

Chronic Arthritis

DR. J. A. NUTTER, Montreal*

CHRONIC arthritis causes so much disability and the payment of so many millions of compensation that a determined effort is being made to fight it. It is being investigated from many angles and is a very live subject today. The classification of chronic arthritis has been a bugbear always. It is cursed with a multitude of names which vary in their interpretation. It would seem however, that under four headings the whole subject may be not inadequately considered. The four headings are:

- (1) Rheumatoid arthritis.
- (2) Osteoarthritis.
- (3) Climacteric arthritis.
- (4) Gout.

(1) Rheumatoid arthritis is that form which comes on mainly in the first four decades of life, and is usually, it is thought, due to focal infection. It may have a febrile onset, as in gonorrhoeal arthritis, and usually affects several joints. The inflammation attacks the soft parts of the joints, which have a good blood supply. The joints therefore become swollen and painful and later on more or less ankylosed. X-rays as a rule are negative, save for some bone atrophy.

(2) Osteoarthritis is really a degeneration rather than an inflammation and appears usually after 50. It is, as a rule, an evidence of age, just like arteriosclerosis, or falling of the hair, but can also be produced by overuse or strain of a joint. A typical example of this last is the osteoarthritis produced by chronic strain of a knee when the hip on the same side is ankylosed. As the pathological process is a degeneration and therefore associated with a diminished blood supply, one finds that it begins in the interior of a joint, remote from any blood vessels. The joint cartilage gradually softens and wears away. When the bare bones rub together we have eburnation. X-rays show productive changes or "lipping" with some loss of joint spacing. This degenerative arthritis is very slow and afebrile in onset, and usually attacks the larger joints—hips and knees. It does not produce ankylosis. Heberden's nodes in the fingers belong to this category, as also morbus coxae senilis.

(3) Climacteric arthritis. This is a form seen at the menopause, and is thought to be caused largely by lack of function in the generative organs. It is seen typically in an obese woman of 45 to 55, with creaking and painful knees. X-rays show some lipping here in some cases.

(4) Gout. This well-known arthritis occurs usually in large heavy men who live well and eat much meat. The arthritis usually comes on very acutely and painfully and is especially fond of the great toe joint. After several days of agony it gradually disappears. One finds tophi in the ears and an excess of uric acid in the blood. This last sign, however, is likely to be absent during an acute attack, which is precisely when we are apt to examine the blood to confirm a diagnosis. X-rays may show deposits of sodium bi-urate in the great toe joint. The best remedies are colchicum and a meat-free diet, with hot lead and opium lotion, or cold compresses to the affected joints.

*C. M. A. Lecture delivered at New Glasgow and Truro in June, 1931.

Treatment in General.

The patient's general condition should be studied. No attempt is made to prescribe a special diet until the patient's normal regimen has been valued. Anaemia should be combated, so also constipation. Many cases are seen where a condition of exhaustion has been brought about by too great use of a swollen and painful knee, for example. Any foci of infection should be removed, if possible. Tonsils, teeth and the genito-urinary tract stand in the front rank, after them the sinuses, kidneys, gall bladder and pus collections anywhere, even in the skin. There is no specific medication. Aspirin is a favorite, and acts better than sodium salicylate. At times intestinal antiseptics are useful (guiacol carbonate, sulphur, buttermilk). Occasionally intestinal stasis seems to be a cause of arthritis even in patients who do not admit constipation. A barium series ending with a barium enema may show too long retention of intestinal contents. Daily high colonic irrigation may be tried in such patients with at times the happy result of an enormous fecal evacuation followed by improvement. Antogenous vaccines at times help greatly, as from urine, dental abscesses or tonsils. Stock vaccines are sometimes successful as in gonorrhoeal joints. Protein shock, by the hypodermic injection of dead typhoid bacilli or a few cubic centimetres of boiled milk twice a week in increasing doses, is at times useful, but cannot be depended on. An examination of the blood may show a decreased sugar tolerance, especially in heavy persons with arteriosclerosis. This is not to be taken as constituting the cause of an arthritis, but as a part of the pathological picture. In such case a low carbohydrate diet is indicated, with potatoes, white bread, cakes, etc. eliminated. Bran muffins (not brown bread) should be substituted for the white bread. A constant endeavor should be made to avoid joint deformity. Of what avail is it to treat an arthritic knee by the most skilful means only to leave it flexed? If a joint has become ruined by disease the question of operative ankylosis or arthroplasty will arise. In a painful hip the patient's weight may be removed by use of a Thomas knee brace. Physiotherapy is of the greatest help after the febrile stage is over. Baking and diathermy with massage are favorite methods of treatment. Sunshine and quartz lamp are useful in building up the general resistance. In osteoarthritis too much improvement must not be expected from the eradication of foci of infection. It is thought, however, that such lesions do play a part in precipitating an attack, as also in gout.

In the spine the question of diagnosis is particularly important. The patient should always be stripped and examined. Many a girl is treated by aspirin when the backache is due to a scoliosis which needs support. Many a young man is dismissed with a prescription for "rheumatism" when x-rays would show Pott's disease. Flat feet will cause backache, but arch supports are indicated, not aspirin. It may take several months to exclude tuberculosis of the spine in a doubtful case. Eventually the x-rays should show destruction of an intervertebral disc.

One curious feature noted in the treatment of arthritis is the conviction, on the part of most practitioners, that arthritis never comes to an end. A man who has once suffered from arthritis will always, on the appearance of any pain even years ago, be treated by salicylates. This is shown most strikingly in cases of low back pain in ex-arthritics. Here the lumbar spine, stiffened by arthritis of years gone by, brings on a low back strain which may easily be cured by strapping and later on a simple support. Many a case of pain in the region of and attributed to an old arthritic hip turns out to be sacro-iliac

strain easily cured by mechanical support. To add a third instance, a painful knee, the subject of previous but now extinct arthritis, may be found to be the seat of hypertrophied fat fringes. These fat fringes produce a form of internal derangement in the knee with pain and swelling, being constantly pinched between femur and tibia. If bandaging, massage and raising the heel of the shoe do not give relief, removal of the fringes by operation will effect a good cure. Such a condition is also seen after injury, it should be noted.

Sciatica is thought to be usually arthritic in origin, with pressure on the fifth lumbar nerve root in its foramen as the source of the pain. The foramen here is not very large, and can be lessened in calibre by arthritic effusion and swelling nearby. During an acute attack not much can be done save to make the patient as comfortable as possible with pillow fixation and sedatives. Later on it will be found that removal of any foci of infection (tonsils, teeth, genito-urinary tract), restoration of a flattened lumbar curve, heat and immobilization are the cardinal points in treatment. As the swelling in the joints which bound the fifth lumbar foramen subsides, the pressure is relieved and also the pain. The nerve root may be left with adhesions in the foramen, with subsequent tendency to a recurrence. It is in such cases that the so-called "stretching of the sciatic nerve" under ether is of value. What this does is to pull the nerve at the foramen, thus breaking up adhesions with subsequent relief. A flattened lumbar spine should be given a normal curve by placing the patient on a plaster shell arching upwards for several weeks. When the pain has nearly left a plaster spica will enable him to get up and walk about, while at this same time his lumbar curve is maintained and the parts immobilized. A plaster spica should never be applied in the acute stage. Where a flattened lumbar spine refuses to return to its normal contour one is justified in giving an anaesthetic, manipulating the spine and so breaking up adhesions in the vertebral joints, ending up with "stretching the sciatic nerve" followed by a spica with the lumbar curve reestablished.

In treating arthritis in the feet the question of diagnosis is as always of the greatest importance. A frequent error is to blame everything on flat feet, forgetting that arthritis may be lurking in the background. The pain of flat feet is on the inner side of the ankle as a rule. Pain over the metatarsal heads may mean a flat anterior arch with strain. There should be little or no swelling however, in a flat foot. Also the onset of recent trouble in an old flat foot should make one suspect some focal infection, as influenza, tonsillitis or gonorrhoea. Pain along the outer border of the foot and in the fleshy part under the arch is seldom due to flat foot, as also pain which refuses to go away when the feet are rested. A good therapeutic test is to strap the painful foot. If the disability is due to strain it will be relieved at once—if due to local infection there will be little improvement.

Annual Report of the General Secretary

To the Executive of the Medical Society of Nova Scotia

Your General Secretary would submit a report of his office for the year ending June 30th, 1931.

1. Membership.

(a) As instructed membership drafts were sent out February 15th, 1931 for the calendar year. The returns are as published in the BULLETIN of June, 1931 and are verified by the statements from the Bank as regards collections. This shows the highest membership we have yet attained,—Active Members 284, Honorary Members 16, making a total of 300. To which surely 5 more will be added at this annual meeting. The immediate mark is 300 active members, out of a possible membership of about 385.

(b) Honorary Members. During the year three of our Honorary Members passed to their reward, of which due mention will be made elsewhere. But one nomination to this list is presented to the Executive for approval and recommendation.

(c) The Membership of the C. M. A. in this Province is about 145, barely 50% of our provincial membership. This should be increased to 200 and your attention is called to the matter in order that you would suggest means by which this could be accomplished.

2. The Bulletin.

A very full statement of the financial standing of the official journal, the BULLETIN will be presented to you, but there are a number of matters to be considered under this heading.

(a) Cost of Publication. The total cost of publishing as per invoices and receipts is shown to be \$2,138.21 and the total amount charged for advertising for the year amounted to \$2,000.76, leaving a positive deficit of \$137.45, which may be increased by any bad accounts, if such should develop. This is a very distinct improvement over previous years in spite of an increased number of pages in each issue.

(b) While the BULLETIN is the official journal of the Society, it is to no extent more than the official journal of the General Secretary. This is not what the Society intended and it makes its publication a burden rather than a pleasure. It is only fair to indicate ways and means by which the members of the Society can increase the income and usefulness of this publication.

(c) While it may not be good business to enlarge the BULLETIN an effort is being made in the July number to increase the reading matter at the least possible cost. Full particulars of various phases of the work in connection with this journal will be submitted to you for consideration.

(d) Attention is drawn to the fact that the Secretary has several bound copies of the BULLETIN for 1930 that may be purchased for the sum of \$2.50. This is the easiest and best way of keeping this journal. If those who desire such copies will advise the Secretary, a sufficient number will be bound to supply the demand.

(e) Attention is again drawn to the practice of expecting the Business Editor to prepare nearly all the reports of meetings of Branch Societies, whether he has been in attendance at them or not. These should all come to him from the Society itself. It does not appear that any Branch Society Secretaries are overworked with their Society duties. To a considerable extent this applies to the preparation of obituary notices, Branch Societies assuming no responsibility in this matter, although so instructed at the last annual meeting.

3. Post Graduate Lectures.

Nova Scotia has had a fine year of Post Graduate Lectures under the auspices of the Canadian Medical Association. The Society has grown to expect two or more lecturers from outside the Province at the Dalhousie Refresher Course in September; a tour over the Province about the last week in October; a visit during the winter to the Halifax and Sydney Branches; an extensive tour over the Province the last week in May; special meetings addressed by speakers who may be visiting other Maritime Provinces and can hold some meetings in Nova Scotia; and always the distinguished speakers who attend our annual meetings.

It is impossible to overstate the value of these lectures to the rank and file of the profession, who are unable to leave home for a period of study of months. This means bringing post-graduate courses to the doctor almost at his home. In considering the amount of detail work required to arrange for these meetings and planning for the future the Executive should convey to the C. M. A. our very great appreciation of this service.

It is very desirable to note that members of the staff of the Medical College of Dalhousie made a splendid tour of Nova Scotia the last week in May of this year and, with one exception the meetings were among the most successful ever held under these auspices. As a matter of fact members of the medical profession in Nova Scotia have been uniformly well received when lecturing in other provinces. Why not utilize them to a greater extent in our own Province.

4. Annual Maritime Meetings.

Your Secretary has had considerable correspondence from time to time regarding the holding of our Annual Meeting at such time as would facilitate the attendance of prominent members of the Canadian Medical Association at each of the provincial gatherings. This is, of course, very desirable, and this correspondence will be submitted to you in order that you may take the necessary steps to bring about this co-operation. This year our visitors from the C. M. A. will go from our meeting in Truro to Charlottetown to the annual meeting of the P. E. I. Society and the next week attend the meeting of the N. B. Society.

In this connection your Secretary would suggest that this Society appoint two members to attend the meetings in New Brunswick and Prince Edward Island, who, beside conveying official greetings, will also present to these Societies, if desired, scientific papers on such subjects as may be acceptable. Your consideration of this matter is earnestly recommended.

5. Branch Societies.

There is a tendency of Branch Societies to forget they are but a part of the Provincial machine, as Provincial Associations are apt to forget their affiliation with the Canadian Association, and that the federal body might

assume, perhaps, too much independence. It seems necessary to emphasize the part of each in the large machine and each part bears a definite relation to the other. Branch Societies constitute the Medical Society of Nova Scotia in their respective districts. Hearty and ready co-operation with the Executive and the General Secretary is necessary. The better a Branch Society responds to its share of provincial work the more service will it receive from both the provincial and federal bodies.

Your Secretary would bring to your attention certain instructions to local Secretaries according to the Constitution, common to all Societies, that have not been observed. From Article VII Section 4 we quote:—

“The Secretary-Treasurer shall forward to the Secretary-Treasurer of the Medical Society of Nova Scotia, before the annual meeting of that Society, a list of the members in good standing of this Branch. At the same time he shall forward to the Secretary-Treasurer of the Medical Society of N. S. the names of the representative or representatives, chosen by this Branch to act on the Executive Committee of the Medical Society of Nova Scotia. He shall also forward to the Secretary-Treasurer of the Medical Society of N. S. a list of the names of all practitioners resident within the area for which this Branch was formed, who are not members of the Branch, stating, where practicable, their reasons for non-membership.”

This does not entail very much work upon the Secretary of the Branch, save in the larger Branches of Halifax and Cape Breton. The reasons for these instructions are obvious, but they are not being observed. It is suggested that the Executive approve of a letter to each Branch calling attention to this portion of the Constitution and requiring each Branch to conform to the regulations therein stated; provided that this be approved by the Medical Society of Nova Scotia.

In this connection it should be stated that the Branch Societies have shown the greatest possible co-operation in arranging for Post Graduate Lectures under the auspices of the C. M. A. Frequently these meetings have been made to coincide with a regular or annual meeting of the Branch. This should not be permitted to go too far as each Branch must cultivate its own members and not depend entirely on outside men. Might some expression of opinion be made in this particular?

As you are aware, a certain Redistribution has been suggested in some places, the Colchester-Hants Branch having called a special meeting for this purpose at this Annual Session. It is suggested that the Executive consider the local field to ascertain if any improvements can be made to facilitate medical meetings for all members of the profession.

6. Irregulars.

That chiropractors are practicing without let or hindrance in this Province is common knowledge. That the Provincial Medical Board is honestly endeavoring to put these men out of business is admitted by all conversant with the situation. Yet in some instances local practitioners cannot but feel the effects of this illegal practice in their own incomes, and feel that their interests should be conserved by their own Medical Society and Board. Recognizing that these people thrive on publicity, no matter what the source, the only publicity the Society might give is to have a full discussion as to why cases are not prosecuted, with any prospect of securing a conviction. One case, in particular, is so flagrant that one can only conclude that the Medical Act should be amended. There is considerable correspondence and some reports available for your consideration in this connection.

7. Date of Annual Meeting.

The Constitution of the Medical Society of Nova Scotia reads thus:—

“The regular meeting of the Society shall be convened annually on the first Wednesday of July, at such place as may have been determined by the Society at its previous annual meeting; provided, however, that should warrantable circumstances arise, the time for meeting may be changed by the Executive Committee.”

It has always been the experience that July 1st, Dominion Day, is a bad day to hold a medical meeting, and this day sometimes falls during the session. It is also more difficult for the local committee if this holiday comes too close to meeting days. In 1928 the Executive changed the date so as to have it coincide with the Medical College anniversary; this year it was likewise changed with the concurrence of the local committee to avoid the holiday.

Communications will be presented to you relative to an agreement between New Brunswick and Prince Edward Island to arrange our meeting dates so that distinguished visitors to one Society might be available for the other meetings without undue loss of time or of increased expense. As the Nova Scotia Society is the largest and holds practically a three day session, its selection of date would have first chance, and Prince Edward Island would follow in the same week, with New Brunswick early the next week. Will the Executive make proper representations to the Society on this matter?

Approved by the President, the Secretary wrote the New Brunswick Society suggesting a representative from their Society to attend our meeting and address the Society at its usual banquet. We have been advised that Dr. H. E. Britton of Moncton will attend this meeting as such.

8. Standing Committees.

It has long been recognized that some standing Committees have been greatly handicapped by not holding any meetings, and the work, if any, being done largely by the chairman of the committee. As the members of these committees are from all parts of the Province the only reasonable time for them to meet would be on the occasion of the annual meeting, the same day upon which they are appointed. If this procedure was adopted by the Society, making these Committee meetings a part of the annual programme, there would be a greater effort made to nominate to these committees only those who were present at the annual meeting. Furthermore, after their organization the Executive should hold its first regular session. Your consideration of this matter and the presentation of your conclusions to the Society is requested.

9. Miscellaneous.

There are a large number of matters appearing on the agenda for the executive, some of which may be briefly mentioned.

- (a) The use of a distinctive *motor emblem*, with some correspondence with the Minister of Highways and others relative thereto.
- (b) Locum Tenens. This to also include consideration of medical supply where the needs of the community call for such, also the location of recent graduates.
- (c) The Royal College of Physicians and Surgeons of Canada.
- (d) Reports of Standing Committees to be considered and passed to the Society with recommendations.
- (e) Instructions relative to Obituary Report.

- (f) That the Executive approve of the Obituary Report and its presentation to the Society.
- (g) That further instructions be given *re* compensation for attendance on seamen.
- (h) Correspondence relative to Dr. George D. Stewart.
- (i) Moving Picture (Winthrop Chemical Company).
- (j) Periodic Health Examinations. To consider C. M. A. Report.
- (k) C. M. A. appointments. To the Council, five besides President and Secretary.
To the Editorial Board, Dr. Hattie and Local Secretaries.
To Legislative Committee, Drs. Hattie and McDougall (Can. and N. S.)
- (l) Two pertinent questions were asked by the Chairman of the C. M. A. Committee on Intra-Canadian Relations (1) Is the Canadian Medical Association doing all it ought to do for the various Provincial Medical Associations? (2) Are the various Provincial Medical Associations doing all they might do to co-operate with each other and with the Canadian Medical Association? This might be considered in connection with the BULLETIN or Membership reports.
- (m) C. M. A. Report on Maternal Mortality. See correspondence and C. M. A. reports.
- (n) Relations of The Medical Society of Nova Scotia and the Provincial Medical Board. See Presidential Address in BULLETIN.
- (o) Provincial Society for Cripple Children.
- (p) Round Table Discussions. This has been introduced into the Programme in order to make an opening for the consideration of certain pertinent subjects not especially provided for in the general programme, and its inclusion seeks your approval. In this connection your attention is directed to the letter from Dr. Dan MacDonald on the subject of Birth Control. Possibly the Executive would suggest the names of others who should participate in this general discussion? Might it not be advisable to have an hour at each Annual Meeting for this same purpose in which any member upon notice could bring any matter before the Society?
- (q) It is desirable that some member of the Executive make a careful survey of the C. M. A. Council Reports, as submitted to Council, and advise if there are further matters therein that should be brought to the attention of this Society.
- (r) It will be necessary at this time to put the Secretaryship of this Society on a proper business basis. The several means by which this can be done must be fully considered and something definitely decided.
- (s) Health Nursing Service.
It would appear desirable for the Society to express the opinion that the success of Health work in this Province will depend largely upon the general adoption of a Health Nursing Service for the entire Province. This should be given very careful attention.
- (t) The General Secretary has not in his possession anything in the way of a cut for a Medical Crest, and the Executive should take this matter into consideration.
- (u) The work of the Hospital Association is so intimately connected with

the members of the Medical Association that direct representatives of this medical society should attend each annual meeting of the Association.

9. Golf Tournament.

- (a) The Executive should instruct the Secretary to write a personal letter to each of the BULLETIN advertisers who contributed to the fund for the purchase of prizes expressing the appreciation of the Society for their assistance.
- (b) This function should for the present be regarded as a feature of each annual meeting and it is suggested that a special committee of three be appointed to arrange for such an event at the Annual Meeting. This committee should also be charged with the duty of obtaining necessary funds to make this event successful.

Respectfully submitted

S. L. WALKER,
Secretary.

Pictou County was well represented in those who passed the recent Dominion Council Examinations. Doctors Denoon, of New Glasgow, Grant and Muir of Eureka, and Ross of Stellarton.

Dominion Council. Some 300 more or less recent graduates in medicine were successful at the Dominion Council Examinations held in June. Candidates at Halifax securing their Council were.

Dr. C. M. Bethune, Baddeck; John W. Denoon, Westville; Dr. Donald Campbell, Point Edward; Henry W. Morden, Man.; Dr. B. I. Chaisson, Eel Brook, N. S.; Donald A. Forsythe, Dartmouth, N. S.; Audley A. Griffin, Halifax, N. S.; Joseph G. Giovannetti, Placentia, Nfld.; Donald M. Grant, Eureka, N. S.; Frederick C. Jennings, Saint John, N. B.; Malcolm J. MacAulay, Sydney; Clarence G. MacKinnon, Halifax, N. S.; John L. MacMillan, Trout River; Hugh J. Martin, Sydney, N. S.; John R. McLeave, Stewiacke; Bernard F. Miller, New Waterford; Roy A. Moreash, Halifax, N. S.; Robert K. Muir, Eureka, N. S.; J. Murphy, Saint John, N. B.; A. W. Ross, Sydney; Fraser Ross, Stellarton; Charles B. Smith, Glendyer, N. S.

A list of students from the Maritime Provinces who were successful at other centres follows:

Montreal: Frederick R. Connell, Saint John, N. B.; Samuel A. MacDonald, Charlottetown, P. E. I.; Robert A. Gregory, Saint John, N. B.; Edwin Keney Wright, Eel River Crossing, N. B.

Toronto: Charles B. Brown, Clark's Harbour, N. S.; Edward Kimber Woodroffe, Annapolis Royal, N. S.

Edmonton: Samuel M. Burris, Shubenacadie, N. S.; Lawrence Kickham, Souris, P. E. I.

Caesarean Section with Case Report

DR. D. MCNEIL, Glace Bay, Nova Scotia.*

Mr. President and Gentlemen:

In presenting this paper to you this afternoon, it is not with the intention of offering you something new, but rather of bringing back to your memories some past history regarding Caesarean Section and submitting a case report with the hope that it may provoke a discussion regarding the classical operation as against the newer methods generally practiced to-day.

Extracting a child from the uterus by abdominal and uterine incision is a very old method, and was in all likelihood known in certain primitive tribes and nations in remote antiquity.

It is generally believed that Julius Caesar was brought into the world by abdominal incision and hence the name Caesarean Section, but there is no reliable evidence that he was delivered through his mother's abdomen. The name is derived from the Latin description of the operation, *Caeso Matris Utero*.

The Roman Law commanded that the operation be performed on every woman dying in pregnancy. The first recorded Caesarean Section upon a living woman was performed in Europe in the year 1610, by J. Trautmann in Wittenberg. The patient lived twenty-five days. But in reviewing history we find that somewhat earlier than this a butcher by the name of Nufer in Switzerland is said to have delivered successfully his own wife by the abdominal route when several midwives had given her up, and, moreover, that afterwards she had five spontaneous deliveries.

The maternal mortality of caesarean section in the early days was exceedingly high, the high death rate being due to hemorrhage, and it was due to hemorrhage because the uterine incision was not sutured, the belief being that sutures would not hold on account of the uterine contractions, and due to infection because the germ, and means of combating it, was not even thought of. Suturing the uterus was first introduced by Lebas in 1769, when he inserted three stitches and left the ends long enough so that they could be removed afterwards. Amputation of the uterus after a caesarean section was first proposed by Michaelis in 1809 in order to overcome the two serious complications, namely, hemorrhage and infection, and it was first carried out with a fatal result by Storer of Boston in 1868. In 1879, we find that crude attempts had been made at anaesthesia and antisepsis, the patient was made to drink banana wine until near the point of intoxication. The field of operation was washed with the wine, and also the hands of the operator. The fact that, in spite of our present day knowledge of asepsis and the exacting care taken to guard against infection, a patient dies as a result of this poison, one wonders how, prior to the days of Lister and Pasteur, even one woman survived the ordeal of caesarean section.

I am not going to burden you by going into the detailed, relative and absolute, indications for performing a caesarean section, but would like to

*Read at the Annual Meeting of the Medical Society of Nova Scotia, Truro, N. S., July 9th, 1931.

express my view points regarding some of the relative indications that are encountered.

1. **Eclampsia.** Eclamptic patients are poor risks being liable to fatal shock from violent delivery or operative measures of any kind. It is my opinion that caesarean section should not be performed except where there is an association of some pelvic dystocia or an abnormal presentation, or perhaps in the case of a primipara with violent convulsions and a hard rigid Os. I believe, the shock from the operation is far greater than that of the few hours labor induced by some artificial means. If the patient fails to respond to medical treatment, I induce labor by passing two or three bougies through the cervix and up into the uterus as far as possible. In passing the bougies one must be careful not to rupture the membranes. In all cases where I have adopted this plan, delivery occurred within four to eight hours.

An estimate of the risk of caesarean section performed on eclamptic patients can be gained from the surveys of Eardley Holland and Charles Gordon. Holland's survey consists of a study of the operations performed in 37 hospitals in Great Britain and Ireland from 1911 to 1920, inclusive. Gordon's contribution is the number of operations performed in 33 hospitals in the city of Brooklyn in the years 1920 to 1926, inclusive. Their combined survey shows that 299 cases of Eclampsia treated by Caesarean Section resulted in 86 maternal deaths, a mortality of slightly less than 30 per cent. The mortality to-day by a conservative routine in the treatment of this condition is well under 10 per cent.

2. **Placenta Praevia.** Hemorrhage from a placenta praevia may begin as early as the second month of pregnancy, but here I want to deal only with hemorrhage in its last trimester, when not only the safety of the mother is concerned but also that of the child.

In so far as I am able to learn, forcible dilation, version and delivery appear to have first place in treatment, but I believe caesarean section has a well defined place in the treatment of placenta praevia. In cases other than placenta praevia I have performed version many times without any ill effects to either mother or child, and I have also performed the same act, but in so doing I know that my manipulations caused the death of the child. This leads me to the belief that had caesarean section been performed the child would have been saved. The added peril of fatal hemorrhage in placenta praevia makes version such a dangerous procedure that great judgment is required in choosing the method of delivery.

One time I assisted in the case of a central placenta praevia where version had been performed and a rapid delivery, but in the attempt the hemorrhage was so furious a dead child was delivered and the mother died within the next four hours. I believe had caesarean section been performed in this case, the mother at least would have been saved.

Fortunately, I have had only a few cases of placenta praevia, these I managed by the method proposed by Wigand at the end of the eighteenth century, namely, tamponing the cervix and vagina. But I always visualize coming across a primipara at or near term, with a central placenta praevia, slight dilation of the cervix and the infant in good condition. Should I be called upon to treat such a case, I venture to say that my method of treatment would be to perform a caesarean section.

A Case Report. In so far as I am able to ascertain, I do not know that more than five caesarean sections have been performed on the one and the

same woman. Several months ago I performed this operation for the fifth time on a woman who could not give birth through the natural passage because of a contracted pelvis. The last time I operated on this woman there were a few omental adhesions to the parietal peritoneum, the uterus was smooth and uniform, and the scar was hardly noticeable. On each occasion this woman made an uneventful recovery. The third child died at the age of six months of Cholera-Infantum, the other four are living, strong and healthy. My reason for reporting this case is because I performed the classical operation on the one patient so often and so successfully. This, with so many other similar cases that I operated on with gratifying results, makes me loath to abandon the classical operation in favor of any other procedure, notwithstanding the advantage offered by the low cervical methods.

My method of operating is as follows: An incision is made beginning immediately below the umbilicus and carried down in the midline as low as possible, opening into the peritoneal cavity. The edges of the incision are held apart by means of small retractors and long strips of gauze packed around the uterus. 1 c. c. of pituitary is given hypodermically, and a vertical incision is made through the presenting part of the uterus and the child extracted. 1 c. c. aseptic ergot is now given hypodermically, the fundus compressed and the placenta delivered. Two or three sponges saturated in a 25% solution argyrol are passed through the uterine incision and out through the vagina. The uterus is then brought out through the abdominal incision and gauze packed between it and the skin. The uterine incision is closed by means of four rows of sutures. The first suture embraces the inner half of the muscle, but not including the endometrium. The second suture brings the outer half of the muscle into apposition. The third suture closes the uterine peritoneum and the fourth suture overlaps the third one in a manner similar to the final suture made when performing a gastro-enterostomy or an intestinal anastomosis. All sponges removed and counted, and abdominal incision closed.

In closing the abdominal incision, great care must be taken in order to prevent two things, namely, adhesions and post-operative hernia. In suturing the peritoneum, be careful in making apposition that no edges are dipping into the peritoneal cavity. The recti muscles and their sheaths are so thinned out that it is sometimes difficult to recognize them, but with little care and patience they can be distinguished and sutured by layers in their proper places.

When physicians are confronted with undependable fresh milk supplies when feeding infants, especially in the summer time, it is well to consider the use of reliable powdered whole milk such as Mead's. Such milk is safe bacteriologically, of standard composition, is easily reliquefied, and is particularly desirable for the mother who takes her baby with her on her vacation. Under these conditions, Dextri-Maltose is the physician's carbohydrate of choice just as it is when fresh cow's milk is employed. The method to follow is first to restore the powdered milk in the proportion of one ounce of milk to seven ounces of water, and then to proceed building up the formula as usual. Please send for our Literature No. 61, which gives practical working formulae for modifying powdered and dried milks, evaporated milk, lactic acid milk, and cow's milk. Mead Johnson & Company, Evansville, Indiana, U. S. A.

Medicine in the Sub-Arctic

WE are apt to look for our tales of adventure to the writers of fiction or legend, to the authors of "Arma Virumque Cano" both ancient and modern, to Arthur Hunt Chute and his tales of the "Roarin' Forties" and other sources not so near home. Nor are we apt to associate members of the medical profession with stories and tales of this character, forgetting the stirring life and work of Dr. Wilfred Grenfell, almost at our doors. Perhaps this is so well known to us that the idea of adventure has been forgotten and we think of it as routine work for doctors and nurses, not so very different from our own, save that the weather is a little more inclement.

When, however, one reads the whole story as told by Dr. Grenfell, himself, to the College of Physicians of Philadelphia, one can understand his philosophy of life, that, "when two ways are open, always choose the more venturesome one." Two men had much influence in determining the particular life chosen and followed by Dr. Grenfell. The first was his personal friend and teacher in Surgery, the late Sir Frederic Treves; the other was the late Dr. William White of Philadelphia, a great friend of Sir Frederic. From the one came the inspiration for the North Seas and the other drew him to American cities for much that was needed in his large work of medical, hospital and nursing services for the Labrador and the coasts of Newfoundland. One is also inclined to sometimes include Dr. Grenfell among those of our profession who bring us honor as Medical Missionaries. His mission in life has been entirely devoted to the physical ailments of those with whom he came in contact. But who of us has not realized the many times that physical suffering has been the result of moral transgressions? So it was with Dr. Grenfell when, on his first visit to the North Sea, he found that sickness on the land resulted rather from poverty caused by universal drinking, than by those causes which science alone explained. He became an enthusiast in correct living and social questions became very important in his estimation.

In 1892 his field of action was extended to the coasts of Labrador and North Newfoundland and here problems of a different nature were presented. Here "there proved to be a largely scattered population who fished only from land, in which no resident doctor, trained nurse or dispensary had ever been known. After our first cruise of three months in a small schooner, without power, the freezing sea drove us out and I found myself sailing back across the Atlantic, studying my records of over 900 cases, which included almost every kind of surgical need, and arrears of medical neglect that were challenge enough for any man's life anywhere.

"The actual professional work of these first two seasons had left us absolutely determined to return, so while others sailed back to England, with my colleague from Battle Harbor Hospital we went to Newfoundland and Canada to try and enlist sympathy and money. Newfoundland received us more than graciously, and promised a small government grant, and free entry of all supplies...one merchant donating a building site for a hospital.

"Unquestionably, it is better that in a city practice the doctor should be spared the burden of raising the budget. With us this was impossible, and I am convinced, much as I hated the task, that we received a better hearing because of the profession of which we were members. As a result of our

winter's work, the following spring I steamed a new small hospital steamer from Montreal to Labrador, visiting as I went all along the North Shore of the Gulf of St. Lawrence, and expecting a triumphal arrival at Battle Hospital, where not only my colleagues but the schooner from England was awaiting me with supplies. Three miles from hospital, however, between two islands, we ran full speed onto a reef of rocks, after 900 miles of safe navigation, where besides stranding we incidentally lost our shaft and propellor. Hours later, all alone and unannounced, an ashamed and heart-broken general practitioner climbed down the steep cliffs into Battle Harbor, desiring only a lethal dose.

"There was only one chance to save the new boat. We must at once float her, and the sailing schooner, very little larger than herself, must try and tow her across 350 miles of open Atlantic Ocean for repairs. This was safely accomplished, although it took all summer. Meanwhile I had to wander along the coast with a small portable outfit, getting passages as best I could. Many opportunities seemed to be wasted, yet when winter came we had somehow got actually nearer the hearts, and real selves, of our people and consequently of our problems than we could have possibly done in any other way.

"*Per contra* it must not be forgotten that where anyone interferes with entrenched conventions, opposition is inevitable. Thus, on one occasion, walking over an island to see a patient, I stumbled over a girl of about 18 years, lying drunk by the pathway, not far from a big trader's house where liquor was freely sold. The trader and I parted a little later he, threatening to have his men throw me in the sea if I ever landed again on his island, I assuring him I should at least not quit until I succeeded in prophylactic measures which would include removal of the causes of cruel suffering.

"The relative importance of mental agony was impressed upon me in another way. I had once been called by a half-masted flag to a fishing schooner, while cruising with a fleet near the entrance to Hudson's Bay. Going aboard, I had found a lovely girl of eighteen lying in a bunk in the open cabin, bloodless and collapsed, in blankets soaked in blood, among which still lay a dead baby, exactly as it had been born. Wrapped in a couple of blankets we lowered her over the side, carried her aboard my hospital boat, and steamed at once for a little Moravian Mission station at Ramah, where we left her under the care of the good housewife. In the fall we stopped to pick her up, for no mail steamers went so far North. Until we had started South, she had not suggested remaining on the coast, even had that been possible. To my amazement on the first day out at sea, she insisted she could never live to return home. Pulse, temperature, examination revealed nothing abnormal. Yet she faded out in a few days. We just wrapped her in her country's flag and buried her body on a rocky headland, where a rude cross still convinces me that the mind is a factor in treatment which the laboratory cannot afford to discount.

"It was not until two years later, when the saloon keeper, who had possibly forgotten the incident of the girl lying drunk by his roadside, gave me my chance to make my prophylactic efforts effective in his case. That fall my boat, always "the keel of the Labrador," had gone into winter quarters. My crew was paid off and I was just leaving St. John's when the morning paper announced the loss of a large foreign schooner loaded with a cargo of fish for the Mediterranean, 600 miles north, near the entrance of that harbor. The unusual lateness for a vessel to have lingered there attracted my attention. The same day I hired a steam trawler, shipped a diver and left for Labrador without telling any one. The quest was as exciting a venture as that of Robert

Louis Stevenson's "wrecker". We found that wreck, butted our way in through ice as close to her as we dared, and put our diver underneath. Finding that the protest we had read at the St. John's shipping office was obviously false, we jettisoned the cargo from the wreck aboard our vessel, floated her, rigged her by raiding the Labrador storehouses of our friend, the saloon keeper, put one-half our crew aboard her and towed her some 600 miles south; finally anchoring her in the middle of St. John's harbour, dressed in all the flags of both ships, from her bowspring end to her jigger boom. The result was that the saloon was closed, never to reopen, while our friend was more worthily employed in His Majesty's penitentiary, making brooms."

But in this hospital work certain matters of business, trade and religion were made use of to handicap this humane work and a commission sat at St. Anthony's to investigate, the medical officer in charge at that station being from the University of Pennsylvania, before whose members Dr. Grenfell was then speaking. Dr. Grenfell reminded us of the old army days when men complained of "myalgia," such lame backs they couldn't sit on a box and peel potatoes, when he spoke,—“But when two dozen big brawny fellows have been aboard in one day, all complaining of “bad backs,” and you cannot see or feel one thing wrong, you are apt to suspect and discount even the implicit faith that brings the patient to your consulting room, more especially as the fee of a few cents, or some fish or other offering to the ship, seems an inadequate return for your outlay.

“I had to make several visits to a famous Boston orthopedic clinic to rekindle my interest in backs, until once, when hauling an anchor in rough water, I got one myself. From that time sympathy with anyone who has to go on hauling nets and ropes and anchors hour after hour, day after day has made even bad backs almost a hobby, without committing myself to osteopathy or anything but the most conventional of efforts.”

Another experience of an unusual nature came in connection with an emergency call to a light-house in winter 30 miles distant. He said:—

“My colleague, Dr. Louis Fallon (a University of Pennsylvania graduate), answered it. Heavy weather, deep snow, and bad salt water ice held him up, and when he at last arrived the trouble was over. An abortion had occurred and the mother seemed easy and in fairly good condition. The dejecta preserved for the doctor to examine proved of great interest, and Dr. Fallon brought it back with him when he returned to the hospital. It proved to be a complete uterus, including the upper end of the vagina, both tubes and one ovary. The uterus itself, if I remember right, was about four inches long. The specimen is now in the Harvard Museum. It is the only spontaneous panhysterectomy I have ever seen, and was particularly interesting. Nature had performed, by a sharply defined ulceration, the operation for which, when it was first introduced into Boston, the late Dr. Storer of Newport, told me nearly cost his expulsion from the Medical Society. The cause of the trouble, under the circumstances, was never discovered, but the woman was not subsequently troubled, except by the loss.”

Then follows a description of improved conditions of treatment, with reference to occupational training of those long ill; of improved dietary arrangements; teaching of cripple children; emergency work of especially well-trained nurses; also the appearance of Beri-beri, which is again being brought to the attention of the public, on account of the depression which has curtailed the food supply of these people, just recently. It reads almost like a fairy tale,

yet there is the trail of the serpent in evidence and the diseases of the present day are making a great inroad where least expected. In London Sir Jonathan Hutchison taught that leprosy was due to eating dried fish, yet in this fish country not a case was seen. Tuberculosis, however, is the largest toll gatherer. Eskimos, who had been taken to the World's Fair in Chicago, brought back syphilis and gonorrhoea. Although no country is more beset by mosquitos, no cases of malaria or yellow fever have been found. Measles, scarlet fever and small pox have been imported and typhoid epidemics have frequently occurred. So have epidemics of diphtheria.

This attempt to summarize the spot lights of medical experience in this region would not be complete without some further quotations that show some of the mental attitudes of the people in matters relating to physicians and their work. Occasionally miracles happen where the explanation is simple as in this case:—

"I was bidden once to a 'wake' at the home of a fisherman. On arrival I found the feast laid out, the guests, in their blacks, sitting around the room. Everything had been ready for 24 hours except the corpse. The patient, a girl, aged 25 years, lay propped up in bed, her eyes sealed with pennies, her jaw tied up over the head with a white handkerchief, her arms laid out in death gloves. The last unction had been given hours before. The parents assured me that it would only create needless trouble if I were to examine her, as she was thus already as good as dead. Turning my back to the body, however, I slipped my hand under the night dress and counted a heart beating smoothly at about 72. The priest was consulted and a long pow-wow was held. But any interference was decided against. Next morning, before leaving with my dogs for another village, again I visited the death chamber. Everything was as I had left it, including the feast and the guests; and after listening to a somewhat strangely cheerful goodbye, I left them. Four days later, without having taken food, and without having moved, so they assured me, she suddenly "got up and walked," and she is to-day a healthy woman."

It will be quite apropos of recent newspaper references to beri-beri to conclude this extensive plagiarism of Dr. Grenfell's address by this further quotation:—

"Our first acquaintance with beri-beri was through a Norwegian whaler coming to the hospital with all the crew with an edematous neuritis, of which the skipper died. We sent specimens of the viscera to Montreal, and they first suggested it might be beri-beri. After that we noticed a number of cases—the terrible pains and at times the almost complete paralysis led us to work hard to find out some remedy for it, long before the discovery of vitamins. A family at a small cove first suggested its connections with fresh vegetables. When we made our first visit after the long winter we found father, mother and eldest son practically paralyzed, while 3 smaller children, who always fed on the floor, were perfectly healthy. Potatoes had been the only diet, and they were first peeled or chipped, and the peels thrown to the chickens in the cages around the room under the setties. Inquiry revealed that the children often robbed the chickens and ate the raw peels themselves."

Should any reader like to have the reading of the original address in full he can have the use of our office chair for a half hour any day, but, since the disappearance of our volume of Heister's Surgery we have ceased to loan books without a substantial deposit.

Intractable Hiccup

AVULSION OF PHRENIC NERVE.

DR. L. R. MEECH, North Sydney, Nova Scotia.

THIS malady may be mild, yielding to the usual remedies, or it may be one of the most distressing afflictions imaginable.

The case I am about to report was the most severe I have ever seen, so bad, that, on several occasions, the patient threatened, seriously, to do away with herself. All the usual remedies having failed the left phrenic nerve was avulsed with permanent relief.

Case.—The patient, a female, aged thirty-one years, married with one child. She gave a history of having had a left sided pleurisy nine months before. Accompanying this, and continuing for five months intermittently, she had a very severe occipital headache. Immediately following the attack of pleurisy she developed Hiccup, which continued until her operation here. During this period of Hiccupping all the usual remedies for this condition were tried, including, ether injections, tracheal compressions, digital compressions of Phrenics and large doses of Morphine and Hyoscine. The ether injections gave greatest relief, she being free of Hiccup for as long as two days after an injection, but they would always come back, starting gradually and increasing in severity, until she had 40-to 50 to the minute. On her admission to the hospital here she was Hiccupping at the rate of 40 to the minute. She has gone on as long as nine days without relief, not eating a thing during this time.

She complained of much distress and a constricted feeling over the left lower chest. During the Hiccups her temperature was normal, pulse would increase with the increase of the Hiccups. On admission the pulse was 100.-B.P. was S. 130, D. 85. X-Ray of chest showed adhesions in diaphragmatic area of left pleurae.

Spinal fluid gave the following: Sp. Gr. 1.011. Albumin—in excess. Sugar, Neg.—Proteid Content—Normal. Special characteristics—Fluid gives inflammatory reaction in acetic solution,—Microscopic, several large brown cells.

The fluid was also under considerable pressure. The spinal puncture stopped the Hiccups for two days, after which, they gradually returned. Examination of urine was negative except for a trace of albumin.

The etiology was rather hard to determine. At first, I thought of a post-encephalitic hiccup, on account of the result of the spinal fluid examination, but the return of the hiccup so shortly after the puncture, made me look for another cause. The diaphragmatic-pleural adhesions on left side looked like a possible cause, so I decided to avulse the left Phrenic nerve, and, later, the right Phrenic nerve if found necessary.

Avulsion of the left Phrenic was done under general anaesthesia, as the patient was too nervous for a local. About four inches of the distal end was taken out; would have taken more but the nerve broke at this point.

The day following the operation the patient hiccupped 10 or 12 times, also the day following that, and once or twice since, otherwise she has been entirely relieved. It is now two and one-half months since the operation.

Phrenic Nerve Surgery was done really as an emergency measure in the above case. It is a comparatively simple procedure, and is attended with but little risk. It seems probable that, the Diaphragmatic Pleurisy caused a reflex stimulus of the Phrenic Nerve on that side.

In every case of Hiccup, in which there is a spasm of the Diaphragm, it seems logical that the spasm can be relieved by interrupting the Nerve impulses through the Phrenics.

I may state that I did an avulsion of the Nerve, rather than crushing or cutting it, as in the literature of Phrenic Nerve Surgery for this condition, I noticed that on quite a number of cases, where the nerve had only been crushed or cut without relief, later on, avulsion of the nerve effected a cure.

It might be remarked that, if the Muscles of respiration, other than the Diaphragm, are concerned in this hiccup, we may not expect so much from Phrenic Nerve Surgery.

QUACKS AND FADDISTS

Now, isn't this an obviously absurd advertisement which recently appeared in a prominent Nova Scotia newspaper? We present it as near as possible as it appeared:

"GOOD HEALTH."

The Rev. F. A. Robinson, M.A., well-known throughout the Maritime Provinces writes

"For the coming into my life of Dr. Hay and his Health Service, I shall be unceasingly grateful. A number of serious physical ailments including arthristis, vertigo, psoriasis, and duodenal ulcer have disappeared through knowing how to properly combine foods. You are welcome to use my name if it will be helpful."

Write us regarding the Health Service which tells you exactly what to do and keeps you informed for a whole year.

Particulars may also be obtained about Dr. Hay's two great books on health.

HEALTH SERVICE,

634 CONFEDERATION LIFE BLDG., TORONTO.

Yet this is what the medical profession in Nova Scotia reads in its newspapers. Who is to tell them that such an advertisement is absolutely misleading? Between the Provincial Medical Board and the Provincial Department of Health the quack and faddist should find Nova Scotia a very unremunerative advertising field. That this is not an indefinite editorial comment, or any ordinary platitude, the printer of the Bulletin is instructed to sign this

S. L. WALKER, M.D., Halifax, N. S.

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 15th of the preceding month. All Mss should be in the hands of the Business Editor on or before the 10th of the month. Subscription Price:—\$3.00 per year.

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

VOL. X

AUGUST 1931

No. 8

The New Family Physician

THROUGH the courtesy of Dr. H. G. Grant, M.D., C.M., Dalhousie, 1912, M.R.C.S., England, L.R.C.P., London, 1914, State Epidemiologist of Virginia, Richmond, Va., the BULLETIN has received, as has been noted, a copy of the *Virginia Medical Monthly*, the official organ of the Medical Society of Virginia. It has been some time on our desk because we were expecting a communication from Dr. Grant, that might be more acceptable to our readers than anything we could furnish. We had in mind an article based upon a paper presented by Dr. Leigh of Norfolk, Va., on "The Attitude of the Public Towards the Medical Profession." One of the objects of the BULLETIN, hitherto, has been to advise the medical profession as to what the public thinks and expects of them individually and collectively.

The question is raised in the first place, as to why any man should go into medicine as a profession? "Why is he willing thus literally to give his life for the people?" The speaker said:—

"The answer is simple. It is because of his intense love for the work. Because of the wonderful satisfaction that comes to him from being able to relieve human suffering and to prolong human life. And that is practically the only reward, in this world at least, that is his."

As a result, the speaker gave this illustration, and the BULLETIN knows of cases in Nova Scotia where this is applicable,—

"I have in mind a country doctor who labored faithfully and earnestly among his people for a quarter of a century, never sparing himself, going night and day without proper rest or proper care of himself. I was especially struck by the fact that he could not be persuaded to leave his practice even for a day, for fear that one of his patients might suffer at his absence. When this faithful servant of the people passed to the Great Beyond, he left nothing for his family except a partly mortgaged frame dwelling, his home. To my mind that was a tragedy; a tragedy due to a lack of realization on the part of his clientele."

Then he adds, what we have already seen in Nova Scotia,—

"The result is that in many places the people are suffering for medical attention. The older doctors are gradually passing away and the younger ones are fearful of the rural sections. In some States a new and most successful plan has been adopted in certain country districts badly in need of doctors. The substantial people of each such section get together and guarantee the doctor a certain amount annually. From reports coming to the American Medical Association, in no instance have the guarantors been obliged to make up a deficit. They have evidently persuaded the people to promptly settle the doctor's bills."

Then he pays an eulogium, at the same time an obituary, on the old family physician:—

“The passing of the *old family physician* is pathetic, and brings sadness to the hearts of the older people of the communities. He was the friend and advisor in all things. He wielded a great influence over the people. . . . They loved him, looked up to him, and honored him. With all of this it is strange that the people thought so little of him and gave him so little of the things needed for himself and family. . . . He studied his patients from birth to maturity and often to old age, their constitution, habits and peculiarities, and was in a position to give them the best medical attention known in his time.”

Now we have, or should have, the *new family physician*, much better able to give this same service if he has the opportunity. But, it is really quite evident, that the people have little use for the family physician of the present time, and their neglect seems to put him almost into the discard. The responsibility for this is the fault of the patient, the local doctor and the nearby consulting physician or surgeon. Possibly if doctors, consulted by country patients, would refuse advice until the local doctor gave his report of the case, this bad tendency might be corrected. Dr. Leigh says,—

“The thoughtless habit that so many have, of going to a neighboring town or city for minor ailments, is also bad and greatly interferes with the systematic work of the family doctor. He should rather be co-operated with to such an extent that he will have a well-equipped office, with the necessary facilities and assistance, and that he may keep regular office hours. There is no greater need to-day than for the family physician, especially in country districts, to be permitted to do satisfactory office work. He has the necessary knowledge, can get the proper assistance and facilities, and is lacking only in the one essential, and that is the co-operation of his patients.”

Again we emphasize the point that the passing of the *old family physician* and the establishment of the *new family physician*, is not entirely in the hands of any one of the three chiefly concerned parties; but there must be a knowledge of the situation and a willingness on the part of each to take a proper share of the responsibility. The demands upon the New Family Physician are great and, if he fails on his part, he must take the blame. As a matter of fact he must be the best all round medical man in the community. That a patient should primarily depend upon the family physician is all right, if the family physician is all right. The object is not to keep hold of patients, but to give them the best possible service, which may be a very different matter.

In Nova Scotia the need to-day is for wise, adroit and capable general practitioners that may develop the specialty of being real *family physicians*.

DALHOUSIE UNIVERSITY.

Ever changing, ever new, is the history of Universities. Students come and go; faculties constantly change; even Presidents serve their day and generation, but the University goes on from strength to strength constantly adapting itself to the demands of the present and the future. Were this not so the passing of a great leader in University life would be a calamity of gravest nature.

There is no need for the BULLETIN to reiterate what has already been said of Dr. A. Stanley Mackenzie, who has just retired from the Presidency of Dalhousie University after twenty years of distinguished service. But it was a happy thought on the part of the Board of Governors to present him with a sterling silver miniature of the Macdonald Memorial Library where for fifteen years he held his office.

The reproduction measures 12 inches long, by $6\frac{1}{2}$ inches wide and $7\frac{1}{2}$ inches high, is made exactly to scale, correct in minute detail and is an illustration of the silversmith's art at its best. It is mounted on an ebony base, $14\frac{1}{2}$ inches by $8\frac{1}{2}$ inches with a silver inscription plate just below the entrance door of the building. On this plate is the following:—

"Presented to A. Stanley Mackenzie, Ph.D., D.C.L., LL.D., F.R.S.C., in appreciation of his distinguished services as President of Dalhousie University, 1911-1931, by the Members of the Board of Governors, Halifax, 30th of June, 1931. Munere optime perfunctus, semper memoria tenendus."

After noting this kindly appreciation of the retiring President the BULLETIN extends greeting to the incoming President to the University which, largely on account of its Medical School, is heartily supported by the medical profession in Nova Scotia. For the present we quote an editorial comment from the Montreal *Daily Star*, because it appears to emphasize that Dalhousie stands upon the same level as the Universities of Toronto and McGill, and a professor in one has on more than one occasion become President in another. Under the heading, "A Good Appointment," the *Star* says:—

"The appointment of Professor Carleton Stanley to the important post of President of Dalhousie University will give the most general satisfaction. It is not only recognition of Professor Stanley's brilliant scholarship and proven executive ability, it is a compliment to his alma mater, Toronto, and to McGill, where first as Professor of Greek and later as assistant to Sir Arthur Currie his work compelled attention and made his advancement certain. It is well that when so distinguished a position as the headship of one of our oldest and most famous universities falls vacant there are Canadians of established reputation and scholarship who may be found to fill it with every assurance of success. Professor Stanley's own University went to the Maritimes for a president when it sought Sir Robert Falconer; now the Maritimes return the compliment by seeking a product of Toronto and McGill for one of their most famous schools, a pretty reciprocity that we would gladly see extended."

DALHOUSIE REFRESHER COURSE.

As announced in a previous issue, this year's refresher course is to be given from the 7th to the 11th of September. The Committee has not been able as yet to definitely announce the names of the visiting lecturers, but hope to be able to do so very soon.

For the first day, morning clinics will be given at the Victoria General Hospital by Doctors Hogan and Gosse, and at the Children's Hospital by Dr. Weatherbe and associates. In the afternoon, clinics will be given at the Victoria General Hospital by Dr. Mathers and associates followed by an X-ray demonstration by Dr. S. R. Johnston. On Tuesday morning there will be surgical clinics by Dr. H. K. MacDonald and Dr. Mader, and medical clinics by Doctors Carney and Burns. In the afternoon Dr. Mack will hold an urological clinic and Dr. Sieniewicz will conduct a tuberculosis clinic. On Wednesday morning there will be surgical clinics at the Victoria General Hospital conducted by Doctors MacDougall and Curry, and an obstetrical clinic at the Grace Maternity Hospital conducted by Dr. P. A. MacDonald and associates. In the afternoon Doctors K. A. MacKenzie and Corston will conduct a medical clinic, which will be followed by a pathological demonstration conducted by Dr. Ralph P. Smith.

The programme for Thursday and Friday is not definitely arranged, but on Thursday morning there will be a surgical clinic by Doctors Murphy and

Kinley, and it is hoped that a medical clinic will follow, conducted by a visiting clinician. Friday morning will begin by a gynaecological clinic conducted by Doctors Atlee and Colwell, and it is expected that this will be followed by a surgical clinic conducted by one of our visitors. The afternoons of Thursday and Friday will be given over to lectures by visitors, representing other Canadian medical schools.

Halifax, N. S.,
July 18, 1931.

NEWSPAPER PUBLICITY

THE BULLETIN hears much that the larger Medical Journals never hear,—the voice of the ordinary general country practitioner and the comments of the local newspapers on Meetings of local Medical Societies. For some time the Business Editor of the BULLETIN has been of the opinion that the Press of Nova Scotia has endeavored to represent the work of the Medical Profession towards the promotion of health in a true perspective. In some way a reporter of the Truro News developed a sense of perceiving the strategic point of a Medical gathering and gave his, or her, report to the Editor who published it. Another paper, the Windsor Tribune, with the same discerning appreciation, gave it further publicity. This is what these papers said regarding some features of the recent Meeting of the Health Officers' Associations in Truro:

"The 17th session of the Association of the Medical Health Officers of Nova Scotia opened at 10 a.m. in the Academy Hall. The President of the Association, Dr. W. F. McKinnon, of Antigonish, was in the Chair. Dr. T. I. Byrne, Deputy Minister of Health is Secretary of the Association and presented the minutes of the last meeting which were adopted. Reports from several Committees were received and a general discussion took place regarding the Hospital and Tuberculosis situation in the Province. Some 25 Medical Health Officers of the Province were present and among those who took part in the discussion on the presented matters for consideration were Doctors J. K. McLeod, Sydney; E. E. Bisset, Windsor; J. J. Cameron, Antigonish; J. E. Pollard, Hantsport, and others.

Among the interesting questions raised was the attitude of the Department of the Public Health regarding Tuberculosis in Nova Scotia. There was a general concensus of opinion that the prospect of an immediate bed increase at the Kentville Sanatorium was very desirable. The claims for special treatment of Tuberculosis cases in Cape Breton was met with general approval. The urgent need of further bed accommodation for approximately 2500 cases of Tuberculosis created some difference of opinion as to whether or not this could be best met by building annexes. It was, however, clearly brought out in the discussion, that this was the only way in which Nova Scotia could solve the problem in view of her limited resources.

It is not to be concluded that every Hospital in the Province must have a Tuberculosis Annex, but these can be used at strategic points.

A further matter of discussion was to what greater extent could the Government aid the general hospitals all over Nova Scotia. Some of the representatives presented a feeling which is quite general in the Province, that the Victoria General Hospital has become, naturally, a City rather than a Provincial Institution, and these people argued that the other hospitals should receive greater Government support because they had taken on much of the work formerly done by the Victoria General Hospital. This was made an argument for increasing Hospital Grants by the Government.

"The conclusion was reached that there should be the most cordial co-operation between Hospitals, Health Departments and the Medical Profession, adopting such procedure as the resources of this Province would indicate."

Now this is not reprinted in the BULLETIN as a report of this meeting, in whole or in part, but to point out that possibly some of the newspapers of Nova Scotia have come to accept the BULLETIN idea: that, in Nova Scotia we must carry out all our health work in accordance with our resources.

When one or more multi-millionaires create a fund for health work we can carry on demonstrations, *ad libitum*, but for practical work, for actual results we must depend on our own resources. As regards increased grants to hospitals, the construction of tuberculosis annexes, surely these papers are giving the wisest possible publicity. The concluding paragraph may well be repeated:

"The conclusion was reached that there should be the most cordial co-operation between Hospitals, Health Departments and the Medical Profession, adopting such procedure as the resources of this Province would indiate."

ROLE OF COMMUNITY CLINICS IN MENTAL HYGIENE

Stevenson, G. S., M.D. Jr., of *Amer. Med. Association*, March 28, 1931,
Vol. 96, p. 997.

The problem that confronts the mental hygienist is more complex than that facing the physical hygienist. Preventive measures have been sought in medicine, social service, criminology, education and religion, and an effort should be made to coordinate all these various avenues of approach. The mental health of the people is dependent upon the advances that are made in the various professions that have to do with the mental and physical development and the care of the individual. The mental clinic in addition to providing services to the cases presented for determination, carry responsibility for community education and organization.—(*Dept. of Pensions and National Health, Ottawa.*)

The August, 1931, issue of *Mayfair*, Canada's leading pictorial society magazine has a particularly good photo of a bride and her four assistants. The bride was Miss Helen Beatey of Saint John, and her companions were Miss Margaret Peters and Miss Frances Beatey of Saint John, and Miss Helen Misener and Miss Dorothy Roach of Halifax. A footnote to the picture states: "The groom is Dr. H. MacKay MacLean, of Moncton, N. B." Hughie MacLean Dalhousie, 1928. "Congratulations."

Doctors Wright and Wilkie, of Montreal, are C.M.A. Post Graduate Lecturers to Newfoundland in August. It is expected that meetings will also be arranged for them in Nova Scotia as follows:

Truro, Wednesday evening, August 19, 1931.

New Glasgow, Thursday afternoon and evening, August 19, 1931.

Sydney, Friday afternoon and evening, August 20, 1931.

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. 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 St., Halifax.

Physicians desiring serums and vaccines should address their communications to the Department of Public Health, Halifax, N. S.

Report of the Advisory Committee of the Nova Scotia Health Officers' Association.

THE Advisory Committee appointed by the Nova Scotia Health Officers' Association at last year's meeting, to co-operate with the Advisory Committee of the Nova Scotia Medical Association, having for its object a desire to assist in the organization of a Public Health Department of Nova Scotia, as well as giving such assistance to the Department of Health from time to time, as they would request, beg leave to report as follows:—

A conjoint meeting was held and public health was discussed from many angles. It was felt that in order to do most effective work the Public Health Department should be reorganized with a full time Minister in charge and a medical officer as Deputy.

The T. B. problem was especially discussed very fully and it was decided that the Committee recommend to the government an increased grant to the Kentville Sanatorium and grants to those hospitals willing to care for T. B. Cases, either in annexes, or wards set apart for that purpose.

At a later date the government, with Premier Harrington presiding, called the Committee together and a full discussion of the T. B. problem took place. The Premier made the following very generous offer of:—

- 1st. \$300,000 towards the erection of T. B. buildings for the Province of Nova Scotia.
- 2nd. \$80,000 Maintenance Grant.
- 3rd. An increase per capita grant of \$1.00 for patients treated in hospitals and annexes.

The Committee recommended the following distribution to the government:—

- 1st. \$200,000 Grant for enlarging Kentville Sanatorium.
- 2nd. \$100,000 Grant for the Island of Cape Breton to be used in the erection of annexes to the existing hospitals or setting aside certain wards to be used for the treatment of T. B. cases.
- 3rd. \$80,000 Grant for Maintenance.
- 4th. An increase per capita rate amounting to \$1.00 for all T. B. cases treated in the Hospital.

The Committee feel very grateful to the Government for the very liberal grants and gratifying results are expected to follow, as the result of these expenditures.

It is very gratifying to know that a Ministry of Health has been formed with the Honourable G. H. Murphy as Minister of Health and Doctor Byrne, a member of our profession, as his Deputy.

Respectfully submitted,

(Sgd.) JOHN K. McLEOD, Chairman.

Communicable Diseases Reported by Medical Health Officer.
June 24th to July 15th, 1931.

Disease	June	July	July	July	Total
	24	2	8	15	
Cerebro-Spinal Meningitis.....				
Chickenpox.....	1	2			3
Diphtheria.....	1	2	3	1	7
Infantile Paralysis.....					
Influenza.....		1			1
Lethargic Encephalitis.....					
Measles.....	1	2			3
Mumps.....			2		2
Paratyphoid.....			2		2
Pneumonia.....	1	3			4
Scarlet Fever.....	3	3	6	4	16
Smallpox.....					
Typhoid Fever.....					
Tuberculosis-Pulmonary.....	3	2			5
Tuberculosis—Other Forms.....					
V. D. G.....		2		2	4
V. D. S.....	1	4		3	8
Whooping Cough.....	4	3	1	7	15
Totals.....	15	24	14	17	70



Head Office,
Montreal
900 Branches
Serving
32 Countries

Happiness!

THERE is no market price for happiness. Yet to possess it, is to have all that is worth while. A Savings Account has been the first step towards happiness for many men and women. Why not take that step to-day?

You will like banking at the Royal

The Royal Bank of Canada

Serving Canada Since 1869

Hospital Service

OFFICERS OF THE HOSPITAL ASSOCIATION,

1931-1932.

Honorary Presidents:	MAJOR W. A. FILMORE, Amherst; MAYOR McCONNELL, Sydney.
President:	L. D. CURRIE, LL.D., Glace Bay.
Vice-Presidents:	REV. H. G. WRIGHT, Inverness; SISTER RITA, Glace Bay.
Secretary-Treasurer:	MISS ANNE SLATTERY, B.A., R.N., Dalhousie Health Centre, Halifax.
Executive Committee:	OFFICERS and SISTER IGNATIUS, R.N., Antigonish; OTIS WACK, Windsor; DON C. SINCLAIR, New Glasgow; W. K. ROGERS, Charlottetown.

DOCTORS IN ATTENDANCE.

THE May issue of the BULLETIN expressed the desire that members of the medical profession would attend some sessions of the Annual Meeting of the Hospital Association held at Windsor. The list of those in attendance as published was incomplete, but we are glad to see the names of the following doctors, most of whom took an active part in the programme:—Doctors Agnew, Keddy, Reid (J. W. Sr.), Smith (G. K.), Walker, McDougall, Elliott (M. R.), Scammell, Morris, Morse (L. R.), Murphy (G. H.), McCarthy, Hartigan, McLeod, (F. T.), Sutton, Boggs, DeWitt, Sponagle, Bissett, Burns (A. S.) and others who did not register.

At this meeting on one occasion the President became quite positive about the splendid work done by the hospitals and every one feels this is true. A verbatim report credits him with this remark,—“Hospitals have done a thousand times more work for the people than the medical profession. The people who criticize ought to get on the Board and find out the other side of the picture. Hospitals do public service and one-half of government grants goes back to the people. In Heaven’s name, he earnestly implored governments not to withhold the grants to the hospitals.” We had quoted this to take objection to its initial statement, but on second thought there was such a mix-up of things in the mind of the President at the moment that it is only necessary to say that there is no need to make any comparison between the amount of public service contributed by doctors versus hospitals; the doctors are not, to any appreciable extent, among those who criticize, through ignorance, and they are not applying to be put on hospital boards (although, perhaps, they should be on all Boards) nor are “public service” and “public health” synonymous terms, as one would have to conclude if these remarks were closely analysed.

St. Martha’s Hospital, Antigonish, on June 18th, graduated a nursing class of eight young ladies, seven of them being residents of Cape Breton. The day was fully devoted to this event; Mass and sermon in the morning, Alumnae Meeting in the afternoon, followed by a banquet, conferring of diplomas, addresses, music and dancing. The chief speakers, among the visitors were Hon. G. H. Murphy, Miss Beard of the Rockefeller Foundation and Miss Smellie of the V. O. N. Prizes, donated by Doctors McIsaac, Brean, McMaster, McDonald and Carroll, were also presented.

Nurses Graduate at General Hospital, Glace Bay.

At the graduating exercises early in June the reporter says that "Dr. W. W. Patton of Port Morien gave a really fine address to the young ladies of the graduating class." This prompts us to report here what the Glace Bay reporter of the *Sydney Post* understood Dr. Patton to say:—

Dr. Patton in his opening remarks stated that for the young lady who wished to make her life useful there was no finer calling than the nursing profession. There is something about the nursing profession that appeals to the better side of human nature. Speaking of the large crowd present, Dr. Patton stated they were not here out of curiosity, they did not come here to be entertained, but they were there because there was a deep something about the nursing profession that touched the better side of their nature.

He was not going to dwell on the years spent in training. There comes a time in all peoples lives when they make a great decision. It is an important time for all of us. Some have their decisions made for them by their parents or others, but he would venture to say that the members of this year's graduating class had made their own decision when they decided to become nurses. Needless to say, they had found things not exactly as they had expected. There were long hours, hard work, and many things that tried them. Maybe at times they thought of their school girl chums who were enjoying themselves, while they worked, but they toiled on nevertheless and attained their goal.

We are here to-night, said the speaker, to congratulate you on what is perhaps the happiest night of your careers. To-morrow you will be faced with new scenes and other responsibilities. Boys and girls make many plans in their youth. They grow up and many of those plans are never realized, but nevertheless they go on, for disappointment never means failure.

Dr. Patton then referred very touchingly to the many disappointments that had beset the paths of Christopher Columbus, Henry Hudson and Florence Nightingale, but their names would be forever honored for the work they had done.

In conclusion, Dr. Patton passed on the following timely advice to the graduates. First—Belief in the work you have undertaken. Second—Confidence in yourselves. Third—Belief in others. Fourth—Patience, nothing worth while is ever accomplished quickly and Fifth—The Crown and virtue of Courage.

"We, your friends," said Dr. Patton, "have gathered here to-night to bid you goodbye and God-speed. You will have disappointments, but never failures, if you keep your gaze ever onward to the East."

Early in June the Aberdeen Hospital, New Glasgow, graduated six nurses, four being from Westville, one from Truro and one from River Hebert. Mr. Don C. Sinclair, president of the board of managers, presided at the function and presented the diplomas and pins. The address to the Nurses was given by Dr. V. H. T. Parker of Stellarton. Miss Margaret Ballantyne of Westville was awarded the Sinclair Gold Medal for highest efficiency. Miss Ethel Duncan of Truro being second. This function was followed by a dance for the graduating class and immediate friends.

The Hospital Bulletin Board.

At the recent meeting of Hospital Association no mention was made of the use of the hospital bulletin board, but we do not think the following notice, recently posted on the bulletin board of a Denver Hospital, would be considered in good form, to say the least:—"May we ask the co-operation of every member of the Staff to have autopsies performed on as many cases as possible."

Miss Fenton, R. N., of the Dalhousie Health Centre has left for a two month's visit to England, among her many relatives in the Homeland.

St. Joseph's Hospital, Glace Bay, held the usual graduation exercises the latter part of June when nine nurses received their diplomas. Dr. J. G. B. Lynch of Sydney, delivered the Medical Address to the graduates.

Dr. Lynch complimented St. Joseph's Hospital on being the first Hospital in Cape Breton to be modernly equipped. It has given a wise leadership to other hospitals in its general methods. He paid a tribute to the wonderful work of the religious order of St. Martha. In conclusion he paid a tribute to the memory of the leading medical men who were actively connected with St. Joseph's Hospital.

A number of the local doctors contributed money prizes for efficiency of members of the graduating class.

MEDICAL SOCIETY MEMBERSHIP

1931

To the list of 280 published in the June BULLETIN a further number are now added. The Secretary is of the opinion that a further name has been inadvertently omitted as ten dollars was handed to him with no name attached. If your name should have appeared in the list published in June and does not, or should be included in the following addendum and is not, please advise the Secretary forthwith. For J. W. Sutherland, Amherst, in the June list read, I. R. Sutherland, Annapolis Royal. It will be noted the additional names carry the membership over the 300 mark.

Dr. Joseph Hayes.....	Oxford St., Halifax, N. S.
Dr. J. J. MacRitchie.....	Prov. Dept. of Health, Halifax, N. S.
Dr. G. A. Winfield.....	Cleveland, Ohio.
Dr. D. J. MacDonald.....	168 South St., Halifax, N. S.
Dr. F. A. Minshull.....	Halifax, N. S.
Dr. J. M. Stewart.....	Upper Stewiacke, N. S.

S. L. WALKER,
Secretary.

MATERNAL IMPRESSIONS.

The following, rather far-fetched story of pre-natal influence has gone the rounds of the newspapers recently:

One of the strangest mental experiences is related by Admiral Mark Kerr. It was a case of pre-natal influence, "Mayfair" in the *Sunday Chronicle*. The Admiral said that he knew of the case of a girl who had to undergo an operation. Whilst she was under the anaesthetic she suddenly began to speak extracts from Goethe in perfect German. When she came round, however, the doctors discovered to their astonishment that she did not know a single word of the language. Three months before she was born, it transpired, that her mother, who, was an excellent German scholar, had been in the habit of reciting these particular passages.

Branch Societies

VALLEY MEDICAL SOCIETY.

THE twenty-fourth annual meeting of the Valley Medical Society was held in Berwick Thursday afternoon and evening with an attendance of twenty-five doctors from the counties of Kings, Annapolis and Digby.

Officers for the ensuing year were appointed as follows:

President—Dr. C. E. A. deWitt, Wolfville; Vice-Presidents—Digby County, Dr. Campbell, Bear River; Annapolis County, Dr. Sutherland, Annapolis Royal; Kings County, Dr. McGrath, Kentville.

Secretary-Treasurer—Dr. H. E. Kelley, Middleton.

Representatives to the Nova Scotia Medical Association, Dr. Elliott, Wolfville and Dr. Burns, Kentville.

Resolutions of regret and sympathy were passed for the death of one of their number, Dr. M. E. Armstrong, of Bridgetown; to Dr. Bishop, of Kentville in the death of his son, and to Dr. Killam in his unfortunate accident.

The President, Dr. J. A. Sponagle, of Middleton, in his address reviewed conditions during the past year, particularly those affecting public health.

The programme was of great interest. Lectures were given by Dr. W. A. Curry, Professor of Surgery, and Dr. C. W. Holland, Demonstrator in Medicine, Dalhousie University. In the afternoon, Dr. Curry spoke on acute surgical diseases of the abdomen, and in the evening on infections of the hand, the latter lecture being illustrated with moving pictures, and being, perhaps the feature of greatest interest. Dr. Holland gave a most comprehensive and clear cut lecture on cardiac irregularities.

Dr. J. P. McGrath, of Kentville, gave a most interesting case report of laryngectomy.

Dr. S. L. Walker, General Secretary of the Medical Society of Nova Scotia, and Editor of the NOVA SCOTIA MEDICAL BULLETIN, in his address urged co-operation in Medical practice. He said the company for the promotion of health is made up of the medical profession, the public health department and the people themselves, and there must be general co-operation among them all, that the doctors, the servants of the community, cannot accomplish their work successfully without this co-operation.

Dinner was served at Western Kings Memorial Hospital by Miss Foster and the nurses, and the evening session was held there.

It had been hoped that Dr. Killam would be able to be taken downstairs for dinner, but it was not thought advisable, but his room was a real reception room for all the doctors, who made a point of calling on him.

Dr. Walker had with him on display, the golf trophies for the tournament which is to be held in connection with the annual meeting of the Association in Truro, in July.—(Berwick Register).

Correspondence

Montreal, June 18, 1931.

Dear Doctor:—

You are certainly putting the BULLETIN on the map. The following, "A Little Nonsense," is from the *Montreal Gazette* of this date. A letter just received from a friend in Glasgow advises us that the price of "food" has gone up thrippence a bottle.

Very truly yours,

(Signed) JAMES WILSON,
Manager for Lippincott's in Canada.

A Little Nonsense.

Stout Gentleman (who has been knocked down)—Couldn't you have gone round me?

Fair Motorist—Sorry! Wasn't sure whether I had enough petrol.

A Deacon formed his Sunday school into line and marched them along the aisles—himself in front—singing "Hold the Fort." The consternation which seized all parties at the second stanza,—“See the mighty host advancing; Satan leading on:”—can be better imagined than described. The deacon never repeated the performance.

“Let me kiss those tears away, sweetheart,” he begged tenderly. She fell into his arms and he was very busy for a few moments. But the tears flowed on.

“Will nothing stop them?” he asked breathlessly? “No” she murmured, “it's hay fever, but go on with the treatment”—*Nova Scotia Medical Bulletin*.

We are pleased to have this further proof that the *Bulletin* is read wherever it goes. When the *C. M. A. Journal* and the *Montreal Gazette* take notice of us we are getting some attention. As a matter of fact, it is better to be . . . for our nonsense than never to have been . . . at all.

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.)

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

THE 1930 volume of the Transactions of this ancient and honorable medical organization has just been received in the BULLETIN Library and, as usual, is greatly appreciated. The papers printed in this volume are less than a score, but are of a most interesting character, from the highly scientific to the pleasing historic. There is rather a strong human element as witness personal incidents in which medical men are interested.

We note that this body, instituted in 1787, is, like others not so old, troubled by the financial depression and is considering seriously increasing its yearly fee from \$30.00 to \$50.00, while it borrows from its Permanent Fund for current expenses. Perhaps our own little Society needs to go slowly for the next year or two.

We were interested in learning of the Museum of the College, which was started 65 years ago with the collection of Dr. Thomas Dent Mutter, Professor of Surgery in the College from 1841 to 1856. This museum contains Hyrtl's (of Vienna) famous preparation of the labyrinths of the ear of man at different periods of life, as well as those of mamalian families. This took 14 years in preparation and was shown first in 1873 at the World's Exposition in Vienna. In this connection there is an amusing history of some difficulties encountered in making this particular preparation.

"Since the time of the Roman Emperors, no living hippopotamus had come to Europe. The anatomy of the internal organs of this animal remained unknown. Between 1830 and 1840 the French Government sent Monsieur Arnold d'Abbadic as ambassador to the King of Seboa. The Academy of Paris added to his instructions the request to transmit in a perserving fluid the body of a young hippopotamus.

This undiplomatic duty was discharged by the ambassador with great tact. The King was greatly afflicted with rheumatism of the joints and requested the ambassador to help him. In the Orient all Franks were thought to be masters of the Art of healing. Monsieur b'Abbadic enthusiastically agreed to help.

"Procure the medicine. I'll give my crown if I shall beccme well again."
"Not at all necessary; the medicine is found in your own land; it is the fat of a hippopotamus." "Bring a hippopotamus," the King ordered his henchmen.
"Gently you must not go so fast. It must be the fat of a pregnant female."

Parties of hunters were immediately sent out into the savannahs and one of them actually brought in a pregnant female. d'Abbadic smeared the limbs of the King with its fat and he recovered from his pains. The fetus was pickled and sent to the Jardin des Plantes, where Blauville allowed Professor

Hyrtl to take out the petrous portion of the temporal bone and replace it with a plaster cast."

This museum recalls another incident of almost modern United States history that, as far as we know, is not generally known to the medical profession on this continent and certainly not to the general public. Again we quote from the volume before us:—

"At the most critical point of the nation's financial situation, in 1893, it was discovered that President Cleveland would require an immediate serious surgical operation. Speed and complete secrecy were essential because of the dire political consequences which news of the operation would have brought about. Dr. R. M. O'Reilly, later Surgeon-General, examined Mr. Cleveland on June 18th, 1893, and found a rough spot in the roof of the mouth which was as large as a quarter dollar. It extended from the bicuspid teeth to within $\frac{1}{8}$ inch of the soft palate. There was some diseased bone. The growth was pronounced malignant by a pathologist. Dr. Joseph D. Bryant, long Cleveland's personal physician and friend, confirmed the diagnosis and advised immediate operation.

The President decided upon July 1 as the date, and on June 30 courageously set August 7 for a special session of Congress to vote upon the Repeal Bill. Commodore Benedict's yacht was selected for the operation, and was repainted so that she would not be recognized as she steamed half speed up Long Island Sound. A secret consultation between Bryant and Keen was held June 30 on the deserted deck of a Fall River boat tied at her dock in New York.

On July 1 at the final examination of the patient aboard the *Oneida*, Dr. Hasbrouck extracted two upper bicuspid teeth under nitrous oxide anaesthesia. Bryant then made the first incisions in the roof of the mouth. As the change was made to ether, Janeway kept a close watch upon the pulse and the general condition. Practically the entire left upper jaw was entirely removed, the hemorrhage controlled by packing. Eye injury and facial scarring were scrupulously avoided in order that the operation might not be betrayed.

On July 15th the President walked from his launch to his residence with but little apparent effort. But the doctors were not satisfied with the appearance of the wound at one point. A brief operation on July 17 consisted in removing all suspicious tissue and applying the electrocautery. An artificial jaw of vulcanized rubber was fitted between operations by Dr. Kasson C. Gibson. This prevented visible deformity and supported the tissues perfectly. When in place the President's speech was excellent, with no alteration of quality.

Congress met in special session August 7, 1893, . . . and after much debate finally repealed the Sherman Act. On October 26, 1893, the *Nation* said: "To Mr. Cleveland—and we might say to Mr. Cleveland alone—belongs the honor of securing the passage of the Repeal Bill."

Dr. Keen concludes that, in the light of history, the decision to keep the operation a profound secret was not only wise but imperative. "What the consequences would have been had it become known at once, we can only surmise and shudder."

Mr. Cleveland died June 24, 1908, fifteen years after the operations. That he should have survived after the removal of a sarcoma of the jaw, without recurrence for so unusually long a period, was a great satisfaction to Dr. Bryant and his colleagues. This historic specimen, together with

instruments used by these famous surgeons, is preserved in the Mutter Museum through the efforts and interest of Dr. W. W. Keen, one of those who carried this state secret through a period when its safety was vital to the Nation's welfare."

The following reference to the "Siamese Twins" will also be of interest to our readers:—

"During the last century, the term, "Siamese Twins" became a household expression, largely through the genius of Barnum. The "original" Siamese twins, Eng and Chang, were born in Siam of Chinese parents. They were exhibited in practically every civilized country. Brought to this country, they settled in Mount Airy, North Carolina, where they died January 17, 1874, at the age of 63 years. They married sisters. Chang had six children and Eng five—all normal. Because of frequent family quarrels, they had to agree to allow each to live with his wife, a week, alternating week after week.

A commission appointed by the College of Physicians of Philadelphia performed the autopsy. The livers, with their connecting vessels, are well preserved in the Mutter Museum, and casts of the twins, made after autopsy, are exhibited under glass. The chair upon which these famous twins were wont to sit when exhibited, is nearby. Many mementoes of this pair have been deposited here, including a scrapbook containing handbills and advertisements from the world over, which once was the property of Sir William Osler."

Further extracts from this most interesting volume will be published in subsequent numbers of the BULLETIN.

KIRSCHNER'S OPERATIVE SURGERY.

This is a new and different book and a different Surgery. As is well known, Dr. Martin Kirschner is Professor of Surgery and Director of the Surgical Clinic at the University of Tübingen, (Germany). The translation is by a most sympathetic admirer, Dr. I. S. Radvin, J. William White Professor of Research Surgery, University of Pennsylvania, Surgeon University Hospital, Philadelphia. This is the first American edition of this work and it is so skilfully and beautifully illustrated as to make it very highly prized by active surgeons. True, much of the value of any scientific work, that requires illustrations, depends to a great extent on the publishers and, in this case, J. B. Lippincott and Company of Philadelphia and London have almost excelled themselves in the make up and appearance of this volume.

Our very good friend, Mr. James Wilson, Manager for the Lippincott publishing house in Canada, in sending a copy to the BULLETIN, says,—“In any notice you give of this book, please mention this Montreal address, 201 Unity Building. The price in Canada of this Book is \$13.00.” Any reader of the BULLETIN may order this volume and have it charged to his account as arranged.

When we study the trend of general surgery from year to year there are some topics that demand more attention than others: there almost seems to be a fashion in this direction. We note the present day attention given to Anaesthesia is exemplified in this volume, as, for example, fully endorsing the tendency towards special nerve blocking rather than a general anaesthetic. In this connection the illustrations, nearly all colored, are of the greatest value to the general practitioner who finds himself compelled to do considerable surgery without assistance.

This is not a descriptive book of the usual or special operations, but, rather, a treatise on operating methods and procedures in operating generally. After discussing the general principles of operative technic, the control of pain, of infection and hemorrhage, the author deals broadly with operations on the skin and subcutaneous connective tissue; on muscles, tendons and fascia; of blood vessels; on nerves, bones, joints and amputations and disarticulations. The general practitioner does not yet need to do much abdominal work and this volume does not attempt to cover this vast but special field. Yet the establishment of a clearly described technic is something of very great importance in every phase of surgery.

The translator says:—

“While this volume may not be designated a complete surgical treatise, it does cover many important phases of surgery which have hitherto been to a large extent neglected. The book discusses the preoperative investigation of the patient by systems and gives the methods which can be employed to make a “bad risk” patient a better operative risk. It discusses the general contra-indications to operation, but the author rightly maintains that, if there is a chance of favorable outcome by operation, this chance should be accepted.

“The position of the patient on the operating table, the general principles of operative technic, the control of pain, the various methods of anaesthesia, the control of infection and hemorrhage,—(as indicated above) are discussed thoroughly.”

Moreover the book is not hampered by a literal translation which would make its text cumbersome and impair its usefulness.

When writing to Mr. Wilson, relative to this publication, members of the Medical Society of Nova Scotia will, naturally, mention the BULLETIN.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

It is, of course, impossible for the BULLETIN to give to its readers a review of the most popular of American Medical Magazines, as it is a weekly publication of very considerable size. But we can at least direct your attention to the enormous amount of contributed and editorial material in a journal of this size that must be of very great value to any one pursuing any particular subject. What it has to say may be found in the Index of material that is published in the last issue in June and December of each year. Reference is made here to the last June number that has almost 100 pages of index information on what has appeared in the numbers of 1931 up to this date. The reference is made for the purpose of advising any of our members, who are seeking definite information along certain lines, that if they will write the General Secretary, he will be pleased to look over this index and note any references that may be made to the particular subject of interest to the reader. This we consider part of the duty of the General Secretary as well as of the BULLETIN. You need have no hesitancy, whatever, in making inquiries along this suggested line.

Time—The Weekly Magazine. The section devoted to “Medicine” in the last issue of this magazine has considerable reference, in its usual flippant manner, to recent meetings of Psychiatrists in both the United States and Canada. After especial attention is directed to the recent analyses made of the mentality of Lincoln, hitherto regarded as a Nation’s Martyr, of course

very much to his discredit, else why would the modern reader wish to know anything more about him, the following summarizes the general work of the last convention recently held in Toronto:—

“The tenor of most was that the individual must not overstrain his brain, that the more he knows about his mental workings the better for himself and for society.”

The most that can be said about this is that it represents a layman's interpretation of something he saw or heard in a convention of scientists of which he only understood words and not ideas. For the usual man on the street his brain should be like his liver, the less he knows about it the better. Introspection leads invariably to one of two results, an Inferiority, or a Superiority, Complex; both are generally disastrous. Again we suggest that the gap between the profession and the laity for news purposes and educational purposes should be bridged by some one who knows the purposes of the one and the needs of the other. Many surgeons and physicians cannot translate their ideas into the vernacular of the other, for it is as foreign to them as their language is to the laity. We think a magazine, with as much assurance as this one, would make sure that these interpretations were accurate at least. One naturally raises the question whether the other sections, Religion, Science, Commerce, etc. etc., may not be treated in a similar manner?

BIRTH CONTROL.

The *Toronto Mail and Empire* is responsible for the following reference to the above subject:—

“Canon Skey offers to provide girls about to marry with birth control information in the presence of their mothers. He might more safely give the information to the mothers themselves, and they could use their own judgment about passing it on. Contemplated marriages very often do not take place, and the grave danger of birth control information being in the hands of unmarried people has been pointed out from numerous pulpits.”

Our comment is brief and to the point. If the facts are as stated in this news clipping, that portion of the Church Universal, represented by Canon Skey, must assume the responsibility of sponsoring an incentive to sexual immorality unequalled by all the other periods of modern life.

C. M. A. Journal. The title page of Volume XXIV of this *Journal* contains this information which is given full prominence,—“With which is incorporated the *Montreal Medical Journal* and the *Maritime Medical News.*” It is thus seen that the Medical Societies of these three Maritime Provinces have an equity in the *C. M. A. Journal* much larger than that of several other provinces. Now that our own *Journal* has been proved to be necessary, is there any way by which the BULLETIN could realize on this equity to its financial advantage? Another point might be considered. The *C. M. A. Journal* costs over \$47,000.00 to publish, but returning a revenue of about \$32,600.00 from advertising, sales, etc., leaving a deficit of about \$14,400.00. (The report of the managing Editor to the *C. M. A.* Council meeting in June gave this deficit as \$14,838.80. He adds,—“The excess of expenditures over receipts is provided from the funds of the Association, largely from the membership fees. It will be noted that the cost of the *Journal* to each member, is therefore,

about \$4.50." Thus 150 members from Nova Scotia contributed about \$675.00 to the *Journal* deficit. Now this is in addition to our equity interest.

The BULLETIN has a deficit too, like nearly all organizations these days of, say \$200.00. This deficit is also made up from membership fees, being less than \$1.00 per member. Now these figures are not for comparison, although the deficit rate compares favorably for us, but, the question is asked, should not our equity rights in the *Journal* give us some advantages over those other Associations who did not lose their official journals? It has even been suggested that the BULLETIN deficit might well be assumed by the C. M. A. as a return for our investment in the *C. M. A. Journal*. This will continue to be discussed until it is satisfactorily settled.

MARITIME IMPRESSIONS.

H. B. SPAULDING, Ph. D., Toronto.

The BULLETIN made brief reference to the visit in May of Doctors Spaulding and Grant Fleming to Nova Scotia as representatives of the Canadian National Committee for Mental Hygiene. Now *Mental Health*, the Official Organ of this National Committee, in its May, 1931 issue, tells the story of the trip, under the above heading. As three-fourths of the article deals with conditions in Nova Scotia, presumably this Province was the real object of the visitation. It may then be wise to note how the Ph.D. sizes up the situation here.

It is also possible that Nova Scotians need to be checked up from the outside before they will heed the alarms sounded by their own people. For thirty years many medical men have warned the powers that be that municipal care of the indigent and harmless insane in a common institution was unscientific and barbarous yet it is still continued, although several institutions have been established within the last two or three years for the mental cases. In particular the references to the Halifax City Home should receive publicity. Further comment will be made at another time.

"During the latter part of April Dr. Grant Fleming, Medical Director of the National Committee, and the writer made a brief trip to the Maritime Provinces, with a view to becoming acquainted with those who are working along mental hygiene lines in these provinces and to seeing the work that is being done.

In Halifax we visited Dr. Lawlor, Superintendent of the Nova Scotia Provincial Hospital, and were shown through the institution. Perhaps the outstanding feature of this hospital is the provision for the training of nurses. All nurses, both male and female, must take the qualifying three-year course and are given salary increases as they pass their yearly examinations. Dr. Lawlor was a pioneer in Canada in the training of nurses in mental hospitals.

A meeting of the Mental Hygiene Society of Nova Scotia was called and we had the pleasure of addressing the meeting and of becoming acquainted with many of the members. The Society, under the able presidency of Dr. Prince, meets monthly and engages in educational mental hygiene work throughout the province. Special lectures are arranged and a good deal of literature has been distributed. The Society for some years has concentrated on bringing about facilities for the training of mental deficients and has been rewarded by seeing the recent opening of the Brookside Training School at Truro. One of the Society's most important plans at present is to bring about the establishment of a mental hygiene clinic in Halifax.

Dr. Hattie took us through the Halifax Health Centre, which serves as an out-patient department for the hospitals grouped around the University. This splendidly planned and equipped centre carries on a great many health clinics. It is to be hoped that before long it may add to its activities the conduct of a mental hygiene clinic which would serve as a community clinic and as a teaching centre for the University.

Brief visits were paid to The School for the Deaf, an admirable institution doing remarkably good work with the deaf of the three Maritime Provinces, and to the City Home and the City Jail. These latter institutions, unfortunately, are in no way admirable. The City Home is one of a number of "Homes" throughout Nova Scotia, where are housed the indigent of all ages, the harmless insane, and mental deficient of all grades. The Halifax City Home conforms to none of the standards requisite for the care of the insane and feeble-minded. Living conditions are deplorable, little or no segregation is attempted and no attempt whatever is made at treatment. The practice of keeping the great majority of the insane of Nova Scotia in county homes can not be too strongly condemned and the province must very soon face this problem with a view to its solution. It is unfortunate that at the present time the system is being made all the more difficult to change by the fact that money is being spent on additions to, and renewals of, the present buildings.

A visit was made to Dr. Munro, the Superintendent of Education for Nova Scotia, who is well-known as an outstanding man in educational circles. He discussed the situation in regard to auxiliary classes for retarded children in public schools. The law requires such a special class in any municipality with 15 backward children. A number of these classes have already been established in Halifax and elsewhere and more of them will rapidly be established. Three such classes in a Halifax public school were visited and the work being done was observed with great interest.

In company with Dr. Prince and Mr. Hudson, we visited Brookside Training School for the feeble-minded at Truro. This school consists of a dormitory with 50 beds for boys and one of 70 beds for girls and is already occupied almost to capacity. There are also a well-equipped laundry building and a large trades building containing classrooms, gymnasium, assembly hall, etc., as well as ample equipment for carpentry, shoemaking, barbering, basket-work, weaving, etc. The school is under the able and energetic charge of Mr. and Mrs. McKay and is staffed by competent teachers who have all had special training for their work.

While in Truro we paid a short visit to the Maritime Home for Girls where an opportunity was given to see some of the excellent and successful work being carried on by Miss Strothard and her staff."

THE INTERNATIONAL CLINICS.

Instead of a review of Vol. II of the 1931 series of the popular "International Clinics" published by J. B. Lippincott Company, and to be ordered from their Canadian Agency, 201 Unity Building, Montreal, we will just say what the Editor, himself, has to say of this volume, the last one and the next one. What Dr. H. W. Cattell of Philadelphia says, carries more weight than that of the BULLETIN Library Editor.

The Last, Present, The Next.

HENRY W. CATTELL, A.M., M.D., Philadelphia.

One-tenth of the International Clinics for March was taken up by two of Professor Barker's inimitable clinical lectures on the new revolutionary studies of the etiology and therapy of multiple sclerosis and on a form of rickets occurring in sporadic cretinism. There then followed articles on our newer concepts of calcium metabolism and the clinical interpretations of the biochemical findings of carbohydrate metabolism, with which the names of Collip and Banting will always be associated. It will be remembered that both . . . published their earliest clinical papers in the pages of the *Clinics*. The Medical Department of Emory University, Atlanta, Georgia, was selected for a series of thirteen practical, clinical papers emanating from this source. Dr. Donald C. Balfour of the Mayo Clinic, devoted 36 pages to the progress of surgery and there were prepared, chiefly from foreign sources, much valuable

data in Medicine and its specialties, such as obstetrics and pediatrics, pertaining to diagnosis and treatment of many of the commoner diseases, the index showing over forty references under the head of treatment to as many different affections.

In the present number there are 33 papers and 96 illustrations, one of which is in color, from such widely separated medical centers as New Orleans, Louisiana and Detroit, Michigan. But this volume lies before you, and speaks for itself. Read it, please.

The next issue, September, 1931, will be a Barker *Festschrift* in honor of the 64th birthday of Professor Lewellys F. Barker, of Johns Hopkins Hospital, Baltimore, and it will show a wide distribution of writers and a diversity of medical subjects treated from their clinical aspects. Of some thirty persons asked to contribute papers, over twenty have already sent in their titles upon which they will write or as in the case of Dr. Henry A. Christian, of the Peter Bent Brigham Hospital of Boston, and Theobols Smith, director of animal pathology of the Rockefeller Institute of Princeton, New Jersey, their manuscripts have already gone to the printer to be put into type.

THE SUMMER-TIME USE OF VIOSTEROL.

During the hot weather, when fat tolerance is lowest, many physicians have found it a successful practice to transfer cod liver oil patients to Mead's Viosterol in Oil 250 D.

Due to its negligible oil content and its small dosage, Mead's Viosterol in Oil 250 D does not upset the digestion, so that even the most squeamish patient can "stomach" it without protest.

There are at least two facts that strongly indicate the reasonableness of the above suggestion: (1) In prematures, to whom cod liver oil cannot be given in sufficient dosage without serious digestive upset, it is an incontrovertible fact that Viosterol in Oil 250 D is the antiricketic agent of choice. (2) In Florida, Arizona and New Mexico, where an unusually high percentage of sunshine prevails at all seasons, Mead's Viosterol in Oil D. continues increasingly in demand, as physicians realize that sunshine alone does not always prevent or cure rickets.

Mead, Johnson & Company, Evansville, Ind., invite you to send for samples of Mead's Viosterol in Oil 250 D for clinical use during the summer months to replace cod liver oil.

OBITUARY

‘GIVE THEM THE FLOWERS NOW’

Here are the struggles and striving
 Here are the cares and the tears;
 Now is the time to be smoothing
 The frowns and the furrows and fears,
 What to closed eyes are kind sayings?
 What to hushed heart is deep vow?
 Naught can avail after parting,
 So give them the flowers now!

Just a kind word or a greeting;
 Just a warm grasp or a smile—
 These are the flowers that will lighten
 The burdens for many a mile.
 After the journey is over
 What is the use of them; how
 Can they carry them who must be carried?
 Oh, give them the flowers now!”

THE July issue of the BULLETIN mentioned that Dr. J. Knox McLeod of Sydney was unable to attend the meeting of the C. M. A. in Vancouver, as he had planned, on account of the serious illness of his sister. We regret to learn that on June 20th Mrs. Barbara Farquharson passed away after a very brief illness at the age of 70 years. She is survived by one son, a daughter and three brothers,—Dr. William McK. McLeod, retired physician, residing in Sydney; Dr. J. K. McLeod, City Medical Officer, Sydney, and Dr. T. C. McLeod of Bay Roberts, Nfld.

Mrs. Farquharson was a daughter of the Rev. Dr. Hugh McLeod, an eminent minister who came to Cape Breton shortly after the disruption in Scotland. A child of the manse she exemplified in her life the Christian virtue of firm faith and broad charity, and her gentle disposition together with her unassuming human kindness, won for her a secure place in the hearts of scores of attached friends.

The BULLETIN extends sympathy to these three members of the profession who deeply mourn her loss.

Dr. E. L. Aucoin, of the staff of the Notre Dame Hospital, Montreal, was drowned July 21, 1931, at Coteau Du Lac, when the canoe, in which he was seated, capsized. He was a native of Eastern Harbor, Cheticamp, Inverness County, Nova Scotia, and is survived by his father and mother and several brothers and sisters at his Cape Breton home. He was 38 years of age. Notre Dame Hospital is a public hospital of 450 beds established in 1880 and located on Sherbrooke Street, Montreal.

In the passing of Captain R. J. Turner, of Truro, Colchester County lost a citizen who had been actively identified with all its interests, church, state, town, etc., for over fifty years. Among sons and daughters who survive is Mrs. Patton, wife of Dr. J. W. T. Patton of Truro.

Dr. Elisha H. Cohoon died July 21st, 1931, at a hospital in Brooklyn, New York. He was a graduate of Acadia University in 1894, and received his medical degree from the College of Physicians and Surgeons, Baltimore, in 1903. He was Superintendent of the Rhode Island State Hospital from 1908 to 1915. He was administrator of the Boston Psychopathic Hospital from 1915 to 1917. He was born in Port Medway, but his family early removed to White Rock, Kings County, where one brother still resides.

A very recent provincial daily has the following: "Miss Marjorie Smith, recent graduate of the City Hospital, has received her R. N. from the Department of Public Health." One hesitates to ask if either of the two Committees advisory to the Department were consulted before the Department took the action indicated.

MAINTAINING PRE-EMINENCE AS A URINARY ANTISEPTIC

A granular effervescent salt of Urosine, dissolving immediately with effervescence upon being dropped into water, and forming an agreeable carbonated beverage. Each heaping teaspoonful contains $7\frac{1}{2}$ grains of Urosine (Hexamine) in combination with Benzoic Acid.

Dispensed in eight ounce bottles holding four ounces of Granular Effervescent Urosine, with measuring cap which holds two heaping teaspoonfuls.

UROSINE

G. E. S. No. 15

Charles E. Frost & Co.

MONTREAL

CANADA

Wheat Germ & Yeast in Liquid Form



BEMINAL LIQUID

"Subminimal diets which fall short of adequacy may, without producing outspoken disease, lead to chronic gastritis and enteritis with impairment of neuro-muscular control of the intestine. Indeed there is good reason for believing that chronic vitamin B deficiency of this character is responsible for many of the obscure, indefinite digestive disorders—disorders which so often destroy the happiness of the patient and baffle the physician. We are accustomed to call these patients neurasthenics and chronic intestinal invalids, whereas many of them are sorely in need of food of the proper vitamin content. In addition, it is possible that many nervous disorders, particularly of the so-called 'functional type,' result from a failure of the diet to provide vitamin B in sufficient amount." JAMES S. McLESTER, Professor of Medicine, University of Alabama. (Nutrition and Diet in Health and Disease, Second Edition, 1931, page 324).

AYERST, McKENNA & HARRISON LIMITED
MONTREAL

Personal Interest Notes

IT is satisfactory to know that, if Hospital Management by Commission is the best up-to-date method, the Nova Scotia Hospital is now in that class. The Chairman of the new Board is Mr. Justice Hugh Ross of the Supreme Court of Nova Scotia; the members being Ex-Alderman Wm. R. Powell of Halifax and Mr. John S. Meisner of Dartmouth. We must all feel that Dr. Lawlor certainly merits the cordial support of this Board.

Dr. C. E. A. DeWitt and family of Wolfville moved in June to their usual summer home in Deep Brook, Digby County.

Dr. Arthur Sangster, Dalhousie 1930, following his year as Intern at Victoria General Hospital, has gone to Edinboro for further Post-Graduate study.

Dr. G. A. McIntosh and family have moved to their Bedford home for the summer months.

Dr. Eliza Bryson, Provincial Psychiatrist, attended the recent meeting of the Canadian Council of Mental Hygiene and visited a number of institutions similar to the one at Truro during her absence.

Dr. H. H. McKay and Mrs. McKay of New Glasgow were in Montreal on June 27th taking part in the marriage of their only daughter, Margaret Elizabeth to Mr. Reginald Sawyer of Kingston. The bride is a graduate of Dalhousie and has had a distinguished college career since then winning several scholarships. The groom is about to receive his Ph.D. from Harvard. After spending the summer at St. Andrew's-on-sea both bride and groom will engage in research work at Harvard.

Dr. Fred A. Minshull, Dalhousie 1930, has returned from Toronto where he has been interning at the Toronto Hospital for Children. It is intimated that he will locate in his home City of Halifax.

Dr. Kenneth Cameron, Colonel, C.A.M.C. of Montreal, was a recent visitor to Sydney in connection with a Pension's Appeal Board. While there, as the guest of Dr. Freeman O'Neil of Sydney, he enjoyed a trip to historic Louisburg. He was much interested in this, the only walled city that ever existed in Canada.

In a recent address before the Liverpool Kiwanis Club the speaker of the day advocated the plan that free dental treatment be given under privileged children. As a matter of fact this has for a long time been available in Nova Scotia by arrangements with various Societies wherever a Public Health Nurse has been maintained. As a matter of fact any failure to carry this out in Nova Scotia has been due to Municipal niggardliness in the employment of Nurses.

BILLON'S

NOVARSENOBENZOL

With an easy technique, gives the best results therapeutically and offers the least danger in the treatment of syphilis.

The Canadian product offers the additional guarantee of recent preparation and of direct control.



Laboratory Poulenc Frères of Canada Limited

Canadian Distributors:

ROUGIER FRÈRES

350 Le Moyne St., Montreal.

the Dentists, like the doctors, being very willing to give a large amount of free service to the deserving poor.

The Charlottetown Guardian is authority for the following:—"A British Physician describes a kiss,—“as the result of two sets of cellular emotional vibrations which attract each other and become harmoniously merged into a rich chord by contact.” This may be O. K. for those polite long drawn out ones but not for the sweetest of all, the stolen ones.

The medical interne at the Aberdeen Hospital, New Glasgow for this summer is Miller McKay, Dalhousie, son of Dr. H. H. McKay of that town.

The best attendant upon medical meetings in Nova Scotia is Dr. Dan Murray of Tatamagouche. In May he attended the C. M. A. Post-Graduate Lectures at New Glasgow and the Annual Meeting of the Colchester-Hants meeting in Windsor; in June the C. M. A. Lectures in Truro and in July the three day session of the Provincial Society. And what a fine family accompany him on most of these trips from Tatamagouche over.

The BULLETIN received invitations to attend the closing exercises of both the School for the Deaf and the School for the Blind. It was remarked how few Doctors of Halifax were present at these closings. The economic value of these schools is equalled also by their value to the individual pupil in physical and mental improvement. On this account medical interest should be more in evidence.

Dr. S. H. Keshen of Halifax recently attended the Gyro Convention at Hamilton, Ont., and in the course of his two weeks trip visited a number of Clinics in Toronto and Montreal.

Dr. Kenneth Grant, for some years Interne at Camp Hill Hospital, Halifax, has returned to his home in Glace Bay and will work this summer with Dr. A. Calder of that town. He then expects to go to New York for further study. Before leaving Camp Hill he was the recipient of a handsome travelling bag, an evidence of the esteem in which he was held by the staff of that hospital.

The BULLETIN notices that Dr. M. Jacobson, hitherto located on Brunswick Street has moved his office to 22 Gottingen St., Halifax, N. S.

Dr. Harry D. Land, a graduate of McGill University, 1926, and who practiced some two years in Sydney and has been recently located at Ramea, Nfld., is visiting friends in Sydney and other nearby centres.

Dr. and Mrs. J. Ellery Pollard of Hantsport spent the latter days in June motoring to various stations of Cape Breton.

Some "Four (White) Citizens", so they signed themselves in the *New Glasgow Evening News* recently, were much exercised over some difficulty in getting medical attendance for an orphaned colored expectant mother. Fortunately there was one that gave his services, "the one good Samaritan of the lot." We mention the instance as bad form on the part of those writing the letter and



THE LORD NELSON HOTEL

HALIFAX, N. S.

INVITES

Members of the Medical Profession
and their friends attending the
Annual Dalhousie Refresher Course,
to make their headquarters at this
modern Hotel.

Stimulating Cuisine.

Comfortable Rooms.

Reasonable Charges.

the *News* for publishing it. It is, however, very plain that doctors cannot be expected to answer indigent calls indefinitely and many towns are lax enough in their regulations to make just such incidents quite possible.

The BULLETIN is advised that Dr. D. W. Skinner has moved his office from Hubbards, at which place he has been located for some years, to Mahone, N. S.

Dr. Ross Faulkner, F.R.C.S., and Mrs. Faulkner of New York, arrived in Nova Scotia early in July and will spend from two to three months at their beautiful summer home in Chester.

Dr. C. L. MacMillan, Dalhousie 1928, who has been resident at Baddeck, has taken over the practice of Dr. S. G. McKenzie at Westville. Dr. McKenzie's family will follow him to Halifax as soon as they can secure a suitable house.

Dr. and Mrs. W. H. Hattie recently spent almost a vacation in Pictou County visiting old home friends of both.

Dr. W. R. Dunbar, President of the Medical Society of Nova Scotia, is a native of Pictou Co., Abercrombie, no less.

Patient:—Say, Doc. I asked that nurse to put a hot water bottle at my feet and she just turned up her nose and walked away.

Doctor:—Well, what do you expect? She's the head nurse.

Patient:—Good Gracious, do they specialize to that extent? Please get me a foot nurse then.

Dr. Angus Murray, University of Manitoba, 1913, Medical Arts Bldg., Winnipeg, was a visitor in July at his former home in Salt Springs and Mount Thom, Pictou County.

Nurse:—Are you going to give my patient something to slow down his heart?

Doctor:—Yes! An elderly nurse.

A baby clinic in Halifax, Kentville, New Glasgow or some other place was recently described by the local press as a howling success and a "crying scandal."

Again it's Scotch: We are informed that Sandy MacSkimp found a box of corn plasters. So he had to go and buy a pair of tight shoes.

Dr. H. B. Whitman of Dartmouth, Dalhousie 1928, has located at Westville, his office being the corner of Church and South Maine Street. Since graduation he has done post-graduate work in Cleveland, San Francisco, New York, not to mention Glace Bay, perhaps the best work of all.

Lawyer:—And just how bad to you want this divorce, Mose?

Mose:—It only cost me a string of fish to get married, suh, but Ah'd give a whale to get rid of her.

Dalhousie University

FOUNDED 1818.

HALIFAX, N. S.

MEDICAL SCHOOL

Attention is called to the fact that the number of students who can be admitted to the School each year is limited, and that many applications have had to be refused in the last few years. A selection of the thirty-five most eligible candidates from the stand-points of academic and moral and manly qualities will be made from those applying for admission on or before July 1st, 1932.

Medical Refresher Course

Each year the Faculty of Medicine arranges a short course of post-graduate instruction for physicians, in which representatives of other Canadian medical schools participate. In this course emphasis is placed upon conditions which are likely to come within the experience of every practitioner. It is offered free of charge to all qualified practitioners, irrespective of residence or *alma mater*. This year's course will be given September 7th to 11th, inclusive.

Faculty of Arts and Science

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

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

Faculty of Law (established 1883).

Faculty of Medicine (established 1868).

Faculty of Dentistry (established 1908).

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

Registration for Arts and Science students: September 21st for new students from Halifax and Dartmouth; September 22nd for other new students; September 23rd to 26th (12 o'clock noon) for other than new students.

Registration for Law, Medical and Dental Students: September 8th and 9th.

RESIDENCE

Shirreff Hall, accommodates all out-of-town women students of the University.

For information and calendar apply to the Registrar.

When we went to college some 45 or 50 years ago, a student in Theology afterwards became the Rev. Wm. Smallman. Now we note that a son of his, the father now deceased, has been visiting at his former home in New Glasgow, Dr. Ralph Smallman of Buffalo, N. Y., a worthy son of a worthy sire, standing some six feet or more. Well, what's in a name?

NOVA SCOTIA NOTES FOR AUGUST C. M. A. JOURNAL.

Dr. A. S. Giffin has been appointed to the medical staff of the Nova Scotia Sanatorium, Kentville.

At the annual meeting of the Alumni Association of Dalhousie University, Dr. E. K. MacLellan was elected president, and Dr. H. B. Atlee was re-elected editor of the Alumni News.

Announcement has been made that construction of an annex to the Sydney Civic Hospital will begin very soon. The annex is to be for the accommodation of tuberculosis patients. Twenty-four rooms will be provided. The cost is to be \$100,000.00.

Dr. A. H. Sangster has retired from his position on the resident staff of the Victoria General Hospital, and has been succeeded by Dr. C. M. Bethune. Dr. Sangster has gone to Edinburgh for a period of graduate study.

An arrangement has been effected by which a limited number of students in medicine at Dalhousie University will be accepted for six months periods as undergraduate internes at the Saint John General Hospital. Only students who have completed the fourth year are eligible for such appointments. As a full interne staff has been engaged for the ensuing year, this arrangement will not become effective until next year.

The corner stone of the new building for the Halifax Infirmary was laid with fitting ceremony on the 25th of June. The Archbishop of Halifax accompanied by a number of priests and others marched in procession to the new structure, much of the frame work of which is already in place. After blessing the building, the Archbishop laid the stone, following which brief addresses were given by Hon. Dr. Murphy (who acted as chairman), the Lieutenant-Governor, the Premier of Nova Scotia, the Chief Justice, the Mayor of Halifax, and the Archbishop.

Classes of nurses have been graduated recently from several Nova Scotian Hospitals. Particular interest attached to the graduation ceremonies of St. Martha's Hospital, Antigonish, where the graduates were addressed by Miss Beard, of the Rockefeller Foundation, Miss Smellie, Chief Superintendent of the Victorian Order of Nurses, and Hon. Dr. George H. Murphy, Minister of Health of Nova Scotia. At this hospital a prize has been established in the form of a scholarship providing for a special course in public health nursing.

Dr. W. J. Egan, of Sydney, President of the local Kiwanis Club, had the pleasure of having a recent visitor to Sydney, an Executive Member of Kiwanis

Medical Visitors to New York

The New York Academy of Medicine desires to extend welcome to all members of the medical profession who may visit New York. It offers its facilities in the hope that they may be helpful in making the visitor's stay both pleasant and profitable.

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

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

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

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

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

The New York Academy of Medicine

2 East 103 Street

NEW YORK CITY

International, visited the Health Camp at Mira where Miss McKenzie of the Department of Public Health is supervising the care of forty young girls. Dr. Bayne motored the visitor to the camp.

Following a strenuous three days at the Medical Society Meeting in Truro, Dr. J. C. Morrison, of New Waterford, recuperated a couple of weeks in Pictou County before returning home.

Dr. J. A. MacMillan, of Montreal, Associate Professor of Ophthalmology, McGill University, accompanied by Mrs. MacMillan, spent some two weeks in July touring Nova Scotia and New Brunswick. C.A.M.C. Officers will remember the Doctor as on the staff of No. 3 General Hospital, McGill, at Boulonge and Mrs. MacMillan as one of the Nursing Sisters in the same unit. It was a matter of regret to the many members of the Profession in Nova Scotia, who know them both, that their stay in any one place was usually measured in hours only.

Dr. Hugh McKinnon, of Berwick, with Mrs. McKinnon and family, spent a short vacation in July at the old home at Lake Ainslie, Cape Breton.

The marriage of Dr. M. J. Macaulay on July 20th to Miss Ino E. Simpson, R. N., took place in New Glasgow and is of interest to parties in New Glasgow, Halifax, and Sydney. Dr. Macaulay is a graduate of the McGill University in 1930 and is a son of Dr. J. Fraser Macaulay of Sydney. His bride was a nurse in the Victoria General Hospital. Both bride and groom were for a time on the staff of the Nova Scotia Sanatorium. They will reside in Sydney where the doctor has started his practice. "Congratulations."

Dr. F. R. Shankel, with Mrs. Shankel and Miss Rosamond, spent a week end holiday recently visiting in Liverpool.

Dr. Charles Homans, of Sheet Harbor, recently spent a short holiday at his former home in Port Mouton, Queens County, N. S.