

THE PROVINCIAL
MEDICAL JOURNAL

W. B. SLAYTER, M.D., &c. } EDITORS
R. W. McKEAGNEY, M.D., }

CONTENTS:

	Page
Editorial	1
Dalhousie Primary Medical School.....	2
ORIGINAL COMMUNICATIONS.	
On some forms of Functional Heart Disease, By Dr. Somers.....	2
Case of Organic Stricture of Urethra, &c., By Dr. McKeagney.....	3
SELECTED ARTICLES.	
Physiology and Pathology the true foundation for medical practice, By Dr. John H. Bennett.....	5
On Acupressure, By Professor Pirrie.....	7
The Consumptive Curers of New York, By an Invalid M. D.....	9
On Nature and the Propagation of Phthisis, By Dr. W. Budd, of Bristol.....	12
Trial for Producing Abortion.....	13
Items of Medical Intelligence.....	16
Medical Diary of the Quarter.....	17

MAY, 1868

HALIFAX, N. S. :
PRINTED AT BARNES' STEAM PRESS
1868

FACULTY OF MEDICINE

Balhousie College & University

HALIFAX, N. S.

The regular course of lectures and demonstrations commenced on the 5th of May, and will be continued daily throughout the session, which extends to the end of July.

FACULTY.

VERY REV. JAMES ROSS, Principal (ex-officio) and Matriculation Examiner.

WILLIAM J. ALMON, M. D., President.

ALEXANDER P. REID, M. D., Dean.

WILLIAM J. ALMON, M. D., and
ALEXANDER G. HATTIE, M. D.,
Lecturers on Obstetrics.

PROF. GEORGE LAWSON, Ph. D., LL.D.,
Lecturer on Chemistry.

ALEXANDER P. REID, M. D., L.R.C.S., Edin.,
Lecturer on Institutes of Medicine

EDWARD FARRELL, M. D.,
Lecturer on Anatomy.

ALFRED H. WOODILL, M. D.,
Lecturer on Materia Medica.

JAMES D. ROSS, M. D.,
Demonstrator of Anatomy.

THOMAS R. ALMON, M. D.,
Prosector to chair of Anatomy.

FEES.

Lecture Fee for each Course.....	\$6.00
Matriculation Fee.....	1.00
Dissecting Ticket.....	4.00

For further information address the Dean, DR. REID, 98 Argyle St., Halifax, N. S.

Good Board, with rooms, and all the usual accommodation, can be obtained in this city, at as reasonable rates as in any part of the country.

PROVINCIAL
MEDICAL JOURNAL

Vol. 1.

HALIFAX, MAY, 1868.

No. 1.

IN presenting this, the first number of the PROVINCIAL MEDICAL JOURNAL, to the Profession of the Lower Provinces, it appears to us necessary that we should say a few words, by way of introduction, as to the manner in which we propose to conduct it.

The want of some means, by which the members of our Profession in these Provinces might freely interchange their opinions on medical topics, has long been felt; a want which has prevented the Profession from advancing its interests and fostering that unity of action which exists elsewhere.

Believing that the time has now arrived when a Medical Journal can be supported, we have ventured to establish this, starting with the firm determination that we will spare neither time nor work in making it worthy to be the organ of the Medical Profession of the Lower Provinces.

From the encouragement and kind wishes extended to us by the members of the Profession, both senior and junior, not only in Halifax but in various parts of the country, we believe that we shall succeed in our undertaking. In return, we promise to do all in our power to make the MEDICAL JOURNAL acceptable to the Profession.

Many practitioners who are actively engaged, have neither time nor inclination to carefully peruse the numerous medical periodicals of the day; we propose, therefore, to devote the greater part of our space to summaries of the most important papers, articles, and items of general medical intelligence, found in these publications. The remaining portion of the JOURNAL will be devoted to original communications and reports of cases, &c. In connection with this, we would remark that we shall at all times feel pleased to receive communications and reports of interesting cases, from any member of the Profession who will favour us with them.

In this City we have now a well conducted General Hospital, containing about sixty beds, and having an efficient staff of eight qualified practitioners; also a well regulated Dispensary, at which from thirty to forty patients are prescribed for daily, and a staff of six indoor physicians and surgeons and two visiting physicians,—so that there are ample opportunities for supplying notes of cases, which will be of interest to the Profession of the Provinces.

In conclusion we would call on our Professional brethren for their good wishes, trusting that our paper may prove acceptable to them and receive their hearty support.

DALHOUSIE PRIMARY MEDICAL SCHOOL.

We congratulate the Profession on the establishment of a Primary Medical School in connection with Dalhousie University of this city.

From the Prospectus before us we notice that the Governors of the University have appointed six medical men of this city to teach the five elementary branches of our profession, viz.,—Physiology, Dr. Reid; Anatomy, Dr. Farrell; Materia Medica, Dr. Woodill; Chemistry, Prof. Lawson; Midwifery, Drs. W. J. Almon and A. Hattie.

A better selection of lecturers could not possibly have been made, as each of the above named gentlemen is thoroughly competent to teach the branch allotted to him. It appears that the Faculty are not so much actuated by the desire of conferring degrees as of giving to the students of the Lower Provinces an opportunity of acquiring a knowledge of the primary branches of the profession at home, and thus be better prepared to profit by the more advanced instruction in the schools of medicine of the United States and Europe. We also notice that a summer course of lectures at this school will be recognized by the principle Colleges in the States, and Canada, as equivalent to one year's study with a general practitioner.

We certainly imagine that this Primary Medical School well deserves the support and encouragement from the Profession of this and the adjoining Provinces, as it will be the means of giving our future general practitioners a more thorough ground-work in their professional studies than they have hitherto been enabled to obtain.

In our next issue we hope to give an outline of the introductory lecture to be delivered by the Dean of the school.

Since the above was written, we are pleased to learn that the first session of the school has commenced, with a class of thirteen Students.

Original Communications.

ON SOME FORMS OF FUNCTIONAL HEART DISEASE.

By J. SOMERS, M. D., Physician to Halifax Dispensary.

We meet in every day practice a numerous class of cases, which are grouped under the general heading of functional heart disease. Physicians do not in all cases discriminate between the different forms of this affection, and generally base their treatment upon two very opposite states of the system, which are supposed to hold a causative relation to it, namely, *anæmia*

or plethora. Functional disorders of the heart, owing to the latter cause, are not so frequently met with, the greater number of cases occurring where the former state exists, and relieving the anæmia usually cures the disease; but in addition to these we find many cases where the removal of these supposed causes do not invariably relieve the heart disturbance, and it is to these that I would direct attention.

Such cases appearing to have a causation differing from the above, may be classed as a third form of functional heart affection, the vague term palpitation has been applied to them. Dr. Hartshorne of Philadelphia calls them cases of cardiac muscular exhaustion. There is no uniform general condition of system in these cases, some are decidedly anæmic, others exhibit the glow of health. The usual symptoms are prostration, dyspnœa on slight exertion; appetite usually normal, but in many instances there is anorexia; pulse quick and soft, easily accelerated, ranging from 80 to 95, but running up to 120 or more when making slight exertion. One very remarkable symptom connected with the pulse is an intermittency in its action. I will not say that this symptom is of universal occurrence, but if looked for it will be found in the majority of cases, and may be regarded as one of the distinguishing signs in diagnosing this form of functional heart disease. This intermittency of the pulse consists of an absolute loss of certain of its normal beats, as if the pulsation of the artery ceased during the time of one or more strokes and then again resumed its play; it may occur once or oftener during a minute, and usually occurs with great regularity. The hearts impulse, seen in the epigastrium, is feeble to the hand, with a short and slightly jerking motion, but differing from the heaving motion of concentric hypertrophy. Heart sounds usually free from murmurs; first sound inaudible at the base; second sound high pitch; at the apex second sound faintly heard; the intermission of the pulse and failure of the first sound occur simultaneously. Added to these are other more general symptoms, such as excessive palpitation. This is readily produced to an alarming extent by any mental excitement, or by a little unusual bodily exercise; the patient feels on such occasions as if dissolution was impending. Persons labouring under this form of heart trouble are often startled from sleep with this feeling of impending death; the heart—as they will express it—seems to stop beating for a time, and they awake breathless and in a state of the most painful anxiety. Another symptom is pain felt over the region of the heart, usually confined to a spot about the size of the hand beneath the left nipple, but at times extending into the right side. This pain is rarely severe, is not increased by pressure or by forcible inspiration; it appears to be somewhat akin to pleurodynia, or it may be a form of intercostal neuralgia, only lacking, the distinctive signs of that affection. All these phenomena will not of course be present in any given case,—they may exist with organic heart disease—but in the absence of this they make up the aggregate of symptoms to be met with in such cases.

(To be continued).

CASE OF ORGANIC STRICTURE OF THE URETHA, ACCOMPANIED BY INFLAMMATION. PUNCTURE OF THE BLADDER, PER RECTUM.

By R. W. McKEAGNEY, M. D., Asst. Physician Mount Hope Asylum.

Whilst engaged in practice at Port Hood, C. B., I was consulted by an American fisherman, for the purpose of getting relief from an immensely distended bladder, which caused him very great suffering. He stated that he had Gonorrhœa some years before, which was followed by a stricture—for which the catheter had been frequently passed.

He had been out fishing for some weeks when he took cold, which produced a good deal of inflammation about the seat of stricture. Three days before

applying to me he was unable to pass water freely; and after using the remedies prescribed by his shipmates without avail, and the difficulty in micturition increasing, he was brought to Port Hood. At this time he was suffering from great constitutional irritation—pulse 90—tongue very foul and bowels constipated. A Dover's powder and an injection of castor oil was immediately administered. In the evening I endeavoured to pass a No. 8 Catheter, but failed in the attempt, as well as with smaller sizes of that instrument. In the evening of the following day I again endeavoured to pass bougies of different sizes (first having the patient put in a warm bath) and again failed, finding the urethra completely blocked up from inflammation.

As the suffering was intense and symptoms of uremic poisoning were coming on, I determined to operate as soon as possible. He had a restless night, and on the next day all the symptoms were so much increased that I sent for Dr. H. J. Fixott (who kindly came a long distance to assist me). After a consultation the patient was etherised, and again I endeavoured to pass an instrument but without success. We now determined to puncture the bladder per rectum, but not having a curved trochar our mechanical skill was brought to the test to improvise an instrument to suit the circumstances of the case. A common silver catheter was taken and the end filed off—a trochar was made to fit the calibre of the catheter, and after giving it the necessary curve the instrument was finished. Some difficulty was experienced in reaching the bladder owing to an enlarged prostate, but after a little careful manipulation I succeeded in introducing my rough instrument through the rectum, and punctured the bladder. On withdrawing the trochar a large quantity of foetid urine escaped; but all was not allowed to come away as the edge of the canula was unavoidably sharp, and we feared that it might injure the bladder, or set up a good deal of irritation, if it were entirely emptied.

On recovering from the effects of the ether the patient was seized with delirium, and during the paroxysms could with difficulty be kept in bed. Convulsions came on shortly after, and later in the evening chills were very troublesome. Large and repeated doses of opium, however, checked both. On the morning of the day following the operation he was brighter and quite conscious of relief. Took gruel with a little wine. Bowels were opened and the inflammatory symptoms were subsiding. He continued to improve throughout the day, and in the evening an opiate suppository was administered, which gave him a good night's rest. On the next day, owing to insufficient care in moving him in bed, the catheter slipped out of the bladder. In the afternoon a little urine came away through the urethra, and in the course of a few days he passed a stream as large as the size of a No. 4 instrument. From this time he continued to pass his urine freely, and in a month went home very nearly recovered from the effects of the operation. This case, I think, is interesting, as shewing, the beneficial effects of what Mr. Hilton calls Surgical Rest on an inflamed part, for as soon as the urine was permitted to pass through another channel and the bladder emptied, the inflammation of the urethra rapidly subsided. It is also a good example of the way in which the country practitioner is often called upon to exercise his ingenuity in manufacturing instruments for immediate use.

We notice, by the latest accounts, that the British troops in Abyssinia are in good health and spirits. The per centage of sick is less than it would be at home, notwithstanding the crowding that takes place in the tents, 30 native and 25 European soldiers occupying one double poled tent. The climate at present is said to be very invigorating. The few cases, of disease that have occurred are attributable to exposure, such as bronchitis, pneumonia, rheumatism, diarrhoea and dysentery, a few cases of the latter disease have proved fatal on or about the fourth day of the attack. Great difficulty is experienced in feeding the army from the want of carriage, so many baggage animals having died in the earlier days of the campaign.

Selected Articles

PHYSIOLOGY AND PATHOLOGY THE TRUE FOUNDATIONS FOR MEDICAL PRACTICE.

EXTRACT FROM A LECTURE

By JOHN HUGHES BENNETT, M. D.

When we investigate closely into what is actually known of our therapeutical means, divided into *alimenta*, *hygienica*, and *materia medica* it will be seen that we have no exact details founded on scientific research. What we require is, that such details must be first arrived at, and then applied in accordance with pathological laws. These point out that all treatment must be general and special—general as regards the nature of the disease, special as regards its seat. The great problem in conducting any given case is to carry out both indications, so that one does not interfere with the other. If, for example, the object be to favor the removal of inflammation or tubercle from the lung, the means requisite for that end must not be put aside or counteracted by a desire of alleviating pain, breathlessness, or expectoration. Indeed, one point of great importance, and which clinical observation has in recent times made manifest, is, that general and local symptoms frequently bear no relation whatever to the fatality of the lesion. Thus, an extensive acute inflammation of the lungs, a febricula, or an impacted gall-stone, may cause the most violent symptoms and perturbation of the economy, and yet spontaneously terminate in recovery in a few days; while a phthisis, a pleurisy with effusion, or even a pneumothorax, which may permanently destroy the action of a lung, may come on imperceptibly, and cause only trifling functional symptoms. To the pathologist, therefore, such symptoms are no longer the same guides to treatment as they used to be. They do not so much excite his regard as the causes or structural and chemical lesions which produce them, for he knows that the former will disappear if the latter are removed. It need not, therefore, excite surprise that as our knowledge of pathology has advanced, and our means of diagnosis have improved, we direct our attention more to the morbid alteration and less to the temporary effects. In this way it has gradually become manifest that so far from doing good by attempts to relieve symptoms, we positively do harm to the disease. If for instance, impaired digestion causes headache and sleeplessness, the relief of these symptoms by morphia is anything but beneficial, inasmuch as it depresses the nervous system and diminishes the appetite, and so increases the real disease. For the same reason, of what advantage for treatment is to strengthen the appetite, increase the nutrition, and invigorate the frame. Medicines which only temporarily lull irritation, create nausea, destroy appetite, and favor diaphoresis, however they may relieve symptoms, can never arrest the disease.

Not long ago a young American physician brought under my notice a tincture of the *veratrum viride*, which he maintained possesses the power of diminishing the force of the pulse, and said that on this account it was a most valuable medicine in fevers, inflammations, and other diseases where the pulse was excited. But pathology indicates that so far from lowering the pulse in these disorders, what is required is in truth to support it for the reasons I have formerly mentioned. Indeed, I can not conceive any circumstances in which such a remedy, even if it possessed the virtues ascribed to it, can be useful. But it so happens that several years ago Dr. Norwood, of Nashville, in the United States, sent me a bottle of the tincture, which I tried in several cases of fever in the infirmary. In every instance the medicine caused violent vomiting, pain in the stomach, weak pulse,

and symptoms of collapse, and had to be discontinued; but in no one instance did it shorten the disease or improve the symptoms—quite the contrary. Yet this remedy is once more recommended to us on the ground of subduing, not a disease, but a symptom, although everything we know of pathology and the natural history of fevers and inflammations is entirely opposed to its employment.

In the same manner, hosts of new drugs, or new preparations of old ones are constantly extolled and recommended on the most insufficient data, no one seeming to think it necessary to make experiments, careful observations, or deductions, but appealing only to a very limited experience. But we have previously seen that even where experience has been universal and unanimous—as in the case of bloodletting in inflammations—what mischief and error have arisen from unacquaintance with physiology and pathology.

As another example, let us for a moment consider the contradictory opinions that prevail with regard to a medicine which, perhaps, has been more extensively tried than any other; I allude to mercury. I need not cite the extravagant praises which it has received from its partizans. It will suffice to say, that the most accomplished professor of materia medica in these times tells us that, physiologically, it is "a corrosive, irritant, errhine, cathartic, and astringent; a stimulant, diuretic, diaphoretic, cholagogue, and emmenagogue; and an excitor of that peculiar state of the constitution denominated mercurial action, of which salivation is one of the chief local signs." "Therapeutically," he says, "it is antiphlogistic, alterative, sedative or contra-stimulant, deobstruent, antisiphilitic, and antihelmentic." (Christison). A drug possessed of such wonderfully extensive and varied powers should certainly by this time have had its virtues universally recognized; yet the fact is that, with the exception of its action as a sialagogue and a cathartic, there is scarcely one other of its supposed virtues that is not disputed.

Is mercury a cholagogue? We have no proof whatever that it increases the secretion of bile; and the only experimental investigation with which I am acquainted—viz.: that of Dr. Scott, who gave calomel to dogs, and then collected the bile through a fistulous opening made into the biliary duct, found it in three days to diminish the quantity of that fluid.* Is it an antisiphilitic? In recent times it is admitted that syphilis has diminished in intensity just in proportion as the use of mercury has declined; and the gigantic experiments made on entire garrison regiments in France, Germany, and Sweden, prove that the non-mercurial treatment of syphilis is far superior to the mercurial in every respect. Is it antiphlogistic? All that we know of modern practice negatives the idea. Does it cause absorption of lymph or the coagulated exudation? The clinical observations of Prof. John Taylor, of London, in pericarditis, and of Dr. Williams, of Boston, United States, in irritis, are opposed to such a supposition.

Then as to its mode of administration what differences exist. Some give it in large, others in small doses—some in acute, others in chronic diseases of the same kind. Some argue that it should precede, others follow venesection. Some combine calomel with blue pill to intensify its action; others with opium for the same reason. Its applications are so numerous and contradictory, that the question may well be, not for what diseases is it useful, but rather, which has not been represented to be benefited by this drug. In the meantime, it has been admitted that it arrests the appetite, checks nutrition, excites a peculiar fever and erethism, produces a coppery taste in the mouth, furred tongue, and salivation; and the pathologist may well inquire how a poison operating in such a way can have any curative tendency whatever.

Now why all this uncertainty as to the therapeutic action of drugs? My answer is—In consequence of our ignorance of an exact diagnosis and of a true pathology. Many persons think that the science of therapeutics is to be advanced by trying the effects of drugs on animals, by clinical observation, by records of cases, and so on; but whatever amount of knowledge may be thus arrived at, it can never be advantageous for medical treat-

*Beale's Archives of Medicine, vol. i. p. 269.

ment, until, as I have endeavored to show, we are capable of recognizing with exactitude the disease we investigate, and, secondly, know its nature and natural progress.

These steps must be preliminary to all advance in therapeutics, and that they have not hitherto been made so, is at once the explanation of past failure, and the indication for future success. The true promoters of therapeutics, consequently, are not those men who pass their lives in treating patients as well as they can from the results of pre-existing or present knowledge; they are not those who are constantly arranging the opinions and assertions of former writers as to the effects of past treatment; but they are those who direct all their energies to improving diagnosis and advancing physiology and pathology. This conviction must force itself on the minds of all who seriously consider the subject, and, in truth, it is the one which renders every earnest and truthful student amongst us a pathologist. The result is obvious. We are gradually sweeping away the errors of empiricism, slowly clearing the ground for the erection of a more simple and solid temple of knowledge. This accomplished, we hope to accumulate, by laborious toil in research, materials for its foundation,—a work to which I think we are gradually approaching,—in the hope that, by patience and perseverance, a day will arrive when Medicine will be generally allowed to have approximated towards, if it does not actually reach, the character of an exact science.

The true principles, therefore, which should guide our efforts to advance therapeutics are—

1st. That an empirical treatment derived from blind authority, and an expectant treatment originating in an equally blind faith in nature, are both wrong.

2nd. That a knowledge of physiology and pathology is the real foundation and necessary introduction to a correct style of therapeutics.

3rd. That a true experience can only have for its proper aim the determination of how far the laws evolved during the advance of these sciences (physiology, pathology and therapeutics) can be made available for the cure of diseases.

ON ACUPRESSURE.

By Dr. W. PIRRIE, Professor of Surgery in the University of Aberdeen.

In the "British Medical Journal," August 31st, 1867, is published a most valuable paper on Acupressure, by Prof. Pirrie of Aberdeen, read before the British Medical Association at Dublin. We give an outline of the paper, as it will be of interest to our readers. The Professor gives seven different methods of applying acupressure. The first method may be quickly and easily performed by placing the left forefinger and thumb against the mouth of the bleeding artery, sending the needle from the cutaneous surface direct through the whole thickness of the flap, and causing it to emerge a little to the right side of the tube of the vessel. The projecting end is then pressed firmly against the site of the artery, made to re-enter the flap close to the left side of the vessel, and pressed on till it emerges on the surface of the skin. In this method the artery is compressed against the component parts of the flap, to use the words of Prof. Simpson, "just in the same way as in fastening a flower in the lapelle of the coat we cross over and compress the stalk of it with the pin which fixes it, and with this view push the pin twice through the lapelle."

The second method the Professor employs in minor operations, and in compressing vessels of moderate size. It is performed with a needle threaded with twisted iron wire, and the skin is not interfered with. The needle is pushed twice into the soft tissue of the wound. The first point of entrance is at a little distance from the artery to be acupressed, and the first point of exit close to it. The second point of entrance is close to the vessel on its opposite side; and the second point of exit at a little distance.

Between the first point of exit and the second point of entrance, the needle is made to bridge over the track of the artery; and care must be taken, before making the needle re-enter the wound, to press it down sufficiently to close the artery. The needle can be removed at pleasure by pulling the twisted wire.

The third method requires for its performance a threaded needle and a loop of inelastic iron wire; and consists in effecting compression between the needle below and the loop above the vessel. The needle is entered a few lines to one side of the vessel and pushed behind it; caused to emerge a few lines beyond the vessel; the loop of wire thrown over the point of the needle; brought over the track of the artery and behind the stem of the eye-end of the needle; drawn sufficiently to shut the vessel; and fixed by half a twist around the needle. It is important to avoid including an unnecessary amount of tissue; not to draw the wire tighter than is absolutely necessary to close the artery, lest its coats be lacerated or the tissues molecularly injured; to arrange the wires so as to prevent wriggling or entanglement, and to relieve the vessels from acupressure at the earliest moment deemed advisable. By pulling the twisted wire the needle is removed, and the loop liberated is easily withdrawn.

The fourth method is performed in the same manner as the third, substituting, however, a long pin in place of the threaded needle.

The fifth, or Aberdeen method, is the one preferred by Professor Pirrie, and may be performed with a long pin or a threaded needle; but the former when admissible, is greatly to be preferred. This method consists of three different steps. In the first step, the pin is inserted on one side of the bleeding artery, then pressed onwards a few lines in the same direction as the length of the vessel, and its point caused to emerge on the surface of the wound. In the second step, a quarter rotation is given to the instrument so as to place it above the artery, and well pressed down against the small portion of tissues between the instrument and the vessel. In the third step, the pin is secured and the twist retained, by sending the point into the tissues beyond the artery. The operation has, in the cessation of the bleeding, a reliable proof that a sufficient degree of rotation has been given to the needle. The great advantages of this method are, its simplicity, efficiency, quickness and ease of performance. It causes but little molecular injury or straining of tissues, and by the gentlest twist and traction the pin can be easily withdrawn without discomfort to the patient.

The sixth method requires for its performance a long pin and a loop of passive iron wire. The pin is inserted a few lines on one side of the bleeding mouth of the artery, made to pass close to but not to transfix it, and to emerge about two lines, or so, beyond the mouth of the vessel. The surgeon then takes a loop of wire in each hand; throws the duplicature over the point of the pin; brings back an end on each side of the vessel; crosses them behind the body of the pin; draws them in opposite directions to the extent necessary to arrest the hemorrhage, but not more on any account; brings an end up on each side; and fixes the wire by a semi-twist in immediate contact with the front of the pin. This method has been found extremely serviceable in perpendicular wounds where the artery has been cut short, and also in wounds containing a bleeding vessel not sufficiently accessible to be acupressed by the third or fourth methods.

The seventh method consists in passing a long pin through the cutaneous surface pretty deep into the soft parts, at a little distance from the vessel pushing it on, causing its point to rise up as near to the artery as possible, bridging over and compressing it, dipping the point of the needle into the cutaneous surface on the other side of the vessel, forcing it on, and causing the pin to emerge a second time on the skin. The artery is compressed between the bone and the middle portion of the pin in front of the integument.

Professor Pirrie has performed acupressure in fifty-one cases—in which alone he has compressed one hundred and eighty-five vessels. He concludes his paper by giving the advantages of acupressure as follows:—

It is a perfectly reliable means of arresting surgical hemorrhage.—He says that not one single example in which it has failed to arrest the hemor-

rhage, or where he found it necessary to substitute the ligature for acupressure has occurred in his practice or in that of his colleagues at the Aberdeen Hospital. In only one case has secondary hemorrhage occurred after the removal of the pin, and this was quickly arrested by the re-introduction of the pin.

It accelerates the healing of wounds.—The Professor states that the use of the ligature is attended with an insuperable obstacle to obtain perfect examples of union by the first intention, or by primary adhesion, without the formation of some pus. The well known effects of the ligature, the laceration of two of the coats of the artery, the strangulation of the external coat, the molecular destruction of that coat and the presence of the ligature acting as a seton in the wound, render more or less suppuration at the points and tracks of the ligatures inevitable. Healing by the first intention cannot, therefore, be perfect throughout in any case where the ligature has been used. Accordingly, I never saw in my own experience, or in that of any other surgeon, where the ligature was used, a perfect example of healing by the first intention, or by primary union without any suppuration. I believe such a case never was, and never will be seen. On the other hand, acupressure, if properly performed, and not too long continued, does not, so far as my observation has enabled me to judge, cause laceration, strangulation, nor destruction and suppuration at the site of acupressure. Whatever the difference may be in the pathology of delegation and acupressure, I am perfectly convinced, from personal observations and experience, that acupressure accelerates the healing of wounds; and that under its use aided by metallic sutures, the avoidance of all dressings, and perfect rest of the wounded parts, surgeons may have the gratification of seeing, in many instances, the largest surgical wounds after major operations heal up directly without a drop of pus. Out of the fifty-one cases, in many of which "the major operations of surgery" were performed, twenty-one, comprising three cases of amputation of the thigh, eight of excision of erectile tumour, &c., healed entirely by the first intention and without any pus.

In my opinion acupressure has other advantages over the ligature:—
 1. A briefer sojourn of a foreign body in the wound. 2. The foreign body is of a less irritating character, owing to its being of a metallic, and not of a textile nature. 3. Acupressure is the easiest of performance, and the quickest of all methods of arresting hemorrhage. 4. The needle is removable at pleasure, instead of after a tedious process of ulcerative destruction, and more or less of accompanying suppuration. 5. The comfort which the patient early enjoys from knowing that, as far as the vessels are concerned, all further interference and suffering are at an end. 6. The diminished risk of the occurrence of pyoemia, since not a single instance of this disease has occurred in any case where acupressure has been employed by my hospital colleagues or by myself.

THE CONSUMPTIVE CURERS OF NEW YORK.

By an Invalid M. D.

With regard to life it has been said by a late writer, that "we persuade ourselves that it teems with novelties and delight; that it abounds with high festival days and gala shows, somewhere in happier regions, although they come not to us." This remark is especially true with regard to the hopes and expectations of the invalid.

Art may fail him at home, measures which he must feel are well directed, may disappoint, friends may mournfully walk around him; still his mind at times overleaps all, and loves to revel in the idea that somewhere, in some unknown land, there lives the mind to conceive, and there exists the remedies which it can direct, for his recovery.

The sweet solace of the mind, Hope, as every one knows, is the constant attendant on consumption, where it is, indeed, a heavenly visitant. Wasting day by day, who has not seen the wretched victim letting go the greater hopes of yesterday, which may have pointed him to a complete recovery,

but to cling the faster and with as sweet content to those of to-day, although they promise only a partial convalescence.

I cannot conceive of a more beautiful dispensation of Providence than this. Round and round in a narrowing circle, day by day, but nearer the end, yet there is always hope that the last thing tried, despite of preceding failures, will prove just what is wanting. So sweet a comfort the pitying angel must send for a good purpose. But so much good comes not unmixed with evil; for this very buoyant feeling of hope is taken advantage of by designing men, whose promises to furnish remedies to suit every case, are only equalled by the extent of the popular credulity. I believe that it is in ignorance, that such deceive the afflicted. If there are any who do it knowingly, who will take advantage of this heaven-born feeling for the purpose of money-making; to them I have but to say with Othello:

Never pray more: abandon all remorse,
* * * * *
For nothing canst thou to damnation add,
Greater than that.

Messrs. Editors, guided by just such feelings as I have attempted to describe, I directed my footsteps to the great city of New York. I have a large cavity in the upper part of the left lung, and I had been told with a sad voice and a firm aspect, by one whom I loved and had every reason to respect, that softening had already begun in the apex of the opposite organ; and I am emaciated to the last degree. Nevertheless, from the glowing accounts which I had heard of the wonderful power over the disease, possessed by numberless men in this great commercial emporium of our Union, I resolved to proceed thither at all hazards.

My mind was filled with vague, but most embarrassing hopes, shadowy outlines of superhuman skill, in men, high above their fellows in point of pure humanity and disinterested devotion to the science of life, flitted before my morbid vision, giving me strength to endure the journey.

Two great parties I found engaged with equal zeal in this important work. The one I shall describe as the constitutional class, or those who adopt a general treatment; the other the local, or those who adopt a strictly topical method of cure. I had been educated in the former school, and did not tarry long with its professors.

Improve the nutrition,—cod liver oil—good diet—much out door exercise,—measures which I knew had saved me so far, were all they could tell me about, but knowing all this before, I was not satisfied, and wished to go farther; for these I found were not the men who were doing so many wonders. I diverged a little into the intermediate class—a sort of divining doctor, by spiritual agency—who had an immense run, as I learned, among the clergy. The Dr. was overrun with patients—his ante-room was like the lobby of a theatre on the night of a popular actor's benefit.

I took my seat, and abiding my turn, it came at last. I found behind the scenes, one having the air of a "most prosperous gentleman," who looked through my case with an imposing flourish—smiled approvingly—received a fee,—I thought an enormous one,—and bade me follow him and I would be well. Conducting me back into the ante-room, he sang out some words in an unknown tongue to a clerk near the window, who wore a remarkably stiff, standing shirt collar, and then, with a graceful wave of the hand, withdrew. This latter person at once handed me a package of medicine, already neatly put up in a handsome paper box. Ah, said I in surprise, did you have it ready? Yes, said the clerk, carelessly, I saw you come in and whilst you were waiting to see the Boss, I put it up. Then, rejoined I with warmth, you knew beforehand what he intended to give me?

The clerk with a stiff standing collar, thrust his tongue into his left cheek, drew the lower lid of his right eye grimly down with his ring finger, leered at me significantly, but with much good nature, and I departed, I trust a wiser man.

After visiting a man who had told me that he had enjoyed the honor hitherto unknown to Americans) of being the physician for many years to her majesty, Victoria, queen of England, and that he had a book which he

sold for 12½ cents, which would tell me how to cure myself of any disease as well as he could; and which I did not buy for reasons which must be obvious; I became disgusted with this whole class, and having no other alternative, threw myself into the arms of a Topical party, with hope still undiminished.

But in this there was some difficulty, for I found two parties, and which to select perplexed me some. The one I shall characterize as the Probangers, the others the Inhalers. From what I learned, the history of these parties is possessed of no little interest.

It appears that the Probang, and its accompanying sponge and caustic, were not originally used to cure consumption. In simple throat affections, however, it had had an immense run. Clergymen everywhere had tried it, and such of their flocks as they could influence had followed suit, and the whole thing became rapidly much in vogue.

Finding how easily it went down the throats of the people, it bye and bye took a bolder stand, and stoutly proclaimed its power to cure consumption, in its most common form. Still, it must be remembered, in all this time it never claimed to go beyond the bifurcation. But we all remember how popular it was, and what vast sums of money it must have made.

Whether it was the latter, which is a great stimulus to invention, or some higher motive, it is certain that this thing did not pass unnoticed. Active minds were at work, and vigorous intellects became engaged in tapping this rich mine, and in pushing farther the investigation. As the result of all this, inhalation turned up. The probangers were taken on their own ground—the people were told that if topical treatment, so partially applied was successful, how much more were they entitled to expect from a method making the whole lung accessible to medical agents. The reasoning was plausible—the thing took—Probandom tottered to its very base, and inhalation became the rage.

But our friends were not to be put down in this manner; they were penetrating men, and at once saw that all they had to do was to go a little deeper. The old idea of the bifurcation being the limit of the probang was therefore abandoned, and it was proclaimed that cavities could be invaded and sponged out, and that inhalation could not dare do more than it.

This was the state of things at the time of my visit, and it was this which led to my perplexity already spoken of.

But as I had already (as every body else almost have done in my situation) used the probang, as far as the bifurcation, as it was said to have been applied, I at length decided upon inhalation, and repaired without delay to its headquarters in the city. The Doctor received and examined my case with exceeding care. At home, my medical friends could perceive at a glance, as they told me, by the flattening of the left side of the chest, and by its quiescence during respiration, the nature of my disease, but these signs were not sufficient for my new adviser.

He stripped me to the skin, measured, percussed, and auscultated, over and over again every part. I never saw so much pains, and would have thought some of his manipulations indicative of decided "greenness," but for the exalted reputation and obviously large experience of the operator. He found my case a very beautiful one—I was, he said, just enough diseased to test the full power of his method. In the course of his remarks, however, it turned up that this person was not the genuine man so widely known, and I dressed myself with some show of indignation. He took my complaints very quietly, and showed me into the next room. The person who there received me won my heart. He showed me around, examined my case predicted "a good time coming" for me soon, but in the midst of it all, announced himself as only an assistant, and appeared greatly surprised that I should think anything of that. I stamped in rage and announced that I had come all the way from Virginia just to see the genuine article, and would not be satisfied with any substitute. This gained me admission into the great man's presence. I found him superb. My account of my reception amused him much, and we became unreserved and quite intimate.

The fact was, he told me, that these fellows had come well recommended to him,—the business had prospered in their hands—he was no judge of

qualification—didn't pretend to it—had seen an opening for it, had got the business up, and managed only the advertising and money department. In short, said he, I am only the capitalist of the concern. The little fellow you first saw, he furthermore proceeded, is I think myself, a little too fussy over the chest, but the other one, I do think, is nice for the throat.

I had one other chance, which was to have my cavity sponged out. The Doctor told me my case was a beautiful one for the treatment. I admired his ingenious arguments in favor of his method, and was quite carried away by his charming description of the rationale of the whole operation. When he finished, I announced, with enthusiasm, that I was a convert to his views, and pronounced myself ready at any moment for the operation. He examined me again with greater care, and with a faint touch more of gravity in his countenance. It was just the thing for my case, said he, and would have to be done, but not then. You get back home, he proceeded, and get a little more strength, and then return and I'll perform the operation for you.

One hour afterwards, feeling as a doomed man, I left the great city of New York. The consumption curers have taken from me all my bright hopes, and left me but a mockery.—Virg. Med. and Surg. Jour.

THE NATURE AND THE MODE OF PROPAGATION OF PHTHISIS.

By Dr. W. BUDD, Consulting Physician to the Bristol Royal Infirmary.

The following are the principal conclusions to which I have been led regarding Phthisis or Tubercle:—

1st. That tubercle is a true zymotic disease, of specific nature, in the same sense as typhoid fever, scarlet fever, typhus, syphilis, &c., are.

2nd. That, like these diseases, tubercle never originates spontaneously, but is perpetuated solely by the law of continuous succession.

3rd. That the tuberculous matter itself is (or includes) the specific morbid matter of the disease, and constitutes the material by which phthisis is propagated from one person to another, and disseminated through society.

4th. That the deposits of this matter are, therefore, of the nature of an eruption, and bear the same relation to the disease, phthisis, as the "yellow matter" of typhoid fever, for instance, bears to typhoid fever.

5th. That by the destruction of this matter in its issue from the body, by means of proper chemicals, and otherwise seconded by good sanitary conditions—there is reason to hope that we may, eventually, and possibly at no very distant time, rid ourselves entirely of this fatal scourge.

The evidence on which these conclusions are founded is drawn from the following sources:—

(a.) Considerations based on the pathology of phthisis, as showing it to consist in the evolution and multiplication within the organism of a specific morbid matter, with a universal tendency to elimination and casting forth of the same, after the type of zymotic diseases generally.

(b.) Actual instances in which there was evidence to show that phthisis was communicated from one person to another.

(c.) The geographical distribution of phthisis in past and present times, and especially, its great fatality now in countries, which, when first discovered by Europeans, were known to be entirely free from it.

(d.) Its much greater prevalence in low levels, and among crowded communities, and its entire absence, unless by casual importation, among high levels,—conditions which are well known to rule, in the same directions, the spread of zymotic diseases generally, and especially of that group in which, as in phthisis, the morbid matter is cast off in a liquid form.

(e.) Its very high rate of prevalence in convents, harems, barracks, penitentiaries, &c.—that is to say, under the very social conditions which are known most to favour the propagation of diseases of the zymotic group.

Among the data relating to geographical distribution, the following striking acts may be mentioned:—

1st. When the South Sea Islands were first discovered, phthisis did not exist there. Since the aborigines have come into intimate contact with Europeans, the disease has not only made its appearance among them, but has become so widespread as to threaten their extermination.

The contrast between original entire immunity and present extreme fertility is very striking, and can only be rationally explained by the importation of a new and specific morbid germ.

Try every other supposition, and the facts are inexplicable; make this one supposition, and they are at once explained.

2nd. The late Dr. Rush, of Philadelphia, who made very accurate inquiries to determine the point, satisfied himself that when America was first discovered, phthisis was unknown among the native American Indians. Now it is very fatal to them.

The very significant contrast here exhibited between the past and present history of these two races, in respect of phthisis, is exhibited at once, and at the present time, among the negro race in Africa, in different parts of that great continent. It is well known that negroes are peculiarly liable to phthisis. Now everywhere along the African seaboard, where the blacks have come into constant and intimate relation with the whites, phthisis causes a large mortality among them. In the interior, where intercourse with the whites had been limited to casual contact with a few great travellers or other adventurous visitors, there is reason to believe that phthisis does not exist. Dr. Livingston and other African travellers have given me the most positive assurances on this point.

The idea that phthisis is a self-propagating zymotic disease, and that all the leading phenomena of its distribution may be explained by supposing that it is disseminated through society by specific germs contained in the tuberculous matter cast off by persons already suffering from the disease, first came into my mind, unbidden, so to speak, while I was walking on the Observatory hill at Clifton, in August, 1856. The close analogy in many quite fundamental points between this disease and typhoid fever, had often impressed itself on me with very great force while I was engaged in the study of the latter, and in the preparation of the papers which I have published on it. I now saw with a clearness which had never occurred to me before, that, with the exception of the qualifications necessary for their application to a chronic disease,—for the most part of slow evolution and indefinite duration,—the leading conclusions to which I had been led respecting the propagation of the fever, might be applied with the same strictness to phthisis also.—Lancet.

TRIAL FOR PRODUCING ABORTION.

We are indebted to Dr. W. J. Almon of this city, for the Montreal Gazette of a late date, which contains the evidence and judge's charge to the jury in the Notman case. The nature of the crime, the social position of the prisoner, and the death, from poisoning, of Dr. Patton two days after the crime was committed, has made this case the lion of the day in Canada. We regret that we have not space to give the whole of the evidence; but must rest satisfied with giving a summary of the speech delivered by Mr Ramsay for the crown, together with the medical evidence and the judge's charge to the jury.

Robert Notman was placed at the bar, charged with having, on the 15th day of December, unlawfully and feloniously administered a noxious thing to Margaret Galbraith to procure an abortion. The accusation contains five counts. The late Dr. Patton is charged with committing the felony, and prisoner with procuring and counselling the same.

MR. RAMSAY opened the case for the Crown. He said the case was of the greatest public consequence. The act of accusation was grounded on Statute sec. 24, cap. 91, Consol. Stat., declaring any person who administered poison or any noxious thing, or using any instrument to produce abortion

on any woman, guilty of a felony. Under 27-28 Vic., sec. 3, any one counselling, procuring, or demanding the commission of such an act, was guilty of a felony. The indictment was drawn under this act. On the 15th December Dr. Patton unlawfully gave the woman a noxious drug, being instigated by prisoner. This not succeeding, the woman was brought to a hotel in this city, and there, by use of instruments, the miscarriage was completed. This would show intention, which was all that the law required. Dr. Patton was not produced, because two days after the commission of abortion he was found dead in his bed, from effects of poison, whether accidentally administered or not. The jury must not allow prejudice or preference to interfere with them; neither the reports of newspapers, nor the sympathies of friendship. The points were, first, commission of the offence by Dr. Patton; second, instigation and intent on the part of prisoner. He would warn the jury against any appeals to passion; or statements to the jury that one of the witnesses for the prosecution was also implicated. No matter if witness was as deeply implicated as prisoner, that did not affect the matter.

THE MEDICAL TESTIMONY.

F. W. CAMPBELL, M. D., sworn: On the 27th of February was called in to visit Miss Galbraith at the St. Lawrence Hall, room 103; at 4 o'clock saw Mr. Hogan, asked him to show me room 103; Mr. Hogan sent a boy with me, remarking he should like to see me after I had paid my visit; found prisoner in room 103; he said there was a lady in the adjoining room ill. Dr. Patton had been attending her, but prisoner wished me to do so I asked him why Dr. Patton had ceased his attendance, and was told he had been found dead in his bed that morning; that was my first knowledge of Dr. Patton's death; I asked him what was the matter with the lady; and was referred to her for information; I went into room 104; Miss Galbraith was in bed; I asked her what was the matter; she said that she had had a miscarriage on Sunday morning.

MR. KERR objected to what Miss Galbraith said being received as evidence.

DR. CAMPBELL continued—I examined Miss Galbraith, she was very pale, eyes considerably sunken, pulse 120, considerable fever present, tongue coated with yellow fur, slight yellowness extending all over abdomen, external organs swollen and congested, profuse lochial discharge present, white lines running from groin to thigh, breasts hard and swollen containing milk, good deal of terescence of nipple, discoloration of areola, and glandular enlargement. All these signs indicated pregnancy and recent delivery of patient. Foetus I should judge from lochial discharge to have been from fourth to fifth month advanced. Gave her general directions, and went into room 103, where I again saw prisoner. I told him it was necessary Miss Galbraith should have a nurse. He told me to get one I met Mr. Hogan. Saw Miss Galbraith again at 6 and at 10. At 6 I found Miss Chambers, the housekeeper of the St. Lawrence Hall with her. Sent a nurse next day, and continued to attend her till about a week since. Saw prisoner on two or three occasions before his arrest, always in room 103.

P. GRDWOOD, M. D., sworn: Have had a good deal of experience in chemical analyses. Bottle produced was given me on 26th March by High Constable Bissonette; It was given me that I might find out what substance bottle had last held; I found fragments adhering to surface, which I examined under microscope; from that examination I am of opinion bottle had contained ergot of rye; Ergot of rye is used to procure miscarriage, or rather to promote uterine action which occasions expulsion of anything in the uterus; I believe it is commonly used for abortion. Some people doubt its efficacy but it is generally used.

Cross-examined by M. KERR, I restricted my examination to the microscopic test. Appearances were precisely such as those noted in a sample of ergot purchased in city and submitted to similar test, namely, morpous ill-shaped cellular matter, containing only globules, elongated cells, and small spars, totally destitute of fibrous material, with no appearance of starch granules. Had frequently examined ergot of rye under the micro-

scope. All grasses are subject to same or similar disease as ergot in rye, ergot of wheat under microscope is very similar to ergot of rye, barley, also. They have almost the same appearances, and produce almost the same effects. I swear to the best of my belief that this is ergot of rye. No other test is as satisfactory as the microscope examination, as quantity I had was so small. Other tests are separation of ergotine, gummy and resinous matter, and oil by means of ether, alcohol, or water; did not weigh the quantity; just scraped enough off to make a microscopic examination; the whole quantity contained in a bottle could not have sufficed for any other sort of analysis. Ergot of rye is a medicine; it is or is not a noxious thing according to the quantity administered, and the circumstances under which it is taken.

THE JUDGE'S CHARGE.

His HONOR then proceeded to charge the jury. Prisoner was charged with a very heinous crime; he would not dilate upon its enormity. If he mentioned its enormity it was only to impress the jury with an idea of their solemn duty to society—for the crime was a double murder. The jury would judge if the prisoner would be allowed to sacrifice not only the life of his unborn illegitimate child, but also risk the chance of killing the woman who had given her honor for her guilty love for him. Are such things to be allowed? Shall our land follow the vicious example of other lands, in which, where a hundred years ago, families were numbered by tens or twelves, now only counting ones and twos? The cause was abortion. His Honor read the statute on which the indictment was grounded. It was framed by Sir Samuel Romilly. He went on to detail the present law on the subject. English law allowed the woman to be indicted for committing or consenting to an abortion. This clause did not obtain in Canada, so the learned counsel had been right in declaring Miss Galbraith could not be punished as a principal. The learned counsel's address had simplified the Court's labour. It was as temperate as it was able. The Court agreed with Mr. Ramsay on every point save one. This was where the learned counsel advanced the opinion that it was not necessary to prove that a poisonous or noxious thing had been administered—that, in fact, a pellet of bread would in the eye of the law, if administered with intent to produce an abortion, fulfil requirements of the indictment. His Honor differed from the learned counsel here. This opinion was grounded on the decisions of two English judges, Lawrence and Vaughan. Such an opinion could not be pronounced by an English judge under the present law. The statute must be interpreted literally. His Honor admitted that the law was defective, and that the words "or any other thing whatsoever" should be added. The French law on this subject was very clear and comprehensive. This comprehensiveness was desirable, as abortion might be procured by substances which were not noxious. Indeed it was on record that an abortion had been caused by administering lukewarm water. This point, however, was of no importance in the case.

His Honor continued:—It is true ergot of rye is sometimes used for legitimate purposes in medicine. It was used to produce uterine action. Dr. Girdwood had very ably drawn the distinction, and defined the noxiousness of this substance. If applied to assist a woman in difficult legitimate labour it was innocuous. But when administered to a young, to an unmarried woman, avowedly to procure an abortion, it was noxious. In all other legal points advanced by the counsel for the Crown I concur. To prove clearly the administering of the drug, it is not necessary that it should be put down a person's throat—the simple delivery suffices. The ergot of rye was handed to Miss Galbraith by Dr. Patton, and she had taken it. Nothing more was wanted. I also agree with the proposition that it need not be proved that the woman is in a state of pregnancy—the intention is all that is wanted. When medicine is administered with intent to produce an abortion it became a crime. But we had actually evidence of the prisoner's pregnancy, and of her subsequent delivery. I again agree with learned counsel for the Crown in repudiating the unheard of doctrine advanced by the defence—that bodily presence was absolutely necessary to prove

complicity. Presence is not at all necessary. With our present facilities of communication, a man in Canada could be an accomplice in a murder committed in Australia. All the time the prisoner was absent he was urging the commission of the crime. I think it was very unfortunate for the defence that attention should have been called to that particular letter, in which the prisoner expresses his sorrow for the occurrence, as it was very compromising. The position of the defence on this point was not tenable, although absent the prisoner could be an accessory, if present he became a principal in the second degree.

His Honor now went on to read the evidence of Miss Galbraith and of Mr. Murray, on which the case was principally based. He commented upon the principal facts adduced, in their various bearings, and pointed out how strongly they bore against the prisoner, establishing his being the only means of communication between Miss Galbraith and Doctor Patton. He paid a high tribute to one Murray, whom he characterized as a noble young man, who gave his evidence with remarkable clearness and an unusual happiness of memory, and who came out triumphantly from a searching cross-examination, in which every effort was made to cast insinuations on his acquaintance with Miss Galbraith and his object in visiting her. His object in visiting her at her father's request was because she was a friendless invalid amongst strangers, in a strange land. It reflected the highest credit upon him. After reading this evidence, and the letters from the prisoner to Miss Galbraith, his Honor concluded his charge thus:—

There have been, I do not doubt, some exaggerations in the evidence on both sides. The fact that she did consent to the abortion being performed upon her, and of which so much has been made by the defence, does not for a moment relieve the prisoner. In fact, these crimes are very rarely committed without the woman's consent, as the learned counsel for the Crown has remarked. But, gentlemen of the jury, you must dismiss the idea that because Miss Galbraith consented to the act the prisoner is exculpated.

I regret that the law gives us no power to punish the unnatural mother, as well as the unnatural father, and the doctor who lends himself to this action. I trust our legislature will afford us some means of punishing the mother.

The defence had attempted in a very impressive tone to strike terror into the heart of the judge, and the manner in which he was warned of the consequences resulting from his action was something terrible. But despite this denunciation, I must tell you very distinctly that the judge has a right to express his opinion, and that the jury have a right to demand his assistance, based on long experience, not only as to the law, but even as to the facts of the case. Of these facts you alone are, however, masters. You are not bound to follow his opinion; if the judge has any doubt, he is bound to declare it, but he is bound to give his view of the facts, as well as of the law which governs them.

When we consider how difficult it is to prove such a case which frequently rests on circumstantial evidence, it appears to me marvellous how such an accumulation of proof could have been gathered against the unfortunate prisoner. It leaves no reasonable doubt in the mind of any reasonable man. On what doubt can the jury rest? There is doubt in every case; some men doubt even of their own existence, but this is not the sort of doubt which should influence a jury. Such a doubt must be founded on reasonable grounds, but I cannot see that this case admits of a particle of this sort of satisfying doubt. I regret to have to say this—to have thus to speak against the prisoner—because I have known him from his childhood to his present age; but I feel that I should be wanting in my duty to my country, and to my God if I did not do this duty, and express my opinion that I have never seen, heard or read of a case in which the evidence adduced was so clear.

THE VERDICT.

Amid breathless silence the names of the jurors were called, and the reply to the customary question given,—“GUILTY.” The prisoner stood for a moment at the bar, and then stepping down seemed to stagger back into the dock.

ITEMS OF MEDICAL INTELLIGENCE.

At an inquest on the body of one of the boys who died from salivation in the Preston Workhouse, England, a verdict of manslaughter was returned against the late governor of the Workhouse.

The Cholera is still making ravages in Monte Video; fifty or sixty persons, according to latest accounts, have fallen victims to the disease, which has broken out at Rio.

M. Demaux, in a paper read at the Academy of Sciences of Paris, adduces a new series of cases, to prove that when conception takes place during drunkenness it is a cause of epilepsy and of other affections, which take their source in the nervous centres. To the same cause he attributes a great number of monstrosities, of vicious conformations, and of congenital lesions of the nervous centres, &c., which prevented the foetus from attaining its full development, and from living beyond a few weeks or a few months.

In the London Pathological Society, on the 4th inst., Mr. Kelly exhibited a specimen, consisting of two kidneys, both of which were found on the right side, none being on the left. They were situated one above the other, the one belonging on the right side being uppermost.

PROLONGATION OF ANAESTHESIA BY CHLOROFORM.—Drs. Erlenmeyer and Nussbaum state that by subcutaneous injection of one-eighth grain doses of sulph. morphiae the anaesthesia produced by chloroform may be protracted without danger, the patient passing at once into a sound sleep of several hours' duration. It is an experiment well worthy of trial in protracted operations, and can be easily performed with one of Ames needle pointed syringes.

The French medical press has just had a narrow escape, from almost total annihilation. The Editors of the political journals of Paris had addressed a petition to the Government asking that all the journals of Paris should be submitted to the same stamp tax. Had this demand been adopted, many of the Medical Journals would certainly have ceased to exist, as they are far from being in a flourishing condition, (pecuniarily, of course,) through many circumstances, the principal of which are, the absence and lack of advertisements and the unwillingness of medical men, to pay a proper subscription price for a journal.

The Journal des Connaissances Medicales publishes a letter addressed to Dr. Caffee on Dr. Percy Boulton's late discovery of the action of carbolic acid on iodine. "The inconvenience," says the writer "attending the external application of iodine and its preparations is so serious that physicians are often compelled to abandon a remedy the therapeutic efficacy of which is undoubted, nay almost unequalled in materia medica. The great objection to the external use of this remedy, is that it leaves marks on the linen and on the skin. This is a sufficient motive for seeking some means of getting rid of this drawback, especially in the case of ladies. Dr. Percy Boulton's method consists in adding a few drops of phenic (carbolic) acid to the iodine solution to be employed. This addition renders iodine perfectly colorless, so that it may be applied with impunity. But this combination has another advantage. It appears from that practitioner's observations, which I can affirm, that, so administered, carbolate of iodine, which is the new substance in question, is not only one of the most powerful antiseptics we possess, but is intrinsically a more efficacious agent than iodine alone. I have used this compound under the form of injections, gargles, and lotions, in all cases in which iodine is prescribed. In sore throat, ozaena, abscess in the ear, etc., etc., this preparation is a sovereign remedy; since, besides its disinfecting qualities, it modifies the mucous membrane, causes all local sensibility to disappear, and cures the patient much sooner than if either of the two agents were employed separately. The formula I employ is as follows: Compound tincture of iodine, 3 grammes; pure liquid carbolic acid, 6 drops; glycerin, 30 grammes; distilled water 159 grammes.—Sci. American.

JOHN P. MOTT'S BROMA.

This excellent compound affords one of the most innocent and nutritious beverages that can be obtained from the Cocoa Nut, in solution with other ingredients. It imparts tranquility to the nerves, and gives strength to the whole system. To the sick, the convalescent, and to children, it is recommended with confidence.

Certificate from Physicians of the highest standing in B. N. America.

Having tried the Broma made by Mr. JOHN P. MOTT, of Halifax, N. S., and having been made acquainted with its several ingredients, we are of opinion that it is a combination at once innocent and highly nutritious; not only to persons in health, but also to the weak and debilitated; and that, from the facility with which it may be prepared, and the salutary properties of its ingredients, it is a valuable compound, and we cheerfully recommend it to convalescents, and all who require a mild and strengthening food.

Robert Hume, M.D.	} Halifax, N. S.	Joseph Morrin, M.D.	} Quebec.
William Grigor, Surgeon.		J. Douglas, M.D.	
Wm. J. Almon, M.D.	} St. John, N. B.	Joseph Painchaud, M.D.	} Montreal.
W. Bayard, M.D.		G. W. Campbell, M.D.	
S. Boyd, M.D.		M. McCulloch, M.D.	
T. S. Wetmore, M.D.		A. Hall, M.D.	
C. Widmer, M.D., President Medical Board, Toronto, Can.		John King, M.D., Prof. Theory and Practice Medicine, Toronto, Can.	Lucius O'Brien, M.D., Medical Jurisp. University, Toronto, Can.



JOHN P. MOTT'S PREPARED COCOA.

This is a pure product of the Cocoa Nut, combining all the nutritive properties of the Cocoa with the delicious flavor and healing qualities of the purest Chocolate. Cocoa thus prepared, has long been recommended by physicians, as not only nutritious to the healthy, but salutary to the sick, and very tranquilizing to weak nerves.

JOHN P. MOTT'S NO. 1 CHOCOLATE

This Chocolate is manufactured from Cocoa of the best kind and quality and is warranted equal to any made in England or the United States.

Each Cake of Chocolate is Stamped "J. P. Mott, No. 1."

JOHN P. MOTT'S SOLUBLE COCOA.

A nutritious and agreeable preparation of Cocoa, without Oil, easy of digestion, instantaneously soluble without boiling, may be prepared on the table in ONE minute. It is particularly convenient for travellers.

The above articles are all warranted of the best quality, and purchasers finding them unequal to the recommendations, can return them and their money will be refunded.

JOHN P. MOTT, HALIFAX, N. S.

BROWN BROTHERS & CO.

3, 4, & 5, Ordnance Square,

HALIFAX, N. S.,

WHOLESALE AND DISPENSING

CHEMISTS & DRUGGISTS,

HAVE ALWAYS IN STOCK

A COMPLETE ASSORTMENT OF


DRUGS, CHEMICALS,

TINCTURES,

AND

PHARMACEUTICAL PRESCRIPTIONS

OF THE PUREST AND BEST QUALITY.

 Physicians Prescriptions accurately prepared.

CONNOLLY & KELLY,

WHOLESALE AND RETAIL

Booksellers and Stationers,

No. 36 George Street, . . . Halifax, N. S.

IMPORTERS AND DEALERS

IN ALL KINDS OF

FOREIGN AND DOMESTIC STATIONERY,

INCLUDING

English Room Paper and Paper Blinds,

The Latest English and American Music,

Counting House & Office Requisites,

BLANK BOOKS of all kinds always in stock or made to order.

THE LATEST

MEDICAL WORKS

Imported to order and supplied with the least possible delay.

H. P. BURTON,
Wholesale & Retail Druggist,

CORNER OF GEORGE AND GRANVILLE STREETS, HALIFAX, N. S.

ENGLISH DRUGS AND MEDICINES

of the best quality constantly in stock.

SURGICAL INSTRUMENTS imported at short notice.

Physicians will find it to their advantage to send their orders as above,
 as none but the very best descriptions of Drugs are kept.

ALL ORDERS PUNCTUALLY ATTENDED TO.

CHEBUCTO DRUG STORE,

Corner Hollis and Sackville Streets,

HALIFAX, N. S.

WILLIAM CALDWELL, JR., PROPRIETOR

Offers to the Profession, at the lowest prices, as good and reliable Pre-
 parations as can be obtained elsewhere.

A FULL ASSORTMENT OF

PURE

Chemicals, Drugs, Powders, &c.

ALSO

ELASTIC STOCKINGS AND KNEE CAPS,

CATHETERS, SYRINGES, TRUSSES, SUPPORTERS,

SURGICAL AND DENTAL INSTRUMENTS.

Leeches, &c.

FAMILY RECEIPTS CAREFULLY PREPARED.

MEDICINE CHESTS FITTED UP AT THE SHORTEST NOTICE.

Physician's Prescriptions personally attended to.

☞ Open on Sundays from 10 to 11 A. M., and 5 to 6, P. M. ☞

R. T. MUIR,

WHOLESALE AND RETAIL

Bookseller and Manufacturing Stationer,

DEALER IN

PAPER HANGINGS, WINDOW BLINDS, BLANK BOOKS,

Photographic Albums,

FANCY GOODS, SMALL WARES, &c.

125 Granville Street, . . . Halifax, N. S.

CASE REPORTS

ECTOPIC GESTATION.

Mrs. R., age 23, nullipara, married, complains of tenderness in right inguinal region for six days. She says she has no pain but is "sore", and has been in bed about a week. There has been a slight bloody vaginal discharge for six weeks; the last twenty days, it has been brownish in color. Two monthly periods had been missed before present illness, but she says she has always been irregular: a few years ago had amenorrhea five months, and quite often skips two or three months.

Past History.

Her general health has always been good. She has had no dysmenorrhea, no backache.

She has had the usual diseases of childhood. Menstruation began at fourteen years, never regular—no venereal history. She has been married seven years, but has never been pregnant.

Vaginal Examination shows a mass in the right fornix, a brownish red discharge issuing from the cervix. There is no evidence of Gonorrhoea noted in the urethra or cervix.

Abdominal Examination shows nothing except tenderness over McBurney's point, and all over the right vaginal region.

Temperature and pulse normal. Examination of respiratory cardio vascular and nervous systems negative.

Operation Record.

Pre-operative diagnosis—Unruptured ectopic gestation?

Post operative diagnosis—Ruptured ectopic gestation and chronic appendicitis.

Operation—Right Salpingectomy and appendectomy.

Findings, gross.

On opening abdominal cavity, free bleeding was noted and a large amount of old blood clots. The uterus was pushed to left side by a right-side mass which was found to be a tubal pregnancy. The right Fallopian tube and ovary were badly disorganized and surrounded by old blood clot.

The left tube was bound down by adhesions and its ostium was sealed. The left ovary appeared normal. The appendix appeared somewhat congested, the peritoneal coat being injected. On section, it was subacutely inflamed and a coprolith was present in the proximal third.

What was Done.

Midline incision, sub umbilical.

The right tube and ovary were removed. An attempt was made to reopen and reconstruct the ostium of the left Fallopian tube. A probe was

passed to a point near the ostium of the left cornua of uterus but here a stricture was encountered which it was not considered possible to dilate further.

The appendix was removed in the usual manner.

The abdomen was closed in layers,—no drainage.

Comments.

Convalescence was satisfactory, temperature not rising above 100*.

The chief point of interest about the case was that it simulated appendicitis closely. Pain and tenderness previous to operation, pointed to an ordinary case of appendicitis, subsiding apparently day before operation when temperature and pulse were normal. If the slight vaginal discharge had not been noted, and the vaginal examination neglected, the ectopic disturbance would have been overlooked. In fact, both conditions were present, although the appendix was a chronic disturbance. The bleeding was not severe, but must have been more or less continuous since the first of the attack, judging from the amount of blood clot in the abdomen and the presence of active bleeding on opening the peritoneal cavity.

The antecedent history must have been a double salpingitis, some years ago, during which the left tube was bound down by adhesions which sealed up the ostium of the Fallopian tube, leaving the right Fallopian tube damaged so that an extra uterine pregnancy took place.

L. R. MORSE.

CASE OF GALL STONE IN A BOY AGED 23 YEARS. OPERATION AND RECOVERY.

The onset of the first symptoms dated from about one month previous to his first medical attendance, when he was seized with a severe attack of acute abdominal pain lasting about two hours while in bed at night. This attack was not accompanied by vomiting or bowel disturbance. About a month afterwards in the night of 11/12 July, 1930, the patient had a second attack which was so severe that medical aid was sought. On arrival I found the boy in bed evidently in intense pain and very restless. There was no rise of temperature, pulse rate 70 and good quality, tongue moist and coated white, abdomen not distended but tender over a small well defined area in the R hypochondrium, no dulness on percussion, no vomiting. The urine passed during the attack was normal in colour, sp gr, 1020 contained no albumen or bile. The bowels had acted naturally the previous day. There was no history of constipation. Hot fomentations were applied to the abdomen and a mixture of Sod Bic and Chlorodine following Calomel grs. III. The pain passed off and by the next day the boy felt quite well. Less than a week elapsed when the boy was again the subject of a precisely similar attack which was once more relieved by treatment as above. On this occasion, however, I could distinctly make out a well defined tender mass about the size of an egg lying just below the costal margin about the position of the tip of the 9th. right costal cartilage. On 31st, July he had another similar attack. I was by this time confident that his attacks must be due to the presence of a Gall stone and suggested that I should consult with Dr. Morse as to the advisability of operation and on the following day the boy then feeling quite well, I took him to Dr. Morse's office where he saw him and decided to admit him to hospital as soon as possible.

The patient was admitted to hospital 3rd. of August and the operation was performed on the morning of August 4th.

The abdomen was opened by an incision about 3 inches long extending from just below the costal margin directly downwards and the gall bladder found well up under the liver, it appeared to be about normal in size and looked healthy. There was a small amount of congestion round the pylorus but no acute inflammation. On feeling upwards towards the neck of the gall bladder, a small hard substance could be with difficulty felt and it was decided to open the organ and explore the interior. When this was done a small quantity of rather viscid bile stained fluid was drained off and a spoon shaped curette passed up towards the neck when after several attempts and keeping the left forefinger as a guide against the posterior aspect of the neck of the gall bladder a small calculus about the size of a pea was evacuated. A tube was then inserted in the opening and secured by a purse string suture and the abdominal wound closed, a cigarette drain being placed leading into the abdominal cavity alongside the tube.

The drain was taken out on the 3rd day and the tube removed on the 8th day after operation when the wound healed up and patient was discharged to his home on August 30th with a minute fistula still remaining open. The complete healing took about two weeks from the date of discharge.

There has been no recurrence of the trouble and the boy has remained in good health ever since.

The points of interest in the case would seem to be

1. The age and sex of the patient.
2. The absence of anything suggestive of Gall bladder trouble previously except that the boy stated that he had not felt quite so well as usual for some months prior to the first attack.
3. The absence of jaundice or vomiting.
4. The stone being a solitary one.

The patient was seen for the last time on the 15th September, when the wound was firmly healed, he had put on weight and had no further return of his trouble.

G. F. WHITE, M.D.,B.A.
Bridgetown.

VOLVULUS IN A BOY.

Case History from Soldier's Memorial Hospital, Middleton.

Laurie H. Aged 13 years.

Family history negative, always well except that for the last two years he has had attacks of vomiting which lasted for a few hours. There was no pain with these attacks. The bowels have always been regular.

On the day before admission while in apparent good health, he was seized with intense abdominal pain centred in the Epigastrium, vomited and appeared acutely ill.

On admission to Hospital the pain and vomiting persisted, the pulse was rapid and thready (160), temperature subnormal, the abdomen rigid and an enema brought away bloody stool. After an intravenous of glucose and saline a laparotomy was performed. There was no escape of gas on opening the

peritoneum but on separating coils of small intestine about half a pint of non-purulent fluid escaped. Several feet of distended small bowel was found and on account of the poor condition of the boy it was thought best to simply drain this and get out but when a tube was inserted the bowel, was found filled with a bloody substance of the appearance and consistency of cranberry jelly and this would not run through the tube. The abdomen was closed leaving drainage. The boy died nine hours later.

A Post-mortem examination was made. No adhesions or actual perforations were found, but the wall of the distended bowel was very friable and necrotic. The cause of the obstruction was a Volvulus involving the proximal two-thirds of the small intestine. On slitting open the bowel two polypi were found, one about the size of a plum the other somewhat smaller. Pathologically, they were simple non-malignant adenomata.

This case is interesting because Volvulus is one of the rarer causes of obstruction, e. g. it occurred in only 4% of two hundred cases admitted to the U. of P. Hospital, Philadelphia from 1905 to 1929 and is seen oftenest involving the Sigmoid and later in life.

DR. L. B. BRAINE,
Annapolis Royal.

FRACTURE OF THE PELVIS.

On the evening of Jan. 19th, 1932, I received an urgent message to come to the home of Mr. A. B. G., who, it was stated, had fallen down an elevator shaft, a distance of thirty feet, landing on a cement floor.

On arrival I found a man, aged about 76, lying on a lounge in the kitchen, in a condition of very severe shock. On examination, I could not make out any fracture of the long bones, or of any dislocations. As he was suffering intensely, especially in his back, and left hip, he was given a hypodermic. He was perfectly conscious. We at once put him to bed, and secured a trained nurse. The morphia had to be repeated during the night.

As he was unable to void the next morning, catheter used, getting 4 ounces of bloody urine. In the next 24 hours, the amount of urine secreted was only 2½ ounces. He was certainly in bad shape, vomiting frequently, suffering intensely, except when under the influence of opiates. Pulse though not above 100, was very feeble, Temp. subnormal, a large ecchymotic patch had developed over the right hip. So far as could be ascertained, he had landed on his left hip. On the 21st he was removed to the Soldiers' Memorial Hospital, Middleton. An X-ray showed separation of the Symphysis Pubis for an inch, two over-riding fractures through either Ischii and a fracture through the Pectineal line, right side. As his condition did not warrant operative measures, it was decided, that the only thing to do, was to strap up his Pelvis with stout adhesive, continue on the Bradford frame, which could be hoisted up as required, by a special Balkan apparatus, which we had in the hospital, thus avoiding as far as possible, jarring of the fragments. It may as well be said right here, that we were somewhat doubtful of the result, and had grave fears that our patient would not be likely to do much more walking. For the next two weeks, he suffered much from abdominal disturbances, as evidenced by vomiting, very pronounced and persistent distension from gas, the catheter had to be used, although the quality and quantity of the urine steadily improved. With the bladder resuming its functions and alimentary canal be-

having itself better, things went along pretty smoothly, until his discharge from the hospital on March 17th. He was kept in a recumbent position for another 4 weeks, making three months in all since the accident. We then began to try him out cautiously. I should mention, here, that Mr. G. had all along a good deal of pain in the left leg. It received special attention in the way of massage, but in spite of it all, the leg progressively shrank, and was and still is, considerably smaller than the right. At first the left leg was not of much use, but in a surprisingly short time our patient was able to walk with the aid of canes, and is now able to get around town without them. As there is about half an inch of shortening, on the left side, due probably to tilting of the pelvis, he walks with a limp. Otherwise he is getting back to his normal life, in spite of our fears.

J. A. SPONAGLE,
Middleton.

This Letter is greatly Appreciated.

Montreal, July 11th, 1932.

The Medical Society of Nova Scotia,
Halifax, N. S.

Attention Dr. S. L. Walker, Gen. Sec.

Dear Sir:—

Our representative Mr. Jean Lanctot, had the pleasure to visit you recently. We wish to express our thanks for the kind reception you have extended to him; we are gratified indeed of the spirit of good-will which you have manifested in the course of this interview.

Looking over the July issue of your interesting BULLETIN, we have read with pleasure the very good words you have had for our firm and Mr. Lanctot himself.

Assuring you of our appreciation and co-operation at all times, we remain,

Sincerely yours

Laboratory Poulenc Freres of Canada, Limited,

(Signed) P. A. GAGNON.

The above indicates the very friendly relations existing between the BULLETIN and its advertisers. This is one reason why we have been able to hold our advertising as we have in this period of depression. Again we ask that the members of the Medical Society, on every possible occasion extend kindly greetings to every representative of every firm using our pages for advertising purposes. Do not forget to mention that you have read their advertisement in the BULLETIN. If you do not do this you are not a good member of the Society.

Medical Publicity

The BULLETIN, ever since its inception, has always stood for a certain amount and quality of medical advertising. As an integral part of the economic and social phase of modern life the general public should have full knowledge of what assistance the doctors can be in solving the problems that so vitally concern the well being of the people to-day. About 75 years ago the Doctors in Halifax even tried to use the weekly newspapers of the City to give the doctors the latest information in modern medical and surgical methods. The development of a publicity of general health matters by every medical society in the world, by most of the leading newspapers, has been a development of recent years, made necessary by the general trend of medical and health education, irrespective of opinions held by medical practitioners themselves. When the people demand democratic rule they will get it; when they demand health education from the medical profession they will get it or know the reason why.

Now health advertising is something that no country in the world can afford to neglect. And have you noticed that the chiropractor and other faddist writers have been abandoned by the public press and their space has been almost entirely used by the recognized medical authorities, at least in Canada and the United States. Then we have the report of the proceedings of our own Canadian Medical Association along this line, special emphasis being placed upon its value. In particular at the present time of financial depression it is vitally necessary that we take very active steps to show how the immense drain upon our resources can be materially lessened in the prevention of diseases. Nor do we believe that Cancer and Tuberculosis are the main diseases against which we should wage our campaign.

In this connection we cull the following from a Trade Pharmaceutica] Journal:

"YOU TELL 'EM."

The Necessity for Showing the Public What the Profession is Accomplishing for Mankind.

"When you want to find out how to trip the newest steps of the light fantastic, so as to shine at the next country club party, you don't, ordinarily, go to your lawyer for instruction; nor, if you yearn to administer somnifacient uppercuts, do you seek advice from the henpecked and otherwise abused husband.

"But when the eager public hungers for sound suggestions as to how to keep its physical equipment up to par, the strabismic mental complexes of the medical profession, labeled "ethics," close to them the most logical and reliable source of such information, and send them to the twilight-zoners and other ax-grinders for the help which the qualified practitioners ought to be giving. And then we mourn because our step-brethren of the border land are prosperous while we go around the block to avoid meeting the tailor!

"Are we drawing upon the well known imagination for these?

"Nay, nay, Pauline! We fall back on that most careful of observers, the *Saturday Evening Post*, which ever keeps its two ears to the ground. Harken! "People like to be told

about their own bodies and like to know how to keep them in order, unwilling as they may be to observe the rules of health and hygiene laid down for them.

"It is unfortunate that our medical men, who are our logical preceptors in such matters, teach us so little about the fundamentals of their science. They are too busy. They are not to blame. They need no defence. Moreover, few of them have that peculiar gift for separating simple essentials from intricate surroundings. Many of them, as far as medicine is concerned, have forgotten their mother tongue and can speak only the precise but formidable dialect of their professional tribe. Even when they are able to overcome these handicaps, the ethics of their calling frown upon their appearance in print except in the approved channels of the medical press."

"For years the *Quarterly* has been preaching the gospel of telling the public what it is all about. Our campaign has been eminently successful. The seed we have scattered has yielded a harvest of an hundred fold.

But that is far too little. The surface has scarcely been scratched.

When it comes to a knowledge of what modern advertising is and does and means, the average doctor finds himself at the foot of class B-1. We may be humdingers as bedside practitioners, but what we do not know about the advertising game would fill a library. Advertising is now a profession in itself, and we are only poorly informed.

When most of us think of advertising, we visualize three-inch, eight-column scare heads, or the fulsome come-on "literature" of the blatant quacks. That old stuff is as dead as a door-nail. Before we can talk or think about advertising intelligently, we must come up out of our ethical funk-holes and call in an advertising specialist for consultation.

Nobody is urging, or even suggesting, that doctors attempt to outshout the purveyors of shirts, sausages and shaving soaps. Our job is not to tout individual specialistic aces, jacks or deuces, but to *sell the medical profession, its resources and its services*, to Mr. John Q. Manonthestreet, so that he will have a rational idea of where he can go for what ails him and what he will find when he gets there.

Adult education is the slogan of the hour. The logical candidates for front-row chairs on the faculty are the doctors all over the country.

Modern methods of communication have given us such an unusual chance. The newspapers and magazines are all ripened up for good *educational* articles along health lines. The radio broadcasters are generous about giving free time to any one who has a *real story* to tell about keeping physically fit and can tell it with enough snap to hold people tuned in, against the blandishments of the ballyhooers of cigars and tooth pastes. The women's clubs and parent-teacher associations are *asking* for competent health talkers, who can speak everyday English."

Again quoting the *Saturday Evening Post*: "One reads with pleasure in the Boston papers that Harvard Medical School has resumed its course of free popular lectures on medicine and hygiene. They are given Sunday afternoons, so as to insure the largest possible attendance. The course embraces talks upon the commonest ailments. The roster of lecturers includes a dozen eminent members of the faculty, men of such high standing that they can well afford to ignore any adverse criticism that might be directed against them on the score of addressing the public direct, in language it can understand, instead of the medical fraternity alone."

Every doctor has a peripatetic audience in his patients, but not all of them know what to say when the chance arises. To help these tongue-tied fellows, one of the medical journals, *Clinical Medicine and Surgery*, is getting out a series of little booklets, written in a laymen's language, telling about periodic health examinations, heart disease and such things, which can be handed to patients at opportune times, left on the table in the waiting room or mailed with the monthly statements. These things, properly used, will build a man's practice and add to the prestige of the whole profession.

It is up to us. As the *Quarterly* has said repeatedly—"If we want things done, *we must do them ourselves.*"—*Medical Pocket Quarterly.*

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	- - - - -	N. H. GOSSE, M.D., C.M., F.A.C.S.
		J. KNOX MCLEOD, M.D.
		R. M. BENVIE, M.D., C.M., F.R. C.P. (Can.)
		S. J. MACLENNAN, B.A., M.D.
		H. B. ATLEE, M.D., C.M.

VOL. XI

AUGUST 1932

No. 8

Medicine and World Economics

OF all the professions none exemplifies better the value of international accord than does the profession of medicine. Medicine does homage to no particular race or nation, though remembering her indebtedness to the Greek, Arabian, Latin or Nordic of her ancestry. Her proud position of to-day is one in which all nations contribute their quota to the common cause, and it would, by common consent be declared bad medical economics were we, in any country, to retain any system or practice or the machinery which supported such system or practice—simply because we had held such to be peculiarly ours—after someone, in some other country, had found one that surpassed it

The medical mind, interested in the world economics of the day sees in this the suggestion that a leaf taken out of our book, i.e., the adoption of our spirit of international goodwill, would bring about the interchange of commodities with such good results as in Medicine has attended our interchange of ideas.

If this is a "consummation devoutly to be hoped for," and it would seem that we are all agreed as to that, then our hopes with respect to the Empire meet at Ottawa this month must be expressed in terms of this; for, while better inter-dominion relations will be a most desirable attainment, real success that spells economic stability can only be measured by the yardstick of the wider understanding.

N. H. G.

THE ANNUAL MEETING.

The annual meeting was blessed this year with wonderful weather and Kentville, with its splendid housing accommodation, proved the wisdom of holding the affair in a town with a decent hotel. We hope that future executives will appreciate the lesson. But if weather and accommodation proved entirely satisfactorily, the same cannot be said for the conduct of meetings, both business and scientific. As this same thing has been true for the past few years, it might be as well to dilate on the matter.

The current annual meeting showed principally a lack of efficient staff work. Meetings did not start on time; the printed schedule was not adhered to, important business was delayed until the patience and strength of the members were exhausted. On the second day important business was held up because the executive had not finished its work. In this connection it might be suggested that the executive meet the afternoon before the convention opens and get *all* its business through that day. This would leave a free field for the Society to conduct its work.

One cannot help but feel that some single staff-officer is required who will carry from year to year the arranging of the main business of the Society. The president, who is practically always a busy practitioner and often not a resident of the convention town, cannot be expected to do this work. He has his hands full mastering the details necessary to his chairmanship of the meetings. Nor can the local committee, composed likewise of busy men, be expected to arrange and carry to completion *every* detail. There must be someone to aid the president and overlook the work of and advise and help the local committee. Until this is done the precise situation that arose this year, when business was held up because the president could not, even during meetings, get the staff help to which he was entitled, when the first half of Dr. Lahey's most interesting paper was ruined and himself considerably embarrassed, by attempts to arrange a lantern which should have been arranged before ever the meeting started, will arise again.

It was pretty generally felt and resented, that this lack of staff work, and absence of proper co-operation, had spoiled what should have otherwise been a most successful meeting.

Among other business accomplished the editor-in-chief of the BULLETIN was made ex-officio a member of the executive. The editors believe that this will bring for closer relations between the publication and the work of the Society, to the benefit of both. Another excellent piece of work was the squashing of any premature and half-baked attempts at a medical history of Nova Scotia, to which the Society would have been called upon to put its sanction.

We hope that the next annual meeting, to be held at Yarmouth, will not make necessary a repetition of these criticisms.

H. B. A.

The Provincial Medical Journal.

A considerable portion of this issue is devoted to the publication of the first medical Journal published in Nova Scotia. This is reproduced as nearly as possible in appearance to the original copy. Strange as it may appear, all efforts to find out about subsequent numbers have brought no information. No one had any recollection of its being published, even Major Slayter of Halifax, son of the chief editor. Perhaps with this publicity some one may be able to throw some light upon its history. In any case, it is an interesting issue, particularly in its references to the Medical School. The writer is pleased that it came into his personal possession. Please write the BULLETIN if you know anything about it.

S. L. W.

DALHOUSIE UNIVERSITY—Faculty of Medicine.

Syllabus of Post-Graduate Instruction.

September 5th to 9th, 1932, inclusive

The Course is given free of charge, and is open to all qualified practitioners, irrespective of residence or college of graduation. Time—Daylight Saving. Place of Clinics (where not stated) V. G. H. Clinic Room. Place of Afternoon Lectures—Room 11, Medical Science Building.

Those intending to be present are requested to notify The Hon. Sec. Post-graduate Medical Course, Public Health Clinic, Halifax, N. S.

PROGRAMME, REFRESHER COURSE, 1932.

MONDAY, Sept. 5th.

- 9—10.30 a. m., Gynaecological Clinic, Drs. Atlee and Colwell.
- 10.30 a. m.—12.00 noon, Clinics: (Children's Hospital), Dr. Weatherbe and associates.
- 12.00 noon—1.00 p. m., Urological Clinic, Dr. Frank Mack.
- 2.30 p. m., Symposium on Appendicitis, Chairman: Dr. Hogan.
- 2.30—3.15 p. m., "Acute Appendicitis—its Recognition and Treatment," Dr. J. G. MacDougall.
- 3.15—3.30 p. m., "Appendicitis in Children," Dr. P. A. Weatherbe.
- 3.30—3.45 p. m., "Chronic Right-Sided Pain," Dr. G. R. Burns.
- 3.45 p. m., Discussion to be led by Dr. L. R. Morse, Lawrencetown.

TUESDAY, Sept. 6th.

- 9—10.30 a. m., Surgical Clinic, Drs. Hogan and Gosse.
- 10.30 a. m.—12.00 noon, Medical Clinic, Drs. Carney and Burns.
- 12.00 noon—1.00 p. m., Medical Clinic, Dr. A. H. Gordon.
- 2.30 p. m., Symposium on Gastric and Duodenal Ulcer, Chairman: Dr. MacKenzie.
- 2.30—3.15 p. m., "Medical Aspects of Gastric Ulcer," Dr. A. H. Gordon.
- 3.15—3.30 p. m., "The Surgical Treatment of Gastric Ulcer, Dr. H. K. MacDonald.
- 3.30—3.45 p. m., "The X-ray Diagnosis of Gastric Ulcer," Dr. S. R. Johnston.
- 3.45—4.00 p. m., Demonstration of Pathological Specimens of Gastric Ulcer, Dr. R. P. Smith.
- 4.00 p. m., Discussion to be led by Dr. O. B. Keddy, Windsor.

WEDNESDAY, Sept. 7th.

- 9—10.30 a. m., Surgical Clinic, Drs. H. K. MacDonald and Mader, (V.O.)
- 10.30 a. m.—12.00 noon, Obstetrical Clinic: (Grace Hospital), Dr. P. A. Macdonald and associates.
- 12.00 noon—1.00 p. m., Medical Clinic, Dr. A. H. Gordon.
- 2.30 p. m., Symposium on Pneumonia, Chairman: Dr. Corston.
- 2.30—3.15 p. m. Pneumonia", Dr. A. H. Gordon.
- 3.15—3.30 p. m., "Surgical Aspects of Pneumonia and its Complications", Dr. W. Alan Curry.
- 3.30—3.45 p. m., "Pneumonia and its Complications in Children," Dr. M. J. Carney.
- 3.45 p. m., Discussion to be led by Dr. C. L. Gass, Sackville.

THURSDAY, Sept. 8th.

- 9—10.30 a. m., Surgical Clinic, Drs. MacDougall and Curry.
- 10.30 a. m.—12.00 noon, Medical Clinic, Drs. K. A. MacKenzie, Corston and Holland.
- 12.00 noon—1.00 p. m., Urological Clinic, Dr. F. S. Patch.
- 2.30 p. m., Symposium on Pyelitis, Chairman: Dr. H. K. Macdonald.
- 2.30—3.15 p. m., "Pyelitis," Dr. F. S. Patch.
- 3.15—3.30 p. m., "Diagnosis of Pyelitis from Other Painful Abdominal Conditions," Dr. N. H. Gosse.

- 3.30—3.45 p. m., "Pyelitis and Pregnancy," Dr. E. K. Maclellan.
 3.45—4.00 p. m., "Pyelitis in Children," Dr. J. W. Merrit.
 4.00 p. m., Discussion to be led by Dr. R. M. Benvie, Westville.

FRIDAY, Sept. 9th.

- 9—10.30 a. m., Surgical Clinic, Drs. Murphy and Kinley.
 10.30 a. m.—12.00 noon, Eye, Ear, Nose and Throat Clinic: Dr. Mathers and associates.
 12.00 noon—1.00 p. m., Urological Clinic, Dr. F. S. Patch.
 2.30 p. m., Symposium on Gonorrhoea, Chairman: Dr. Mack.
 2.30—3.15 p. m., "Urethritis and Its Complications in the Male," Dr. F. S. Patch.
 3.15—3.30 p. m., "Gonorrhoea in the Female," Dr. W. G. Colwell.
 3.30—3.45 p. m., "Gonorrhoeal Arthritis," Dr. K. A. MacKenzie.
 3.45—4.00 p. m., "Gonorrhoeal Ophthalmia," Dr. H. W. Schwartz.
 4.00 p. m., Discussion to be led by Dr. H. A. Creighton, Lunenburg.

ITEM: Drs. Gordon and Patch are representatives of the Faculty of Medicine, University of McGill.

ITEM: Following the reading of papers and the discussion leaders, the afternoon symposia will be open to all present for the purpose of questioning or further discussion. It is the hope of the Committee that as many as possible will take part. Each speaker will be allowed five minutes.

In addition to the regular programme, small group courses in the subjects named below will be given, provided there is a call for such. These groups will be limited to not more than six men, but will not be given unless at least four men write in to the Secretary, Refresher Course Committee, Dalhousie Health Centre, one week before opening of course, signifying their wish to take part in same. These courses will be worked in at hours that will not conflict with the regular programme.

1. **The Diagnosis and Treatment of Heart Disease**, under the headship of Dr. K. A. MacKenzie, will consist of clinical instruction in the diagnosis and treatment of heart conditions.
2. **Obstetrics**, under the headship of Dr. P. A. Macdonald, will consist of the following, (1) admission to all labor cases at the Grace Hospital occurring in Refresher Course week. (2) A course of instruction with phantom and foetus in obstetrical manoeuvres. (3) Demonstrations in Grace Hospital nursery on care of the new-born.
3. **Urinary Tests and their Clinical Significance**. By Dr. R. A. H. MacKeen. Demonstrations of the various chemical and microscopical tests of pathological urine.
4. **Pelvic and Vaginal Examination**. By Dr. Atlee. Demonstration in the method of making vaginal, bimanual, speculum, and rectal examination in female patients, with the technique of taking smears, etc. It will be limited to three men.
5. **Radiological Diagnosis**. By Dr. S. R. Johnston. Demonstration of X-ray plates, with instruction in their significance in diagnosis.
6. **Cystoscopy**. By Dr. F. G. Mack. Demonstrations in cystoscopic findings and technique.
7. **Splints and their Use**. By Dr. V. O. Mader. Demonstration of the use of various splints, together with demonstrations in the application of plaster casts.
8. **Technique of Eye, Ear, Nose and Throat Examination**. By Dr. H. W. Kirkpatrick. Demonstrations of the various methods of examination—ophthalmoscope, auroscope, etc.
9. **Skin Sensitization Tests**. By Dr. Sieniewicz. Demonstrations in the various skin sensitization tests with reference to their application in the treatment of Asthma, Hay Fever, etc.
10. **Diagnosis and Treatment of Diabetes**. By Dr. Clyde Holland. Demonstrations in various laboratory tests used in diagnosis of Diabetes, with instruction in the use of diet, insulin, etc.

Department of the Public Health

PROVINCE OF NOVA SCOTIA

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

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

SPECIAL DEPARTMENTS

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

MEDICAL HEALTH OFFICERS' ASSOCIATION

President - - - - -	DR. T. R. JOHNSON - - - -	Great Village
1st Vice-Pres. - - - - -	DR. M. J. WARDROPE - - - -	Springhill
2nd Vice-Pres. - - - - -	DR. A. E. BLACKETT - - - -	New Glasgow

COUNCIL

DR. F. O'NEIL - - - - -	Sydney
DR. R. L. BLACKADAR - - - - -	Port Maitland

MEDICAL HEALTH OFFICERS FOR CITIES, TOWNS AND COUNTIES

ANNAPOLIS COUNTY

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

ANTIGONISH COUNTY

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

CAPE BRETON COUNTY

Tompkins, M. G., Dominion.
McLeod, F. T., New Waterford.
McKeough, W. T., Sydney Mines.
Bruce, Archibald, Glace Bay.
McLeod, J. K., Sydney.

O'Neill, F., (Louisburg & C. B. Co.)
Murray, R. L., North Sydney.

COLCHESTER COUNTY

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

CUMBERLAND COUNTY

Bliss, G. C. W., Amherst.
Drury, D., Maccan (County).
Gilroy, J. R., Oxford.
Hill, F. L., Parrsboro.
Rockwell, W., River Hebert, (M. H. O.
for Joggins).
Walsh, F. E., Springhill.

DIGBY COUNTY

McCleave, J. R., Digby.
Harris, W. C., Barton (County).
Doiron, L. F., Little Brook (Clare Mcpy)

GUYSBORO COUNTY

Brean, H. J. S., Mulgrave.
Elliott, H. C. S., Guysboro (County).
McGarry, P. A., Canso.
McDonald, J. N., Sherbrooke (St. Marys).

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.).
Shankell, F. R., Windsor, (Hantsport
M. H. O.)

INVERNESS COUNTY

McLeod, J. R. B., Port Hawkesbury.
LeBlanc J. L., Cheticamp, (County).
Ratchford, H. A., Inverness.

KINGS COUNTY

Bethune, R. O., Berwick.
Bishop, B. S., Kentville.
Burns, A. S., Kentville (County).
DeWitt, C. E. A., Wolfville.

LUNENBURG COUNTY

Davis, F. R., Bridgewater (County).
Stewart Dugall, Bridgewater.
Cochran, W. N., Mahone Bay.
Zinck, R. C., Lunenburg.
Zwicker, D. W. N., Chester (Chester
Mcpy.).

PICTOU COUNTY

Blackett, A. E., New Glasgow.
Chisholm, H. D., Springville, (County)
McMillan, J. L., Westville.
Stramberg, C. W., Trenton.
Dunn, G. A., Pictou.
Whitman, G. W., Stellarton.

QUEENS COUNTY

Smith, J. W., Liverpool (Town and Co.)
Hennigar, C. S., Liverpool (County)

RICHMOND COUNTY

LeBlanc, B. A., Arichat.

SHELBURNE COUNTY

Brown, G. W., Clark's Harbor.
Churchill, L. P., Shelburne (County).
Fuller, L. O., Shelburne.
Wilson, A. M., Barrington (Mcpy).

VICTORIA COUNTY

Gillis, R. I., Baddeck.

YARMOUTH COUNTY

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

"The Public Health Laboratory provides free diagnostic services on public health problems for the entire province. It is, however, to be regretted that misunderstanding exists among physicians as to the scope of this work. Generally speaking, this free service includes any examination that has a direct bearing on any problem of infectious diseases. At present this includes examinations of blood for Kahn test, widal test and culture for the Typhoid group; Cerebro-spinal fluids; smears for Gonococci; sputum, pleural fluid and pus for tubercle bacilli; throat and nasal swabs; urine and faeces for tubercle bacilli and typhoid; water and milk. Physicians desiring this service should address their communications to Dr. D. J. MacKenzie, Public Health Laboratory, Pathological Institute, Morris Street, Halifax, N. S.

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

All specimens of tissue sent through Government owned or aided hospitals, shall be examined free of charge at the Pathological Institute, Morris Street, Halifax, N. S., under the auspices of the Department of Public Health.

Specimens should be addressed to Dr. Ralph P. Smith, Provincial Pathological Laboratory, Morris Street., Halifax, N. S."

PERHAPS more members of the profession regretted the absence of Hon. G. H. Murphy from the last annual meeting than of any other unfortunately unable to be present. Just about that time Dr. Murphy spent a week in the Halifax Infirmary and for two or three weeks was, as he expressed it, on half time. Reference to his enforced absence was made by the Committee on Acts of Courtesy. Very few realize the amount of work required by the Minister of Health at the present time, and the Department of Health is no sinecure to-day.

Opening Ceremony of T. B. Annex at St. Mary's Hospital, Inverness.

The T. B. annex of St. Mary's Hospital was formally opened to-day amid the cheers and well wishes of the Inverness County population who gathered for the occasion. The Rev. L. MacDonald, chairman of the Board of Directors, occupied the chair and outlined the work accomplished. Father MacDonald introduced the various speakers among whom was Dr. G. H. Murphy, Minister of Public Health for Nova Scotia, Dr. J. A. Proudfoot, M.L.A. of Inverness; Dr. M. E. McGarry, M.L.A. of Margaree; Dr. P. S. Campbell, D.M.H.O. of Port Hood and Dr. C. M. Bayne, D.M.H.O. of Sydney.

During the course of the ceremony a plane from the Cape Breton Flying Club, carrying F. J. Mosher and Don. MacPherson circled the hospital and a letter of greetings from L. D. Currie of the Hospital Association of Nova Scotia and P. E. I. was dropped.

The Annex is of twelve bed capacity and as it has been built over an ell previously existing, it gives a much improved appearance to the hospital. The annex contains two public wards and two private wards and is most modern in every respect.

Among the visitors who attended the ceremonies were Mrs. G. H. Murphy, Halifax; Mrs. P. S. Campbell of Port Hood; Dr. and Mrs. A. J. MacNeil, Mabou; Rev. A. H. Cormier, East Margaree; Rev. L. J. McDonald, Judique; Rev. J. A. McPherson, Brook Village; Rev. P. A. McLellan, Broad Cove; Rev. F. A. McMaster, Mabou; Rev. Donald McPherson, Port Hood; Rev. J. A. DeCoste, Grand Etang.

Report on Tissues sent for Examination to the Provincial Laboratory, from June 16th, 1932 to July 15th, 1932, inclusive.

The total number of cases sectioned is 111, which compares favorably with the monthly average of 66 for 1930-1931. In addition to the above figure, 28 tissues were sectioned from 7 autopsies.

An analysis of the nature of the biopsy tissues from the histological reports reveals:—

Tumours, malignant.....	15
Tumours, simple.....	13
Tumours, suspicious.....	1
Other conditions.....	65
Awaiting section.....	17

111

Unfortunately the giving of an accurate diagnosis is hindered by many of the specimens arriving at the laboratory unaccompanied by any history whatever. Often the source of the growth is omitted. A short note of the sex, age of patient, duration of tumour and any other relevant points in the history would be much appreciated and would be of considerable help in the giving of a fuller report on diagnosis and prognosis.

Communicable Diseases Reported by the Medical Health Officers for the Period Commencing June 29th., 1932 until July 20th, 1932

County	Infantile Paralysis	Meningitis	Chicken Pox	Diphtheria	Influenza	Measles	Mumps	Pneumonia	Scarlet Fever.	Paratyphoid	Tuberculosis, pul.	Tuberc. other forms	Whooping Cough	V. D. G.	V. D. S.	TOTAL
Annapolis.....	2	1	..	..	..	..	..	..	..	..	..	5
Antigonish.....	3	..	..	..	..	..	..	3
Cape Breton.....	10	..	1	..	..	..	..	..	..	11
Colchester.....	2	1	..	..	..	1	13	..	..	..	..	..	..	17
Cumberland.....	1	..	..	..	..	..	..	1	1	1	1	..	..	..	..	4
Digby.....	1	..	..	..	5	..	..	7
Guysboro.....	1	..	2	1	..	..	..	..	..	1	..	4
Halifax City.....	6	2	..	6	..	..	17	..	..	..	..	..	..	31
Halifax.....	26	..	..	4	..	..	..	..	..	..	30
Hants.....
Inverness.....	2	..	..	..	..	..	..	..	..	..	..	..	..	2
Kings.....	2	..	2	..	..	..	..	..	..	4	..	8
Lunenburg.....	1	..	..	..	..	..	..	..	1
Pictou.....	1	..	1	..	..	..	..	..	2	..	..	3
Queens.....
Richmond.....
Shelburne.....
Victoria.....
Yarmouth.....
TOTAL.....	1	..	10	3	6	33	16	2	41	1	1	..	8	6	..	256

RETURNS VITAL STATISTICS FOR MAY 1932.

County	Births		Marriages	Deaths		Stillbirths
	M	F		M	F	
Annapolis.....	13	14	11	14	8	4
Antigonish.....	11	6	0	11	9	3
Cape Breton.....	117	95	30	34	46	9
Colchester.....	30	33	9	15	14	3
Cumberland.....	32	43	18	20	19	5
Digby.....	14	18	2	19	8	1
Guysboro.....	20	16	3	11	6	2
Halifax.....	109	114	65	63	70	6
Hants.....	12	22	7	11	13	2
Inverness.....	16	15	3	14	6	0
Kings.....	13	24	11	5	5	0
Lunenburg.....	20	13	17	17	10	1
Pictou.....	33	27	12	13	18	1
Queens.....	13	15	10	14	8	0
Richmond.....	9	7	1	6	7	1
Shelburne.....	12	15	1	5	5	1
Victoria.....	1	1	0	4	4	0
Yarmouth.....	27	19	10	22	22	2
	502	497	210	298	267	41
TOTALS.....	999		210	565		41

Hospital Service

OWING to the great demands on our space, the BULLETIN is not able to give as much publicity as is desirable to meetings of various Hospital Associations. The chief reason is that most of our space must be devoted directly to medical affairs and scientific articles. The BULLETIN is primarily the journal of the medical profession in Nova Scotia. Again it is noted that the doctors are not generally noticeable for their attendance at these and similar meetings, although they are very definitely concerned with the character of the work performed by this and kindred organizations. Beside a few of the local doctors and a few more or less representative medical men as Dr. Agnew and superintendents (medical) of hospitals, their attendance is not in accord with the value of learning what problems take the attention of those who do attend. Most of us are very fussy about the character of the service we receive for ourselves and patients at all our hospitals, but it is quite evident that we do not acquaint ourselves with general hospital problems. It is hoped that the movement to request all hospitals to have some member attend these conventions in the future will be put into effect generally.

Another point may be noticed. There seems to be a very unnecessary doubling up of Nursing organizations as there is in many other more or less philanthropic activities. As we understand it, each Province has a nursing registration body; there is a Catholic Nursing or Hospital Association; there is the Association for N. S. and P. E. I.; presumably New Brunswick also has its association; then comes the Canadian Association and the annual meetings of other nursing bodies, provincial or federal. As far as the Maritime Provinces are concerned our hospital and nursing problems are nearly all alike; our area is small; our resources are limited and the Times are Hard. Are we not organized beyond our needs and our means? Think it over.

In many hospitals, auxiliary functions have arrived at the stage where they constitute a very acceptable social News item in the local papers interested. Grace Maternity Hospital figured in such a function recently which was opened very graciously by Mrs. W. H. Covert.

The press of Nova Scotia, particularly in the towns of smaller or larger hospitals, where there arise quite a number of problems relative to staff procedure, etc., has frequently given an amount of publicity to such matters, because they were of local interest. In this Section of the BULLETIN little notice has been paid to this publicity because of the general indefiniteness of these reports. Most of them suggest that there is criticism of staff or policy. While this may be News, it is of doubtful constructive value for readers of the BULLETIN.

Hospital Association Meets.

On invitation of Rev. Mother Ignatius, mother general of the Order of St. Martha, the next annual convention of the N. S. and P. E. Island Hospital Association will be held in Antigonish.

The 1932 convention was held last week in Bridgewater with 44 delegates in attendance, and L. D. Currie, Glace Bay, presiding.

Among the subjects discussed were the following: The relations of Nova Scotia hospitals to the Workmen's Compensation Board; Would municipal grants be preferable to government grants to Nova Scotia Hospitals? How can interference of an individual member of the board of trustees in hospital administration be avoided? Should the small hospital volunteer to take care of contagious diseases? Should the small hospital insist on payment in advance from private patients? Appointment of an inspector of nursing schools in the province; raising the minimum age limit of student nurses and safeguarding their health, etc. The discussion on nursing and nurse education was led by Sister M. Beatrice, superintendent of nurses, St. Martha's Hospital, and Miss M. MacMillan, Glace Bay Hospital.

The election of officers resulted as follows:

Hon. presidents—L. D. Currie of Glace Bay, J. G. MacDougall, Halifax; president—Rev. H. G. Wright, Inverness; vice-presidents—Rev. Mother Ignatius, Antigonish; James Brignell, Bridgewater; secretary-treasurer—Miss Ann Slattery, Windsor; executive—Miss MacMillan, W. K. Rogers, Mrs. P. M. Fielding, Miss V. Bengston, Dr. Scammell, Miss M. Monk, Rev. J. R. MacDonald, Sister Ann Seeton, Fred MacDonald, A. K. McColl; committees: Programme—president, secretary and Rev. Mother Ignatius; legislation—Rev. Morris MacLean, Mrs. P. M. Fielding, Rev. John R. MacDonald; nursing education—Sister Mary Beatrice, Miss MacMillan, Miss Bengston; publicity—Mrs. P. M. Fielding, Miss MacQueen, Miss Monk.

Some regret was felt that the Workmen's Compensation Board did not accept the invitation extended it to have a representative at the convention. The hospitals feel they have a grievance with the board and wish to confer with it to get the matter adjusted.

All the delegates were delighted with the welcome and hospitality extended them by the citizens of Bridgewater. *(The Casket).*

The *Evening News* of New Glasgow recently noted that several of the local nurses attended the annual meeting of the Nurses' Association that was held in Saint John. Referring to the V. O. N. the paper says:—

"During their absence, Mrs. Jimmie Smith, a former V. O. Nurse here, took their calls and carried on the work to the satisfaction of all concerned. New Glasgow has been fortunate in its choice of V. O. Nurses. They have all been most capable, conscientious, hard working and cheerful in the discharge of their duties. They have taken a personal interest in their cases and have been very popular with all who know them."

We know there is an ever increasing belief by the people of Nova Scotia that the members of the medical and nursing professions are primarily inspired with the idea of being of practical service to the community. In particular, the public is appreciating the work of the general duty and the tuberculosis nurses. Yet for rural districts this service is very scanty, where it is, perhaps, most needed.

At the Maritime Conference of the Catholic Hospital Association recently held in Saint John, Sister Mary Beatrice of St. Martha's Hospital, Antigonish, was elected president. Sister Mary David of Halifax was elected first vice-president and Mother Ignatius of Antigonish a member of the Executive.

The BULLETIN cannot publish a cut of the Yarmouth Hospital Graduates for very good reasons. But a recent issue of the *Halifax Herald* indicates that some eight young ladies of most pleasing appearance were awarded degrees at the last commencement meeting.

The Victorian Order of Nurses in Sydney under the general direction of Dr. J. J. Roy, who has been President for a number of years, has been recently considering the problem of employing local nurses. True it is that these nurses, as indeed almost all nurses these days, must be specially trained, yet we believe our local nurses can, with very little instruction carry on the work of the V. O. N., and let us endorse our own Nurses.

A Worthy Scheme.

Perhaps this quotation from the *Liverpool Advance* hardly comes directly under this section, but if this can be done at a place without a local hospital, how much easier it would be if the services of a local hospital were available. Moreover, this is proper health publicity and not advertising of any particular medical man. It is something that should be done in every rural centre in the province.

Probably one of the most worthy object lessons ever to come to our notice is the scheme now being carried out in the Parish Hall. During the past few months it had been pointed out by the V. O. N. Nurse, Miss Ferguson, that a number of underprivileged children were suffering from adenoids and tonsils. The scheme was then proposed by the V. O. N. Association and financed by the Kiwanis Club to open a clinic this week in the Parish Hall where all underprivileged children could be operated on free of charge. Cots and other equipment were loaned by the Mersey Paper Company and the Parish Hall was transformed into a veritable hospital. Nurses and doctors all gave their services free and Dr. Trites of Bridgewater performed the operations.

The children were between the ages of six and fourteen years and some thirteen boys were operated upon on Monday morning. They had expert care and were retained in the temporary hospital until the following day when all were taken to their homes.

This morning some fifteen girls are being operated on and on Friday it is expected there will be another list of boys and girls ready.

Miss Ferguson, who has charge of this most important work, has assisting her Miss Margaret Drew, Miss Jean Dunlap and Mrs. Andrews. Also assisting were Mrs. (Dr.) Wickwire, Miss Verna Dunlap, Mrs. A. Bryden, Mrs. George Brown, Mrs. J. V. Nickerson, Mrs. D. W. MacKay, Miss Helen Spurr, Mrs. R. Johnson, Mrs. Peggy Reid and Miss Evelyn MacKay.

Dr. Trites was assisted by the local doctors, Messrs. Ford, Wickwire, Hennigar and Smith.

Much credit is due the committee composed of J. T. McLeod, Mrs. Robie Millard, Mrs. D. W. MacKay and Mrs. J. V. Nickerson for making all the necessary arrangements to carry out this splendid service.

The thanks of the community are extended, not only to those who promoted this laudable scheme, but to the willing workers as well who gave freely of their time and talent. It should be an object lesson for other towns in the province."

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.)

The Risks of Childbirth.

REFERENCE was made in the July BULLETIN to the Report of the Special Committee of the Canadian Association on Maternal Mortality submitted at the recent meeting of the Association. In this report the suggestions of the Nova Scotia member of that committee were very fully incorporated in the report and said report was adopted by the Society. Now when the *Forum*, in May, 1932, publishes an article, entitled as above, it is desirable that the medical profession generally, and the members of the Medical Society of Nova Scotia, in particular, should heed what is said in leading publications on medical subjects, the *Forum*, *Century*, *Time*, etc., order that we may know what the laity say about our special work. The doctors of to-day are before the tribunal of public opinion more than ever before. Are we standing up to the test? What, in this matter, does the public expect of us?

From a perusal of this article we learn that the public are being told that 16,000 women in the United States are dying each year in Childbirth and this is a reason why "public resentment" is directed against the medical profession in that the deaths are now considered, to a large extent at least, preventable; also such a toll in the United States "is so large that many extravagant charges have been made regarding our negligence." A reasonable attitude towards statistics seem to be taken by the author of this article when he says that, "it is much better to compute the maternal death rate on the number of births rather than on the population. Thus we obtain a more comparable measure of the hazard. On this basis the maternal death rate in the Registration Area of the United States in 1929 was 7.0% for every 1,000 live born children." Especial emphasis is given to the fact that in Denmark, Holland and Sweden it is but little over 3.0% and in England and Wales only 4.3%. Attention is also called to the fact that the basis upon which these statistics are prepared is by no means uniform. The BULLETIN has published the basis for these returns in Canada, but, we believe, a further statement from the Department of Public Health of this province would be of distinct advantage. We do not see, however, how the question of what constitutes a "live birth" has any definite bearing on the subject, although the author devotes a paragraph to this phase of the question.

This writer of the BULLETIN is very definitely of the opinion that the day for the employment of midwives in Nova Scotia has passed, although several names still appear as thus registered by the Provincial Medical Board. These registrations are now recorded thus:—1895, no address; 1898, Halifax; 1903, Halifax; 1904, Dartmouth; 1904, residence unknown; 1917, Halifax. This of itself is enough to show that this form of obstetric practice is not popular

with us. At the same time we appear to be making no progress towards such a nursing service in rural districts. Nor should the medical profession or the Department of Health take any credit for the establishment of such a service in any of the towns or cities. The V. O. N., the Red Cross, Health Insurance Companies, with town and municipal councils have been responsible for the large number of these nurses employed. The article we have quoted has this to say regarding midwives and doctors in the United States which, in our opinion does not apply to Nova Scotia:—

“Generally speaking, midwives in this country are ignorant women who have been trained badly or not at all and have little knowledge of obstetrics or of aseptic measures. They are, for the most part, unsupervised and not responsible to health officials. Such women would not be tolerated for a moment in Holland, Denmark, or in any advanced European country. But what is more important is that the general practitioners who take care of most confinements in America are in many instances inadequately trained for this particular type of medical service. Unlike the midwives they suffer from no inferiority complex. They too often attempt to handle difficult situations for which they are not prepared, often with disastrous results. As intensive studies of fatal cases made by expert groups show, the doctor in these cases is often tempted to save time by hastening the birth through instrumental interference and through other dangerous short cuts. If time were allowed for nature to take its course, most of the tragedies would be avoided. Our excessive maternal mortality reflects the insufficient training of those who handle confinements, be they physicians or midwives, and the lack of supervision and control by the constituted authorities.”

As a matter of fact last year every Dalhousie graduate had ten or more confinements as part of his regular course on his own, very different from what it was 50 years ago. Then some of us got our first cases 8 or 10 miles in the country. So that we are inclined, to-day to disagree with the author when he says:—

“Perhaps more important than the education of the midwives is the better training of doctors. Up to this time obstetrics has in truth been the Cinderella of the Medical Sciences. Physicians generally have received insufficient instruction and training in obstetrics. The responsibility for this rests primarily upon those who make up the medical curricula. In spite of the fact that the average practitioner devotes a much larger part of his time to obstetrics, than to such other branches of medicine and surgery, he receives under present conditions a much smaller amount of instruction and practice in the former than in the latter. Competent observers now agree that many more hours must be given to obstetrical teaching. The medical student must also receive more intensive practical training. He ordinarily does not deliver enough women, nor, has he enough experience in handling the various complications which may occur in labor. He cannot have a true idea of the difficulties which may develop in his practice unless he has been present at a large number of abnormal deliveries.”

Just here might we interject the remark that a very important thing to know is when does a normal case become abnormal!? Possibly the abnormal cases had better go to the Specialist; but are we thus training our recent graduates?

Now the reader is convinced that the article in question is only of value as portraying what the people are saying of our service to them along this

particular line. Nor do we agree in toto with his findings. Yet he partially vindicates himself when he considers the matter from the economics standpoint. He says:—

“It would be unfair, however, to give the impression that all the difficulties from which we suffer are due to the insufficient skill of doctors and midwives. The situation is greatly complicated by the economics of current medical practice. Even if the rank and file of physicians are not sufficiently trained, those specializing in obstetrics are highly skilled and very successful men. The service of these capable specialists, however, is very largely restricted to the few among the well-to-do who still have an occasional baby, and to the poor who avail themselves of the free services of our public and private institutions. Under our present system, are not and cannot be paid a fee high enough for them to give efficient service in maternity care; and the specialist has to charge rates which are beyond the means of those in moderate circumstances. This is the crux of the problem. How may we provide expert attention to the expectant mother at a price which the family can afford to pay?

This dilemma is part and parcel of the whole question of the reorganization of medical practice which is at the present time arousing so much interest and discussion. Times without number it has been pointed out that the vast majority of people are not receiving the medical service which they require, and that when serious sickness comes, they cannot bear the accompanying financial burden. There is no easy solution for the complicated problem, but the opinion is becoming general that medical service will have to be organized to eliminate the wastes and inefficiencies of individual practice. In this way medical service will be improved and brought within the capacity of the average family to pay. With social reference to the maternity problem, it will be necessary for the local group of physicians, or for the medical centre which provides the service for any locality, to offer the service of trained obstetrical workers. Personally, I believe that in such a plan of group service there will be more and more room for the highly trained modern type of midwife, who will take care of normal cases and who will know quickly when complications threaten and when to call in the skill of the physician and specialist. Such a step will make it possible for the great mass of families to receive in return for their modest payments good obstetrical care. This is in effect what is being accomplished in Holland, in the Scandinavian countries, and in England and Germany.”

With this last paragraph we must take complete exception. In a country like Nova Scotia we must have nurses that have a broad and complete training in general and special practice. A few years ago Dr. W. D. Forrest in the BULLETIN advocated this plan and, in the present period of depression it is the only feasible plan. If it is feasible at such a time is it not obvious that it should be adopted in a small province even when times are prosperous?

There is a wonderful amount of very useful information published by the Department of Pensions and National Health, Ottawa, in the monthly *Abstracts of Current Public Health Literature*. A recent issue gives an abstract of a report of the special Committee on Maternal Welfare, etc., of the League of Nations. Dr. MacMurchy of Ottawa prepared this brief extract and in conclusion thus referred to two subjects that will be of interest to BULLETIN readers:—

ABORTION AND CONTRACEPTION.

"Both these subjects have aroused considerable interest of late years and, in many countries, the practice of both abortion and contraception has increased or at least has become far more openly discussed. Exact information as to the prevalence of either is obviously difficult, if not impossible, to obtain.

From the standpoint of maternal welfare, apart from any moral or legal objections, abortion must be regarded as associated with considerable danger to health, mainly on account of the sepsis which not seldom accompanies it, and also because of the unhealthy condition of the pelvic organs which may be one of its sequelae.

Salpingitis or pelvic infection may be set up which may lead to chronic invalidism and permanent sterility and serious damage to the liver and kidneys may be produced by certain chemical abortifacients.

A threatened abortion often receives no proper medical attention, especially if the woman herself attempted to interrupt pregnancy, and the doctor is frequently not summoned unless acute septic infection intervenes. Cases of abortion are not usually welcome in the maternity hospital because of their potentially septic character, and increased hospital accommodation is urgently needed for these cases, so that the uterus may be properly emptied if the abortion is inevitable, and suitable after-treatment provided. Instruction should be given at the pre-natal clinic as to the dangers of abortion and the importance of seeking medical advice should it occur.

Apart from the practice of contraception for personal or economic reasons, it may be necessary to avoid pregnancy on account of the mother's own health, and in such cases it is preferable to prevent pregnancy occurring at all rather than to interrupt it. But it is not sufficient merely to tell a married woman suffering from tuberculosis or heart disease or nephritis that she should not again become pregnant. It is necessary to explain exactly what steps she and her husband should take to prevent this from happening. If the private doctor is not prepared to do this, the information can be given most appropriately at the health centre."

The BULLETIN of the Medical Society of Nova Scotia extends very sincere congratulations to one of our exchanges,—the *Bulletin* of the Academy of Medicine, Toronto, on the appearance of its Silver Jubilee Number. There were real proceedings to commemorate this occasion and Dr. Harris McPhedran presided at the meeting which was held at the King Edward Hotel, Toronto on April 7th, 1932. This issue of the *Bulletin* is especially attractive because the cover color scheme conveys the idea of its silver anniversary. However, to the Editor of the BULLETIN Library it also conveys a very delightful remembrance of Dr. Archibald Malloch who, with Sir William Mulock, was one of the two chief guests of honor at this meeting. We have also been pleased to note that Doctor "Archie" is now the Librarian of the New York Academy of Medicine. His address at that meeting was on Sir William Osler and we hope to be able to publish it later in our Journal.

For the April, 1933 issue of the BULLETIN a tribute to Lord Lister, there is available a splendid address, entitled "Lister's Centenary." How it came into the hands of the General Secretary is noted elsewhere. Dr. Hill was a student for six months under Lister and some time following, on the continent, did not destroy his belief in the Listerian Faith. This he practised in his home State, Alabama, and he is still going strong.

Branch Societies

HALIFAX BRANCH OF THE MEDICAL SOCIETY OF NOVA SCOTIA.

THE second regular meeting of this Branch was held October 28th, 1931, 38 members being present. On report of the Executive, Doctors Minshull Murphy, Bethune and Jones were elected to membership.

The scientific part of this Surgical Clinic meeting was started off by an Internist, when Dr. K. A. MacKenzie presented a case which had been operated on for brain tumor.

It was a case that had been admitted to this hospital with headaches of six weeks duration and a history of attacks of diplopia. He was back at different periods. The headache persisted and later was added the additional sign of optic neuritis to clinch the diagnosis of brain tumor. He was sent to Dr. Cone at Montreal. He found in addition a quadrate Hemianopsia, on which it was localized to the occipital lobe. Operation was performed under local anaesthesia; lasted six hours, a meningeal fibro-blastoma was removed. The result was most excellent.

Case 2. Case of Occipital pain seven months. Vomited once. For a month now difficulty in walking; occasionally there is dizziness and for three weeks vision has not been so good. There are optic neuritis, nystagmus diplopia and ataxia. Diagnosis is probably Cerebellar Tumor.

Dr. H. K. MacDonald's Service: Suspected Sarcoma of Jaw in elderly woman. Swelling in region of parotid of about six months duration. Leukopaenia. X-Ray is negative. Fluctuation was felt and a needle put it. Little fluid obtained and sent to laboratory—nothing characteristic from it. The swelling is painless.

Dr. Mader presented a case of injury to cervical spine with absence of reflexes and an X-Ray finding of fracture of fifth and sixth Cervical Vertebrae. The whole condition cleared up under rest.

Dr. Mack reported a case of a woman with a moveable kidney and stone in ureter about 2 inches from bladder. The stone was removed that day through iliac extra-peritoneal route and was demonstrated to the meeting.

Dr. Gosse presented three goiter cases. Two post-operative and one pre-operative. Of the first group one was a male of 40 years with a toxic colloid, the other an Exophthalmic Goiter in a woman of 38.

The former presented the usual history, clinical and laboratory signs and operative findings of a toxic colloid goiter (O. T. Adenoma with toxic symptoms) and both the pathological microscopic reports indicated malignancy. This was questioned on the grounds of toxicity and elevated B. M. R. and it was not supported on gross pathological anatomical findings.

The latter though showing exophthalmos, nervous excitability, muscular weakness and characteristic goiter, showed practically no elevation of pulse rate and almost normal B. M. R.

The pre-operative case was a classical case of advanced exophthalmic goiter which had been admitted following thirty days treatment with Lugol's Solution 10m. and Pot. Iod. 10 gr. t.i.d.

The classification of goiters was briefly considered in which Hertzler's classification was offered side by side with Plummer's as conveying a better concept of the continuity of the goitrous process. The improper use of Lugol's Solution was stressed.

Dr. Kinley presented two cases, first a case of Intestinal obstruction which was found to be due to a Meckel's Diverticulitis. This was followed by a very severe cellulitis of the abdominal wall, but from which he was now recovered.

2. Case of old poliomyelitis which was now showing visible muscular spasm of thigh muscles and gastrocnemius. The spinal fluid showed + + + + Kahn.

DALHOUSIE CLINIC, November 18th, 1931.

At this meeting at which 40 were present, Dr. J. W. Reid Jr., was duly elected to membership.

Dr. John Stewart and Major General Foster were upon recommendation of the Executive elected to Honorary Membership.

The minutes of the scientific programme read as follows:—

Dr. Carney then presented his "Paediatric Pot Pourri." This was a very excellent paper in which a very great part of the field of Paediatrics was covered, especially with relation to misunderstandings, difficulties in diagnosis and treatment in many conditions. Acidosis, infections of kidney pharynx and ear, appendicitis vs. pneumonia, empyema, importance of aphonia, abuse of cod liver oil and ergosterol were among the subjects considered.

The paper was extremely well received and a good discussion engaged in.

Dr. Wiswell was not quite in agreement on question of dosage of Viostrol and how early it might with advantage be given.

Dr. P. A. MacDonald was impressed by statements re appendicitis since most cases he had seen were ruptured—occurring mostly in Autumn where diagnosis had been summer diarrhoea.

Dr. R. P. Smith, supporting Dr. Carney's suggestion re small size of Thymus, quoted the British Research Council report "no such thing as Status Thymo-Lymphaticus."

Other contributors were Doctors C. S. Morton, Gosse and Muir.

NOVA SCOTIA HOSPITAL, December 2nd, 1931.

At this meeting 25 members were present. The United Services Institute extended an invitation for the Society to attend a lecture in the Armouries on December 11th, 1931, to be given by Dr. H. B. Atlee on "Medical Lessons Arising out of the War," which was accepted with thanks.

On report of the Executive, the Society elected Doctors Sweeney and Murray Mackay to active membership and Lieut. Cavanagh, R.C.A.M.C., to Associate Membership.

The Minutes make the following record of the scientific programme:—

Dr. Hopgood then started off the scientific programme by presenting four female cases.

1. A case of Involution Psychosis, age 44
2. A case of M. D. I. of depressed type.
3. A case of M. D. I. of manic type.
4. A case of G. P. I. in a woman of 27.

In the discussion on these cases, Dr. Colwell asked in connection with the first case whether any glandular therapy had been introduced, since this was a menopause affair, and received a negative reply.

Dr. MacKay then presented four cases.

Case 1. Man of 28 with history of having had two previous attacks of depression. On admission he was untidy, destructive to clothing, restless and refused food. His physical condition was poor—extremely dehydrated, constipated and showed muscular rigidity.

On second day temperature began to go up and it rose daily stair-case fashion to 105.4. Typhoid was suspected, but blood showed *B. Abortus*, which was confirmed later.

Spinal puncture gave low pressure and negative fluid. Fever came down gradually to 100 in 5-6 days and for 10 days was 100 in afternoon, subnormal in morning. As temperature came down the physical and mental condition cleared up, and mentally he is now very good except for a little apprehension.

A week ago there was a slight mental attack—confusion. Two days later temperature rose to 100 and dropped again next day. On that day blood was more strongly positive than before.

Case 2. *D. P. Paranoid Type*. Chief sign is loss of emotion.

Some discussion was engaged in here when one heard something again about Manganese Chloride, now pretty much discredited—Thyroid extract was also discussed when Dr. Lawlor showed that it had a pretty thorough try-out thirty years ago in that institution. The conclusion was that probably nothing of that kind produced results while many of them if put to bed and fussed over improve. Dr. Lawlor also thought that re-education was possible in some cases to a considerable degree.

Case 3. Man who had been confused and had had hallucinations, but had cleared up and was going home—Diagnosis "Transitory Paranoic State."

Case 4. Man 58, who had some peculiar delusions, and who put on some funny antics—No diagnosis.

There was some general discussion: Dr. Lawlor spoke of the rareness of G. P. I. in so young a female. She had been infected at 14. (This was concurred in by Dr. Mack.)

Dr. Corston referred to the malta fever case stating that there had been several in Victoria General Hospital and one in Infirmary this year.

Dr. Muir raised the question of diathermy to raise the temperature instead of Malaria. Dr. Lawlor said that as far as he knew it had not been tried in Nova Scotia.

Dr. MacKay had seen diathermy used for this purpose and held it better in many ways as being entirely controllable and as being free from toxic effects."

The Minutes further state:

"At 10.20 the meeting adjourned to the staff dining room where the usual kind hospitality of the management was partaken of.

After a hearty vote of thanks had been passed for this, there was the usual scurry to catch the next boat and our Annual voyage was over."

CHILDREN'S HOSPITAL, December 16th, 1931.

At this meeting 34 members were present. The following resolution re the passing of Dr. W. H. Hattie was adopted:—

"Whereas Dr. Hattie was for many years a very faithful member of this Society, and

Whereas he always manifested a keen and lively interest in everything that made for the benefit of the profession particularly in medical organization and Medical Education, and

Whereas through a busy life he always manifested the very highest and finest qualities of heart and mind, as a doctor, as a citizen and as a man.

Be it Resolved that this Society spread upon its minutes our testimony to his excellent qualities, and our great sense of loss at his passing. It is further resolved that a copy of this resolution be forwarded to the bereaved family."

The scientific programme is thus reported:—

Dr. Carney led off with a very excellent presentation—a case of *Coeliac Disease* in a child of six, sick for more than a year. He gave a resume of the history of the condition and of the various names by which it has been known and then gave details of its clinical features.

Large pale loose stools loaded with fat. Loss of weight. Enlarged abdomen. Retarded growth.

Signs of general wasting excepting the face—very wasted nates.

Sometimes there are fever and night sweats. Cause unknown. Treatment:—Fat free and almost Carbohydrate free diet. Proteins and Dextrines for the most part and as case proceeds, C. H. O. is gradually introduced—by trial and error.

Prognosis: These cases call for careful treatment for from three to five years. At any stage whole thing may be upset by the giving of fat. Drugs are no good.

Showed this case to be on following diet:—

1½ pints protein milk per diem; 12 rounded tablespoons scraped beef; jelly unsweetened; 6 bananas.

They do not develop rickets nor tuberculosis. Fat in these cases is said to be split. The Laboratory reports it neutral in this case.

Dr. Acker then presented three cases.

Case 1. Double congenital dislocation of the hip reduced and in first plaster in the frog condition.

Case 2. Volkmann's Ischaemic Paralysis following fracture of the elbow—Rt. suprar. condylar,—put up in acute flexion—no splints being used.

The point was made that this condition occurs in such circumstances where the fracture has not been properly reduced.

A case of involvement of Epiphysis—first of the knee joint in which under treatment a good result was obtained and patient discharged. Later came

back with a limp—hip sore and swollen and X-Ray shows head and neck gone. Suggestion was asked as to Diagnosis but none was forthcoming.

There was some general discussion of the contracture case.

Dr. Weatherbe then presented two cases.

Case 1. A burn case doing well under Tannic Acid treatment. He gave details of this treatment and results from the literature as well as from a limited number of cases there.

Case 2. A case of Acute Osteomyelitis in upper end of the humerus with cellulitis tracking downward to elbow. Streptococcic infection and extremely toxic.

Discussion of these cases centred chiefly around the tannic acid treatment of burns. Dr. Curry expressed his belief that it was not all that it was cracked up to be and that many cases did not show good results.

Dr. Graham asked to discuss it, agreed with Dr. Curry. Dr. Gosse believed that since it increased the comfort of the patient, prevented much of the toxic absorption and very greatly reduced the amount of nursing care required, that it represented a very distinct advance beyond any other known method.

Dr. Weatherbe concluded by showing that many failures that have been shown have come because of disregard for the details of technique in applying the treatment.

The hospital management then supplied an excellent lunch, our appreciation of which was extended through a hearty vote of thanks proposed by Dr. Wiswell and seconded by Dr. Colwell.

DALHOUSIE CLINIC, January 13th, 1932.

At this meeting 26 members were present; Dr. C. G. Campbell was elected to membership; considerable discussion was given to the revision of the Constitution and Dr. C. W. Holland presented the paper of the evening—"Per-nicious Anaemia." He gave a synopsis of the recent development of the subject, discussed at length the symptoms of the disease as well as the Laboratory findings.

The reticulocytic count was shown to be very important, and the tremendous increase in those cells in successful treatment with Liver, three to seven days after beginning of treatment, was shown as a most gratifying and interesting phenomenon, coupled as it is with the improved condition of the patient.

The technique of preparing slides for counting reticulocytes by brilliant cresyl-blue method was given.

The question of liver and ventriculin therapy was very fully covered and cases cited showing excellent results for both. Their relative merits and their individual advantages and disadvantages were considered, and a preparation of Liver extract for intramuscular administration demonstrated.

The necessity for maintaining the improvement by continued exhibition of liver was shown. The amount was to be determined for each person and may be as low as 1 ampoule intramuscularly per month.

The difficulty in combating the neurological symptoms was acknowledged, and whole liver was said to be best in those cases.

A set of slides showing graphs of the effect of treatment on Reticulocytes, Erythrocytes and Haemoglobin concluded a most illuminating and interesting presentation.

Discussion was widely engaged in.

Dr. M. A. B. Smith discussed ancient history of the disease. Addison's Anaemia; asked for information re Cresyl Blue; and quoted Hurst as showing pernicious anaemia to be due to absence of hydrochloric acid in stomach.

Dr. Lessel asked about the remissions which used to be noted in this disease, in connection with improvement under treatment.

Dr. Gosse asked for information respecting the cause of reactions mentioned in cases of pernicious anaemia that had been transfused.

Dr. MacKenzie spoke extolling the presentation and of the advance made in this subject.

Prof. R. P. Smith noted an omission from the laboratory side. The shift to the right in pernicious anaemia and of the shift back to normal when improvement has been affected. He also quoted Price Jones that the red cells do not go back to the normal.

Regarding transfusion reactions he suggested that a haemolytic toxin present in these cases hits the fresh corpuscles and the reaction is the result of their lysis.

Dr. Holland dealt with the several matters raised, in particular citing Castle's work in showing experimentally that the disease is not due to absence of hydrochloric acid.

PUBLIC HEALTH CLINIC, January 27th, 1932.

Thirty-three members were present to hear **Dr. W. N. Reh fuss** give an address on "Intestinal Obstruction."

After some general remarks he gave a classification of the forms or types of obstruction and read some very excellent case reports to illustrate the several types with the treatment indicated in each type. In the course of doing this he made a plea for the multiplicity of small hospitals throughout the country as providing that early recourse to surgery which is so essential in most of those cases, and while he admitted that at times it may be responsible for bad surgery, he held that it was better bad surgery than late surgery.

He also showed that in making abdominal incisions he eschews the McBurney.

There was a very considerable amount of discussion and exchange of views.

Dr. Weatherbe thought the grid-iron incision had no place in surgery.

Dr. Birt discussed obstruction due to circulatory conditions, and cited a case of obstruction due to Hodgkins glands obstructing the superior mesenteric artery by pressure.

Dr. V. Mader discussed chronic obstruction with gastric symptoms, and asked re use of Spinal Anaesthesia in Spastic or in paralytic conditions of the bowel—also, is post-operative obstruction spastic or paralytic?

Dr. A. I. Mader, Dr. R. P. Smith, Dr. Schwartz, Dr. Burris and Dr. K. A. MacKenzie joined the discussion.

Dr. Murphy discussing **P. O. Ileus** believed if single enema does not suffice the bowel should be rested with morphia.

Dr. Rehfuss replying believed half of so-called post-operative ileus is not ileus at all, but is due to too early laxatives—whipping up a tired bowel. Doesn't give post-operative laxative till gas has passed by the bowel naturally. Believes great line of cleavage between internist and surgeon productive of much harm. Thinks teaching staffs paying too much attention to the laboratory side of medicine, while 95% of all diseases are diagnosable clinically—without the laboratory.

Dr. A. McD. Morton moved, Dr. S. R. Johnston seconded a motion of thanks to Dr. Rehfuss for his very valuable paper. This was carried unanimously and tendered by the President in due and ancient form.

The President then announced that Hon. G. H. Murphy had very kindly invited the members of the Society to meet at his house after the meeting.

A motion to adjourn was then carried and most of the members present repaired to Dr. Murphy's residence where a very pleasant social hour added a fitting climax to a pleasant evening.

GRACE MATERNITY HOSPITAL, February 10th, 1932.

This was a clinical meeting at which 23 members were present. After routine business the President called upon Dr. P. A. MacDonald to open the clinical session.

Dr. MacDonald gave a resume of a case of inversion of the uterus. He stressed the importance of the treatment of shock. In this case it was so severe that blood transfusion had to be performed. Following the presentation of the case, Dr. MacDonald discussed the incidence, types, diagnosis and treatment of the condition. Of especial mention is the abdominal operation of Huntington who reported seven cases with no mortality. Dr. C. S. Morton mentioned two cases which he had seen, one recognized immediately and almost immediately reduced, with good recovery. He also saw a case of complete inversion in a cow. Dr. MacLellan and Dr. Smith also discussed the condition.

Dr. Colwell presented a series of cases in which he has been investigating the value of nembutal, a barbuturic acid derivative, in labor. An analysis of his cases showed the value of this drug as a sedative in labor. Drs. Wiswell, Corston and MacLellan discussed Dr. Colwell's paper. Dr. MacLellan mentioned his success with rectal ether anaesthesia. Dr. MacDonald did not entirely agree with Dr. MacLellan and mentioned that the older sedatives still held an important place. Dr. Reid mentioned the use of nembutol in combination with chloral hydrate.

Dr. MacLellan then made a few introductory remarks to a motion picture on Breech Presentation. He discussed the value of this method in teaching and suggested that next year arrangements be made to have the practitioners in the city see the films when they are presented to the students.

The motion picture was followed by a short discussion on the merits of the type of teaching, views pro and con being discussed.

After adjournment the members of the society enjoyed the hospitality of the Grace Maternity Hospital at supper.

DALHOUSIE CLINIC, February 24th, 1932.

At this meeting 44 members were present. The paper of the evening was presented by Dr. W. D. Forrest, the title being, "General Practitioners, Specialists and Pseudo-Specialists."

Dr. Forrest undertook to show that since the days of Hippocrates all the great advances made in our profession were made by general practitioners. He named a score or so of well-known names and challenged the Specialist to produce such a galaxy from his ranks.

He criticized the specialists as being narrow, as not being, in general, men of wide culture.

He gave many references to literature—modern and not so modern—some of them extolling the physician, others satirical at the expense of the specialist.

He criticized the modern tendency in Medical Education as giving too much Laboratory work as tending to produce fellows "so damn scientific that they cannot use common sense." He deplored the lack of "personal touch" and had some reference to "personality of service."

He showed that originally men who limited their work to one branch of medicine were men of superior intelligence who had spent years in general practice, but that now the specialty has been selected before the internship has begun and that the result of this once led Wm. Mayo to define the specialist, as "one who knows more and more about less and less."

This state of affairs which by glorifying the specialist and putting the General Practitioner into the background he holds to be responsible for the fact that irregulars are flourishing more actively to-day than ever. The increase in professional advertising he also laid at its door, and he characterized the flood of reprints that he receives from certain clinics as a refined form of advertising.

He then went on to recite the grievances of the general practitioner.

- (a) That he has to do the bulk of the charity work.
- (b) That when consultations are held or operations performed, he has to wait while the specialist is paid.
- (c) That there is a tendency to pay the general practitioner less for similar service; for example, the pensions' tribunal recently paid \$10.00 for appearance of a man who claimed to be a specialist, but \$5.00 for one who said he was a general practitioner.
- (d) The syndicated medical advice column in the daily press, and sundry other so-called Health organizations—Anti-Tuberculosis, anti-venereal, child welfare, maternal welfare, family welfare, baby welfare, as all taking toll of the family doctor's practice.

He dealt with general impressions respecting the intellectual superiority of the specialist and introduced figures to show that far from that being the case their intelligence is below that of street-car employees, barbers and grocery clerks. He then proceeded to damn group clinics and State Medicine holding against them the lack of the element of personal interest and of the broad survey by a single mind.

He believed the solution to be simple, that every family select one physician—with great care—and that he should be trusted to call in consultants if and when required. As to any scheme which might institute this millenium he confessed that he had none to offer.

The address was interspersed with examples of the speakers wit, which was very entertaining.

(To be Continued.)

A. P. L.

The Anterior - Pituitary - Like Hormone NOW AVAILABLE

This hormone is a most useful therapeutic agent in the medical treatment of

MENORRHAGIA AND METRORRHAGIA *

It is not orally active and should be administered by subcutaneous or intra muscular injection.

Marketed in boxes of six 1 c.c. ampoules and in rubber stoppered vials of 5 c.c. Each c.c. contains 100 biological day-units.

**Campbell and Collip, Can. Med. Ass. J., 1931, 25: 9-19*

A Canadian Product by

AYERST, McKENNA & HARRISON Limited

Pharmaceutical and Biological Chemists

MONTREAL

CANADA

Emmenin Liquid

(For Ovarian Hypofunction)

An orally active oestrogenic extract containing in each cubic centimetre five biological day-units of the hormone Emmenin, as elaborated by Dr. J. B. Collip, of the Department of Biochemistry, McGill University.*

Summary of clinical cases treated with Emmenin*

	Number of Cases	
	Treated	Improved
I. Amenorrhoea :		
1. Primary	8	1
2. Secondary		
(a) Oligomenorrhoea	20	18
(b) Oligomenorrhoea (with lapses) ..	14	12
(c) Regular (with lapses)	19	11
II. Polymenorrhoea	8	7
III. Dysmenorrhoea	36	26
IV. Menopausal Symptoms	18	14

* EMMENIN DOES NOT ALTER NORMAL MENSTRUAL CYCLES
Supplied in 4 ounce (120 c.c.) bottles

**Bibliography supplied on request.*

A Canadian Product by

AYERST, McKENNA & HARRISON Limited

Pharmaceutical and Biological Chemists

MONTREAL

CANADA



DR. FINLAY MACMILLAN,
Sheet Harbour, N. S.

Dalhousie, 1872

Died, 1932

A Member of the First Graduating Class
of Dalhousie Medical College.

OBITUARY

FINLAY MACMILLAN, M.D., C.M., Dalhousie University, 1872, LL.D.,
Dalhousie 1928, Sheet Harbour, N. S. Honorary Member of
the Medical Society of Nova Scotia.

DR. FINLAY MacMILLAN of Sheet Harbour passed away at his home on June 20th, 1932, aged 90 years. He was born at Scotch Hill, Pictou County on December 25th, 1842. He was the son of Donald MacMillan and Isabel Cameron, Highland Scotch. "Our family," Dr. MacMillan wrote the General Secretary some two years ago, "distinct from all other MacMillans, left Urquhart, Inverness, Scotland in 1775 for Virginia. Came out to America by Yankee built ship, A. D. 1775. The ship was captured by a British privateer. The men had the option of prison or to join the British service. Great-Grandfather and two sons joined the British forces and served these forces seven years. The family resided all through the war in Boston. At the close of the war Great-Grandfather received a grant of land from the English Government on East River, Pictou, Churchville. Two of my grand uncles remained in the army and fought Bonaparte in the Spanish Peninsula. Afterwards one returned to Nova Scotia and settled at Churchville, about 1783."

He received his early education at the district school and at Pictou Academy. Like many young men of that day having a profession in mind he had to earn money and graduated from the Provincial Normal School, teaching for several terms. Two years after his graduation from the Dalhousie Medical College he was married to Amelia Hall, November 1874, a sister of Captain Neil Hall and of former Sheriff Hall of Halifax. Seven children were born of whom two sons and four daughters survive, one son at Sheet Harbour and one daughter, Mrs. E. H. Blois of Halifax. To Mrs. MacMillan, his helpmate for 58 years, and to the members of the family the BULLETIN extends sincere sympathy.

We have said much in recent years of Dr. MacMillan as the last surviving member of the first graduating class of the Dalhousie Medical College. The February 1929 BULLETIN published a very full account of the Dalhousie Anniversary that was held the previous October. The most valuable contribution to those proceedings was the Historical Sketch of the School from 1868 by Dr. K. A. McKenzie of Halifax. In this he thus speaks of Dr. MacMillan:—"After teaching school, as many young men did in those days, he entered the medical classes at Dalhousie and graduated in 1872. During the whole of his long life he has ministered to the needs of a rural population and has many interesting stories to tell of his early experiences. For four years he practiced in Sunny Brae and for the following fifty years in Sheet Harbour where he now resides. Two years ago he retired from practice and is living quietly at his home. Many will remember him as the central figure at a banquet held at the Halifax Hotel in 1922, the fiftieth anniversary of the first graduating class, when he was presented with a gold headed cane. This year he was honored by his Alma Mater in having conferred on him the Honorary Degree of LL.D. No one who was present at that function will ever forget the picture

of Dr. Finlay MacMillan, the grand old Dr. McLure of Nova Scotia, receiving his honours, along with those two medical giants, Dr. W. W. Chipman and Dr. Primrose."

Dr. MacMillan was for many years a member of Eureka Lodge, A. F. and A. M. and his funeral was held under their auspices. He took his part in the community affairs but was no seeker after any public position, although he served as Vice-Counsel for Norway and Sweden for 20 years and for Sweden alone until 1928. It was, however, his belief in the Medical Society of Nova Scotia and its value to the general practitioner, together with his fifty years of faithful service that led the Society to elect him to Honorary Membership in 1922. Dr. D. M. Rowlings of Musquodoboit Harbour, attended the funeral as a representative of the Society and a floral emblem indicated their respect for the deceased.

**MURDOCH DANIEL MCKENZIE, M.D., C.M., Dalhousie University,
1898, Parrsboro, N. S.**

Dr. M. D. McKenzie of Parrsboro died unexpectedly at his home on the morning of July 8th, 1932. He was engaged in his professional duties the evening before returning at ten o'clock, he suffered a cerebral hemorrhage and passed away early the next morning. Dr. McKenzie was born at Grand River, Cape Breton, 66 years ago. He graduated from Dalhousie in 1898 and located at Parrsboro in 1899, where, save for some three years when he was located at Advocate Harbour, he has resided ever since. A considerable portion of 1905 he spent in post-graduate work in England. He was a member of the Cumberland County Medical Society and, until recent years, of the Medical Society of Nova Scotia.

The provincial press writes of him as follows:

"He was prominent in the affairs of the community and for a number of years served as a member of the town council and school board and in 1895 was elected mayor by acclamation.

He took an active and keen interest in church work and at the time of his death was a member of the board of session and also Secretary-Treasurer of the official board of Trinity United Church. He was also a member of the Masonic Order. In politics he was an ardent supporter of the Liberal party.

He is survived by his wife, formerly Miss Laura Tucker of Parrsboro and two daughters, one at home and Miss Eva, dietitian at the Aberdeen Hospital, New Glasgow, to whom the members of the profession extend their sympathy.

The death on June 25th at Wallaston, Mass., is recorded of Mr. Lemuel Sponagle Ford, formerly of Milton and Liverpool. Among other members of the family is a brother Col. F. S. L. Ford, C.M.G., R.C.A.M.C., of Toronto.

The death occurred in Montreal June 20th of Dr. George Gordon Campbell aged 70 years. Dr. Campbell was born in Truro and received his early education there and at Dalhousie. He entered McGill, in the Medical College, in the fall of 1885, and the present General Secretary of the Medical Society of Nova Scotia was both his classmate and for a considerable period his room-

The Maritime Life Assurance Company

DIRECTORS AND OFFICERS

HON. E. ALBERT REILLY, K.C., M.P.P., Moncton, N. B.
Chairman of the Board of Directors.

J. G. MACDOUGALL, M.D., C.M., F.A.C.S., Halifax, N. S.
Président.

H. R. SILVER, Halifax, N. S.
Vice-President and Chairman Executive Committee.

HON. W. A. BLACK, Halifax, N. S.

R. B. COLWELL, Halifax, N. S.

HON. SEN. W. H. DENNIS, Halifax.

HON. G. H. MURPHY, M.D., Halifax.

J. H. WINFIELD, Halifax, N. S.

W. F. FRASER, New Glasgow, N. S.

W. A. LIVINGSTONE,
Annapolis Royal, N. S.

DR. J. L. MCISAAC, M.L.A.,
Antigonish, N. S.

HON. JOHN MCLEAN, Souris, P. E. I.

HON. SEN. F. B. BLACK, Sackville, N.B.

J. D. MCKENNA, Saint John, N. B.

W. H. MILLER, Campbellton, N. B.

REV. HUGH MCLEAN, Bathurst, N. B.

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

Medical Referees:—

J. G. MACDOUGALL, M.D., C.M., F.A.C.S.

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

The only Life insurance Company with Head Office
in the Maritime Provinces.

mate. Shortly after his graduation from McGill in 1889, he married Miss Clark of Montreal and remained in that city to practice his profession. He soon turned his attention to special work, chiefly in skin diseases, becoming connected with the teaching staff of McGill at an early date, and doing, largely consulting and teaching work. For this he was particularly well equipped by both education and a particularly fine mental ability, characteristic of his family.

He is survived by his widow and three sons, Mr. A. J. Campbell of Truro, Solicitor, and Trustee of the Nova Scotia Training School, is a brother of the deceased.

It would be a great omission on the part of the BULLETIN if mention were not made in its pages of the passing on June 7th, 1932 in Philadelphia of Dr. W. W. Keen at the advanced age of 95 years. We all know his standing as a world's surgeon, his services as a medical officer in the army of the United States in the civil war, the war in the Phillipines and the short service in the great war. We all know of his literary ability and his great contributions chiefly to the literature of surgery. To the graduates of 50, 40, 30, 20 years ago his name was one most familiar, and we believe, that his personality had much to do with many of our Maritime students going to Philadelphia for their final medical courses. But there is always a personal side to the lives and work of those who have made names for themselves in our profession; we are therefore pleased to quote as follows from an obituary notice that appeared in the *Journal* of the American Association June 18th, 1932. After calling attention to his accomplishments as a teacher and writer, mentioning in particular these two publications, "I Believe in God and Evolution" in 1922 and "Everlasting Life," published in 1924, the *Journal* says:—

"This brief record of the accomplishments of this extraordinary man is but an indication of the breadth of his interests and activities. Although fragile in frame and almost diminutive in stature, his intellect coupled with an extraordinary capacity for hard work brought him well merited leadership. He retired from active practice at the age of 70, saying "No man over 70 has the right to hold human lives in his hands." His gift for epigram and a simple spiritual philosophy of life gave rise to numerous statements, which were quoted both in medical and in lay literature throughout the world. His ambition to reach 100 years of age was thwarted by a failing heart, which incapacitated him and made him practically an invalid during the last three years of his life. Nevertheless he bore his retirement with fortitude and maintained practically to the moment of his death the dryly humorous attitude that made him thousands of friends during his many years. Many a man who achieves fame and who retired from active life at the age of 70 is forgotten until the time when obituaries are transcribed. Invalid that he was, the world continued to talk of Dr. Keen until the moment of his death, and his contributions to science and to life are likely to maintain his memory for many years to come."

Early in June one of the last of Nova Scotia's old sea captains completed his last voyage at the home of his daughter Mrs. (Dr.) T. R. Ford, of Liverpool. He was 85 years of age, being born at Sandy Cove, Digby County, he followed the sea from the age of 15 years to 1910 when he retired. He has

WHEN VITAMIN D
IS INDICATED

OSTOGEN

**VIOSTEROL
CONCENTRATED**

Is the Logical Successor to
COD LIVER OIL

The use of OSTOGEN is past the experi-
mental stage.

Its use for the PREVENTION and TREAT-
MENT of RICKETS, TETANY and
DENTAL CARIES is now
SOUND THERAPEUTICS

ECONOMICAL IN PRICE EASY TO ADMINISTER
CERTAIN IN ACTION

Each gram contains 56,000 International Vitamin D Units
(2000 per drop, from precision dropper which accompanies
each package.)

DOSE:

Prophylactic: 2 drops daily

Treatment: 2-6 drops daily

This dose may be exceeded for resistant cases and for
premature infants.

Available in 15 c.c. Bottles and 6 c.c. Bottles

Charles E. Frosst & Co.

MANUFACTURING PHARMACISTS SINCE 1899
MONTREAL - CANADA

since resided with his daughter Mrs. Ford where he spent very happily the declining days of his life. To Mrs. Ford the BULLETIN extends sympathy.

Dr. Robert F. O'Brien, 160 Robie Street, will have the sincere sympathy of the medical profession of Nova Scotia, in view of the passing of his wife at the Victoria General Hospital, after a three months' illness, at the age of 59 years. Mrs. O'Brien was a daughter of the late James H. Dow for many years superintendent at the city home. She was loved and admired by all who had the pleasure of her acquaintance. Besides Dr. R. F. O'Brien, two sons and a daughter, all resident in Halifax mourn her passing. Dr. H. D. O'Brien, who is taking an active part in the professional life of the city and the activities of the Halifax Branch of the Medical Society of Nova Scotia, is one of the sons, to whom we extend sympathy.

Dr. Robert S. Stoddard of Halifax mourns the passing of his mother on July 2nd at Oyster Pond, Jeddore. Her funeral was very largely attended and many expressions of community sympathy were noted. Dr. Stoddard may be assured that the members of the Medical Society of Nova Scotia would join in this expression.

DECEASED HONORARY MEMBERS.

Name and Address	Year Elected	Remarks
ARMSTRONG, MELBOURNE...Bridgetown	1930	Died Jan. 1st, 1931, age 64 yrs.
BARSS, A. DEW.....Wolfville	1922	" Aug. 22nd, 1924, age 82 yrs.
BLACK, J. B.....Windsor	1922	" Dec. 9th, 1924, age 22 yrs.
CHISHOLM, MURDOCK.....Halifax	1924	" Dec. 29th, 1929, age 81 yrs.
COWIE, ANDREW J.....Halifax	1922	" March 19th, 1929, age 93 yrs.
COLLIE, JAMES E.....River John	1922	" July 15th, 1925, age 85 yrs.
COX, ROBINSON.....Upper Stewiacke	1925	" Jan. 6th, 1931, age 90 yrs.
DODD, MARCUS.....Bridgeport	1922	" June 11th, 1924, age 80 yrs.
DEWITT, GEORGE E.....Wolfville	1923	" Nov. 17th, 1924, age 80 yrs.
HAMILTON, C. A.....Mahone	1927	" May 9th, 1928, age 69 yrs.
KENNEDY, EVAN.....New Glasgow	1927	" March 26th, 1930, age 80 yrs.
MARSHALL, C. S.....Bridgewater	1927	" Aug. 15th, 1928, 74 yrs.
MACINTOSH, DANIEL.....Pugwash	1923	" Feb. 10th, 1932, age 86 yrs.
MORRIS, CHARLES H.....Middle Musquodoboit	1923	" Oct. 9th, 1923, age 79 yrs.
PAYZANT, E. N.....Wolfville	1922	" Jan. 22nd, 1923, age 95 yrs.
PERRIN, ALBERT N.....Yarmouth	1923	" Apr. 1st, 1931, age 82 yrs.
ROBINSON, AUGUSTUS....Annapolis Royal	1922	" Sept. 16th, 1926, age 91 yrs.
SAUNDERS, DANIEL O.....Bridgetown	1922	" Jan. 24th, 1929, age 92 yrs.
WEBSTER, HENRY B.....Kentville	1923	" June 5th, 1930, age 78 yrs.
WOODWORTH, W. S.....Kentville	1923	" July 22nd, 1925, age 78 yrs.
MCLEOD, WILLIAM MCK...Sydney	1928	" June 12th, 1932, age 77 yrs.
MACMILLAN, FINLAY.....Sheet Harbour	1922	" June 20th, 1932, age 90 yrs.

DABVIL

CARDYL

Campho-Carbonate of Bismuth in Oily Solution

TREATMENT OF
SYPHILIS
WITH
**LIPO-SOLUBLE
BISMUTH.**

AMPOULES OF 1 cc.
containing 0.05 METALLIC BI.

**PAINLESS
INTRAMUSCULAR
INJECTIONS**

**ELIMINATION
SLOW AND GRADUAL**

"SPECIA" Product

**Poulenc Frères — Usines du Rhône
PARIS, FRANCE**

LABORATORIES POULENC FRÈRES (CANADA) LIMITED

Canadian Distributors: ROUGIER Frères — MONTREAL

Personal Interest Notes

DR. J. J. ROY of Sydney is very popular with the reporters of the newspapers when looking for local news. With his local interests in Sydney, including the V. O. N., his P. M. B. duties, he is on the go a great deal. One thing we have noticed is that he never passes through New Glasgow without spending part of the day with his mother, resident at Abercrombie Road in that town. This he did both going to and coming from the recent Kentville meeting.

Dr. A. S. Burns of Kentville, after spending much of the winter and spring weeks in Camp Hill Hospital was very much in evidence at the recent meeting of the Medical Society of Nova Scotia. Of course, he carried a cane but he was getting around very well even with that encumbrance. Congratulations.

Dr. R. McLeod, now resident in West Virginia, was a recent visitor at his former home in Burnside, Stewiacke.

Dr. H. E. Killam, Kinsman's Corner, who has been invalided so much during the past year owing to a very severe injury to his hip, accompanied by Mrs. Killam, motored to Toronto early in July. On their return they will be accompanied by their daughter, Miss Margaret, who has just completed her dietitian's course at the University of Toronto. She has an appointment to the staff of Mt. Allison University.

The Medical Society of Nova Scotia wishes to have it distinctly understood that the very fine publicity given to the recent meeting at Kentville of the Society in the Press of the province is very greatly appreciated. This publicity has not taken the form of anything that might be construed as advertising, for even the profession in our province have come to realize that publicity of this kind is a duty we owe to the community at large. Incidentally, we might mention the representatives of the *Herald* and *Chronicle* in that town as the principal publicity agents for this gathering and they have our thanks for the manner in which they presented this publicity.

A school nurse writes to the teacher:—

"Annie will have to be excluded until she has a certificate from the doctor. Her hands show evidence of "Athete's Foot." (Not in Nova Scotia).

From an exchange we learn that a party of Ontario business men are making a tour of the Maritime Provinces. While in Cape Breton stops will be made at Margaree Forks, Mabou, Sydney, Baddeck, Bras d'Or Lakes and *Puwash*. This is new geography for us.

NUPERCAINE "CIBA"

Infiltration Anaesthesia: Nupercaine in 1:1000 dilution, with addition of 10 to 20 drops of 1:1000 epinephrine to every 100 c.c. produces an anaesthesia of unequalled intensity of action and prolonged effect.

Spinal Anaesthesia: Howard Jones' method of direct injection is being adopted by most of the leading hospitals. (See Proc. Roy. Soc. Med., May 1930).

Surface Anaesthesia: Rhino-laryngologists use a 2% solution upon the mucous membranes of the nose and throat.—Urologists employ 1:1000 concentration of Nupercaine "CIBA" to anaesthetize effectively the urethral mucosa for the passage of sounds and for cystoscopy.

Recently, we have introduced a compound Nupercaine Ointment under the name of PERCAINAL, "CIBA". Daily, we receive from practitioners reports as to gratifying results obtained in the treatment of painful conditions of the skin and mucous membranes.

POWDER

TABLETS

AMPOULES

PERCAINAL "CIBA"

Compound Nupercaine Ointment



**CIBA CO.,
LIMITED
Montreal**

Dr. Kenneth P. Hayes, who has recently completed a post-graduate course in surgery at Columbia University has returned to his home in Halifax and, we are advised, will locate in that city. For some two years he acted as assistant and *locum tenens* for Dr. L. W. Johnstone, Sydney Mines.

Dr. J. Knox McLeod of Sydney went to England, Oh we beg pardon, went to Scotland for a visit, before attending the Centenary of the British Medical Association. The BULLETIN will expect a new assortment of stories of the typical Aberdeen character upon his return.

The British Medical Association. The profession in Nova Scotia has good reason to congratulate itself on its fine representation at the Centenary Meeting of the British Medical Association. We have already mentioned the vacation that Dr. J. K. McLeod is having and Dr. W. J. Egan. These two Cape Breton representatives are supported by Dr. and Mrs. Bruce Archibald of Glace Bay and Dr. and Mrs. McKiggan of Port Morien. Then there was Dr. and Mrs. Dunn of Pictou; Dr. and Mrs. D. S. McCurdy of Truro; Dr. and Mrs. G. W. T. Farish of Yarmouth; Dr. Arthur Marshall of Halifax, with Dr. and Mrs. A. McD. Morton and Dr. M. A. B. Smith of Halifax. The Canadian delegation being headed by Dr. Primrose, Toronto, formerly of Pictou, certainly makes a representation very greatly to our credit.

Surely from some of these the BULLETIN will receive several reports that will be of special interest to all our readers, for they will give personal impressions, and these are vital things, just as much as a full scientific report, which will be available in our B. M. or C. M. A. Journals.

Dr. Charles S. Morton of Halifax has been appointed a member of the Provincial Medical Board for the term of three years. This news item was prefaced with the following:—"The Governor-in-Council is pleased to make the following appointment." With this the profession is in entire agreement.

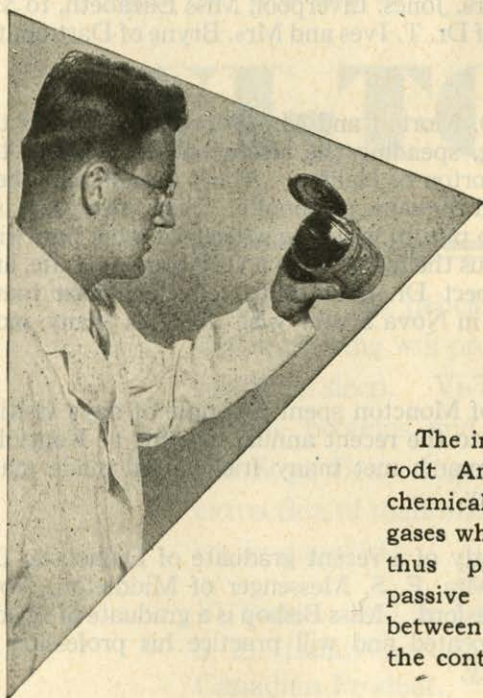
Dr. Hugh McKay McLean, Dalhousie 1928, accompanied by Mrs. McLean, spent a short vacation the latter part of June at his former home in Truro. He is practising in the city of Moncton, where he has been for some three years, and speaks highly of his adopted home.

Mrs. A. F. Miller of Kentville was hostess recently at a bounteous "miscellaneous shower" in honor of the very popular dietitian at the Sanatorium, Mrs. Marion Evans. The nursing and office staff of the Sanatorium also made Mrs. Evans very handsome and useful presentatons

Dr. Frank Hebb, Dalhousie 1932, of Halifax, who has been interning at the Victoria General Hospital lately, is now further interning at the Montreal General Hospital.

Dr. H. B. Atlee of Halifax had recently the distressing experience of being in an auto which struck a 5 year old boy on Queen Street, the child dying about one hour later. In this connection it may be wise to remember that many drivers endeavour to avoid these accidents by deliberately taking such action as may bring themselves to collisions, etc., which may be fatal to driver and occupants. The education of the child to avoid accidents should begin in the home—at a very early age, and it should be kept up through life.

Ether Protected by "Chemical Sterilization"



Surgical instruments are sterilized to protect the patient against infection. Mallinckrodt Anesthetic Ether containers are chemically sterilized to protect the patient against irritation caused by deterioration products, the result of catalytic action between the ether and the untreated container.

The inner surface of every Mallinckrodt Anesthetic Ether container is chemically sterilized with oxidizing gases which form a metallic oxide film, thus producing a noncatalytic or passive surface, retarding interaction between the ether and the metal of the container.

An air-tight mechanical closure prevents contamination from soldering flux.

One of
1500

Mallinckrodt

Fine
Chemicals

For Medicinal Use

"The Purer the Ether the
Safer and Better the Anesthesia"

Dr. H. E. Townsend, McGill 1932 was married June 23rd to Miss Janet W. Mitchell, R.N., of Stellarton and after a Nova Scotia automobile honeymoon trip he has located in Louisburg.

Dr. A. M. Marshall of Halifax was among those from Nova Scotia and Canada who attended the recent meeting of the British Medical Association at London. He will then pursue further medical study and will be away some two years.

The engagement has recently been announced of the daughter of Col. C. H. L. Jones, O.B.E., V.D. and Mrs. Jones, Liverpool, Miss Elizabeth, to Mr. J. R. Bryne, also of Liverpool, son of Dr. T. Ives and Mrs. Bryne of Dartmouth, Nova Scotia.

On July 12th Rev. (Dr.) A. D. Morton and Mrs. Morton celebrated the 62nd anniversary of their wedding, spending the afternoon and evening the guests of their son, Dr. Charles Morton of Halifax. Many friends sent them congratulations and many presented the same personally. Sixty-two years is a long time for any man or woman to put up with one woman or man, but, with a happy smile, Dr. Morton assured us theirs had been a very contented life, and meeting them proves it. We expect Dr. Charles to tell them that many members of the medical profession in Nova Scotia wish them as many more happy days as they can enjoy.

Dr. and Mrs. H. E. Britton of Moncton spent a couple of days visiting friends in Westville before coming to the recent annual meeting at Kentville. Both they and Dr. and Mrs. Tidmarsh met many friends and made many new friends during their short stay.

The wedding was noted recently of a recent graduate of Dalhousie, Dr. Carl Messenger, son of Dr. and Mrs. F. S. Messenger of Middleton, Nova Scotia, to Miss Mary Bishop of Aylesford. Miss Bishop is a graduate of Acadia University. Dr. Messenger has located and will practice his profession at Granville Ferry, Annapolis County.

The marriage took place recently in St. Matthews Church, Halifax, of Miss Eleanor Wilkie Murray, daughter of Mrs. Murray, 10 Carteret Street, Halifax, and of the late Dr. Duncan Murray of Pictou, to Mr. George Crockett son of Mr. and Mrs. J. J. Crockett, Westville, N. S. Dr. Daniel Murray of Tatamagouche uncle of the bride took a prominent part in the proceedings by giving the bride away. The newly married couple will reside in Halifax.

Dr. G. A. Winfield, Dalhousie 1929, who spent his vacation here this year with his parents in Halifax returned early in June to his work in the Cleveland Charity Hospital. During his vacation at home he was accompanied by his friend Dr. Hamby of Cleveland, Ohio.

To Help Natural Sleep

Drink

VI-TONE

A cup of this delicious beverage before retiring will promote sound healthful sleep. Vi-Tone contains all the proteins and vitamins of the Soya Bean, together with an extraction of malt and milk, and is easily digested.

Vi-Tone is sold in $\frac{1}{2}$ lb., 1 lb. and 5 lb. family-size tins. A 100% Canadian Product.

THE VI-TONE COMPANY

HAMILTON, Ontario

Dr. D. L. MacKinnon of Truro is to be congratulated on the continued success of his daughter Miss Alexa, who has recently graduated from the Department for Women at Tufts College. She has been one of the News Editors of the College Weekly and Associated College activities including various forms of athletics.

She was recently elected by vote of the Student body as "the one most likely to succeed; most business like, best actress and the best conversationalist. It is remembered that last year a sister of Miss Alexa obtained four of these same votes. Miss Alexa has studied both in Nova Scotia, the United States and England.

On July 14th, several doctors presented themselves before a Civil Service Board for examination for appointment to a position in Camp Hill Hospital, which has been held for the past year by a doctor from one of the mining towns of this province. Supposing the examining board recommends some one else, how about his prospects for making another start in his professional career? Perhaps the end is not yet!

While attending the recent meeting of the Medical Society at Kentville, Dr. V. H. T. and Mrs. Parker of Stellarton visited the doctor's mother and sister at Tupperville, Annapolis Co., N. S.

Dr. H. W. Hetherington of the Henry Phipps Institute, University of Pennsylvania, Philadelphia, and Dr. C. T. Parfitt, Superintendent Calydor Sanatorium, Gravenhurst, Ont., who were in Kentville attending the Refresher Course at the Nova Scotia Sanatorium, were week-end guests of Dr. A. F. Miller, Superintendent, Nova Scotia Sanatorium and Mrs. Miler.

Dr. L. E. Cogswell of Berwick is supplying for a month for Dr. A. F. Weir of Freeport, who is taking a well-earned vacation.

There was a gala day at the home of Dr. and Mrs. Messenger of Middleton recently, when a post-nuptial reception was held for Dr. and Mrs. C. F. Messenger, recently married and now living at Granville Ferry.

When Dr. F. T. Densmore, of Dominion, attended the recent annual meeting of the Medical Society of Nova Scotia at Kentville, he brought Mrs. Densmore and the children, but left them in Noel, Hants County, to spend a week at his former home.

Dr. H. K. MacDonald of Halifax spent the month of June recuperating at his summer home in Petite Riviere. He says he is now in splendid form. Just watch his scores this fall.

The Medical Chester Summer group, of which our old friend Dr. Ross Faulkner may be regarded as almost the Dean, became residents again early in July. They are so many they might almost arrange a medical afternoon.

The marriage is announced to take place August 6th, 1932, of Miss Margaret Cowperthwaite, daughter of the late Dr. Cowperthwaite of Sydney, to Mr. Godol, son of Mr. W. M. Godol of Halifax, the wedding to take place in New York.