we look into each other's faces and grasp each other's hands in friendly fellowship we instinctively "Sigh for the touch of the vanished hand and the sound of the voice that is still." So much has been said and written in appreciation of the worth of Dr. Muir and of the irreparable loss sustained by his death in all walks of life, that little more need be said by me. Seldom, if ever, in the history of our Province has the death of an individual occurred that has occasioned such a universal and spontaneous outburst of sympathy, such genuine expressions of sorrow and the deep felt sense of the great loss sustained by all by the death of him whom we mourn to-day.

"Dr. Muir, along with the late Dr. Page, was largely instrumental in bringing this society into existence in 1883; and during the years of its active working was its efficient and painstaking Secretary. At its reorganization in 1900 he was elected President, and I need not tell you how earnestly he worked for its prosperity. He was anxious that this Society should prosper because he felt that it would be a benefit to the medical men of this and the adjoining counties, and any measure or any movement that tended to the elevation and betterment of the standing of the members of the medical profession, both as regards their intercourse with the public and with each other, found in him an earnest advocate. How earnestly and sincerely he worked on all occasions that medical men should not only have high and noble ideals of their profession, but that they should live up to these ideals. And what a splendid example for this end has he left us by his life and labors during the last 24 years. It will be well for us all if we write the lessons of his exmple in indelible characters on the tablets of enduring memory, that we may learn to imitate them. No Society of medical men will meet in this Province, or in the Maritime Provinces, for years to come, and not feel that his death has created a great blank in their ranks that it is difficult to fill. All will miss his genial, helpful presence and his wise counsel, but none will feel the loss more keenly than we of the Colchester Medical Society. We, too, will miss him but not soon forget him. As the soft twilight lingers with us long after the sun, the source of light, has sunk to rest, so will the memory of Dr. Will linger with us for years to come. This thought has been well expressed in the following lines:

His memory long shall live alone
In all our hearts, as mournful light
That broods above the fallen sun
And lingers there for half the night.

"I bring this tribute and lay it as a garland on the new made grave of him who was to me a highly valued personal friend, not only in our student days, but all through the years of his professional life."

S. L. W.

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

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

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

VOL. X MAY 1931 NO. 5

OUR ANNUAL MEETING

PROPOSED PROGRAMME.

The Medical Society of Nova Scotia, 78th Annual Meeting Truro, N. S., July 7th, 8th and 9th, 1931.

Tuesday, July 7, 1931.

10.30 A. M. Health Officers' Association.
2.30 P. M. Health Officers' Association.
3.30 P. M. Address: "Maternal Mortality", Dr. W. B. Hendry, Professor of Obstetrics and Gynaecology, Toronto University.
4.30 P. M. Meeting of Executive, Medical Society of Nova Scotia.
7.00 P. M. Executive Dinner and Continued Business.
8.00 P. M. Public Health Meeting. President of Health Officers' Association in the Chair. Addresses by Hon. G. H. Murphy, Minister of Health; Dr. W. B. Hendry, Toronto; and others.

Wednesday, July 8, 1931.

9.30 A. M. Registration.
10.00 A. M. Opening of Session; Preliminary Report of Executive; Routine Business.
10.30 A. M. Address in Medicine, Dr. George S. Young, Professor of Medicine, Toronto University. (Subject to be announced).
11.30 A. M. Address in Obstetrics, Dr. W. B. Hendry, Professor of Obstetrics and Gynaecology, Toronto University. (Subject to be announced).
12.30 P. M. Announcements and Adjournment.
2.30 P. M. Routine Business and Address by Dr. T. C. Routley, General Secretary of the Canadian Medical Association, Toronto.
3.30 P. M. Adjournment.

4.00 to 6.00 P. M. Reception at Provincial Training School. Address by Dr. E. P. Bryson, Provincial Psychiatrist.
4.30 to 5.30 P. M. Reception at Maritime Home for Girls. Hostesses, the Matron, Miss Strothard, and Dr. M. J. Whittier, Resident Physician.
7.30 P. M. Banquet at Scotia Hotel, for members, their friends and invited guests. Chairman, Vice-President, Dr. W. R. Dunbar, Truro.
8.15 P. M. Toast: The King.
8.30 P. M. Address of Welcome, His Worship, Mayor G. Y. Thomas.
8.45 P. M. Presidential Address, Dr. Dan Murray, Tatamagouche.
9.15 P. M. Toast: "Our Visitors and Sister Societies", proposed by Hon. George H. Murphy, Minister of Health. Responses by Dr. George D. Stewart of New York; Dr. G. S. Young of Toronto; Dr. W. B. Hendry of Toronto; Dr. T. C. Routley, Toronto; Dr. Saint John, N. B.
10.30 P. M. Dancing.

Thursday, July 9, 1931.

9.30 A. M. Routine Business.
10.30 A. M. Address in Surgery, Dr. George D. Stewart, New York.
11.30 A. M. Paper: "Bacteriophage", Dr. R. A. H. McKeen, Halifax.
12.00 Noon Paper: "Cesarean Section, Case Report", Dr. D. McNeil, Glace Bay.
12.00 P. M. Adjournment.
2.30 P. M. Routine Business.
3.00 P. M. Paper: "Frequent Urination", Prof. F. G. Mack, Halifax.
3.30 P. M. Paper: "Cardiac Conditions Simulating the Acute Abdomen", Dr. G. R. Burns, Halifax.
4.00 P. M. Round Table Discussion. Topics: Birth Control; Maternal Welfare; Tuberculosis Problems; Cancer Problems, Etc. Speakers: Doctors Hemmeon, Gosse, Campbell and others.
5.00 P. M. Presentation of Prizes and Unfinished Business. Adjournment.
7.00 P. M. Dinner and 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.

POST GRADUATE LECTURES

Itinerary for C. M. A. Lecturers in May.

The usual Post Graduate Lectures under the auspices of the Canadian Medical Association will be given the last week in May this year, providing for seven meetings in all. For very good reasons two tours have been arranged and the speakers will be from the staff of Dalhousie University. It is expected that every physician in the district where these meetings are held will be in attendance wherever it is most convenient.

Tour No. 1.

Amherst, N. S., Tuesday, May 26, 1931. Meeting Afternoon and Evening.
New Glasgow, Wednesday, May 27, 1931. Afternoon and Evening.
Sydney, N. S., Thursday, May 28, 1931. Evening Meeting.
Speakers and Subjects:

Dr. K. A. McKenzie, Prof. of Medicine, Dalhousie, Halifax.
(a) Therapeutics; Past, Present, Future.
(b) Problems in Diagnosis of Heart Disease.

Dr. C. E. Kinley, Halifax, Demonstrator in Clinical Surgery, Dalhousie.
(a) Gall Bladder Disease; Some Clinical Aspects.
(b) Management of the Goitre Patient.

Tour No. 2.

Bridgewater, Tuesday, May 26, 1931. Afternoon and Evening.
Yarmouth, Wednesday, May 27, 1931. Evening Meeting.

Berwick, Thursday, May 28, 1931. Meeting at 2.00 P. M. followed by a Dinner and completion of programme.

Windsor, Friday, May 29, 1931. Business session in the afternoon and evening session at Seven O'clock.

Speakers and Subjects)

Dr. W. Alan Curry, Halifax, Assistant Professor of Surgery and Clinical Surgery, Dalhousie.

(a) The Acute Abdomen; Diagnosis and Treatment.

(b) Infections of the Hand. (Illustrated by moving films).

Dr. Clyde W. Holland, Halifax, Demonstrator in Clinical Medicine, Dalhousie.

(a) Diagnosis and Treatment of Cardiac Arrythmias.

(b) The Classification and Treatment of Nephritis.

The General Secretary will accompany the speakers on this Western Nova Scotia tour, as joint representative of the Canadian Medical Association and the Medical Society of Nova Scotia. At these meetings he will present the proposed programme of the Annual Meeting in July in Truro, and speak on Medical Co-operation.

We are exceedingly fortunate in the speakers available for these tours and in the practical nature of the subjects that will be presented It is, moreover, a matter of congratulation that a programme of this quality can be carried out by representatives of the teaching staff of Dalhousie University. Undoubtedly this Province will continue in the future as in the past, to bear its share of the burden of these lecture courses in other Provinces of the Dominion and we bespeak for them a cordial reception at these meetings as arranged for this present series.

Cure, Prevention and Establishment are three outstanding points to be constantly kept in mind in all efforts for the care of crippled or disabled persons, children or adults. In all cases there is always the future to be considered. It is not enough to cure the crippled child, there is the matter of education and the making of a livelihood during his natural life. It is not enough to pay the disabled soldier a pension, he must be re-established. The same applies to the pensioner under the Workmen's Compensation Board or other Industrial Insurance. To be given a lump sum and allowed to go their own way is most productive of the social derelict. We should never be carried away with the idea that pensions can solve all problems. It is not evidence of a hard heart to say a pensioner should work to the utmost of his ability; it is only sane logic and good business. The difficulty is in getting the co-operation of the pensioner himself and to keep up the interest of the voluntary welfare organization, generally concerned with every such case, until this latter object has been obtained. Perhaps we forget that a number of cases of arrested tuberculosis break

down subsequently because there has not been the same supervision of the re-establishment as there was of their earlier cure. This is worth thinking about.

NOTES AND COMMENTS

It is reported that Saint John, N. B. is to extend an invitation to the Canadian Medical Association to hold its annual meeting in 1933 in our sister City. Announcement was made to this effect at a meeting March 23rd, at which Dr. L. H. McKim of the Montreal General Hospital was the C. M. A. lecturer. The C. M. A. met in Halifax in 1921, in Charlottetown in 1928, so 1933 in Saint John would appear to be reasonable. In any case we trust that Nova Scotia will be as well represented at this proposed meeting as it was at the one in Charlottetown.

Health Insurance. Dr. Alfred Cox, Medical Secretary of the British Medical Association, says in the Manitoba *Bulletin:*

"For good or evil, National Insurance is part of the social system of nearly every country in Europe, and from a pretty intimate knowledge of the systems in other countries, I believe ours is the best, so far as the conditions under which the doctors are employed are concerned. Unless I am much mistaken it will not be very long before Canada and probably the United States follow the example of the countries of Europe in instituting a Sickness Insurance system for people who cannot pay for medical attendance as private patients. If and when Canada does adopt such a system you will find that regulations and disciplinary measures are necessary, not for the great bulk of the profession, who are honest, conscientious practitioners, but for that small minority that always lets us down in the eyes of the public. I hope the *Bulletin* will not take its views on Health Insurance from either lay or medical writers with an anti-Insurance bias. I feel sure that not 5% of the doctors working our insurance system or of their patients would go back to the old conditions if they had the chance."

A Two Dollar Epidemic. A municipal district board of health reported thus at the January 1931 session of the Council:—"In District No.....we had a couple of cases of infantile paralysis. One child died. It was necessary to fumigate different buildings which cost us $2.00."

Another reported:—"Two cases of infantile paralysis were reported by the doctors. These homes were quarantined for a short time and fumigated causing a small amount of expense to the Municipality."

They do not seem to take this very seriously.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

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

Deputy Minister of Health - DR. T. IVES BYRNE, Halifax.

SPECIAL DEPARTMENTS

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

MEDICAL HEALTH OFFICERS ASSOCIATION

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

COUNCIL

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

MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

Braine, L. B. W., Annapolis Royal.
Kelley, H. E., Middleton (Town and Co.).
White, G. F., Bridgetown.

ANTIGONISH COUNTY

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

CAPE BRETON COUNTY

Densmore, F. T., Dominion.
Poirier, G. J., New Waterford.
MacDonald, N., Sydney Mines.
McLean, J. A., Glace Bay.
McLeod, J. K., Sydney.
O'Neill, F., (Louisburg & C. B. Co.)
Murray, R. L., North Sydney.

COLCHESTER COUNTY

Charman, F. F., Truro.
Havey, H. B., Stewiacke.
Johnson, T. R., Great Village (County).

CUMBERLAND COUNTY

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

DIGBY COUNTY

Dickie, W. R., Digby.
Weir, A. F., Freeport (County).
Belliveau, P. E., Meteghan (Clare Mcpy).

GUYSBORO COUNTY

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

HALIFAX COUNTY

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

HANTS COUNTY

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

INVERNESS COUNTY

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

KINGS COUNTY

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

LUNENBURG COUNTY

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

PICTOU COUNTY

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

QUEENS COUNTY

Ford, T. R., Liverpool (Town and Co.).
Smith, F. P., Mill Village (Mcpy.).

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELBURNE COUNTY

Brown, G. W., Clark's Harbor.
Churchill, L. P. Shelburne (County).
Fuller, L. O., Shelburne.
Banks, H. H., Barrington Passage (Mcpy).

VICTORIA COUNTY

MacMillan, C. L., Baddeck.

YARMOUTH COUNTY

Blackadar, R. L., Port Maitland, (Yar. Co.).
Lebbetter, T. A., Yarmouth
O'Brien, W. C., Wedgeport.
LeBlanc, J. E., West Pubnico (Argyle Mcpy.).

INFORMATION

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

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

ACUTE ANTERIOR POLIOMYELITIS

Epidemiology.

CERTAIN epidemiologic characteristics of acute anterior poliomyelitis are apparently well established, yet the nature of the virus remains unknown. Moreover, the reports of the prevalence of this disease indicate, at least in California, that it is continually spreading with the occurrence of outbreaks in fairly short intervals; namely, in 1925, 1927 and 1930. The method of propogation, however, remains an enigma and offers a distinct challenge to public health authorities. One of the important phases of the disease which make it difficult to recognize and control is the number of abortive cases that must occur in any epidemic. The contagiousness is exceedingly low, the latent immunization of the general public exceedingly high, or the carrier produced by contact to cases of comparatively little moment in the spread of the disease. (Journal of the A. M. A.)

Immunization Studies.

Poliomyelitis is no longer classed as a rare disease. Its management of its consequences has made considerable progress, thanks to persistent scientific investigation. The possibility of direct transfer from person to person seems to be well established. To-day most investigators are convinced that poliomyelitis is caused by one of that still vague category of agents, the filtrable viruses. Furthermore the discovery by Flexner and Lewis and by Levaditi and Landsteiner in 1910 that the serum of the patients convalescent from an attack is capable of neutralizing the filtrable virus has been of the greastest importance.

According to Park, the serum from slight abortive cases is, on the average, as potent as that from pronounced cases. The serum of many persons who have never had poliomyelitis contains anti-bodies but these are not so potent as in the serum of convalescent cases. The antibodies remain for a long time in the blood of persons who are convalescent. It is well known that a variety of viruses can be absorbed and rendered ineffective by a number of colloidal and particulate chemical substances....The striking feature, however, is the demonstration that the virus, when absorbed on aluminum hydroxide, is incapable of producing poliomyelitis but still capable of producing active immunity in *Macacus rhesus*. In a small series of animals thus immunized, symptoms of experimental poliomyelitis did not appear and in only one was the degree of immunity, altho adequate to protect against nasal installation, insufficient to protect against intracerebral injection of virus....The mere recital of these experiments offers a bright prospect of helpful possibilities in the attack against infantile paralysis. It has depended, and will continue to depend, on animal experimentation. This may well be stressed at a time when opponents of experimentation on animals are making vigorous efforts to prevent such studies as are destined to assist in averting one of the most pathetic blights of child life. (Journal of the A. M. A.)

The Coffey-Humber Patent. Despite their oft-repeated statement that they do not claim to have discovered a cure or certain treatment for Cancer, nevertheless these physicians have taken out a patent for their product. Yet they say,—"Our invention relates to a therapeutic substance having the property of stabilizing tissue growth and which, by virtue of this property, is capable of controlling and/or destroying carcinoma, sarcoma, and other malignancies." The highest authorities in the world agree that this adrenal cortex extract cannot be or do what is claimed for it. So far that's that.

The cost of radium is likely to be considered by the League of Nations if a report on a supposed radium deposit in the Belgian Congo is verified. The evidence seems to be accumulating that there is what is generally termed a monopoly in the supply and with the usual inflated price of the commodity. Dr. Guest, a Labor Member of the English Parliament made a recent investigation of this supposed mine. Only ten tons of ore are required to produce a gram of radium and at a cost of $250.00 per ton. Yet this mine last year produced 60 grams which was valued at $3,000,000, and which could not have cost more than $15,000 to produce. As the matter affects all nations, Dr. Guest suggests the matter be placed before the only tribunal that can speak for all nations, the League of Nations. Little Nova Scotia might start a cancer clinic if the price became reasonable.

THE MUNICIPAL DOCTOR IN SASKATCHEWAN.

Dr. F. C. Middleton, Deputy Minister of Public Health in Saskatchewan, in a recent number of the *Canadian Public Health Journal*, has this to say about municipal doctors in that province:—

"The population of Saskatchewan is 75% rural. Doctors and nurses naturally drift to the larger centres on account of the hospital facilities that are found there, and it has been found necessary to offer some inducements to physicians to have them remain in a rural district. This situation has been very largely met by the employment of the municipal doctor.

"A rural municipality is an area about 18 miles square. Permissive legislation has been enacted whereby a rural municipal council may submit a by-law to be voted on by the electors, empowering them to engage the services of a physician, at a salary not to exceed $5,000 per annum. If the vote carries the taxpayers tax themselves to provide this service and they are then entitled to medical attention without further cost. Twenty-one rural municipalities have employed full-time municipal doctors, a number of others are voting on the scheme in December (1930) and a great many others are contemplating doing so. The success or failure of the scheme depends largely on the doctor employed.

"A municipal council has also power to give a grant or bonus to a doctor up to $1500 per year as an inducement to such practitioner to reside and practise his profession within the municipality, the primary purpose being to ensure that medical service is within a reasonable distance of those concerned. Some thirteen municipalities pay grants varying from $900 to $1500 a year."

MUNICIPAL PHYSICIANS.

For several years the Canadian Medical Association has discussed the matter of Municipal Physicians, or, broadly speaking, some form of State Medicine. At the Annual Meeting in Toronto in 1927 the Report of the Committee charged with this subject was adopted by the Association and a new Committee was appointed to engage in a study of Health Insurance, a further new name for the same thing. At the present time we do not propose to follow the progressive reports year by year to the present time, but refer our readers to certain statements made in this report having special reference to Nova Scotia. This Committee asked an expression of opinion from Health Officers and Medical Registrars on the employment of Municipal Physicians and the following replies were received from Nova Scotia:

Dr. A. C. Jost, then Provincial Health Officer, is thus reported:

"I have your letter of January 27th in reference to municipal positions. This opens up an exceedingly interesting subject, for which it appears to me provision must shortly be made.

"I do not see why a municipality should be prevented from employing a doctor if they wish to do so. A company or industrial establishment can do so, intimating the line of work which he is to follow. Why can a municipality not do the same? It is quite conceivable that the needs of a municipality will be quite different from those of, say, an insurance company or an industrial establishment, but that has no bearing on the case in point.

"Furthermore this principle is already quite well recognized. The municipalities, at least of this Province, habitually employ a physician who is supposed to give them advice in connection with the prevention of disease....If the principle is accepted that the physician can be employed to do preventive work, what is there which can reasonably be adduced to favor the contention that a stop must be made at any definite point?

"It seems to me, therefore, that the Canadian Medical Association ought to bear these things in mind. If they have not yet made a provision for such a contingency it seems to me that they should immediately do so, treating the matter, not as one only likely to develop in the future, but as one already in existence.

"Necessarily, the subject is one which affects the different provinces in varying degrees. In this province, fairly thickly settled, it

is doubtful whether such a question might arise in more than one or two localities. It is conceivable, however, that in a not so thickly settled or not so thoroughly organized locality the number of instances in which such procedure might be considered are much more frequent."

Then in the same report we find this statement from Dr. Hattie of the Provincial Medical Board, which most admirably condensed and expressed the general opinion of the profession of Nova Scotia in 1927.

"I do not know of any instance in which a municipality in this Province has offered to put a physician on salary for such services, so that the matter has never had the consideration of our Board. The cities, of course, pay salaries to their medical officers for services to policemen, firemen and certain other civic employees, and this practice has not had opposition from the profession. As we have had no occasion to get anxious we haven't given this matter any thought. Just off hand, I would say that State Medicine is so remote a possibility that, for years at least, all we need do is to keep our eyes and ears open. An unreasonable attitude on the part of the profession towards minor irritations will be more likely to bring the bug-a-boo upon us than judicious inactivity relative to small matters."

Since 1927 much water has passed under the bridge and the current of events has moved more swiftly in Nova Scotia than any one dreamed. Indeed, as was pointed out by the open letter to the profession from the Minister of Health in the February BULLETIN it is his hope that the Doctors in Nova Scotia will "become a real, active, living power in this new Department of Public Health....No body of men can ever know as you the things that make for the good or the bad in the health of our various communities....Organized medicine regards curative practice as but part of its job. Prevention of disease and active interest in the general sanitary good of the community are as much the function of the practitioner. We cannot get away from this unless we start going backwards....Like him that preaches the Gospel, the Doctor is entitled to live by his profession; but if we are to ward off State Medicine, our profession must develop more and more of that national and patriotic spirit which covers the broader conceptions of our country's welfare."

It might be concluded that this achievement might bring to pass a system of state medicine that would not be a "bug-a-boo" to any one, but rather a boon to a province that has been sorely tried. In such circumstances the need for municipal physicians, to a greater or lesser extent, is almost imperative when we consider the number of country districts where medical service entails much travelling at great expense to both patient and doctor. In particular when young men are graduating from Dalhousie in sufficient numbers to supply these needs but, owing to financial reasons, are unable to settle in these particular localities, this question must be regarded by the

medical profession of Nova Scotia as a problem to be immediately solved.

S. L. W.

Communicable Diseases Reported by Medical Health Officers. March 25th to April 15th, 1931.

Disease	Mar. 25	Apr. 1	Apr. 8	Apr. 15	Total
Cerebro-Spinal Meningitis	1	2	....	....	3
Chickenpox	1	2	8	2	13
Diphtheria	2	1	6	9	18
Infantile Paralysis	1	....	....	....	1
Influenza	19	39	6	25	89
Lethargic Encephalitis	....	....	....	....	....
Measles	....	....	1	16	17
Mumps	....	....	4	....	4
Paratyphoid	....	1	....	....	1
Pneumonia	....	3	2	2	7
Scarlet Fever	5	9	31	7	52
Smallpox	....	1	....	....	1
Typhoid Fever	....	....	....	....	....
Tuberculosis-Pulmonary	2	1	....	1	4
Tuberculosis—Other Forms	1	....	....	....	1
V. D. G.	....	....	....	1	1
V. D S.	....	....	....	1	1
Whooping Cough	....	12	2	3	17
Totals	32	71	60	67	230

Time and Service.

We have often given expression to the generally accepted idea that we came into the world without any worldly possessions and we cannot take any with us, hence the introduction of wills and lawyers. But this idea was refuted away back in the Elizabethan period by Francis Bacon who philosophized in the matter, following the death of some one well known, thusly:—"If he be gone, then he hath carried five hundred ducats of mine with him into the other world" to which others agreed, whereupon Bacon says:—"I perceive, now, that though a man cannot carry any of his own with him into the next world, yet he may carry that which is another man's." As doctors are the poorest collectors in the world perhaps this comment from a modern philosopher along this line is applicable, when he says:—

"Let's give a thought to this class of people and figure out whether we can afford to let a number of them carry into the great beyond a hundred or a thousand dollars' worth of the only commodities which we have for sale—time and service."

You don't like collecting agencies? Oh, well, continue to lay up your riches as biblically instructed.

Hospital Service

MAKING A START.

Isolation Hospitals on the Wane.

THE New Glasgow *Evening News* reports quite fully on the proceedings of a recent meeting of the local Town Council siting as a Board of Health. The matter for discussion was the need of a hospital for contagious or communicable diseases. Such a hospital had been necessary in 1930 during an epidemic of Scarlet Fever which got well away before really effective measures were taken to check its spread. Naturally it appeared that steps should be taken to provide for the future by having such an institution available when required. But from what we know of the prevention of disease by immunization and serum treatment, it seems somewhat illogical to have institutions in case of an epidemic that we can surely avoid. The *News* has this to say as to the attitude assumed by Dr. A. E. Blackett, M.H.O., at this Council conference:—

> Questioned as to whether he thought it advisable for the Town to maintain an infectious hospital, the local Health Officer said he would not feel justified in advocating such a measure, but, on the other hand, he felt that the majority of the children could be kept immune from such diseases if the Town would consider the possibility of having modern methods instituted.
>
> He felt that the reason for New Glasgow being exempt from scarlet fever was no doubt due to the toxin administered last year, and also to the action taken by means of opening the infectious hospital. He pointed out, however, that 24 children died from diphtheria in Nova Scotia last year, and further stated that there was no just cause for such deaths, particularly so if action had been taken along the lines he proposed.
>
> He cited the action taken in Prince Edward Island, where the Provincial Government and the Canadian Red Cross combined to protect the youngsters from these dread diseases. He felt that the major attention should be directed to the schools. Serum, he pointed out, was not costly, and its value could not be estimated in dollars and cents.
>
> He stated that heavy pressures in regard to having children tested should not be undertaken the first year, but suggested that sterner methods should be contemplated the second year, as was the case at Moncton, where children are refused admission to the public schools if they are not subjected to the tests in question.

But the most satisfactory part of this report is this:—

"Dr. Blackett's proposals met with the complete endorsation of the Board of Health, and members voiced their approval of the clean-cut methods which he advocated. He pointed out, in closing, that this would also prove a financial saving to the town, as it would pave the way for the complete discontinuation of an infectious hospital."

Immediate action when the first case of a communicable disease is discovered will check any epidemic that may visit this Province, perhaps we should except Influenza. This principle that Dr. Blackett

is presenting to the Council of New Glasgow should constitute a Gospel for the preaching in every section of Nova Scotia. Now is the time to strike.

CANADIAN NURSES ALIENS.

A Provincial weekly newspaper in a recent issue quotes a paragraph from the *Boston Post* relative to a Bill introduced into the State Legislature to prohibit foreign nurses from registering in Massachusetts. The editor of the local paper almost questions the stand taken by the *Post*, which reads thus:—

> The legislative committee on public health has reported in favor of a bill which would prevent all persons except citizens from becoming registered nurses in this State. It is undoubtedly aimed at Canadian girls who come here and enter this profession in such large numbers. They do their work well and now it is proposed that because of this we should no longer tolerate them. This bill should be killed by an overwhelming vote.
>
> We in New England, particularly Massachusetts, are pleased to have within our borders our Canadian friends. They enter into all walks of our life with their rugged vigor and capability. If for no other reason this should be enough to stop the passage of this bill. But besides this, it is a radical step. Supposing the Legislature next decides that only citizens can become doctors, lawyers, or carpenters, or electricians, etc. Such an idea is absurd, of course. And so is the move to make the nursing profession only for citizens.

Of course, to the conclusion we will all agree, it is most unfair to pick on the nursing profession to solve their immigration industrial problems. But when you come to think of it hard times bring about many undesirable conditions, even between the United States and Canada. What right have we, even if of better training, stamina and ability, to fill positions in the U. S. that economic conditions suggest should be available for their own citizens? If they are satisfied with poorer service on account of hard times surely they should be credited with more wisdom than they usually display? Perhaps we had better lessen the Canadian supply? This, too, is rather a difficult job, for the Canadian youth is being too much educated to be content with home conditions.

SHOULD DOCTORS OWN HOSPITALS?

This question is given a little air in a recent number of the C. M. A. Journal from which we quote:—

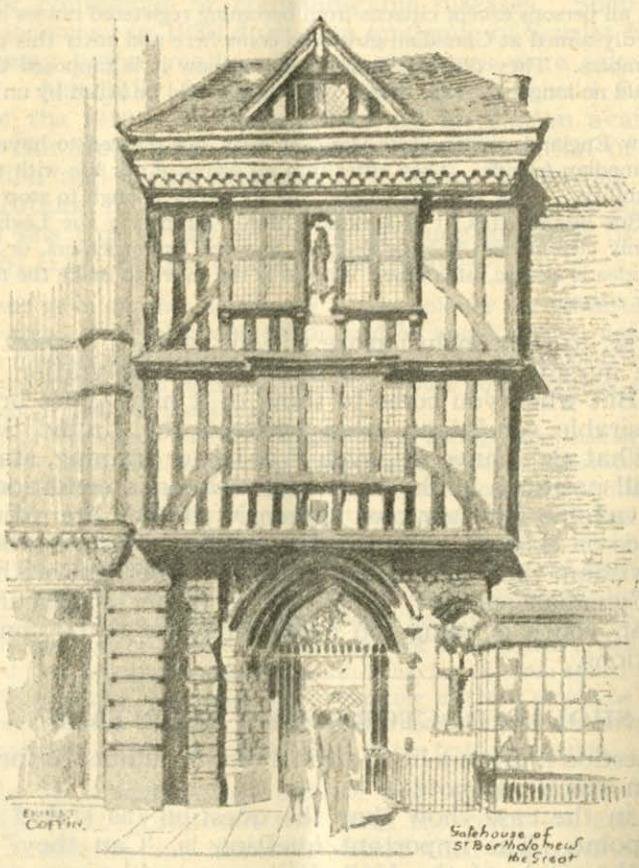
"Facts in the case show that the question (as stated above) is beside the point. The important question is, 'Can they?' Ownership of the hospitals of the United States would mean an average investment of more than $30,000 for each of the 100,000 physicians who appear to have access to hospital facilities at the present time. The capital needed *every year* for the extension and replacement would mean an annual investment of $2,000 by each physician.

"The ultimate control of hospital policies, the kind of service which they shall provide, and the rates of economic basis upon which these services shall be offered will, under these conditions, rest ultimately with the public, who use the service, pay for it, and, as the figures of capital investment show, own it."

If we were again asked the question we would reply:—"The answer is in the negative."

ST. BARTHOLOMEW THE GREAT.

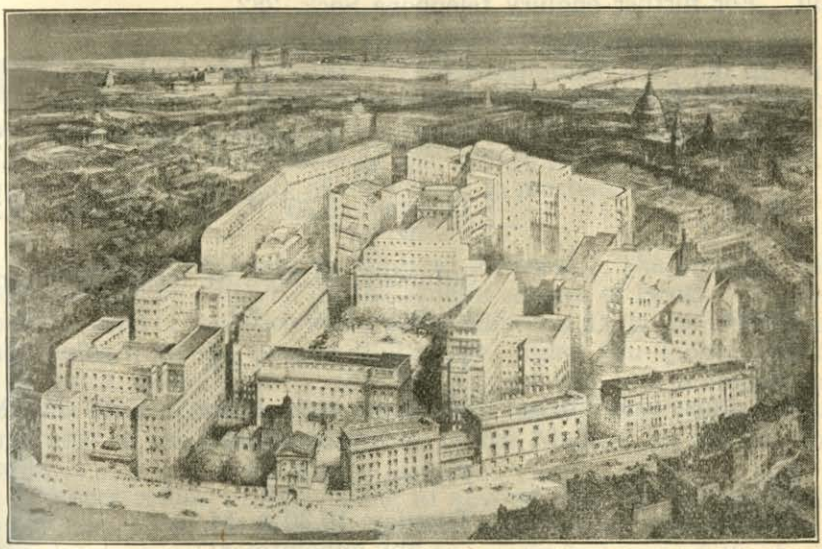
The Royal Hospital of St. Bartholomew, familiarly called "Bart's", stands to-day in the heart of London, with a history behind it of 808



years of service. We have no idea what it was like in the reign of Henry I, when it was founded by the monk Rahere in gratitude for his recovery from a dangerous illness contracted while on a pilgrimage to Rome. It was in Queen Elizabeth's time,—Bart's was then nearly

500 years old—that William Harvey came to this hospital and practiced, studied and taught for 36 years, becoming really the Father of Modern Medicine.

Now we learn that the hospital buildings, almost a city in themselves, having grown all these centuries, are to be remodelled with many additions and improvements. These plans include a new surgical building of 250 beds; a block of five new operating theatres; annexes to Nurses Homes; extension to Maternity departments, outpatient department; the medical College, etc. The historic Henry



VIII Gate will be retained, but the Gatehouse, shown opposite, will disappear.

But there are many modern features about Bart's of to-day. It is quite necessary that a large amount of money be raised for this stupendous task, altho this is not unlike some smaller hospitals that we know about in Nova Scotia. But their publicity methods are different. On the roof of the hospital a giant revolving lighthouse signal of 800,000 candlepower was seen nightly throwing its beams over London and for 30 miles beyond. It was an S. O. S. appeal for funds with which to carry out the extensive reconstruction program of this Eight Century old institution. It has truly served its time and many generations and popular sentiment is such that its progress shall be ever onward.

The BULLETIN is indebted to the Denver Chemical Company for these interesting cuts we show herewith.

Dalhousie Out-Patient Clinic Schedule

(Corrected to February, 1931).

Available for persons who are unable to pay for the services of a physician. Physicians will please give written reference as this is helpful in determining eligibility of cases.

Children must be accompanied by parent or other responsible adult. For further enquiry telephone Sack. 282.

General Medicine -	Daily, 11.30 A. M.
General Surgery -	Daily, 11.30 A. M.
Paediatrics - -	Monday, Wednesday and Friday, 2.30 P. M.
Chest - - -	Tuesday, 2.30 P. M. Friday, 7.30 P. M.
	Saturday, 10.30 A. M. (school children).
Heart - - -	Friday, 11.30 A. M.
Skin - - -	Thursday, 3.30 P. M.
Ear, Nose and Throat	Monday and Friday, 3.30 P. M. (by appointment).
Eye - - -	Friday, 3.30 P. M.
Dental - - -	Tuesday, 10.30 A. M. (by appointment).
Pre-school Dental	Monday, 2.00 P. M. (by appointment).
Orthopaedic - -	Monday, 2.00 P. M. (by appointment).

Posture Clinic—for breathing exercises following tonsillectomy, muscle training, massage and general exercise work. Refer to Orthopaedic Clinic, Friday at 2.30 P. M.

Genito-urinary -	Monday, 10.30 A. M. (women).
	Thursday, 3.30 P. M. (women).
	Tuesday, 3.30 P. M. (men).
	Friday, 7.30 P. M. (men).
Gynaecology - -	Thursday, 2.00 P. M.
Prenatal - -	Tuesday, 2.00 P. M.

Obstetrical service in homes available for indigent multipara who have attended Prenatal Clinic. Such should register in Prenatal Clinic as early in pregnancy as possible and necessary arrangements will be made.

Bulletin Library

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

(Unless otherwise indicated, the opinions herein expressed are the personal ones of the writer, being in no sense official and differing opinions will be gladly noted in this Department.)

RECENT PUBLICATIONS.

THE Acadia Athenaeum: "That Methusaleh ate what he found on his plate....And he lived over nine hundred years" was the text for a short article, "Food and Physique", by Jean M. Robb, Class of '32, in a recent issue of this college journal. It is a plea to pay little heed to the talk of the faddist in matters of diet.

University of Toronto Medical Journal. The January, 1931 issue contains an editorial on the general subject of Books. It recognizes the need of both borrowing and lending books for obvious reasons and quotes from the Ethical Will of Dr. Judah Ibu Tibbon, written in Granada, Spain, 1190 A. D. The original text was in Hebrew and we think some of the precepts are of great value and one, in particular, applicable to the BULLETIN Library of the Medical Society of Nova Scotia:

"Never refuse to lend books to anyone who has not the means to purchase books for himself, but only act thus to those who can be trusted to return the volumes. Take particular care of the books.

"Cover the books with rugs of fine quality, and preserve from damp and mice and from all measure of injury, for thy books are thy good treasure. If thou lendest a volume, make a memorandum before it leaves thy house, and when it is returned, draw thy pen over the entry. Every Passover and Tabernacles call in all books out on loan."

The BULLETIN failed to make a "memorandum" in one instance recently, and is still awaiting the return of Heister's Surgery.

CHILD WELFARE PROBLEMS.

Quite a number of doctors are requested frequently to address meetings of various organizations concerned with community welfare. A series of leaflets on Child Welfare Problems is being distributed by the Health Nursing service of the Public Health Department. When the child exhibits certain virtues the parents take the credit, but do not assume credit for faults that are all too prevalent. It occurs to

us that in the matter of child heredity there might be material for an address, excellent in thought and not lacking in humor possibilities. Take heredity as compared with habit formation and training and such topics as habit training in enuresis, problems as to food habits, temper tantrums, the problems of fear and nervousness, training in obedience, honesty and truthfulness. The suggested text might be this remark: "Parents take credit for a child's virtues, why not for his faults?" A series of these leaflets, each dealing with its special topic in a five minute talk, would give good material for an address half an hour long, and that is punishment enough for any audience. Were our time not so fully taken up with BULLETIN editorial work we would rather enjoy preparing such an address from these leaflets that came to our office from Miss McKenzie of the Health Department. Ask Miss McKenzie to send you these leaflets, they are published on the authority of the Canadian Council on Child and Family Welfare, Ottawa.

On Apothecaries, published in this issue of the BULLETIN, (we hope) has been in our basket for over six months. It was also published in the C. M. A. Journal in January, 1931. But our finances will not carry a journal of more than 64 pages regularly, much as we would prefer the convenience of having 72 pages in each issue. While there have not been many original papers contributed to our pages during the year it is surprising the number when you come to look over the yearly volume. While some have read this article elsewhere and the BULLETIN has already given some of it to its readers it is so applicable to the early history of Medicine in Nova Scotia we wish it to be available for our own historian, hence its publication in the BULLETIN after these many days. We hope that no contributor to the BULLETIN will accuse us of neglect if we are tardy in publishing some of the material furnished. But when the publisher tells you that you have four to six pages too much for the space set, what can a poor editor do?

The Father of Medicine. This is the title given Hippocrates by all medical historians, yet he, himself, spoke and wrote of *Ancient Medicine.* Of him Lord Moynihan said: "To Hippocrates we owe the establishment method of logic. The Father of Medicine was also the father of inductive thought." By this character of his mind he was able to give direction to the wise development that medicine made in this period. Moreover he was a great factor in making his time the most intellectual period of Grecian history. This was the period when Phidias carved his magnificent sculptures; when Sophocles and Euripidies wrote their immortal tragedies, and Aristophanes his comedies; when Socrates and Plato represented philosophy, and Herodotus and Thucydides recorded history. No wonder that medicine should share in this immortal glory of the ancients.

INTERNATIONAL CLINICS.

A Quarterly of Illustrated Clinical Lectures and Original Articles on Treatment, Medicine, Surgery, Paediatrics, Obstetrics, etc., Hygiene, and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World.

Edited by Henry W. Cattell, A.M., M.D., Philadelphia with the collaboration of Chas. H. Mayo, M.D., Rochester, Minnesota.

Volume I. Forty-First Series, 1931.

Published by J. B. Lippincott Company, Philadelphia and London.

Order from 201 Unity Building, P. O. Box 1443, Montreal. Price $3.00.

In addition to what we have said regarding this publication in former issues of the BULLETIN this volume is of particular value on account of three articles concerned with medical and surgical progress in 1930. The Editor-in-chief, Doctor Cattell, writes most of this review. In doing so he makes a few preliminary observations as to the present "Medical Trend", concluding thus:—

"The trend towards state medicine is steadily progressing, and in my opinion, sure to become an actuality in some form or other, and this, too, in the not very distant future, and the beehive of industry must, in some manner or other, be taken care of by the medical profession working as a unit. Let us hope and trust that our own leaders may prove themselves good men, and true to their responsibilities, and take proper care of the throes of labor in producing something new, something better, in this new evolution that is so rapidly being perfected. In the meantime, should not each individual physician endeavor to the best of his ability to weigh and act on the evidence produced by the zealous, but unenlightened, social reformer, working in the open and the ever-present pot-house politician working under cover, and then put his or her own house in order for the strenuous days of struggle that are still to come."

Some of our local medicos have been heard to remark that this talk of state medicine is all a blind on the part of interested health workers in perpetuating their own jobs. Surely an end of such talk has been reached and that the Medical Society of Nova Scotia will sit up and take notice before it gets a rude awakening.

We repeat that this volume is exceedingly valuable to the student general practitioner who wishes to know where we stand as regards our progress in medicine in 1930, especially in diagnosis and treatment.

When you write the publishers, please mention the BULLETIN.

PRACTICAL MEDICINE SERIES 1930.

The Year Book Publishers, 304 Dearborn Street, Chicago, publish annually a conveniently sized series of eight volumes, which, combined, cover the entire field of medical and surgical literature for the year just ended. The amount of reading every practitioner is com-

pelled to do to even keep in intelligent touch with the progress being made in general practice, is enormous; as a matter of fact it is far beyond his ability, even if time and the material were available. Annual publications are therefore an absolute necessity. This is particularly true in the matter of medical journals, hence the increasing favor with which books summarizing the literature of the year, each dealing with its own allied topics, are greeted by the student practitioner.

Take, for example, a handy book of five to nine hundred pages, giving a well indexed abstract of the literature on general surgery, medicine, obstetrics, paediatrics, etc., with editorial comments on each, the busy doctor can, in a few hours, get a complete brushing-up of the year's literature, without reading many journals, filled largely with irrelevant material. This is why we have repeatedly stated in this section of the BULLETIN that at least four or five of these volumes should be in the library of every man in general practice.

The most recent addition to our Library is the volume devoted to General Surgery, a book of 850 pages, well printed and illustrated. There are styles and fashions in medical literature, or, at least, each year seems to give more publicity to some subjects than to others. For instance, the surgical literature of 1930 has contained more articles on anaesthesia than in several previous years, due largely to the new anaesthetic substances which have been introduced. A few months ago the BULLETIN began publishing the advertisement of Ciba Company of Switzerland having a Canadian Agency in Montreal. On page 19 of the volume before us we have an abstract of an article published in the B. M. J. by Lake and Marshall of their four months' experience in Charing Cross Hospital with a new agent in anaesthesia, viz. *percain*, made by this firm now using the BULLETIN as an advertising medium. The article states:—

"Percain, made by Ciba (Switzerland) is a quinoline derivative, soluble in water, and sterilized by boiling without deterioration, provided no alkali comes in contact; on cornea effective in 1:120,000 against 1:15,000 for cocaine. The intradermal injection produced immediate and complete insensitivity lasting 2½ hours. Subcutaneous infiltration was followed by an anaesthesia in about 5 min., lating over 3½ hours.

"In the considerable number they have observed no evidence of toxic effect, either general or local; no undue tissue reaction and no impairment of healing after any local infiltration. Used in hernia and anal operations, mastectomy, colostomy and in more extensive procedures, enterostomy, appendectomy, etc., in the latter general hypnotics have, in addition been administered—hyoscin or morphin. Weight for weight, percain is less expensive than novocain, and when dilution is taken into account very much cheaper. Contrasted with ether and gas and oxygen the cost per patient is infinitesimal. They are led to conclude that percain marks a definite advance over existing local anaesthetic substances, and particularly that it promises to mark a very considerable advance in spinal analgesia."

We have quoted thus, first because it referred to one of our advertisers, but chiefly to give an idea of how the journal articles are abstracted to give the physician what is the gist of the article quoted. When writing to the publishers regarding this $3.00 volume, please mention the BULLETIN.

NOVA SCOTIA'S FIRST MINISTER OF HEALTH.

(From the Canadian Public Health Journal).

With the appointment of the Hon. Dr. George H. Murphy as first Minister of Health, Nova Scotia becomes the sixth province in Canada to bring the many activities of government, related to public health, under the direction of one official head, thus affording the opportunity for the constant expression of the urgent health needs of the Province in Cabinet conference.

In the selection of Dr. Murphy, Nova Scotia has been most fortunate. Few men entering public life have been accorded a more generous expression of good-will by the profession and public alike. Dr. Murphy graduated in medicine from Dalhousie University in 1902 and for many years he has been a member of the surgical staff of the Victoria General Hospital, Halifax. For the past fifteen years he has been Associate Professor of Clinical Surgery at Dalhousie University. He is a Fellow and an Ex-Regent of the American College of Surgeons; a Fellow of the Royal College of Physicians and Surgeons of Canada and Past President of both the Provincial Medical Association of Nova Scotia and of the Medical Society of Halifax.

The profession of Nova Scotia have voiced their appreciation of Dr. Murphy and his appointment, and in these words the Nova Scotia Medical BULLETIN welcomes the new Minister:—

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

The Canadian Public Health Association joins most heartily in these greetings and good wishes to Dr. Murphy.

REPORT OF PROVINCIAL HEALTH OFFICER.

The BULLETIN of the Medical Society of Nova Scotia has recently been placed upon the mailing list of the Provincial Department of Health. One of the first publications to come to hand was the annual report of the Provincial Health Officer, submitted to the Legislature, for the year ending September, 1930. The report includes, also, the report of the Deputy Registrar General for the year ending December 31, 1929. Altho these closely related reports have a difference of nine months in the period covered, this does not appear to be any disadvantage, nor is it clear how these time periods could be advantageously made identical.

There is one feature of this annual report that requires some consideration. The volume consists of 281 pages of well printed, easy to read, matter, but *Two Hundred and Fifty-One* pages make up the report of the Deputy Registrar General, almost wholly statistical. Now the reason for the disparity in space, occupied by these two reports, is obvious, for these statistics constitute, as it were, the bookkeeping of the health of the people of Nova Scotia. From this report we should learn whether our business is prospering. Nor can the student of vital statistics be satisfied with any less data than that found in these tables. But few of us can take the time to study out what these figures really teach and, probably, of ten readers of the Health Officer's Report, not more than one can intelligently profit by the statistics, altho there are valuable lessons to be learned therefrom. We naturally ask what are these lessons and how can they be taught?

Annual reports must of necessity deal with what has been done during the period under review, but we believe they should none of them stop there. A review of past effort is useful for ascertaining what progress, if any, has been made; what operations worked out advantageously or otherwise; what is clearly indicated as to future efforts:—in short, annual reports should review the past for the sake of pointing out the wise procedure, now and in the future. Especially in such an important matter as the public health these reports should be the official announcement of policy, made to the medical profession, the general public and the Legislature, pointing out what is expected of each in the immediate future, so that all parties may be prepared to co-operate for the community welfare.

This one point has been suggested, and stressed somewhat, because we seem to find in the present report an intimation of what is to be expected along health lines in the immediate future, to a greater extent than hitherto. In regard to tuberculosis, school inspection, communicable diseases, etc. the intimation is given of more activity in administration. It may be a little premature to expect a pronouncement, in definite terms, of compulsory care of the needy case of tuberculosis, compulsory vaccination and immunization, or the establishment of a real health nursing service; but we feel there is a plain intimation that these things will become actualities in the very near future. If this report is a correct survey of existing conditions, and all will admit it is, we feel a comprehensive statement to this effect need not longer be delayed.

If, in the matter of tuberculosis, there is "the necessity for a revision of our whole tuberculosis programme" and that, "sooner or later the whole school system may take on the appearance of a provincial chain of modified preventoria", it would have been a most welcome statement to have had it clearly announced. It is futile to talk of home treatment in tuberculosis without a great extension of the health nursing service, but the most we can gather is that "the Department

has a plan presently under advisement and hopes during the coming winter" (now passed) "to have this phase of our effort on a more solid basis and functioning with greater efficiency." This is one phase of health work that all whose opinions are of value are agreed upon. True this was not always the case. People do not like to have new things thrust upon them and even medical men have been known to oppose moves made in health matters without due warning and publicity. Nor has it made them any happier to know that now they favor the very thing they formerly opposed. We believe the profession would have welcomed a statement as to how enough health nurses could be secured, which, being interpreted, means how are they to be paid, to successfully carry out a modern public health nursing service. The duty of convincing municipal authorities that the maintenance of this service is their bounden duty will rest largely upon the medical profession, but at present they lack leadership in this particular.

What the average reader of this report would like would be a digest of the statistics incorporated into the report, which is really the main object of the publication, in order to justify definite conclusions in health matters. What progress are we actually making in control of communicable diseases? How much longer is the span of life than formerly? What can we learn of rural versus urban health from these statistics which none of us have the time to digest? With this enlarged scope of an annual report the report of the Deputy Registrar General might be issued as a separate report, to be available only for those requesting the same.

When all is said and done, we must add, that in appearance and printing, in the amount of material collected and commented upon, in stating plainly the lines along which health progress can be made and will be undertaken,—in all these things, the report is, we think, the best ever issued by the Department, and will be thoroughly appreciated by the thoughtful medical reader.

We have written what impressed us as we read this report and we speak for one person only, and that without let or hindrance. We might have passed bouquets; we might have been caustic; we have tried to be both candid and fair.

S. L. W.

NOVA SCOTIA SANATORIUM ANNUAL REPORT.

The 26th annual report of the N. S. Sanatorium has been received by the BULLETIN and is, as usual, both interesting and informing. There are some phases of the work at Kentville and Dr. Miller's report on it that call for special consideration.

Public Health Clinics. The staff of the Sanatorium have carried on for Central and Western Nova Scotia that which has been carried on elsewhere in the Province by officials of the Department of the Public Health. The report indicates this has entailed quite some additional work by a staff already with plenty to do, but these doctors

are so well qualified for this work that we trust it will be continued for some time yet. It is very necessary that in a small province like Nova Scotia we should most of us double up on our work. As "every tuberculosis patient is visited at his home by our clinic nurse, who gives sanitary instructions both to the patient and his family, so that infection may not spread to other members of the household", we think this nurse must be a marvel. Besides work at the clinics she has also made 552 home visits. It is quite evident that follow up visits must be few and far between. One, two, or three visits yearly are little if any better than none at all. This should be the first thing to remedy in the future. It is gratifying to note the cordial support given by the general practitioner to those clinics and of itself would justify their holding.

Training of Medical Students. There is no reason why graduates of the Dalhousie Medical College should not be the best trained graduates of any medical college when such a general training is so easily available right in our own province.

Surgical Treatment. Artificial Pneumo-thorax, Phrenicotomy and Thoracoplasty are surely indicated in a considerable number of cases and Dr. Miller's plea, that "the time has come when there should be up-to-date facilities for carrying on this operative work at our Sanatorium, as there are at most modern Sanatoria for tuberculosis", should be kept in mind, provided it does not mean further capital expenditure. In this connection it might also be well to keep the proposed new hospital in Kentville in mind, as available for this purpose.

The War on Tuberculosis. As this booklet has already been reviewed in this journal we need only add that Dr. Miller, by this publication, has placed the people of Nova Scotia under great obligation to him, for it is a very material contribution to the campaign against tuberculosis.

Sanatoria Vs. Annexes. Under this heading Dr. Miller, with the courage of his convictions, draws the line very strongly in favor of *Centralization* in the conduct of this war against tuberculosis. The opinions expressed here are in evident conflict with those of some other workers in this same campaign in this same province. Dr. Miller says:—

"It is our opinion, and your Superintendent has repeatedly expressed it, that in Nova Scotia the tuberculous should be cared for at three centres, namely the present fifty-bed hospital at Halifax, an institution of fifty or more beds for Cape Breton Island, and the Nova Scotia Sanatorium at Kentville."

Now, with all due respect to Dr. Miller, we must maintain that 500 beds only provide for one-sixth of our cases of tuberculosis, hence some further means must be adopted to guarantee a successful issue of this campaign. But there is so much reason in what Dr. Miller says

regarding annexes or using county hospitals in any way, that one feels that this disturbance of our present hospital regulations is not justified. But there must be a wise course somewhere, when several advocates present undisputed facts. The truth of the matter is that each one is right from his viewpoint but no one covers the entire field. It seems that the obvious course is one embracing the best features of both methods.

In all probability the health authorities have records of 3,000 cases of tuberculosis in Nova Scotia to-day, with about 500 beds in sight. What is being done for the great majority? Little or nothing. There is no need of quibling over this matter,—this is the fact. These people, about 2,500 *are at home.* Hundreds of thousands of dollars for 500 patients, but only a few thousands of dollars for 2,500 others, suffering from the same disease. The plea for Home Treatment is reasonable for economic reasons and in equity. Considering that Nova Scotia is limited in the matter of resources some middle course must be adopted. We have little money to sink in capital expenditure, but we have enough money to furnish the necessary care, treatment and education of these three thousand or more cases of active tuberculosis. Without any hope of reward or praise, despite the certainty of criticism, we venture to outline the proper course to follow in Nova Scotia to wisely conduct the campaign against this disease

1. The entire campaign is, as it should be, in the hands of the Department of Health.
2. Patients unable to care for their treatment, in whole or in part, should receive their just rights from the municipalities and from private philanthropy.
3. Voluntary organizations should continue to function under the direction and supervision of the Health Department.
4. Central institutions, as indicated, should be available, primarily for diagnosis, special treatment and education. These should never become boarding houses for either rich or poor.
5. Home treatment is necessary for the great majority of cases and should be carried out under proper supervision. This cannot be limited to nursing visits two or three times a year.
6. Every hospital in the province should be a clinic centre for every form of health work, including tuberculosis.
7. General health educational work should be carried on throughout the province under the direction of the Department of Health, through existing agencies, by medical men and a general health nursing service.

In summing up it may be stated that we do not require in Nova Scotia any further centralized treatment institutions than those already assured. It may be necessary to define more carefully the class of patients to be admitted to these institutions, viz. for Diagnosis, Special Treatment and Education. Every hospital should always have at least ten per cent of its bed capacity available for emergency

admissions, as it should have that many, if not more, on its emergency discharge list, to be used when needed.

But we do require the health nursing service that will make treatment, education and supervision possible for the four-fifths of the patients unable to secure sanatorium care. Incidentally this service must of necessity be of a generalized nature, altho charged with this particular duty.

S. L. W.

The Dalhousie Review. The April number of the *Dalhousie Review* begins its Eleventh Volume. When a journal stands the test for ten years it is either through or just under way. The *Review* is evidently well underway, fully established in the estimation of the particular reading public that must largely depend upon such journals for their general literary culture. To the active professional men whose special reading covers such a large field one or more such journals as the *Review* are essential on account of the breadth of the field of topics covered.

Should any members of the medical profession wish a general culture journal to round out their reading, The Review Publishing Co. Ltd., P. O. Box 146, Halifax, will supply the same for one year for $2.00 or for three years for $5.00. Moreover there is the feature of a journal devoted to literature, science, and art, that is truly national, but with the distinct flavor of the spirit of the Maritimes. Over ten years ago the *Review* said:—

"Thus the outlook of the *Review* is primarily Canadian, and we in the Maritime Provinces must begin at home, for success comes to those who take first the task that lies nearest to them. In this sense we avow a nationalism that is not prejudice and a provincialism that is not narrowness".

Report to Minister of Health, New Brunswick. This report for the year ending October 31st, 1930 has come to the BULLETIN desk and its reading is interesting in that it shows that all health questions are not yet settled in our Sister Province. Dr. Melvin is happy to report a continued decline in the deaths from tuberculosis and he says: "I am inclined to adhere to my former opinion that the efforts of the Travelling Tuberculosis Diagnosticians have been most largely conducive to this decline". Then Dr. Melvin so plainly endorses a point raised in a review of the last report issued by the N. S. Sanatorium, that we quote further:—

"The segregation of victims of tuberculosis in institutions, while of supreme importance, must of its nature be greatly restricted and confined to carefully selected cases. Tuberculosis is of such extent that institutional segregation because of its cost to the public bears on it a limited proportion to the population involved and its essential

defects would lead me into space further than I have opportunity to go."

Dr. Melvin links quite closely together Infant Mortality and the Nursing Service. He says:—

"The infant mortality with which the nursing service is so closely bound presents little that is cheering. For the last completely established and codified year (1929), it advanced from 95.6 to 106.5 for the province. It cannot be said that urban communities differed much from the rural.... The Nursing Service which, so far as this Department is financially concerned, should be exclusively devoted to infant welfare, which means conservation of infant life is not treated as it should be. As I have repeatedly pointed out, the funds of this Department should be spent on prevention of disease and not on curative action.... The sacrifice of infants under one year is quite the darkest blot upon an otherwise reputable record, and needs a thorough renovation. This can be accomplished only by professional means in the hands of properly trained nurses, guided by a competent sanitary authority and with proper support from the Legislature."

It is passing strange that all authorities unite in naming the public health nurse as the best agency in tuberculosis and infant mortality as well as in other forms of health activity, in the prevention of disease and the promotion of health; yet the plan is not carried out in either of these provinces. More education is still needed in some places, but, perhaps, compulsory service of this nature may be needed with a number of municipal Councils.

This report is the more readable on account of the reports of District Medical Health Officers. This idea of dividing a province into districts large enough to call for full time service has always appealed to the writer as good business, but we would like to know something more about it, as its adoption in Nova Scotia might be regarded as working considerable hardship on a number of One Hundred Dollar men. Perhaps some one interested will sometime furnish the BULLETIN with a statement of the import of this district health service, what does it accomplish and at what cost?

Dey Jest Natchally Gotta Know.

Old Mose was pretty sick, and after he had groaned and tossed and moaned for two days, Abe asked him if he shouldn't go and get a doctor. Mose agreed that it would be a good thing but he made one provision—it must be a horse doctor.

"A hoss doctah!" said Abe, puzzled. "Why?"

"Well, Ah've had them other kinda doctahs," explained Mose, "an' they's all right ef yuh knows what is wrong with yuself. Dey asks yuh what is wrong and yuh tells 'em and dey givs yuh somethin' fer it. But Ah doan't know what is wrong wif me dis time so I gotta hab a hoss doctah. Dose fellers kain't ask dere customers what ails dem—dey jest natchally gotta know!"

Correspondence

BIRTH CONTROL.

The BULLETIN:—

Since you have published a part of, or rather a sentiment expressed in, my letter regarding Birth Control, will you please allow me to explain why I wrote as I did.

I had no knowledge of the resolution passed by our Executive until I saw the article contributed by Dr. Schwartz in the February number of the BULLETIN.

It seemed astonishing that the Executive would place itself on record in this comprehensive denunciation of practices which are so universally in use in this modern world, in all stages of society, among the very good, among the very bad, and among the very indifferent.

Intelligent committees composed of well-known men and women selected by religious, economic, sociological, and medical bodies, have studied this matter and have arrived at varying conclusions. But it would be difficult, I think, to find as sweeping a condemnation of the whole matter as that of our Executive, except among those that are made upon religious grounds and by particular religious bodies.

Recently a committee, investigating Birth Control on behalf of the Christian (Protestant) Churches of America, reported favourably in behalf of controlled contraceptive methods. Briefly the reasons given by this Council for upholding Birth Control were:—

1. It may be morally right in certain circumstances.
2. Some form of "effective control" of families is necessary.
3. There should be some sex union between husbands and wives as an expression of mutual affection without relation to procreation.

Even assuming that, after investigation, and we have no knowledge of this, our Executive unanimously concluded that these practices are injurious to the community on physical grounds, I suggest that they are incompetent to proceed to their conclusions on "mental" or "moral" grounds.

If this Resolution is born of a serious desire to help the public in its use of contraceptives, let us have an investigation, as Dr. Schwartz suggests. If the resolution is the result of sociological or religious propaganda, let us "scotch" it at once.

Finally, allow me to explain my attitude towards the resolution passed by the Society in 1915, unanimously condemning the use of alcoholic beverages. This resolution has been repeatedly referred to by Dr. H. R. Grant as representing the considered opinion of the medical profession in Nova Scotia. At my request, our Secretary, Dr. Walker, dug this resolution from the oblivion in which it had rested since 1915. What I object to in the resolution is its obvious cynicism and insincerity. One knows that not in 1915, and not in

any year of its existence, was the Medical Society of N. S. unanimously in favour of prohibition. And from my knowledge of it since 1920 I think it safe to say that only a small minority of its members has ever been in favour of prohibition. Unless, of course, our members, like so many United States Congressmen, would vote dry and think wet.

In these resolutions I seem to see the result of that *laissez faire*, so prevalent and so consuming, among contemporary group workers.

We appear to allow a few, especially concerned in forwarding political, sociological, or religious propaganda, with voices sufficiently blatant or alluring, to talk us into a state of unconcern where we "sign upon the dotted line", or "unanimously" concur in the other fellow's ideas.

J. A. M. HEMMEON.

Wolfville, N. S.,
March 30, 1931.

APPRECIATES THE BULLETIN.

North Sydney, N. S., March 31st, 1931.

To the BULLETIN:

I received this A. M. s bound volume of the 1930 Nova Scotia BULLETIN and I hasten to acknowledge its receipt and to thank you for sending it to me for so small a contribution on my part.

I must say I am very much taken with the volume and I see where each copy of 1931 will be taken care of so that at the close of the year I can have them bound for future reference. I never realized that there were so many fine articles in the BULLETIN until I saw them collectively.

With Best Wishes, Fraternally Yours,

(Signed) J. S. MUNRO.

NEW LIGHT ON RICKETS.

In the Journal of the American Medical Association, April 4th, 1931, page 100, appears an imposing list of scientific papers on vitamin D the basis for which is Mead's Viosterol in Oil, 250 D.

It is highly significant that almost all of the authorities in this field have accepted the Mead brand as the standard. This is due to the medical profession's unique respect for Mead Johnson & Company and the fact that this particular brand of viosterol enjoys the longest continuous laboratory and clinical experience in America—dating back to 1927.

On page 12 of the J. A. M. A. for April 11th, 1931, under the title "Viosterol is not a substitute for cod liver oil except in rickets", is a very interesting statement of the comparative values of viosterol, cod liver oil and 10 D cod liver oil which clarifies the respective advantages of each of these antiricketic agents.

MEAD JOHNSON & COMPANY.

Military Section for Canadian Medical Association.

Department of National Defence,
Militia Service,
Halifax, N. S., March 10th, 1931.

To Dr. S. L. Walker,
Halifax, N. S.

Dear Colonel:—I am forwarding you copies of correspondence which might be of interest to readers of your journal.

Many of them are C. A. M. C. or ex-C. A. M. C. officers and some will probably be attending the meeting of the C. M. A. in Vancouver.

Yours truly,

(Signed) R. M. GORSSLINE, Lieut.-Col.,
R.C.A.M.C., D.M.O., M.D.6

Ottawa, Jan. 8, 1931.

The District Medical Officer,
Military District No. 6,
Halifax, N. S.

Formation of a Military Section,
Canadian Medical Association.

1. With further reference to previous correspondence on the marginally noted subject, please be advised that the necessary petitions were forwarded to the Secretary of the Canadian Medical Association, and that the Executive of the Association has taken action, by authorizing the formation of the Section asked for in the petition.

2. This Section is to function, for the first time, at the 1931 Meeting of the Canadian Medical Association at Vancouver, and you are urgently requested to do all in your power to secure the attendance of as many officers of the C. A. M. C. as possible, whether Active, on the Reserve, or Retired.

(Signed) J. T. CLARKE,
Colonel, D. G. M. S.

The Petition to the Canadian Medical Association, after speaking generally of the problems to be considered in such a Section specifies the following:

"Among such problems may be cited the following:—

(a) The necessity for some pre-arranged plan for the proper distribution and employment of the members of the profession on mobilization so as to avoid the stripping of localities and institutions of necessary practitioners and specialists, while at the same time ensuring a sufficient supply of Medical Officers to the mobilized forces.

(b) Medical arrangements for civil population during gas attacks in war."

The above are only a couple of the problems that may be cited, but they are sufficient to show the advantage of forming a military section. This section could have one session during the Annual Meeting for the discussion of problems; and another of a social nature at which the medical officers of all services, whether Active or Retired, can gather together and become acquainted or renew old friendships.

The BULLETIN greatly regrets this correspondence was crowded out of the April issue.

OBITUARY

ALBERT MITCHELL PERRIN, M.D., University of New York, 1873, Yarmouth, N. S.

After several years of invalidism the summons came to Dr. A. M. Perrin of Yarmouth to enter the new life on Wednesday, April 1st, 1931.

> Life goes not out, but on;
> The day has come, not gone;
> The sun is risen, not set;
> Thy life is now beyond the reach of death or change,
> Not ended,—but begun.

Dr. Perrin was born at River John, Pictou County, May 12, 1849, and was thus almost eighty-two at the time of his death. From Pictou Academy in 1869 he went to Shelburne, starting his medical studies with an uncle, the late Dr. S. W. Burns of that place, then later with the late Dr. Johnstone of Stellarton. He received his Degree in the spring of 1873. He received much from his Pictou County birth, in his inclination towards medicine as a vocation and his strict adherence to what he considered the right course to follow. His mother's father was a Church of England clergyman and two doctors and three other clergymen were brothers of this grandfather. Add, to this doughty Hugenot blood, the Scotch environment of Pictou County, and you had a man of great strength of character, bound to make his impress upon the community.

At first Dr. Perrin began practice in Westville but in a few months, owing to the terrible Drummond Explosion catastrophe this industry was lessened for a time and Dr. Perrin took over the practice of Dr. Snyder in Shelburne. Then after two years Cape Sable Island held him two and a half years. Then in 1878 he did post graduate work in New York and on his return settled in Yarmouth. In the same comfortable home on Main Street, Yarmouth, nearly fifty years later, the writer called several times to see the doctor whose body refused to respond to the bidding of his mind.

Dr. Perrin's removal from Pictou to Shelburne resulted in his marrying a member of a notable Loyalist family, a daughter of Mr. W. H. Gridley of Yarmouth. For nearly ten years Mrs. Perrin has been Secretary to her husband who always kept up his medical reading despite his paralytic infirmity. The little human touch in the BULLETIN of the Medical Society of Nova Scotia made its reading very welcome to both Doctor and Mrs. Perrin. Indeed, it is one of the highly prized perquisites of an official position, as editor and secretary, to meet such members of our profession in the intimacy of their home life. Perhaps it would be well for us more and more to cultivate this family intimacy, for the more we know of most people the more

In April, 1915, he enlisted in the Army Medical Corps and went overseas serving in both England and France. For a considerable time he was French and German interpreter for his medical unit. Upon his return he entered Dalhousie Medical College and graduated in 1925. He spent some five months in post graduate work in Paris, where he was married. He is survived by his wife and two children who are now, however, resident in Paris.

It will be remembered that Dr. Douglass first had his office on Hollis St. and on Spring Garden Road. Lately he resided with his mother, Mrs. L. E. Goodwin, 151 North St., Halifax, where the funeral ceremony was held on Thursday afternoon, conducted by Dean Llwyd, Archdeacon Wilcox and Dr. Wigle. Interment took place the following day in the family lot at Chester.

Dr. Douglass was but 35 years of age and his passing was quite unexpected. A large number of the physicians of Halifax attended the services at the house and the Halifax Medical Society sent a wreath. The service at Chester was in St. Stephen's Church, being conducted by the Rector, Rev. H. Feaver. Doctors Sutherland and Zwicker were two of the pall bearers. Dr. M. J. Wardrope of Springhill, an uncle of the deceased, was present at the services in Halifax and Chester.

PHILIP ALOYSIUS KIRWAN, M.D., C.M., Young, Saskatchewan.

The death is noted of Dr. P. A. Kirwan, Dalhousie Medical College, 1919, at Young, Saskatchewan, where he had located a year or two ago. Dr. Kirwan was born at Malagash, Cumberland County, about 38 years ago. He attended St. Francis Xavier College and graduated in Medicine from Dalhousie in 1919. His father was the late Frank Kirwan of Wallace and his mother was formerly Miss Mona Burke of Charlottetown, P. E. I., who predeceased her husband by some ten years. Dr. P. M. Kirwan, Dalhousie 1920, located at Tor Bay, Newfoundland, is a brother of the deceased. Previous to going to the West Dr. Kirwan practiced several years at Rogersville, N. B. His death resulted from pneumonia on the 23rd of February last.

The death occurred, April 10th, 1931, at her home in East Margaree, of Mrs. Mary Ann Tompkins, aged 82 years. She was ill but one week, failing to rally from an attack of Influenza. Among those who survive her and mourn her passing are Mrs. P. S. Campbell, wife of Dr. Campbell of the Provincial Department of Health, a daughter and Dr. M. G. Tompkins of Dominion, a son, who attended her through out her last illness. To these members the Medical Society of Nova Scotia extend sincere sympathy.

On March 29th, 1931, at the home of her daughter, Mrs. E. Hart Nichols, Mrs. Augusta W. Moody passed away after ill health and illness extending over several years, aged 77 years. Mrs. Moody was the widow of the late Dr. James C. Moody, who at the time of his marriage was practising medicine in Richibucto, N. B. He shortly moved to Windsor, N. S. where he was an active practitioner and prominent citizen for over twenty-five years. Dr. Moody died in 1902. Mrs. Moody was a daughter of James Jones of Digby, a brother of the late Hon. A. G. Jones of Halifax. Dr. Guy Carleton Jones, now resident in Rome, Italy, is a cousin of the deceased.

The death occurred on April 1st at Bridgetown of Mr. Charles F. DeWitt, a native of that town and a highly respected citizen. The late Dr. George E. DeWitt of Wolfville, who died in November, 1924, was a brother of the deceased and Dr. C. E. A. DeWitt of Wolfville is a nephew.

Rev. A. H. Denoon, D.D., New Glasgow, one of the outstanding Ministers of the United Church, passed away at Camp Hill Hospital after an illness of some two or more years. He was fifty-seven years of age, and is survived by his widow, two sons and one daughter. Mr. John Denoon of this year's graduating class in Dalhousie Medical College, is one of his sons. To him his classmates, members of the Faculty and many members of the medical profession will extend sincere sympathy. Many Nova Scotians and others serving overseas are acquainted with the splendid services of the late Padre Denoon, particularly in the hospitals immediately receiving front line casualties, where his ready sympathy, infectious humor and deep faith comforted many. This service proved too much of a strain and his energy and vitality finally succumbed, undoubtedly another martyr of the great war.

The death occurred in Amherst on April 1st of Mrs. W. A. Fillmore after a lingering illness, aged 66 years. Mrs. Fillmore was a daughter of the late Dr. Robert Mitchell, a prominent physician in the late years of the last century. Major Fillmore, her husband, is a leading citizen of Amherst and was for some two years President of the N. S. Hospital Association and always a Board member of Highland View Hospital. Miss Bessie Fillmore, R.N., has been her nurse for the last few years.

Sane Living. "Eat less and chew more; ride less and walk more; wear less and bathe more (applies to men only); work less and play more; talk less and think more; go less and sleep more; waste less and give more; scold less and laugh more; preach less and practice more, —and you will be better fathers, husbands and business men."

Personal Interest Notes

TOO seldom members of the medical profession take their own medicine when the prescription includes a real holiday in a warmer or more salubrious climate. However, Dr. W. R. Dickie, of Digby, spent most of February and March vacationizing in Florida, while Dr. R. E. Mathers of Halifax was one of the Crusaders on the Canadian Trade Delegation attending the British Empire Fair at Buenos Aires. Many cannot take these needed holidays, but many should take them and could do so. Some day it will be too late to take a breathing spell.

March did not go out like a lion but that did not keep Dr. J. L. McIsaac of Antigonish from being partly thrown through his car window, receiving several scalp and face cuts. Dr. O. R. Stone of Sherbrooke, who was riding with him on the way to St. Martha's Hospital, was uninjured. But the next day Dr. McIsaac was in his place in the Provincial Assembly, where, about that time, they were having some disorders of their own.

Dr. H. E. Killam of Woodville, Kings County had a bad spill on Sunday evening, April 5th, when his horse ran away. He was cut about the head and his hip severely injured. Horses are not accustomed to all varieties of conditions to-day as in former years, hence if the roads are not kept open for autos all winter and spring, we may expect a number of similar accidents.

For several years the people of Newport and vicinity have felt their medical service more difficult to obtain than in former years when at least one doctor was settled in their midst. We note that Dr. P. A. Ticktin, University of Toronto, 1928, who has been in practice two years at Rose Blanche, Newfoundland, has recently located in this populous rural district. We believe that there are a number of rural districts in Nova Scotia that offer splendid opportunities to the recent graduate. We trust Dr. Ticktin will enjoy practice in Nova Scotia.

The BULLETIN regrets to learn that Dr. J. A. Currie of Sydney is a patient in the Nova Scotia Sanatorium. We trust his stay will be short and, in the meantime, he can enjoy several recent copies of the BULLETIN which he has not been receiving.

Dr. E. Gordon Young of the Department of Biochemistry in Dalhousie has been lecturing in connection with the extension Lecture Course conducted by the Y. M. C. A. At Glace Bay recently his

subject was "Modern Fairy Tales", pointing out that most of the conveniences and necessities of modern life were the result of careful study and years of research and experimentation. The concluding paragraph of a report of this lecture would appeal greatly to his Cape Breton audience and reads as follows:—

"Finally Dr. Young touched on the great possibilities there lie in the proper development of the coal industry by referring to the way dyes were unexpectedly discovered. With proper laboratories and equipment it is not unjust to believe that in the future Glace Bay and the surrounding districts will solve its great problem of employment and existence by the ramifications of the coal industry. That coal is a fuel industry only is certainly a most erroneous impression concluded the young chemist."

We are advised that Yarmouth expects to make a great showing in the coming golf tournament no less than three of the doctors have signified their intention of annexing first hold on the Cup on July 8th, 1931.

Besides curlers and golfers the profession certainly has some hockey enthusiasts, for we noted that Doctors Roy, Bruce and Lynch of Sydney attended the McGill-Bearcat game in Halifax March 21st.

The Way They Do in Glace Bay. In the latter part of March the Anti-Tuberculosis Society of Glace Bay staged a public meeting at which Dr. C. M. Bayne gave a very effective address. At the conclusion of the lecture a vote of thanks was passed, but according to the Sydney *Post*, it was "tendered by Dr. Bayne to Dr. McNeil." This was presumably because Dr. Dan was the Chairman and vouched for the speaker.

Dr. Charles Beckwith of the staff of the Nova Scotia Sanatorium, had, as his guests at the Rotary Ladies' Night in Kentville, his parents Dr. and Mrs. W. H. Beckwith of Halifax, in the new Cornwallis Inn.

An apple a day may keep the doctor away, but a "peach" some day will bring him back.

Make your syphilitic patients read the 38th Psalm, they'll be better men for it and better patients, too. And, by the way, read it yourself.

Early in April Dr. W. T. McKeough of Sydney Mines was able to leave Harbor View Hospital and return to his home for his convalescence. This, we hope, is complete and uneventful.

It is rumored that Dr. R. E. Mathers is preparing some reminiscences of his recent introduction to King Neptune, his Queen and

Court or, in other words, How I Crossed the Line. In any case the BULLETIN has received a full account from an eye witness and is in a position to check up on the Doctor's version.

Congratulations to Mrs. J. S. Jenkins of Charlottetown, P. E. I., who after a few weeks' stay in Florida this last winter learned to fly, passed her examinations and received her permit. She may not be the first lady aviatrix in the Maritimes, but we think she is the first Doctor's wife to so qualify. Those members of the profession in Nova Scotia in attendance at the last C. M. A. meeting who enjoyed the hospitality of Dr. Jack and his father, the late Dr. S. R. Jenkins, at their respective homes, will be glad to learn of Mrs. "Jack's" achievement.

When advertising literature comes to the doctor's desk from a person or firm that does not advertise in the BULLETIN regarding products that are advertised in the BULLETIN, please remember that the **Bulletin** advertiser has been helping to publish your journal for a number of years, so give him always the preference. That is only decent business.

At the annual meeting of the Sailor's Institute of North Sydney, in April, Dr. J. W. McLean was re-elected President for the current year.

Dr. Percy Bagnall, Dalhousie 1921, of St. George's, Newfoundland, visited his former home in Sydney in April.

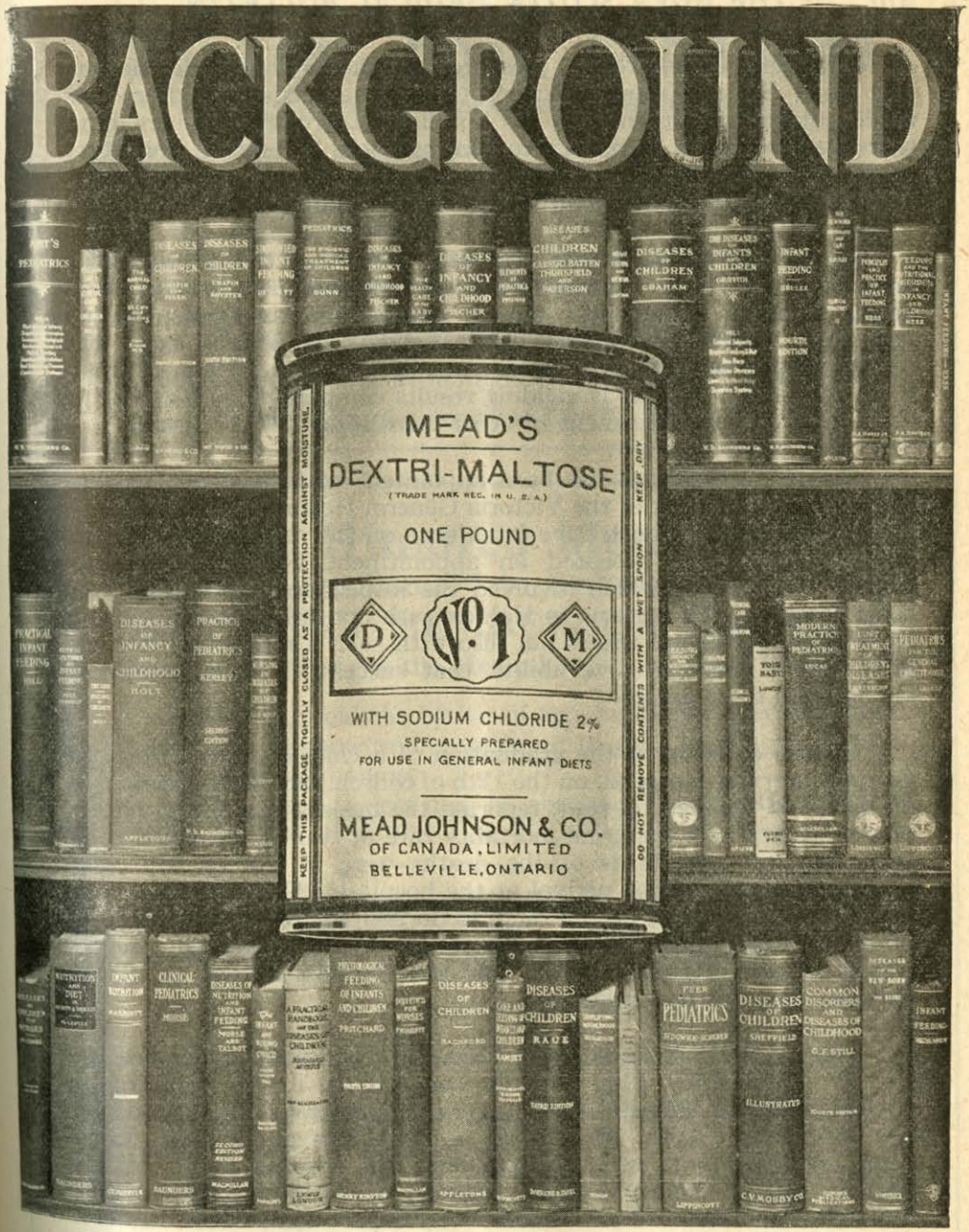
Dr. M. G. McLeod of Whycocomagh is Deputy Grand Master of the Masonic Lodges in Inverness and Victoria Counties.

NOVA SCOTIA NOTES.

The trustees of the Glace Bay General Hospital have been authorized to borrow $75,000.00 for the erection of a nurses' residence and the installation of a new x-ray plant.

A rearrangement, which includes the adaption of the section hitherto used for infectious cases, is to add twenty-five beds for general purposes at the Aberdeen Hospital, New Glasgow. A number of other important improvements are to be made.

Dr. L. H. McKim, of Montreal, was a recent visitor to the maritime provinces as a lecturer under the Canadian Medical Association scheme for post-graduate instruction. He addressed the Halifax society on the 25th of March, when he discussed fractures involving the ankle joint in his usual able and acceptable manner.



THE use of cow's milk, water and carbohydrate mixtures represents the one system of infant feeding that has consistently, for three decades, received universal paediatric recognition.

No carbohydrate employed in this system of infant feeding enjoys so rich and enduring a background of authoritative clinical experience as Mead's Dextri-Maltose.

According to the report presented to the provincial legislation, the Nova Scotia Training School (for feeble-minded children) has made substantial progress in its building programme. There have now been erected a dormitory to accommodate 50 boys, a dormitory to accommodate 70 girls, a trades and school building, staff houses, a laundry and bakery, and necessary farm buildings.

In his last annual report, recently submitted to the provincial legislature, Dr. F. E. Lawlor, Medical Superintendent of the Nova Scotia Hospital, records the largest number of admissions for any year since the opening of the hospital seventy-three years ago. The recovery rate, based on admissions, was 39 per cent. Malarial treatment for general paresis is yielding results comparable to those being obtained from this treatment in other institutions for the insane.

Dr. H. L. Scammel has been appointed senior medical assistant to the Superintendent of the Victoria General Hospital. Dr. Scammel has already had administrative experience on the staff of the hospital, following which he accepted an appointment with the American College of Surgeons which involved the inspection of hospitals from coast to coast. He returns to Halifax with not only a very extensive knowledge of hospital affairs but also with such a reputation for tact, discernment and executive ability that success in his new position would seem to be assured.

On the occasion of the graduation of a class of nurses from the Grace Maternity Hospital, on the 12th of March, Dr. P. A. Macdonald, on behalf of the medical staff, reported the busiest year in the history of the hospital. A maternal mortality rate of two per cent had to be admitted, but two-thirds of the deaths were in women who were practically moribund on arrival at the hospital. Dr. H. B. Atlee addressed the graduates, urging them to do their share in the prevention of the pain and danger now incident to partuition by emphasizing the importance of attention to the physical development of all female children from earliest infancy.

During the last fiscal year, according to the report of the late Mr. W. W. Kenney, 5147 patients were treated in the wards of the Victoria General Hospital. The average number of days in hospital per patient was 15.44; the average occupancy of public beds, 83 per cent, and of private beds, 79 per cent; the average daily cost per patient, $3.99. Nearly 11,000 specimen of various kinds were examined in the laboratory. In the x-ray department, 5215 diagnostic examinations were made, and 792 x-ray treatments, 1806 ultra-violet ray treatments and 222 radium treatments were given. Admissions to medical wards numbered 958; to surgical wards 3,962. In the surgical division there were 1,743 operations; in the gynaecological

One Hundred Members

Are Wanted to Deposit

PERMANENT-MEMBERSHIP ORDERS

with the Secretary of the Medical Society of Nova Scotia.

If you wish to avoid the bother of an Annual Membership Draft:
If you wish to show your confidence in your Provincial Society:
This is your opportunity.

These Permanent Orders may be obtained from the Secretary at the Annual Meeting at Truro, July 8th and 9th, 1931.

The Medical Society of Nova Scotia

PERMANENT MEMBERSHIP ORDER

Place and Date.....193.....

Name of member's Bank.....at.....

Please Pay

To the Order of the Medical Society of Nova Scotia at Halifax on the Fifteenth day of February, 1932, the sum of

Ten.....($10.00)..... Dollars.

And continue to pay this amount on the fifteenth day of February each year.....
UNTIL FURTHER NOTICE.

Signature.....M. D.

Address.....

Countersigned.....

Secretary.

division, 336; in the eye, ear, nose and throat division, 731. Of the patients admitted, 400 did not belong to Nova Scotia.

In his report for the year ended September 30th, 1930, Dr. A. F. Miller, Superintendent of the Nova Scotia Sanatorium, makes it plain that he still adheres to the opinion that satisfactory results in the treatment of tuberculosis patients are to be expected from the centralization of such patients in an adequately equipped institution rather than from the provision of tuberculosis annexes to local hospitals. During the year under review, 292 patients were admitted or re-admitted to the Sanatorium, and 476 were under treatment. Chest examinations numbered 1,849; artificial pneumothorax operations, 2,255; phrenicotomies, 8; extrapleural thoracoplasties, 3. Nearly 6,500 x-ray examinations are reported, and more than 4,400 examinations of various materials were made in the laboratory. In addition to the work done at the Sanatorium, members of the staff conducted 57 clinics at various centres for the Provincial Department of Health. A number of Dalhousie medical students received special training for periods of three months each. And 254 persons referred by practitioners for examination and report received the requisite attention. A new infirmary building is to be erected, which will provide for practically double the number of infirmary beds now available and increase the total accommodation to 350 beds.

The annual report of Dr. T. Ives Byrne, the Provincial Health Officer, recently presented to the legislature, states that there were no outbreaks of disease in epidemic form during the year ended September 30th, 1930. Sporadic cases of infantile paralysis had been reported but the incidence was not alarming. Convalescent serum had been prepared in anticipation of the appearance of the disease, and had been supplied where required. A mild type of scarlet fever had been somewhat prevalent, and measles had accounted for 26 deaths. Twenty-four deaths had resulted from diphtheria—"a record of wanton sacrifice of human life"—and because parents are neglectful in respect of immunization against diphtheria, consideration is being given to the establishment of educational and immunizing clinics at strategic points throughout the province. Whooping cough had been responsible for 56 deaths. Two cases of smallpox- both mild, had been reported. Influenza had been fairly prevalent, especially in the more advanced age groupings, and, with its complications, caused upwards of 500 deaths. The death rate from tuberculosis had again shown reduction. It is hoped that before long every case of tuberculosis in the province will be either institutionalized or under the strict supervision of the specialists and nurses of the Department of Health. Efforts at the control of the venereal diseases had been continued at the five free treatment centres maintained by the Department. Cancer had caused 16 more deaths than had resulted from tuberculosis. Deaths attributed to heart disease had numbered 645. Plans for enlargement of the nursing service are under consideration.

In the tuberculosis service, directed by Dr. P. S. Campbell, 2,310 chests had been examined. The tuberculosis death rate had been 99.6 —the lowest rate yet reached. "The provision of a sufficient number of beds for the tuberculous is very important, nevertheless it is of lesser importance than the general field work in a control plan." In the laboratory, directed by Dr. D. J. Mackenzie, upwards of 16,000 specimens of various kinds had been examined—an increase of nearly 25 per cent over the previous year. Application of agglutination tests for Br. abortus and Br. melitensis to 500 specimens of blood selected at random had given results indicating a much more general prevalence of undulant fever than had been suspected.

The report on vital statistics is more comprehensive than for several years past. This deals with the year 1929. Birth rate was 20.4; general death rate, 12.7; infant mortality rate, 89.8. The rate for tuberculosis, all forms, was 99.6; for pulmonary tuberculosis, 86.4. All rates were based on the 1921 census.

W. H. H.

From time to time we read of suggestions as to the new hospital in Kentville. We would suggest a study of the local situation by those most interested with the Department of Health in order that something new and desirable from the larger point of view may be evolved. The main thing is to get a broad outlook and plan accordingly.

Red Cross Week.

The medical profession all over the world will cordially endorse any anniversary enterprise sponsored by the League of Red Cross Societies, a League standing almost equal with the League of Nations in its world-wide work for humanity. The Nova Scotia Division of the Canadian Red Cross Society, following an almost world custom, is observing the 100th Florence Nightingale Anniversary; and is doing this by inaugurating a week's membership drive. Health education in Nova Scotia owes much to the Provincial Red Cross Society and all members of the medical and nursing professions will welcome this opportunity to give tangible expression to this appreciation.

In 1878, when the late Dr. A. M. Perrin located in Yarmouth, there were quite a number of medical men there in practice. These were Doctors Bond, James and Joseph Farish, Geddes, Harley, Webster and John Webster, Randall, Kelly and Davis. Doctors Farish and Webster now on the Yarmouth list are of a later generation, they are still young men, altho many years in practice.